

1st ID-04-319613

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

43097
~~43092~~

A REPAIR

DISTRICT 4TH

DATE 11/23/88

DATE SYSTEM APPROVED 1/27/89

INSPECTOR M.R. Klein

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION Camden Downs ROAD 830 Morgan Station LOT Parcel A

PROPERTY OWNER Howard Hutchins, Jr. Olegario Ramirez

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

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

BUILDING PERMIT SIGNED

AND RETURNED

9903 BDD148991-UG Propane Tank

PLANS APPROVED BY Sid Abel 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

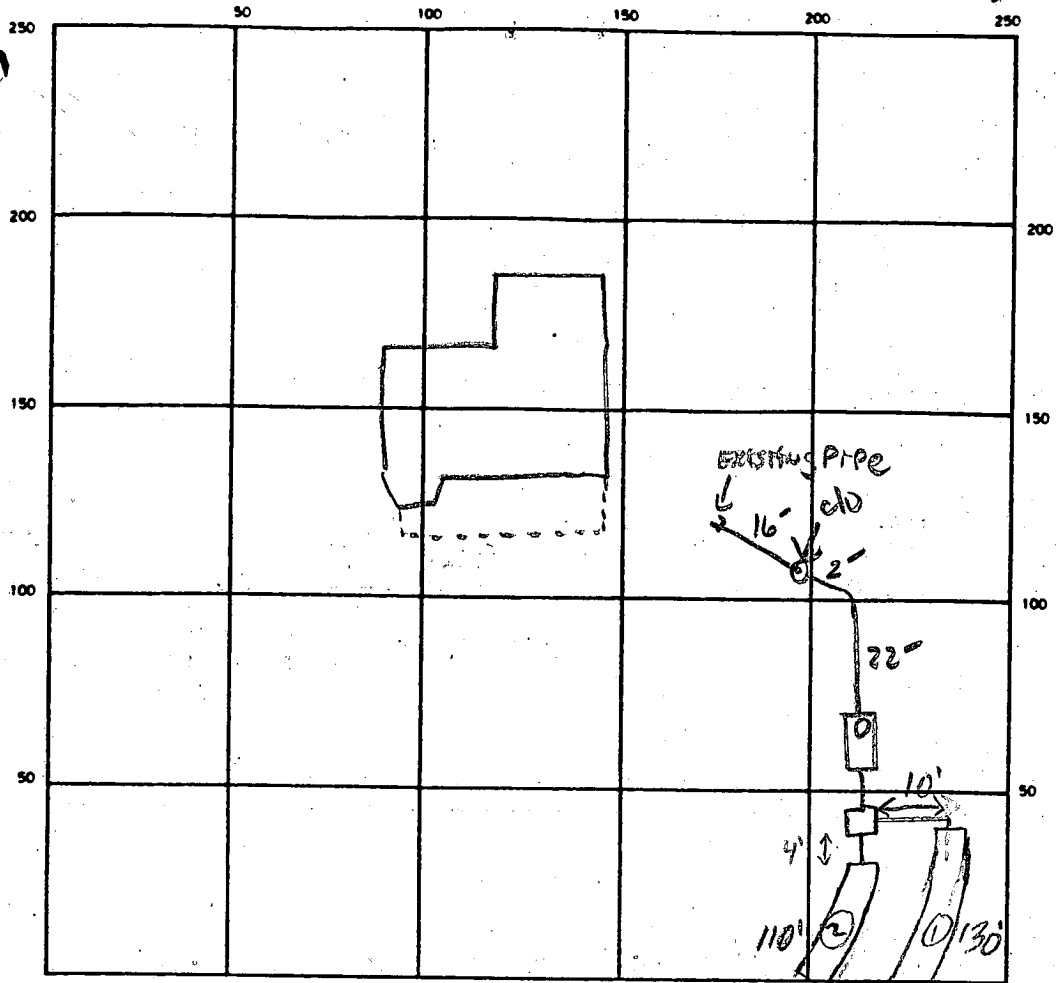
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

43097



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE
MORGAN STAFFORD Rd.

**BUILDING PERMITTED
AND RETURNED**

SEPTIC TANK LEVEL

CLEANOUTS 1ST & ENGINE

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 2110 FT. ²¹³⁰ ²⁴⁰

NUMBER OF TRENCHES 2 ~~ONE SIDE WALL~~/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 1.5 FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 124-89 OK TO CONTINUE. S. ALLEN
127/89 FINAL GIVEN OK TO COVER

DATE SYSTEM APPROVED 1/27/89 INSPECTOR M. RIFKIN

APPLICATION

PERCOLATION TESTING

A. Repair
P. 43097

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

DISTRICT 445
DATE 11/21/88

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 POTOMAC DEVELOPMENT COMPANY

ADDRESS 1015 COPPERSTONE CT. ROCKVILLE 20852 PHONE 424-6006

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CAMDEN DOWNS LOT NO. EXISTING HOUSE Parcel A

ROAD AND DESCRIPTION OLD FREDERICK ROAD / MORGAN STATION ROAD

TAX MAP B PARCEL # A

SIZE OF LOT _____ 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.

Gregory Powell / Potomac Development
PS (SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

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

APPLICATION

PERCOLATION TESTING

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

A Repair
P 43097
DISTRICT 4TH
DATE 11/25/88

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 Howard HUTCHINS JR.

ADDRESS 830 MORGAN STATION Rd. PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CAMDEN DOWNS LOT NO. Parcel A

ROAD AND DESCRIPTION MORGAN STATION Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

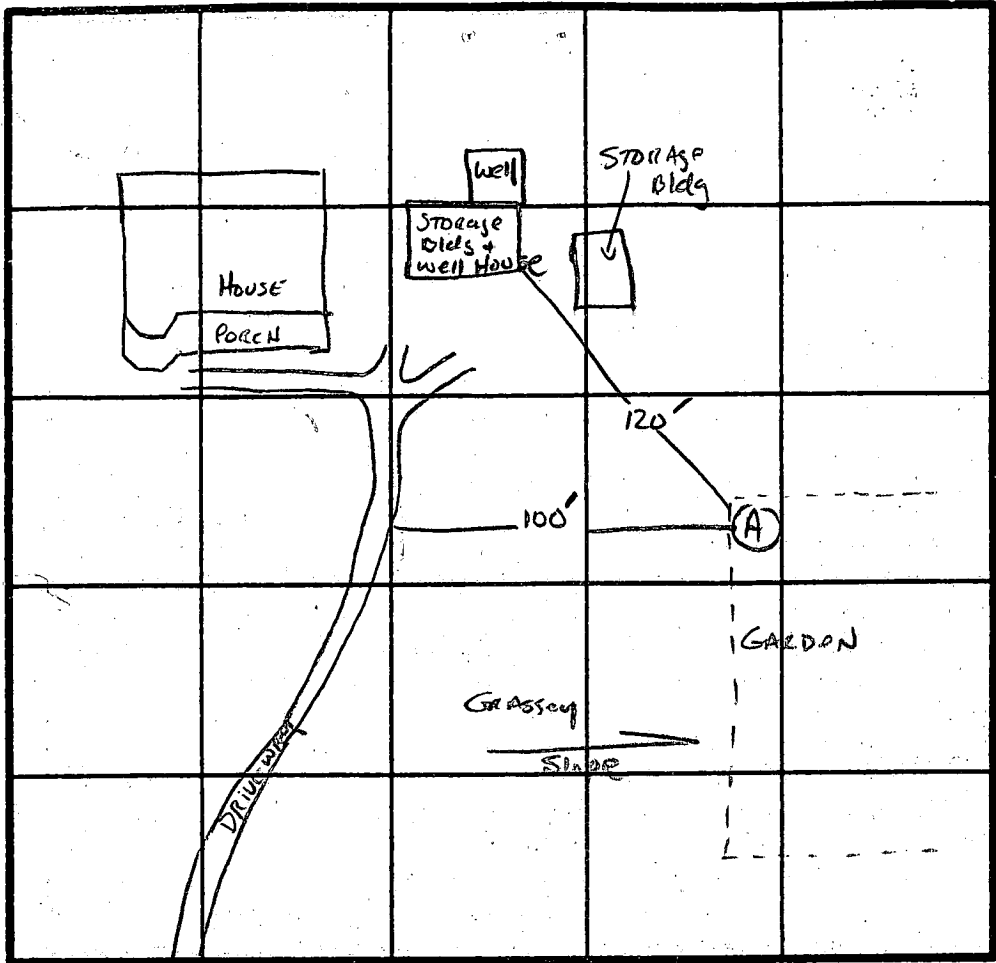
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Perc Satisfactory

