

Tax ID - 04-355369

HOUSE CONNECTION REQ'D.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48157

A 47769

DISTRICT _____

DATE 5/27/92

DATE SYSTEM APPROVED 6/21/93

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Schroyer Farm LOT Tenant House B ROAD 1225 Emmama? Morgan Station Road

PROPERTY OWNER Charles W. Schroyer

ADDRESS 1245 Morgan Station Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

BLDG. PERMIT SIGNED
AND RETURNED 5/18/95
Serial # 59706 -
Inground prod

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 89 feet below original grade. Effective area begins at 4 feet below original grade. 54 feet of stone below distribution pipe.

LOCATION - Start the first trench at either of the high holes. Run trenches on contour toward the other high hole.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/8/92 RJA

REVISED D60TH OK CW

PLANS APPROVED BY Mark Rifkin/ C. Williams REVISED _____ DATE 3/13/92
4/28/92

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

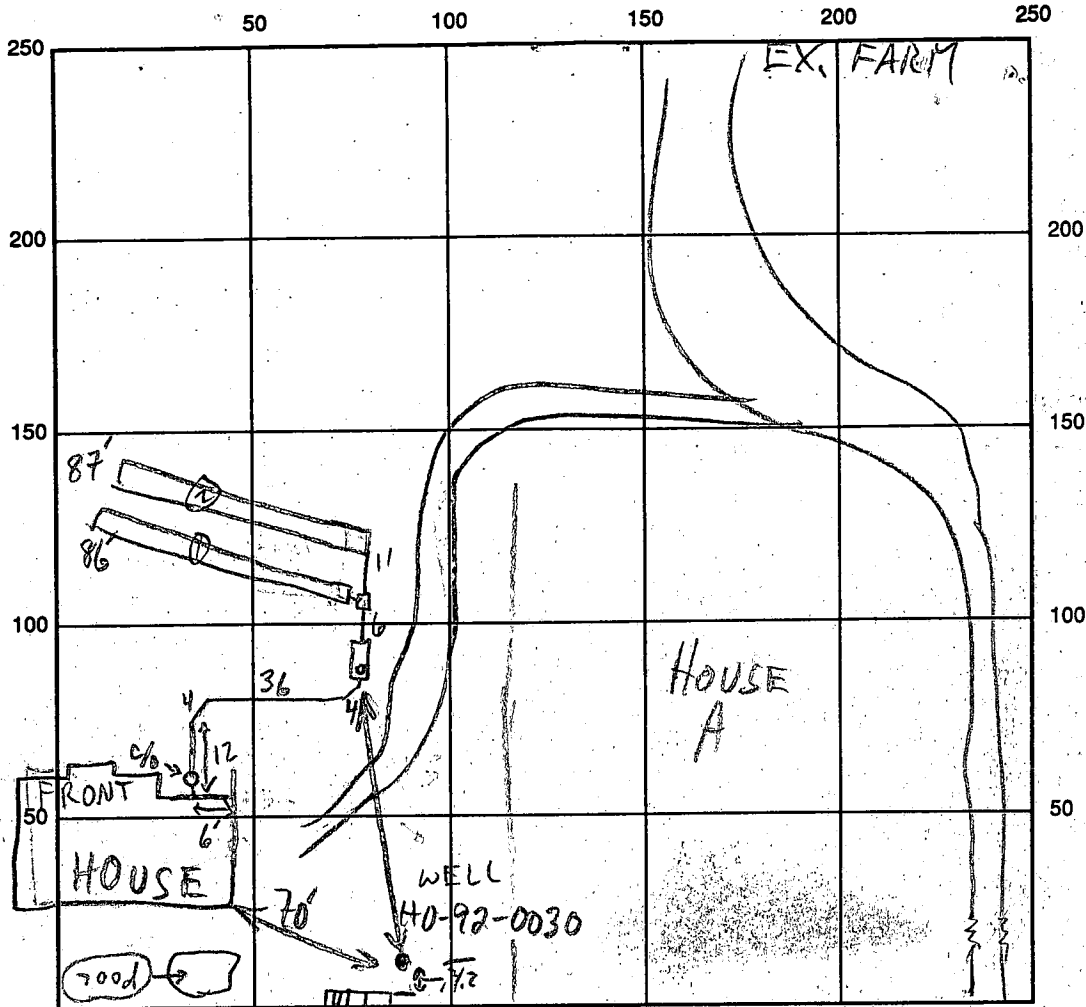
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 6/15/95
Serial # 60206 -
Storage Shed

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

A 47769

5/21/92
5/22/92
~~5/23/92~~ 6/21/93



MORGAN STA. RD. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1\frac{1}{2}}{4\frac{1}{9}}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1\frac{1}{2}}{4\frac{1}{4}}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1\frac{1}{2}}{5\frac{1}{5}}$ FT. TOTAL LENGTH $\frac{1\frac{1}{2}}{86\frac{1}{87}}$ FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA $\frac{1\frac{1}{2}}{430\frac{1}{435}}$ SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 865 SQ. FT.

