

NOON & LATE

04-34761 7

3/23 ① P.C.O.

PERMIT

P 43765

A 38732

CT 4th

DATE 3/10/89

DATE SYSTEM APPROVED 3/23/89

INSPECTOR C. B. A.

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

MARYLAND STATE DEPARTMENT OF HEALTH

SEWAGE DISPOSAL SYSTEM

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Morgan Station ROAD 885 The Old Station Ct LOT 24

PROPERTY OWNER ~~Lawrence Homes Partnership~~ Miller

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

SHALLOW SYSTEM ONLY. TRENCHES - 187 sq. ft. per bedroom. Trench to be 3 feet wide.
Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original
grade. Effective area begins at 3½ feet below original grade. 2 feet of stone
below distribution pipe.

LOCATION	<p>Below distribution pipe.</p> <p>Beginning from the front left (76.33'/555') lot corner, start the first trench 90 feet down the left (555') lot line and 25 feet off the left line as seen when facing property from The Old Station Court. Run trenches along contour toward the left and rear lot lines.</p>
NOTE	<p>See trench layout on plan.</p>

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

***** MAINTAIN MINIMUM 100 FEET FROM HERE *****

***** MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC. ok/cw

PLANS APPROVED BY Bert Nixon DATE 5/05/88

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 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

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

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

HD-260

$$\begin{array}{r} 38732 \\ \hline \end{array}$$

9/23/89

NOON & LATE

04-347617

3/23 0 P.C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
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APPLICATION

PERCOLATION TESTING

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

A 38732

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 / Lawrence Himes PTShp. 442-1751

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 (Farm Property) LOT NO. 21 LOT 24 Proim 10/21/87

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
885 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. Kew
(SIGNATURE OF APPLICANT)

APPROVED BY Edith Abdul FOR Stanley French DATE 10/13/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/30/87 - PERCOK/Hold for Plot

