

4/12/90 LATE
6/13/90 2 PA ANYTIME

04-34798

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 46033

A 38719

DISTRICT 4th

DATE 4/8/90

DATE SYSTEM APPROVED 6/13/90

INSPECTOR M. R. Ikin

INDEXED

Frall Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659, Mount Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Morgan Station ROAD 845 Iron Rail Court LOT 13

PROPERTY OWNER James Derwinis & Lisa Hovey

ADDRESS

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION TRENCH BY 20%~~

~~GARBAGE GRINDER XXXYESXXXXXXXXXXXXXXX~~

NOTE: Specified location is not the same as shown on drawing. Start the trench as close to the specified location as possible. NOTIFY HEALTH DEPARTMENT BEFORE ANY EXCAVATION TO INSPECT TRENCH LOCATIONS.

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 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 170 feet from the cul-de sac and 120 feet from the left lot line. Run trenches on contour toward the right lot line.

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

PLANS APPROVED BY Sid Abel cm DATE 05/23/89

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

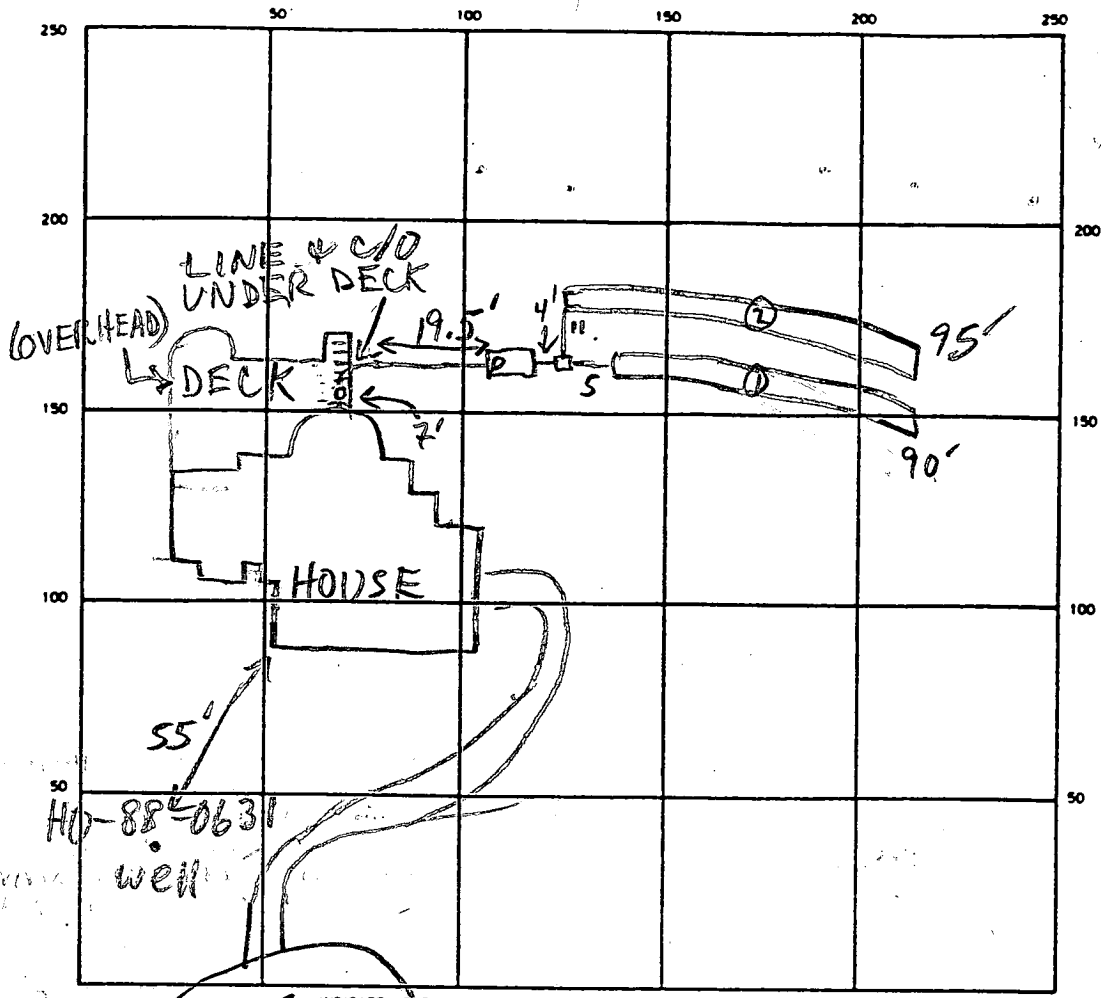
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38719



IRON RAIL CT

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK - Baffle in
 DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 190 FT. 295
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 1270 SQ. FT. 2285
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 555 SQ. FT.

