

04-347447

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 46103

A 38717

DISTRICT _____

DATE 7/5/90

DATE SYSTEM APPROVED 7/10/90

INSPECTOR RJL

INDEXED

Dennis Feaga

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1625 Henryton Road, Clarksville, Maryland 21029 PHONE 442-5623

SUBDIVISION Morgan Station ROAD 825 Iron Rail Court LOT 9

PROPERTY OWNER KBA Partnership

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.~~

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the rear lot line and 110 feet from the left 335.94' lot line as seen when facing the lot from Right-of-Way. Run trenches on contour toward Lot 10.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7-3-90 JEN

PLANS APPROVED BY Sid Abel DATE 5/23/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38717

APPLICATION

PERCOLATION TESTING

A 38717

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE, 461-9933

DISTRICT 4

DATE 12/17/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Roy W. Cram + Wife KBA Partnership

ADDRESS 791 Morgan Station Rd PHONE 465-7098
~~469-4995~~

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION: LOT 9 Prelim. 10/21/87

SUBDIVISION Morgan Station (~~Cram Property~~) LOT NO. X6

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
825 Iron Rail Court

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mal S. Kei
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

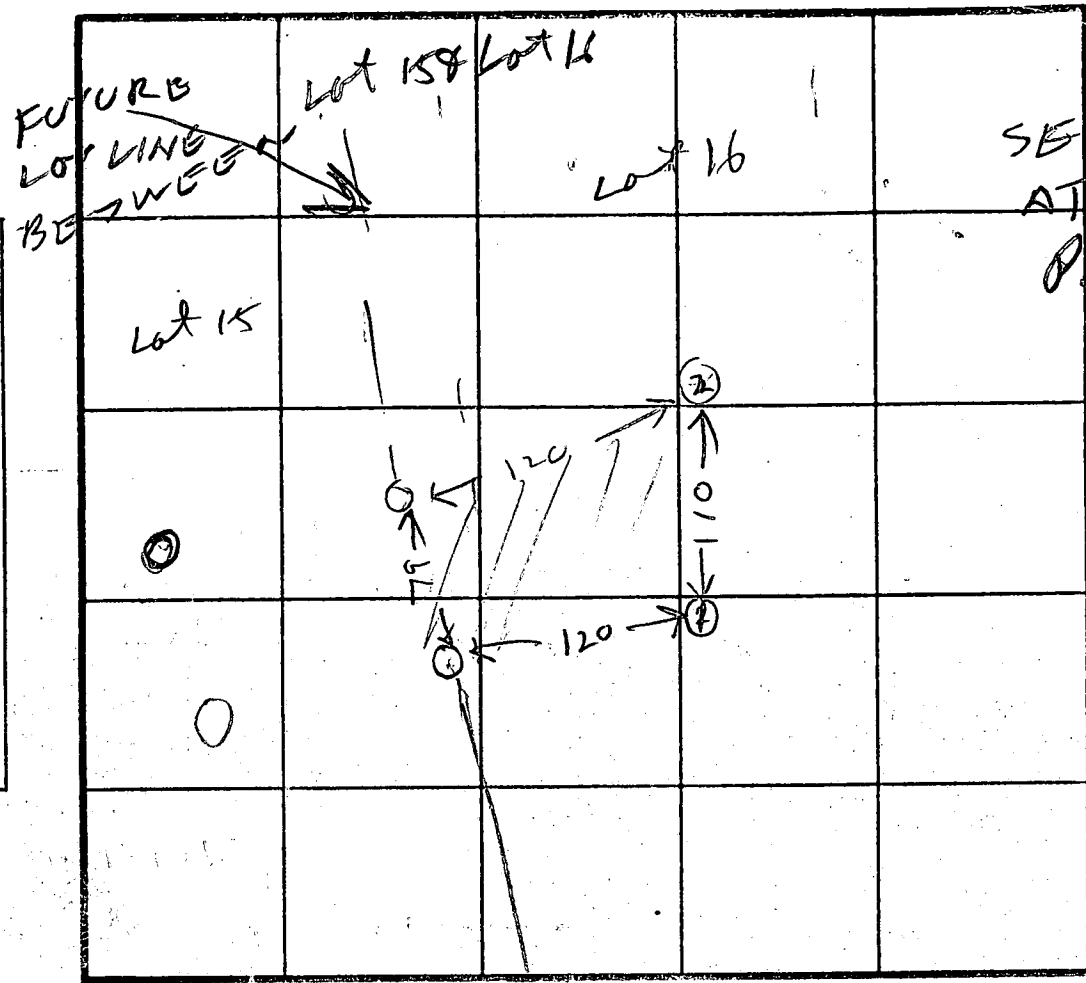
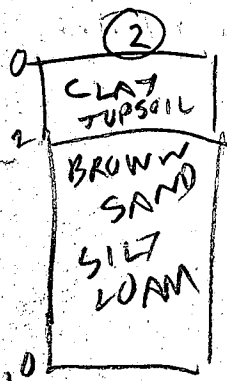
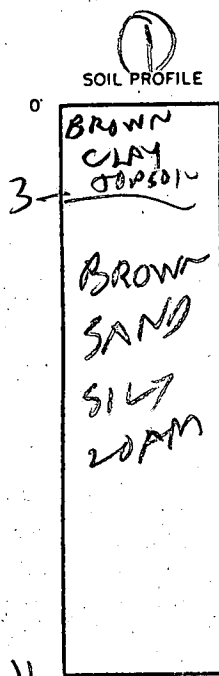
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/29/87 PERC OK HOLD FOR PLAT R/H

