04-347560

5/7/92 2:30

✓ Mark's House Hookup 5/7/92 RJH 6/29

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 478/92

A 38726

DISTRICT

DATE 7/25/92

DATE SYSTEM APPROVED 6/29/92

INSPECTOR C. Bell

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Paul Schissler/South Carroll BAckhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Morgan Station LOT 19 ROAD 835 The Old Station Court

PROPERTY OWNER Earl & Carol Houck

ADDRESS

BUILDING PERMIT SIGNED AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS 10-1-03 B00149331-16 Pool

BLDG. PERMIT SIGNED AND RETURNED 11-18-99
Serial # B00121352
Interior Alterations Basement

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - 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 - Place the distribution box 180 feet from the front lot line and 120 feet from the right side of the lot as seen when facing the lot from The Old Station Court. Run the trenches on contour toward the left 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. O/C 7/9/92 RJH

PLANS APROVED BY Ray Hodges/Mark Rifkin Revised DATE 11/26/91

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

BLDG. PERMIT SIGNED AND RETURNED 8/17/92

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

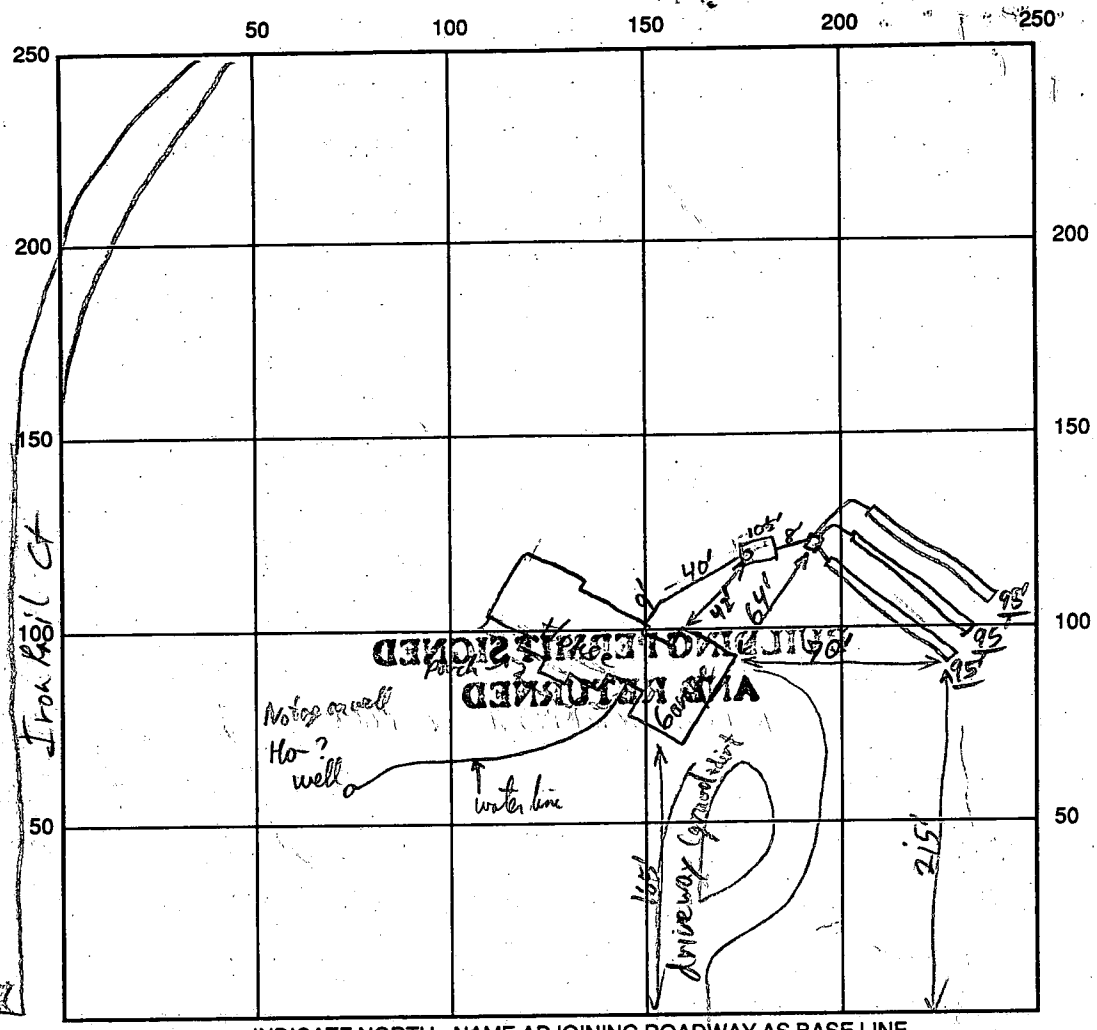
Serial # 45945
3-level deck

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 38726



INDICATE NORTH, NAME ADJOINING ROADWAY AS BASE LINE

The Old Stratton Court

SEPTIC TANK LEVEL 10½'long × 5'wide (gal.) × (dp.) 5½' deep CLEANOUTS ✓ S.T.

