

3/15/90 12:130

04-347587

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 45528

A 38729

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 2/12/90

DATE SYSTEM APPROVED 3/15/90

INSPECTOR RJH

INDEXED

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

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

SUBDIVISION Morgan Station ROAD 855 The Old Station Ct LOT 21

PROPERTY OWNER S.C.L. Partnership

ADDRESS (Frank & Bobbie Newbauer)

~~IF GARBAGE GRINDER IS USED TO INCREASE SEPTIC TANK CAPACITY BY 10% AND ABSORPTION AREA BY 20%.~~

GARBAGE GRINDER ~~XXXX~~ YES ~~XXXXXXXXXXXX~~ NO ~~XXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

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 185 feet from the front lot line and 110 feet from the right lot line as seen when facing the lot from The Old Station Court. 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. IN 2-14-90

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 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 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

COPIES OF PERMIT SENT TO

AND RETURNED 4/19/90

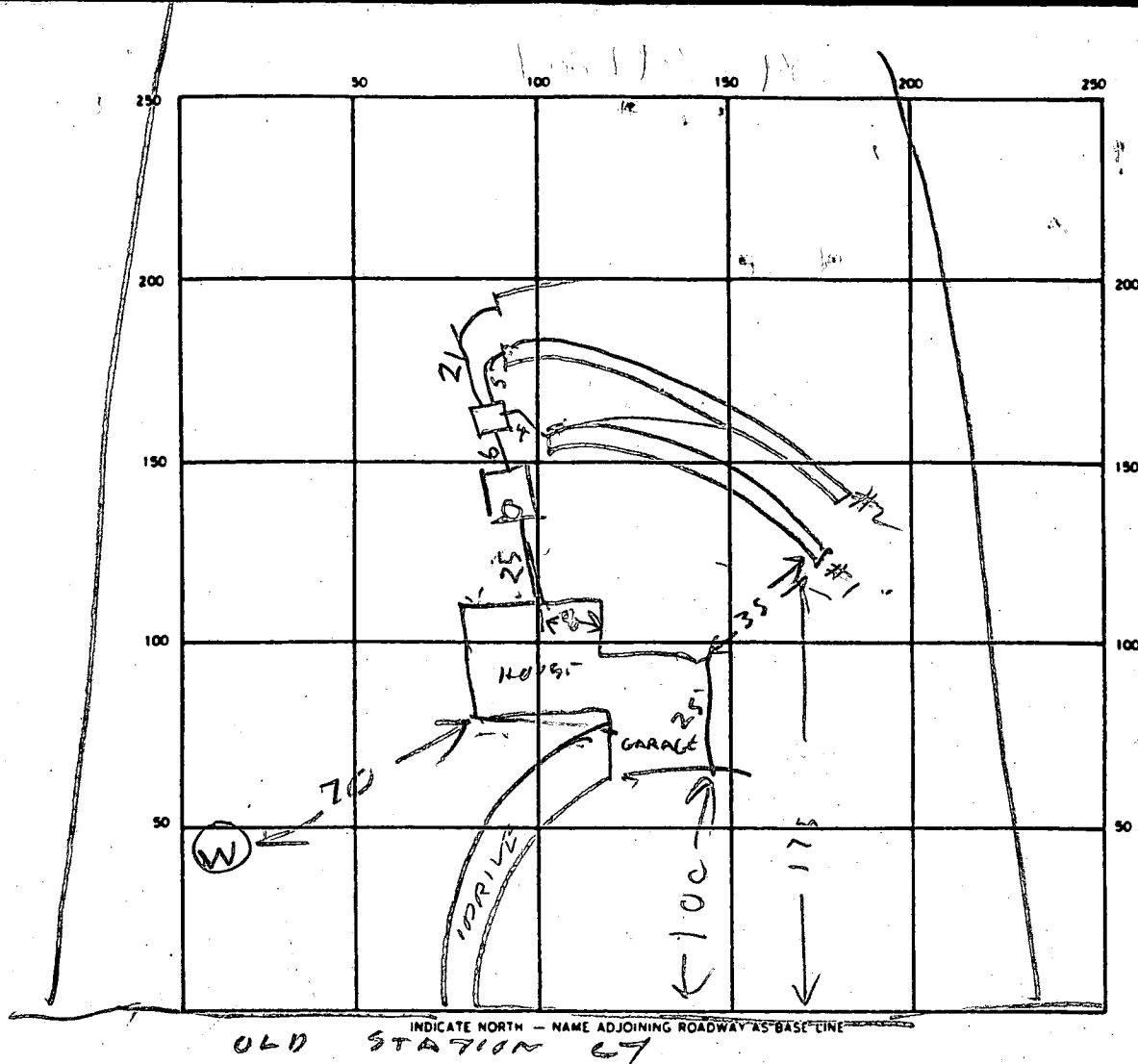
Serial # 32053

deck

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

38729



SEPTIC TANK LEVEL \_\_\_\_\_

CLEANOUTS ST  
OK

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80 85 85 250

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 750 SQ FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 3/15/90 - TRENCHES OK TO COVER

