

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56631B

A 47508

DISTRICT 4th

DATE 5-17-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 9/14/96

INSPECTOR CW

INDEXED

Jack Ryan / Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 6278 Amherst Avenue, Columbia, MD 21046 PHONE

SUBDIVISION Jack Ryan Property LOT 2 ROAD 400 Morgan Station Road

PROPERTY OWNER Jack Ryan Pam Jekel Jack Ryan

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

*Top seamed septic tank required.

NUMBER OF BEDROOMS 4

*Contractor is to preschedule installation so that Health Department sanitarian may be on site at all times during trench excavation.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 *20' = 120'*

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 105 feet down from the right front lot corner and 10 feet off the front lot line as seen from Morgan Station Road. Run trenches along contour.

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

OK CW OK - 118 5-20-96

PLANS APPROVED BY Glen Savage DATE 02/21/96

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)

BLDG. PERMITS SIGNED

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

AND RETURNED 8/1/2000

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

*300125492
SITTING RM OFF MASTER BR
DEN + REC ROOM*

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.

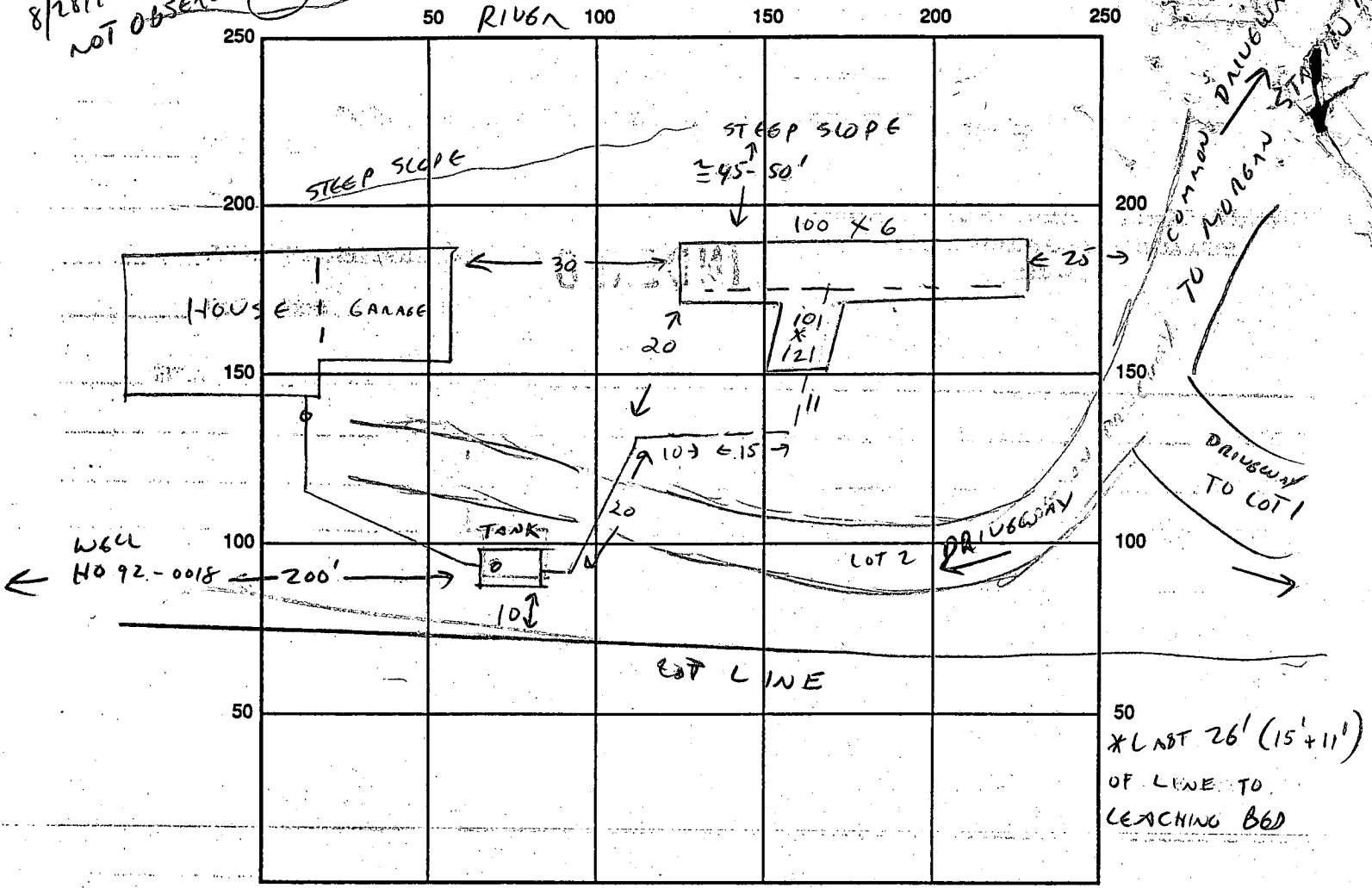
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 47508

8/28/96 WPI
NOT OBSERVED (MA)

LOT 2 - RYAN 400 MORGAN STATION RD
THE SOUTH LOT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS ST INLINE

DISTRIBUTION BOX LEVEL N/A

LEACHING BED

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 9/12/96 UNREVIEWED DRIVEWAY LOCATION COMPLICATES SEPTIC INSTALLATION;
SEPTIC TANK LOCATED BARELY OUT-OF-DRIVEWAY/PARKING AREA, TOO MUCH ON-GOING
CONSTRUCTION ACTIVITY TO ALLOW TRENCH INSTALLATION AS PLANNED,
SEVERE ROCK AT 4' AT TANK HOLE 9/14/96 - SLEEVED LINE PLACED
UNDER PLANNED DRIVEWAY - SHALLOW LEACHING BED/INSTALLED IN MIDDLE OF
SEPTIC AREA, SOILS EXCELLENT - NO ROCK TO DEPTH OF EXCAVATION.