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE
 6" AD



CESS
 Pool
 NO TANK

X Perc 3 min
 180 #1 BR
 Inlet 3"
 Bottom 4.5"
 3
 180
 4
 720
 240
 2720
 12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MORGAN STATION Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/25/88	A S M	3.0'	2:24	2:26	2:26	2:29	3 MIN
		6.5'	2:22	2:23	2:23	2:25	2 MIN
	A V	10.5'	HAND BOTTOM -		35-40% Frayed From 9-10.5'		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A 518623

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/11/2003

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER OLEGARIO SANCHEZ

ADDRESS 1009 BRADFORD LN MT AIRY MD 21771 PHONE 301 829-3857

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 830 MORGAN STATION RD WOODBONE, MD 21797

TAX MAP 8 PARCEL # 1

SIZE OF LOT 26.5 ACRES +/- TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

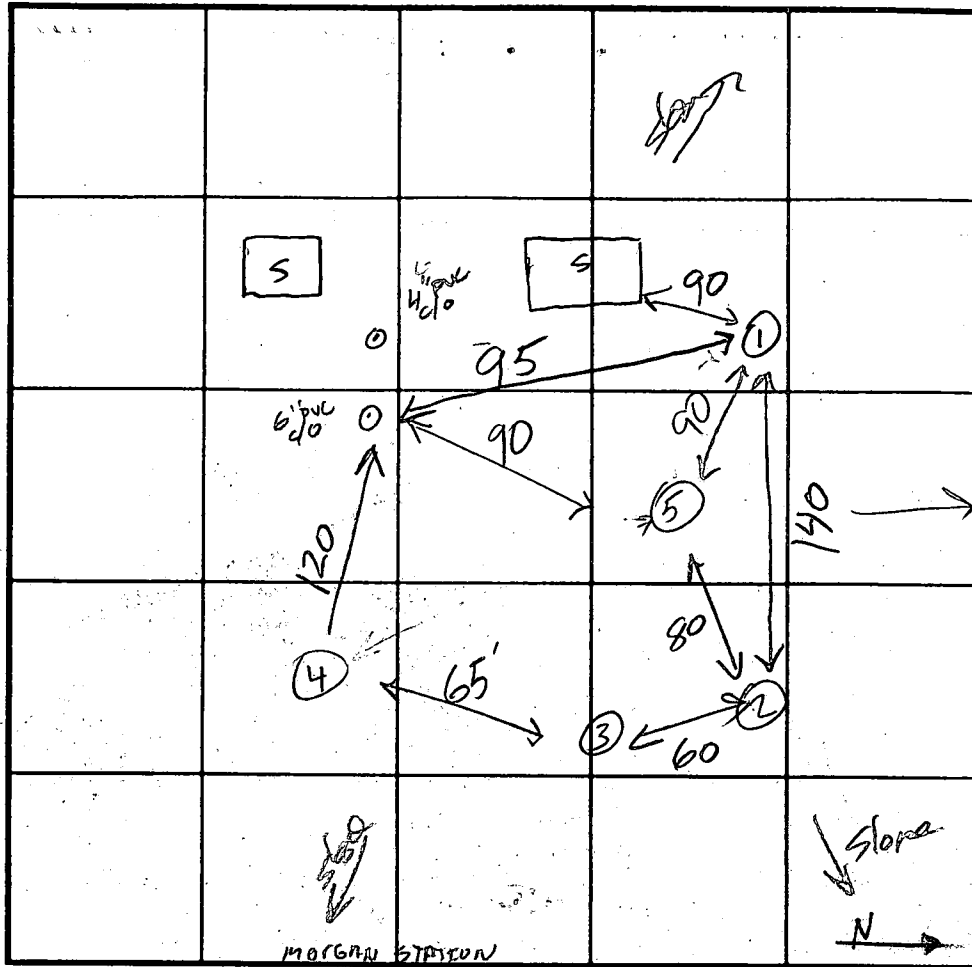
SOIL PROFILE

0' (4)
Brown SiL
1' orange brown SCL w/10-15% Channery frags
2 1/2' orange brown SCL w/40-50% Channery frags
10 1/2' hard bottom

(3)
Brown SiL
1 1/2' orange brown SCL w/10-15% Firm spherulite & channery frags

4' orange brown SCL/SL w/40-50% channery frags & Firm spherulite

(7)
6' Brown SiL
orange brown SCL
3' orange brown fine L
4' orange brown SL w/a pocket of 35-40% fluggy frags on W side of hole



SOIL PROFILE

0' 2
Brown SiL
1' Orange brown SCL
4' orange brown heavy SCL w/35-45% channery & fluggy frags
12' hard bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/7/03	4	6 1/2 / 10 1/2	9:47:30	9:51:30	9:51:30	9:54:30	3	ok
	4	3 1/2 / 10 1/2	10:07:15	10:24:30	10:24:30	10:48:30	24	ok
	3	6 1/2 / 11	10:20:45	10:21:30	10:21:30	10:22:30		
	3	repour @ 6 1/2	10:36:00	10:37:45	10:37:45	10:40:30	2:45	ok
	7	5 / 12	10:59:00	11:03:30	11:03:30	11:09:45	6:15	
	2	6 / 12	11:36:45	11:38:30	11:38:30	11:40:45	2:15	ok

REMARKS soil on N end of tp #3 o.k.; marginal on S end

TYPE OF SOIL _____

TESTED BY JAB ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 518623

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 4/11/2003

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER OLEGARIO SANCHEZ

ADDRESS 1009 BRADFORD LN MT AIRY MD 21771 PHONE 301 829-3857

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 830 MORGAN STATION RD WOODBINE MD 21797

TAX MAP 8 PARCEL # 1

SIZE OF LOT 26.5 ACRES +/- TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' (5)

1' Orange brown SCL

3/2' Orange brown heavy S/L
of 15-20%
Chamery
frags

11' hard bottom

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/03	5	11V	o.k. 24/2			→	8:15 ok

