

7/10/90 ANYTIME

04-347765

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 46111

A 38749

DISTRICT 4th

DATE 7/6/90

DATE SYSTEM APPROVED 7/10/90

INSPECTOR B/H

INDEXED

Fogle's Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 558 Orbrecht Road, Mt. Airy, Maryland 21784 PHONE 795-5670

SUBDIVISION Jones Morgan Station ROAD 830 The Old Station Ctr. LOT 38

PROPERTY OWNER Doug Dictrich

ADDRESS

~~FOR CARRIAGE CHUTE TO BE USED TO INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION TANK BY 10%~~

~~CARRIAGE CHUTE XXXXX YES XXXXXXXXXXXX NO XXXXXXX~~

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning at the front right lot corner as seen when facing the lot from The Old Station Court, place the distribution box 270 ft. down the front lot line (348.57') and 125 ft. off the same lot line. Run trenches on contour toward the front lot line (348.57'). Maintain a minimum of 100 ft. from the well.

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

PLANS APPROVED BY Jane Nadeau cm DATE 08/31/89

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 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

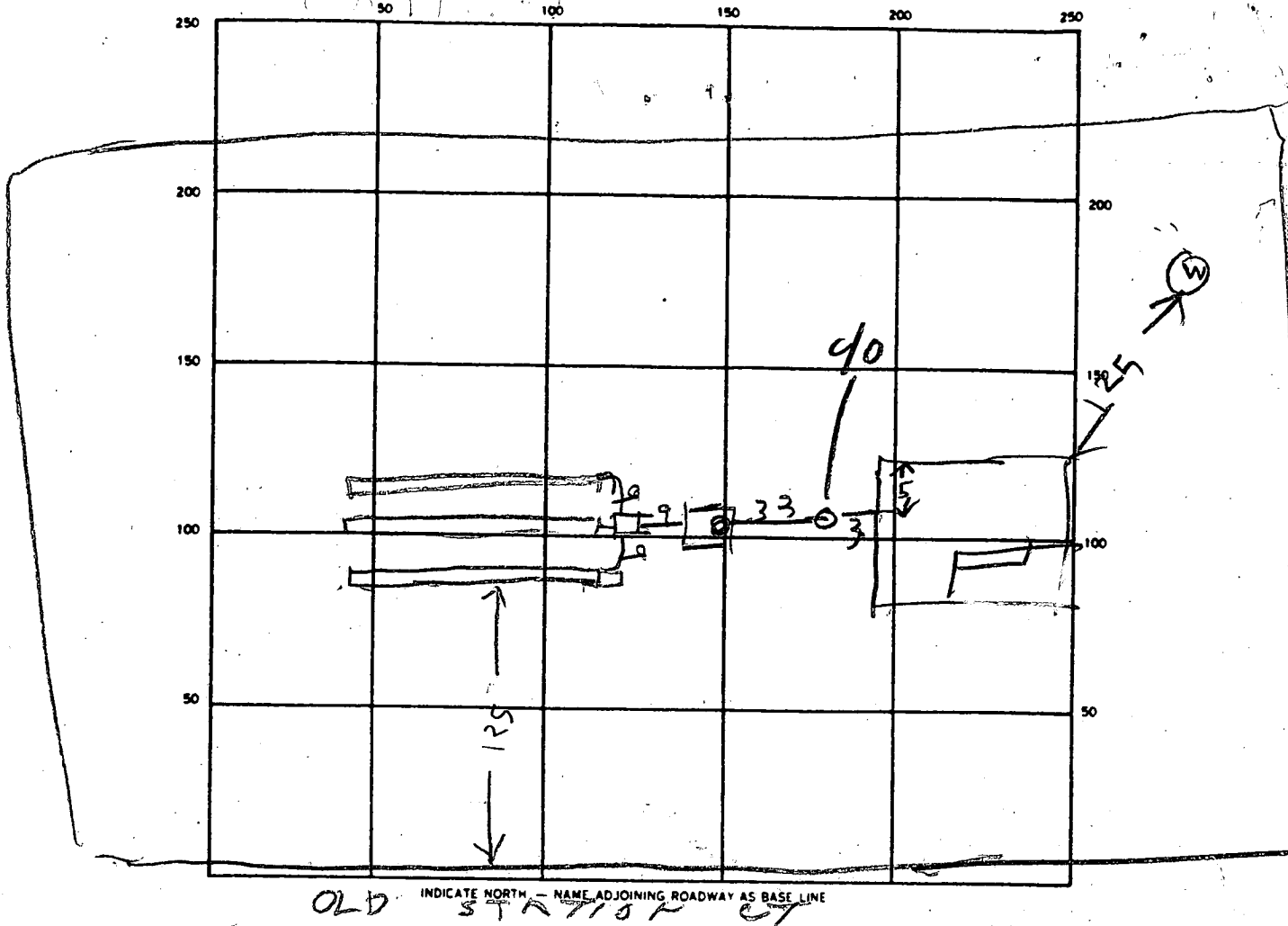
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 38749



SEPTIC TANK LEVEL 1000 CLEANOUTS ST. 012

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

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 70 70 70 FT. 210

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 630 SQ. FT.

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

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

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED

7/10/90

INSPECTOR

Raymond Hodges

# APPLICATION

PERCOLATION TESTING

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

DISTRICT

DATE

A

P

4

12/17/86

38749

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

ADDRESS

PHONE

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

TAX MAP

PARCEL #

SIZE OF LOT

TYPE BLDG.

(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.

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

4-22-87 PNC Satis Factory; Hold For Subdivision Plat. Satisf

PERMIT SIGNATURE

DATE RECEIVED

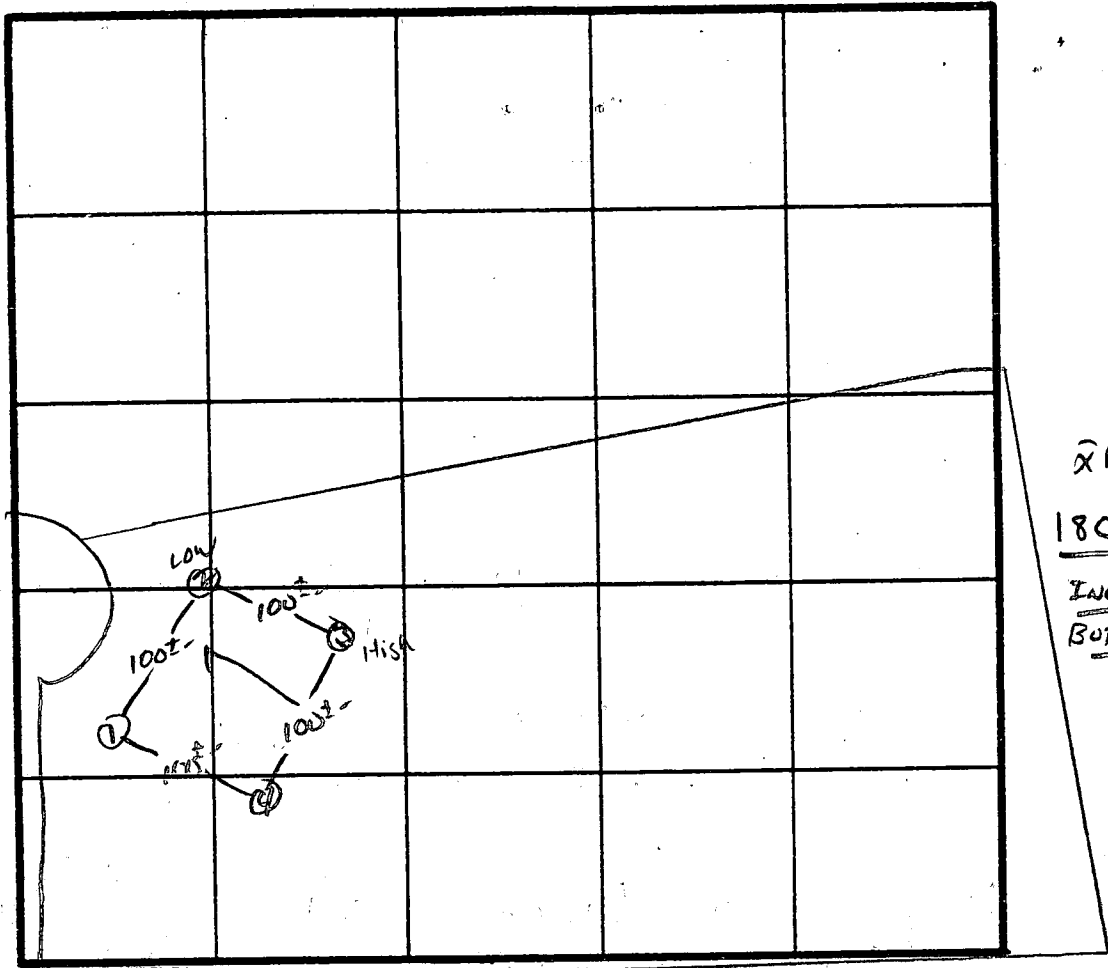
Serial #29587 - SFD

3 Bedrooms

# THIS IS NOT A PERMIT

① → ④  
SOIL PROFILE

0"	AP
14"	Yellow Red Silt Loam 9-12% CLAY 20% FRAGS
3-3.5"	Yellow Bk Silt Loam 20-30% SHALE FRAGS
13"	



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.  
ROAD

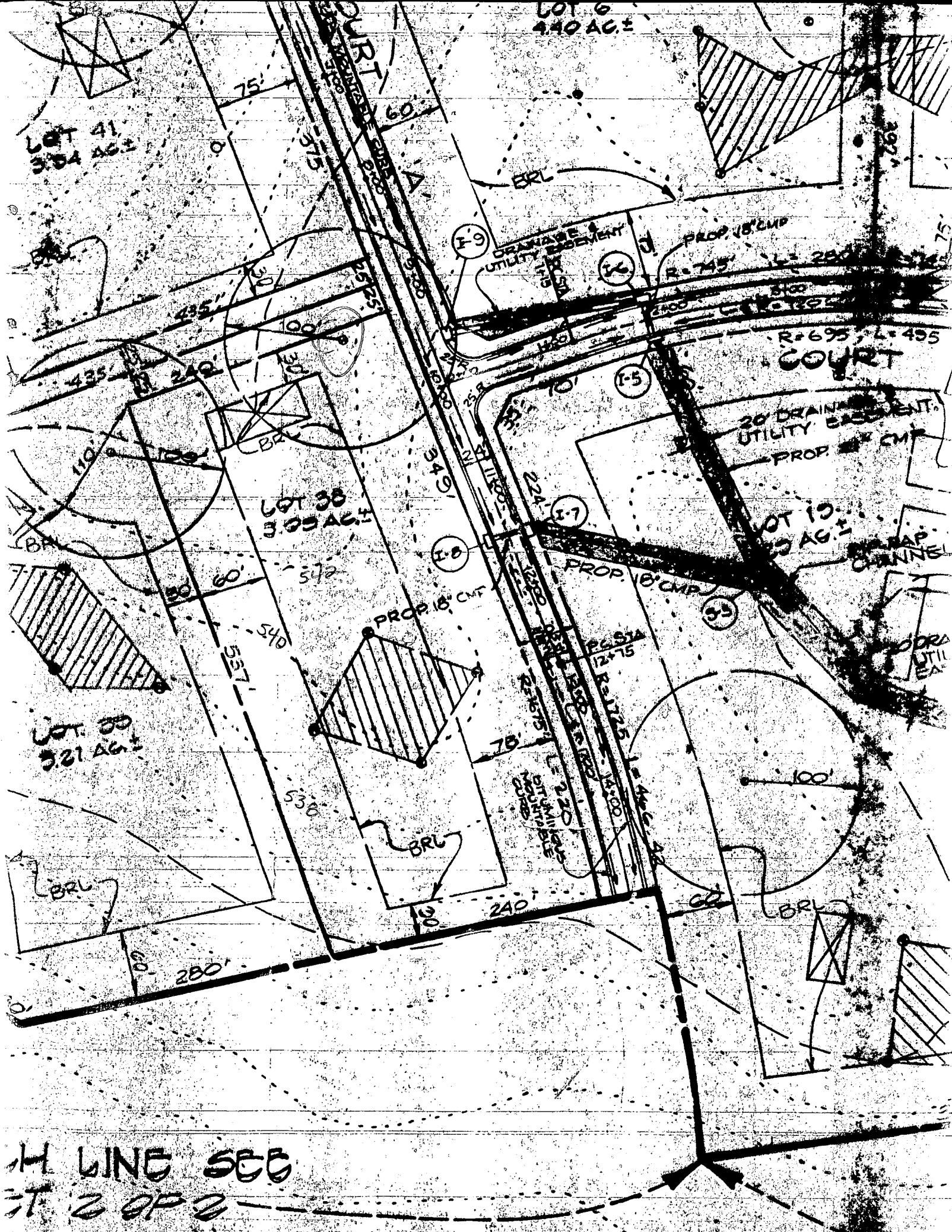
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/87	1 S	4"	11:34	11:38	11:38	11:45	7 min
	1 V	13"	UNIFORM Soil below		3.5"		
	2 S	3.5"	11:41	11:44	11:44	11:54	10 min
	2 V	13"	UNIFORM Soil below		3"		
	3 V	12.5"	UNIFORM Soil below		3"		
	4 S	4"	11:47	11:51	11:51	12:02	11 min
	4 V	12.5"	UNIFORM Soil below		3.5"		
	2 M	7.5"	11:45	11:56	11:56	12:15	19 min

REMARKS 11:00 APPROX TO PLAT

TYPE OF SOIL ME Airy

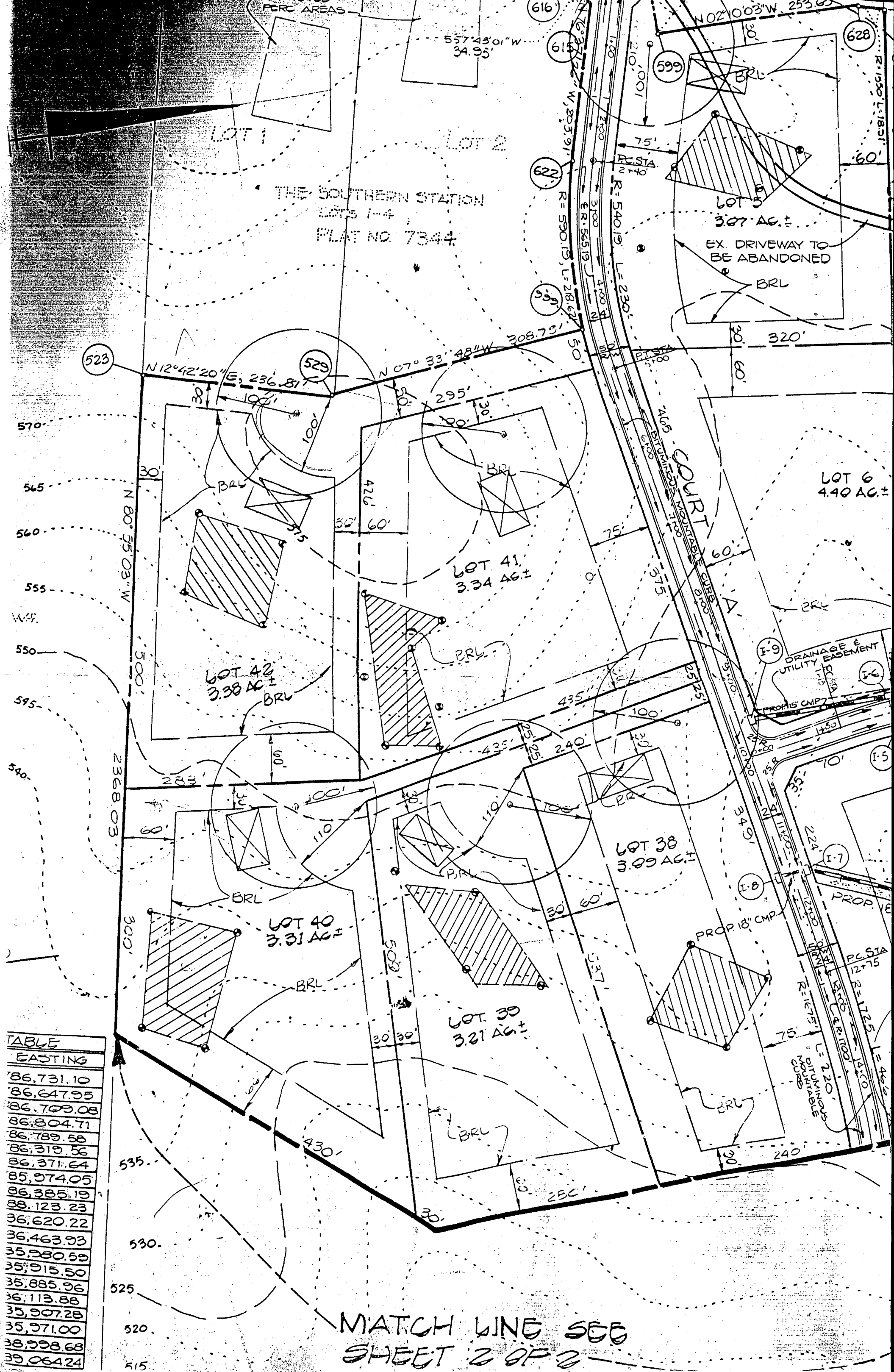
TESTED BY S. Moe ALSO PRESENT D-KETTERMAN

EH-12-1079



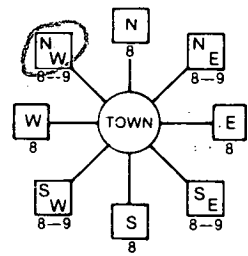

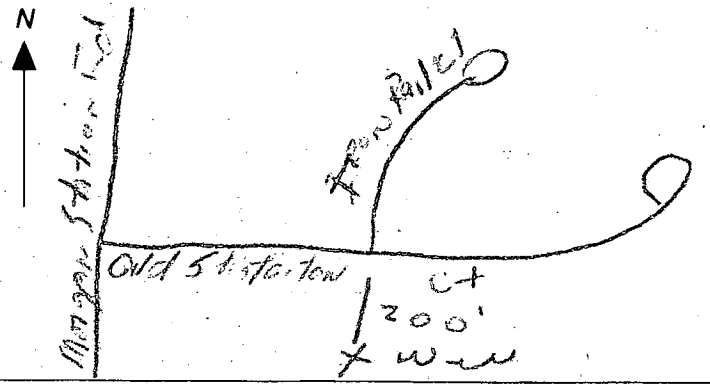
H LINE SEC  
IT 2 OF 2

TABLE
EASTING
86,731.10
86,647.95
86,709.08
86,804.71
86,789.58
86,319.56
86,371.64
85,974.05
86,385.19
88,123.23
36,620.22
36,463.93
35,280.59
35,915.50
35,885.96
36,113.88
35,907.28
35,971.00
38,998.68
39,064.24



MATCH LINE SEE  
SHEET 2 OF 2



B 1	7983	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-88-1022</u> <small>fill in this form completely</small>
1 2 3 4 5 6 7 8 9 10 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <u>082289</u>		LOCATION OF WELL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 <u>Howard</u>		
OWNER INFORMATION 15 Last Name <u>Kiddings</u> Owner <u>Mark</u> First Name 36 <u>9203</u> Street or RFD <u>Frederick Road</u> 57 <u>Ellicott</u> Town <u>City</u> Md 21043 Zip <u>76</u>		23 SUBDIVISION <u>Morgan Station</u> SECTION <u>44</u> LOT <u>38</u> 52 NEAREST TOWN <u>Lisbon</u>		
DRILLER INFORMATION Driller's Name <u>Frank Delph</u> License No. <u>453</u> Firm Name <u>Frank Delph Well Drillers Inc</u> Address <u>18224 Penn Shop Rd Mt Airy Md</u> Signature <u>Frank Delph</u> Date <u>8/22/89</u>		MILES FROM TOWN (enter 0 if in town) <u>1</u> M <u>1</u> 73 76 77 78		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>2000</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NEAR WHAT ROAD <u>Old Station Ct</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <u>200</u> ENTER FT or MI <u>7</u>		
APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>A-38749</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>082389</u> CO SIGNATURE <u>Fitch Abel</u> EXP. DATE <u>02-22-90</u> NORTH GRID <u>550000</u> EAST GRID <u>098800</u>		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion <u>ROTARY (Hydraulic Rotary)</u> 37 CABLE REVERSE-ROTary Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>788</u> N <u>450</u>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE <u>1</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-88-</u> 67 68 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>Tim P. 461-4600</u> COUNTY				





**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-1022  
Location of property (road) The Old Station Ct  
Subdivision Morgan Station Lot 38 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller F. Delp Owner Kidney, Mark

Depth of well 205  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 30

### I. High rate pumping -- reservoir drawdown

Time pump started 7.45 Pumping rate 10 GPM  
Total time 15 min to reach pumping water level 60' ft. below M.P.

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

[illegible]

7-30-90  
am

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 \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer Griffin Plumbing & Heating Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision Morgan Station Lot # 3B Well Tag # HD-88-1022  
Site Address 830 The Old Station Court

Pump Motor Pitless Adapter  
1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make \_\_\_\_\_ b. 220 \_\_\_\_\_  
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 Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth \_\_\_\_\_ ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield \_\_\_\_\_ GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? \_\_\_\_\_

P.A. OK @ 4' B.G.  
MR 7/30/90

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: \_\_\_\_\_

Date: \_\_\_\_\_

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