DATE SYSTEM APPROVED 9/14/96 INSPECTOR C. Wilber

* SEPTIC TANK INSTALLED AT HIGH POINT OF SEPTIC AREA, FUTURE REPAIR TO BE UNDER DRIVEWAY - OWNER PREVIOUSLY REPORTED NO PLANS TO PAVE THIS PORTION.

APPLICATION

PERCOLATION TESTING

A 47508

P _____

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

DISTRICT 4th

DATE 9/25/91

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 Jack Ryan

ADDRESS 6278 Amherst Ave. Columbia, MD 21046 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Jack Ryan Property LOT NO. 2

ROAD AND DESCRIPTION 400 Morgan Station
West of Morgan Station Rd. & South of the South Branch of the Patapsco River

TAX MAP 3 PARCEL # 18

**BLDG. PERMIT SIGNED
AND RETURNED 2-16-96**
Serial # 63423

SIZE OF LOT _____ TYPE BLDG. Single Family Dwelling - 4 BRMS
(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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for T "1/2 Letter prepared
office on certified holes; house site; water well site;
10/4/91 A.M. 10:00's No holes dug. Rescheduled for P.M. C.B.
(Mr. Ryan & Digger at site) C.B.

HD-216

THIS IS NOT A PERMIT

→ Recommend - Water Well as SHOWN BEFORE APPROVAL C.B.

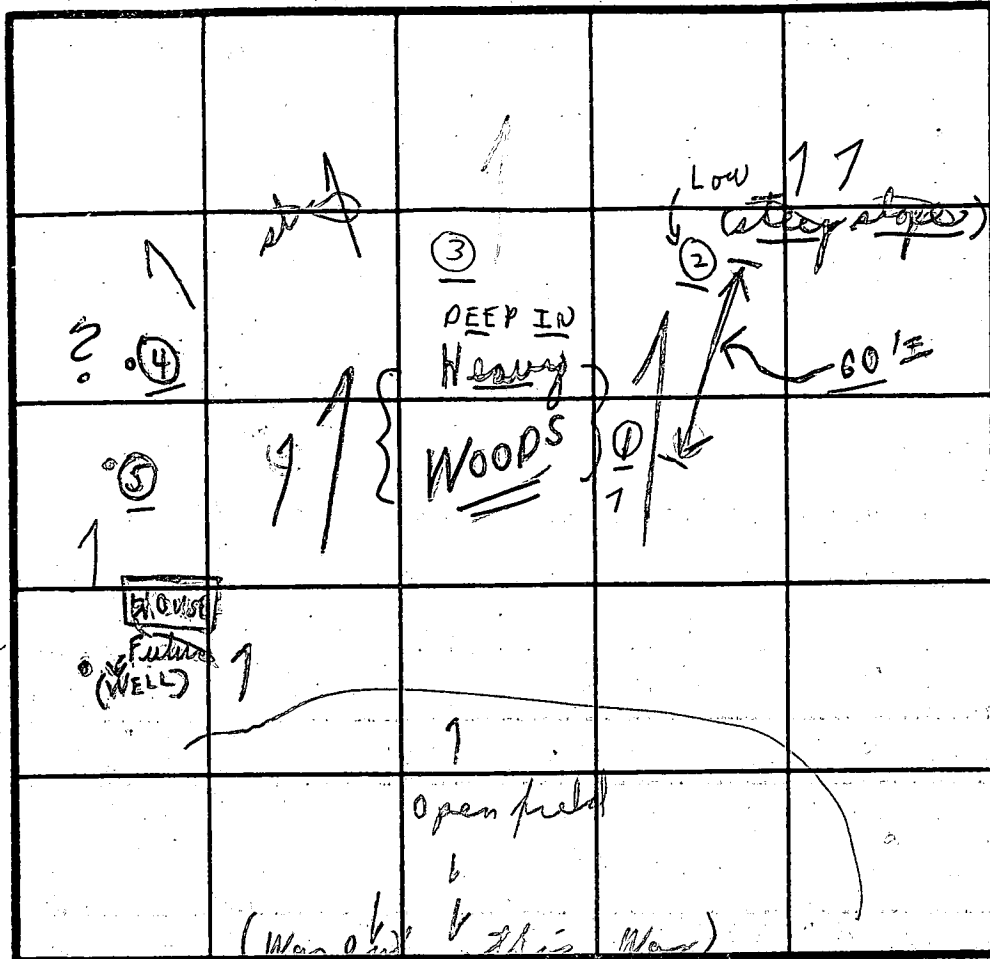
R 47508

LOT #2

HOLE #1

SOIL PROFILE

0 to 3 1/2' CLAY
3' to 6' Sandy Loam
6' to 9 1/2' Weathered shale
BOTTOM



Hole #3

0' to 4' clay
4' to 2' Loam
2' to Weathered shale + shale
10 1/2' Bottoms

To CARROLL CO

HOLE #2

LISBON

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MORGAN STATION ROAD

HOLE #4

0' to 3 1/2' CLAY
3' to 6 1/2' Loam
6' Weathered shale
6' to 8 1/2' sandy shale
8 1/2' to 11' sandy shale
BOTTOM

