

5/18/89 NOON ON EARLIER
MEET CONTRACTOR.
5/25/89 pm ✓

Tax ID - 04-345967 File

PERMIT

P 44109
A 37741
DISTRICT 4th
DATE 4/19/89
DATE SYSTEM APPROVED 5/25/89
INSPECTOR C. BOA

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 W. OldLiberty Road, Westminster, Maryland PHONE 875-2400

SUBDIVISION Southern Station ROAD 725 Morgan Station Rd LOT 4

PROPERTY OWNER Diversified Homes

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 245 feet from the front lot line and 205 feet from the right lot line as seen when facing the lot from Morgan Station Road. Run trenches on contour toward the right lot line.

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

PLACE DIST. BOX AS HIGH IN SEPTIC RESERVE AREA AS POSSIBLE TO MAXIMIZE REPAIR AREA.

OK TO INSTALL 3-115' TRENCHES. SAU

OK/CW

PLANS APPROVED BY Sid Abel DATE 2/10/89

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

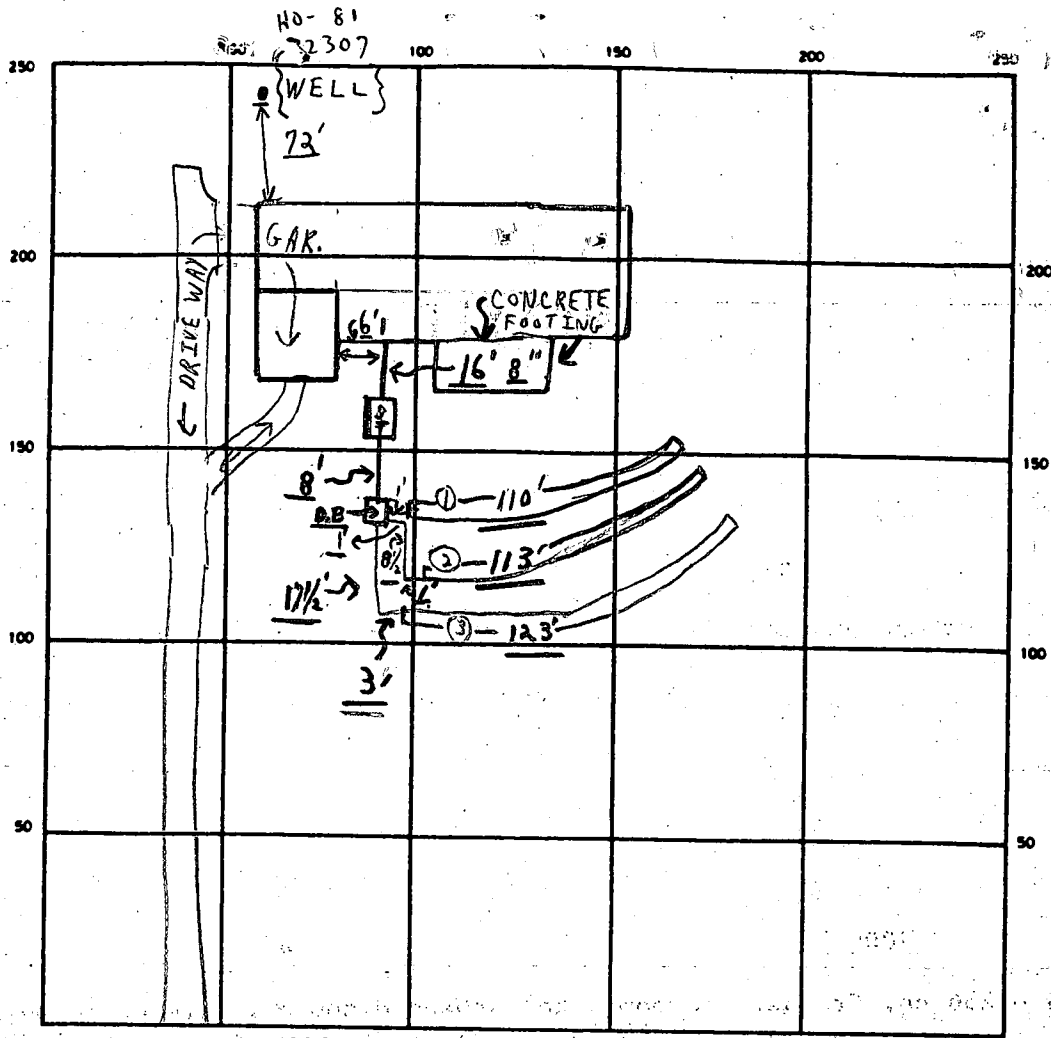
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUDG. PERMIT SIGNED AND RETURNED 9/14/90
Serial # 34564-