DATE SYSTEM APPROVED

3/15/90

INSPECTOR

B. J. Hodges

# APPLICATION

PERCOLATION TESTING

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

A 08729

P \_\_\_\_\_

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 SCL Partnership

ADDRESS 791 Morgan Station Rd PHONE 363-2363  
489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

SUBDIVISION Morgan Station (Cram Property) LOT NO. 28

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd  
(855 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.

Mal S. Reil  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4/30/87 PERC OK HOLD

FOR PLAT B/D

BUDG. PERMIT SIGNED

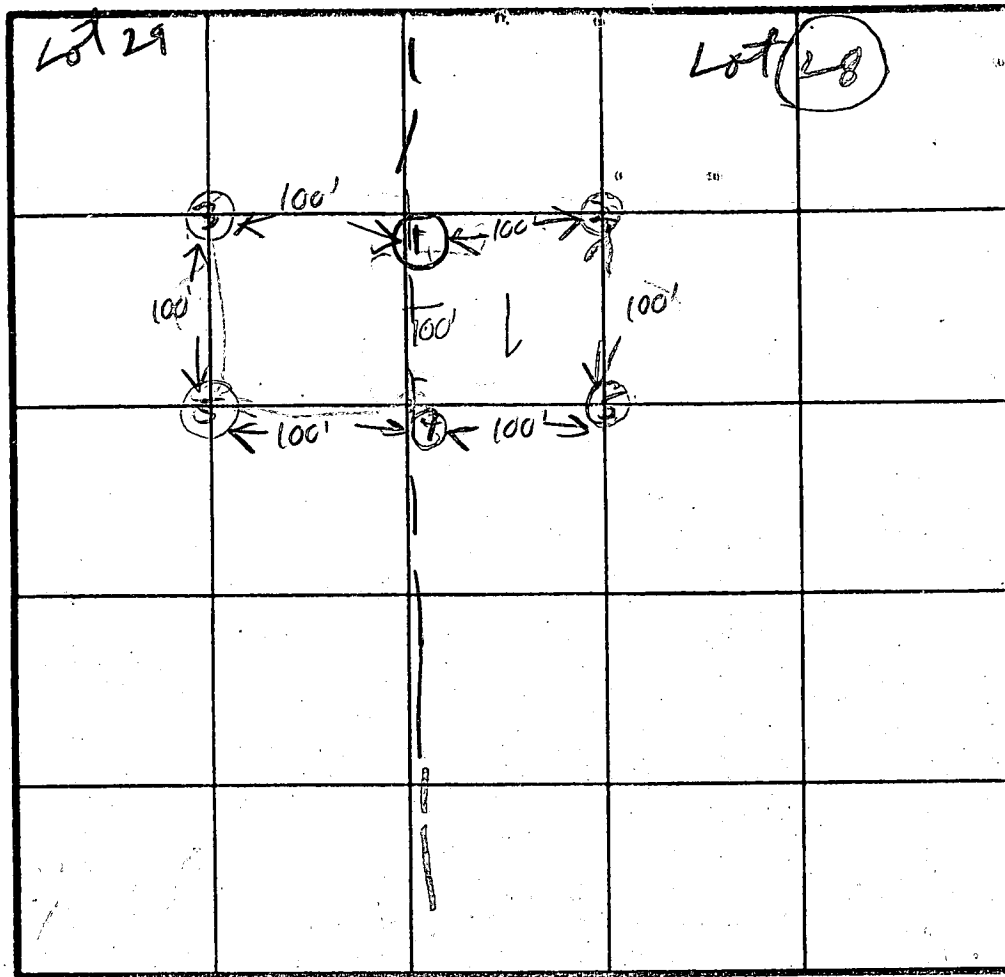
AND RETURNED 9/8/89

Serial # 28882

SFD - 4 Bedrooms

# THIS IS NOT A PERMIT

128



SOIL PROFILE

CLAY

BROWN  
GREEN  
PINK  
SAND  
LOAM

ROCK

CLAY

BROWN  
SAND  
LOAM

ROCK

CLAY

BROWN  
SAND  
LOAM  
15%  
SAPROLITE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/30/87	1 S	3	326	330	330	333	3
	1 S	6	326	328	328	334	6
4/30/87	1 V	10	OK	BUT ROCK BOTTOM			
	2 V	11	OK				
	3 V	10	OK	BUT ROCK BOTTOM			
	4 S	3.5	345	349	349	355	6
	4 V	11	OK				
	5 S	3	349	352	352	355	3
	5 V	11					
4/30/87	6 S	4.5	422	431	431	450	19
	6 V	11		20	20		19

at  
time  
5 min  
max  
depth  
3 ft.  
Bottom  
5'  
180 ft/yr

REMARKS Lot plan is different from original test plan

TYPE OF SOIL

TESTED BY R. HODGES

MIKE SURVEYOR

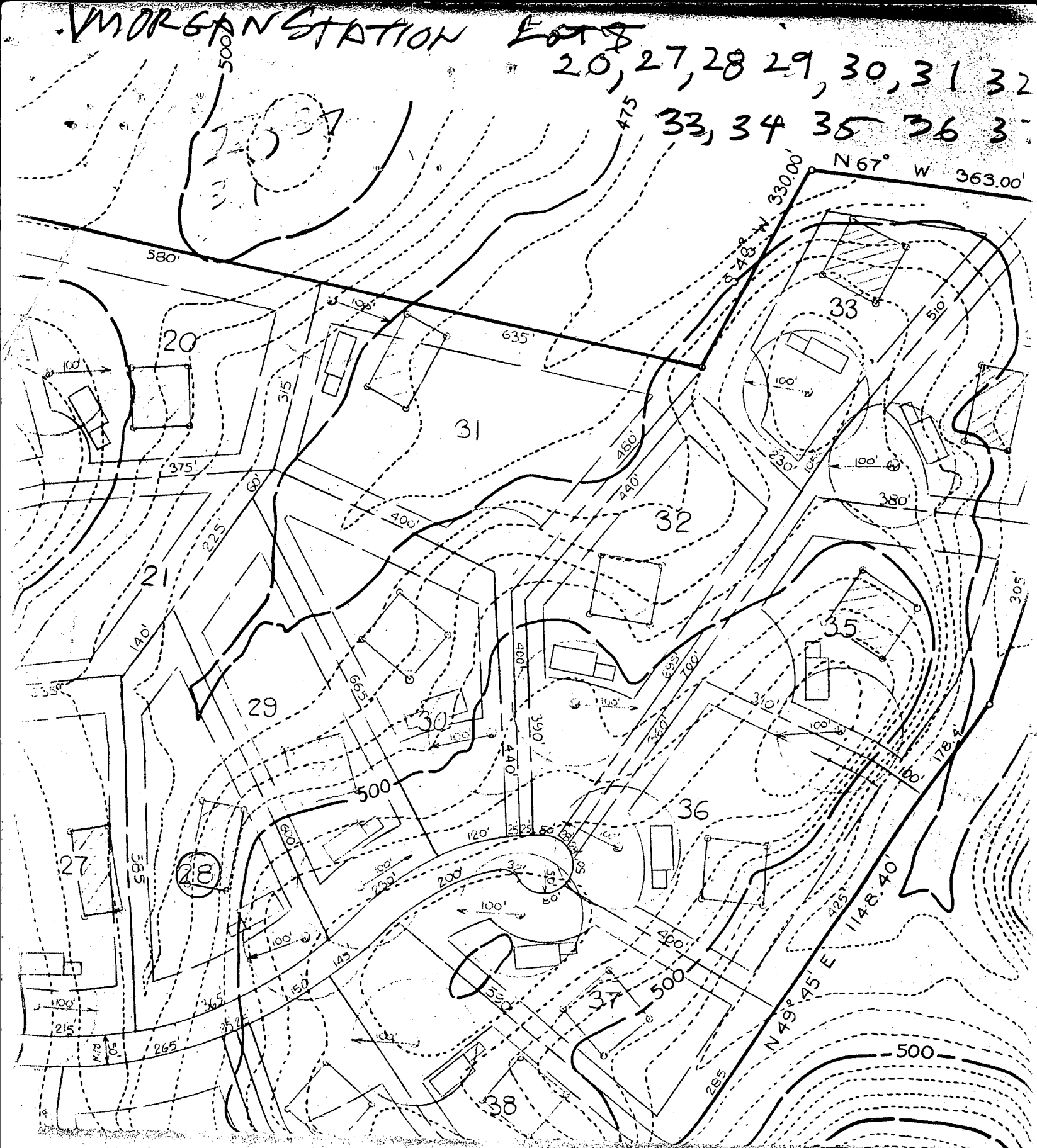
ALSO PRESENT OKETTERMAN

PAE

MORGAN STATION ~~East~~

20, 27, 28 29, 30, 31 32

33, 34 35 36 3

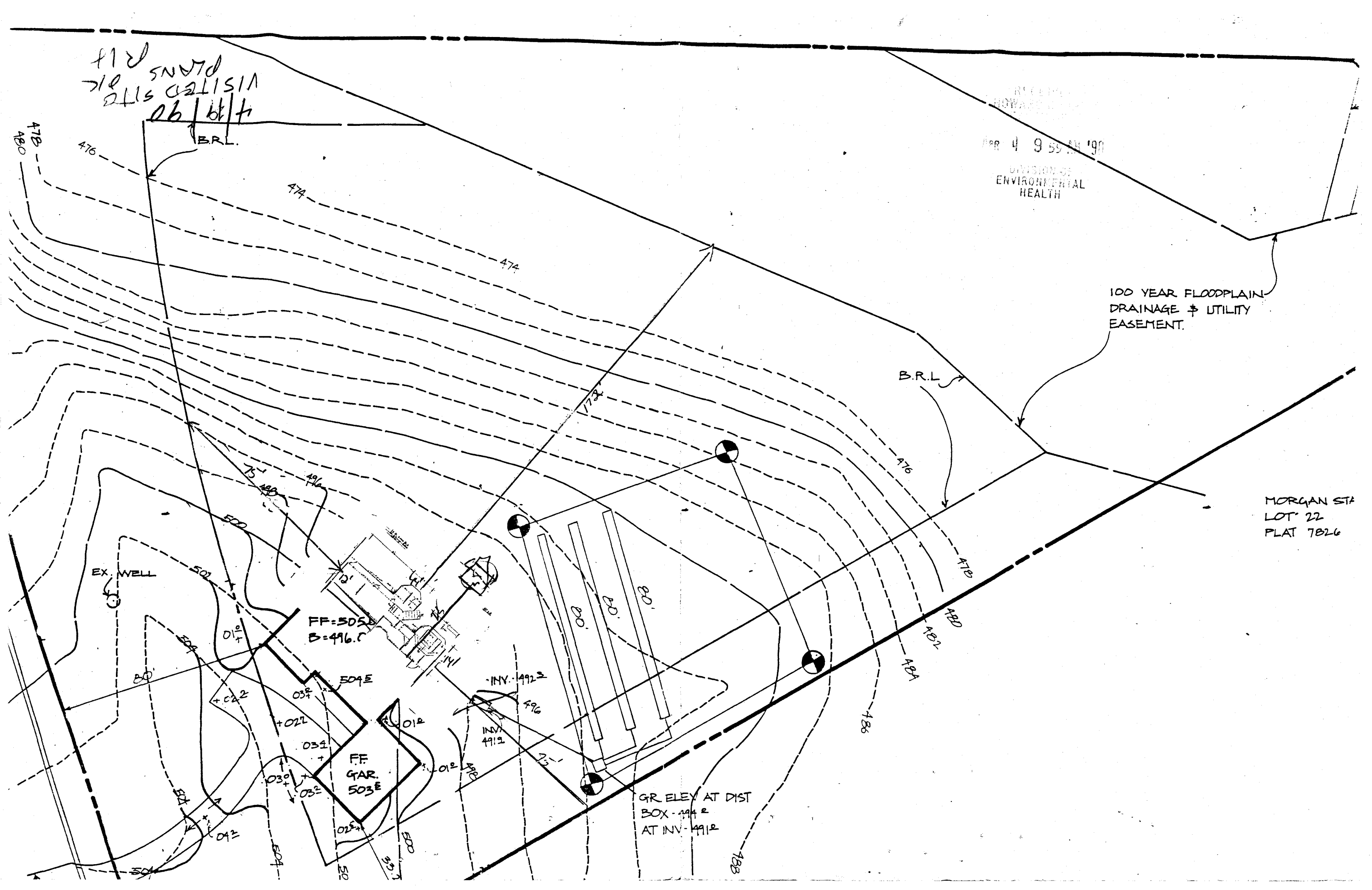


112 SNOW  
710 VISIT  
06/6/4

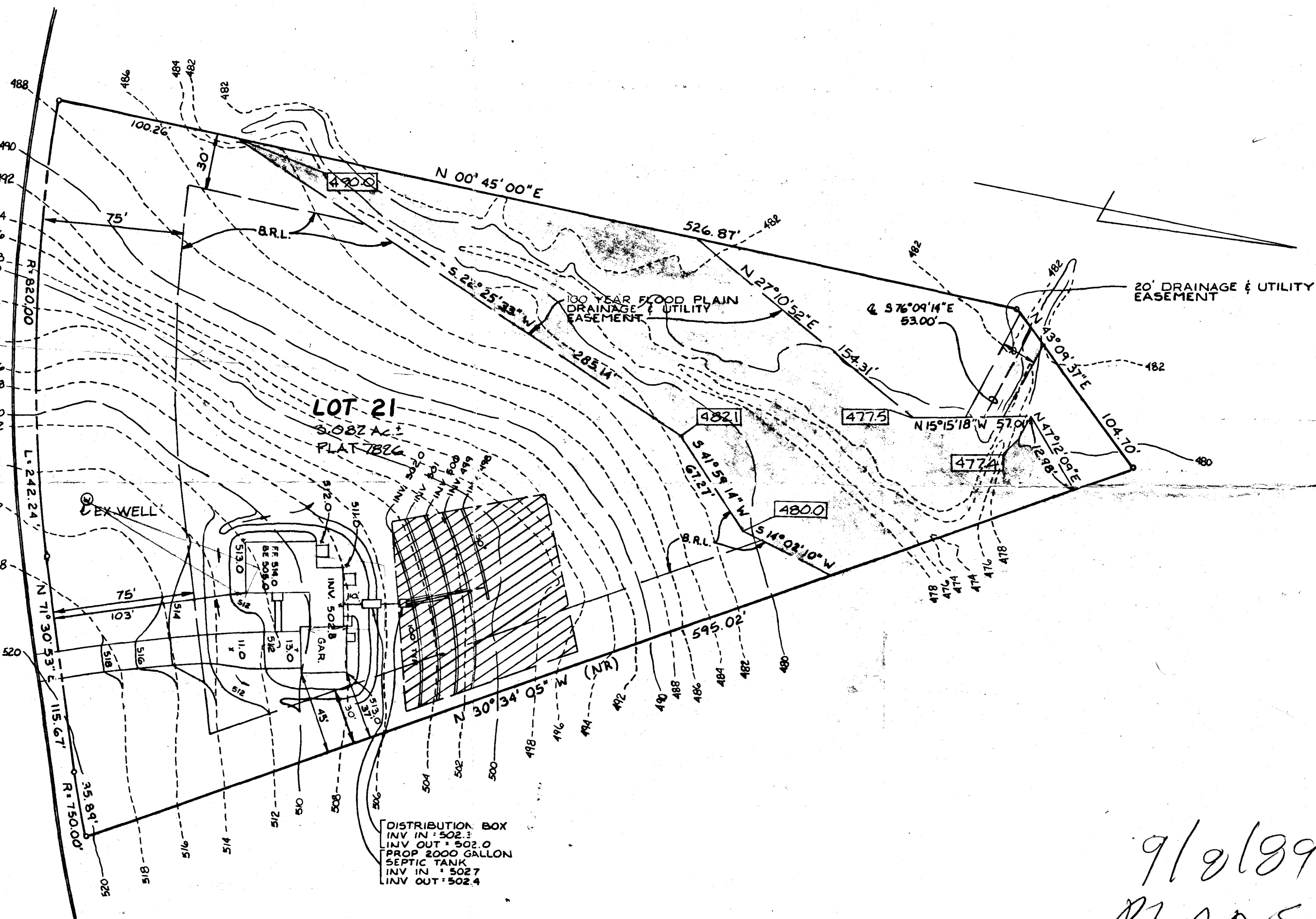
APR 4 9 55 AM '90  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

100 YEAR FLOODPLAIN  
DRAINAGE & UTILITY  
EASEMENT.

MORGAN ST  
LOT 22  
PLAT 7826



THE OLD STATION COURT



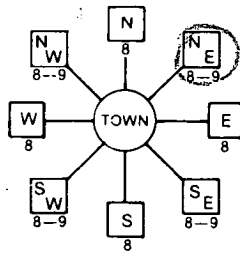

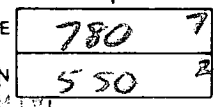
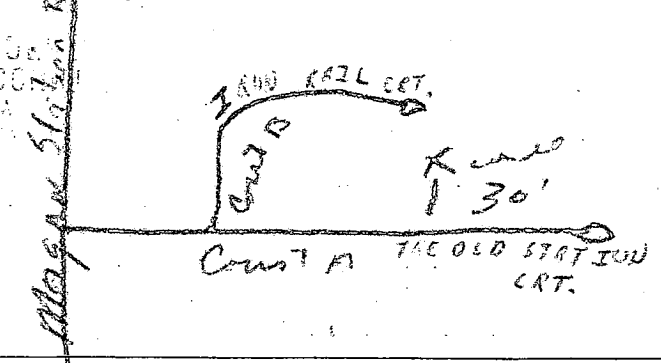
490.0 DENOTES ELEVATION OF 100 YEAR FLOOD LEVEL.

- 1) 5 BEDROOM HOUSE
- 2) 180 SQ FT / BEDROOM
- 3) LENGTH OF TRENCHES REQUIRED  $\frac{5 \times 180}{2} = 450'$
- 4) LENGTH OF TRENCH PROVIDED = 450'

9/8/89  
PLANS O/K  
BH

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

PLAN TO ACCOMPANY APPLICATION  
FOR BUILDING PERMIT  
LOT 21  
**MORGAN STATION**  
FOURTH ELECTION DISTRICT HOWARD COUNTY  
JUNE 14, 1989 SCALE: 1" = 50'

B 1 <b>5910</b> <small>(THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) 2 3 6 032289	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-88-0629</b> <small>fill in this form completely</small>
Date Received (APA) <b>032289</b> OWNER INFORMATION 15 Last Name <b>Hempall</b> 13 Owner <b>Associates</b> 34 36 Street or RFD <b>11176 BALT MAR PIKE</b> 55 57 Town <b>Ellicott City</b> 70 State 72 <b>MD</b> 76 Zip <b>21043</b>		B 3 LOCATION OF WELL 1 2 <b>Howard</b> 21 8 COUNTY <b>Morgan Station</b> 42 23 SUBDIVISION SECTION <b>44</b> 46 LOT <b>21</b> 50 <b>Parcel 9411</b> <b>Lisbon</b> 71 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <b>3</b> 73 <b>MI</b> 76 77 78	
DRILLER INFORMATION Driller's Name <b>FRANK K. DeLgH</b> 77 License No. 80 <b>453</b> Firm Name <b>FRANK-DeLgH Well Drillers Inc.</b> Address <b>15234 Pennwshop Rd Hairy</b> Signature <b>Frank DeLgH</b> 3/17/89 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <b>Morgan Station</b> 30 <b>THE OLD STATION COURT</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>30</b> ENTER FT or MI <b>FT</b> 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> <b>A=38729</b> COUNTY NAME COUNTY NO. STATE SIGNATURE <b>[Signature]</b> INSERT S <b>[Signature]</b> 41 DATE ISSUED <b>052289</b> 43 <b>x C. W. Williams</b> 48 CO SIGNATURE <b>10/22/89</b> EXP. DATE NORTH GRID <b>552000</b> 50 55 EAST GRID <b>0787000</b> 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	
APPROXIMATE DEPTH OF WELL <b>200</b> 24 28 FEET APPROXIMATE DIAMETER OF WELL <b>6</b> NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30- AIR-ROTary AIR-PERcussion <u>BOTARY (Hydraulic Rotary)</u> 37 CABLE REVERSE-ROTary <u>Drive-POINT</u> other _____	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ 54 G A P _____ 63 FORCE <b>CA</b> 67 WRITE INITIALS IN BOX 68 PERMIT No. <b>HO-88-0629</b> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			



<b>C1</b> <b>2398</b>	SEQUENCE NO. (DENV USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	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 <b>AZ 38729</b>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO-88-0629</b>
DATE RECEIVED	DATE WELL COMPLETED	Depth of Well	
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	22 <b>305</b> 26 (TO NEAREST FOOT)	

OWNER <b>HEMPHILL ASSOCIATES</b>	last name <b>THE OLD STATION</b> first name <b>COURT</b>	TOWN <b>LISBON</b>
STREET OR RFD		SUBDIVISION <b>MORGEN STATION</b> SECTION <b>—</b> LOT <b>21</b>

<b>WELL LOG</b> 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 TO	Check if water bearing
Top Soil	0 2	
Shale	2 45	✓
MIKA	45 65	
Sandstone	65 70	✓
MIKA	70 75	
Sandstone	75 80	✓
MIKA	80 205	

<b>GROUTING RECORD</b>	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT <b>CM</b>	BENTONITE CLAY <b>BC</b>
NO. OF BAGS <b>16</b>	NO. OF POUNDS <b>1600</b>
GALLONS OF WATER <b>96</b>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <div><div></div><div></div><div></div><div></div></div> ft. to <div><div></div><div></div><div></div><div></div></div> ft.	
(enter 0 if from surface)	

<b>CASING RECORD</b>			
casing types insert appropriate code below			
<b>ST</b>	<b>CO</b>		
STEEL	CONCRETE		
<b>PL</b>	<b>OT</b>		
PLASTIC	OTHER		
MAIN CASING TYPE			
<b>PL</b>	<b>1</b>	<b>54</b>	<b>70</b>
60 61	63 64	66 67	69 70
Nominal diameter top (main) casing (nearest inch)		Total depth of main casing (nearest foot)	

<b>OTHER CASING (if used)</b>	
diameter inch	depth (feet) from to
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

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

<b>C2</b>		
DEPTH (nearest ft.)		
<b>HO</b>	<b>45</b>	<b>147</b>
8 9	11 15	17 21
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
23 24	26 30	32 36
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
38 39	41 45	47 51
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
<div><div></div><div></div><div></div><div></div></div>		
56 60 64 68		

<b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<b>E</b> ELECTRIC LOG OBTAINED
<b>P</b> 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. <b>453</b>	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
<b>Frank M. [Signature]</b>	
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.)	WQ
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

<b>C3</b>		
<b>PUMPING TEST</b>		
HOURS PUMPED (nearest hour) <b>3</b>		
PUMPING RATE (gal. per min. to nearest gal.)		
METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING <b>30</b>		
WHEN PUMPING <b>50</b>		
TYPE OF PUMP USED (for test)		
<b>A</b> air	<b>P</b> piston	<b>T</b> turbine
<b>C</b> centrifugal	<b>R</b> rotary	<b>O</b> other (describe below)
<b>J</b> jet	<b>S</b> submersible	

<b>PUMP INSTALLED</b>	
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)	
<b>+</b> above	<b>LAND SURFACE</b>
<b>-</b> below	<b>(nearest foot)</b>

<b>LOCATION OF WELL ON LOT</b>	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
<b>Morgen Station Rd</b>	
<b>130' - 300' -</b>	
<b>Old Station Ct</b>	

COUNTY

Well Permit No. HO - 88-0629  
Location of property (road) THE OLD STATION COURT  
Subdivision MORGAN STATION Lot 21 Block - Plat - Sec. -  
Well Driller FRANK DELPH Owner HEMPHILL ASSOC.

58 ft + PL 45 open 16 Bage

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 #  
Date

3-13-90

Name of Installer

Easterday Well Pump

Telephone

301-831-5170

License Number

269

Certified Well Pump Installer

Well Driller ☒

Registered Plumber

Name of Property Owner

John McDonough Bick

Telephone

Subdivision

Lot #

21

Well Tag #

40-88-0629

Site Address

McDonough Station

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

Goulds

3. Model #

7FHC5422

Motor

1. Horsepower

1/2

2. RPM

3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make

Martinson

2. Model #

B-EX

3. Depth

1

Howard County Health Department

To:

GEORGE / FRANKIE

PUMP APPLICATION RECEIVED

NO FEE ENCLOSED,

PLEASE RESUBMIT WITH

\$10 FEE.

THANK YOU,

From:

Craig Williams

Date:

3/30/90

HD-170

No ☒

installed? Yes

No

ump and electrical wiring from

Cable guards

Other

Well data

1. Depth

205 ft.

2. Yield

8 GPM

3. Static water

level

35 ft.

4. Will water supply

be disinfected by

installer? ☒

ty to notify the Howard County Health  
for inspection (otherwise this permit

ie best of my knowledge.

licant:

Frankie Easterday

Date:

3-14-90

us of the installation will be placed  
pection.

38729  
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 #

Date

3-13-90

Name of Installer

Easterday Well Pump

Telephone

301-831-5170

License Number

269

Certified Well Pump Installer

Well Driller ☒

Registered Plumber

Name of Property Owner

John McDough Bilk

Telephone

Subdivision

Lot # 21

Well Tag #

Site Address

Mar gas Station

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

Goulds

3. Model #

7EH05422

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

1/2

2. RPM

3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

Martinson

1. Make

~~Ward~~

2. Model #

B-6X

3. Depth

4

Tank

1. Capacity

32

2. Pressure relief valve? ☒

Piping

1. Type

2. Size

1"

3. NSF and/or BOCA

Code approved

yes

4. Depth of supply

line 190 ft

Well data

1. Depth

205 ft.

2. Yield

8 GPM

3. Static water

level 35 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:

*John McDough Bilk* (w/1)

Date:

3-14-90

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

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  
800138611

Building Address855 THE OLD STATION CT  
WOODBINE, MD 21797

Suite/Apt. #: SDP/WP/Petition #:  
Census Tract Subdivision  
Section Area Lot  
Tax Map 03 Parcel 44 Grid 21  
Zoning Map Coordinates Lot size

Existing Use DWELLING  
Proposed Use DWELLING  
Estimated Construction Cost \$ 2600.00  
Description of WorkINSTALL 1-1000 GALLON  
UNDERGROUND PROPANE TANK AND LINE  
TO HOUSE STUB

Occupant or Tenant  
Contact Name  
Address  
City State Zip Code  
Phone Fax

Property Owner's NameSTEVE BALOG  
Address855 THE OLD STATION CT  
CityWOODBINE State MD Zip Code 21797  
Home Phone410-489-7070 Work Phone  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone Fax

Contractor CompanyPOSITIVE MECHANICAL  
Contact PersonLEON KULHARSKI / CHRIS KOLB  
Address104 TENNYSON CT  
CityABINGDON State MD Zip Code 21009  
License No. 15627  
Phone443-463-7009 Fax 443-677-3656

Engineer or Architect Company  
Contact Person  
Address  
City State Zip Code  
Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height:  
No. of stories:  
Gross area, sq. ft. per floor:  
Use group:  
Construction type:  
Reinforced Concrete  
Structural Steel  
Masonry  
Wood Frame  
State Certified Modular

Utilities

Water Supply:  
Public  
Private  
Sewage Disposal:  
Public  
Private  
Electric Yes No  
Gas Yes No  
Heating System:  
Electric Oil  
Natural Gas  
Propane Gas  
Sprinkler system: N/A  
Full  
Partial  
Other Suppression  
# of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling SF Townhouse  
Depth Width  
1st floor:  
2nd floor:  
Basement:  
Finished Basement Unfinished Basement  
Crawl space Slab on Grade  
No. of Bedrooms  
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  
Private  
Sewage Disposal:  
Public  
Private  
Electric Yes No  
Gas Yes No  
Heating System:  
Electric Oil  
Natural Gas  
Propane Gas  
Sprinkler system: N/A  
NFA #13D  
NFA #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  
POSITIVE MECHANICAL

Print Name  
CHRIS KOLB  
9-24-02

Title/Company

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
FOR OFFICE USE ONLY

Date

AGENCY

DATE

SIGNATURE APPROVAL

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

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 New Town Zone  
SDP/Red-line approval date

PROPERTY ID#

50274

Filing fee \$  
Permit fee \$  
Excise tax \$  
Add'l per. fee \$  
TOTAL FEES \$  
Sub-total paid \$  
Balance due \$  
Check #  
Validation #  
Accepted by

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

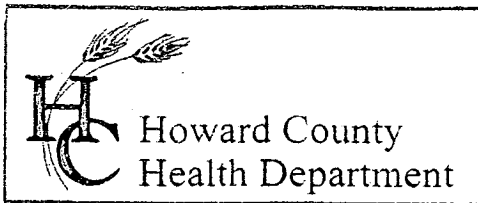
Pink: Health

Gold: SHA

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Rev. 5/17/00





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 21, 2003

MEMORANDUM

To: Steve Balog  
855 The Old Station Court  
Woodbine, MD 21797

From: John A. Boris, Jr., R.S.  
Well and Septic Program  
Development Coordination Section

Re: BP# B001<sup>1386 H</sup>~~39851~~  
855 The Old Station Court  
Propane Tank Installation

This office has recently received a copy of the above referenced building permit. However, we are unable to recommend approval at this time for the following reasons:

- The proposed location of the tank is within 20' of where the drain fields are shown per Department records. Please locate the closest field to the proposed tank location (see enclosure). Once the end of the field is located contact the Health Department for a site inspection to verify that the setbacks have been met.

Please allow an additional 10 working days after resubmitted for review before expecting additional comments. If you have any questions regarding the above corrections, please feel free to contact this agency at (410) 313-2640.

Enclosure

cc: Department of Inspections, Licenses, and Permits

File

JAB

## FAX COVER SHEET

**Commodari Development Consultants & Assoc., Inc.**  
3410 Woodstock Avenue  
Baltimore, MD 21213

(O) 410-235-6811  
(M) 410-262-6812  
(F) 410-467-9928  
ncommodari@aol.com

P-38729  
P-45528

<b>SEND TO</b> Company name Howard Cnty Health	<b>From</b> Nicholas B. Commodari
Attention John Borris	Date 3-14-03
Fax number 410-313-2648	Subject B00138611

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☒ For your information

Total pages, including cover: 2

## COMMENTS

Attached please find a site plan showing setbacks for B00138611 at 855 The Old Station Rd.

Please reply and indicate if this is acceptable for you to sign off on this permit

Thanks

Donna Gosnell 410-235-6811



B00138611

FROM : COMMODARI DEVELOPMENT CONSULTA PHONE NO. : 4104679928 Mar. 14 2003 10:43AM P2  
 Mar 13 03 02:46p CIF Home Heat Sales 410-235-1341

# **SITE SURVEY**

NAME: Bulog ADDRESS: 855 The Old Station Ct. ACCOUNT #: 132855 DONE BY: CH DATE: 3/11/03  
Woodbine

☒ WELL ☐ PUBLIC WATER N/A ☒ DELIVERY ACCESS ☒ PROPERTY LINE SETBACKS ☐ NEW EXISTING CONSTRUCTION  
☒ SEPTIC ☐ PUBLIC SEWER N/A ☒ LANDMARKS/OBSTACLES ☒ IGNITION SOURCE SETBACKS ☐ DIRECTIONAL COMPASS