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 5' FT. TRENCH WIDTH 3' FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 95/95/95' FT. [280' Total]

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 285 SQ. FT.

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

Total
ABSORBENT AREA 850 SQ. FT.

REMARKS: Midseam Septic Tank seal is OK, No leaks on inside walls, but 3" water in tank (Rain?). Shale seam between S.T. & D.B. and excavated @ S.T. (Shale is a Mica Schist mostly and easily broken in most of Trenches but deeper but less than 20% are hard and brittle) OK to cover System - Sewer Line not connected at house ✓ 6/29/92 House connection - condemned with water test. Final. (Mr. HOUCK at site.)

C.B.O.

DATE SYSTEM APPROVED 6/29/92 INSPECTOR Charles Bryan Street

APPLICATION

A 38726

PERCOLATION TESTING

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~~ Earl + Carol Houck EVR Partnership 461-3442 ~~845-8695~~

ADDRESS 791 Morgan Station Rd PHONE ~~461-4995~~

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

SUBDIVISION Morgan Station (~~Crum Property~~) LOT NO. ~~26~~ LOT 19 Prelim 10/21/87

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
(835 the Old Station 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. Mark D Reid
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-22-87 Perc satisfactory; Hold for Subdivision plat status

BLDG. PERMIT SIGNED AND RETURNED 3/24/87
Serial # 40537-
SFD - 4 Bedroom

BLDG. PERMIT SIGNED AND RETURNED 7/2/90
Serial # [illegible] SFD
4 Bedroom

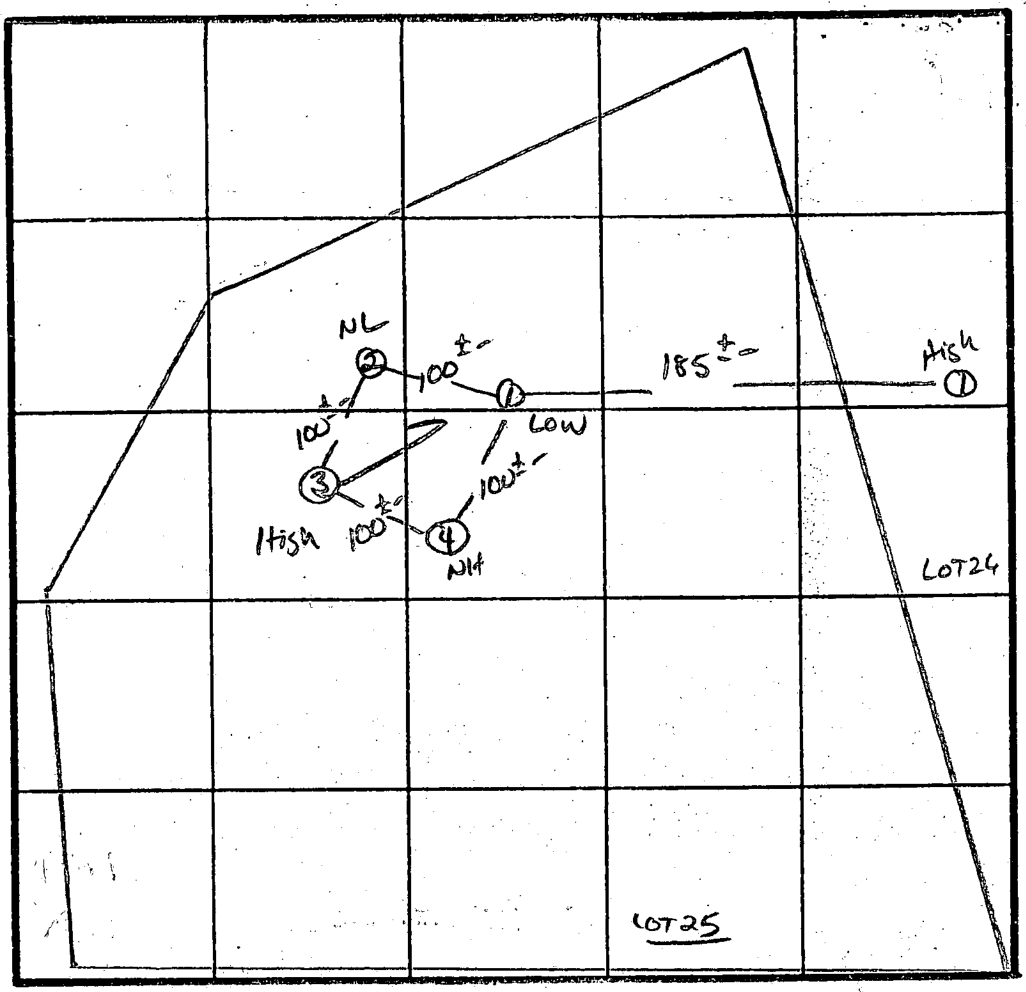
THIS IS NOT A PERMIT

⑥ → ④

SOIL PROFILE

0'