REMARKS: 5/22/92 OK TO COVER S.T. & TRENCHES; HOLD
FOR HOUSE CONN. COMPLETION MR
6/21/93 HOUSE CONN OK MR

DATE SYSTEM APPROVED 6/21/93 INSPECTOR M. Ripkin

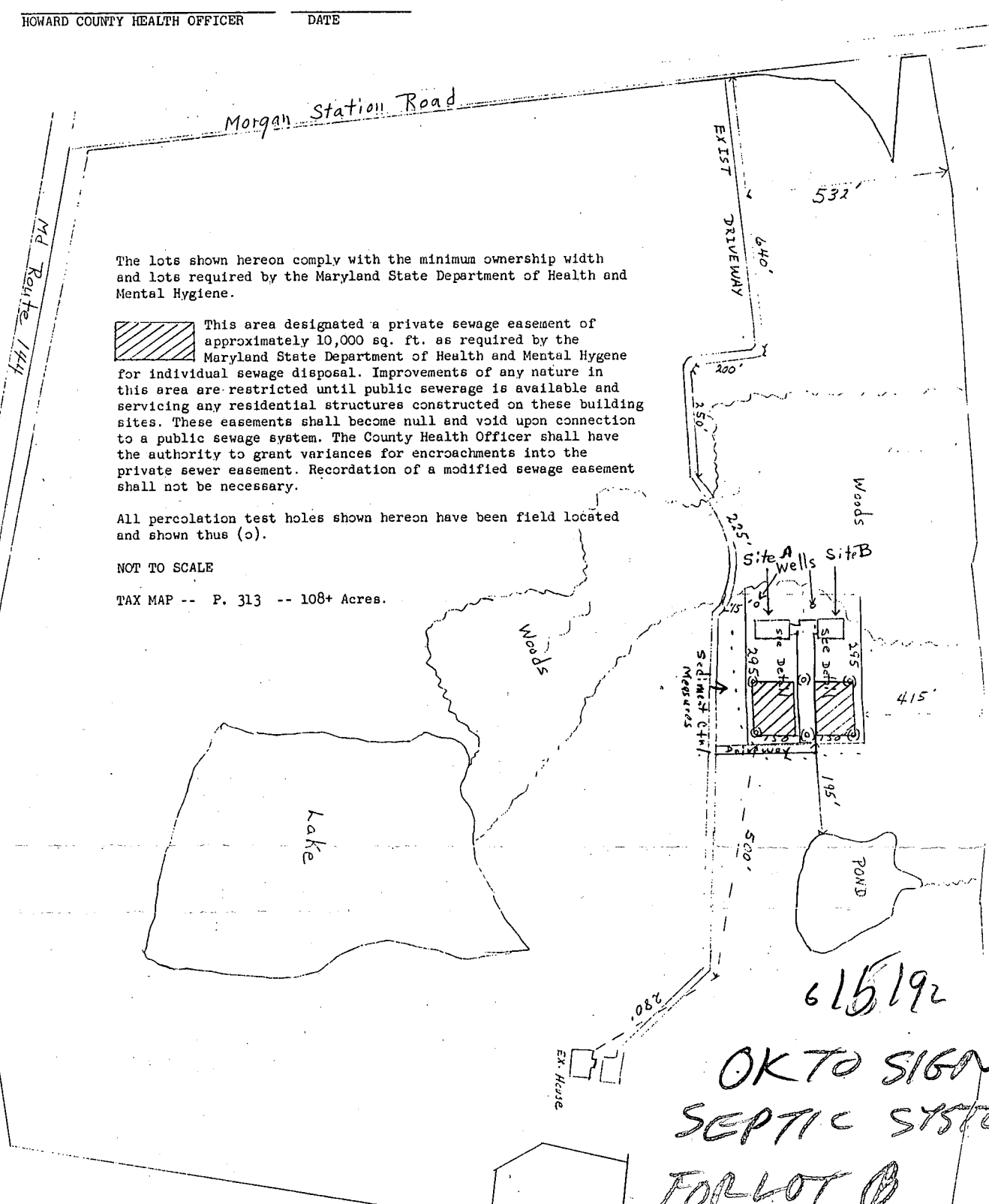
APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

I CERTIFY THAT LOCATIONS ARE ACTUAL & CORRECT TO THE BEST OF MY ABILITY.

