

04-347773

MARYLAND STATE DEPARTMENT OF HEALTH

P. 46268

A 38748

DISTRICT 477

DATE 4/20/9

DATE SYSTEM APPROVED 1/11/70

INSPECTOR M. R. F.

INDEXED

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 ROAD 824 The Old Station Ct. LOT 39

PROPERTY OWNER ZLL Partnership

ADDRESS _____

R. GARBAGE GRINDERS W/SEO INCREASE SEPTIC TANK CAPACITY BY 30% AND ABSORPTION AREA BY 22%

CARRIAGE GRINDER? XX YES XXXXXXXXXXXX NO XXXXXXXX

TRENCH LENGTH: First Trench to be 110 feet long.
Second Trench to be 110 feet long.
Third Trench to be 60 feet long.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 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 - SHALLOW SYSTEM ONLY. Beginning from the right rear (435'/509') lot corner,
place the distribution box 110 feet down the rear (509') lot line and 40 feet
off the rear line as seen when facing property from right-of-way off The
Old Station Court. Run trenches along contour towards the front (537') lot
line. NOTE: MAINTAIN 100 FEET FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8-16-90 JEN

PLANS APPROVED BY Bert Nixon DATE 11/18/87

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

BUILDING PERMIT SIGNED
OTHERWISE SPECIFICALLY AUTHORIZED
AND RETURNED

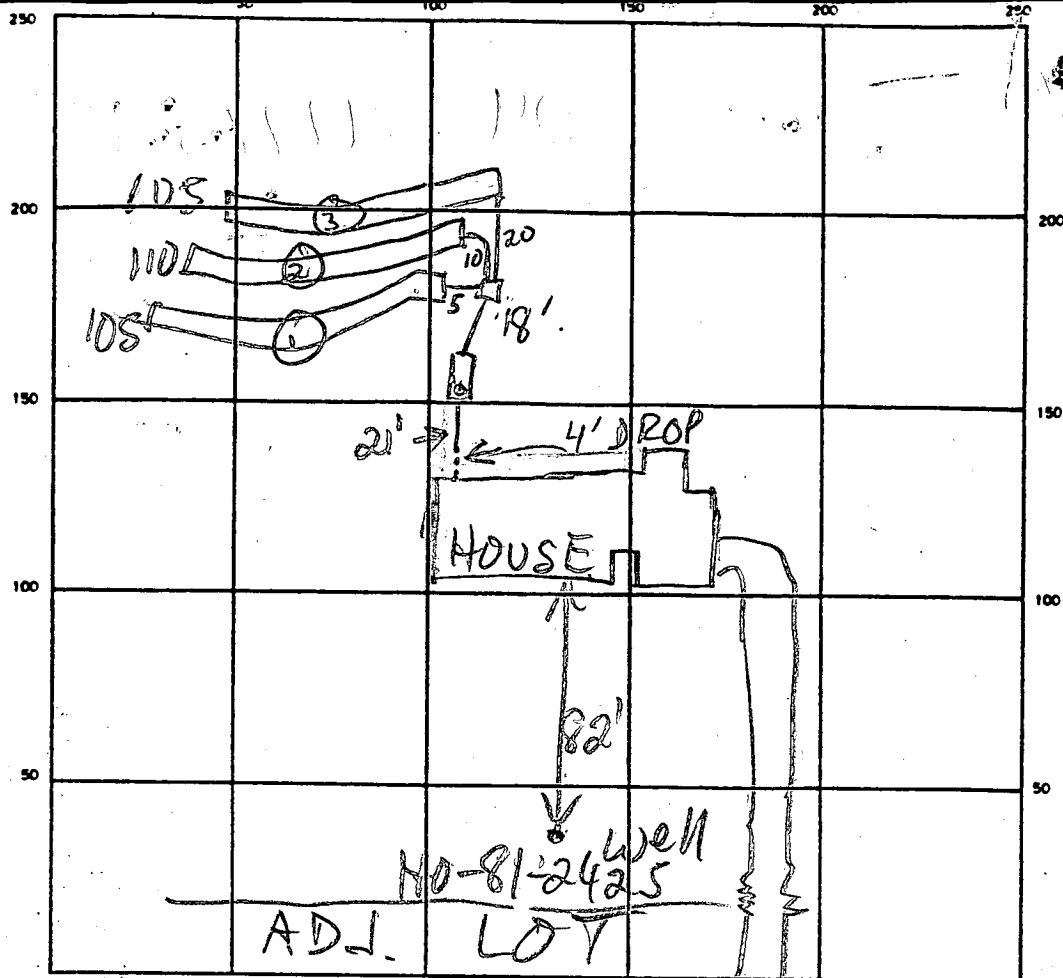
5-305 BOD 153846-DEK

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

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

HD-260

A 38748



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

THE OLD STATION CT

SEPTIC TANK LEVEL 1500 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK-BAFFLE IN

