

6-27-88 Needs house connection JEN

6-29-88

Tax ID - 04 - 345991

6-27-88
122
6-28-88
AM

PERMIT

P 42035
A 37742

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/22/88
DATE SYSTEM APPROVED 6-28-88
INSPECTOR S.ahn

Lendrim Contracting, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Maryland 21784 PHONE 442-2416

SUBDIVISION The Station ROAD 705 Morgan Station LOT 4

PROPERTY OWNER Trinity Homes

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

3180
720
160
457200
45
370

160 ft trench

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the 1st trench 300 feet up the left (547.89') lot line and 170 feet off the same lot line as seen when facing the lot from Morgan Station Road. Run trenches on contour toward the right side of lot.

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

DKA

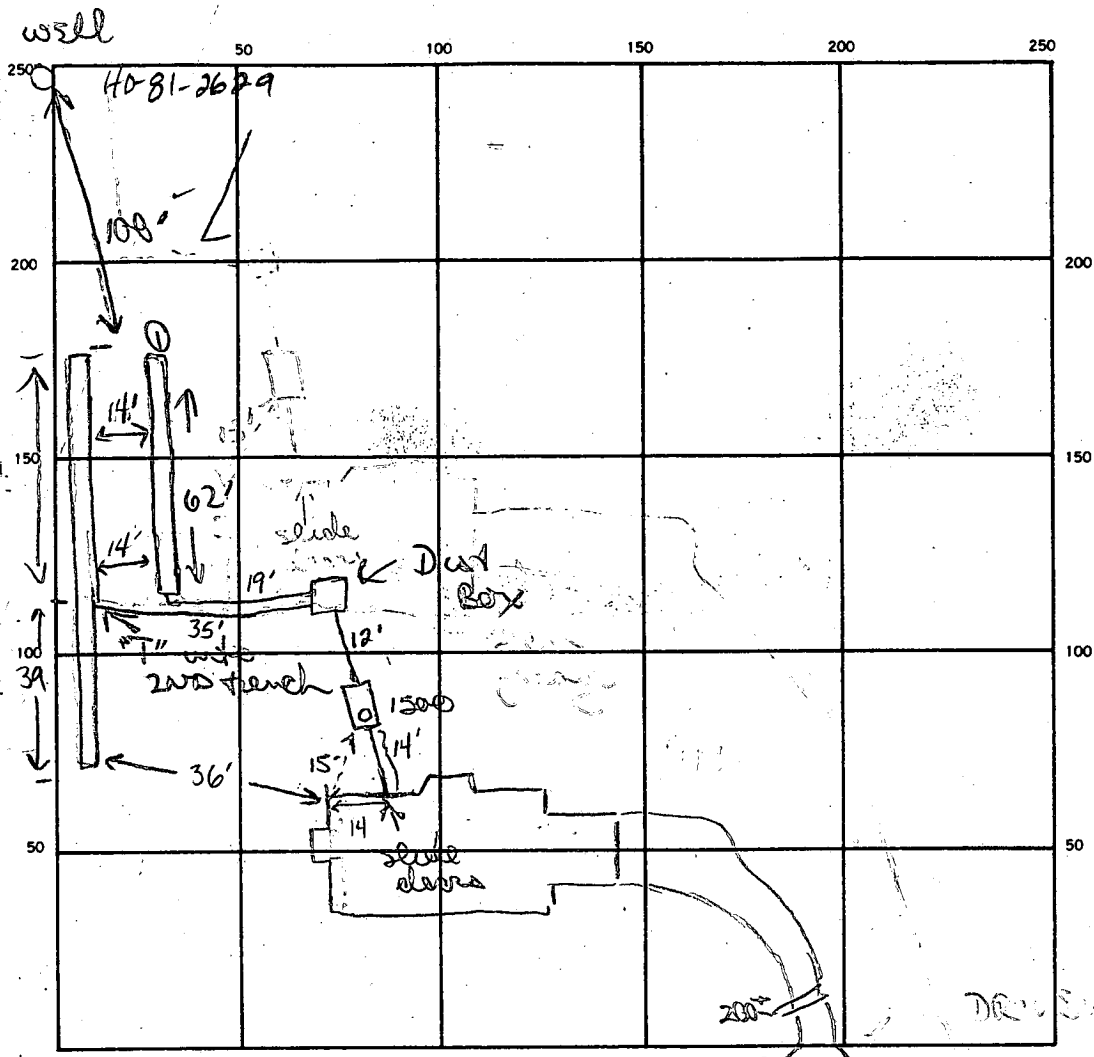
PLANS APPROVED BY Sid Abel DATE 6/17/88

- 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 APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A-37742



Steady slope 65'
(repair area)

cont

160' trench needed

SEPTIC TANK LEVEL 1500 CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL OK (needs baffle)

DRAIN FIELD/TILE FIELD DEPTH 7 1/2 7 1/2 TRENCH WIDTH 2 FT. INLET DEPTH 3' 3' FT.