REMARKS 6/12/90 OK TO STONE ① & DIG ② MR
6/13/90 OK TO COVER ALL MR

DATE SYSTEM APPROVED 6/13/90 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A 38719

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. Crum + Wife MEC Partnership

ADDRESS 102 Bon Air Avenue
797 Morgan Station Rd PHONE 489-4995
Balt., Md. 21225 636-6925

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION: LOT 13 Prelim 10/21/87

SUBDIVISION Morgan Station (~~Crum Property~~) LOT NO. X

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
845 Iron Rail Court, Lisbon, Mo.

TAX MAP 3 PARCEL # 9 21765

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 Kent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/17/87 Perc OK Holed for Plot R/H

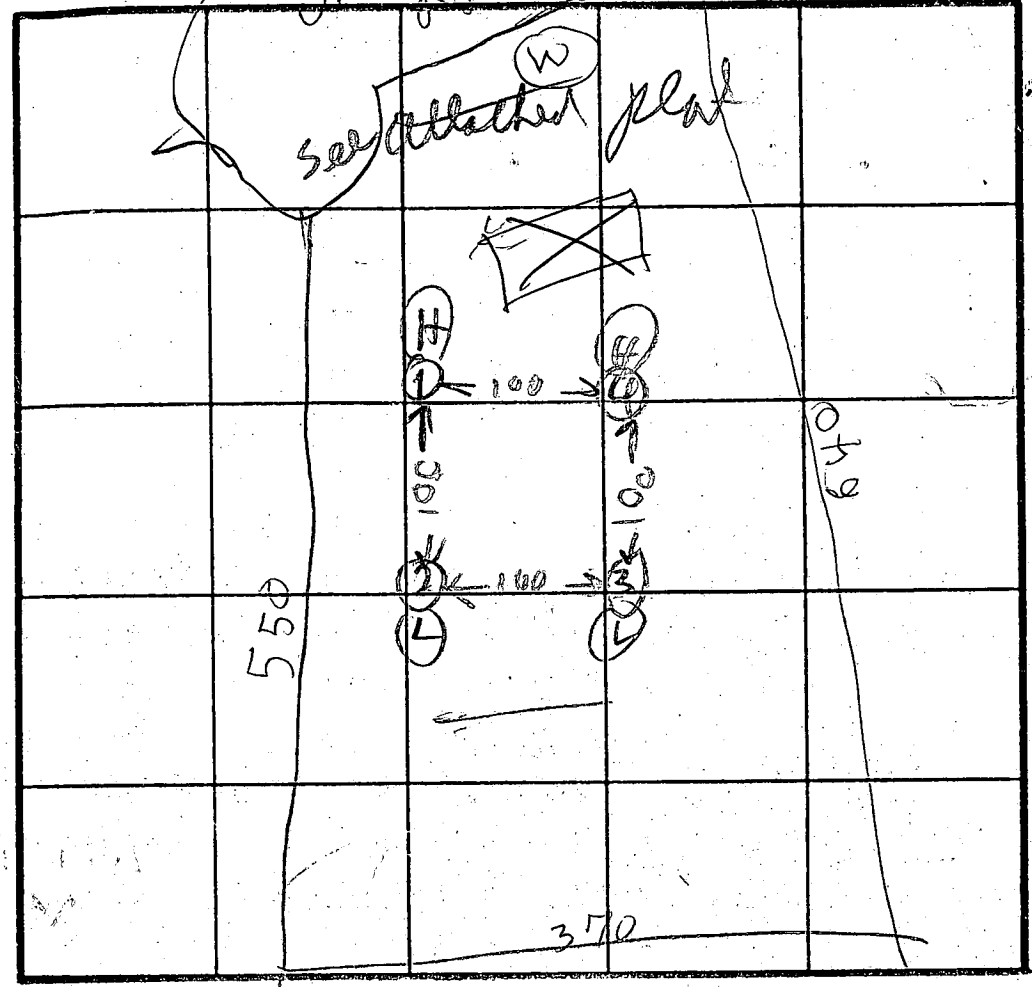
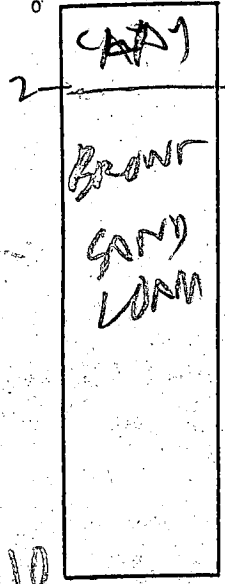
THIS IS NOT A PERMIT

