

9-21-89
2-3P

04-347544

WPI

PERMIT

P 44973

SEWAGE DISPOSAL SYSTEM

A 38725

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 9/20/89

DATE SYSTEM APPROVED 9/21/89

INSPECTOR H. R. Rifkin

Olen Ketterman IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Morgan Station ROAD 830 Iron Rail Court LOT 17

PROPERTY OWNER David Potalik

ADDRESS PETRLIK

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

GARBAGE GRINDER? YES NO

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 160 feet off the front lot line and 120 feet off the right lot line as seen when facing the lot from Iron Rail Court. Run trenches on contour toward left 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. 9-20-89 JEN

Ok to use 2 - 120 ft long trenches JEN-9-21-89

PLANS APPROVED BY Sid Abel DATE 5/18/89

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

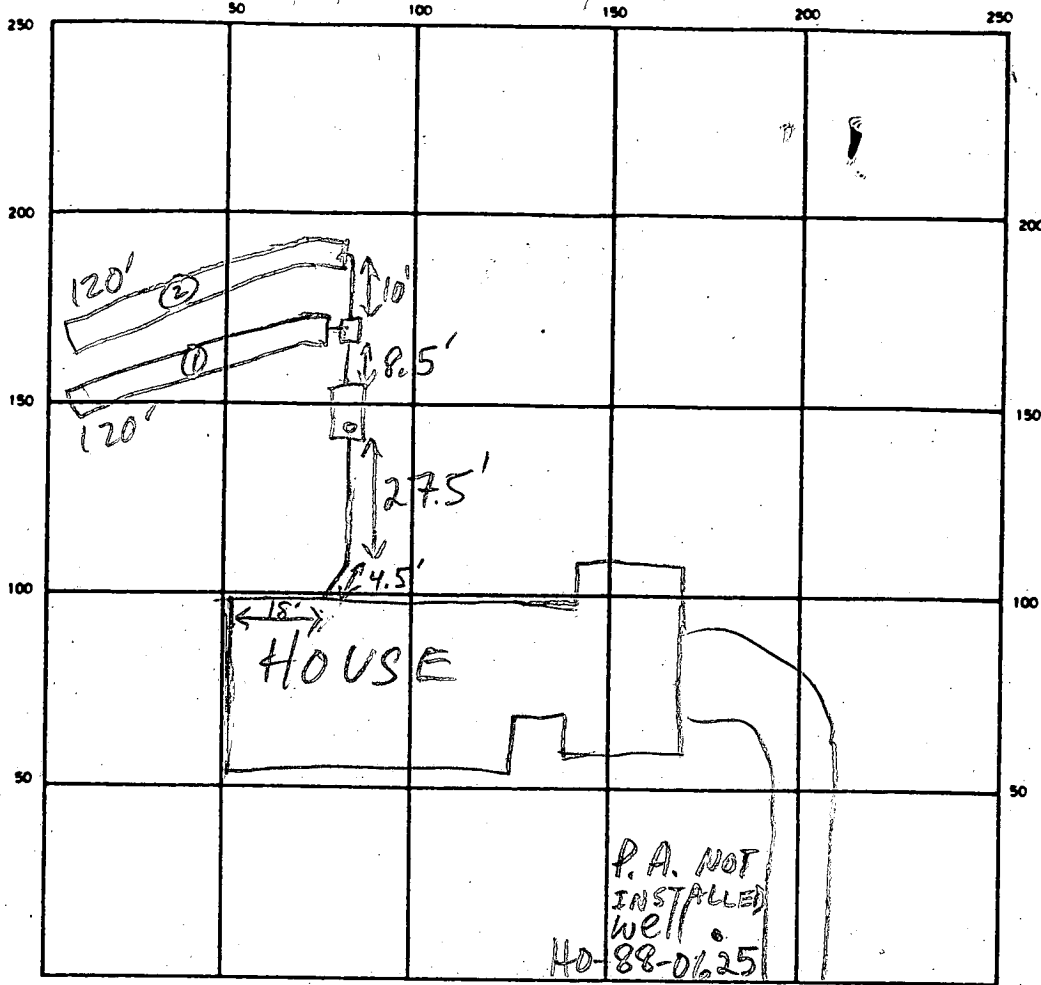
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMITS SIGNED
AND RETURNED 10/19/2000
B00127053 DECK W/STEPS

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
38725



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

IRON RAIL CT

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS S.T. - 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 120 + 120 = 240 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 9/21/89 TRENCH 1 COMPLETE, 2 IN PROGRESS
FINISH TRENCH 2, CEMENT Baffle & COVER
WHEN READY MR

DATE SYSTEM APPROVED 9/21/89 INSPECTOR M. Riskin

APPLICATION

PERCOLATION TESTING

A 38725

P _____

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

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 DAVID POTALIK

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. ~~29~~

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
830 Iron Rest Ct.