Charles A. Scheyer
 OWNER

March 15, 1992
 DATE

HOWARD COUNTY HEALTH OFFICER _____ DATE _____



The lots shown hereon comply with the minimum ownership width and lots required by the Maryland State Department of Health and Mental Hygiene.

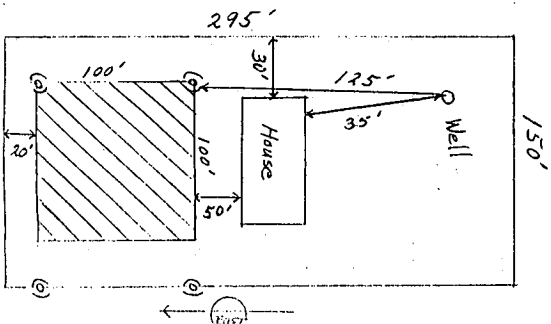
This area designated a private sewage easement of approximately 10,000 sq. ft. as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on these building sites. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewer easement. Recordation of a modified sewage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus (o).

NOT TO SCALE

TAX MAP -- P. 313 -- 108+ Acres.

615192
 OK TO SIGN
 SEPTIC SYSTEM
 FOR LOT B
 STARTED
 & WELL COMPLETED
 RH
 BP 43177



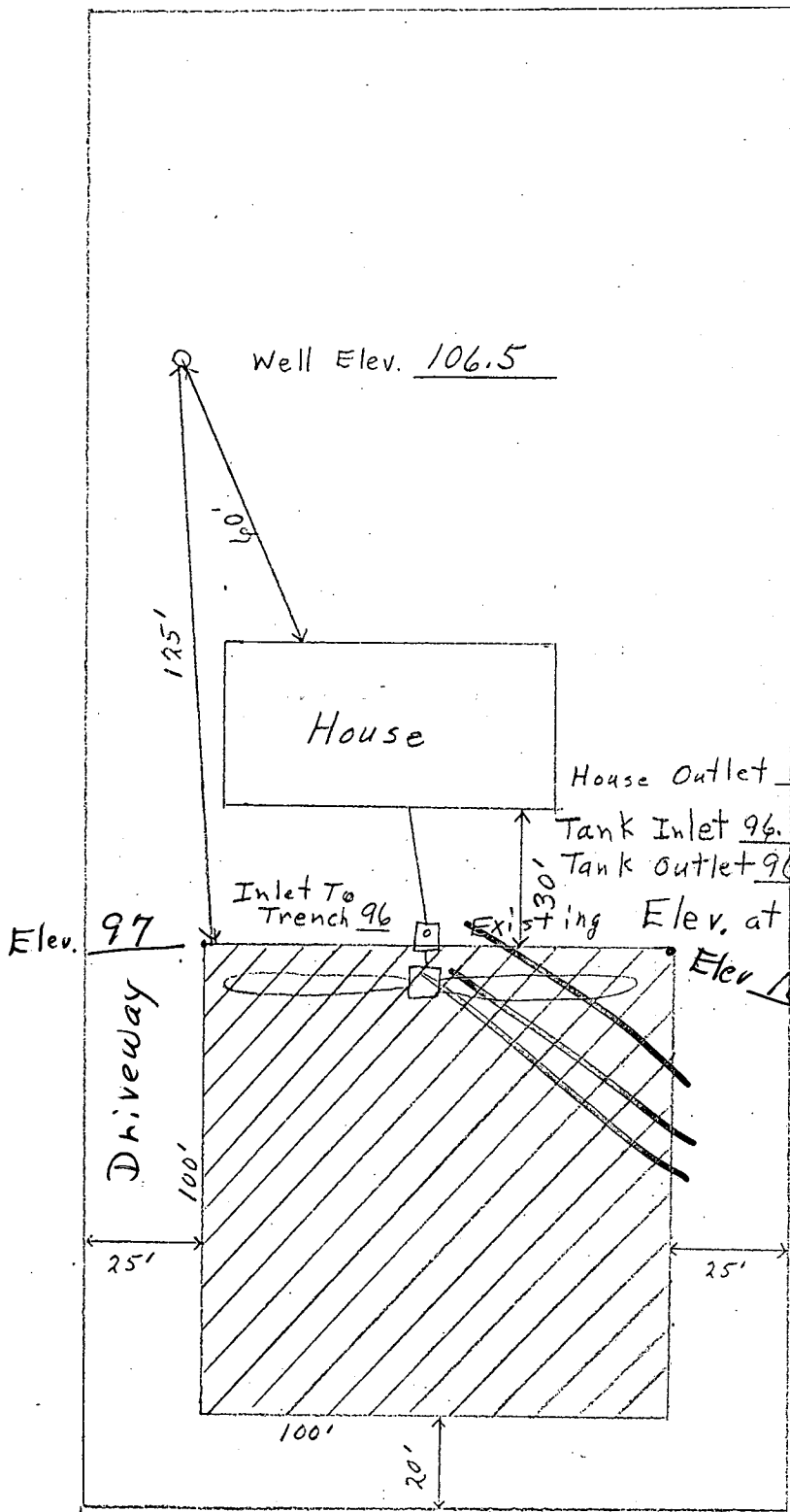
Site Detail (Typ.)