BUDG. PERMIT SIGNED
AND RETURNED 10/13/88
BP 20920 8X

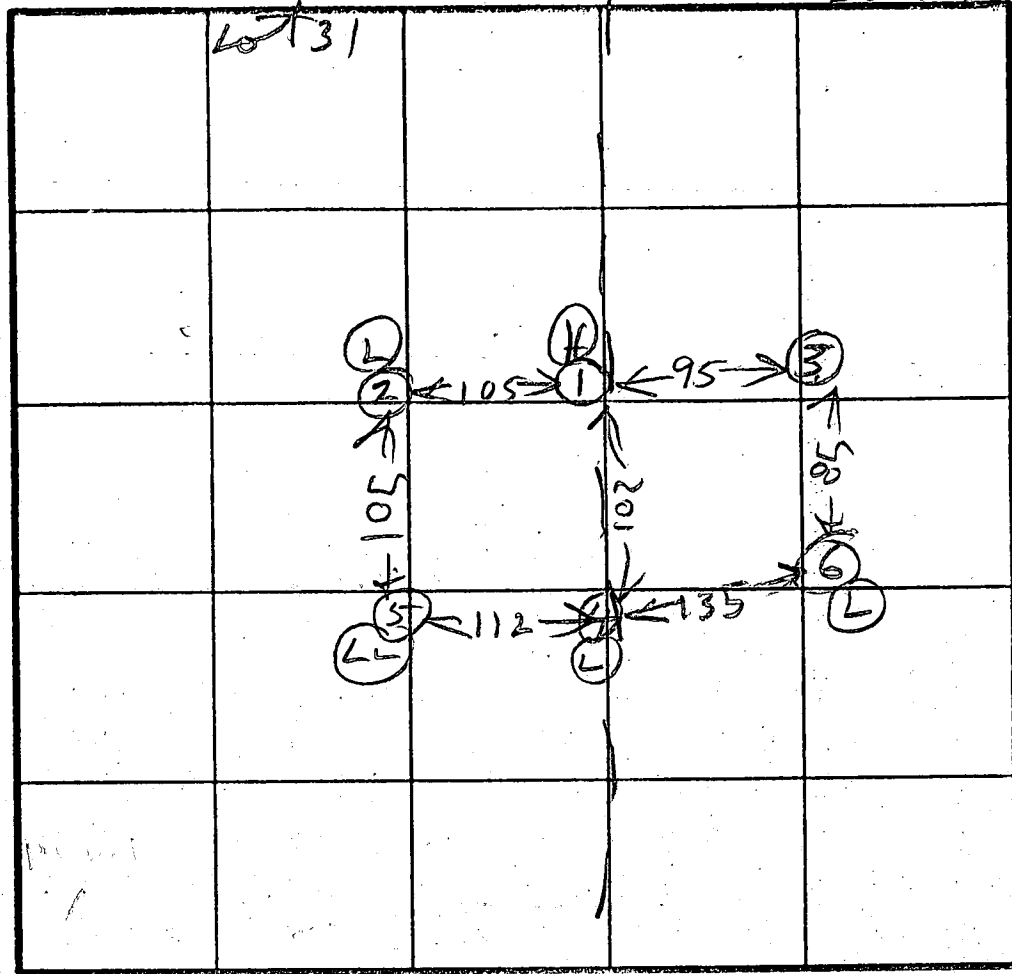
THIS IS NOT A PERMIT

Lot 31
Copy
on sheet 30

Lot 32

SOIL PROFILE

clay
Brown
Sand
Loam
5%
Saprophyte



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

3
Brown Clay
Brown
Sand
Loam
5%
Saprophyte

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/30/87	1S	3.5	154	159	159	206	7
	1P	7	154	158	158	203	5
	1V	11	OK				
	2V	11.5	OK				
	3V	11	OK				
	4S	3	212	214	214	220	4
	4V	12.5	OK				
	5S	3	213	217	217	221	5
	5V	11.5	OK				
	6S	3	223	228	228	231	3
	6V	10.5	OK				

