

11/14/89 pm
call from Snow
at 3pm.

04-347706

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45198

A 38740

DATE 11/8/89

DATE SYSTEM APPROVED 11-14-89

INSPECTOR JEN

INDEXED

Andy Snow IS PERMITTED TO INSTALL ☒ ALTER ☐
ADDRESS 14196 Frederick Road, Cooksville, Maryland PHONE 854-6190
SUBDIVISION Morgan Station ROAD 866 The Old Station Ct LOT 32
PROPERTY OWNER Lynn Scott Eash PHONE: 381-4900
ADDRESS

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

210
3 (840)
260 ft trench

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 - Start the first trench 200 feet from the front lot line and 100 feet from the left lot line. Run trenches along contour toward right side of property.

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

PLANS APPROVED BY C. Williams DATE 11/25/88

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 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

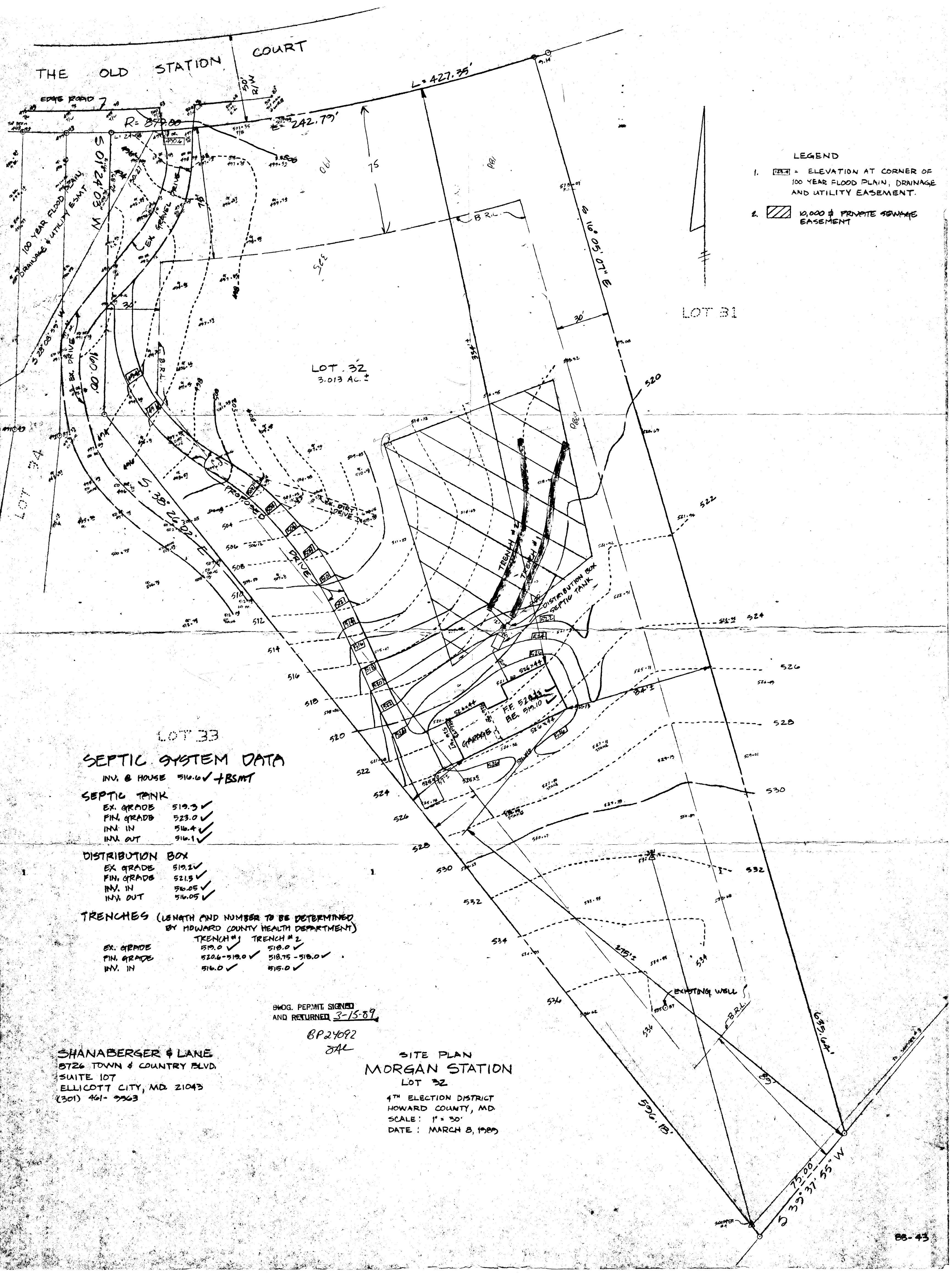
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 7-27-98
Serial # B70113210
2-story addition
Master Bedroom