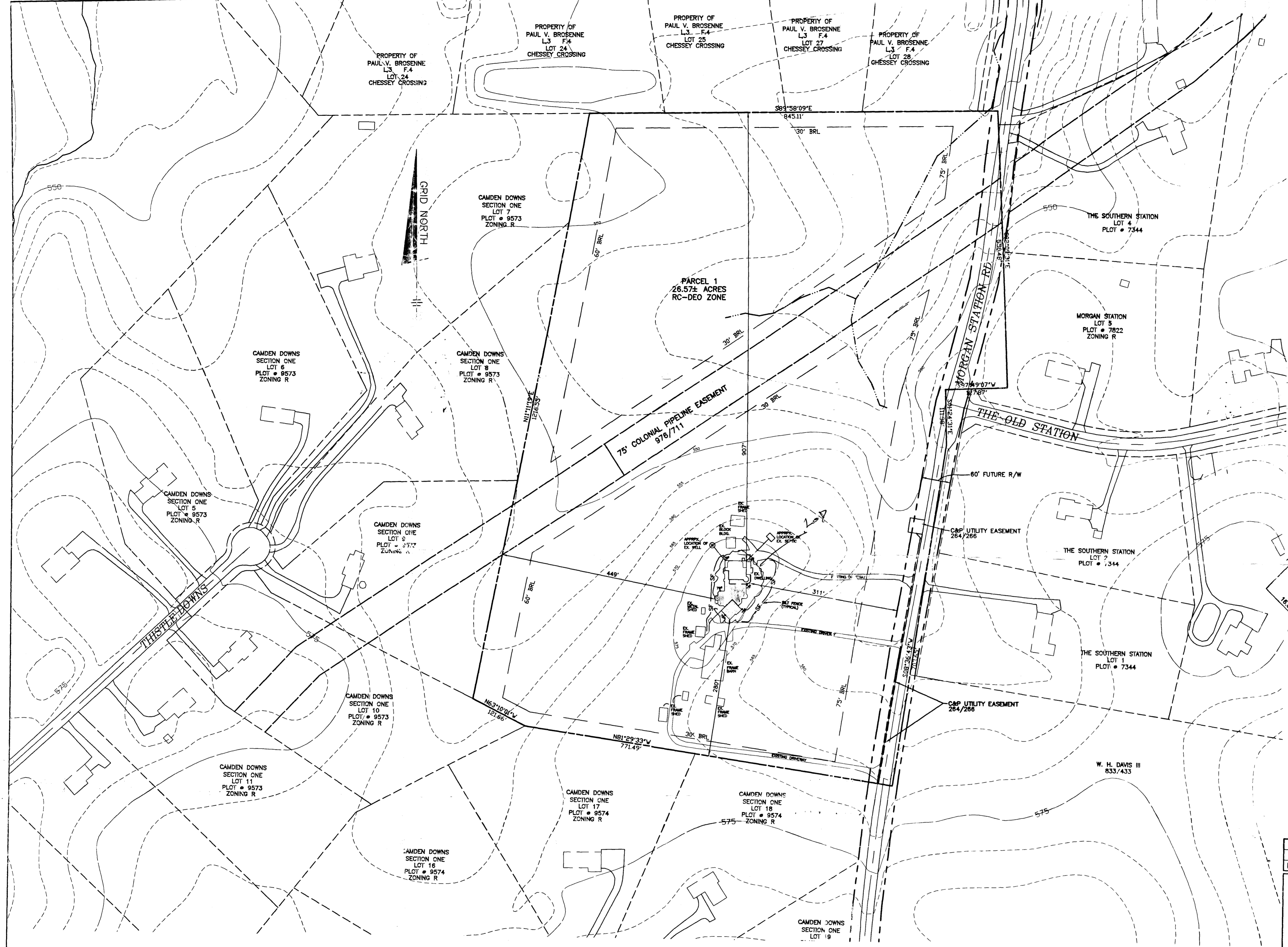
REMARKS _____

TYPE OF SOIL _____

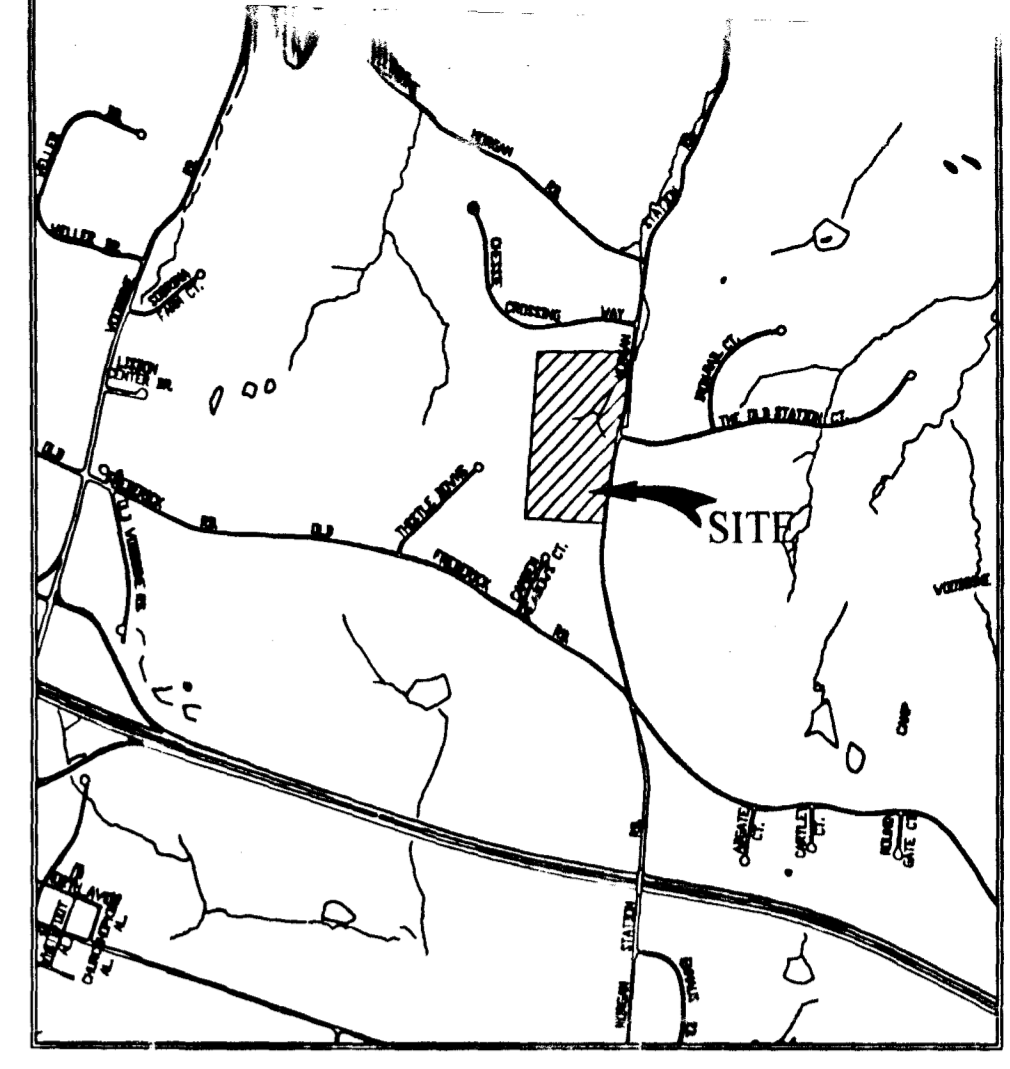
TESTED BY JAB ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