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. Hleck

A 37741



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← MORGAN STATION ROAD →

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

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

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH ① 110' ② 113' ③ 123' } = FT 346'

NUMBER OF TRENCHES 3 ONE 1038 SQ. FT. BOTTOM AREA

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

ABSORBENT AREA 1038 SQ. FT.

REMARKS 5/25/89 P.M. - TRENCHES - ALL OK; FINAL, C.B.D

NOTE: PARTIAL-W.P.I., - LINE TO HOUSE OK AND PITLESS ADAPTER - OK. C.B.D

DATE SYSTEM APPROVED 5/25/89 INSPECTOR Charles Bryan Stecker

22
236
234
24
342
1024
9
12
12

APPLICATION

PERCOLATION TESTING

A 37741

P 1

4

DISTRICT 4

DATE 10/1/86

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

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~~ Trinity Builders Diversified Homes

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Balto National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION: THE SOUTHERN STATION LOT 4 PERC. CERTIF.

SUBDIVISION ~~Crum Property~~ LOT NO. 6

ROAD AND DESCRIPTION ~~725~~ MORGAN STATION ROAD - 2950' 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 Abdul FOR Standard Homes DATE 2-10-89

REJECTED BY _____ BLDG. PERMIT SIGNED AND RETURNED 9/10/89 FOR _____ BLDG. PERMIT SIGNED AND RETURNED 9/10/89 DATE _____

HOLD PENDING FURTHER TESTS BP 23494 SAU BP# 34567 DATE _____

REASONS FOR REJECTION OR HOLDING 5/19/87 Per OK Hold for Plat A/H

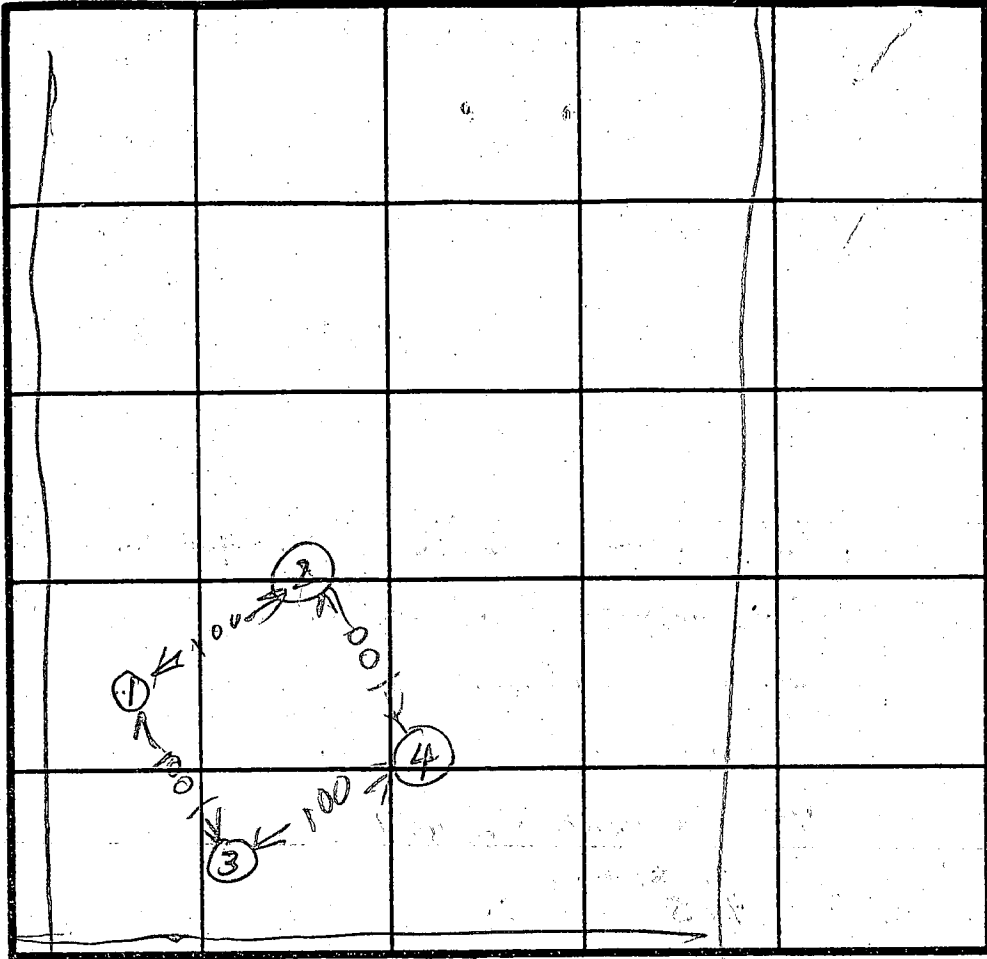
FOR DEPOSIT ONLY
HOWARD COUNTY HEALTH DEPARTMENT 10-403616-02
BLDG. PERMIT SIGNED AND RETURNED 4-21-88 BLDG. PERMIT SIGNED AND RETURNED 3-22-88

THIS IS NOT A PERMIT

10/6

SOIL PROFILE

SAND
LOAM
10%
SAPROLITE
9.5
ROCK



180Φ/BL
INLET 2"
BOTTOM 3.5'-4"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SANDY
LOAM
100%
SAPROLITE