38740

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



LEGEND

1. [Symbol] = ELEVATION AT CORNER OF 100 YEAR FLOOD PLAIN, DRAINAGE AND UTILITY EASEMENT.
2. [Symbol] = 10,000 # PRIVATE SEWAGE EASEMENT

SEPTIC SYSTEM DATA

INV. @ HOUSE 516.6 ✓ +BSMT

SEPTIC TANK

EX. GRADE 519.3 ✓
FIN. GRADE 523.0 ✓
INV. IN 516.4 ✓
INV. OUT 516.1 ✓

DISTRIBUTION BOX

EX. GRADE 519.2 ✓
FIN. GRADE 521.5 ✓
INV. IN 516.05 ✓
INV. OUT 516.05 ✓

TRENCHES (LENGTH AND NUMBER TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPARTMENT)

EX. GRADE	FIN. GRADE	INV. IN
519.0 ✓	520.6-519.0 ✓	516.0 ✓
518.0 ✓	518.75-518.0 ✓	515.0 ✓

BMOG. PERMIT SIGNED
AND RETURNED 3-15-89

BP24092
JAL

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 107
ELLICOTT CITY, MD 21043
(301) 461-9963

SITE PLAN
MORGAN STATION
LOT 32

4TH ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1" = 30'
DATE: MARCH 8, 1989

APPLICATION

PERCOLATION TESTING

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

A 38740

P 4

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. Grum & Wife Lynn Scott EASH - 381-4900

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

LOT 32 Prelim 10-21-87

SUBDIVISION Morgan Station (Grum Property) LOT NO. 38

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd

866 The Old Station Ct.

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.

M. S. Rind
(SIGNATURE OF APPLICANT)

APPROVED BY Srd dlnl FOR Standard trench DATE 3-15-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/30/87 Perc OK / hold for Plat B