EFFECTIVE GRAVEL DEPTH 4.5 4.5 FT. TOTAL LENGTH 62' 104 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 279 468 SQ. FT.

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

ABSORBENT AREA 747 SQ. FT.

62
4.5
210
248
279

104
95
530
216
468

REMARKS 6/21/88 OK to mold stone pipe paper to trenches 142
OK to finish laying & cementing all pipe. House
connection probably not to be made now. 6-27-88
OK to cover trenches. Add baffle to dist. box. JEN
6/29/88 - HOUSE HOOK UP OK JH

6/29/88

R. Hodgson

DATE SYSTEM APPROVED 6-28-88 INSPECTOR S. Am

APPLICATION

PERCOLATION TESTING

A 37742

P _____

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

DISTRICT 4

DATE 10/1/86

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

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Balto Natl Pike suite 210 PHONE 465-5855

PROPERTY LOCATION:
SUBDIVISION Crum Property THE STATION LOT NO. LOT # 4 ON PERC CERT.

ROAD AND DESCRIPTION E/S MORGAN STATION ROAD - 3400' NORTH OF OLD
FREDERICK ROAD

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 AC. TYPE BLDG. SF
(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 Sid Uke FOR Deep Trucks DATE 6-20-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

SEDG. PERMIT SIGNED
AND RETURNED 8-22-88
BP17277
SAL

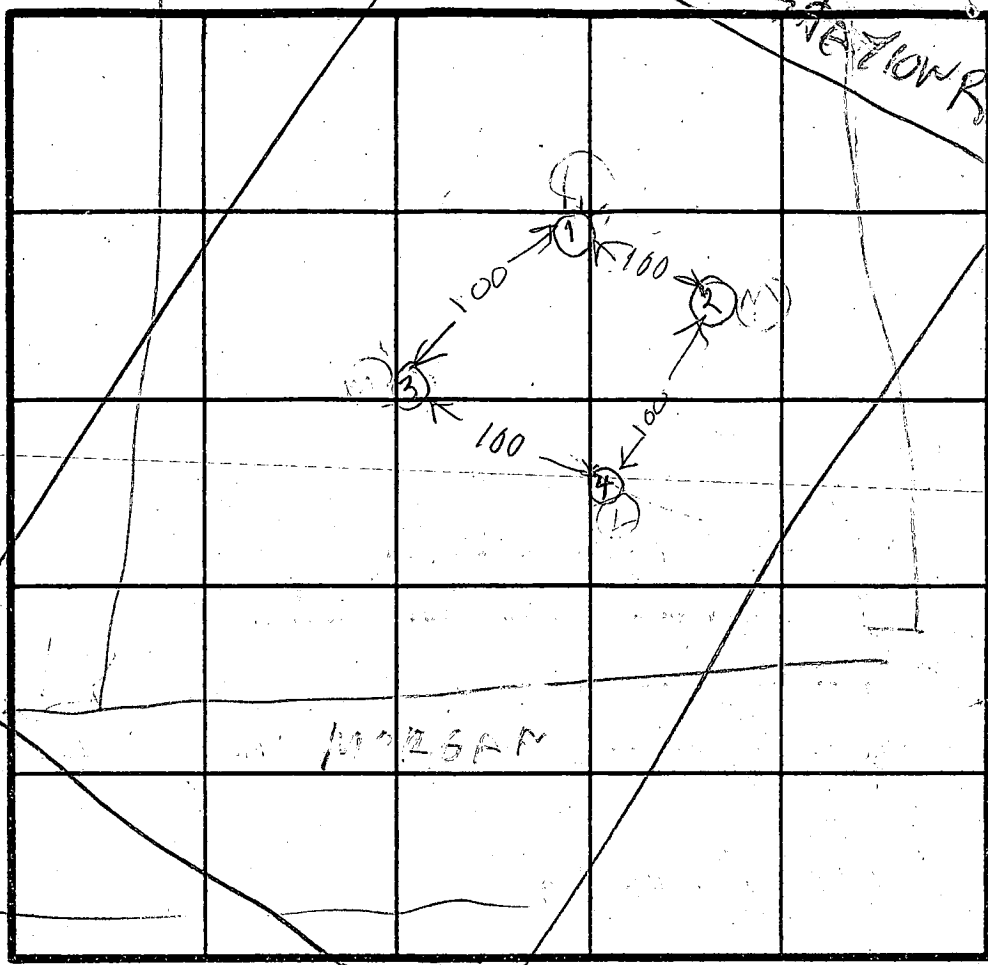
THIS IS NOT A PERMIT

Lot 7

MORGAN STATION RD

(4)
SOIL PROFILE

CLAY
BROWN SAND LOAM
15% SAPROLITE



H = High
M = MEDIUM
L = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(1)
CLAY
BROWN SAND SILT LOAM 10% SAPROLITE
ROCK