DATE	TEST NO.	DEPTH	PRE-WET		TEST ... 1" DROP		TIME
			START	STOP	START	STOP	
10/4/91	1	4'	2:04	2:10	2:10	2:30	20m
		9 1/2'	0' to 3 1/2' Clay 3' to 6' Sandy Loam		6' to 8 1/2' Weathered shale 0% to 15%		- 35%
	2	3 1/2'	2:00	2:13	2:13	2:04	27m
		8 1/2'	0' to 3 1/2' Clay 3 1/2' to 6' Loam		6' to 8 1/2' Weathered shale shale to bottom		
	3	4'	2:46	2:52	2:52	3:18	26m
		10 1/2'	0' to 1' Loam 1' to 7' Loam		7' to 10 1/2' Weathered shale + shale		
	4	3'	2:51	3:21	3:21		X
		8'	0' to 4' Clay 4' to 6' Loam		6' to 8' Weathered shale		
	5	4'	3:42	3:48	3:48	4:08	20m
		8 1/2' Visual		6 1/2' to 8 1/2' Weathered shale to shale			

0' to 4 1/2' Clay
4' to 6 1/2' Loam
to
6 1/2' to 8 1/2' Weathered shale
to
shale
8 1/2' to
Bottom

REMARKS: 10/4/91 Shallow trenches only. Deep in Woods. Tests near pers stake.

TYPE OF SOIL: Max depth 3' to 4'
TESTED BY: C. R. D. (Not permitted) 1/27/92
3' Wide x 1 1/2' deep shallow well
1/2' deep 1 1/2' x 1 1/2' shallow well
HOLD for certified holes house water Co. with standard shallow well. M.S. Ryan
Also present: * rods & diggers

Limit of Disturbance
16875 s.f.

Approved Septic System Plan
Howard County Health Department

[Handwritten Signature]
Signature

[Handwritten Date]
Date

Adjoining well

522
524
526

Septic Easement Area
10,000 s.f.

Slopes are greater than 25%
below this line

Area of disturbance
in 25% + slopes
(2190 s.f.)

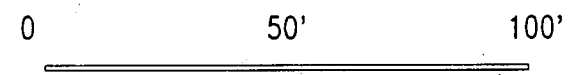
Inv at Dis't Box: 24.0

528
Total Length Of Trench Available: 627'
Distance Between Trenches: 9'

8' Cantilever

Proposed Dwelling

Note: Septic system to be
installed before plumbing R.I.



Scale: 1" = 40'

Jack Ryan Property *Lot 2*

508
510
512
514
516
518
520
522
524
526
528
530

B.R.L. 48'

R100'

Well

530'
250'
to well

BSMT=524

FF=532

R15'

24'

80' Trenches

530

Inv at house: 28.0

Inv. out of tank: 26.5

Inv. in tank: 27.0

28

2'

50'

10'

COMMUNITY & ENVIRONMENTAL DEFENSE SERVICES

Richard D. Van Dyke, President
11300 Hawthorne Road
Freeland, Maryland 21105-0206

(410) 329-8194
1-800-773-4571
FAX (410) 357-4119
E-Mail: 103203.2053@compuserve.com

Shipping Address:
11300 Hawthorne Road
Freeland, Maryland 21105

May 9, 1996

APPT SET
FOR 5/15/96
CW

Mr. Craig Williams, Director
Water & Sewerage Programs
Howard County Department of Health
3525 Elliott Mills Drive
Ellicott City, Maryland 21043

Dear Mr. Williams:

We are assisting residents of the Woodbine area with concerns about a two-lot subdivision under construction on a ridge above the South Branch of the Patapsco River. I would appreciate an opportunity to review the results of well-yield and percolations tests along with any other documents or plans contained in your files for either lot.

Enclosed with this letter is a map showing the approximate location of the lots. The subdivision of the lots is located off of the west side of Morgan Station Road, just south of the Patapsco River. The owners/developers of the lots are Jack Ryan and Pam Jekel.

I will call tomorrow to discuss this request with you.

RECORD OF CONVERSATION;
TEST NOTES } COPIES
COMPLETION REPORT } GIVEN TO R.K.
B P SITE PLAN }

SOME "FUZZY EDGES" RE:
RAPID PERC TIMES
CLOSENESS TO STEEP SLOPES
WERE ACKNOWLEDGED, BUT

cc. Cathy & Ned Foxenire
Joe Salvely
Mark Soper

Building Address: 400 WOODBINE STATION
RE - woodbine

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision _____

Section _____ Area _____ Lot 2

Tax Map 3 Parcel 477 Grid 14

Zoning RE Map Coordinates _____ Lot size 22 acres

Property Owner's Name John C Ryan

Address 400 WOODBINE STATION

City WOODBINE State MD Zip Code 21797

Home Phone 410-499-5528 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax 410-499-5959

Existing Use RESIDENCE

Proposed Use _____

Estimated Construction Cost \$ 100k

Description of Work REPAIR ROOFING BETWEEN
DOWN AND UP GARAGE WALLS

Contractor Company Jack Ryan LLC

Contact Person Jack Ryan

Address SAME

City _____ State _____ Zip Code _____

License No. 44223 Phone _____ Fax _____

Occupant or Tenant John C. Ryan

Contact Name John C

Address _____

City _____ State _____ Zip Code _____

Phone 410-499-5529 Fax 410-499-5959

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>23'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>14'</u> Width <u>38'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	1st floor: <input checked="" type="checkbox"/> 2nd floor: <input checked="" type="checkbox"/> Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>340</u>	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: <u>REPAIR</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature John Ryan
 Title/Company PERMITS

Print Name Jack Ryan
 Date 7-17-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ _____

State Highways _____

Building Official _____

Dev. Engineering, DPZ _____

Health 8/1/00 Mark R. Ryan

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St. _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 25704

Filing fee \$ 25.00

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

Balance due \$ _____

Check # 2001

Validation # 30443

Accepted by (Signature)

C1 7815 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A47508

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 092396

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0911

OWNER Ryan Morgan Station Rd TOWN Woodbine JACK RYAN PROPERTY SECTION 3 BORING LOT 2

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: ORANGE SOIL 0-15', W/LARGE SILTY SAND TAN SOIL 15-20', BROWN SOIL 20-30', HARD GREEN SILTY SAND 30-200'

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 600 GALLONS OF WATER 312 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 200 ft

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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.

TYPE MWD/MSD/MGD DRILLERS LIC. NO. 3557 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 329 Neil Barlow

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

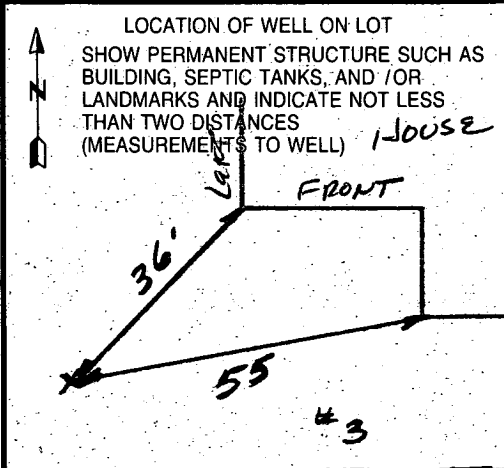
Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60. Includes handwritten entries for depth and slot size.

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

MDE 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

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) (YES or 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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



C1 1042 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 47507

DATE RECEIVED

DATE WELL COMPLETED 092394

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0911

OWNER Ryan JACK STREET OR RFD 400 MORGAN STATION TOWN WOODBINE SUBDIVISION JACK Ryan Prop. SECTION 4 BORING LOT 2

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Orange Soil, w/ large stones, Rocks, med. hard tan shale, Brown Soil, Hard Green shale rock.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) CEMENT (C) BENTONITE CLAY (B) NO. OF BAGS 12 NO. OF POUNDS 600 GALLONS OF WATER 312 DEPTH OF GROUT SEAL 0 to 200 ft.

CASING RECORD casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

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 OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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.

TYPE MWD/MSD/MGD DRILLERS LIC. NO. 355

DRILLERS SIGNATURE

LIC. NO. JWD 329

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N and rows for depth intervals (1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20).

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

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

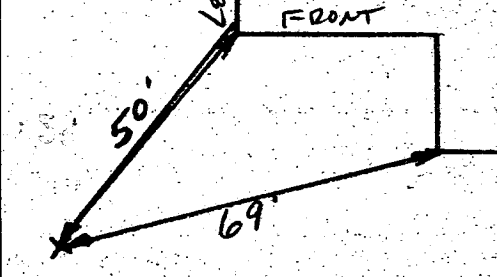
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING 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) HOUSE



C1 1019

SEQUENCE NO. (MDE 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.

COUNTY NUMBER A-47507

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

092396

22 200 26 (TO NEAREST FOOT)

H0-94-0911

OWNER Ryan JACK STREET OR RFD 400 MORMON STATION RD TOWN WOODBINE, MD. SUBDIVISION JACK RYAN PROP. SECTION 1 BORING LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries: ORANGE SOIL 0-20', n/LARGE SIBBLE ROCKS, TOP SOIL 20'-25', TOP WEATHERED SIBBLE ROCK 25'-30', IMPROVED GRAY SIBBLE ROCK 30'-200'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 12 NO. OF POUNDS 600 GALLONS OF WATER 312 DEPTH OF GROUT SEAL 0 to 200 ft.

CASING RECORD

MAIN CASING TYPE (Steel ST, Concrete CO, Plastic PL, Other OT) Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)

SCREEN RECORD (Steel ST, Brass BR, Open Hole HO, Plastic PL, Other OT)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 355

DRILLERS SIGNATURE (Neil Barlow) LIC. NO. JWD 329

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

Table with columns: DEPTH (nearest ft.), SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

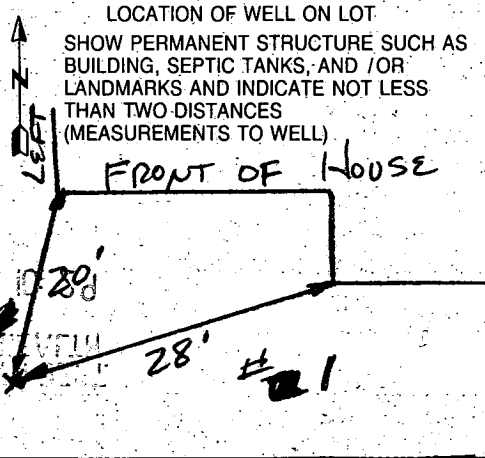
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



6/10/99 Meet
11 AM driller

SITE INSPECTION SHEET

OWNER: Jekel/Ryan?

DATE REQUESTED: _____

PHONE #: 410 442 8067

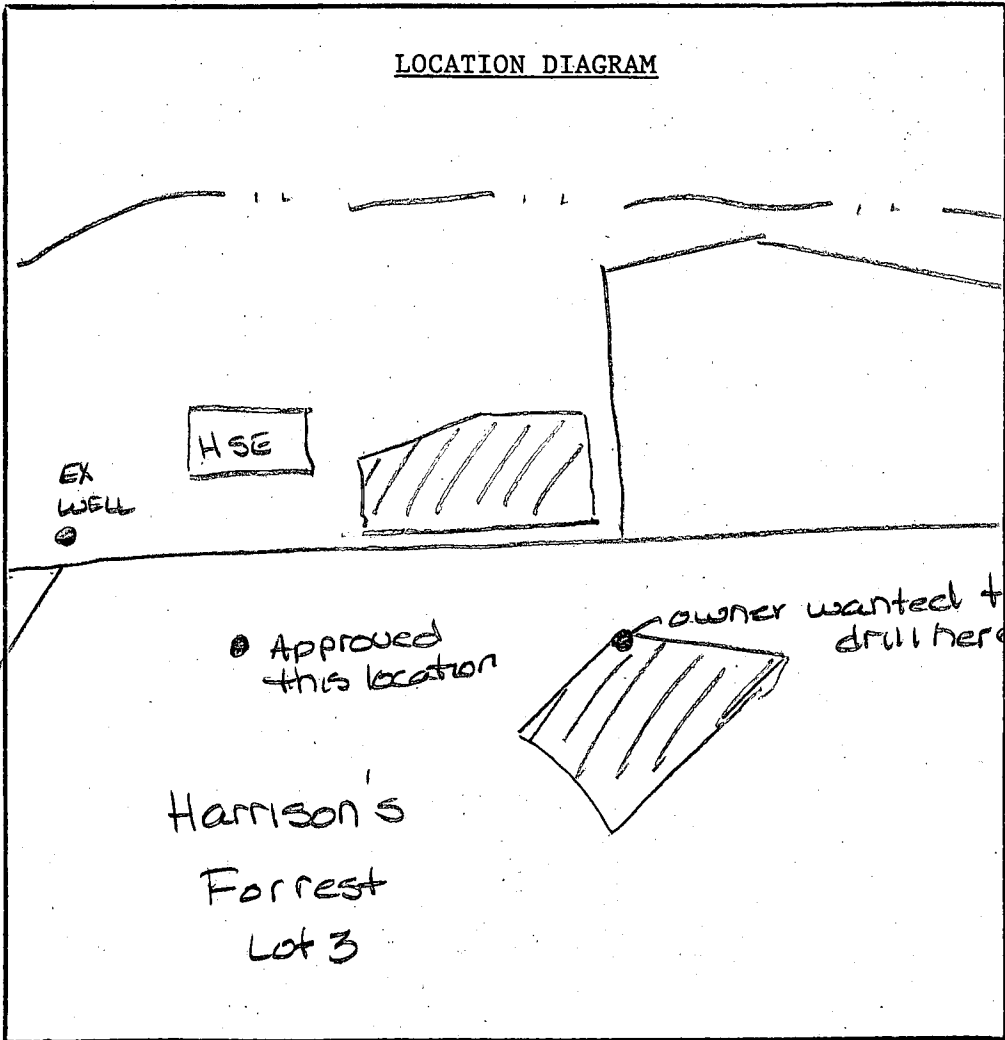
CONTRACTOR: _____

ADDRESS: 400 Morgan Station Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: add 1 well requested for residential irrigation



COMMENTS: 6/10/99 Pam Jekel also owns Lot 3 Harrison's Forrest
she wants ag well that could be converted to potable in future if needed
Advised her that if she wanted to drill in SDA on Lot 3 (Harrison Forrest) she
would need to rezone.

DATE: 6/10/99

INSPECTOR: A. METZLER

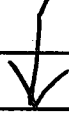
2/19/04

FILE INQUIRY FORM

Property Address: 400 Morgan Station Rd

Bruce
1811

Contact DCP - garage built w/ live-in
apt above - no permit



Our concern - over SDA? Upgrade
for apt above garage?

2/20/04 Bruce Called
SAND 2 car garage B00123379
issued 4/5/2000 Signed
finalled 11/1/2000

Will look on Monday for
site plan. el told him garage
on possible septic.

(KN)

The Howard county HEALTH DEPARTMENT HAS
NO Record of An approved permit
for a detached garage. / BP # B00123379
in our files. (PAM)

KEEP WITH FILE



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

November 20, 1995

Ms. Pamela Jekel
6123 Orient Lane
Columbia, MD 21045

RE: Address Change

Dear Ms. Jekel:

The purpose of this letter is to notify you regarding the correct street address for your property in accordance with the Howard County Street Address Grid System.

At your request, and with the concurrence of Richard Jordan, the county's address coordinator in the Bureau of Communications, addresses have been assigned to your two properties on Morgan Station Road as follows:

OLD/INCORRECT ADDRESS:	NEW/CORRECTED ADDRESS:
406 Morgan Station Road Tax Map 3, Grid 14, Parcel 6	410 Morgan Station Road (lot 1)
Unaddressed parcel Tax Map 3, Grid 14, Parcel 18	400 Morgan Station Road (lot 2)

These address changes are effective upon receipt. The Department of Planning and Zoning will notify the agencies as copied below.

It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County's 9-1-1 system, coupled with a computer-aided-dispatch system, bases responses according to street address.

(over)

In accordance with Section 16.400 of the Howard County Code, "Street Names and House Numbers," all buildings (commercial and residential) must have the correct street address displayed in a conspicuous place over or near the principal entrance. The numbers must be easily legible figures not less than three inches (3") high for residential properties (6" for multi-family or commercial) and in a color contrasting to their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Cindy DelZoppo at (410) 313-2354.