Elevation Drawings For Building Permit Approval

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

Charles W. Schroyer Property -- Site B

92 APR 30 AM 10:29



First Floor Elev. 108.21

Basement Elev. 98.3

House Outlet 97.1

Tank Inlet 96.6

Tank Outlet 96.3

Existing Elev. at Trench 100

Elev. 97

Elev 103

(CBP NOT YET SUBMITTED)

APPROX. TRENCH ORIENTATION
ELEVATIONS OK
4/30/92 CWL

BP Not yet submitted
Per CW

I certify that the above measurements are actual and correct for this property.

Charles W. Schroyer

Charles W. Schroyer

3/9/92 10:00

APPLICATION

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

PERCOLATION TESTING

Not Wet Season

PREVIOUS OK

TENANT HOUSE NOT SUBD.

200 RESTRICTION SEPTIC TO

A 47769

P _____

DISTRICT _____

DATE 1/27/92

TO SEPTIC,
c.w.

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 Charles W. Schroyer

ADDRESS 1245 Morgan Station Road, Woodbine, Md 21797 PHONE 301 854-6217

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Schroyer Farm LOT NO. House B

ROAD AND DESCRIPTION 1225 Morgan Station Road

TAX MAP 8 PARCEL # P313

SIZE OF LOT TENANT HOUSE TYPE BLDG Single Family
(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.

Charles W. Schroyer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC OK - HOLD FOR PERC CERT MR 3/0/92