12"	AP
	Yellow BR Silt SAND Loam 99%CLAY 25-30% FRAGS
2'	Yellow BR Silt Loam 30-40% Shale FRAGS
12'	



x̄ PERC 9 MIN

190 Φ/BR

INLET 3'

BOTTOM 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ROAD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/22/87	1 S	3"	2:35	2:36	2:36	2:39	3 MIN
	1 V	12" uniform below 2-2.5"					
	2 S	3"	2:43	2:44	2:44	2:47	3 MIN
	2 V	11" uniform below 2.5" % FRAGS 50± at 10-11'					
	3 S	3'	2:50	3:03	3:03	3:30	27 MIN
	3 M	6'	2:48	2:55	2:55	3:05	10 MIN
	3 V	12.5' uniform Soil below 3'					
	4 V	12' uniform Soil below 3.5'					

EH-12-1079

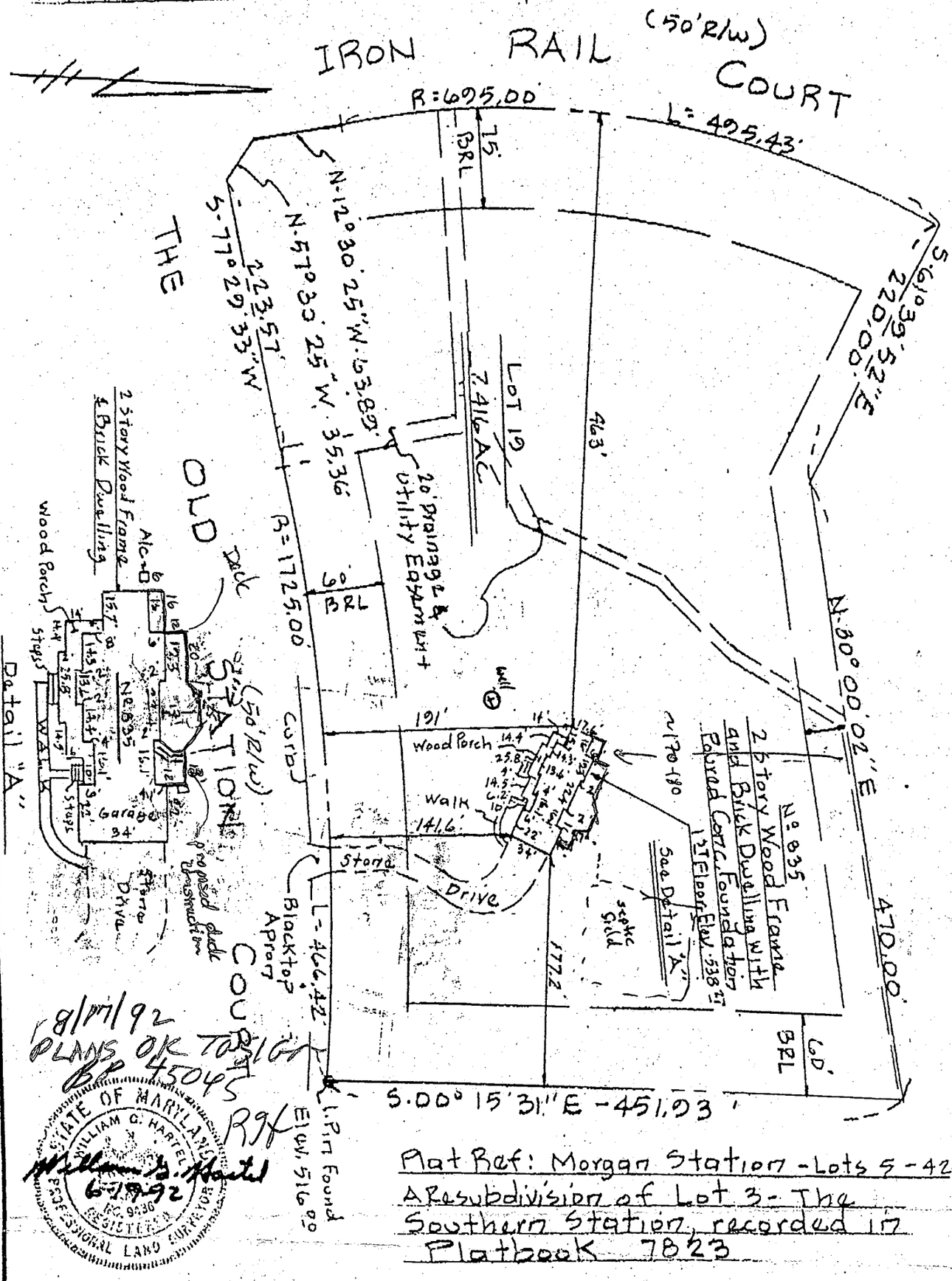
REMARKS Holes Per Plat Approx / Shallow Syst.