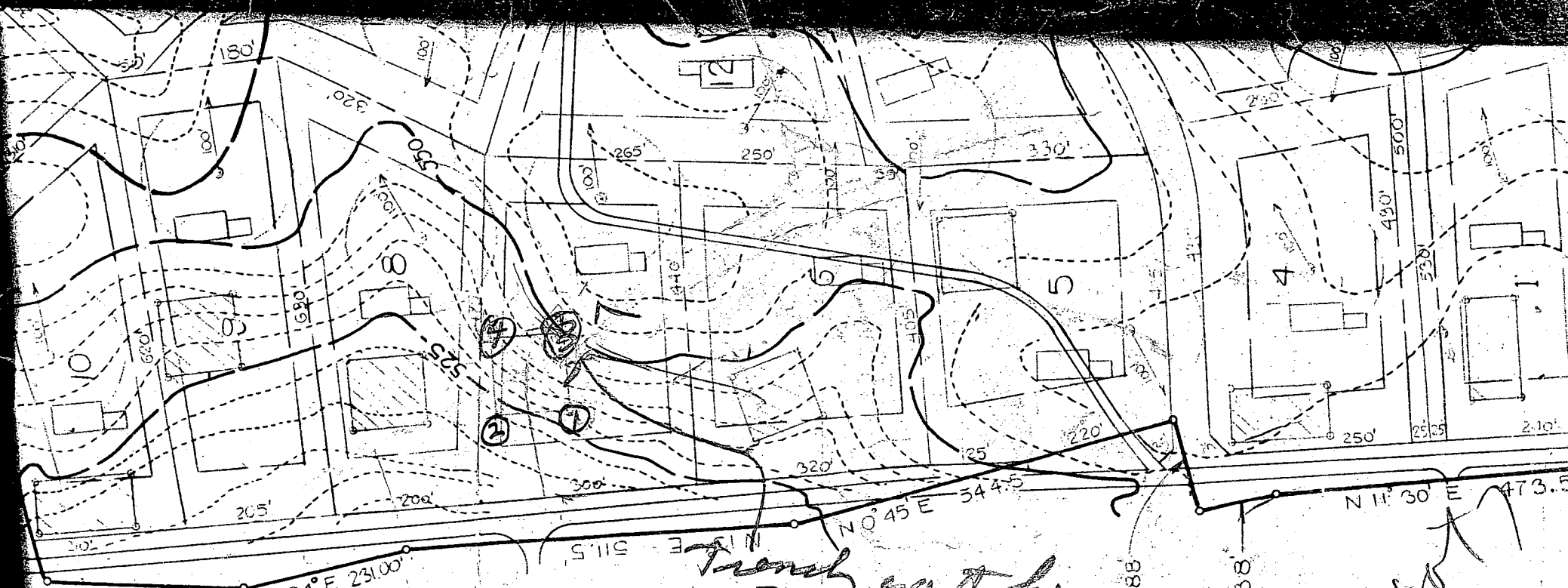
(2)
CLAY
BROWN SAND LOAM
15% SAPROLITE
ROCK

(3)
CLAY
BROWN SAND LOAM
10% SAPROLITE
ROCK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/57	1S	3	137	147	147	202	15
	1V	9	OK	BUT ROCK	BOTTOM		
	2S	3	140	144	144	149	5
	2V	9	OK	BUT ROCK	BOTTOM		
	3V	11	OK	BUT ROCK	BOTTOM		
	4S	3	156	159	159	205	8
	4D	6.5	156	158	158	201	3
	4V	10	OK				

REMARKS: Holes Dug Per Original Test Plat
SHALLOW SYSTEM
TYPE OF SOIL: _____
TESTED BY: B HADGEE
Don Dewar
O'Kellern
Dillon
ALSO PRESENT: _____