LOT 17 Prelimin
LOT 2+A 10/21/87

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. Reed
(SIGNATURE OF APPLICANT)

APPROVED BY Sidy Abel FOR Standard Truck DATE 6-20-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6-20-89
BP 27032
SA

THIS IS NOT A PERMIT

SOIL PROFILE

0

Vertical rectangular box for soil profile drawing.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

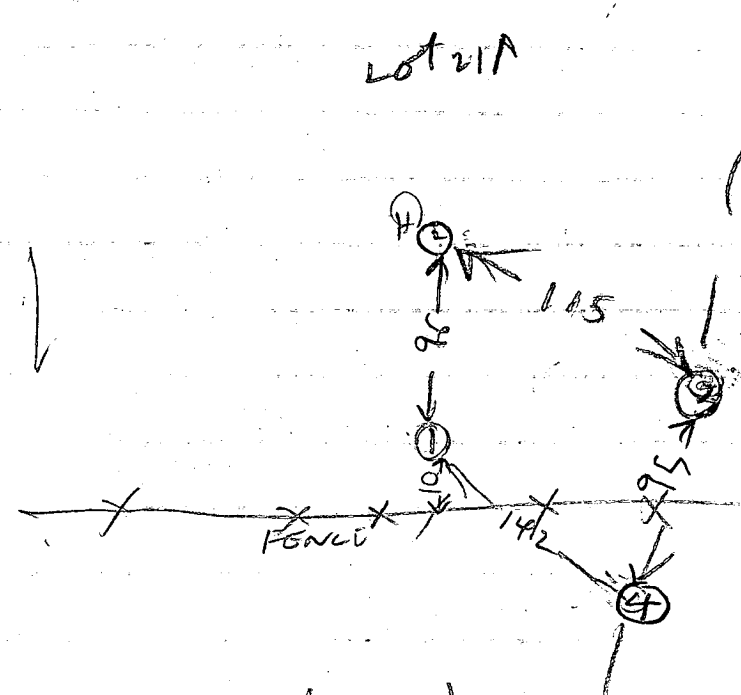
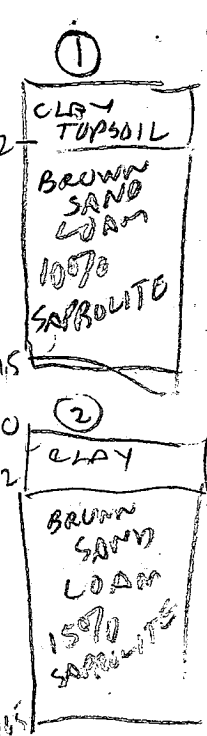
REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

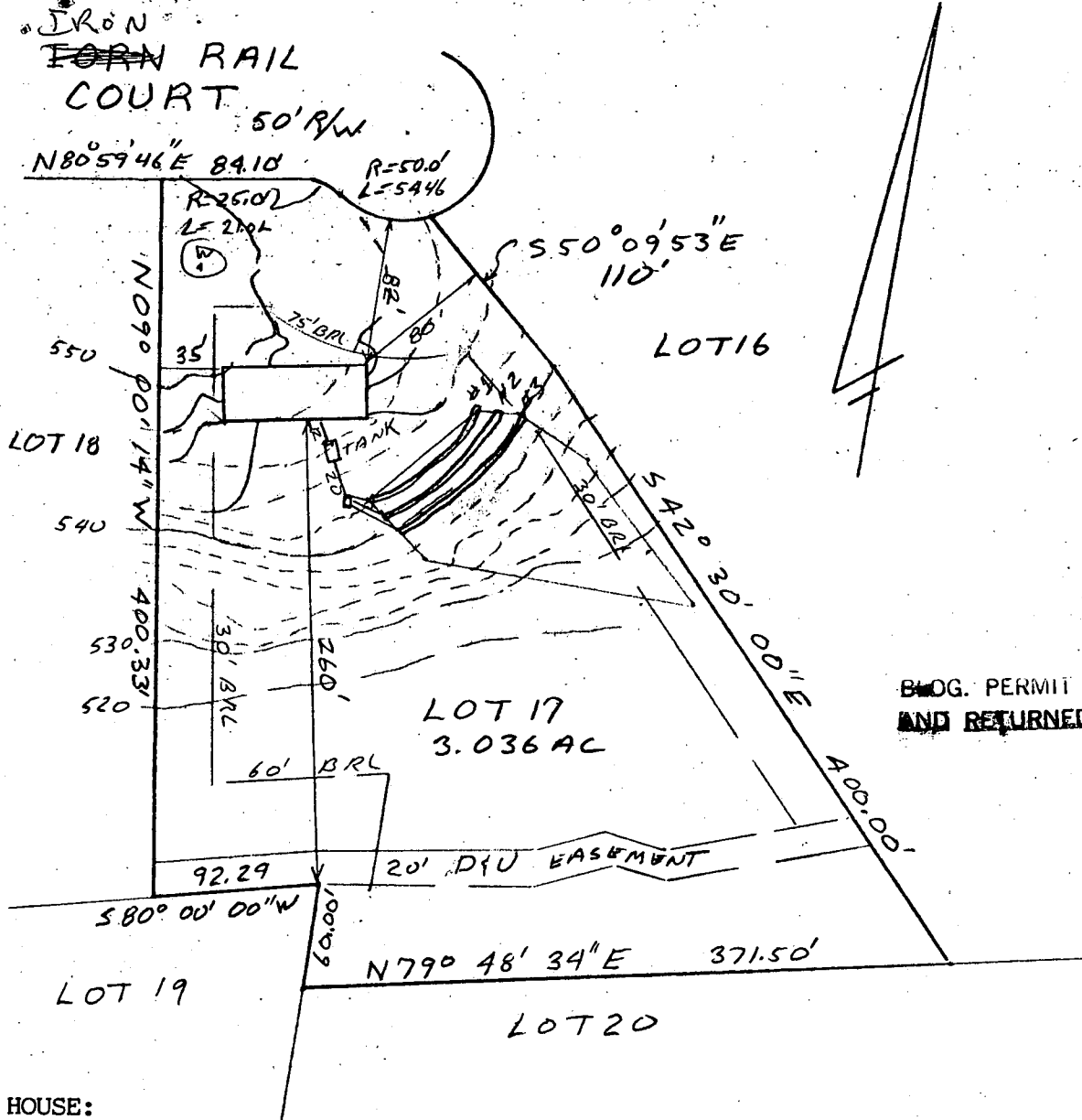
EH-12-1079

MORGAN STATION LOT 21 A
 NEW LOT NOT SHOWN ON ORIGINAL TEST PLAN



5/8/87	15	3	1256	1257	1257	1258	2
	1V	11.5	OK				
	2c	3	100	104	104		
	2B	6.5	101	102	102	104	2
	2V	11	OK				

X Perc Sand
 180 Ø 18" INLET 3'
 BOTTOM 5'



BLDG. PERMIT SIGNED
 AND RETURNED 6-20-89
 BP 27032
 SHC

HOUSE:

FIRST FLOOR	552.0 ✓
BASEMENT	543.0 ✓
INVERT	539.91 ✓

SEPTIC TANK:

EXISTING GRADE	545.7 ✓
PROPOSED GRADE	542.5 ✓
INVERT IN	539.66 ✓
INVERT OUT	539.41 ✓

DISTRIBUTION BOX:

EXISTING GRADE	542.5 ✓
INVERT IN	539.2 ✓
INVERT OUT	539.1 ✓

TRENCHES:

	# 1	# 2	# 3
EXISTING	542.0 ✓	541.0 ✓	539.8 ✓
INVERT	539.0 ✓	538.0 ✓	536.8 ✓
BOTTOM	537.0 ✓	536.0 ✓	534.8 ✓
STONE	2 ✓	2 ✓	2 ✓
WIDTH	3 ✓	3 ✓	3 ✓
LENGHT	80	90	95

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

PLOT PLAN
 LOT 17
 MORGAN STATION
 PLAT #7824
 TAX MAP# 3 PARCELS 9&11
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100' DATE 6/5/89

B 1 **7964** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
10-88-0625
 fill in this form completely

Date Received (APA) **05/16/89**
 OWNER INFORMATION
 Petaluk DAVID
 9811 MARAIOFFSVILLE
 RANDALLS TOWN MD 21133

B 3 LOCATION OF WELL
 HOWARD
 MORGAN STATION
 SECTION **F** LOT **17**
 WOODRINE
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 Ralph MAYNE
 Ralph MAYNE Well Drilling
 9120 Brown Church Rd. Mt Airy
 Ralph Mayne 5/13/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **IRON RAIL Ct.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **50** FT or MI **FT**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A-38725
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **05/18/89**
 NORTH GRID **553000** EAST GRID **0786000**

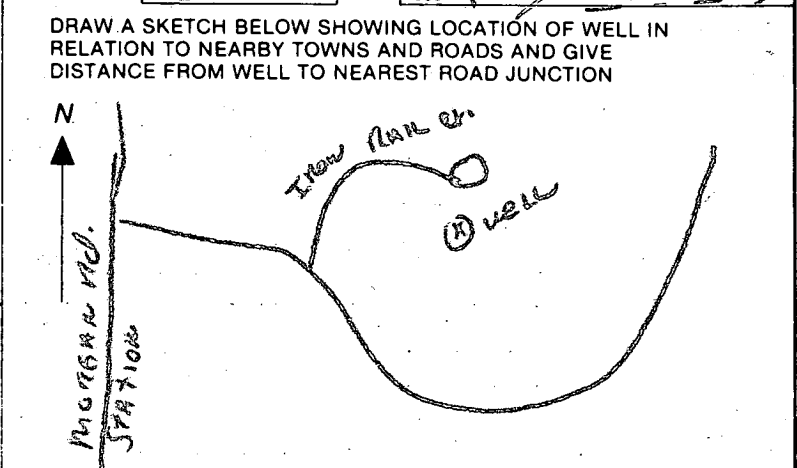
APPROXIMATE DEPTH OF WELL **150** FEET

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **7866**
 E **5543**
 5/26/89 9:30 ground well drilled
 9" bag of cement
 40' casing
 32' open-hole
 1' casing above ground OK C.B.P.
 (Tag not drilled)

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **10-88-0625**

SPECIAL CONDITIONS **521-4755**

B 1 3517

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-0207

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

092/88

OWNER INFORMATION

TRIMITY BUILDERS

6601 SHADY GROVE RD

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD

MURKIN STATION

SECTION 1 LOT 12

WOODBINE

2 MI

DRILLER INFORMATION

Ralph MAYNE 253

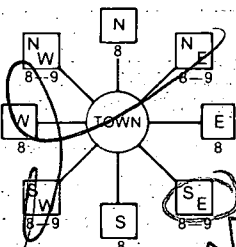
Ralph MAYNE (well drilling)

9700 Brown Church Rd

Ralph Mayne 8/25/88

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



IRON RAIL Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



50 DISTANCE FROM ROAD ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 1500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 51819

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A# 38725 COUNTY NO.

STATE SIGNATURE DATE ISSUED

100588 Charles B. ... 4/05/89

NORTH GRID 553000 EAST GRID 0986000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

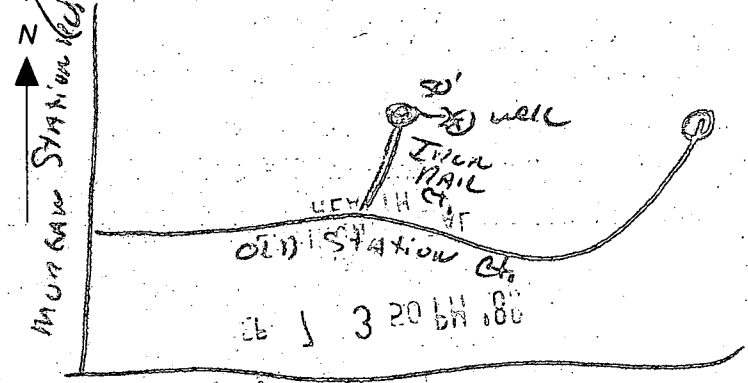
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX-NUMBER FROM THE MAP HERE

78p 86 55p 3

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



APPROXIMATE DEPTH OF WELL 50 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 DEEPENEED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER 288 GAP 8714H.88

FORCE CM WRITE INITIALS IN BOX PERMIT NO. HO-88-0207

SPECIAL CONDITIONS



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 15, 1989

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. David P^er Potalik
830 Iron Rail Court
Woodbine, Maryland 21797

Re: Morgan Station - Lot 17
830 Iron Rail Court
Well Tag No. HO-88-0625

Dear Mr. Potalik:

At the time of the yield test on the above referenced lot, the water sample taken showed an above normal nitrate-nitrogen concentration. A copy of the test results is enclosed. This problem is potentially correctable with the use of a suitable treatment nitrate unit.

Approval of this water supply at the time sampling for use and occupancy will depend on the installation of an nitrate removal system. This device should bring the water supply in compliance with the State Regulations.

The nitrate-nitrogen level was present at a concentration of 16.6 parts per million. Comar 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that provision of the regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.