BLDG. PERMIT SIGNED
AND RETURNED 3-15-89

BP 24092 SIA

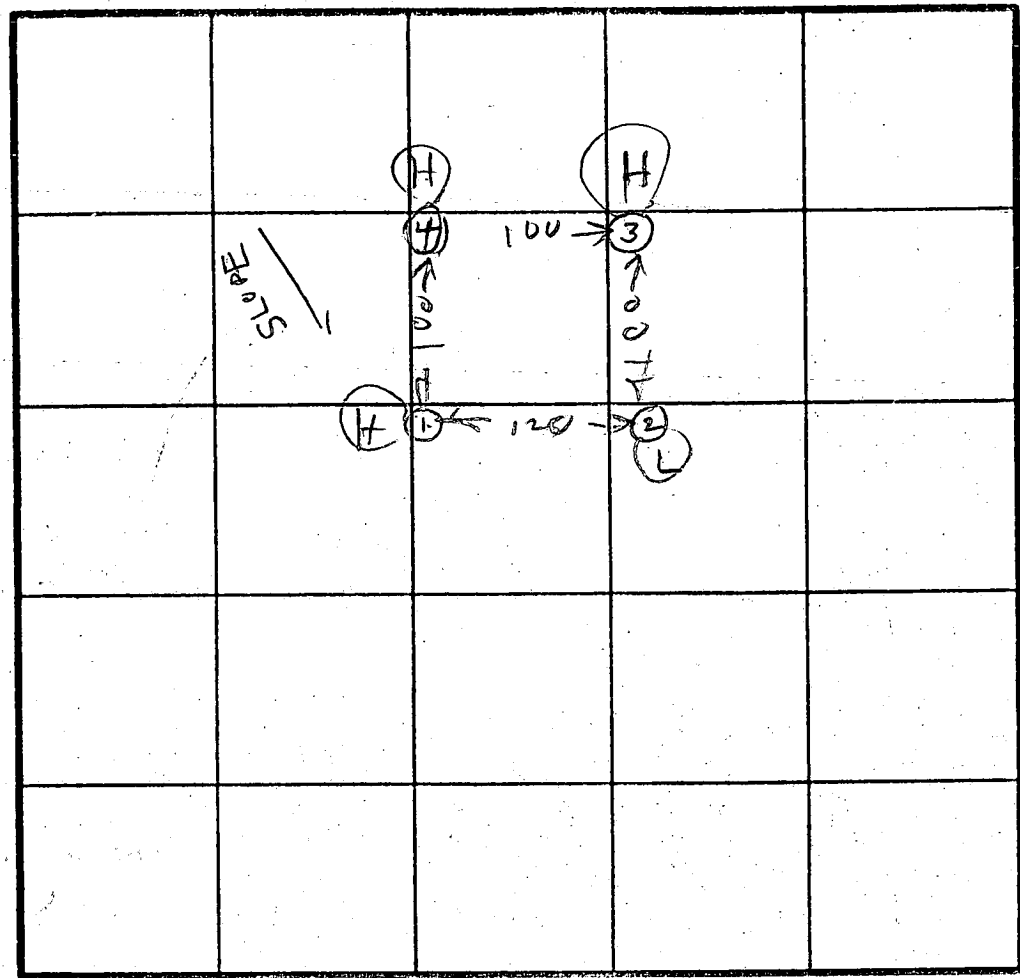
THIS IS NOT A PERMIT

Handwritten notes at top left: "30" and "30"

SOIL PROFILE
 0
 BROWN CLAY
 3
 LIGHT SANDY LOAM
 1070
 SAPRO-LITE

3
 BROWN CLAY
 PINK BROWN SANDY LOAM
 5070
 SAPRO-LITE

4
 CLAY
 3
 BROWN SAND LOAM
 15070
 SAPRO-LITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/30/87	15	4	1143	1146	1146	1159	9
	1V	11	OK				
	25	3.5	1150	1159	1157	1206	9
	2V	10	OK				
	35	4.5	1202	1209	1209	1213	4
	3V	7.5	1202	1211	1211	1224	13
	3V	12	OK				
	4V	11	OK				

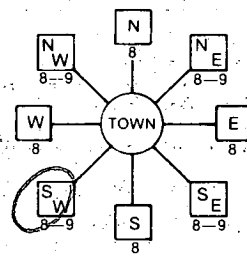
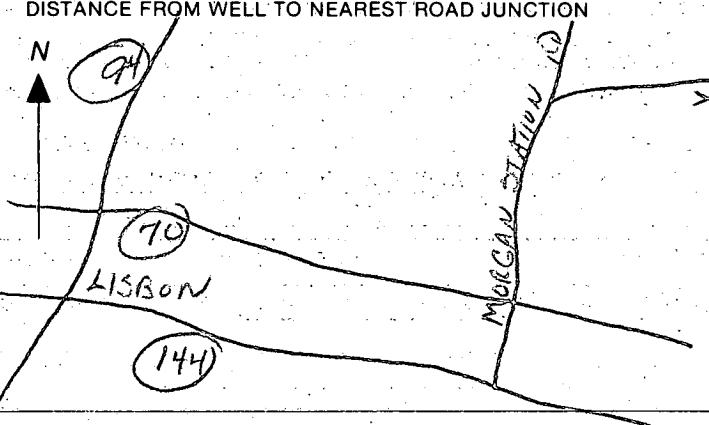
PERC
 9min
 190#/BR
 INLET 8"
 BOTTOM 5"