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

EFFECTIVE GRAVEL DEPTH 2 FT TOTAL LENGTH 105 110 105

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 315 330 315 SQ FT

DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT

ABSORBENT AREA 960 SQ FT

REMARKS 9/11/90 OK TO COVER ALL MR

BUILDING PERMIT SIGN
AND RETURNED

DATE SYSTEM APPROVED

9/11/90

INSPECTOR

M. Ripkin

APPLICATION

PERCOLATION TESTING

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

A 38748

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. Crum + Wife 2LL Partnership - 442-2709

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 39 Prelim

47 10/21/87

ROAD AND DESCRIPTION

E/S Morgan Station Rd north of Old Frederick Rd
824 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. Kim

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

4-22-87 One Satisfactory; Hold For Subdivision plan. Satisf

BUDG. PERMIT SIGNED

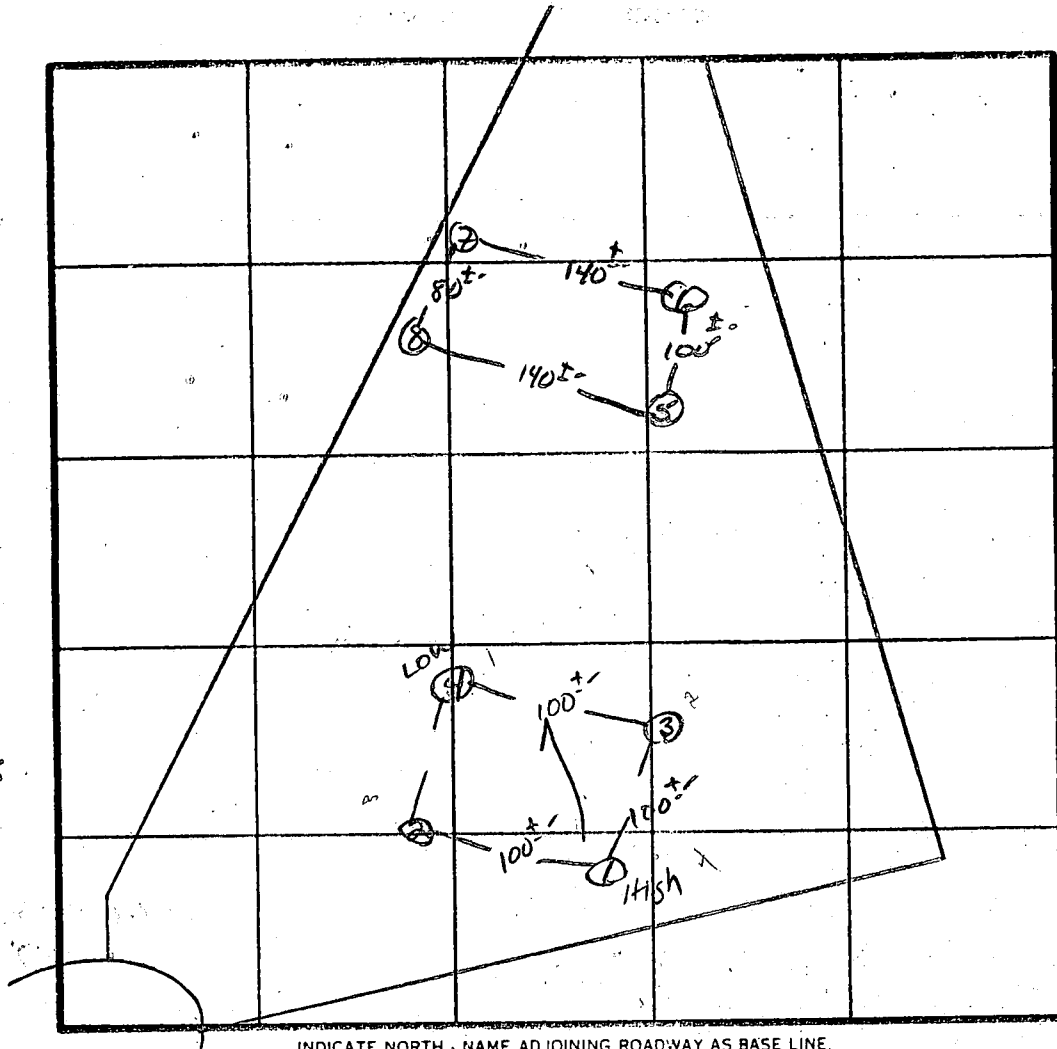
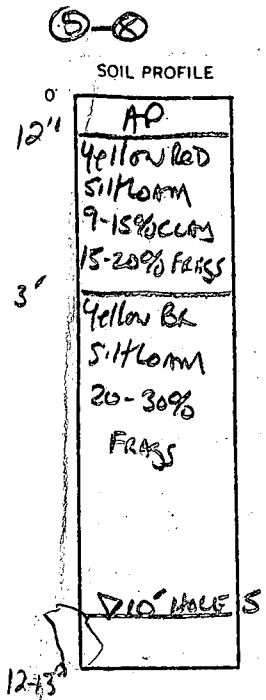
AND RETURNED