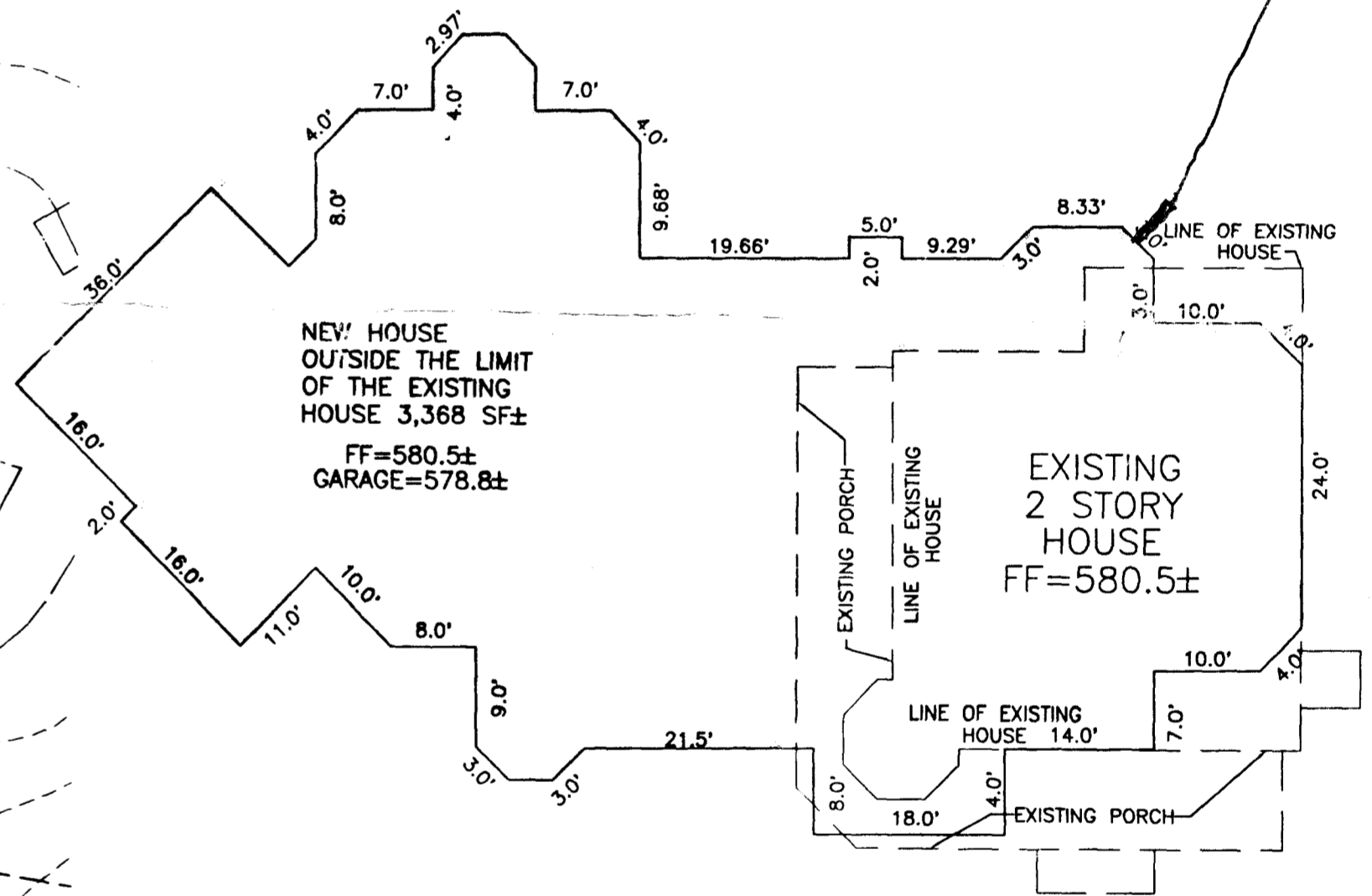
PLAN VIEW
SCALE: 1" = 100'



VICINITY MAP
SCALE: 1" = 2000'

