

04-347536

10/16/89 noon
10/16/89 AM

PERMIT

P 44966

SEWAGE DISPOSAL SYSTEM

A 38722

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 9/18/89

DATE SYSTEM APPROVED 10/16/89

INSPECTOR M. Rifkin

INDEXED

Lendrim Contracting, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Maryland 21784 PHONE 442-2416

SUBDIVISION Morgan Station ROAD 840 Iron Rail Court LOT 16

PROPERTY OWNER Castle Bay Homes, Inc.

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 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 205 feet off the front lot line and 60 feet off the right (400') lot line as seen when facing the lot from Iron Rail Court. Run trenches on contour toward the right side of lot.

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

PLANS APPROVED BY Sid Abel DATE 2/16/89

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

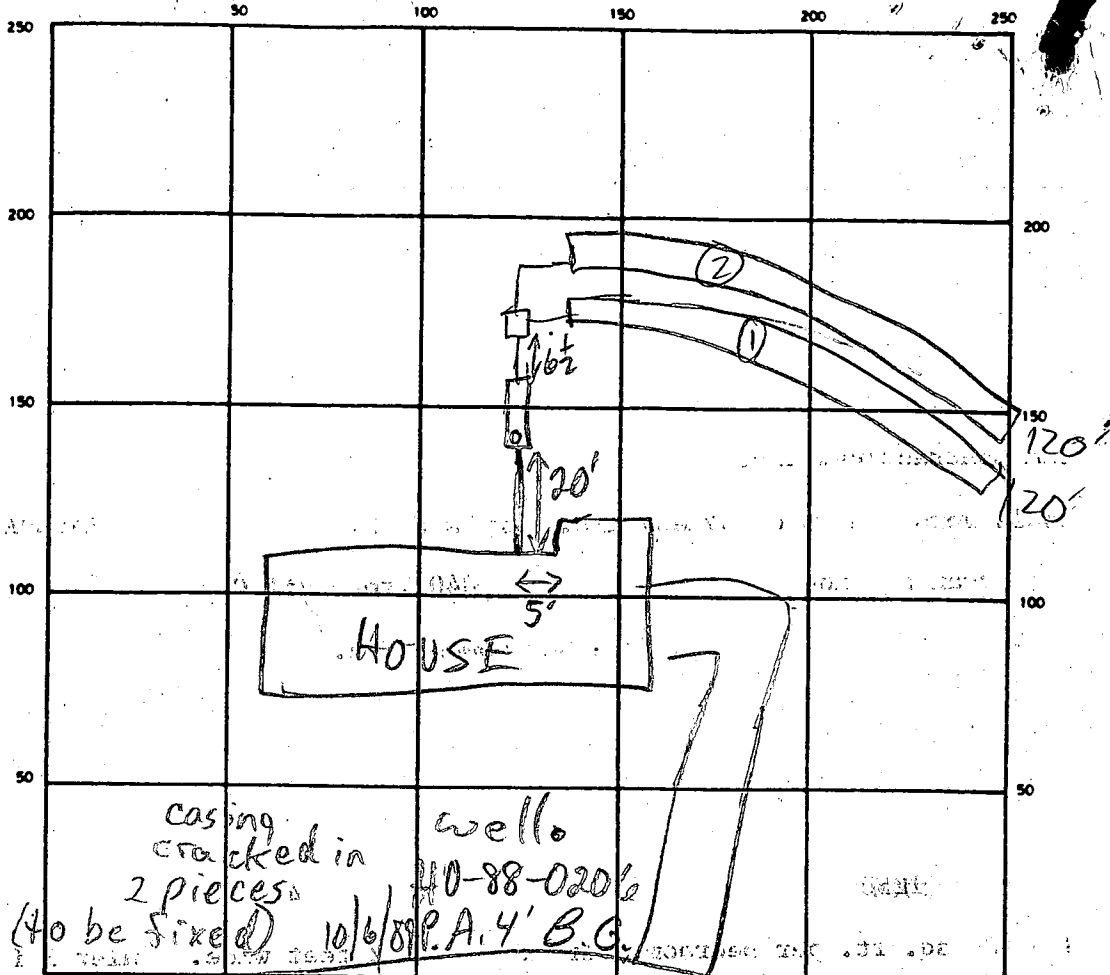
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

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 38722



casing cracked in 2 pieces (to be fixed) 10/6/89
 well 10-88-020 1/2 P.A. 4' B.C.

IRON RAIL COURT

SEPTIC TANK LEVEL 1500 GAL-OK CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 2120 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/6/89 GARAGE NOT AS PER BP DRAWING, TANK DOWNHILL FROM BP DRAWING, & BEHIND HOUSE - MINIMAL NET LOSS OF AREA MR 10/10/89 SPECS WRITTEN INCORRECTLY CALL FOR 2' WIDE TRENCHES, INLET & BOTTOM MODIFIED TRENCHES LENGTHENED TO 120'; OK TO STONE AND COVER MR

DATE SYSTEM APPROVED 10/10/89 INSPECTOR M. Riskin

APPLICATION

PERCOLATION TESTING

A 38722

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

Ray W. Crum + Wife / Castle Bay Homes Inc

ADDRESS

791 Morgan Station Rd

PHONE

489-4995

PROSPECTIVE BUYER

Hemphill Partnership

ADDRESS

10176 Baltimore National Pike Suite 210

PHONE

465-5855

PROPERTY LOCATION:

SUBDIVISION

Morgan Station (~~Crum Property~~)

LOT NO.

LOT 16 Prelim. 10/21/87

ROAD AND DESCRIPTION

E/S Morgan Station Rd north of Old Frederick Rd
840 From Rail Ct

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.

Mark D. Reed

(SIGNATURE OF APPLICANT)