18

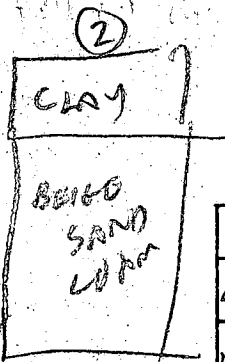
UNNAMED RD

see attached plat

SOIL PROFILE

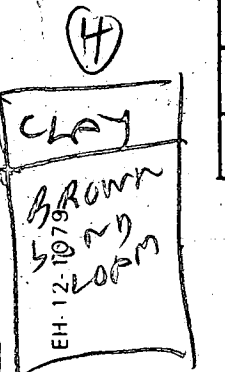
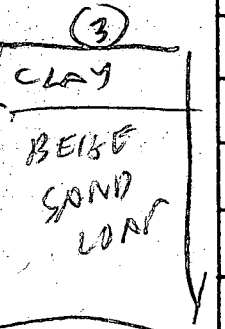


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/26/07	15	3	114	119	119	126	7
	19	6.5	114	117	117	120	3
4/21/01	1V	10	OK				
	2S	3	129	133	132	137	5
	2V	11	OK				
	3S	3	131	150	150	214	14
	3V	12	OK				
	4V	11.5	OK				

max depth 3 ft
artime 7 min
Bottom 5'
180#/CR



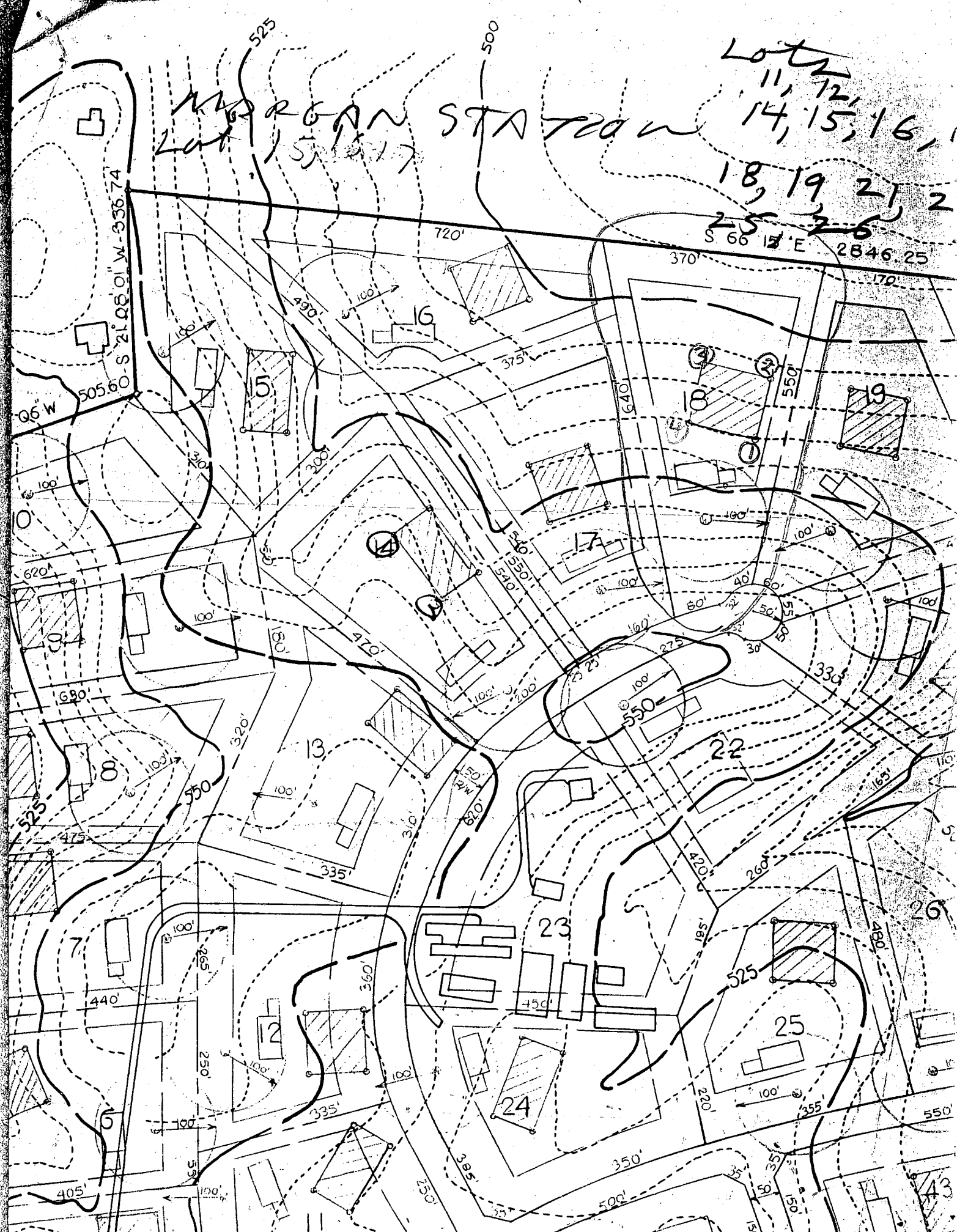
REMARKS: Hole register attached per attached plat R/H