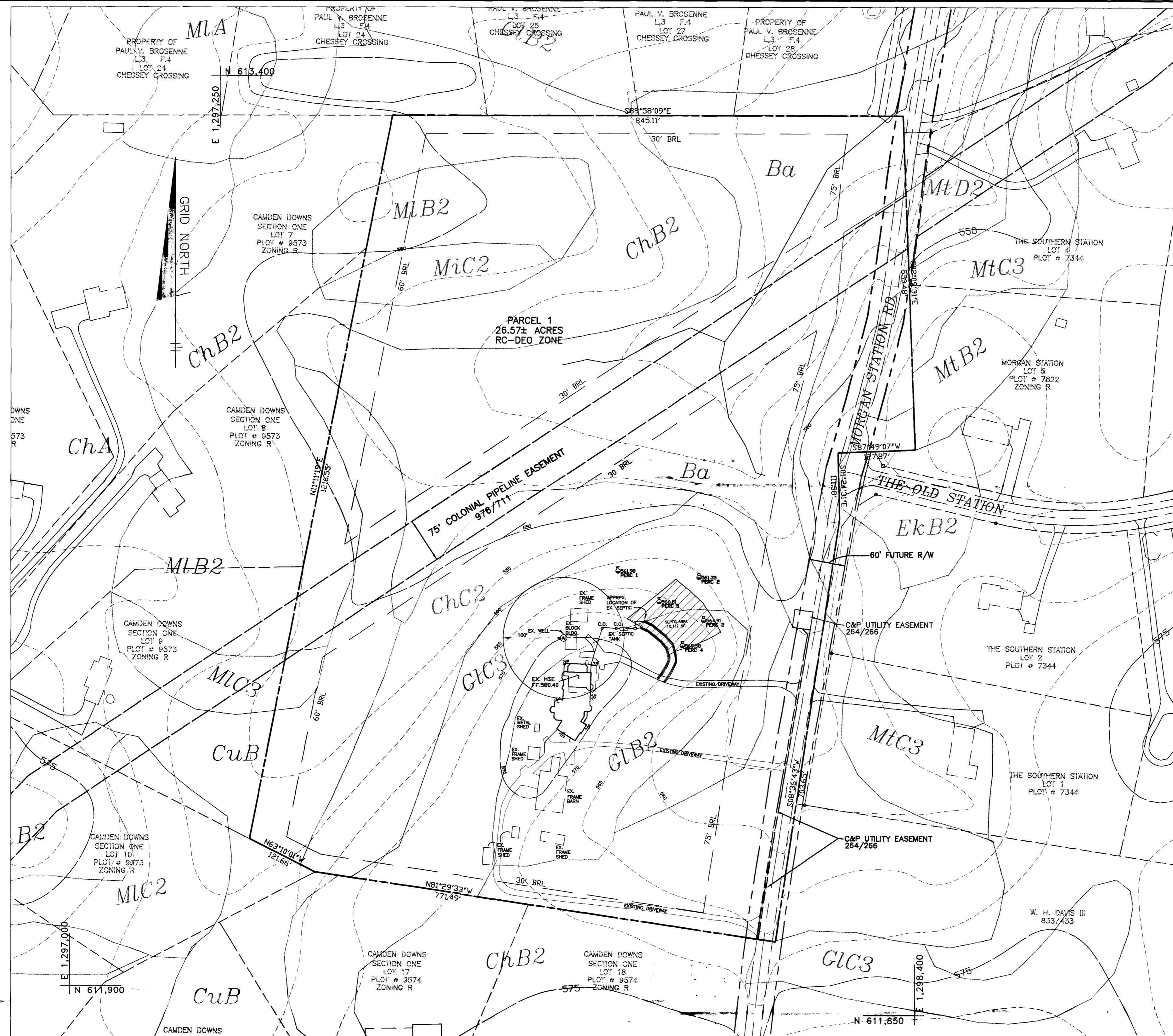
GENERAL NOTES

- 1) THE TOPOGRAPHY SHOWN IS FROM THE HOWARD COUNTY GIS AERIAL TOPOGRAPHY AT 5-FOOT CONTOUR INTERVALS.
- 2) THE EXISTING DRIVEWAYS AS SHOWN SHALL PROVIDE ACCESS TO THE SITE.
- 3) THE LIMIT OF DISTURBANCE SHALL BE LIMITED TO THE AREA OF THE ADDITION.
- 4) GRADING AROUND THE ADDITION SHOULD MAINTAIN POSITIVE DRAINAGE AWAY FROM THE HOUSE AT A MINIMUM OF 2%.
- 5) AREA OF DISTURBANCE = 4,000 S.F.



HOUSE VIEW
SCALE: NTS.

NO.	DATE	REVISION
BENCHMARK ENGINEERS • LAND SURVEYORS • PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE • SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-8105 • FAX: 410-465-6644		
OWNER/DEVELOPER: OLEGARIO RAMIREZ 15927 FREDERICK RD P.O. BOX 127 LISBON, MD 21765 410-489-7599		PROJECT: RAMIREZ RESIDENCE
PROPERTY ADDRESS: 830 MORGAN STATION ROAD WOODBINE, MARYLAND 21797		LOCATION: TAX MAP 8 - PARCEL 1 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TITLE: PLOT PLAN		DATE: MARCH, 2003
DESIGN: CAM	DRAFT: EDD	PROJECT NO. 1
SCALE: AS SHOWN		DRAWING 1



PLAN

SCALE: 1" = 100'

GENERAL NOTES

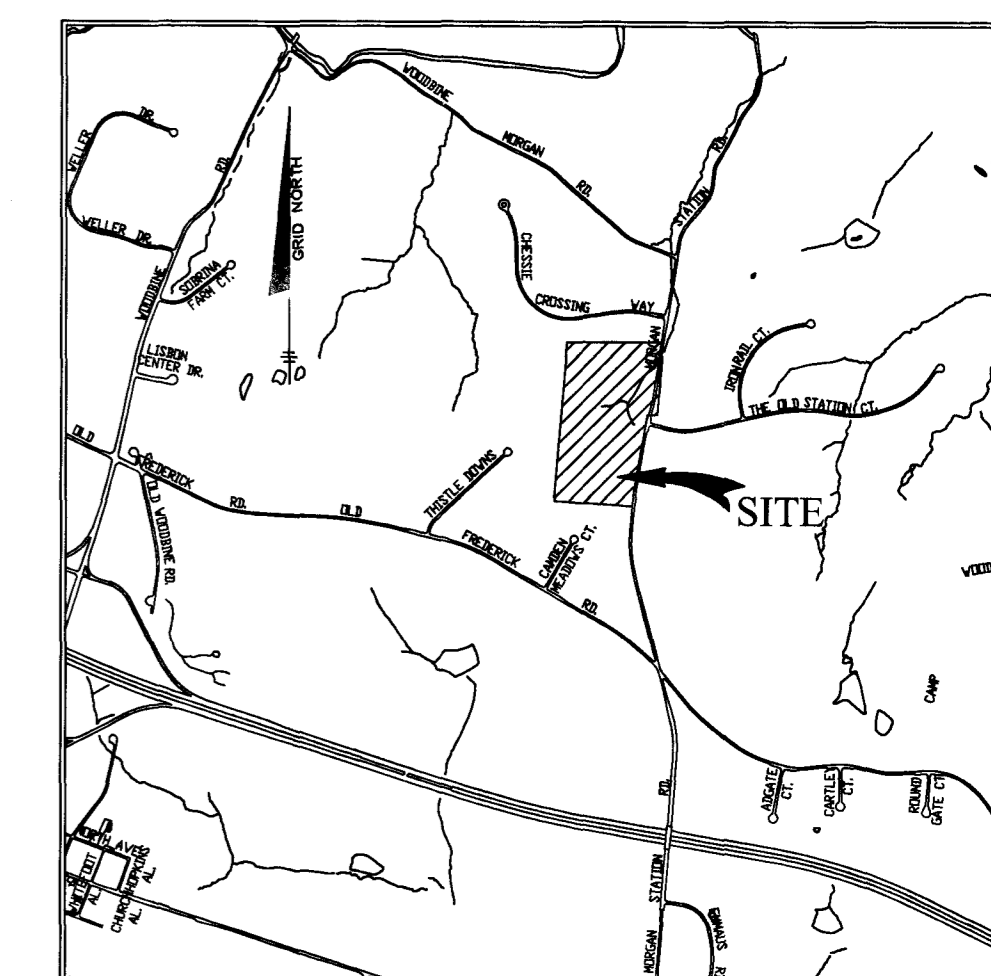
- 1) THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- 2) THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE REQUIRED.
- 3) NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPOSED SEPTIC EASEMENT.
- 4) EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
- 5) TOPOGRAPHY SHOWN HEREON WAS PURCHASED FROM HOWARD COUNTY. GEOGRAPHICAL INFORMATION SYSTEMS BY BENCHMARK ENGINEERING, INC. AND FIELD VERIFIED.

AS PLAN PREPARER, I HAVE INSPECTED THE SITE. THIS IS AS ACCURATELY DRAWN TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Donald A. Mason
 PLAN PREPARER: DONALD A. MASON

APPROVED: FOR PRIVATE WATER AND SEWER SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

Penny Rosewater M.D.
 COUNTY HEALTH OFFICIAL DATE: 5/20/03



VICINITY MAP

SCALE: 1"=2000'