ROCK

SAND
LOAM
100%
SAPROLITE

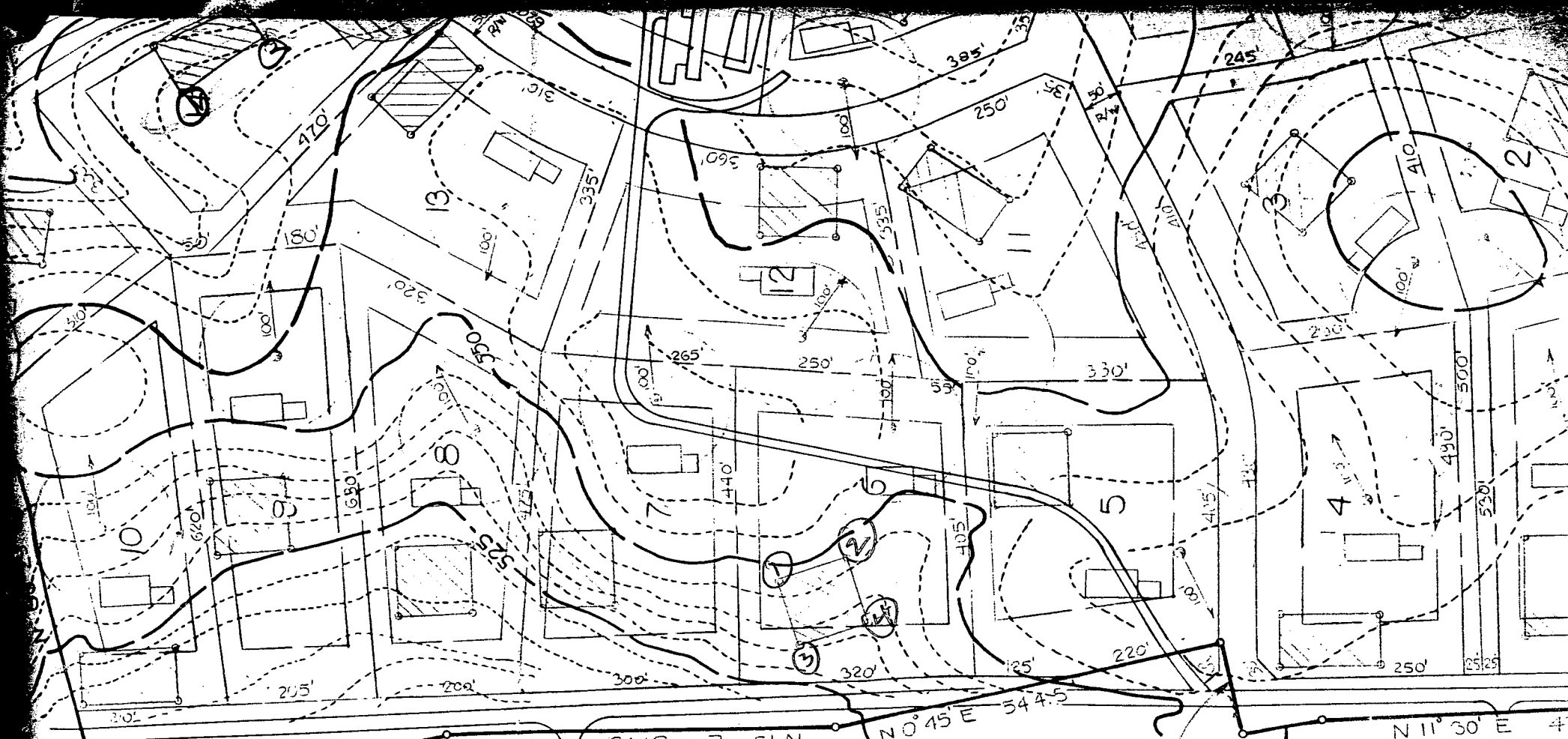
ROCK

SAND
LOAM
100%
SAPROLITE
ROCK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/24/07	1 S	1.2	1142	1143	1143	1144	11	
	1 D	5.5	1142	1143	1143	1207	13	
	1 V	9.5	OK BUT ROCK BOTTOM					
	2 S	2.5	1149	1150	1150	1152	2	
	2 V	8	OK BUT ROCK BOTTOM					
	3 S	2.5	1156	1200	1200	1203	9	
	3 V	9.5	OK BUT ROCK BOTTOM					
	4 S	2	1200	1200	1200	1227	19	
	4 V	9.5	OK BUT ROCK BOTTOM					

at
time
9min
MAX
DEPTH
2ft

REMARKS: SHALLOW DRAINFIELD.
 TYPE OF SOIL: Hobbs Per Suroya Slaf
 TESTED BY: R. Hoover
 ALSO PRESENT: DREWER, OKETEMAN