EH-12-1079



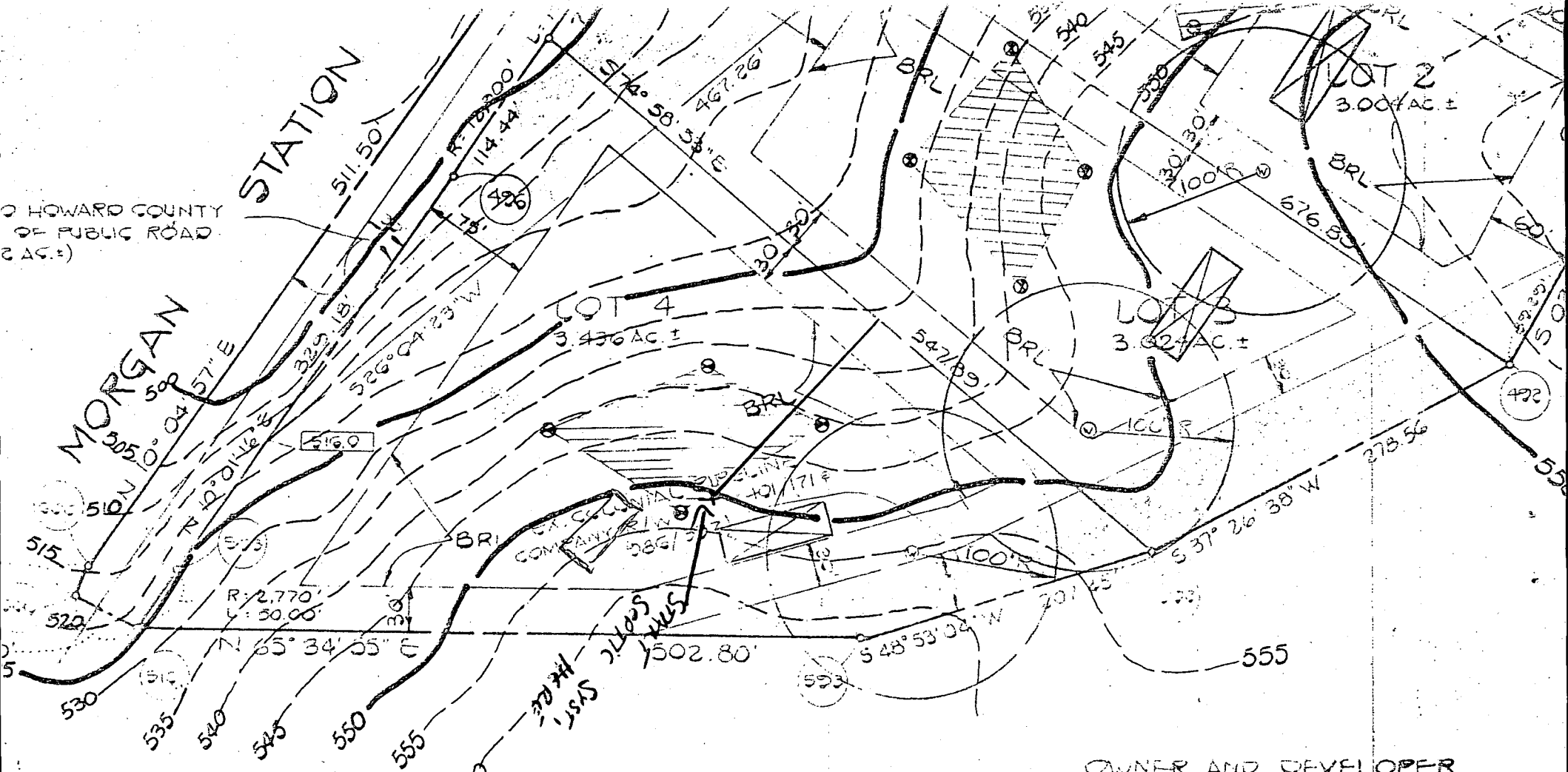
MORGAN STATION ROAD *Trench sat here*
 MORGAN STATION
 LOTS 1, 4, 5, 6, 7, 8, 9, 10

W

HOWARD COUNTY
OF PUBLIC ROAD
(2 AC.±)

MORGAN
STATION

MORGAN
STATION



11.496 AC.±
 1.347 AC.±
 1.182 AC.±
 11.353 AC.±

OWNER AND DEVELOPER
 MEMPHIS & ASSOCIATES
 PO BOX 15
 SLIGOTT CITY, MARYLAND 21013

VATE
 EALTH

CONVERSION TABLE

OLD LOT NO. NEW LOT NO.