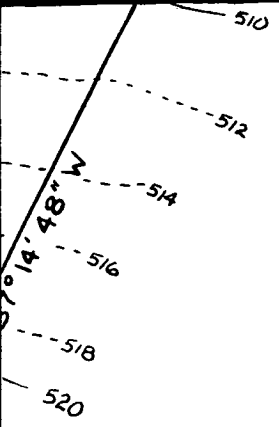
TYPE OF SOIL: _____

TESTED BY: R. HODGES ALSO PRESENT: DAVE DOP KETERMIN

MAP OF MORGAN STATION
Lots 1, 5, 17

Lots
11, 12, 14, 15, 16,
18, 19, 21, 2
25, 26





LIMITS OF DISTURBANCE: 21,100 #4

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
LOT 13
MORGAN STATION
FOURTH ELECTION DISTRICT HOWARD COUNTY, MD.
JUNE 14, 1989 SCALE: 1" = 50'

1500 GALLON
SEPTIC TANK
INV. IN 518.3
INV. OUT 518.0

520

523.11

526

528

530

532

534

536

538

540

542

N 80° 59' 46" E
13.64'

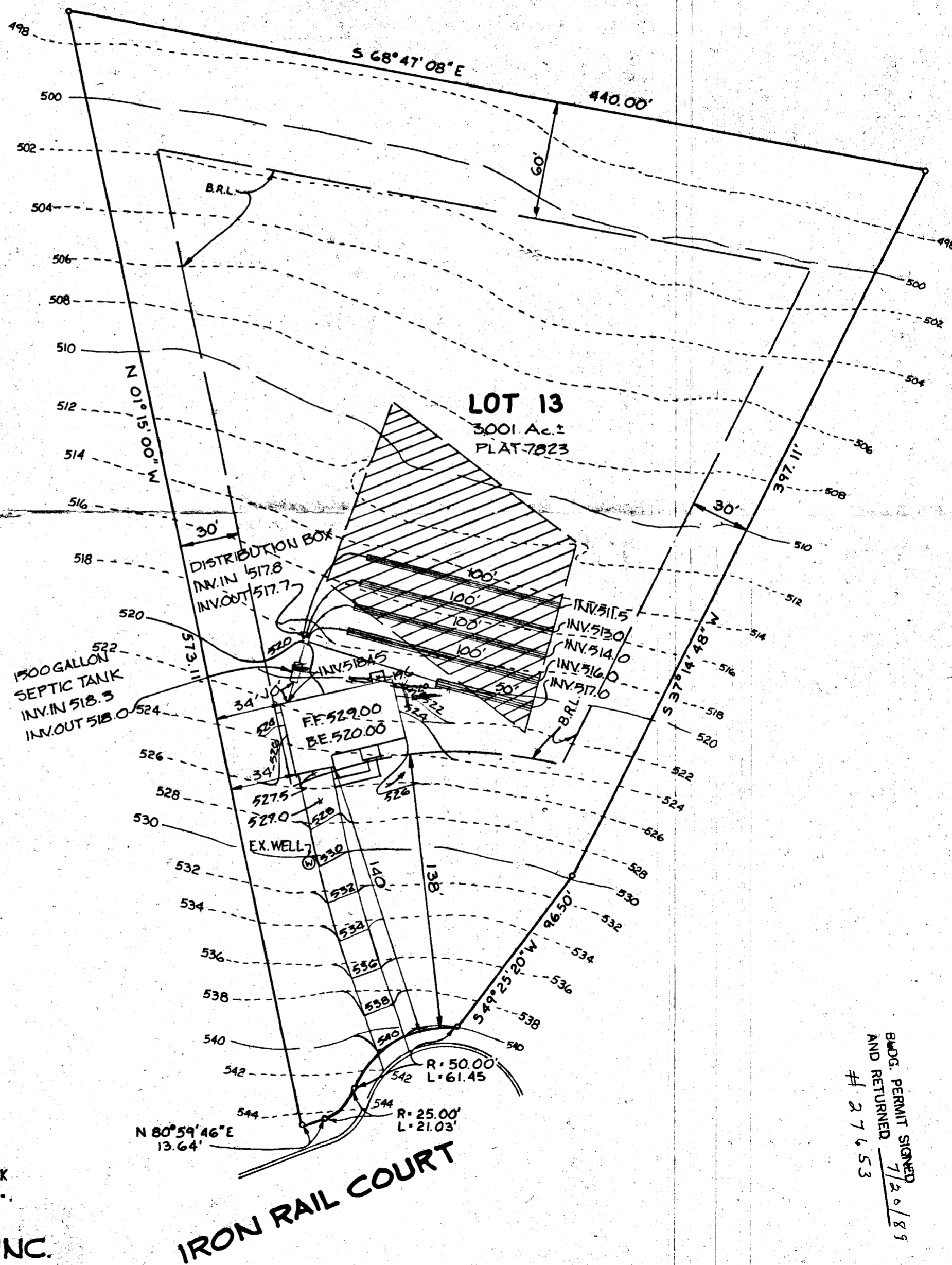
IRON

NOTES

1. 3 BEDROOM HOUSE
2. 180 SQ. FT./BEDROOM
3. TRENCH LENGTH REQUIRED $\frac{3 \times 180}{2} = 270$
4. TRENCH LENGTH PROVIDED 280 LF.
5. IF GARBAGE DISPOSAL IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND TRENCH SIDEWALL AREA BY 22%.

FISHER, COLLINS AND CARTER, INC.

CONSULTING ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: (301) 461-2855



NOTES

1. 5 BEDROOM HOUSE
2. 180 SQ. FT./BEDROOM
3. TRENCH LENGTH REQUIRED $\frac{5 \times 180}{2} = 450'$
4. TRENCH LENGTH PROVIDED 450'
5. IF GARBAGE DISPOSAL IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND TRENCH SIDEWALL AREA BY 22%.

