

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXX-XXXX 313-2640

INDEXED

DATE SYSTEM APPROVED 7/1/94

INSPECTOR SKS

P 50205C

A 38742

DISTRICT 4th

DATE 8/10/94

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS _____ PHONE 988-9270

SUBDIVISION Morgan Station LOT 34 ROAD 854 The Old Station Court

PROPERTY OWNER Mr. and Mrs. Greg Phelps

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

210
4
840
280
31840

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 - Start the first trench 125 feet from the left (422') lot line and 190 feet from the left-rear (270') lot line. Run trenches along contour toward left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 5/3/94

PLANS APPROVED BY C. Williams DATE 12/09/94

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

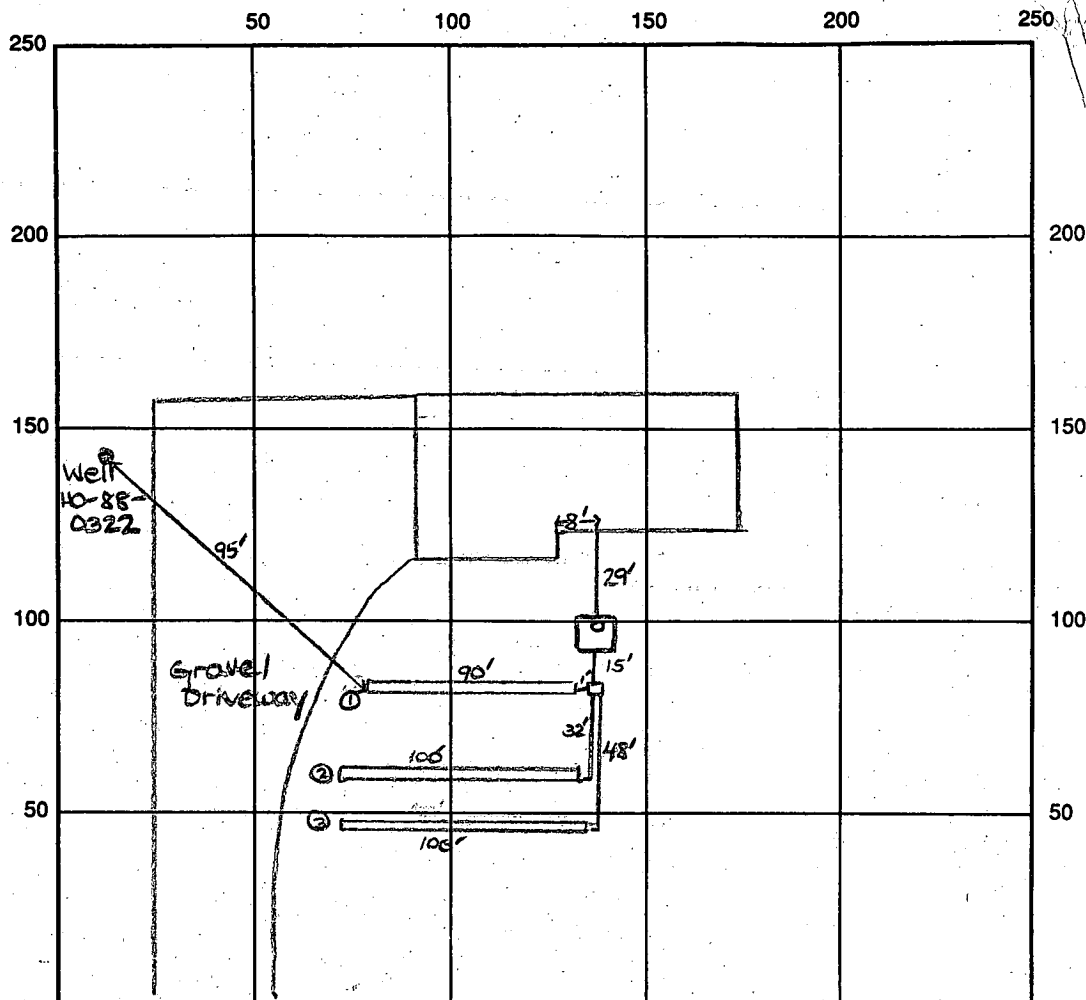
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A
50205C
38742



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

The Old Station Court

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on septic tank

DISTRIBUTION BOX LEVEL OK - baffle in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 90' 100' 100' FT. → 290' total

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 870 SQ. FT.