APPROVED BY

Sid Abdul

FOR

Standard Trends

DATE

2-16-89

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

4/27/87 - PERC OK HOLD FOR

Hold for Plot

BOG. PERMIT SIGNED

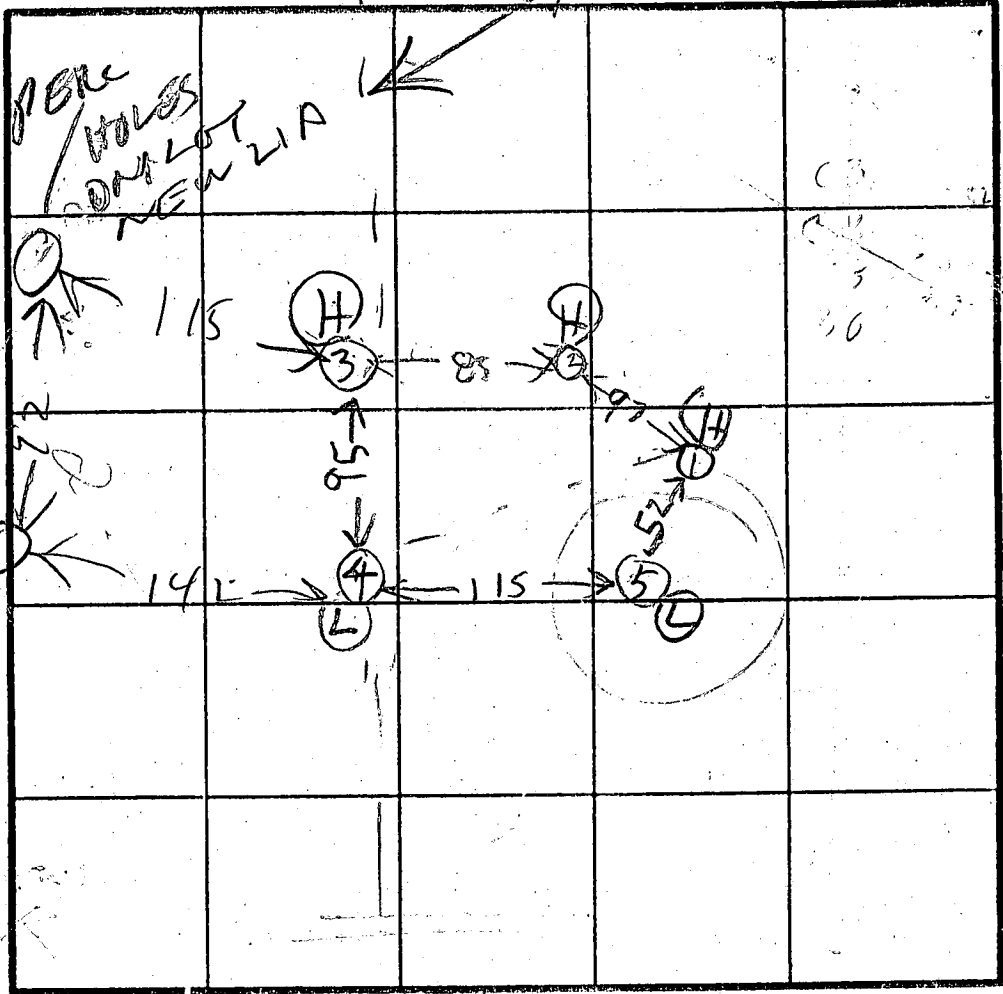
AND RETURNED 2-16-89

BP23633 SAU

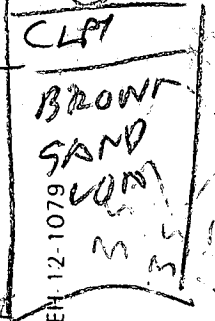
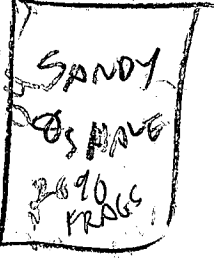
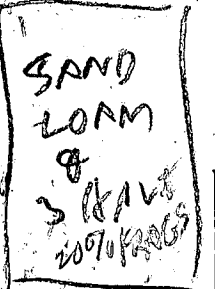
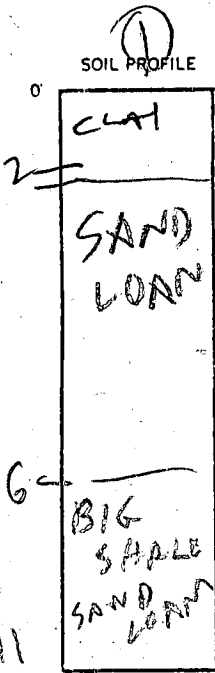
THIS IS NOT A PERMIT

COURT ↑ FUTURE LOT LINE

Lot 21



2 Perc
5 min
180 PSI
Inlet 3"
Bottom 5"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/27/97	15	3.5	307	309	300	311	2
	14	4	OK				
	25	3.5	312	312	318	324	16
	27	7.5	317	317	311	313	2
	28	11	OK				
	35	3	325	322	320	331	3
	30	6	320	1st inch	22 sec	2nd inch	24 sec
	3V	9	OK				
	3D	6	327	1st inch	180 sec		
	4D	6		1st inch	52 sec	2nd inch	9 sec
	1D	6		1st inch	95 sec	2nd inch	55 sec
	45	3.5	353	356	356	405	9
4/27/97	4N	11.5	OK				
	5	6	ROCK UNSAT				

REMARKS: Holes (3) & (4) TO BE
 LOT LINES TO BE COMPLETELY CHANGED
 TESTED BY: R. HODGES
 ALSO PRESENT: OLETT, R. M. M. H. R. R. M. M.

EPH 12-1079

B 1 3516 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-88-0206
fill in this form completely

Date Received (APA)

092188

OWNER INFORMATION

TRINITY BUILDERS

2601 SHADY GROVE RD

COLUMBIA MD 21014

DRILLER INFORMATION

Ralph MAYNE 273 77 License No. 80

Ralph MAYNE (well drilling)

9120 Brown Church Rd. Mt Airy

Signature: Ralph Mayne Date: 8/31/88

B 3

LOCATION OF WELL

HOWARD COUNTY

MORZAM STATION

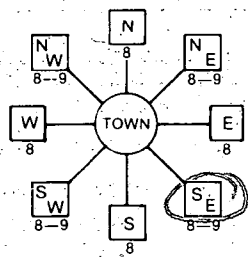
SECTION 16 LOT 16

WOODBINE

MILES FROM TOWN (enter 0 if in town) 2 MI

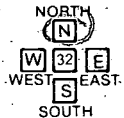
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



IRON RAIL Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 140 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A# 38722 COUNTY NO.