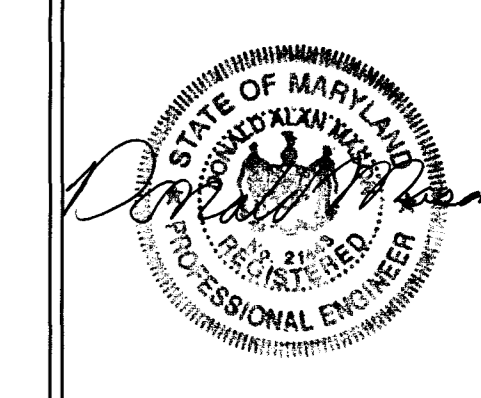
ADJOINER INFORMATION

MAP No.	PARCEL	OWNER	ADDRESS	LIBER/FOLIO	PLAT No. LOT No.
8	7	ROBERT H DAVIS WILLIAM H DAVIS IV J/T	981 MORGAN STATION RD WOODBINE, MD 21797	6623/300	NA
3	43	JOHN C LEONARD III KAYE A LEONARD	705 MORGAN STATION RD WOODBINE, MD 21797	1983/356	7386 LOT 4
3	44	PAUL ROBERT MITCHELL CHRISTINE ANN MITCHELL T/E	800 MORGAN STATION RD WOODBINE, MD 21797	2169/579	7344 LOT 2
3	44	MABRY POUNCY ELENOR J POUNCY	801 THE OLD STATION CT WOODBINE, MD 21797	1915/110	7822 LOT 5
3	44	CHARLES E HIGDON JOAN E HIGDON	825 MORGAN STATION RD WOODBINE, MD 21797	2244/631	8424 LOT 4.3
3	4	THOMAS JR COULSTON CHERYLE CONTE COULSTON	701 CHESSEY CROSSING WAY WOODBINE, MD 21797	3451/86	10458 LOT 1
3	4	ANDREW F FLOTT KATHLEEN M FLOTT	707 CHESSEY CROSSING WAY WOODBINE, MD 21797	4446/242	10458 LOT 2
3	4	ERIC R YOUNKIN SUSAN B YOUNKIN T/E	713 CHESSEY CROSSING WAY WOODBINE, MD 21797	6554/107	10458 LOT 3
3	4	GREGORY DEAN BARROWS MARIA F BARROWS	719 CHESSEY CROSSING WAY WOODBINE, MD 21797	3321/146	10458 LOT 4
8	273	RALPH OLLMAN FRITH CHAR LEIGH FRITH	15628 THISTLE DOWNS CT WOODBINE, MD 21797	2383/546	8573 LOT 9
8	237	JOHN W FAUCETTE III CINDY C FAUCETTE T/E	15622 THISTLE DOWNS CT WOODBINE, MD 21797	2594/704	8573 LOT 10
8	237	FRANK J CARUSO PEGGY L CARUSO T/E	15621 CAMDEN MEADOWS CT WOODBINE, MD 21797	3511/496	8574 LOT 17
8	237	DOUGLAS B PINDELL JR BARBARA C PINDELL T/E	15620 CAMDEN MEADOWS CT WOODBINE, MD 21797	5830/42	8574 LOT 18

NO.	DATE	REVISION
2		
1		

BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELICOTT CITY, MARYLAND 21043
 PHONE: 410-465-8105 FAX: 410-465-6644
 E-MAIL: benchmark@ccis.com



OWNER/DEVELOPER: OLEGARIO RAMIREZ 15927 FREDERICK RD. LISBON, MD 21765 410-489-7599	PROJECT: RAMIREZ RESIDENCE
PROPERTY ADDRESS: 830 MORGAN STATION RD. WOODBINE, MARYLAND 21797	LOCATION: TAX MAP 8, PARCEL 1 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TITLE: PERCOLATION CERTIFICATION PLAN	DATE: MAY, 2003 PROJECT NO. 1543
Design: RPS Draft: MAN Check: DAM	SCALE: AS SHOWN DRAWING 1 OF 1

MAP SYMBOL	SOIL GROUP	SOIL TYPE
Ba	B	CHESTER GRAVELLY SILT LOAM, 3 TO 8% SLOPES, MODERATELY ERODED
ChA	B	CHESTER SILT LOAM, 0 TO 3% SLOPES.
ChB2	B	CHESTER SILT LOAM, 3 TO 8% SLOPES, MODERATELY ERODED.
ChC2	B	CHESTER SILT LOAM, 8 TO 15% SLOPES, MODERATELY ERODED.
CuB	B	DOMUS SILT LOAM, LOCAL ALLUVIUM, 3 TO 8% SLOPES
EkB2	C	ELIQUA SILT LOAM, 3 TO 8% SLOPES, MODERATELY ERODED
G1B2	B	GLENEIG LOAM, 3 TO 8% SLOPES, MODERATELY ERODED
G1C3	B	GLENEIG LOAM, 8 TO 15% SLOPES, SEVERELY ERODED
M1A	B	MANOR LOAM, 0 TO 3% SLOPES
M1B2	B	MANOR LOAM, 3 TO 8% SLOPES, MODERATELY ERODED
M1C2	B	MANOR LOAM, 8 TO 15% SLOPES MODERATELY ERODED
M1C3	B	MANOR LOAM, 8 TO 15% SLOPES SEVERELY ERODED
M1B2	A	ML AIRY CHANNERY LOAM, 3 TO 8% SLOPES, MODERATELY ERODED
M1C3	A	ML AIRY CHANNERY LOAM, 8 TO 15% SLOPES, MODERATELY ERODED
M1D2	A	ML AIRY CHANNERY LOAM, 8 TO 15% SLOPES, SEVERELY ERODED

* INDICATES HYDRIC SOILS
 TAKEN FROM SOILS SURVEY, ISSUED JULY 1968, MAP NO. 7

LEGEND	
SOILS CLASSIFICATION	ChB2
SOILS DELINEATION	---
EXISTING CONTOURS (HOWARD COUNTY DIGITAL)	---
EXISTING STRUCTURE	[Symbol]
EXISTING WELL	[Symbol]
PROPOSED SEPTIC FIELD	[Symbol]
PASSED PERCOLATION TEST	[Symbol]

FILE INQUIRY FORM

11/20/03 FYI JB:

SEE RESEARCH ALL SURROUNDING PROPERTIES
OK. CONCERN CAMDEN DOWNS LOT 18'S
SDA MAY IMPACT PROPOSED WELL SITES. I
WOULD REQUEST 2' CONTOUR S, SE FROM LOT 18
TO AREA NOT WELL SITE PROPOSALS. IT
APPEARS IT MAY BYPASS THE PROP. WELLS
BUT WE'D DO SOMETHING LIKE THAT IN
THE PAST W/ 5' CONTOURS & IT WAS
MISLEADING. ALSO MAY NOT HAVE 100'
SEP. DISTANCE.

1/6/04 CALLED KENNEDY - HAVE SURVEYORS
STATE SDA, THEN I INSPECT,
THEN SCHEDULE PERC DATE

PER SANDY JACOBSON IN PERMITS OFFICE OLD
HOUSE WAS DEMOLISHED & NEW 4 BEDROOM
HOUSE BUILT. FCOP NEEDED.