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

ABSORBENT AREA 870 SQ. FT.

REMARKS: 7/1/94 OK to cover all work. DKS

DATE SYSTEM APPROVED

7/1/94

INSPECTOR

Sandra Lee

APPLICATION

PERCOLATION TESTING

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

A 38742

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 Ray W. Gram + Wife (Mr. + Mrs. Greg Phelps)
ADDRESS 791 Morgan Station Rd PHONE 876-5212
489-4995

PROSPECTIVE BUYER Hemphill Partnership
ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION: 20734 Prelim 10-21-87
SUBDIVISION Morgan Station (Gram Property) LOT NO. 4X
ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
(854 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 S. Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/1/87 Perc OK / Hold for Mat B/H

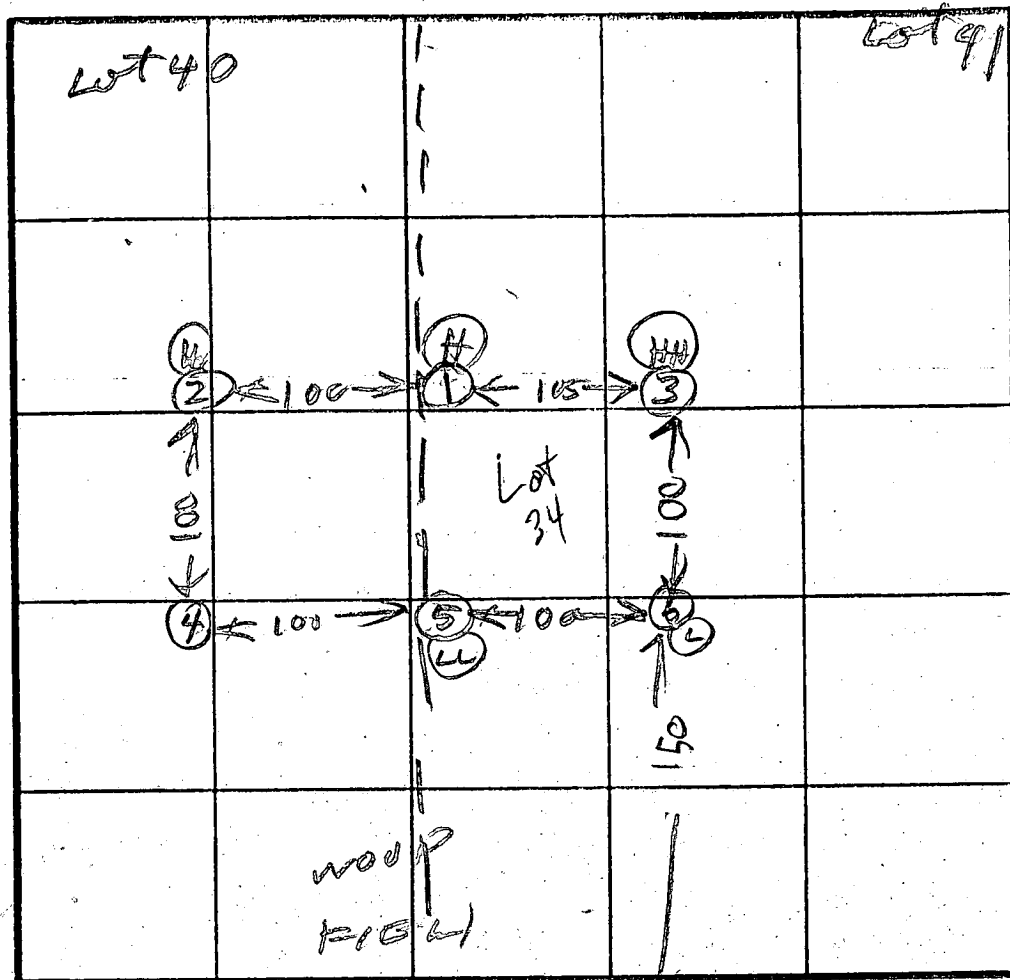
BLDG. PERMIT SIGNED
AND RETURNED 1/27/87

Serial # 52370-
SFD-46ma

THIS IS NOT A PERMIT

See sheet
for lot 40

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST : 1" DROP		TIME
			START	STOP	START	STOP	
5/1/07							