BLDG. PERMIT SIGNED
AND RETURNED 7/3/89
Serial # 27506
5 Bedroom - SFD

THIS IS NOT A PERMIT

Lot 16



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

an
Time
using 2
holes on
lot old 15

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/87	1S 1V	3.5 11	101 OK	111	111	125	14
4/29/87	2S 2V	3 10	105 OK	111	111	121	10

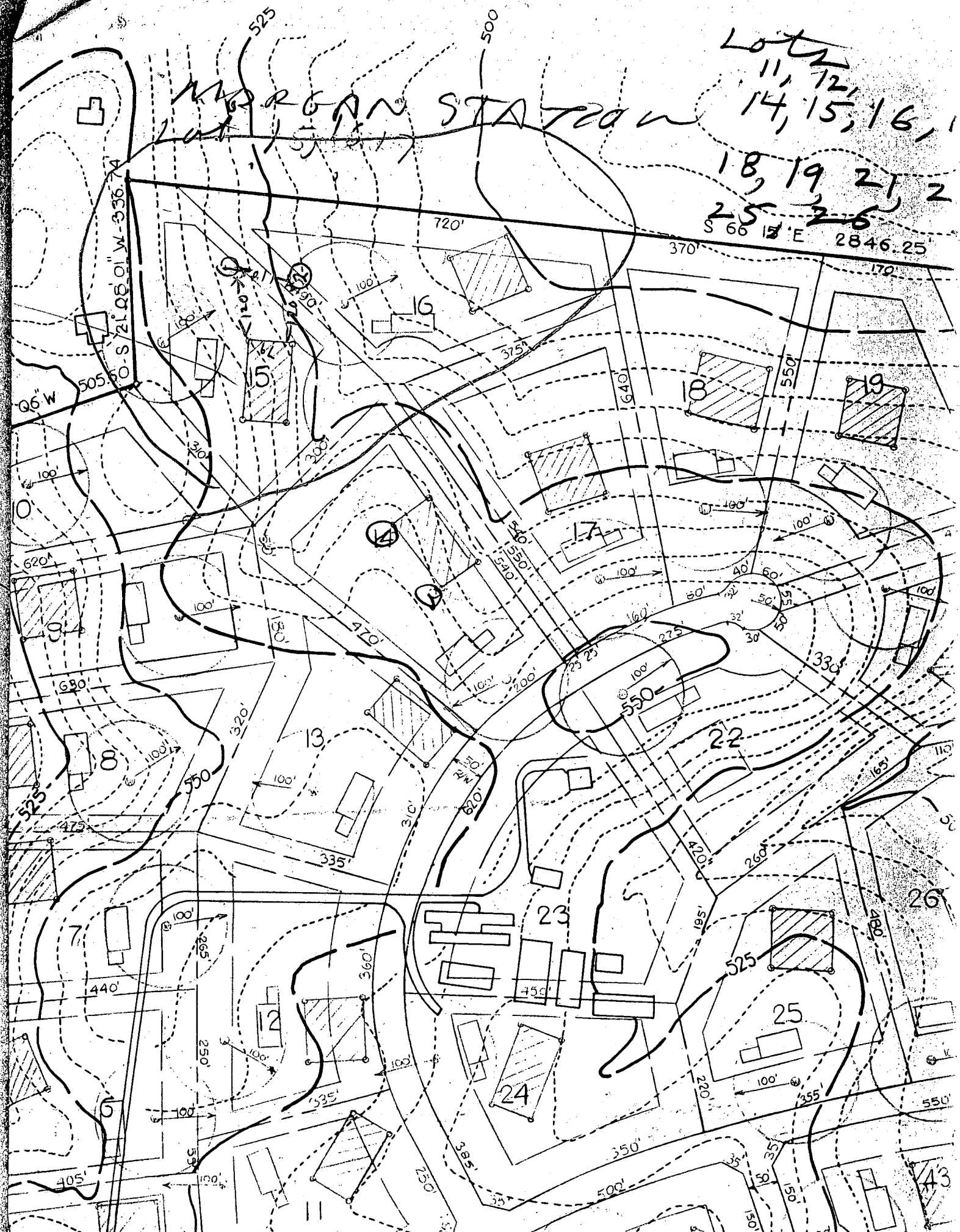
9 min
Max
depth
3 FT
BOTTOM
5 FT
1907/82