EH-12-1079

REMARKS: LOT LINES CHANGED FROM ORIGINAL TEST PLAN

TYPE OF SOIL _____ MIKE SORLO

TESTED BY B. HOLLIGES ALSO PRESENT OK

B	1	9774	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 70 71 72 73 74 75 76 77 78 79 </div>
		(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
OWNER INFORMATION Date Received (APA) 01-11-88 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 8 13 <div style="border: 1px solid black; padding: 2px;">EAS H L I N N</div> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name </div> <div style="border: 1px solid black; padding: 2px;">6 H D R L O R I N G D I C</div> <div style="display: flex; justify-content: space-between;"> 36 Street or RFD 55 </div> <div style="border: 1px solid black; padding: 2px;">C O L U M B I A</div> <div style="display: flex; justify-content: space-between;"> 57 Town 70 State 72 Zip 76 </div> </div> <div style="width: 45%;"> LOCATION OF WELL R-42584 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 COUNTY 21 </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SECTION 44 46 </div> <div style="width: 40%;"> LOT 32 </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 52 NEAREST TOWN 71 </div> </div> </div>					
DRILLER INFORMATION George F. Easterday Driller's Name 49 L. Franklin Easterday, Ince 77 License No. 80 9255 Brown Church Rd., Mt. Airy, Md. 21771 Address 9/15/88 Signature Date				LOCATION OF WELL DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NORTH N WEST W SOUTH S EAST E </div> <div style="text-align: center;"> 38 <div style="border: 1px solid black; padding: 2px;">E</div> </div> </div> DISTANCE FROM ROAD 525 ENTER FT or MI FT	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. HOWARD A# 38740 STATE SIGNATURE INSERT S DATE ISSUED 41 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CO SIGNATURE EXP. DATE 100588 4/10/89 </div> <div style="width: 45%;"> NORTH GRID 53 00 00 EAST GRID 07 86 00 00 </div> </div>	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> E 550 786 N 780 553 </div> <div style="text-align: center;"> 000 000 </div> </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 71				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 54 GAP 63 FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS					

C1 0532

SEQUENCE NO.
(DENY USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

R 38740

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

1110888

22 200 26
(TO NEAREST FOOT)60-88-0308
28 29 30 31 32 33 34 35 36 37OWNER ERIK LYNN

STREET OR RFD

last name

first name

TOWN

LISBOW

SUBDIVISION

MARCON STATION SECTION

LOT

32

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 15 NO. OF POUNDS 1500GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 54 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER

MAIN Casing TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

60	61	63	64	66	67	68	69	70
----	----	----	----	----	----	----	----	----

OTHER CASING (if used)

diameter (inches) depth (feet) from to

EACH CASING

screen type
or open holeinsert
appropriate
code
below

SCREEN RECORD

ST	BR	HO
STEEL	BRASS	OPEN HOLE
PL	OT	
PLASTIC	OTHER	

C 2

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 (NEAREST INCH)

from to

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

70

72

74 75 76

TELESCOPE

LOG

OTHER DATA

CASING

INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE Buchholz

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41WHEN PUMPING 107

TYPE OF PUMP USED (for test)

A	P	T
air	piston	turbine
C	R	O
centrifugal	rotary	other (describe below)
J	S	
jet	submersible	

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NOIF 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)

+	above
-	below

 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)CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 40DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

COUNTY

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0208
Location of property (road) THE OLD STATION ROAD
Subdivision MORGAN STATION Lot 32 Block - Plat - Sec. -
Well Driller G. EASTERDAY Owner L. EASH

Depth of well 200 ' 76 PM
Distance of measuring point (M.P.) above ground 1 '
Static water level (S.W.L.) below M.P. 41 '

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 G.P.M.
Total time 30 min to reach pumping water level 107 ft. below M.P.

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

HD-224

4/16/89
Contacted
Plumber
11-17-89 will
send in permit. JEN

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 # 45260
Date 11/22/89

Name of Installer WM. CUMBERLAND

Telephone 854-6838

License Number ~~249~~ 249

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Lynn Scott Eash

Telephone 381-4900

Subdivision MANSION STATION Lot # 32

Well Tag # HD-88-0208

Site Address 866 The Old Station CT

Pump

1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

Motor

1. Horsepower 3/4
2. RPM ☐
3. Voltage ☐
a. 110 ☐
b. 220 ☒

Pitless Adapter

1. Make ☐
2. Model # ☐
3. Depth ☐

2. Make Wagner
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

1. Capacity 80
2. Pressure relief valve? Yes

Piping

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

Well data

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

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).