Bureau of Environmental Health

3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955

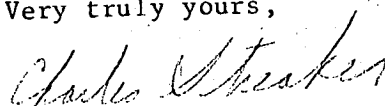
November 15, 1989

2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If the above conditions are not improved by the installation of this treatment device, then reconstruction or replacement of the well will be required.

If you have any questions relative to this matter, or if this device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,



Charles Streaker, Sanitarian
Water and Sewerage Program

CS/cm

Enclosure

ROBERT L. FEEZER CO., INC.

WATER SUPPLY & WATER CONDITIONING EQUIPMENT
6321 BARNETT AVENUE SYKESVILLE, MARYLAND 21784
(301) 781-4655 (301) 795-1405

SERVICE AGREEMENT FOR REVERSE OSMOSIS UNIT

DATE: December 5, 1989

MODEL: WP-30C

MANUFACTURER: The Water Professionals, Inc.

The above referenced unit was installed on 12/5/89 at 830 Iron Rail Court, Woodbine, MD 21797 to lower the nitrate level to under 10 ppm.

We intend to service this installation when and if necessary for one (1) year from date of installation at no charge for replacement of defective parts to the homeowner to assure that it is functioning properly. However, the Robert L. Feezer Co. will not be responsible for damage to the unit caused by the introduction of chlorine or other foreign chemicals to the water. We will continue to service the unit (at a charge) for as long as the homeowner desires thereafter.

The water passed through the above referenced Reverse Osmosis Unit will be tested annually to verify that the level of nitrates is being kept below the maximum allowed limit of 10 ppm. The charge for this testing will be \$20.00 per test. This test will be performed only at the homeowner's request.

Robert L. Feezer Co., Inc.

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030
(301) 628-1950

REPORT DATE: 12/6/89

County Howard

Lab Number 89-3791

Sample iced Y N
Residual Cl₂ <0.1 mg/L

cc: County Health Dept. Y N

CERTIFICATE OF ANALYSIS

REQUESTER: Ms. Yvonne PetroliK
9811 Marriottsville Road
Randallstown, Md. 21133

Property Sampled: U&O: 830 Iron Rail Court

Station Sampled: Kitchen tap & Reducer tap Sampler: R. Moon #86-150

Date Sampled: 12/6/89 Time: 10:35 a.m. a.m. p.m.

Owner, Telephone No.: Petrolic 521-4755

Subdivision Name: Morgan Station Lot Number: 17

Building Permit No.: HO 88-0625

Well Number: HO 88-0625 ✓ Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate —N (mg/L)	Turbidity (NTU)	pH (Units)	SAND
<u><0.5 (from reducer)</u> <input checked="" type="radio"/> PASS <input type="radio"/> FAIL	<u><1</u> <input checked="" type="radio"/> PASS <input type="radio"/> FAIL	<u>Not Requested</u>	<u>NEGATIVE</u>
10 mg/L *	10 NTU *	6.5 - 8.5 Units	

COLIFORM BACTERIA (MPN/100 mL)	
Total (___ of 5 tube +)	PASS
Fecal (___ of 5 tube +)	FAIL
<u>< 2.2 (0 of 5 tubes +) *</u>	

COLIFORM BACTERIA (Coli/100 mL)	
___	PASS
___	FAIL
<u>< 1 Coliforms/100 mL *</u>	

Based upon coliform-bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

* MCL = Maximum Contamination Level

Sharon K. Cassell
Sharon K. Cassell MT (ASCP)
Certified Microbiologist
Certification No. 115

IRON
TORN RAIL
COURT 50' RW

N80°59'46"E 84.10

R=50.0'
L=5446

R=26.0'
L=2004

S50°09'36"E
110'

LOT 16

LOT 18

LOT 17
3.036 AC

LOT 20

LOT 19

HOUSE:

FIRST FLOOR 552.0
BASEMENT 543.0
INVERT 539.91

SEPTIC TANK:

EXISTING GRADE 545.7
PROPOSED GRADE 542.5
INVERT IN 539.66
INVERT OUT 539.41

DISTRIBUTION BOX:

EXISTING GRADE 542.5
INVERT IN 539.2
INVERT OUT 539.1

TRENCHES:

	# 1	# 2	# 3
EXISTING	542.0	541.0	539.8
INVERT	539.0	538.0	536.8
BOTTOM	537.0	536.0	534.8
STONE			

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Higgins
J. Carl Higgins

PLOT PLAN
LOT 17
MORGAN STATION
PLAT #7824
TAX MAP# 3 PARCELS 9&11
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=100' DATE 6/5/89

B00127053