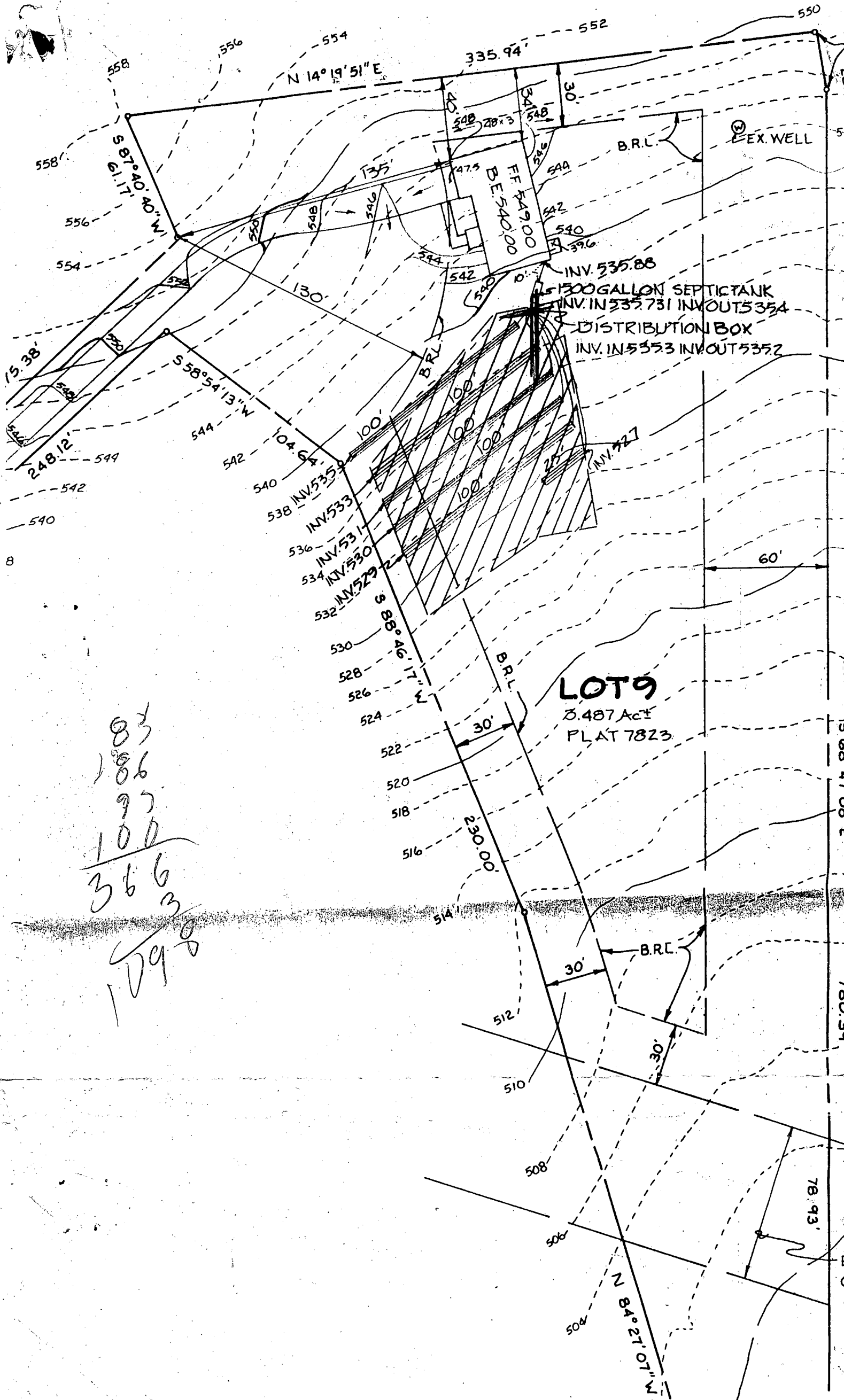
EH 12-1079

REMARKS: Holes dug differently from Plat of
 LOT LINES TO BE CHANGEY 2 HOLES ON LOT 15 TO
 BE TYPE OF SOIL LINE HOLES BETWEEN LOT 15 & LOT 16 TWO HOLES ①
 HERE SHOWN TO BE USED TO MAKE A 4 HOLE SET
 TESTED BY R. HODGES ALSO PRESENT D. BEWER

MORGAN STATION
Lot 15

Lots
11, 12,
14, 15, 16,
18, 19, 21, 2
25, 26
S 66 1/2° E 2846.25'





83
 186
 97
 100

 366
 1098

LOT 9
 3.487 Ac±
 PLAT 7823

1500 GALLON SEPTIC TANK
 INV. IN 535.731 INV. OUT 535.4
 DISTRIBUTION BOX
 INV. IN 535.3 INV. OUT 535.2

8

78.93'

5 68 47 08 E

780.39

B

B 1 **5921** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

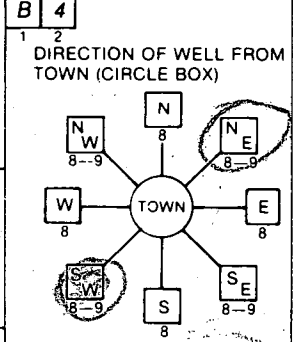
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0627
 fill in this form completely

Date Received (APA) **032389**
 OWNER INFORMATION
Hemphill Associates
 Last Name Owner First Name
10176 BOLT NAT PIKE
 Street or RFD
Ellicott City Md 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
Morgan Station SUBDIVISION
 SECTION **9** LOT **9** Parcel 911
Lisbon NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
FRANK Deiph License No. **453**
FRANK-Deiph-Well Drillers Inc
 Firm Name
15234 Perun Shop Rd Millersville
 Address
Frank Deiph Signature **3/17/89** Date



Morgan Station NEAR WHAT ROAD
IRON RAIL COURT
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST SOUTH
1000 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION; MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
38717 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **052289** CO SIGNATURE **Greg Willard** EXP. DATE **1/22/89**
 NORTH GRID **53000** EAST GRID **0786000**