C1 **8531**
 SEQUENCE NO. (OEP 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 **A-37742**

DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: **032388**
 Depth of Well: **205** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-81-2629**

OWNER: **CARROLL WILLIAM**
 STREET OR RFD: **MORGAN STATION RD** TOWN: **WOODBINE**
 SUBDIVISION: **THE STATION** SECTION: [] LOT: **4**

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	
Sandy	2	11	
Sand Stone	11	15	
Micka	15	25	
Sand Stone	25	30	✓
Micka	30	95	
Sand Stone	95	100	✓
Micka	100	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF ROUNDS **20**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **PL** **G** **21**
 Nominal diameter (nearest inch): **6** **21**
 Total depth of main casing (nearest foot): **21**

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

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

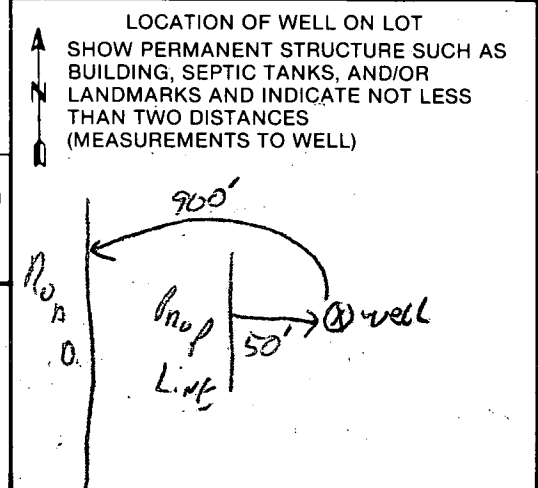
C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
H0 **19** **405**
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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 []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) []
 METHOD USED TO MEASURE PUMPING RATE: **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: **30**
 WHEN PUMPING: **60**
 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**
 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.) []
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot) **2**
- below }



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. **273**
 DRILLERS SIGNATURE: *Ruth Mayne*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *Ruth E. Mayne*

SEQUENCE NO. (DP USE ONLY) 4934

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

10-81-2629

fill in this form completely

OWNER INFORMATION: Date Received (APA) 6/28/88, Owner CARROLL WILLIAM, Street or RFD 14711 BETULA WAY, Dayton MD 21036

LOCATION OF WELL: HOWARD COUNTY, THE STATION SUBDIVISION, SECTION 44, LOT 4, WOODBINE NEAREST TOWN, 3 MILES FROM TOWN

DRILLER INFORMATION: Driller's Name RALPH MAYNE, License No. 273, Firm Name RALPH MAYNE WELL DRILLING, Address 9170 Brown Church Rd. Mt. Airy, Signature Ralph Mayne, Date 2/29/88

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) SE, NEAR WHAT ROAD MOREAN STATION RD., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST, DISTANCE FROM ROAD 900 FT

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) [D]

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Signature Howard A-37242, STATE SIGNATURE, DATE ISSUED 3/24/88, CO SIGNATURE, EXP. DATE 09-24-88, NORTH GRID 552000, EAST GRID 0782000

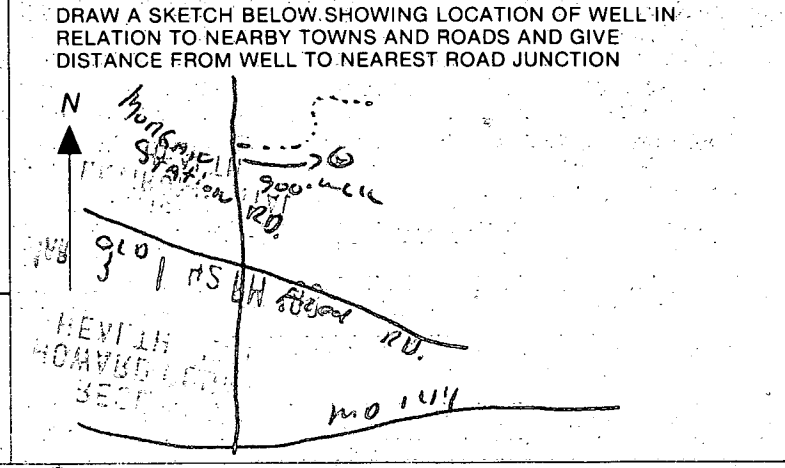
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED, Jetted & DRIVEN, ROTARY (Hydraulic Rotary), DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: well, WRITE THE BOX NUMBER FROM THE MAP HERE: E 7842, N 5502

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL [N]



Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER GAP, FORCE CA, PERMIT NO. 10-81-2629

SPECIAL CONDITIONS 854-2108