9/11/89

Serial # 29878 2F918

SFD-4 Bedrooms

THIS IS NOT A PERMIT



X Per 8 min
 187 4/82
 INLET 3'
 BOTTOM 5'

Holes 1-4:
 Slope and directional arrow appear to be reversed from top, shown on the preliminary plat.
 Assume holes 5-8 are higher in elevation than holes 1-4. JEN 8-13-90

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/2/87	1V	WATER AT 12"					
	2V	WATER AT 7"					
	3V	WATER AT 8' 10"					
	4V	WATER AT 9' 11"					
	5S	3.5"	12:47	12:49	12:49	12:53	4 min
	5M	7"	12:36	12:45	12:45	1:02	17 min
	5V	12" WATER AT 10' - UNIFORM SOIL below 3"					
	6V	13" UNIFORM SOIL below 3"					
	7S	3.5"	12:58	1:02	1:02	1:10	8 min
	7V	12" UNIFORM SOIL below 3"					
	8S	3.5"	12:55	12:57	12:57	1:00	3 min
	8V	12.5" UNIFORM SOIL below 3"					

REMARKS Holes per plat / Shallow Syst only

TYPE OF SOIL ML Aicy

TESTED BY S. Abel ALSO PRESENT D. KETTERMAN

EH-12-1079

OLD STATION COURT

NOTE: TRENCH LENGTH TO BE
DETERMINED AT TIME OF
SEPTIC PERMIT ISSUANCE

LOT 39
3.212 AC±
PLAT # 1822

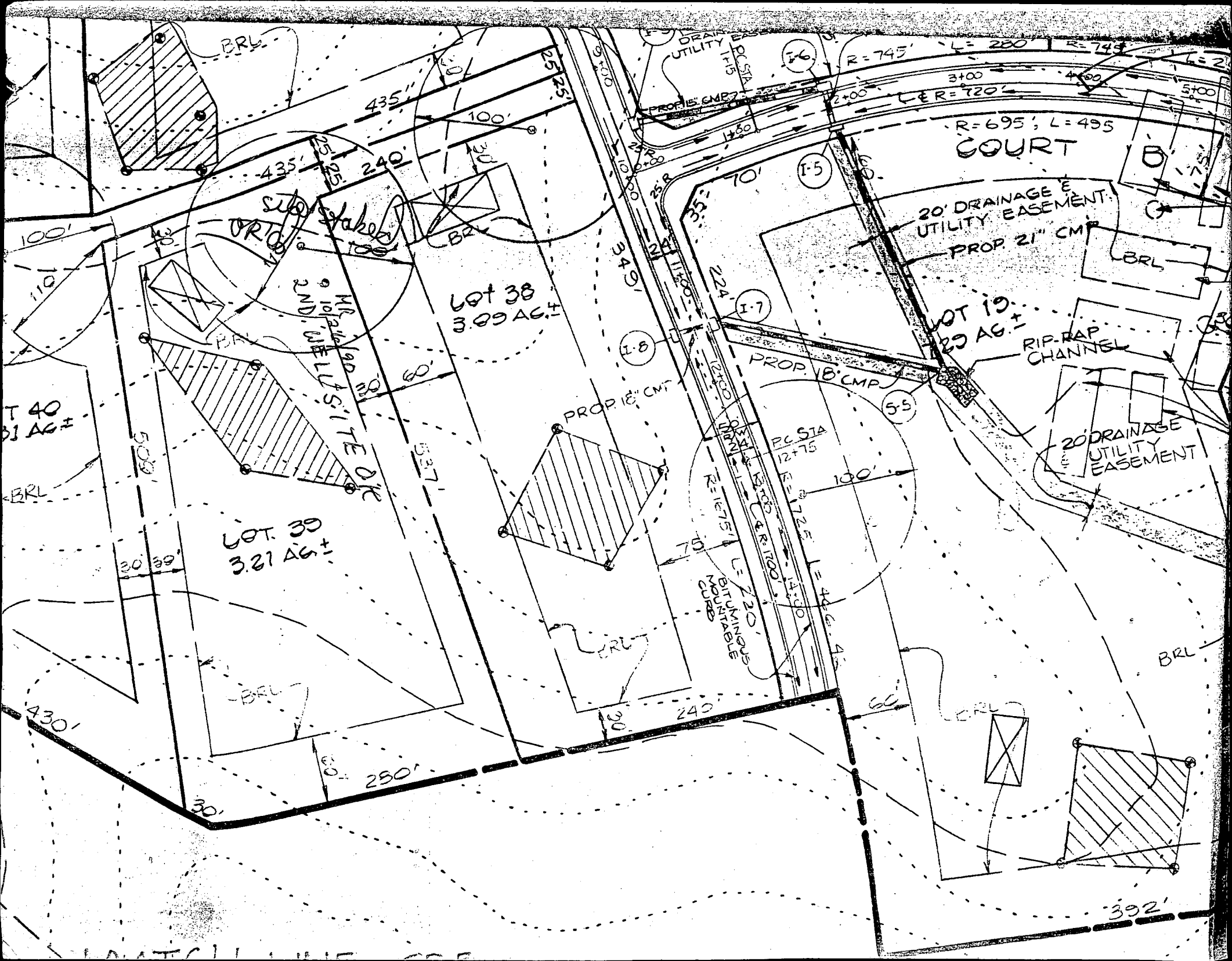
PROP 1250 SEPTIC TANK
INV IN - 537.6
INV OUT - 537.3