Sincerely,

Gina Tirinnanzi

Gina Tirinnanzi, Chief
Division of Land Development and Research

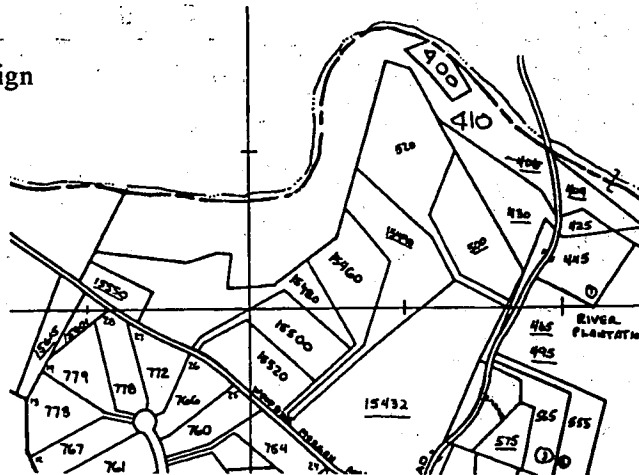
File: 400MRGN.STA

GT/RIJ/j

CERTIFIED MAIL / RECEIPT REQUESTED

- cc: Department of Finance, Water Billing
- Department of Fire & Rescue Services
- Tax Assessment
- Bureau of Utilities
- Department of Inspections, Licenses and Permits
- Inspections Enforcement - Brenda Hill.
- ~~Health Department~~
- Election Board
- DPW - Bureau of Engineering, Utility Design
- DPZ - Graphics - Mike White
- DPZ - Research
- DPZ - Development Engineering Division,
Land Development

Postmaster, Woodbine, MD 21797-9998
Bell Atlantic Maryland
Baltimore Gas & Electric



55 NOV 29 AM 8:33

RECEIVED
NOV 29 1995
MAIL ROOM

C1 **8195** 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 **A 47508**

ST/CO USE ONLY
 DATE Received

8	1	1	1	1	1
---	---	---	---	---	---

 DATE WELL COMPLETED **06/12/92**

Depth of Well
 22 **400** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT-TO DRILL WELL"
HA-98-0018

OWNER **RYAN TACK**
 last name first name
 STREET OR RFD **Morgan Station Rd** TOWN **Woodbine**
 SUBDIVISION **TACK HUN** SECTION **1** LOT **2**

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	15	
Blue Rock	15	400	✓

Dry well is 480, 460'
 400' fill'd
 in with cement
 & drilling materials

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **6** NO. OF POUNDS **564**
 GALLONS OF WATER **26**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **22**

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

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

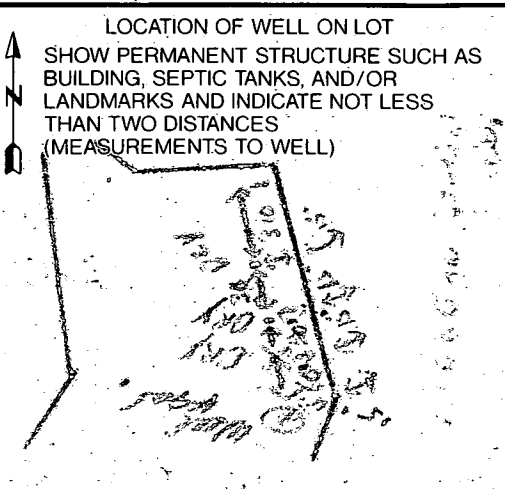
C2
 DEPTH (nearest ft.)
 1 **HO 50 400**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **35**
 WHEN PUMPING **15 1/2**
 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) **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 } **51** (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 (MUST MATCH SIGNATURE ON APPLICATION)

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

THIS FAX IS 2 PAGES INCLUDING THIS COVERSHEET

To: Mr. Boris, Environmental Health (fax 410-313-2648)

From: Rhonda Downey (home fax 410-489-9795)

Date: March 18, 2005

Subject: Attached Correspondence

mail

March 18, 2005

Mr. Boris (sent via fax and US Mail)
Howard County Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

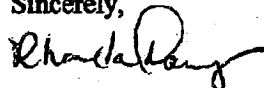
Dear Mr. Boris:

I have been informed that the Health Department/Environmental Health files have no information or record of approval for building permit #B00123379 which was for a detached 2-car garage constructed at 400 Morgan Station Road in Woodbine, Maryland.

This letter is to request a written statement from you regarding the following: 1) that the Health Department does not have any knowledge or record of any approval for the subject building permit; 2) that your department would not approve any construction of a 2 car garage over top of a septic reserve area.

Thank you for your assistance in this matter. Should you require any additional information to comply with this request, please do not hesitate to contact me at 410-489-9799 (home). Any statement provided by you may be faxed to my home fax at 410-489-9795, or you may contact me at the above home phone number and I will pick up your statement.