X Perce
Smin
187 1/2
INLOT 3 1/2
BOTTOMS 1/2

4
CLAY
Light
Brown
Sand
Loam

5
clay
light
loam
sand
brown

REMARKS 4/30/87 Lot lines changed & Perce Area

TYPE OF SOIL changed from Original Test Plot

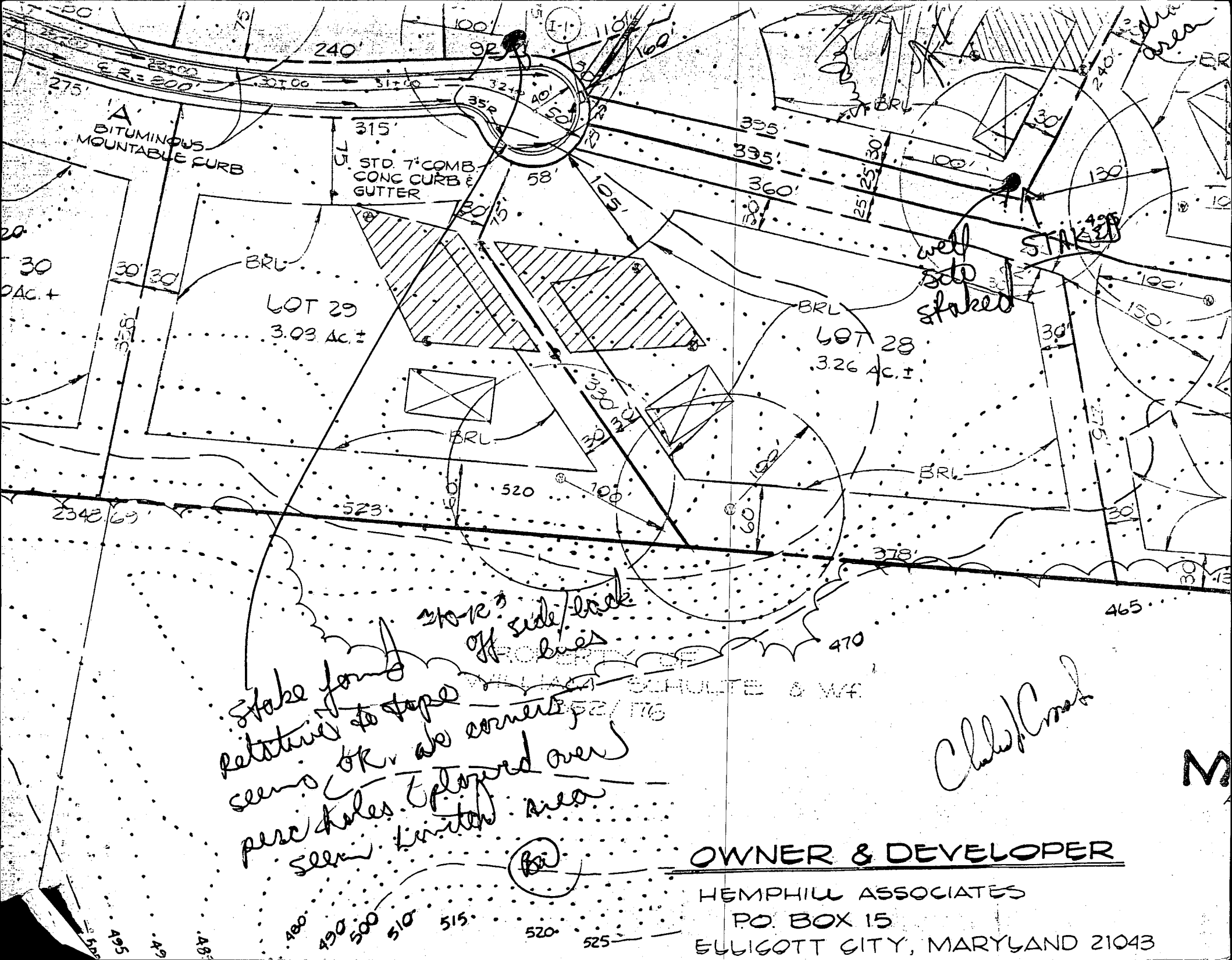
TESTED BY B J Todd

ALSO PRESENT Mike Surveys
Alan Backhoe
17 ave Backhoe

20, 21, 28, 29, 30, 31, 3