TYPE OF SOIL Mt Airy

TESTED BY S. Ahel ALSO PRESENT O. Kettepman

61044

The Lot shown hereon does not lie within the Limits of a recorded Floodplain



8/17/92
PLANS OK TO ISSUE
BP 45045
RJK

STATE OF MARYLAND
WILLIAM G. HARTEL
PROFESSIONAL LAND SURVEYOR
REG. NO. 9436
REGISTERED

William G. Hartel
6-19-92

TITLE	LOCATION SURVEY
PROJECT	LOT 19 - MORGAN STATION
LOCATION	4TH ELECTION DISTRICT, HOWARD CO., MD.

FIELD BOOK	PAGE NO.	DRAWN BY:	CHECKED BY	DATE:
134	63	BH	WGH	6-19-92

SCALE	JOB NO.:
1" = 100'	91124

THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY LINES.

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.

SIGNATURE William G. Hartel

REG. NO. 9436 DATE 6-19-92

Boender Associates
INCORPORATED
ENGINEERS · PLANNERS · SURVEYORS
3230 BETHANY LANE
ELLICOTT CITY, MD. 21043
(301) 465-7777 FAX: (301) 465-7966

EMERGENCY/TEMP NO. IF ANY

B 1 6352 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-88-1165

fill in this form completely

Date Received (APA): 122089

OWNER INFORMATION

Last Name / Owner / First Name: Hemphill Associates

Street or RFD: 8307 Main St R

Town: Ellicott City State: Md Zip: 21043

DRILLER INFORMATION

Driller's Name: Frank-Delph License No.: 453

Firm Name: Frank-Delph-Well-Drilling, Inc

Address: 15234 Penn Shop Rd Mt Airy Md

Signature: Frank Delph Date: 12/19/89

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Morgan Station

SECTION: 7 LOT: 19

NEAREST TOWN: Lisbon

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NE (circled)

N, NW, NE, W, TOWN, E, SW, S, SE

NEAR WHAT ROAD: Old Station Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N (circled) — NORTH, W WEST, 32, E EAST, S SOUTH

DISTANCE FROM ROAD: 100

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)

- D (circled) 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

COUNTY NAME: Howard COUNTY NO.: A38726

STATE SIGNATURE: ______ INSERT S

DATE ISSUED: 012290 CO SIGNATURE: Mark E Pilkin EXP. DATE: 7/22/90

NORTH GRID: 553000 EAST GRID: 0787000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

1/30/90 WELL OK SEE OTHER SIDE RD

X

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E: 787

N: 553

000 000

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary) (circled)

CABLE | REVerse-ROTary | DRive-POINT

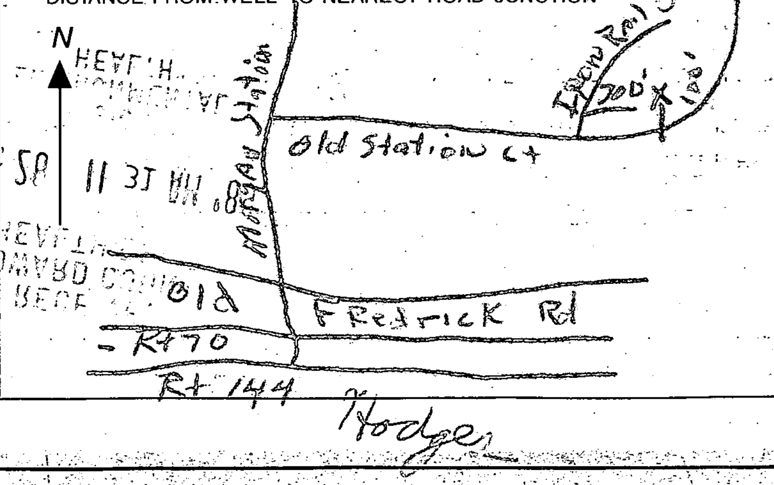
other ______

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- N (circled) 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED. (IF AVAILABLE) ______

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



HEALTH ... HOWARD COUNTY REC'D SEP 11 31 AM '89

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: MH (WRITE INITIALS IN BOX) PERMIT No.: HO-88-1165

SPECIAL CONDITIONS

Hodges

COUNTY

① 33 ft pipe

② 30 ft open hole

③ ? bags

④ Well already Grouted

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
'89 NOV 20 11 31 AM

ENVIRONMENTAL
HEALTH
DIVISION

11/30/90

BZ

C 1 1307 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 387210

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 6 13 90

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-1165

OWNER Hemphill Assoc
STREET OR RFD last name The Old Station Ct first name TOWN Lisbon
SUBDIVISION MORGAN STATION SECTION LOT 19

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Brown Slate	2	25	✓
Blue Slate	25	40	
Brown Slate	40	45	✓
Blue Slate	45	70	
Brown Slate	70	75	✓
Blue Slate	75	165	

CIRCLE APPROPRIATE LETTER
- A 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 26.04.04 "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. 2453
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 9 NO. OF POUNDS 90
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 4 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	33

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	140	133
2		
3		

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

GRAVEL PACK from ____ to ____
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.) W Q
70 TELESCOPE CASING; 72 LOG INDICATOR; 74 75 76 OTHER DATA