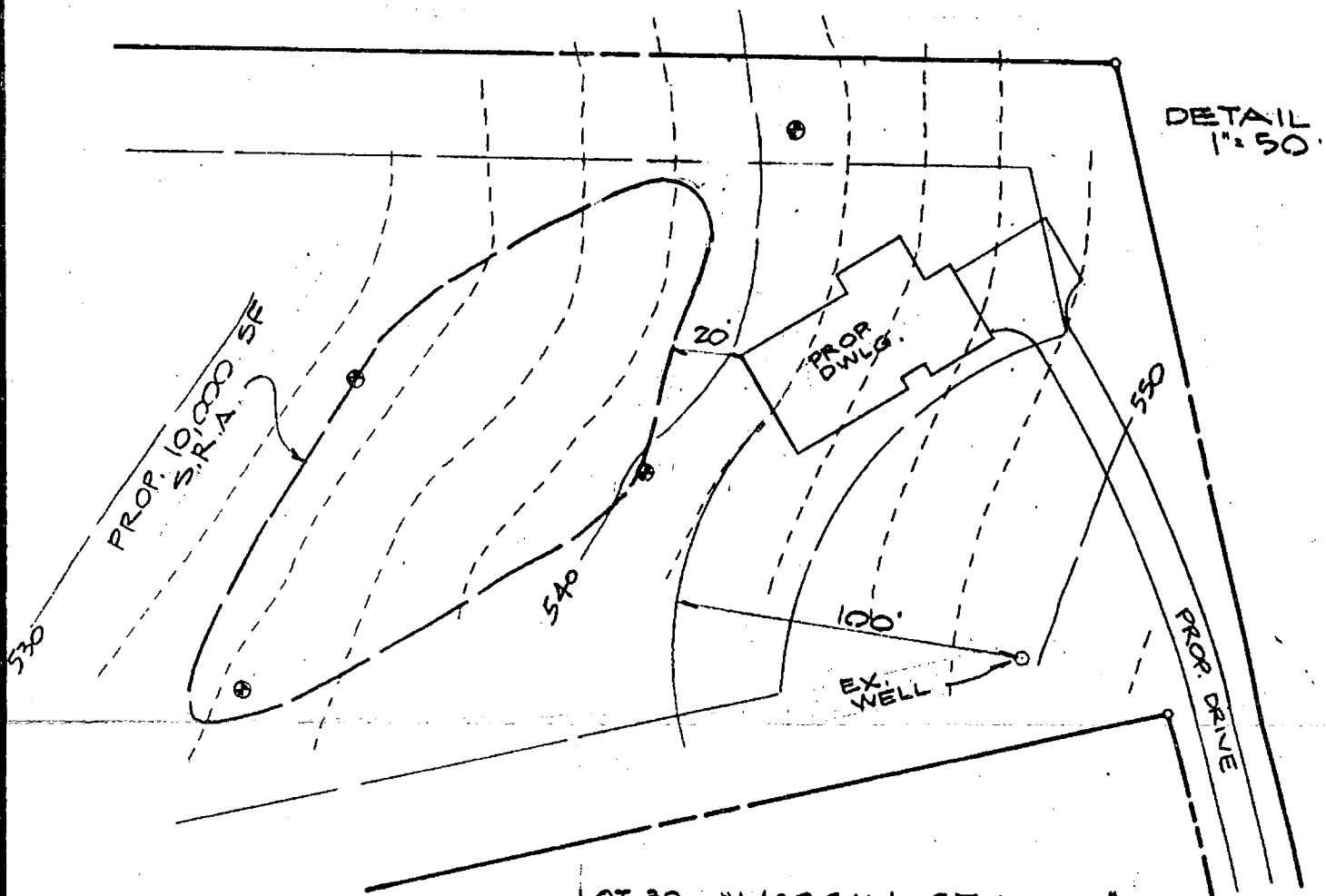
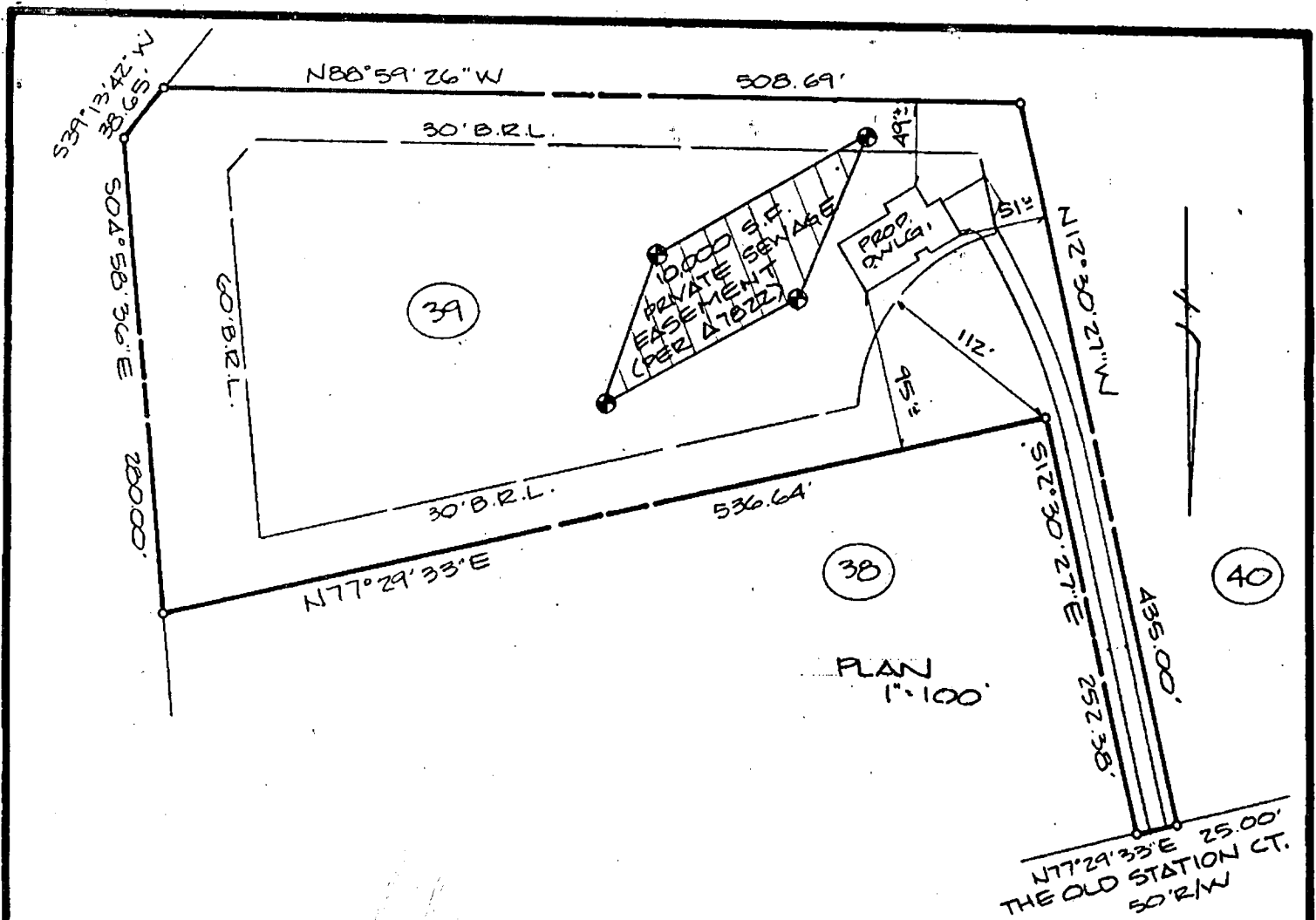
PROP DISTRIBUTION BOX
INV IN - 537.2 INV OUT - 537.1
5 88° 59' 26" E