BUDG. PERMIT SIGNED
 AND RETURNED
 7/20/89
 # 27653

FISHER, COLLINS AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: (301) 461-2855

B 1 **5919** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

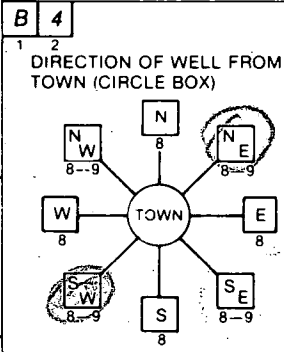
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
#0-88-0631
fill in this form completely

Date Received (APA) **032389**
OWNER INFORMATION
15 Last Name **MEMPHIS** Owner First Name **ASSOCIATES**
36 Street or RFD **10176 BAIT MAR FIKE**
57 Town **ELICOTT CITY** 70 State **MD** Zip **21043**

B 3 LOCATION OF WELL
1 **HOWARD** COUNTY
23 SUBDIVISION **MORGAN STATION**
SECTION **13** LOT **Parcel 911**
52 NEAREST TOWN **LISBON**
MILES FROM TOWN (enter 0 if in town) **3** M I

DRILLER INFORMATION
Driller's Name **FRANK DELPH** 77 License No. **80**
Firm Name **FRANK DELPH WELL DRILLERS INC**
Address **14234 Penn Shop Rd Pk Hwy Md**
Signature **Frank Delph** Date **3/17/89**



DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD **IRON RAIL COURT**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**
DISTANCE FROM ROAD **100** FT or MI **17**