BLDG. PERMIT SIGNED

AND RETURNED 6/6/92

Serial # 43177

Tenant House - 4 Bedrooms

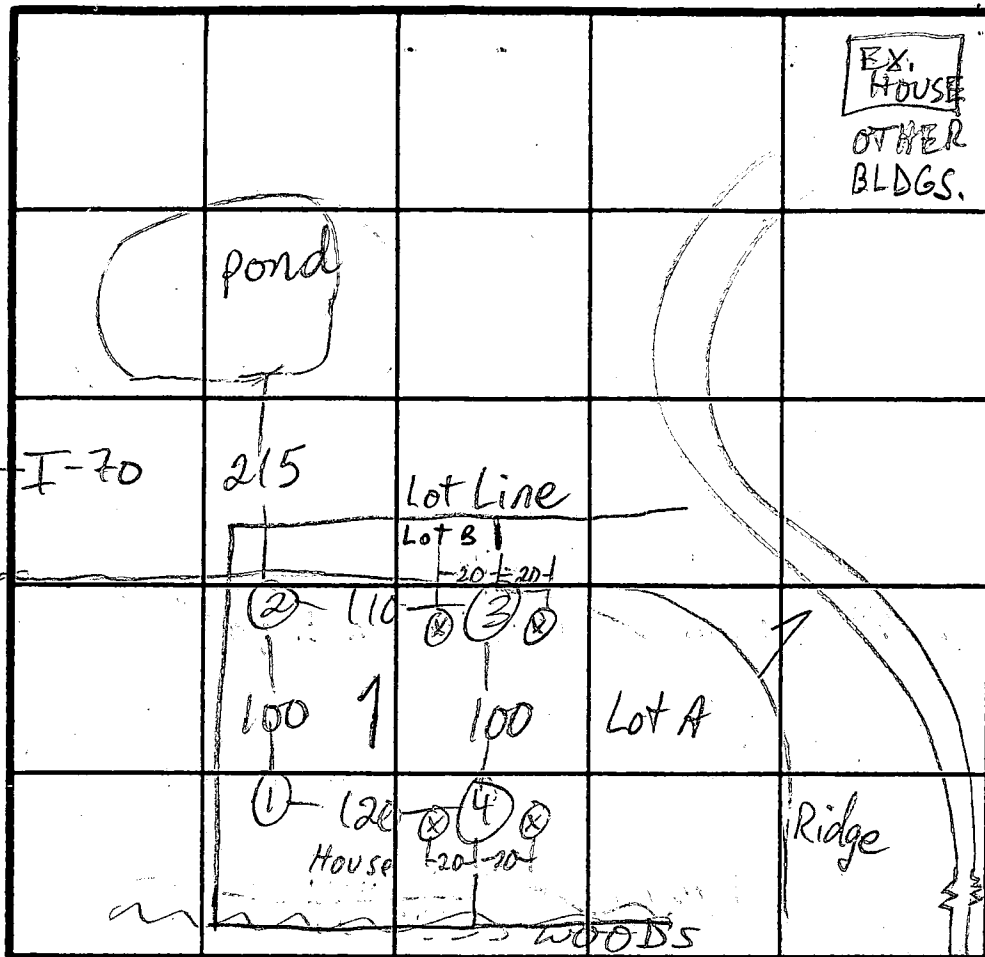
HD-216

THIS IS NOT A PERMIT

Lot B
A47769

ALL HOLES
SOIL PROFILE

0-3
0-9 brn
sa ct
loam
3-6
tan
brn
sa lm
10-15%
shale &
other
13-13 1/2
Fraggs



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MORGAN STA. RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/9/92	1 S	3 1/2	11:38	11:41	11:41	11:49	8
	1 V	13	see profile				
	2 S	4 1/2	11:20	11:34	11:34	11:43	9
	2 V	13 1/2	see profile				
	3 S	6 1/2	10:46	10:53	10:53	11:18	25
	3 V	13 1/2	sim to profile		5-6" clay		
	4 S	4	11:02	11:10	11:10	11:29	19
	4 V	13	see profile				
	4 M	8	11:30	11:32	11:32	11:36	4