Sincerely,

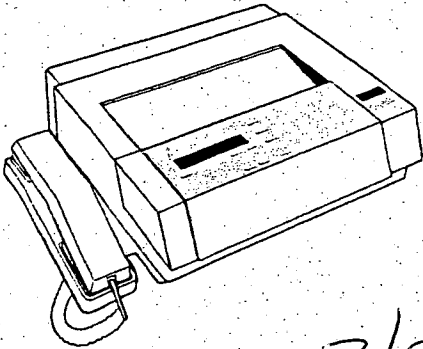


Rhonda Downey

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Penny E. Borenstein, M.D., M.P.H., Health Officer

F A X



Date

3/24/05

To

Rhonda Downey

Department

FAX #

(410) 489-9795

From

J. Boris

Telephone

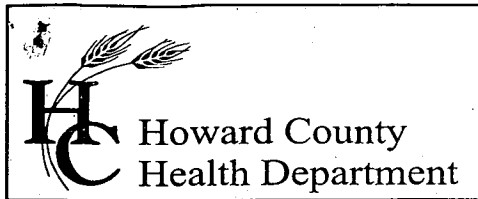
FAX (410) 313-2648

of Pages

2

(including cover page)

Comments




7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 24, 2005

TO: Mrs. Rhonda Downey

FROM: John A. Boris, Jr., R.S. 
Supervisor, Well and Septic Program

RE: BOO123379, 400 Morgan Station Road

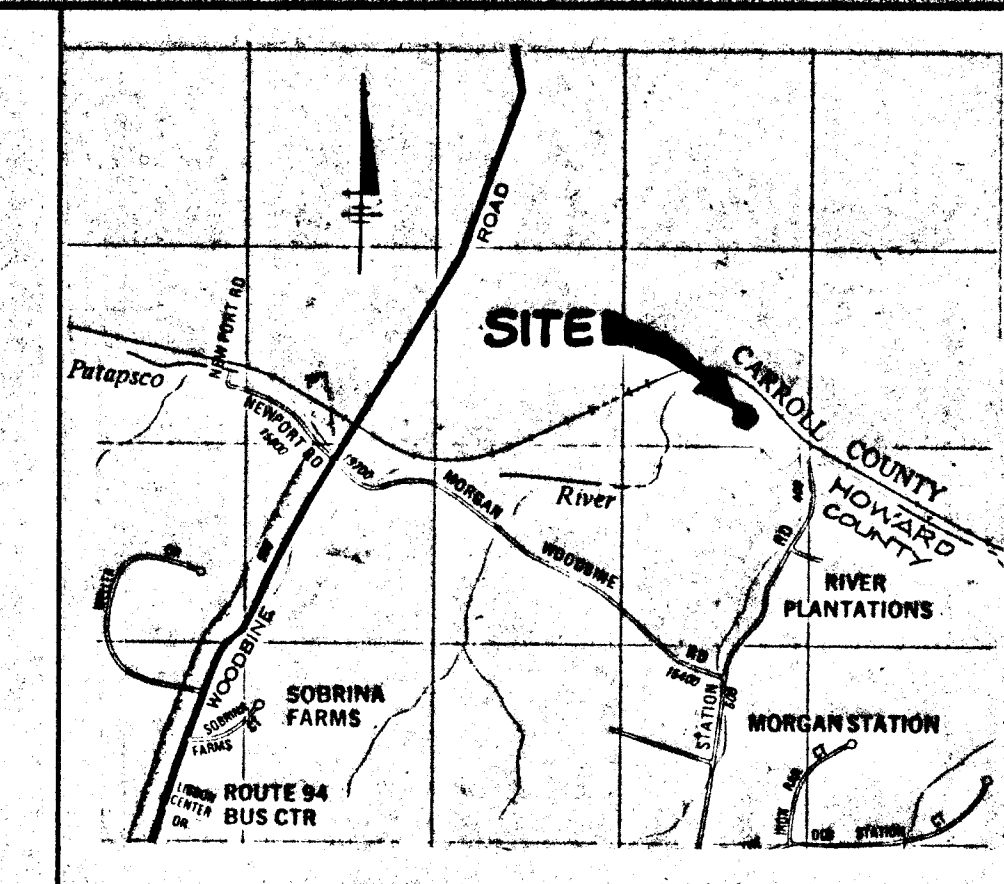
Dear Mrs. Downey;

This is a response to your letter dated March 18, 2005 inquiring about the building permit mentioned above. The Health Department has no record in our files for the above-mentioned property pertaining to that particular number. A previous building permit shows that interior modifications were requested for the above-mentioned property only (B00125492-8/2000).