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 COUNTY NO. **A# 38719**
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **10/22/89**
CO SIGNATURE **Chay Williams** EXP. DATE
NORTH GRID **553000** EAST GRID **0787000**

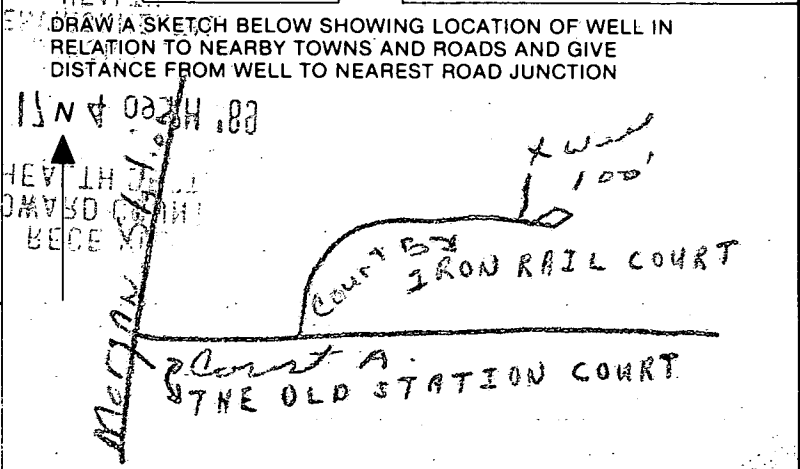
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion **ROTary (Hydraulic Rotary)**
CABLE REVERSE-ROTary DRIVE-POINT
other _____

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
780
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
6-9-89
9 AM GROSS
2ft above ground
24 ft casing
21 ft open hole
6 bags cement
No opportunity to observe.
10:00 AM JEN with
6-9-89

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 **66** WRITE INITIALS IN BOX PERMIT No. **0-88-0631**

SPECIAL CONDITIONS
COUNTY

C1 2400 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 COLUMNS ON ALL CARDS)

COUNTY NUMBER A # 38219

DATE Received

DATE WELL COMPLETED 060777

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0631

OWNER HEMPHILL ASSOCIATES last name IRON RAIL COURT first name TOWN LISBON SUBDIVISION MORRAN STATION SECTION LOT 13

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, Shale, MIKA, Sandstone, MIKA, Sandstone, MIKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 20 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 24

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN-HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HD 20 141

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P 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...

DRILLERS IDENT. NO. 453 Frank Delgado

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Frank Delgado

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

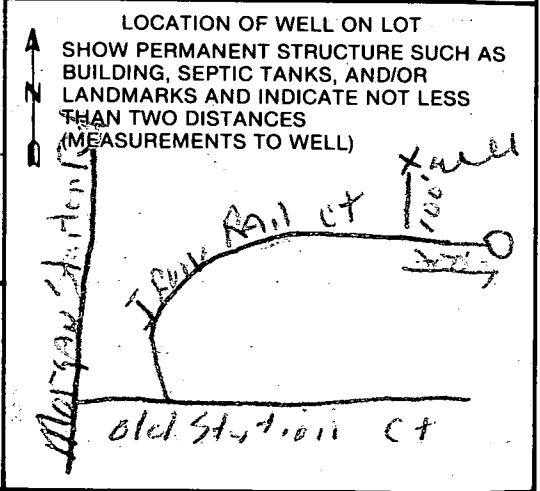
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES 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)



COUNTY

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 # 45738
Date 3/27/90
Name of Installer VINCENT MARINO Plumbing & Heating Telephone 876-1928
License Number STATE 6596
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner JAMES + LINA DERWINIS Telephone 381-3254
Subdivision MORGAN STATION Lot # 13 Well Tag # HO - 88 - 0631
Site Address 845 IRON RAIL CT. LISBON MD.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Tait
3. Model # 7DL210C-230-IT
4. Capacity 10 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 3/4
2. RPM 3450
3. Voltage
a. 110
b. 220
Pitless Adapter
1. Make Monitor
2. Model # Snappy 6X1 1/4"
3. Depth 46"

Tank WX 203
1. Capacity 14 gal. drawdown
2. Pressure relief valve? yes 75 lb
Piping
1. Type Quest
2. Size 1"
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 42"
Well data
1. Depth 165 ft.
2. Yield 15 GPM
3. Static water level 36" ft.
4. Will water supply be disinfected by installer? yes

OK Per C.B.S.
4/20/90

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: Vincent Marino

Date: 3/27/90

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