STATE SIGNATURE DATE ISSUED 100588 Charles Ryan Steed 4/5/89

NORTH GRID 553000 EAST GRID 0786000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

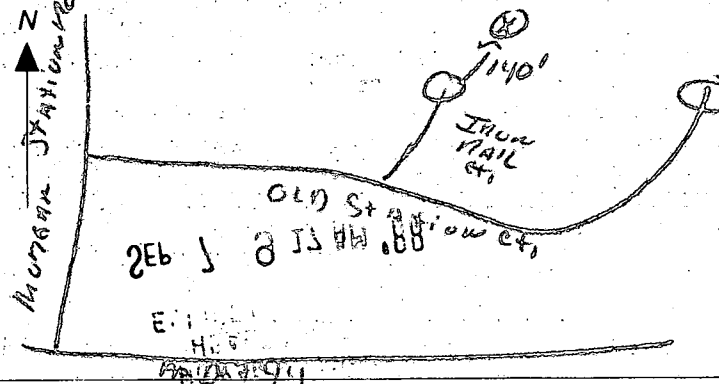
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

Box numbers: E 7806, N 5503

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] 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 CM PERMIT NO. HO-88-0206

SPECIAL CONDITIONS

C1 **0517** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-38722**

DATE Received [] DATE WELL COMPLETED **012489** Depth of Well **205** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-0206**

OWNER **TRINITY BUILDERS** STREET OR RFD **IRON RAIL COURT** TOWN **WOODBINE** SUBDIVISION **MORGAN STATION** SECTION [] LOT **16**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	10	
Brown Shale	10	15	
Blue Shale	15	55	
Brown Shale	55	60	<input checked="" type="checkbox"/>
Blue Shale	60	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PL** **A** **22**
 Nominal diameter top (main) casing (nearest inch) **6** **22**
 Total depth of main casing (nearest foot) **22**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **20** **205**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

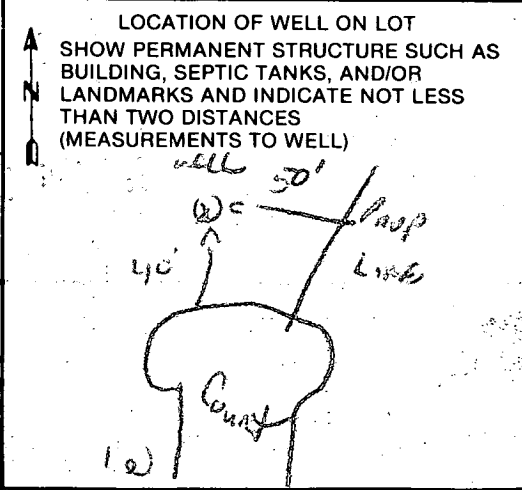
DRILLERS IDENT. NO. **273**
 DRILLERS SIGNATURE *Nath Morgan*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **70** **72** **74** **75** **76**
 WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **54**
 WHEN PUMPING **41**
 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot) **2**
 below }



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 # 45063
 Date 9-18-89
 Name of Installer Gary E. Lombers Telephone 379-0222
 License Number 3260
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner Castle Bay Const Telephone 381-7382
 Subdivision Morgan Station Lot # 16 Well Tag # HO-88-0206
 Site Address 840 Iron Rail Ct.

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible _____
 2. Make _____
 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 # _____
 3. Depth _____

Tank
 1. Capacity _____
 2. Pressure relief valve? _____

Piping
 1. Type _____
 2. Size _____
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line _____

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ 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: Gary E. Lombers
 Date: 9-18-89

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

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 9, 1989

Trinity Builders
6601 Shady Grove Road
Columbia, Maryland 20144

Re: Morgan Station - Lot 16
Iron Rail Court
Well Permit No. HO-88-0206

To Whom It May Concern:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 13.0 parts per million. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

Charles B. Streaker

Charles B. Streaker,
Sanitarian
Water and Sewerage Program

CBS/cm



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 15, 1989

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Bill Carroll
840 Iron Rail Court
Woodbine, Maryland 21797

Re: Morgan Station - Lot 16
840 Iron Rail Court
Well Permit No. HO-88-0206

Dear Mr. Carroll:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 12.8 parts per million. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

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Bureau of Environmental Health

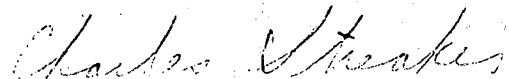
3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955

- 2 -

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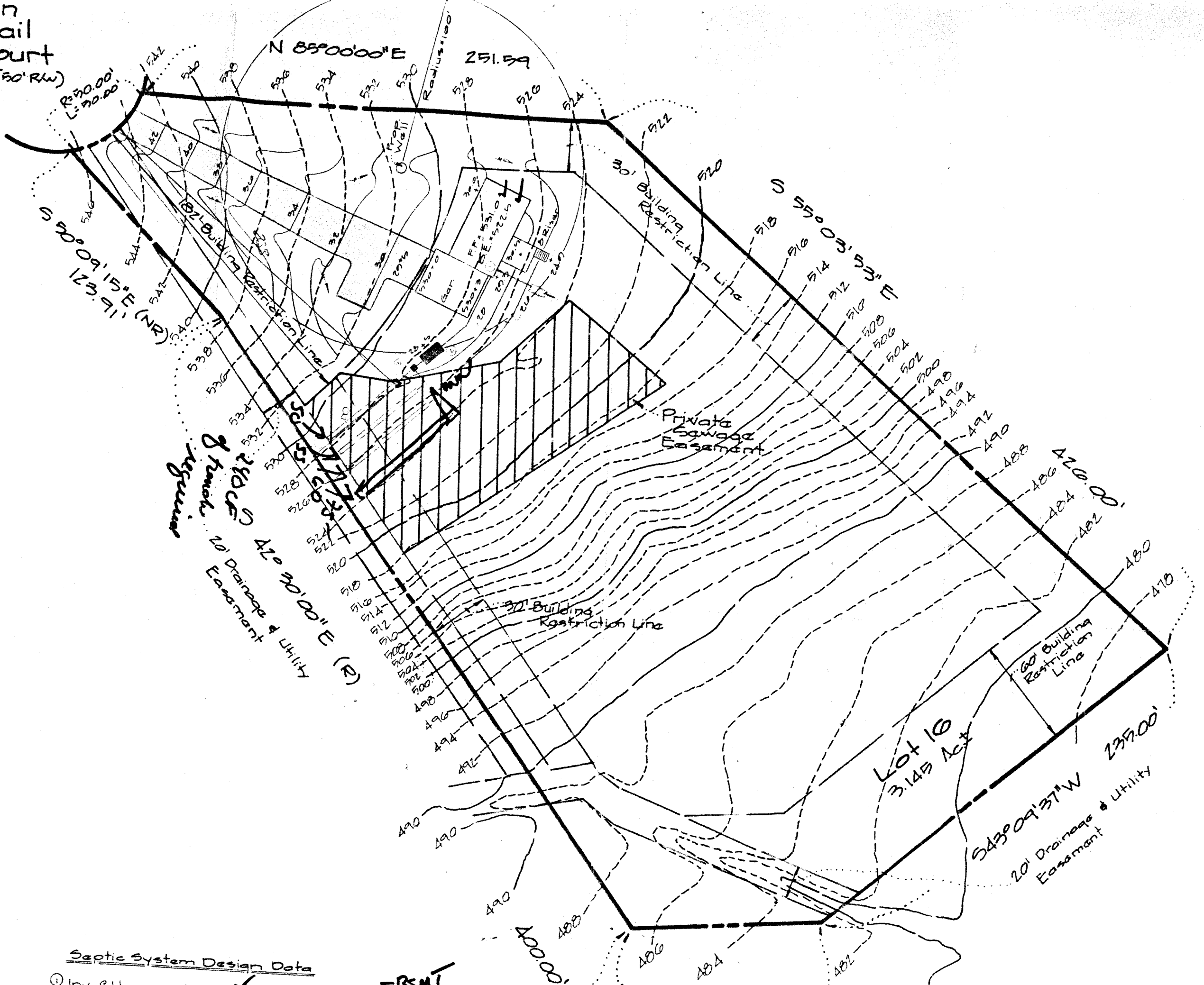
Very truly yours,



Charles Streaker, Sanitarian
Water and Sewerage Program

CS/cm

Iron
Rail
Court
(50' RW)



245' C
 215' C
 20' Drainage & Utility
 Easement
 420' 30' 00" E (2)

Lot 16
 3.145 Ac.

543°09'37"W
 239.00'
 20' Drainage & Utility
 Easement

Septic System Design Data
 © In. 011

-RMT

Scale 1"=50'