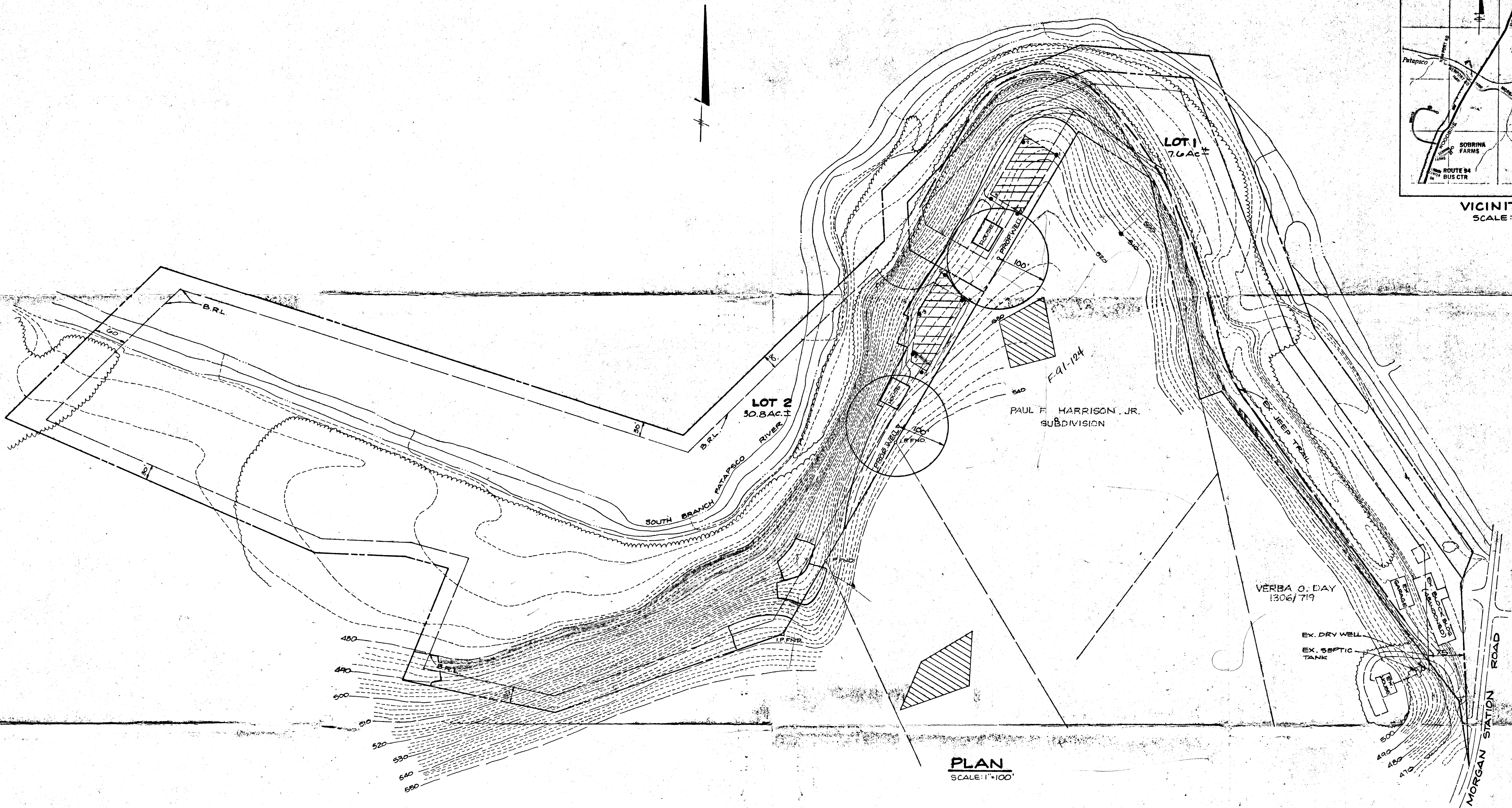
Your second inquiry was a question pertaining to if the Health Department would ever approve a structure on top of a septic system disposal area or septic system. I can only speak from the start of my tenure with this agency that I have not seen or heard of this being acceptable. Typically, an applicant who may request this is told the following:

1. Attempt to relocate the proposed building structure so it can meet all of the necessary setbacks.
2. Attempt to relocate the sewage disposal area by means of performing percolation tests at another location on the lot.
3. If the septic system is going to be impacted, the applicant is advised that the system is to be relocated. A percolation test may be required and is dependant upon available testing data.

It is important to note as well that approximately 2 years ago the Well and Septic Program began requiring that if any modification to the septic system or the sewage disposal area was required, based on the building permit information that was provided at the time of the application, these modifications had to occur prior to building permit approval. If you require any more information pertaining to this property in the form of copies, a public information request will need to be received by our agency and processed accordingly. If you have any questions pertaining to this letter you may contact me at (410) 313-1771.



VICINITY MAP
SCALE: 1"=2000'



PLAN
SCALE: 1"=100'

WELLS INSTALLED:
LOT 1 - WELL No. HO 920019
LOT 2 - WELL No. HO 920018

THE LOT CONFIGURATION SHOWN WILL BE CREATED BY ADJOINER TRANSFER.

NOTES:

- INDICATES LOCATION OF PERCOLATION TEST HOLE.
- ▨ 25% SLOPE OR GREATER

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. +/- AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.

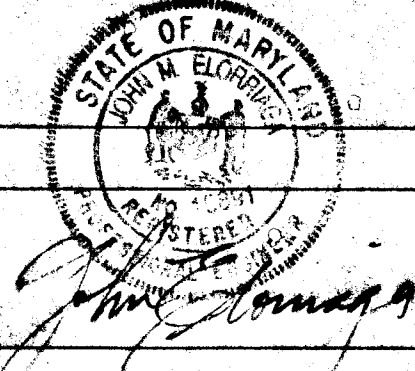
SUBJECT PROPERTY ZONED "R" PER 8/2/1985 COMPREHENSIVE ZONING PLAN.
ALL EX. WELL AND SEPTICS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN

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

Joyce M. Boyd
COUNTY HEALTH OFFICER
3/15/94
DATE

NO	DATE	REVISION
3-9-94		APPROVED WELLS NOTE & ADJOINER TRANSFER NOTE ADDED/REVISED V.O. DAY PROP. LINE

TRACY, SCHULTE & ASSOCIATES INC.
planning • architecture • engineering
8480 Baltimore National Pike • Ellicott City, Maryland 21043 • (301) 465-6105



OWNER/DEVELOPER		PROJECT	
JACK RYAN 6278 AMHERST AVE. COLUMBIA, MD. 21046		JACK RYAN PROPERTY	
LOCATION			
TAX MAP No. 3, PARCELS 6, 13 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND			
TITLE			
HEALTH DEPARTMENT PERCOLATION CERTIFICATION PLAN			
DATE	NOV. 11, 1991	PROJECT NO.	423
DES. D.A.M.	DRN: J.B.	SCALE:	1"=100'
		DRAWING	1 OF 1