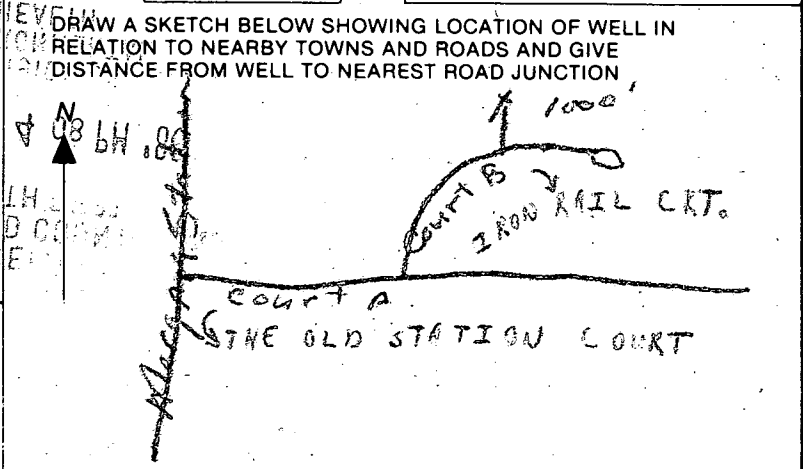
APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7806**
 N **5503**

6-7-89
#2
Granted no more opportunity
SK
Handwritten notes and signatures

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CA** INITIALS IN BOX PERMIT No. **HO-88-0627**

SPECIAL CONDITIONS

C1 2402 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A=38717

DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER KEMPTEL S. SACRATES STREET OR RFD last name first name TOWN LIGON SUBDIVISION MORTON STATION SECTION LOT 9

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING Nominal diameter Total depth TYPE (nearest inch) (nearest foot)

OTHER CASING (if used) diameter depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

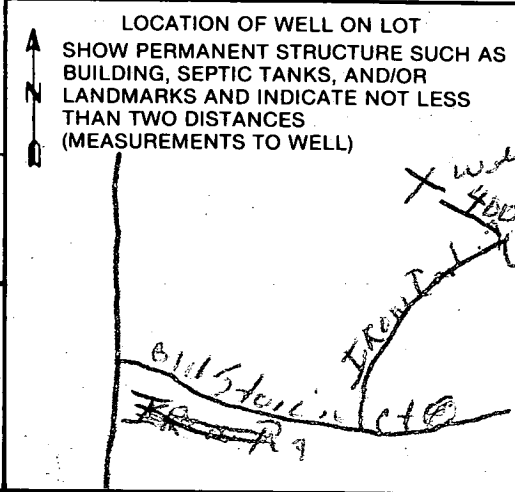
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 453 DRILLERS SIGNATURE SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA



7/13/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # 46139
Date 7/12/90

Name of Installer FENGA P/Bgr Htg

Telephone 442-5729

License Number 6318

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner THOMAS LARIMORE

Telephone _____

Subdivision MORGAN STATION Lot # 9

Well Tag # HO-88-0627

Site Address 825 IRON RAIL CT

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X _____
- 2. Make Goulds _____

Motor

- 1. Horsepower 3/4
- 2. RPM 1750
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

3. Model # _____

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other X

Tank

- 1. Capacity 82
- 2. Pressure relief valve? YES

Piping

- 1. Type P.E
- 2. Size 1/2"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth 165 ft.
- 2. Yield 9 GPM
- 3. Static water level 40 ft.
- 4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Penny Acqua

Date: 7/10/90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

OUTSIDE WALL PITLESS ADAPTER NOT YET INSTALLED RH

38717

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 46213
Date 8/7/90

Name of Installer CLARKE PTH INC

Telephone 489-4029

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contreras Inc Telephone 442-1133
Subdivision Southern Station Lot # _____ Well Tag # _____
Site Address 825 MORGAN STATION RD

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Goulds
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make _____
- 2. Model # PT 800
- 3. Depth _____

Tank

- 1. Capacity 66gal
- 2. Pressure relief valve? 7516

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 42"

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Kenneth C. Clarke

Date: 7-26-90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.