33, 34, 35, 36, 3



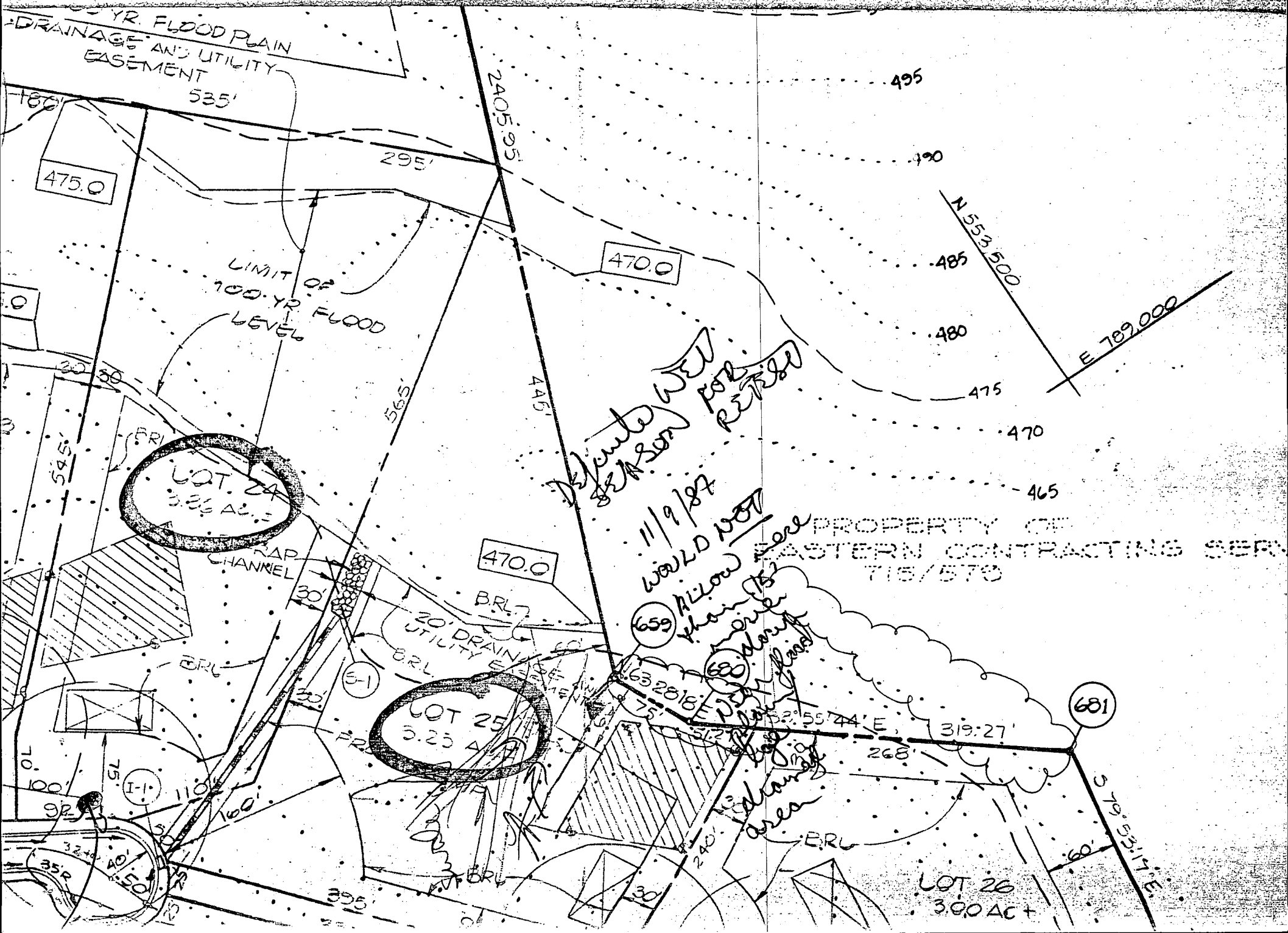


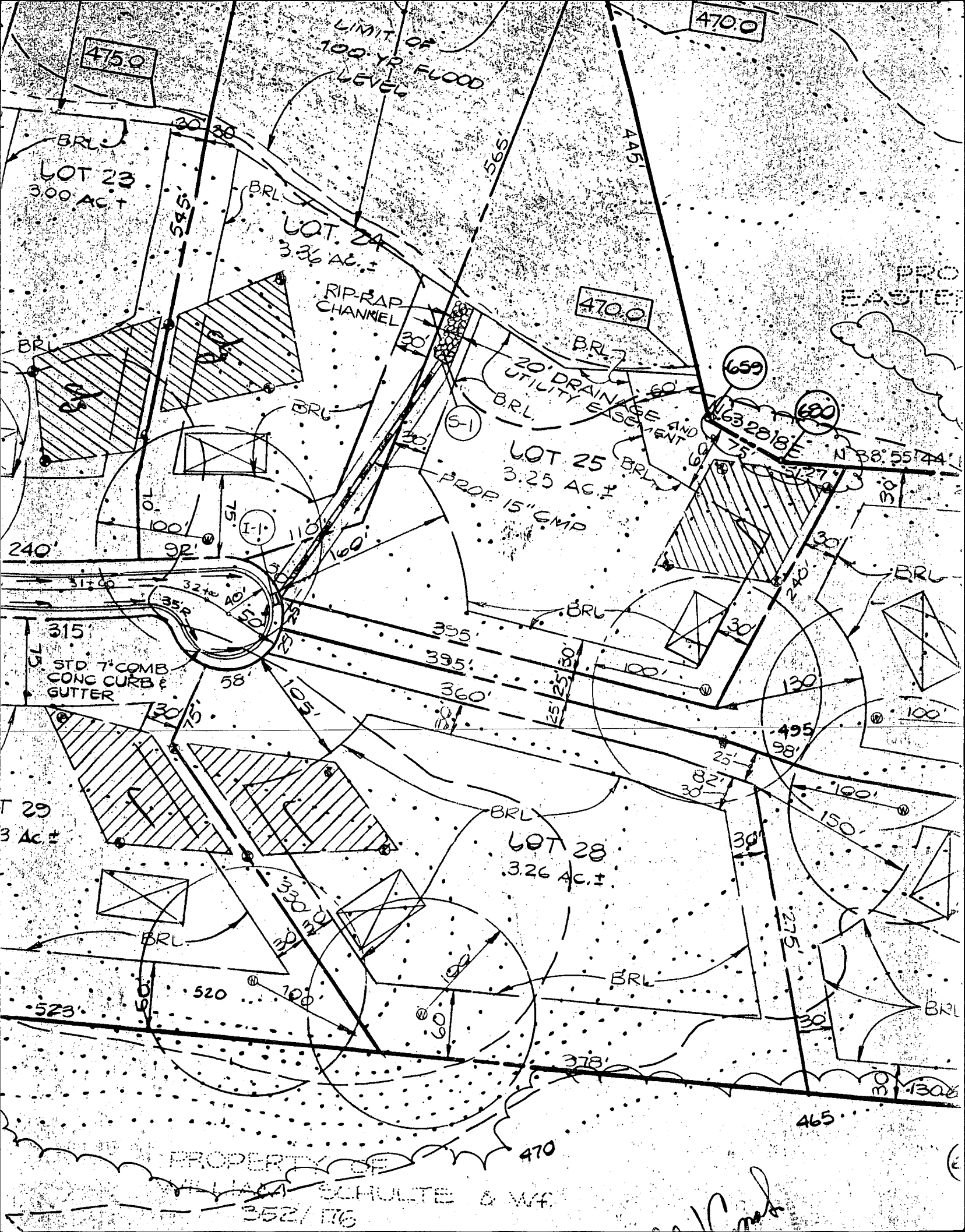
Stake found
relative to tape
seems OK, as corner
points (plotted over)
seem limited area

(bi)

OWNER & DEVELOPER

HEMPHILL ASSOCIATES
PO. BOX 15
ELLIGOTT CITY, MARYLAND 21043





PERCOLATION TEST DATA				
NO. LOT	PREVIOUS LOT NO.	AVERAGE PERG. 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 PERG. TEST	
			INLET	BOTTOM
5	3	13	4.5	65
6	11	12	4.0	70
7	12	9	3.0	50
8	13	9	3.0	50
9	16	9	3.0	50
10	15	9	3.0	50
11	14	13	3.0	50
12	17	6	3.0	50
13	18	7	3.0	50
18	22	5	3.0	50
19	25	9	3.0	50
38	48	12	3.0	50
39	47	8	3.0	50
40	46	8	3.0	60
41	3	20	3.0	60
42	2	14	3.0	60

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

Chief Engineer

Signed

FILE COPY

PRELIMINARY PLAN MORGAN STATION

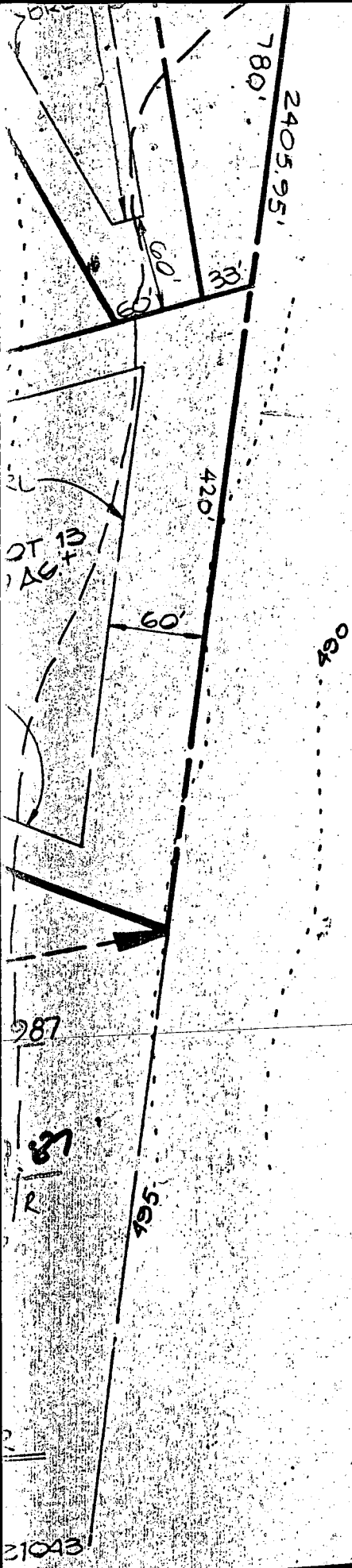
A RESUBDIVISION OF LOT 3
THE SOUTHERN STATION
LOTS 5-42

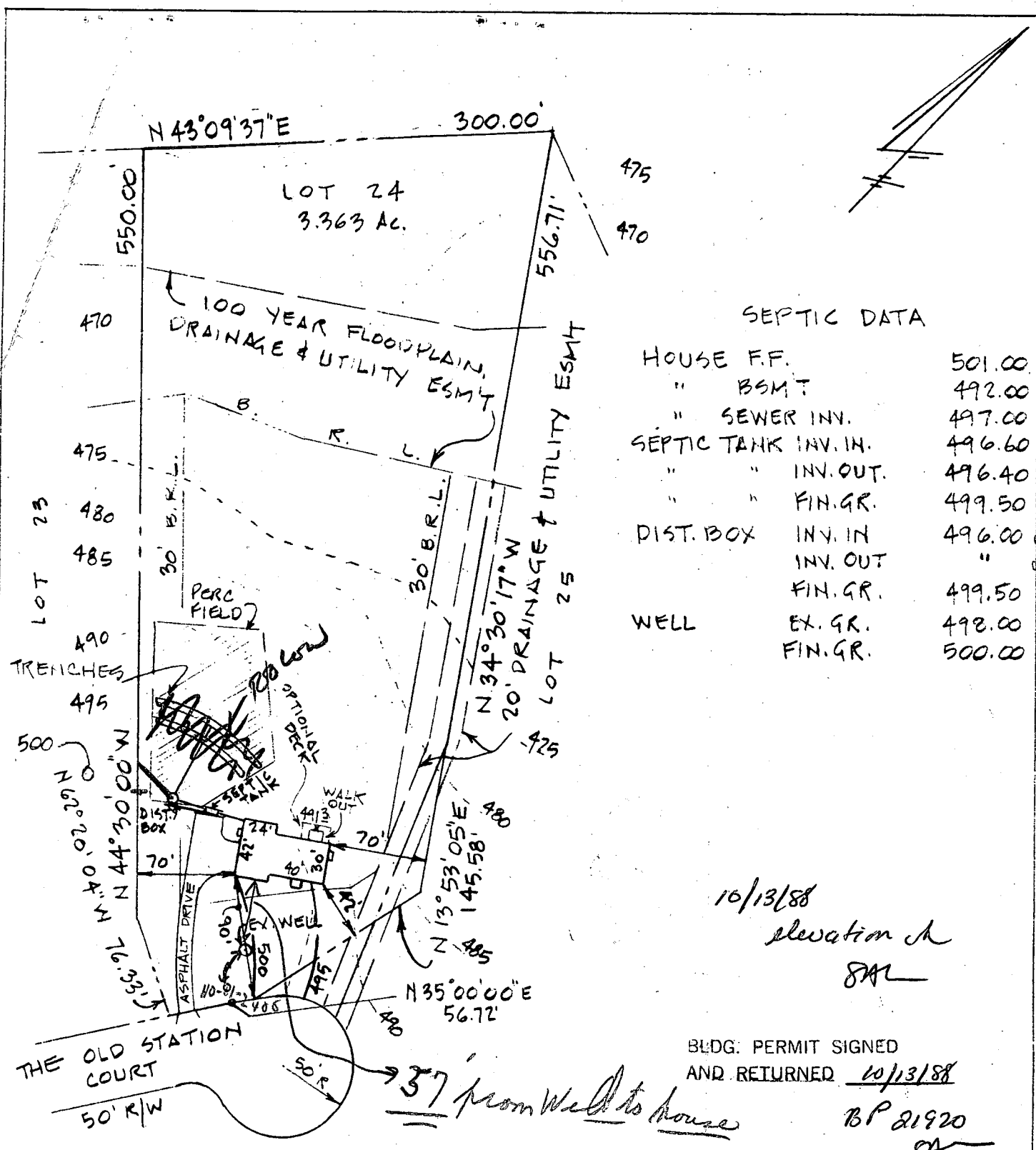
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 3, PARCEL 9 & 11

SCALE: 1" = 100' NOVEMBER 23, 1987

SHEET 1 OF 2 S-88-06

P88-25





SEPTIC DATA

HOUSE F.F.	501.00	
" BSM T	492.00	
" SEWER INV.	497.00	
SEPTIC TANK INV. IN.	496.60	
" INV. OUT.	496.40	
" FIN. GR.	499.50	
DIST. BOX INV. IN	496.00	
" INV. OUT	"	
" FIN. GR.	499.50	
WELL EX. GR.	498.00	
" FIN. GR.	500.00	

10/13/88
 elevation A
 SA

BLDG. PERMIT SIGNED
 AND RETURNED 10/13/88
 BP 21920
 SA

37' from Well to house

RECORD PLAT NO 7825 RECORDED 5/13/88
 588-06 P88-25 F88-132

ENGINEER
 John L. Schneider
 100 N. Rolling Road
 Catonsville, Md
 744-1945 21228

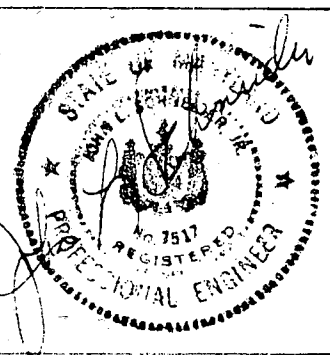
GRADING STUDY

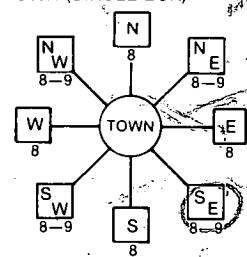

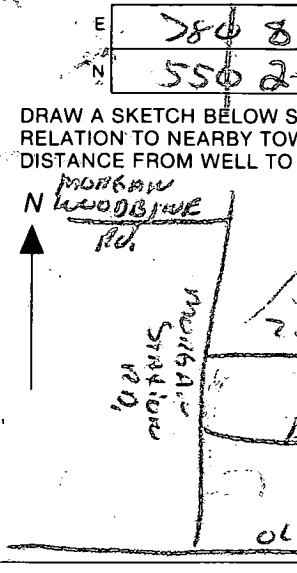
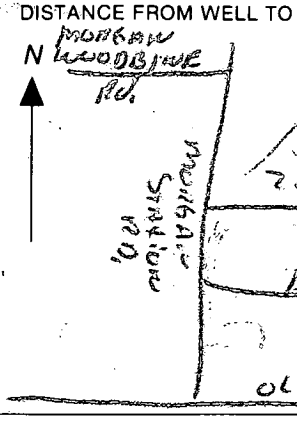
LOT 24 "MORGAN STATION"

Fourth Election District
 Howard County, Md.

Scale 1" = 100'

October 16, 1988



B 1 7394	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-2400
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		70 71 72 73 74 75 76 77 78 79 fill in this form completely	
Date Received 102983		B 3 LOCATION OF WELL	
OWNER INFORMATION 8 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 H E M P H I L L E A S S O C 15 Last Name Owner First Name 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 8300 MAIN STREET 36 Street or RFD 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 ELLICOTT CITY MD 21043 57 Town 70 State 72 Zip 76		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 H O L A R D 8 COUNTY: MORGAN T H E S E N T I N E L S T A T I O N 23 SUBDIVISION SECTION 44 46 LOT 24 48 50 W O O D B Y N E 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
DRILLER INFORMATION Driller's Name Ralph Mayne 273 77 License No. 80 Firm Name RALPH MAYNE (WELL DRILLERS) Address 9120 Brown Church Rd. NW. Arlington Signature Ralph Mayne 10/29/87 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD QUICK COURT RD. 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 2800 37 DISTANCE FROM ROAD ENTER FT or MI F	
B 2 WELL INFORMATION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A 38732 OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 11/10/87 CO SIGNATURE R. Wilson EXP. DATE 05/10/88 NORTH GRID 552000 EAST GRID 0788000 50 55 57 63	
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) 22 <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)		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 	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		11/10/87 WELL GRANT OK SEE OTHERS IN BIT	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30. AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37. CABLE REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-81-2400 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G A P 54 63 FORCE G WRITE INITIALS IN BOX PERMIT NO. HO-81-2400 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS 465-5655 NEEDED FOR PRELIM APPROVAL			

4/20/87
1220 hr

- ① 50 ft cunn
- ② 13 bags
- ③ 40 ft open hole
- ④ Got information from Dr. Mayne
arrived after grout
- ⑤ Locator ?

C1	2007	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER A 38732

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
	11/20/82	22 205 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL"
OWNER ASSOCIATES		last name	HENPHILL
STREET OR RFD MORGAN STATION ROAD		TOWN	WOODBINE
SUBDIVISION MORGAN STATION		SECTION	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	Check if water bearing
	FROM	TO
Top Soil	0	2
Brown Shale	2	40
Brown Shale	40	45
Blue Shale	45	90
Brown Shale	90	95
Blue Shale	95	205

GROUTING RECORD	
WELL HAS BEEN GROUTED	
(Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 13	NO. OF POUNDS 130
GALLONS OF WATER 28	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 40+ ft.	
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
STEEL CONCRETE PLASTIC OTHER	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
P L 6 50	
OTHER CASING (if used)	
diameter inch depth (feet) from to	
SCREEN RECORD	
screen type or open hole insert appropriate code below	
STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER	

C 3
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 41
WHEN PUMPING 23
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

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. 223	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2
DEPTH (nearest ft.)
48 205
EACH SCREEN
1 2 3
4 5 6
7 8 9
10 11 12
13 14 15
16 17 18
19 20 21
22 23 24
25 26 27
28 29 30
31 32 33
34 35 36
37 38 39
40 41 42
43 44 45
46 47 48
49 50 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60
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.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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.)	
GASING 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)	

13 BAYS 50 ft

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 ☒
Replacement ☐

Receipt # 43908
Date 3/30/89

Name of Installer CLARKE P+H INC

Telephone 489-4029

License Number 3808

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc

Telephone 442-1133

Subdivision Morgan Station Lot # 24

Well Tag # _____

Site Address 885 The Old Station Ct

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make Goulds
3. Model # _____
4. Capacity _____ GPM

Motor

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

Pitless Adapter

1. Make _____
2. Model # PT 800
3. Depth _____

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 665A1
2. Pressure relief valve? 7516

Piping

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

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Benneth C. Clarke

Date: 3-27-89

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