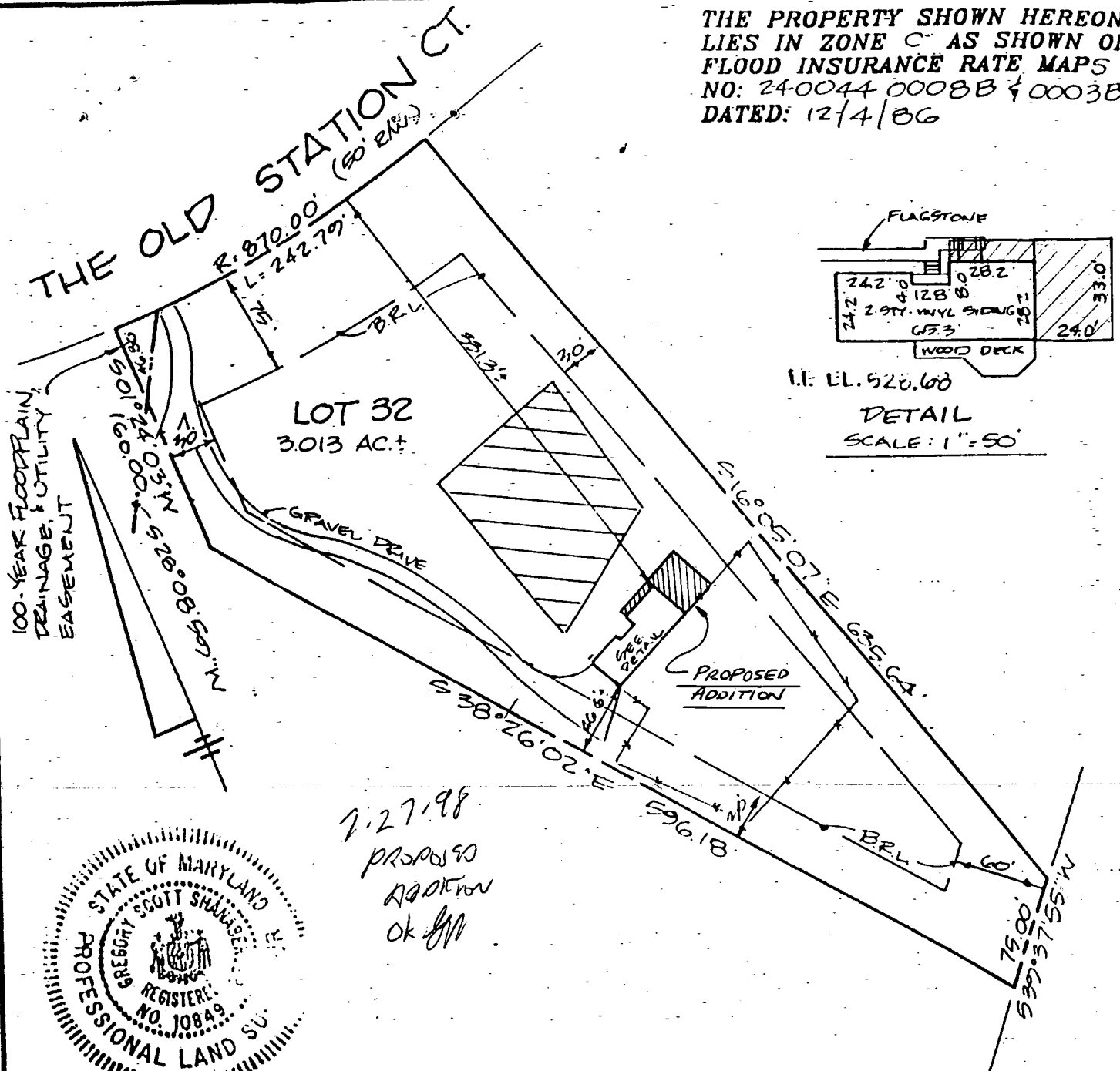
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 11/22/89

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

THE PROPERTY SHOWN HEREON
LIES IN ZONE C AS SHOWN ON
FLOOD INSURANCE RATE MAPS
NO: 240044 0008B & 0003B
DATED: 12/4/86



I HEREBY CERTIFY THAT I HAVE LOCATED
THE IMPROVEMENTS AS SHOWN. THIS PLAT
DOES NOT REPRESENT A BOUNDARY SURVEY
AND CANNOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

Gregory Scott Shanaberger 2/8/94
SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 104
ELLICOTT CITY, MD. 21043
(410)461-9563 FAX:461-9693

AS-BUILT CERTIFICATION

LOT 32
"MORGAN STATION"

LOTS 5-42, SHEET 6 OF 6
PLAT # 7826

ELECTION DISTRICT: 4

COUNTY: HOWARD

SCALE: 1" = 100' REV. 4/7/95 - ADD

DATE: 7/28/94 F.F. ELEVATION