REMARKS HOLES ① & ② PER PLAN, ③ & ④ NOT PER PLAN

TYPE OF SOIL

TESTED BY

M. Ripkin

ALSO PRESENT

Ricky & Kenny

Charles F. Schaper
 OWNER
 854-6217

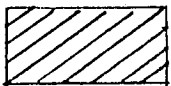
March 10, 1992
 DATE

[Signature]
 HOWARD COUNTY HEALTH OFFICER MR
 3-11-92
 DATE

Morgan Station Road

MD Route 144

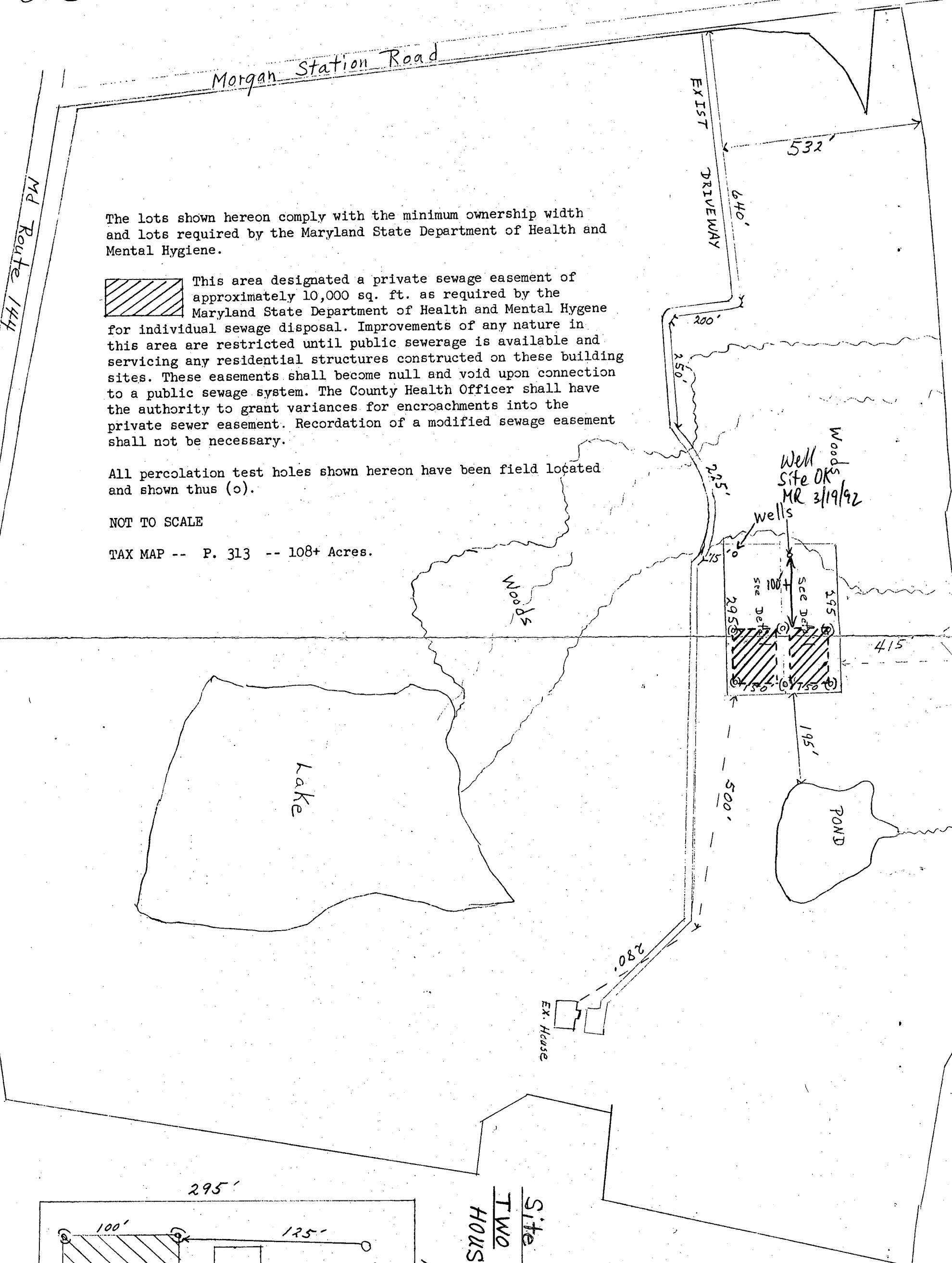
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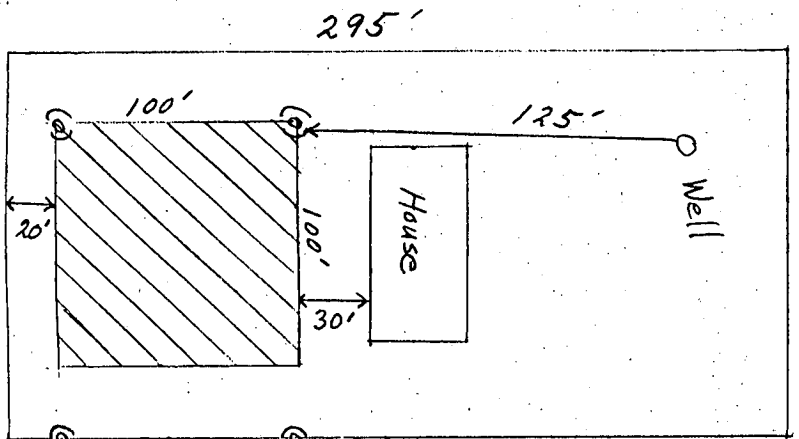
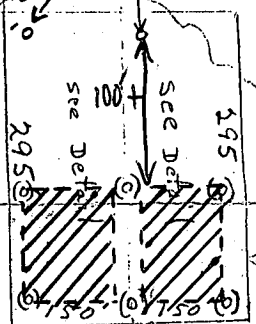
All percolation test holes shown hereon have been field located and shown thus (o).

NOT TO SCALE

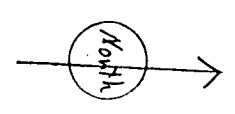
TAX MAP -- P. 313 -- 108+ Acres.