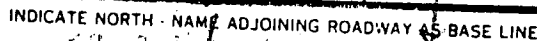
REMARKS Pen/Holes & rollers changed for original test plot

TYPE OF SOI test plot

TESTED BY B Bodge

ALSO PRESENT Dave Buckhoe

BROWN
SPND
20 AN
ETC
SPR



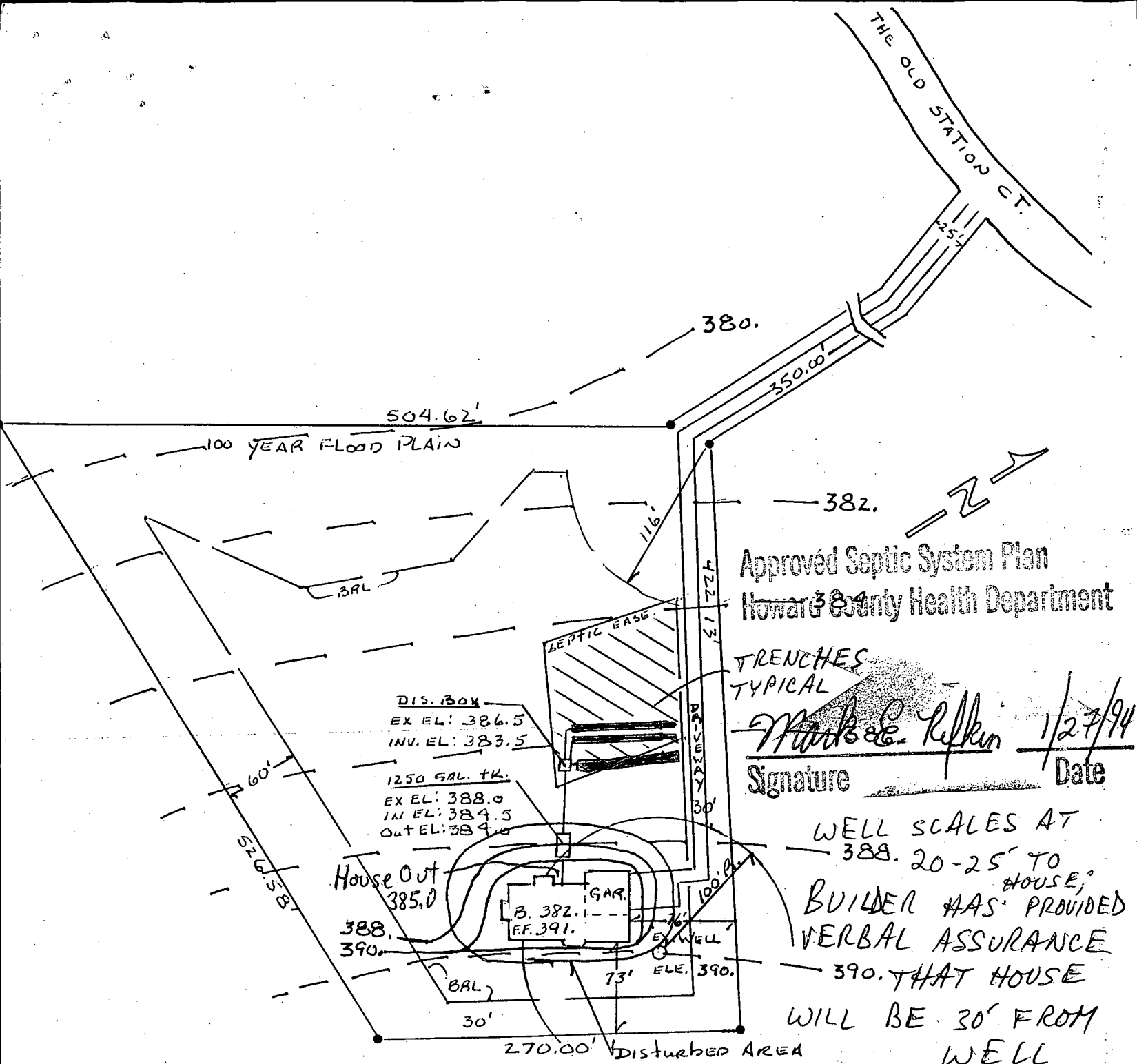
BROWN
SAND
LOAN

\bar{x} Perc
8 min
190 ~~18~~ GR
Inlet 3-
Bottom 5-

TESTED BY

ALSO PRESENT

DAVE



Approved Septic System Plan
Howard County Health Department

TRENCHES
TYPICAL

Mark E. Rifkin
Signature

1/27/94
Date

WELL SCALES AT
388. 20-25' TO

HOUSE;
BUILDER HAS PROVIDED
VERBAL ASSURANCE

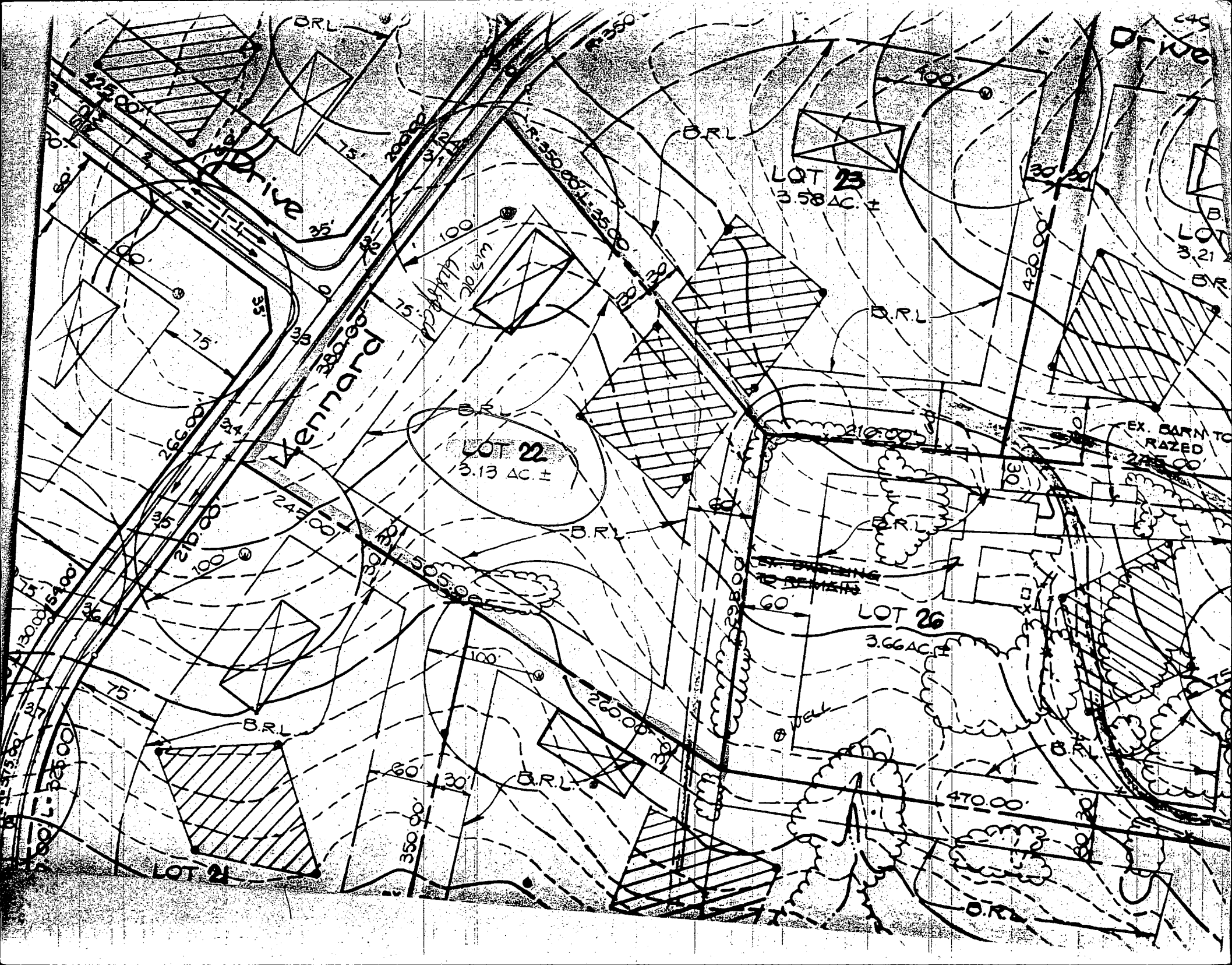
390. THAT HOUSE
WILL BE 30' FROM
WELL

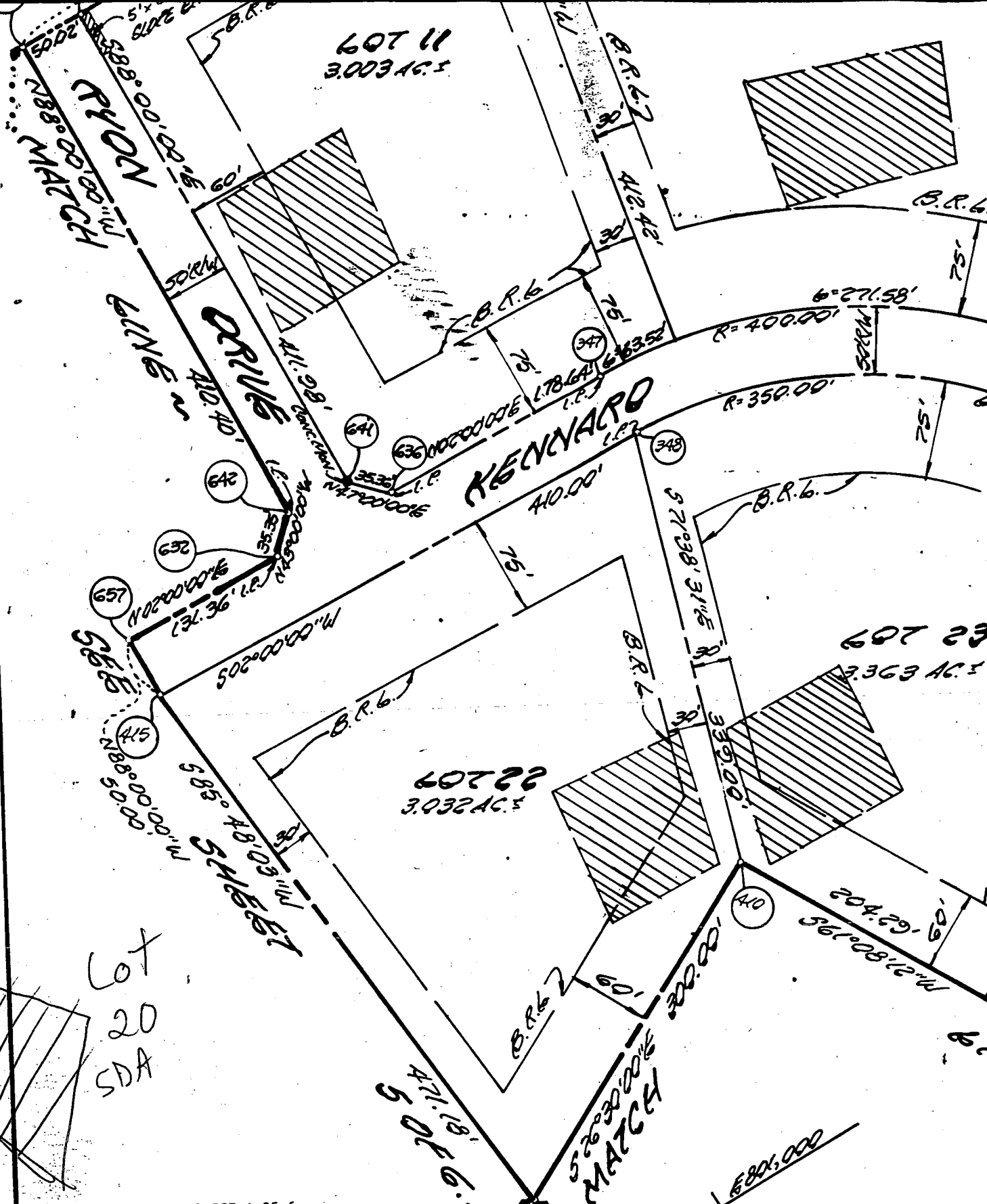
MORGAN station
Lot 34
4.352 AC.±

SCALE 1"=100'

— — — EXISTING GRADE
———— PROPOSED GRADE
DRAINAGE PATTERN to FOLLOW EXIST. GRADE

Prepared By:
Gordon Walker, Builder
12620 Hall Shop Rd.
Fulton, Md. 20759
[410] 531-2306



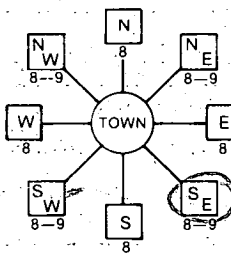
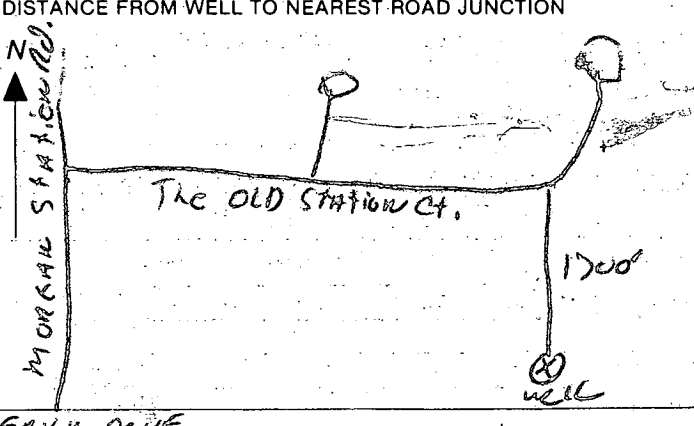


AREA TABULATION FOR SHEET 4 OF 6

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED.....	10
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED.....	0
TOTAL NUMBER OF LOTS TO BE RECORDED.....	10
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED.....	33.362AC.±
TOTAL AREA OF OPEN SPACE TO BE RECORDED.....	0.000AC.±
TOTAL AREA OF ROADWAY TO BE RECORDED.....	2.335AC.±
TOTAL AREA OF SUBDIVISION TO BE RECORDED.....	35.697AC.±

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

WE, CRYSTAL CLEAR GENERAL CLORE (MANAGING GENERAL PA HEREBY ADOPT THIS PLAN OF SUB

B 1 3531 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0322 ✓ <small>fill in this form completely</small>
Date Received (APA) 11/25/88		B 3 LOCATION OF WELL 8 COUNTY H0420 23 SUBDIVISION MOREAN STAFFICA SECTION 1 LOT 34 52 NEAREST TOWN WOODBRIE MILES FROM TOWN (enter 0 if in town) 2 MI	
OWNER INFORMATION 15 Last Name DOVE Owner GARY First Name 36 Street or RFD 627 TANGLEWOOD OR 57 Town SVKESVILLE 70 State 72 MD Zip 76 21784		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD OLD STATION CT. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 1700 37 DISTANCE FROM ROAD ENTER FT or MI FT	
DRILLER INFORMATION Driller's Name Ralph MAYNE 77 License No: 80 273 Firm Name Ralph MAYNE well Drilling Address 9120 Brown Church Rd. Mt Airy Signature Ralph Mayne Date 11/1/88		B 2 WELL INFORMATION 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A# 38742 COUNTY NO. STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED 11/27/88 CO SIGNATURE Charles C. ... EXP. DATE 15/12/89 NORTH GRID 553000 EAST GRID 0287000	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. well 3. well WRITE THE BOX NUMBER FROM THE MAP HERE E 7567 N 5563	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		12/1/88 9:30 1 Well with 80' casing 50' open casing 3' above ground NOT 10' Bags of cement still being grouted ✓ Tag ok - at site	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D 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 _____ FORCE CM WRITE INITIALS IN BOX PERMIT No. H0-88-0322		SPECIAL CONDITIONS American Drap well CALVIN Downelly-465-7100 / GARY DOVE 795-6605	

C16665SEQUENCE 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

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER DOVE GARY
STREET OR RFD last name first name TOWN WOODLIE
SUBDIVISION MORLAN STAT TOWN SECTION 1 LOT 24

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

Soil 0 2
Pump shale 2 20
Brown shale 20 75
Blue shale 75 110
Brown shale 110 115
Blue shale 115 305

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 16 NO. OF POUNDS 1600
GALLONS OF WATER 76
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)
PL 6 80

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS OPEN HOLE
PLASTIC OTHER
DEPTH (nearest ft.)

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

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 Nath Wayne

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
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 42
WHEN PUMPING 58
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)

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)
ROAD
WELL