EX GROUND TRENCH 540.0
TRENCH INV. 537.0

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 39
MORGAN STATION
FOURTH ELECTION DISTRICT HOWARD COUNTY, MD.
JUNE 14, 1989 SCALE: 1" = 50'





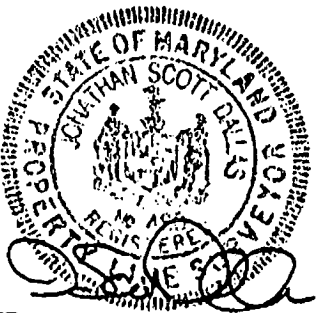
LOT 39. "MORGAN STATION"
(7822)

Contractor shall provide
positive drainage away from
foundation at all times.

4TH EL. DIST.

HO. CO. MD

SITE PLAN



J.S. DALLAS, INC.

Surveying & Engineering
4932 Hazelwood Avenue
Baltimore, Md. 21206
(301) 866-2001

date 4.5.90

scale AS SHOWN

job no. P. 56
86-107

drawn IKE
JSD

checked

PERCOLATION TEST DATA				
LOT NO.	PREVIOUS LOT NO.	AVERAGE PERC. TIME IN MINUTES PER SECOND INCH.	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEV. WITH REFERENCE TO EXISTING GRADE AT TIME OF PERC. TEST	
			INLET	BOTTOM
5	5	13	4.5	6.5
6	11	12	4.0	7.0
7	12	9	3.0	5.0
8	13	9	3.0	5.0
9	16	9	3.0	5.0
10	15	9	3.0	5.0
11	14	13	3.0	5.0
12	17	6	3.0	5.0
13	18	7	3.0	5.0
18	22	5	3.0	5.0
19	25	9	3.0	5.0
38	48	12	3.0	5.0
39	47	8	3.0	5.0
40	46	8	3.0	5.0
41	3	20	3.0	6.0
42	2	14	3.0	6.0

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM, HOWARD COUNTY HEALTH DEPT.
J. J. [Signature]
COUNTY HEALTH OFFICER
DATE 12-2-87

Charles [Signature]

Signel *FILE COPY*

PRELIMINARY PLAN MORGAN STATION

A RESUBDIVISION OF LOT 3
THE SOUTHERN STATION
LOTS 5-42

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 3, PARCEL 9 & 11

SCALE: 1" = 100' NOVEMBER 23, 1987

SHEET 1 OF 2 S-88-06

P88-25

7392

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

please print or type

OEP PERMIT NUMBER

10-81-2403

fill in this form completely

Date Received

10/29/87

OWNER INFORMATION

HEMPHILL C ASSOC

15 Last Name Owner First Name 34

8307 MAIN STREET

36 Street or RFD 55

ELLICOTT CITY MD 21043

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph Mayne 273

Driller's Name 77 License No. 80

Ralph Mayne (well drilling)

9120 Brown Church Rd. Mt. Airy

Address

Ralph Mayne 10/29/87

Signature Date

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

500

14 20

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 DEEPEN 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)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE 26 INITIALS PERMIT No. 10-81-2403

SPECIAL CONDITIONS 465-5855 NEEDED FOR PRELIM PLAT APPROVAL

LOCATION OF WELL

HOWARD

8 COUNTY 21

THE ROCKFORD STATION

23 SUBDIVISION 42

SECTION 44 46 LOT 39

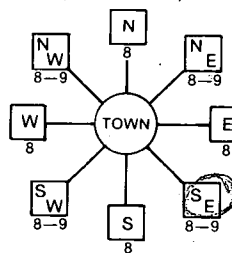
WOODBINE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3.2 MI

73 76 77 78

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

MORGAN STATION RD

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

1700

DISTANCE FROM ROAD

ENTER FT or MI 1.4

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

A38748

COUNTY NO.

OEP

STATE HEALTH

SIGNATURE

INSERT S

DATE ISSUED

11/18/87

B. Nijm

05/10/88

CO SIGNATURE

EXP. DATE

NORTH GRID

551000

EAST GRID

0787000

SHOW MAJOR FEATURES OF
BOX & LOCATE WELLS
WITH AN X

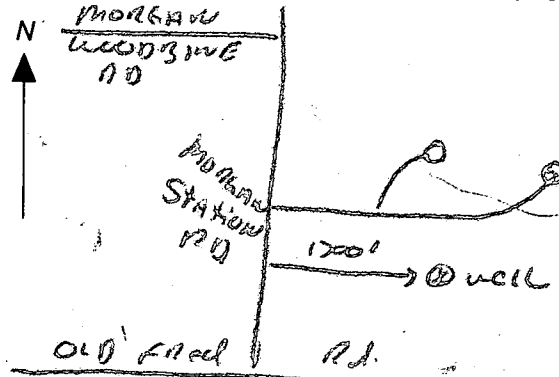
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 780 7

N 550 1

000
000DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

PE

11/21/27
1230h

- ① 45 ft casing
 - ② 40 ft open hole
 - ③ 10 bags
 - ④ Location?
 - ⑤ Got information from Well
Driller Arrived after work
finished
- R. Hodges

C12029

SEQUENCE NO. (OEP 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.

COUNTY NUMBER

A38748

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

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

GROUTING RECORD

WELL HAS BEEN GROUTED

CIRCLE APPROPRIATE BOX

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

CIRCLE APPROPRIATE LETTER

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.

DRILLER'S SIGNATURE

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

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

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

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)

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 X
Replacement

Receipt # 46336
Date 9/10/90

Name of Installer ROBERT L. FREEZER

Telephone 781-4655

License Number 2122

Certified Well Pump Installer ✓ Well Driller Registered Plumber ✓

Name of Property Owner PRIDEMORE HOMES
PATRICK HENNESSY Telephone 781-4655

Subdivision MORCAN STATION Lot # 139 Well Tag # 40-81-2425

Site Address 824 OLD STATION COURT

Pump

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

2. Make PLINTH WATER

3. Model # 4FESB-05-201

4. Capacity 5 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

1. Make MORCAN U MB-10
2. Model # MB-10
3. Depth 42"

Tank CAPTIVE AIR
well-x-tank

1. Capacity 250
2. Pressure relief valve? yes

Piping

1. Type PVC
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 42"

Well data

1. Depth 325 ft.
2. Yield 4 GPM
3. Static water level 41 ft.
4. Will water supply be disinfected by installer? yes

NO INSP per P.A. 42" to
B-G. per R. Freezer 2/6/91 MR

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: Robert L. Freezer

Date: 9/10/90

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

SITE INSPECTION SHEET

OWNER: Hennessy

PHONE #: 410-442-2237

ADDRESS: 824 The Old Station Ct

CONTRACTOR: _____

Woodbine MD

WELL TAG #: _____

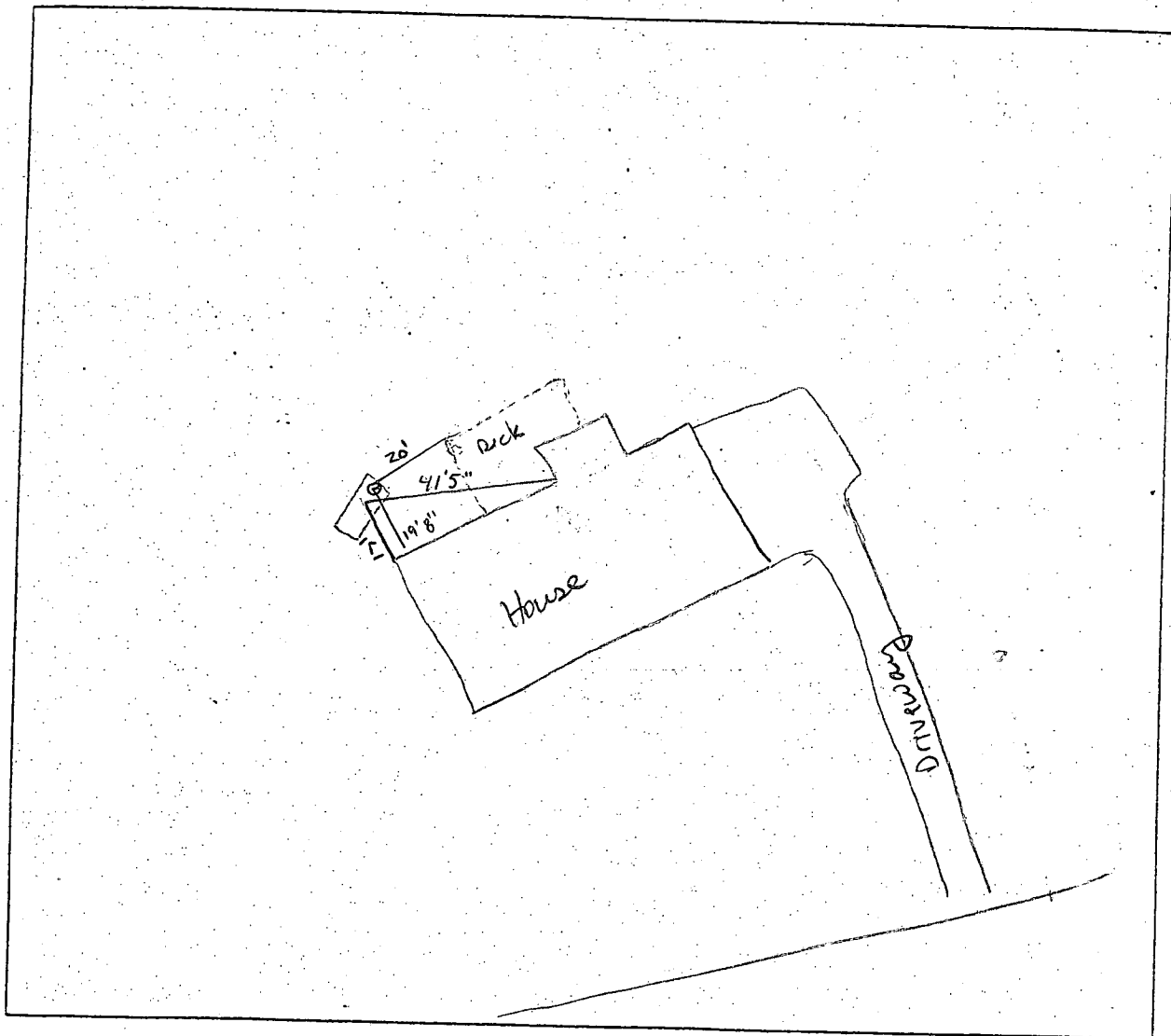
SUBDIVISION: _____

LOT: _____

COUNTY #: _____

PROPOSAL: Verifying location of septic tank and making
sure 10' away from deck

LOCATION DIAGRAM



COMMENTS: clean out found to be 19'8" from corner of house and
20' from deck edge.

DATE: 5-12-05

INSPECTOR: SF