Woods
 Well Site OK
 MR 3/19/92



Site Detail (TYP.)
 TWO PROPOSED
 HOUSE SITES



6/14/95 Hold
 Should be Water Well 10'±
 from SHED

B.P. # 60206

AS BUILT

ON FARM

Van
 Hood

6/14/95
 6/14/95

To water well
 Thanks

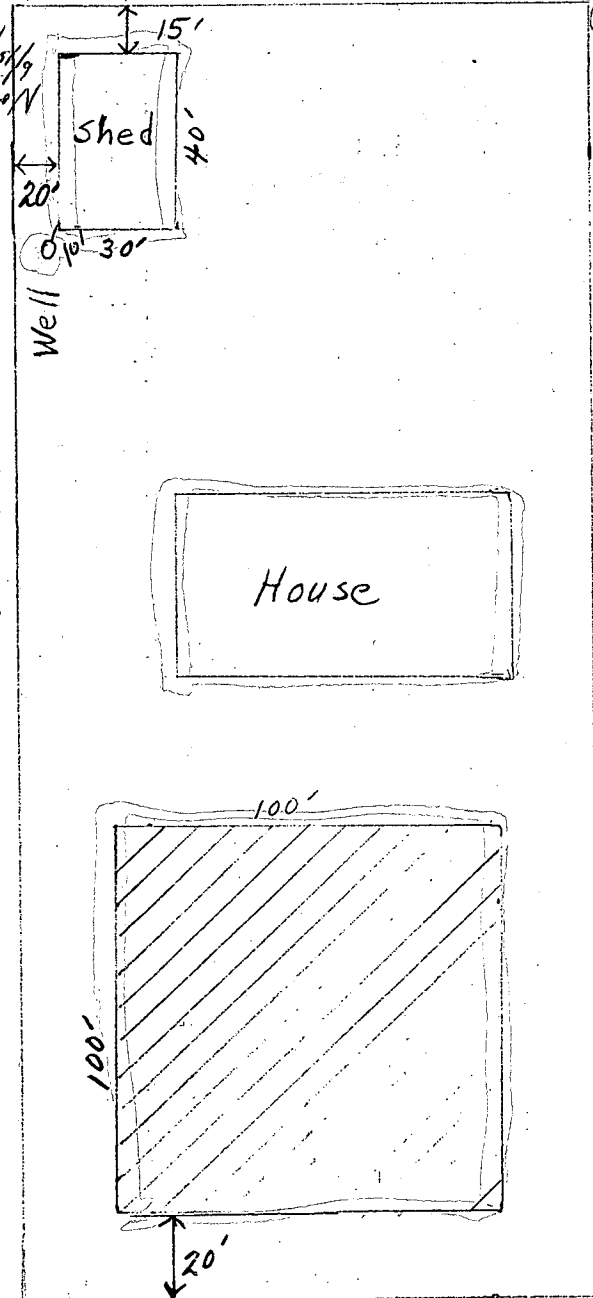
①
 ②
 on station
 the above

6/15/95

LOT B per

at site
 Barn completed

Persephone keep with
 Note Water Well on lot
 6/14/95



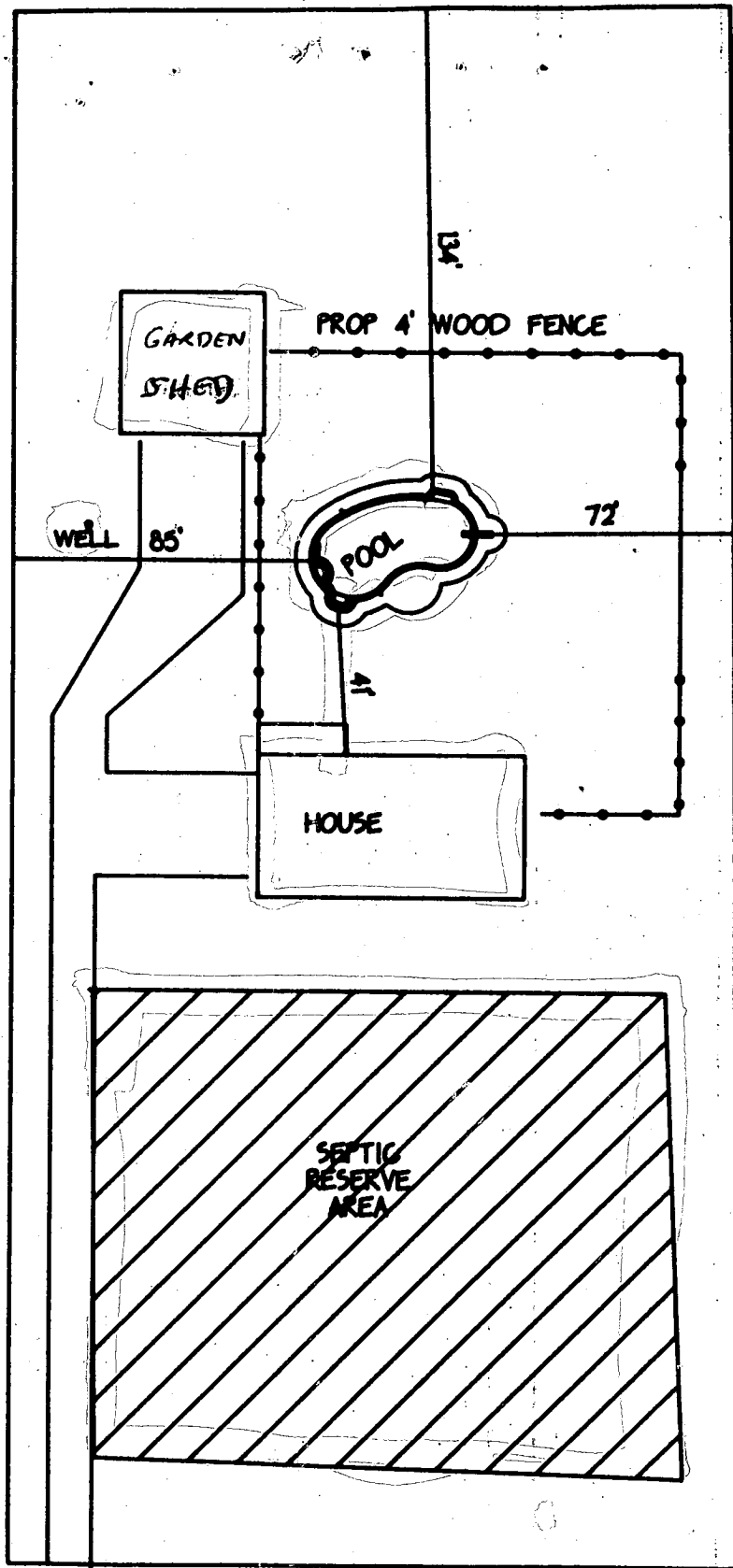
ANYTIME 6/15/95
 To: STAFF

on #60206 in field

See yellow di-
 light comments
 below. Thanks
 ✓ C&D

Scale 1" = 50'

1225 Morgan Station Rd.



For 59706

OK as shown.
 OK per C.O. of
 6/21/93

Chd

SCALE: 1"=50'

B 1 **5517** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

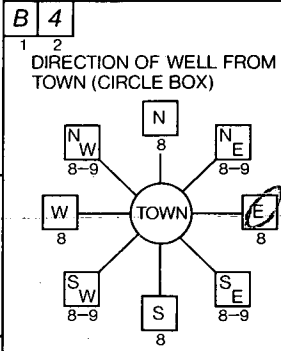
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0030
 fill in this form completely

Date Received (APA) **03/10/92**
OWNER INFORMATION
 SCHROVER CHARLES
 1745 MORGAN STATION RD
 UCCOBTINE MD 21074

B 3 LOCATION OF WELL
 HOWARD COUNTY
 SCHROVER FARM
 SECTION 44 LOT 48 House B
 LISBON NEAREST TOWN
 1 1/2 MILES FROM TOWN

DRILLER INFORMATION
 Joseph L. Mayne 238
 Joseph L. Mayne WELL DRILLING
 5512 Ridge Rd. Mt. Airy, Md. 21771
 Joseph L. Mayne 3/10/92



Morgan Station Road
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD 41
 ENTER FT or MI

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 COUNTY NAME A47769 COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S
 Mark E. Riddin 9/23/92
 NORTH GRID 547000 EAST GRID 0787000

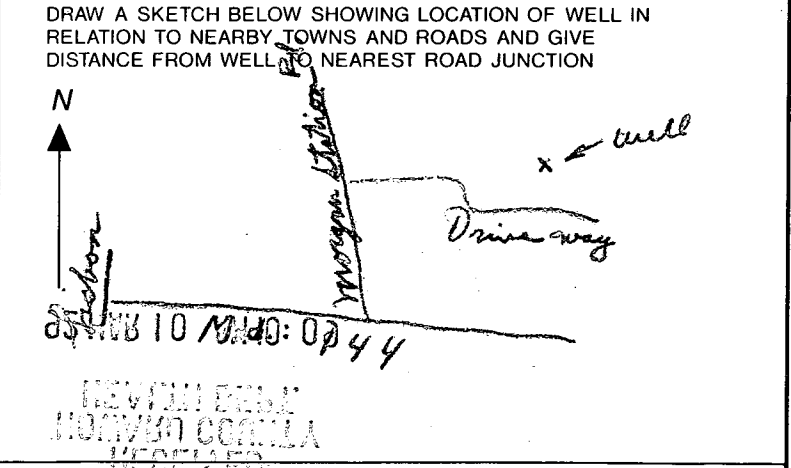
APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
 E 78X7
 N 54X7
 4/2/92 AM GROUT NOT OBS'D
 45' CASING x GROUT OK
 31' OPEN GROUT OK
 8 BAGS OK
 1 1/2' CASING A.G.
 LOC OK 4/2/92
 VTAG OK MR

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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE MR PERMIT No. HO-92-0030

SPECIAL CONDITIONS

C1 **5157** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A47769**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
040292

Depth of Well
205
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-72-0030

OWNER **Schroyer Charles**
 last name first name
 STREET OR RFD **Morgan Station Rd** TOWN **Lisbon**
 SUBDIVISION **SCHROYER FARM** SECTION LOT **Tenant House B**

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	
Brown Shale	0	40	
Blue Rock	40	205	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **752**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **31** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **45**

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 43	205
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **70.9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **39**
 WHEN PUMPING **40**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or 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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)

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 26.04.04 "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. **238**
 DRILLERS SIGNATURE *Joseph M...*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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 CASING LOG INDICATOR OTHER DATA

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)

See Attached Location