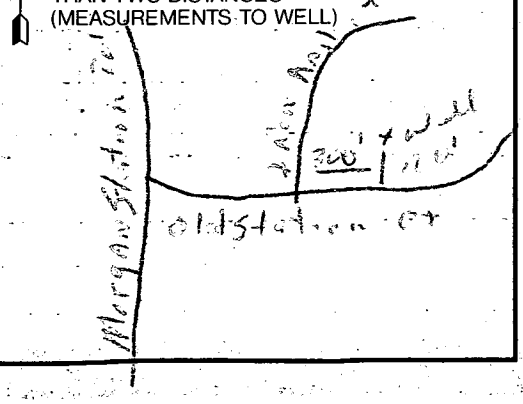
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 14
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 21
WHEN PUMPING 21

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 (CIRCLE) (YES or NO) 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)
+ above / – below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

Page ___ of ___
Date 1-30-90

Review O.K BDA 6/6/90

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1165
Location of property (road) Old Station Ct
Subdivision Morgan Station Lot 19 Block ___ Plat ___ Sec. ___
Well Driller Frank Delph Owner Hemphill Associates

Depth of well 165'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 21' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	21 Ft	6 sec	N/A	10 GPM
8:00	21 Ft	6 sec		10 GPM
8:15	21 Ft	6 sec		10 GPM
8:30	21 Ft	6 sec		10 GPM
8:45	21 Ft	6 sec		10 GPM
9:00	21 FT	6 sec		10 GPM
9:15	21 Ft	6 sec		10 GPM
9:30	21 FT	6 sec		10 GPM
9:45	21 FT	6 sec		10 GPM
10:00	21 FT	6 sec		10 GPM
10:15	21 FT	6 sec		10 GPM
10:30	21 FT	6 sec		10 GPM

HD-224 33 pc 30 qua 9 Bags

CASSELL TESTING, INC.
ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410)-252-7742

REPORT DATE: Jun 26, 1992

County Howard

Lab Number 92-2220

Sample iced Yes
Residual Cl_2 <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115
REQUESTER:

Bageant Homes
Mr. Dutch Bageant
4714 Linthicum Road
Dayton, Maryland 21036-1002

Property Sampled: U&O: 839 The Old Station Court, retest

Station Sampled: Nitrate reducer tap

Tax Map #:

Date/Time Sampled: Jun 26, 1992 12:10 pm

Parcel #:

Owner, Telephone No.: Earl Houck

Sampler: P. Kellner #92-245

Subdivision Name: Morgan Station

Lot Number: 19

Building Permit No.: 40557

Well Number: No visible tag

Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate — N (mg/L)	Turbidity (NTU)	pH (Units)	SAND
1.7 PASS	NR	NR	NEGATIVE
10 mg/L *	10 NTU *	6.5 - 8.5 Units	

COLIFORM BACTERIA (MPN/100 mL)

Total (of 10 tubes +) PASS

Fecal (of 10 tubes +) FAIL

< 1.1 (0 of 10 tubes +) *

COLIFORMS / 100 mL (MF)

PASS

FAIL

< 1 Coliforms / 100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was SAFE / UNSAFE for drinking purposes.

* MCL = Maximum Contamination
NR = Not Requested

Sharon K. Cassell

Sharon K. Cassell

CASSELL TESTING, INC.
ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

REPORT DATE: Jun 26, 1992

County Howard

Lab Number 92-2180

Sample iced Yes
Residual Cl_2 <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115
REQUESTER: Bageant Homes
Mr. Dutch Bageant
4714 Linthicum Road
Dayton, Maryland 21036-1002

Property Sampled: U&O: 839 The Old Station Court

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Jun 24, 1992 11:30 am

Parcel #:

Owner, Telephone No.: Earl Houck

Sampler: P. Kellner #92-245

Subdivision Name: Morgan Station

Lot Number: 19

Building Permit No.: 40557

Well Number: No visible tag

Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate — N (mg/L)	Turbidity (NTU)	pH (Units)	SAND
13.2 FAIL	< 1.0 PASS	6.1	NEGATIVE
10 mg/L *	10 NTU *	6.5 - 8.5 Units	

COLIFORM BACTERIA (MPN/100 mL)

<1.1 Total (0 of 10 tubes +) PASS

~~Fecal (of 10 tubes +)~~

< 1.1 (0 of 10 tubes +) *

COLIFORMS / 100 mL (MF)

PASS

FAIL

< 1 Coliforms / 100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was SAFE / [redacted] for drinking purposes.

* MCL = Maximum Contamination
NR = Not Requested

Sharon K. Cassell

Sharon K. Cassell

38104

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00121352

Building Address 835 OLD STATION CT.
WOODBINE MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6045 Subdivision MORGAN STATION

Section N/A Area N/A Lot 19

Tax Map 3 Parcel 44 Grid 20

Zoning RC/DEO Map Coordinates _____ Lot size _____

Property Owner's Name CAROL HOUCK

Address 835 OLD STATION CT.

City WOODBINE State MD Zip Code 21797

Home Phone 410 489-7261 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SINGLE FM HOME

Proposed Use FAM. RM. / BATH / STUDY

Estimated Construction Cost $ ~~4,500.00~~ 8500.00

Description of Work FINISH BASEMENT
FAM. RM. / BATH / STUDY

Contractor Company DAVID W. STALEY BUILDING / REMODELING

Contact Person _____

Address 12510 BILL'S CT

City MT. AIRY State MD Zip Code 21771

License No. 20801

Phone 301 865-0623 Fax _____

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories: 2

Gross area, sq. ft. per floor: 1200

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
X Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X Private

Electric Yes X No ☐
Gas Yes X No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas X
Propane Gas ☐

Sprinkler system: N/A X
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling X SF Townhouse ☐

	Depth	Width
1st floor:	58	32
2nd floor:	42	32
Basement:	42	32

Finished Basement ☐ Unfinished Basement X
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 3

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X Private

Electric Yes X No ☐
Gas Yes X No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas X
Propane Gas ☐

Sprinkler system: N/A X
____ NFPA #13D
____ NFPA #13R
____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ *Print Name* DAVID W. STALEY

Title/Company CONTRACTOR *Date* 11-16-99

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	11/18/99	A McMeller
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 4315

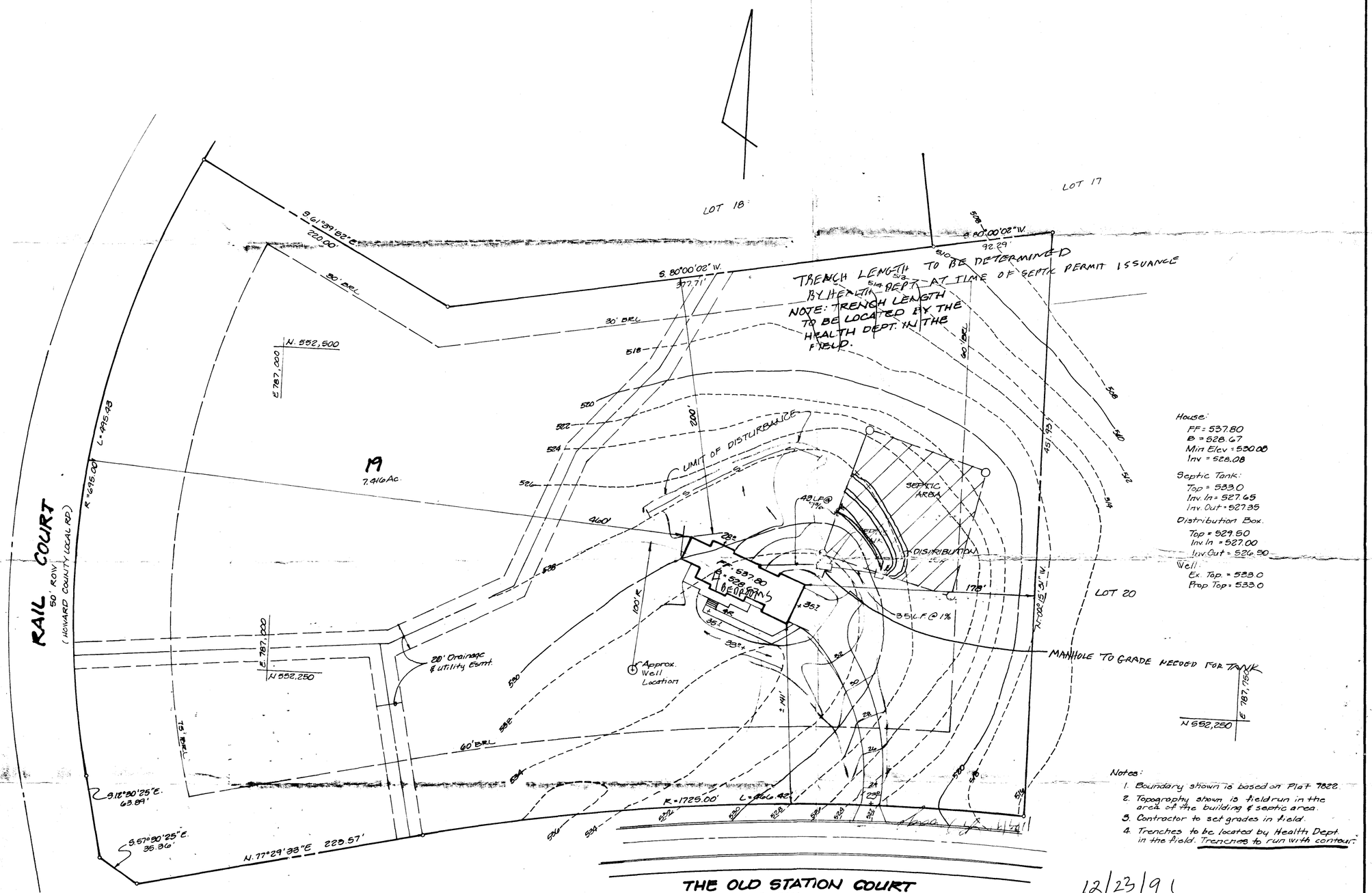
Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ _____
Balance due	$ _____
Check	# _____
Validation	# _____

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

a:\permit.frm

Rev. 10/15/98



House:
FF = 537.80
B = 528.67
Min Elev = 530.00
Inv = 528.08

Septic Tank:
Top = 533.0
Inv. In = 527.65
Inv. Out = 527.35

Distribution Box.
Top = 529.50
Inv. In = 527.00
Inv. Out = 526.50

Well:
Ex. Top. = 533.0
Prop. Top = 533.0

Notes:
1. Boundary shown is based on Plat 7822.
2. Topography shown is field run in the area of the building & septic area.
3. Contractor to set grades in field.
4. Trenches to be located by Health Dept. in the field. Trenches to run with contour.

12/23/91
REVISED PLANS OK AFTER RED LINE CORRECTIONS
BJ

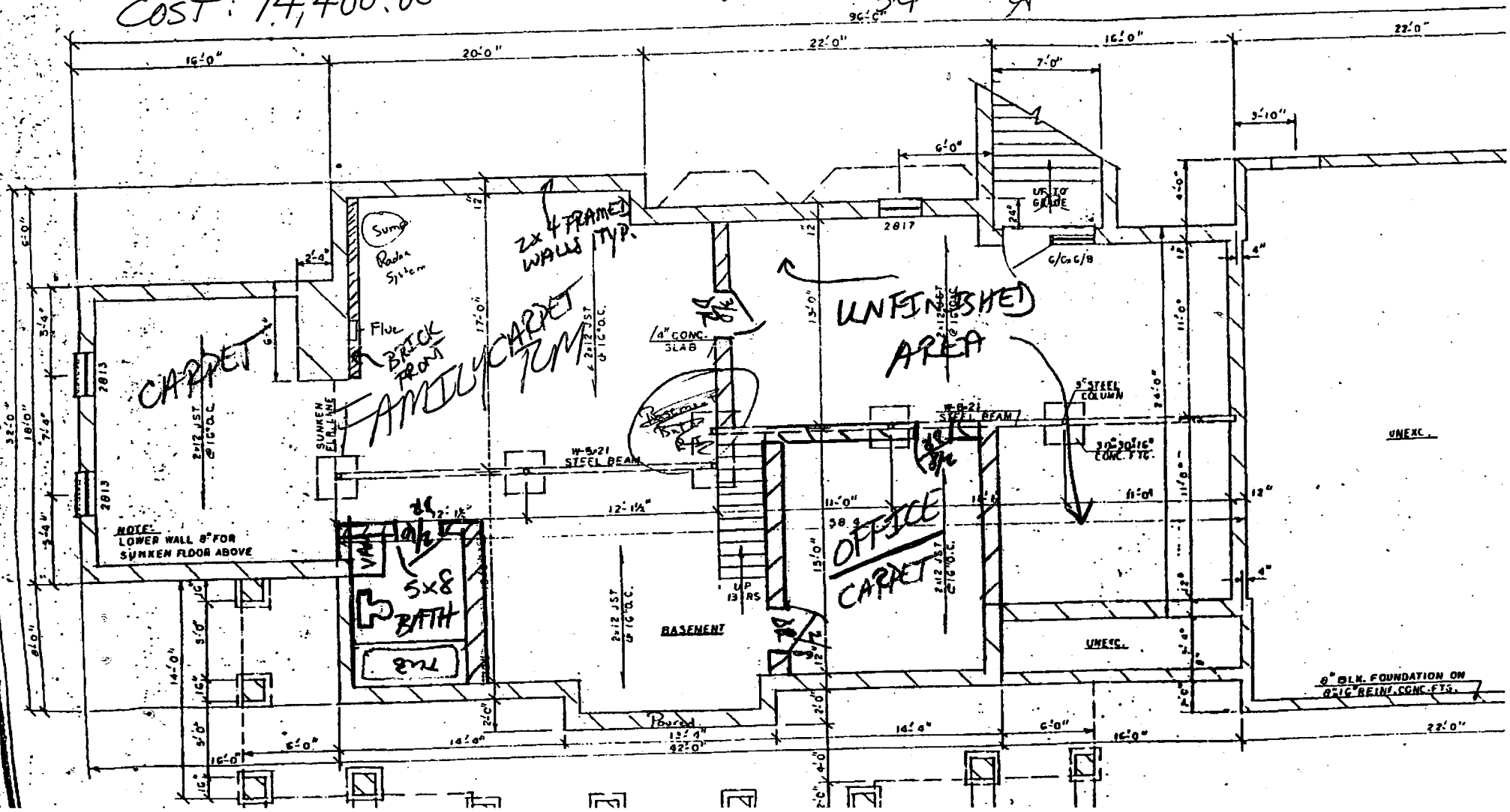
DEC 3 0 1991

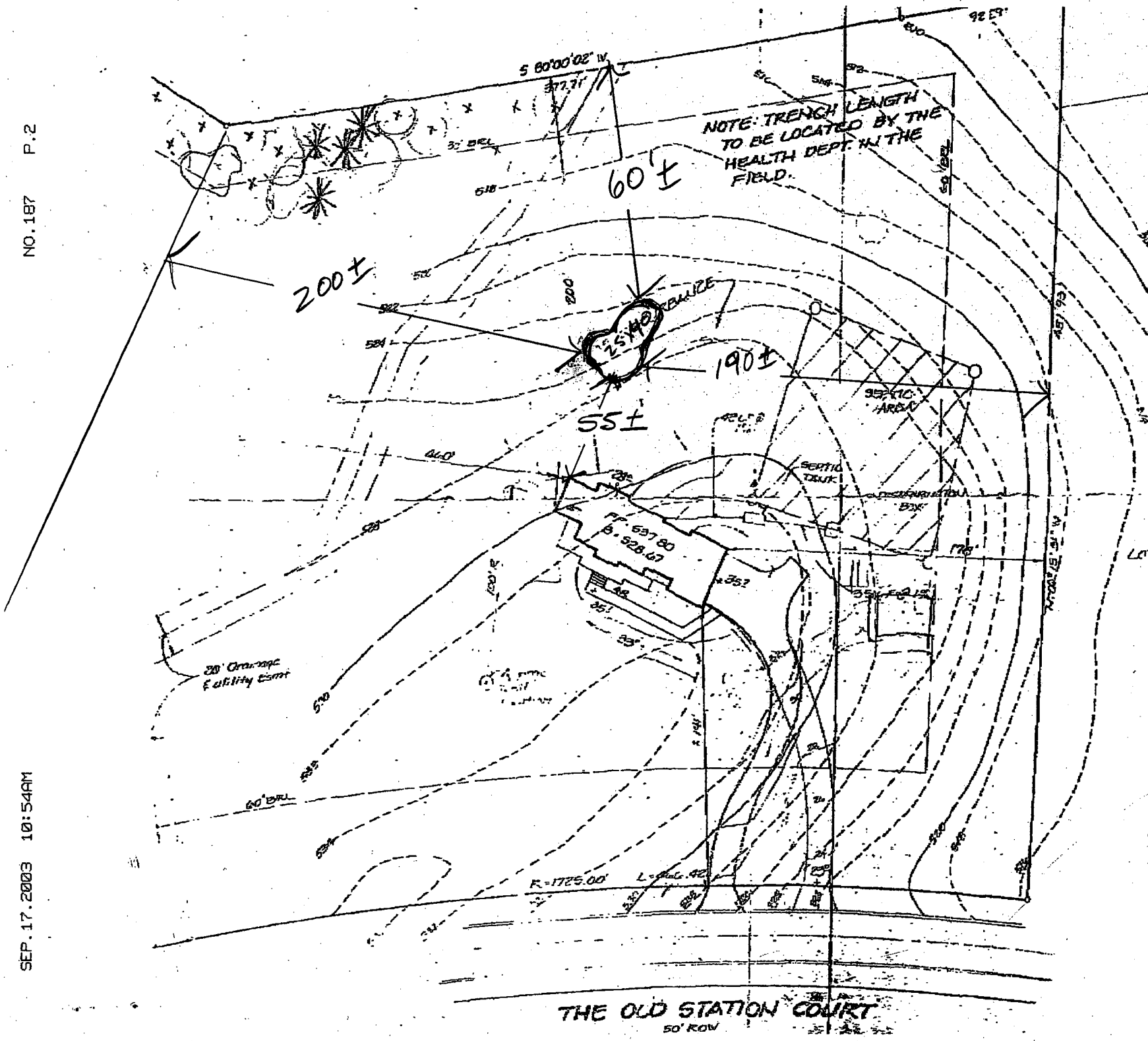
TITLE: GRADING STUDY				
PROJECT: MORGAN STATION				
LOCATION: 4TH ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1" = 50'	DESIGNED BY: LWG	DRAWN BY: LWG	CHECKED BY: J.C.D.	DATE: Nov. 1991
FIELD BOOK: 134	PAGE NO.: 57-58	JOB NO.: 91124	DRAWING NO.: 1 of 1	

Boender Associates
ENGINEERS · PLANNERS · SURVEYORS
3230 BETHANY LANE
ELLICOTT CITY, MD. 21043
(301) 465-7777 FAX: (301) 465-7966

CAROL HOUCK
835 OLD STATION CT.
WOODBINE MD
PH# 410 489-7281
PROPERTY ID # 347560-04
SQ. FT. = 1260
COST: 14,400.00

11/18/99
Finishing basement
will have no impact
on existing well or
septic & well





BOO144331

POOL
25X40
3-8' Deep
Fence
To Code
10/1/03
No issues
w/ well
or septic
OK
(KN)

Notes
1.
2.
3.
4.