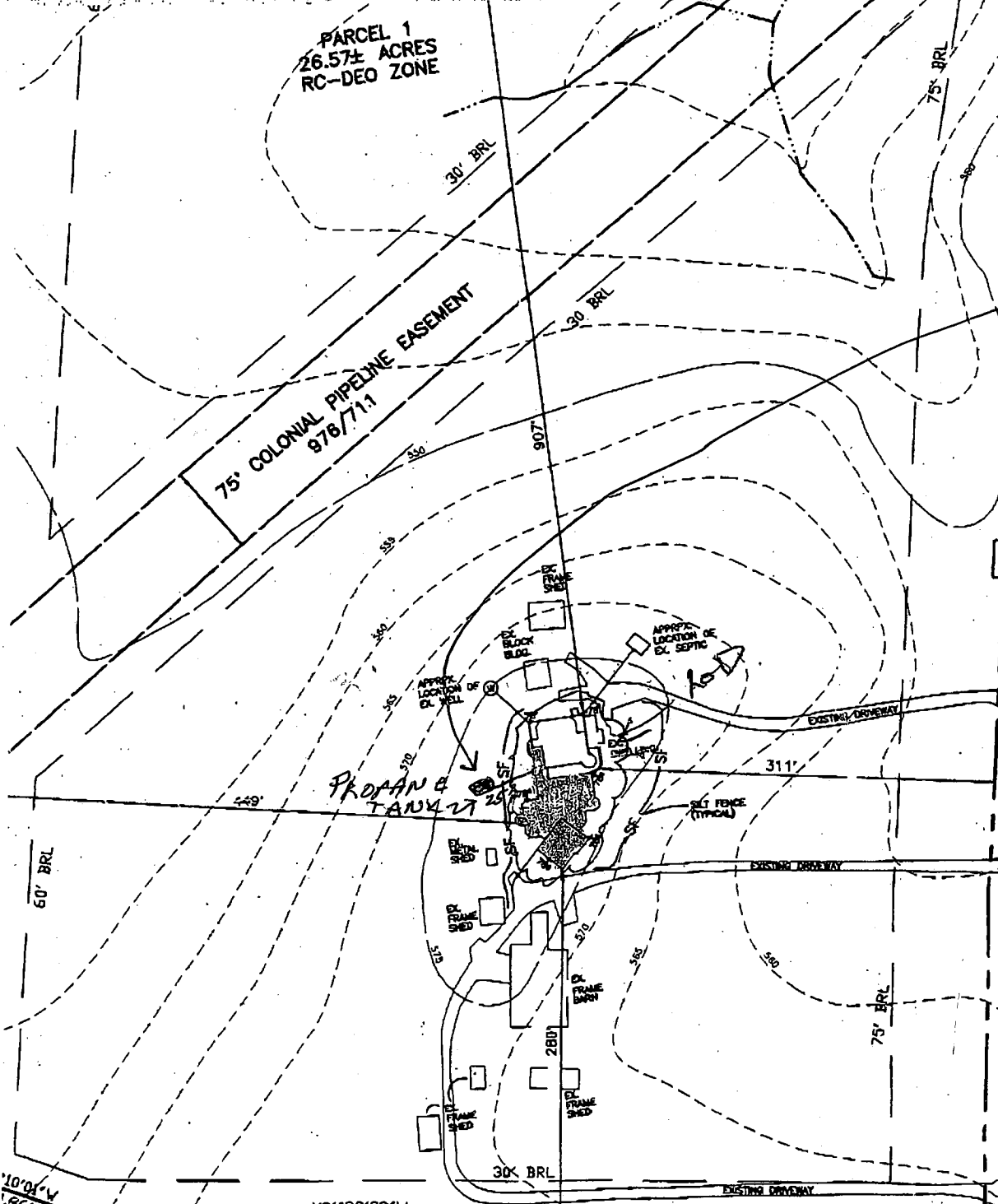
BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PKCE & SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-485-6105 • FAX: 410-485-6844

OWNER/DEVELOPER: OLEGARIO RAMIREZ 15927 FREDERICK RD P.O. BOX 127 LISBON, MD 21765 410-489-7599	PROJECT: RAMIREZ RESIDENCE
	LOCATION: TAX MAP 6 - PARCEL 1 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
PROPERTY ADDRESS: 830 MORGAN STATION ROAD WOODBINE, MARYLAND 21797	TITLE: PLOT PLAN
DATE: MARCH, 2003	PROJECT NO. 1543
SCALE: AS SHOWN	DRAWING 1 OF



B00143991

9/9/03 -
Proposed
LP tank
OK SRK

Olegario Ramirez
830 Morgan Station Road
Woodbine, MD 21979
301-748-1010

January 7, 2004

Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, MD 21043-4544

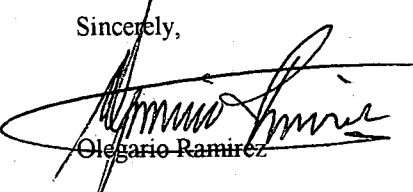
Re: 830 Morgan Station Road
Woodbine, Maryland

Attn: Kacie Noonan

This letter is in reference to the existing hand dug well on the property mentioned above.
The homeowner/Olegario Ramirez is electing to reserve this well for irrigation purposes.

Should you have any questions please feel free to contact me at 301-748-1010.

Sincerely,



Olegario Ramirez

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylasville MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Ramirez Olegario Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 94 3785

Site Address: 330 Morgan Station Rd
Lisbon Md 21105

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 25207422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 2 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 2.3 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 1-7-04
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/14/03 Date Insp. Approved: 11/14/03 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

BB

Yield Test Data Sheet

County File # ③ P43097
~~5119~~

MD Well Permit #: HO-94-3785
~~CL-94-5119~~

Subdivision Name: 830 Morgan Station

Section: _____ Lot #: _____

Street Address: 830 Morgan Station Rd.

Measuring Point (MP) Description: 24'
(for ex. "Top of casing")

Distance from MP to ground surface: 1 ft.

Well Depth: 400' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: ~~Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385~~

Pump Start Time: <u>8:00</u>	Static Water level: <u>24</u> ft.	PUMPING RATE <u>4 seconds</u> () Time to fill <u>1</u> gal. bucket	Calculated Flow (gallons per minute) <u>15</u>
Time	Water Level Below M.P.	() Flow meter reading (if used)	

Water level and pumping rate must be recorded every 15 minutes

#	Time	Water Level ft.	Pumping Rate	Calculated Flow GPM
1	8:00	24	4	15 GPM
2	8:15	110	7	8.5 GPM
3	8:30	110	7	8.5 GPM
4	8:45	110	7	8.5 GPM
5	9:00	110	7	8.5 GPM
6	9:15	110	7	8.5 GPM
7	9:30	110	7	8.5 GPM
8	9:45	110	7	8.5 GPM
9	10:00	110	7	8.5 GPM
10	10:15	110	7	8.5 GPM
11	10:30	110	7	8.5 GPM
12	10:45	110	7	8.5 GPM
13	11:00	110	7	8.5 GPM
14	11:15	110	7	8.5 GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM

NOTES:

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-94-3785

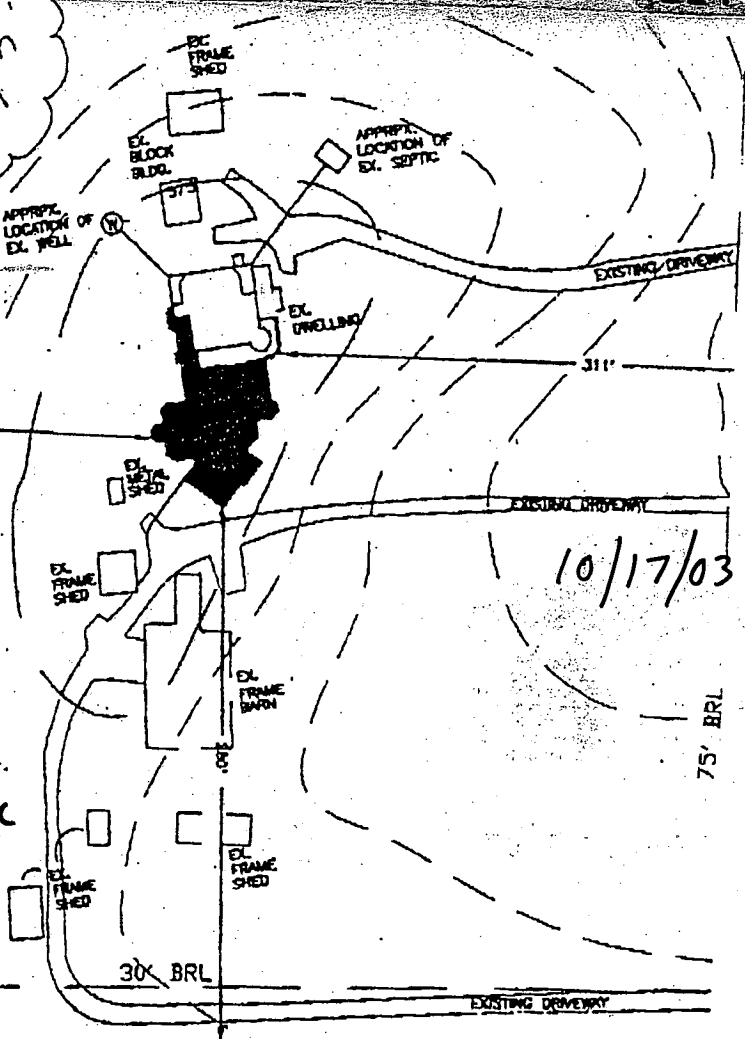
INFORMATION-GIVE NUMBER AND WRITE
2500 BROENING HIGHWAY
BALTIMORE, MARYLAND 21224

75' COLONIAL PIPELINE EASEMENT
976/711

Approx Location
of New Well

8/25/03
Proposed
Well
location
OK (KN) SRK

10/17/03 - T/C w/ Alan
Compton of
Fogle's Well
Drilling. OK
to relocate
well site 10'
further away
from proposed
site due to
closer septic
tank location.
observed in
field
by driller.
(SRK)



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043

PHONE: 410-465-6105 ▲ FAX: 410-465-6644

Address:

830 Morgan Station
Woodbine, MD
21797

1" = 100'

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3810	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER (B) P 43097	
ST/CO USE ONLY DATE Received 12 10 03	DATE WELL COMPLETED MM DD YR 11 3 03	Depth of Well 400 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3785
OWNER Ramirez Olegario		TOWN Lisboh	
STREET OR RFD 830 Morgan Station Rd.		SECTION _____ LOT _____	
SUBDIVISION _____		SECTION _____ LOT _____	

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 sandstone shale	0	107	
Gray Limestone	107	140	
Brown	140	141	✓
Gray limestone	141	360	
White	360	361	✓
Gray limestone	361	400	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF GROUTING MATERIAL (Circle one)	<input checked="" type="checkbox"/> CEMENT <input type="checkbox"/> BENTONITE CLAY
CEMENT: <input checked="" type="checkbox"/> CM	BENTONITE CLAY: <input type="checkbox"/> BC
NO. OF BAGS 27	NO. OF POUNDS 2538
GALLONS OF WATER 162	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 78 ft.	(enter 0 if from surface)

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	06	112
60 61	63 64	66 70

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

SCREEN RECORD		
screen type or open hole	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
insert appropriate code below	<input type="checkbox"/> PL PLASTIC	<input checked="" type="checkbox"/> HO OPEN HOLE
		<input type="checkbox"/> OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO

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 LIC. NO. **M SD 009**

DRILLERS SIGNATURE *[Signature]*

LIC. NO. **D**

DEPTH (nearest ft.)	
1	HO 112 400
E 8 9 11 15 17 21	
A 23 24 26 30 32 36	
S 38 39 41 45 47 51	
C 3	
R 38 39 41 45 47 51	
E	
N	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
56 _____ 60 _____	
from _____ to _____	

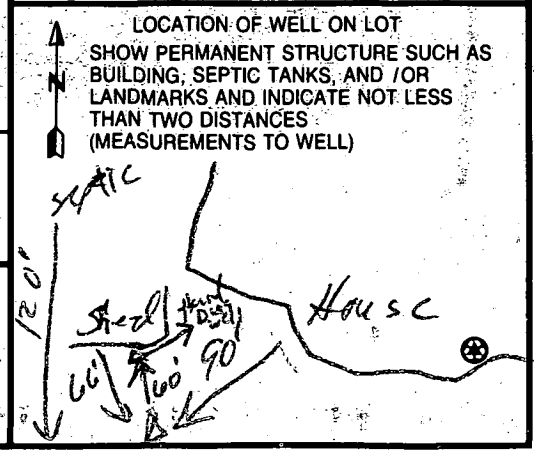
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST	
HOURS PUMPED (nearest hour)	03
PUMPING RATE (gal. per min.)	8.5
METHOD USED TO MEASURE PUMPING RATE	1/66
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	24 ft.
WHEN PUMPING	110 ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	S
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	7
PUMP HORSE POWER	3/4
PUMP COLUMN LENGTH (nearest ft.)	380
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	
<input type="checkbox"/> - below	01 (nearest foot)



B 1 **6068** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 APPLICATION FOR PERMIT TO DRILL WELL **KN** **HO-94-3785**
 please type **WS19088** fill in this form completely

Date Received (APA) **08-18-03**
 OWNER INFORMATION
 8 MM DD YY 13
Olegario Ramirez
 15 Last Name Owner First Name 34
15927 Frederick Rd P.O. Box 127
 36 Street or RFD 55
Lisbon md. 21765
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **830 Morgan Station Rd** 42
 SECTION **44** 46 LOT **48** 50
Lisbon
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **3** M I
 73 76 77 78

DRILLER INFORMATION
Allen Compton MSD 009
 Driller's Name 76 License No. 81
Fogles Well Drilling
 Firm Name
580 Obrecht Rd
 Address
Allen Compton 8-803
 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **Morgan Station** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **1000** 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: **8** BLK: _____ PARCEL: **1**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
Howard **P43097**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **8/25/03** **Kacie Norman** **8/25/04**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **552 000** EAST GRID **786 000**
 50 55 57 63

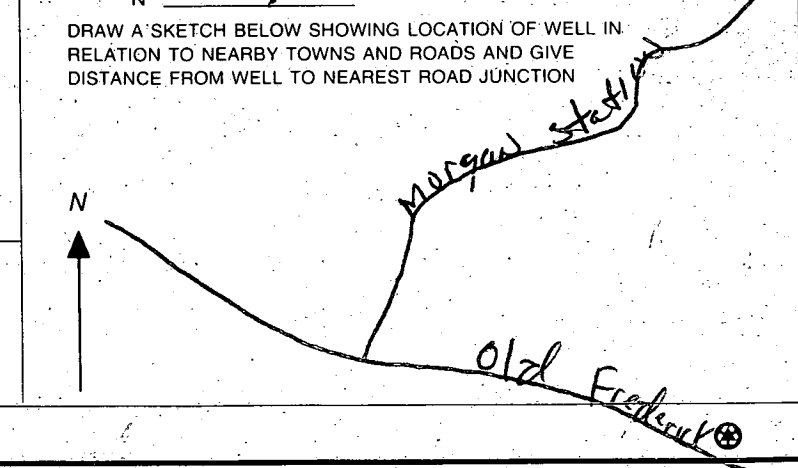
APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/22/03
3 hr grant
8 AM
NO INSP
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7806**
 N **5502**
 000
 000

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-94-3785**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED