

04-347633

11/10 P.L.O. - C.80

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT

4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE

11/29/88

DATE SYSTEM APPROVED

11/17/88

INSPECTOR C.B.M. + H.K.

Olen Ketterman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Morgan Station ROAD 899 The Old Station Ct LOT 26

PROPERTY OWNER Michael Pfau/Trinity Builders PHONE: 730-3137

ADDRESS

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

GARBAGE GRINDER? YES NO X

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 - Beginning from the rear right corner, place the first trench 210 feet down the right (445') lot line and 115 feet off the same 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. OK/CW

PLANS APPROVED BY S. Abel DATE 9/02/88

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.

BUILDING PERMIT SIGNED
AND RETURNED

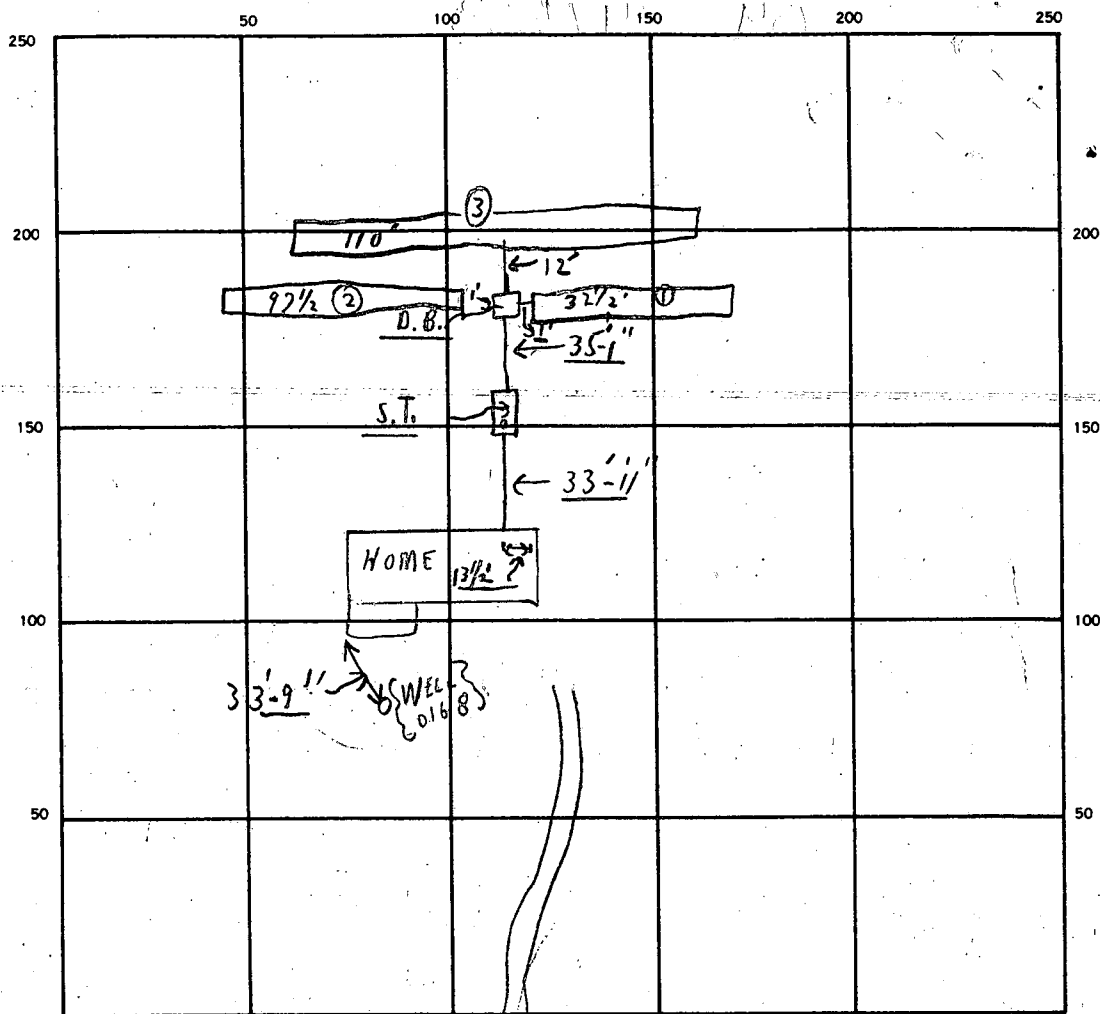
42403 BODM/480-SCREEN FORCE

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

38734



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL OK CLEANOUTS OK S.T.

DISTRIBUTION BOX. LEVEL OK (Baffle OK)

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

EFFECTIVE GRAVEL DEPTH 3' FT. TOTAL LENGTH 32 1/2' + 97 1/2' + 110' = 240 FT.

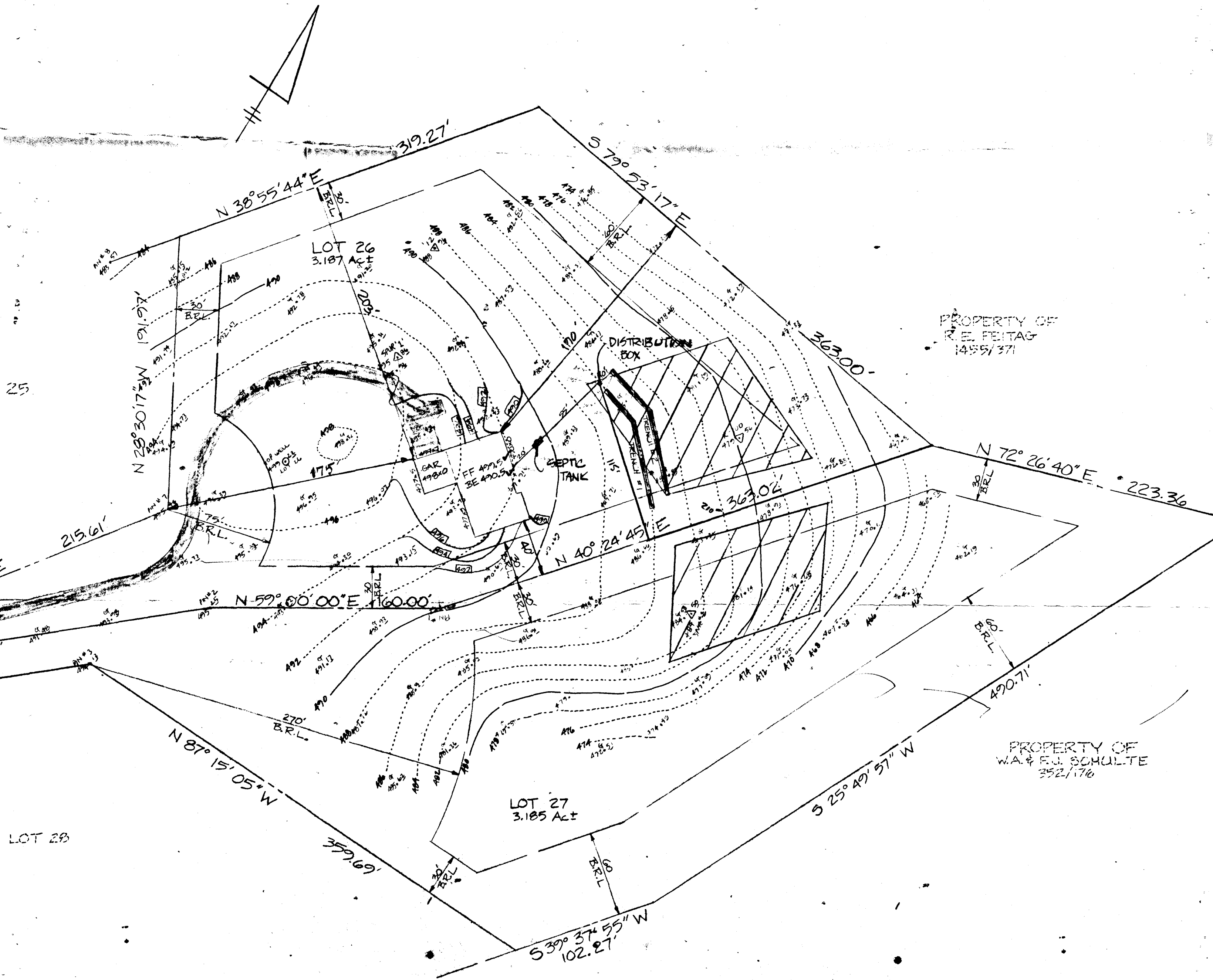
NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER 720 FT. EFFECTIVE DEPTH BELOW INLET 720 FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: "11/16 Partial - trenches only. obs to continue; "1/17 C.B.V. + M.R.
trenches completed; OK TO COVER ALL WORK - FINAL.

DATE SYSTEM APPROVED "1/17/88 INSPECTOR Charles Bryan + M.R.



SEPTIC SYSTEM INFORMATION

LOT 26

INVERT AT HOUSE: 486.7 ✓ + RSMT

SEPTIC TANK

EX. GRADE 490.6 ✓
FIN. GRADE 489.3 ✓
INV. IN 486.3 ✓
INV. OUT 486.0 ✓

DISTRIBUTION BOX

EX. GRADE 486.0 ✓
FIN. GRADE 486.0 ✓
INV. IN 483.1 ✓
INV. OUT 483.1 ✓

TRENCHES

(NO. & LENGTH TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPT.) ✓

	1	2
EX. GRADE	486.0	485.0 ✓
FIN. GRADE	486.0	485.0 ✓
INV. IN	483.0	482.0 ✓
BOTTOM	481.0	480.0 ✓
WIDTH	3'	3' ✓

LOT 27

INVERT AT HOUSE:

SEPTIC TANK

EX. GRADE
FIN. GRADE
INV. IN
INV. OUT

DISTRIBUTION BOX

EX. GRADE
FIN. GRADE
INV. IN
INV. OUT

TRENCHES

(NO. & LENGTH TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPT.)

	1	2
EX. GRADE	484.0	482.0
FIN. GRADE	484.0	482.0
INV. IN	481.0	479.0
BOTTOM	479.0	477.0
WIDTH	3'	3'

BUDG. PERMIT SIGNED

AND RETURNED 9-21-88

BP 21443

S. A. H.

APPLICATION

PERCOLATION TESTING

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

A 38734

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. Crym + wife Michael Pfau / Trinity Blders. 730-3137

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 (Gram Property) LOT NO. 7 38

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

899 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. M. J. D. Rine

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Standard trencher DATE 9-2-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

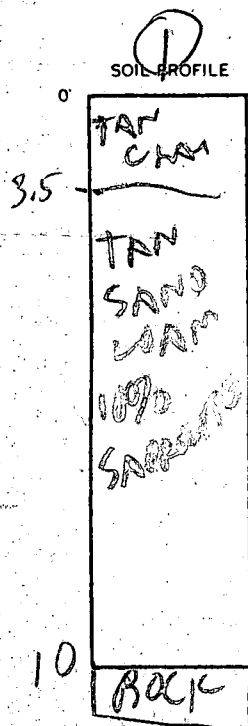
REASONS FOR REJECTION OR HOLDING 4/30/87 PERC OK HOLD

FOR PLAT BN

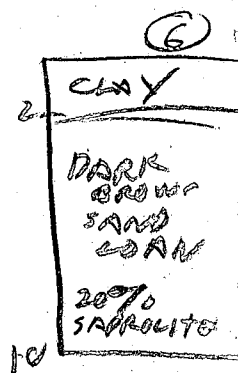
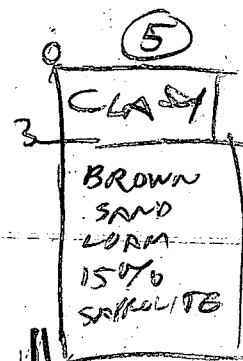
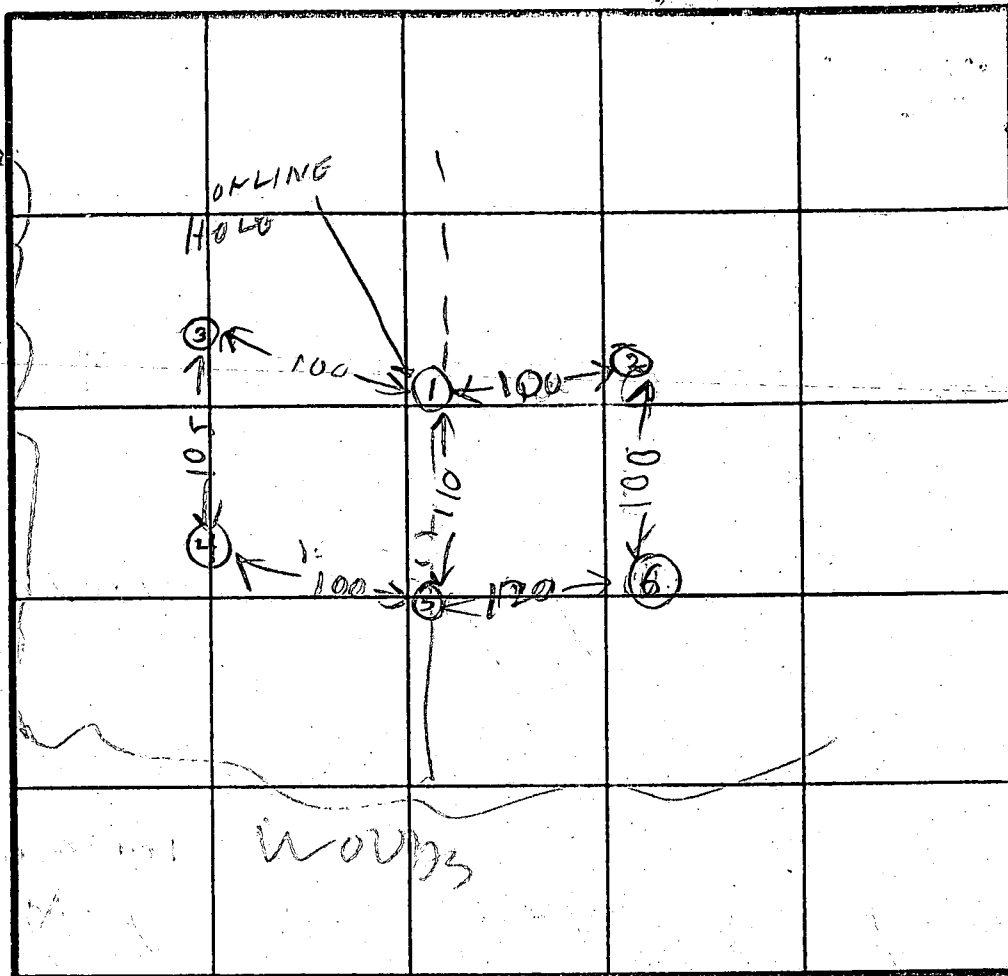
BLDG. PERMIT SIGNED 9-21-88
AND RETURNED BP21443
S.W.

THIS IS NOT A PERMIT

Lot 33



WOLVES

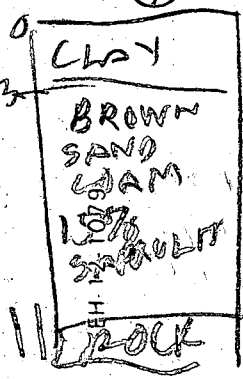
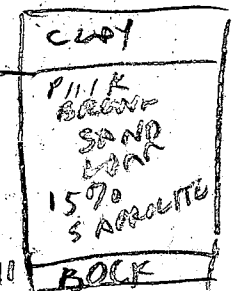
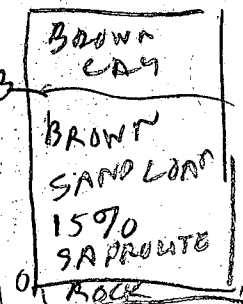


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/30/01	✓ 3	4	238	241	241	248	8
	✓ 10	6.5	239	247	247	257	10
	✓ 10	10	OK	BUT ROCK BOTTOM			
	✓ 20	10	OK	BUT ROCK BOTTOM			
	✓ 30	11	OK	BUT ROCK BOTTOM			
	✓ 45	11	253	257	257	302	5
	✓ 45	11	OK	BUT ROCK BOTTOM			
	✓ 55	3	300	305	305	312	7
	✓ 55	11	OK	BUT ROCK BOTTOM			
4/30/01	65	3	307	309	309	311	2
	65	10	OK				

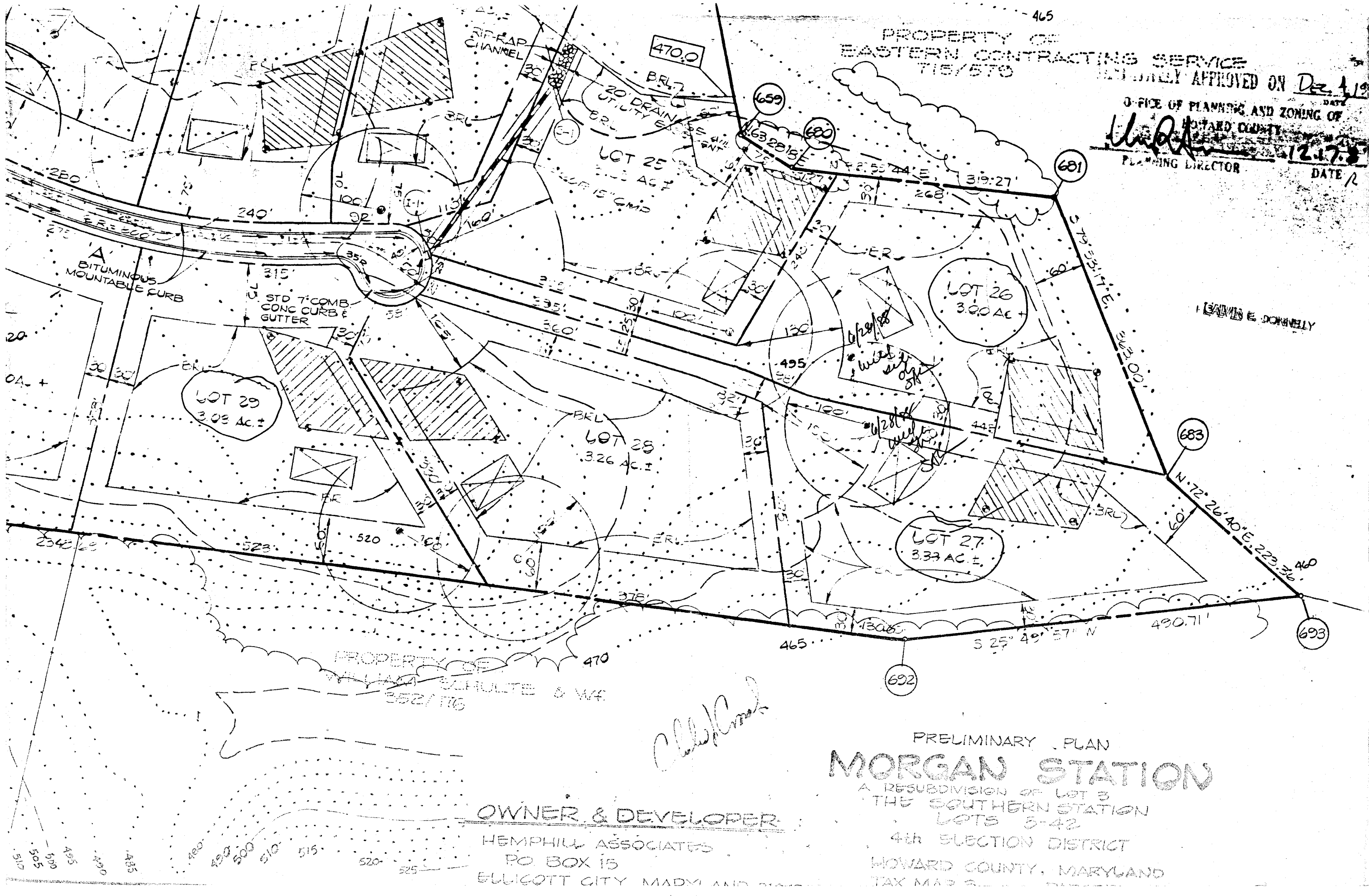
X PERC
8 MIN
INLET
3"
BOTTOM
5"
180 P/HR

REMARKS: Holes dug differently from Original Test Plan
 TYPE OF SOIL: Lot lines changed also
 TESTED BY: R Hanger
 DATE: 01/01/02
 ALSO PRESENT: O. KETTERMAN



PROPERTY OF
EASTERN CONTRACTING SERVICE
715/570

DATE
OFFICE OF PLANNING AND ZONING OF
HOWARD COUNTY
Unlabeled
PLANNING DIRECTOR
DATE *12.7.8*



OWNER & DEVELOPER

HEMPHILL ASSOCIATES
PO BOX 15
ELLICOTT CITY MARYLAND

PRELIMINARY PLAN
MORGAN STATION

A RESUBDIVISION OF LOT 3
THE SOUTHERN STATION
LOTS 3-42

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 3

B 1

3508

SEQUENCE NO.
(DP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

H0-88-0168

fill in this form completely

Date Received (APA)

090188

OWNER INFORMATION

TRIMITY BUILDERS

6601 SHADY GROVE RD

COLUMBIA MD 21044

DRILLER INFORMATION

Ralph Mayne 253

Ralph Mayne Well Drilling

9120 Brown Church Rd. Mt Airy

Ralph Mayne 8/31/88

B 3

LOCATION OF WELL

HOWARD

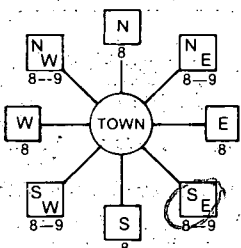
MORRIS STATION

SECTION 44 46 LOT 26

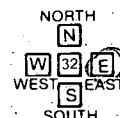
WOODBINE

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

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

The old Station Ct.

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT or MI 1.4

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)

APPROXIMATE DEPTH OF WELL 150 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

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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE SA WRITE INITIALS IN BOX PERMIT NO. H0-88-0168

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A-38734

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

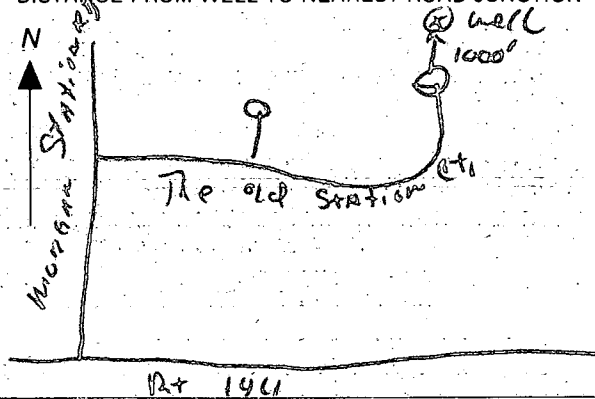
DATE ISSUED 090288

NORTH GRID 553000 EAST GRID 0789000

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER
FROM THE MAP HEREE 789
N 553000
000DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

C1	0696	SEQUENCE NO. (DENV-USE ONLY)	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER A-38734

DATE Received [] [] [] [] [] []	DATE WELL COMPLETED 09/19/88	Depth of Well 22 25 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-C168
OWNER TRINITY BUILDERS			
STREET OR RFD last name THE OLD SMITH CIRCLE first name		TOWN WOODBINE	
SUBDIVISION MCKENNA SUBDIVISION		SECTION 26 LOT 26	

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 TO	Check if water bearing
Top Soil	0 2	
Known Shale	2 40	
Known Shale	40 45	✓
Blue Shale	45 50	
Known Shale	50 55	✓
Blue Shale	55 205	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 12	NO. OF POUNDS 1200
GALLONS OF WATER 22	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 40 ft.	
Casing types insert appropriate code below	
ST CO STEEL CONCRETE	
PL OT PLASTIC OTHER	
MAIN CASING TYPE PL	
Nominal diameter top (main) casing (nearest inch) 4	
Total depth of main casing (nearest foot) 50	
OTHER CASING (if used)	
diameter inch from to	
depth (feet) from to	
screen type or open hole insert appropriate code below	
ST BR HO STEEL BRASS OPEN	
PL OT PLASTIC OTHER	

C2	
DEPTH (nearest ft.)	
HO 48 245	
EACH SCREEN	
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	WQ
70	74 75 76
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 51	
WHEN PUMPING 46	
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) 31 35	
PUMP HORSE POWER 37 41	
PUMP COLUMN LENGTH (nearest ft.) 43 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
+ above LAND SURFACE (nearest foot) 50 51	
- below	

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)	

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0168
Location of property (road) The Old Station Court
Subdivision MORGAN STATION Lot 26 Block Plat Sec.
Well Driller R. Mayne Owner Drum Building

Depth of well 205'
Distance of measuring point (M.P.) above ground 2^{ft}
Static water level (S.W.L.) below M.P. 41^{ft}

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 46 ft. below M.P.

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

[illegible]

2/1/89

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

2/1/89 ✓
see below

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 44523
Date 1-11-89

Name of Installer Gary Eikenberg

Telephone 796-8583

License Number 3260

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Michael Pfau

Telephone 730-3137

Subdivision Morgan Station Lot # 26

Well Tag # HO-88-0168

Site Address 899 The Old Station Ct.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____

Motor

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

Pitless Adapter

1. Make Harvard
2. Model # _____
3. Depth 48"

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 _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

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.

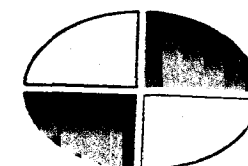
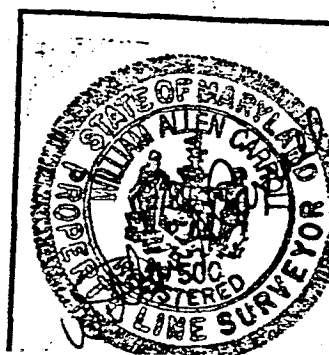
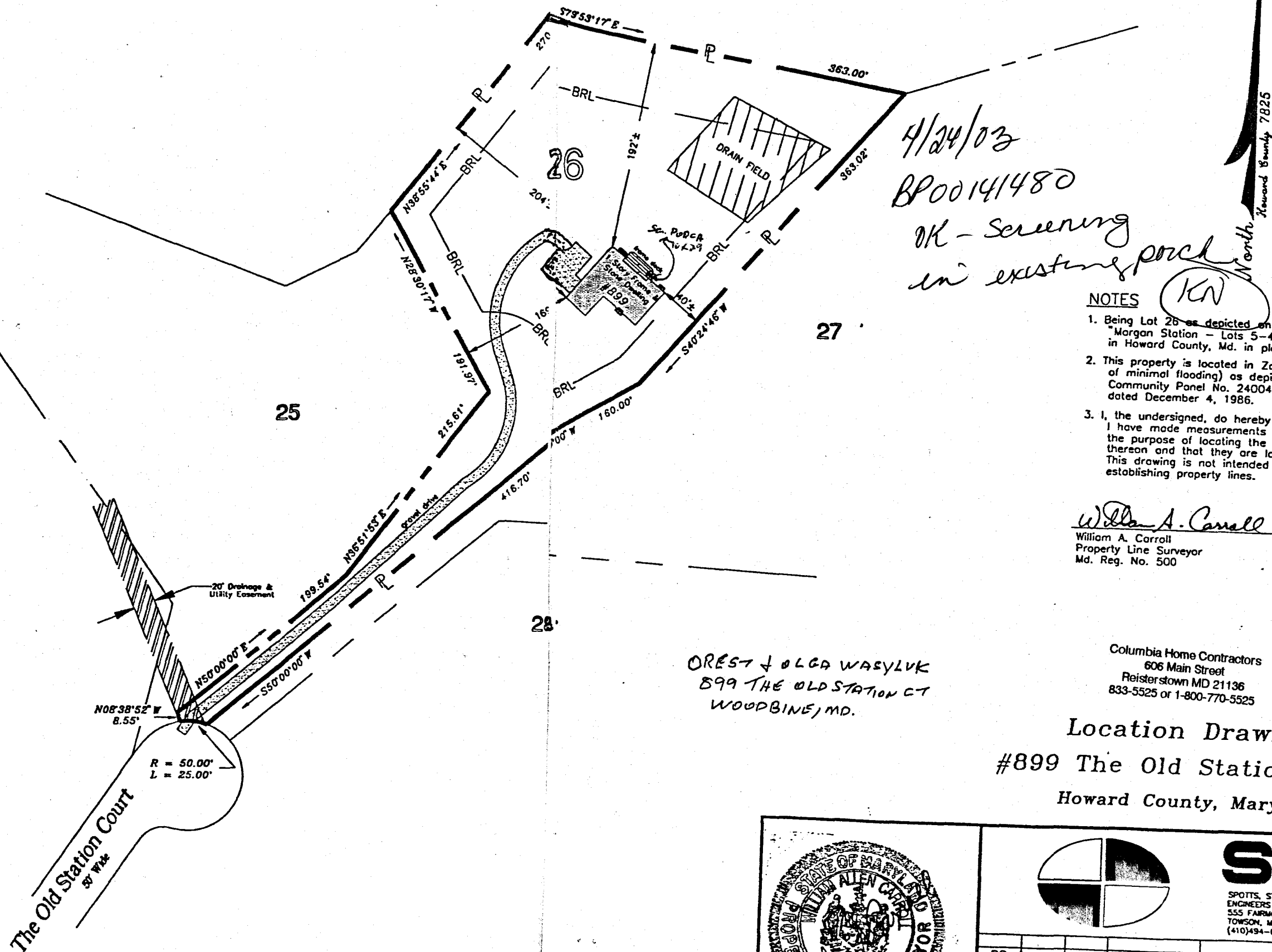
Signature of Applicant: Gary Eikenberg

Date: 1-11-89

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

HD-215

2/1/89 COVER OUTSIDE WORK
PRESSURE TANK NOT YET INSTALLED RH



SSM

SPOTTS, STEVENS and MCCOY, INC.
ENGINEERS SURVEYORS SCIENTISTS
555 FAIRMOUNT AVENUE, STE. 230
TOWSON, MARYLAND, 21286-5474
(410)494-0500 FAX (410)296-3580

BC	NS				3/5/97
MADE	CHECK			APPROVALS	DATE

1"=100'

970018