MORGAN STATION ROAD MORGAN STATION

Lot 1, 4, 5, 6, 7, 8, 9, 10

19

N 88° 30' E 127.88

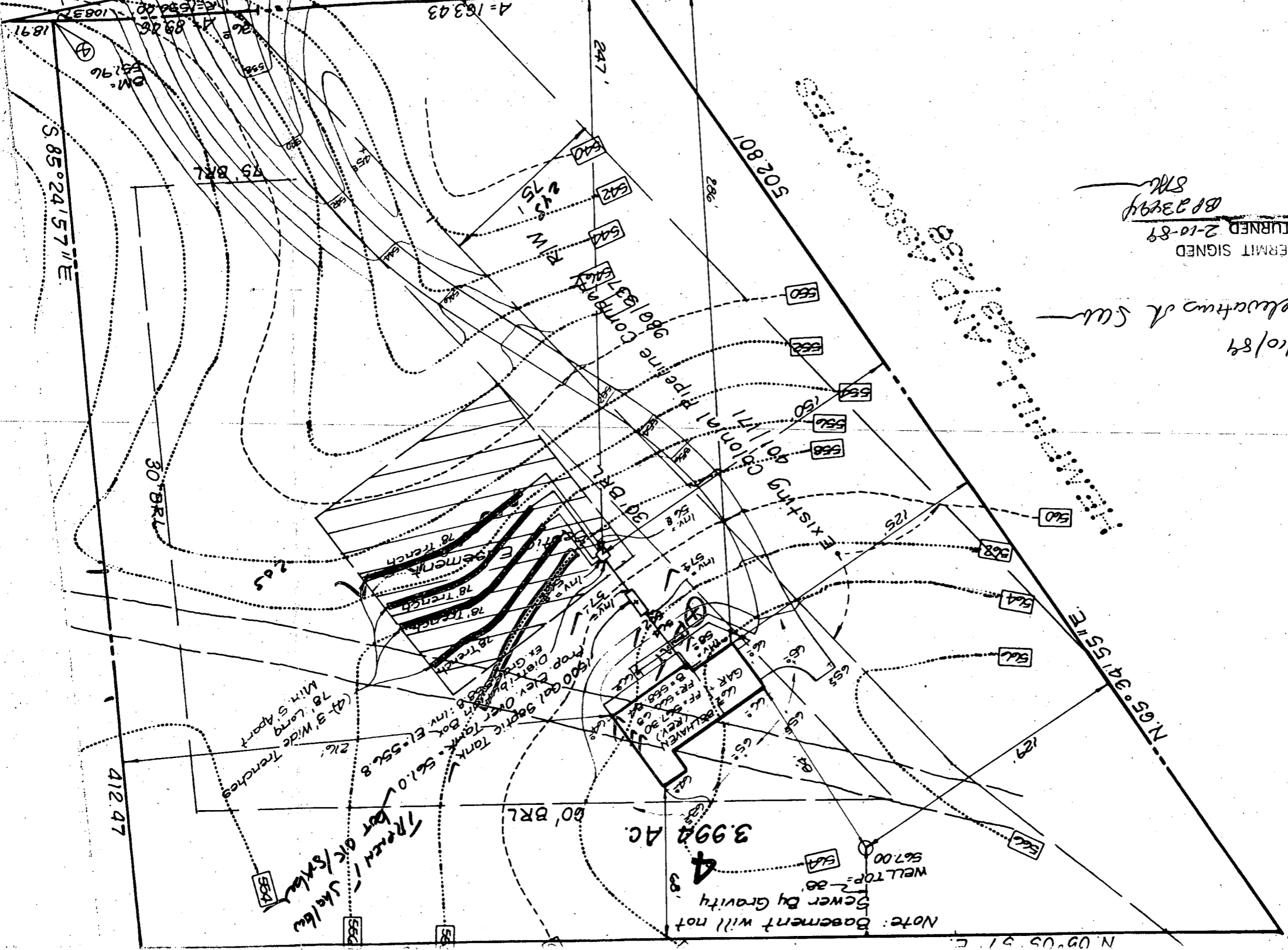
N 01° 30' E 111.38

N 11° 30' E 47

N 13° E 511.5

N 04° E 231.00

N 0° 45' E 544.5



BDG. PERMIT SIGNED
AND RETURNED 2-10-89
BP 23294
SM

2/10/89
Elevation of SW

Note: Basement will not
Sewer By Gravity

N 09° 05' 51" E

C1 1908 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 37741**

DATE Received [] DATE WELL COMPLETED **09 28 87** Depth of Well **205** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **HO-81-2307**

OWNER **ASSOCIATES** **HEMPHILL**
 STREET OR RFD **MORGAN STATION ROAD** TOWN **WOODRINE**
 SUBDIVISION **THE SOUTHERN STATION** SECTION **4** 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	
To p Soil	0	2	
Brown Shale	2	15	
Brown Slate	15	20	
Blue Slate	20	40	
Brown Slate	40	45	✓
Blue Slate	45	70	
Brown Slate	70	75	✓
Blue Slate	75	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **200**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **25** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **27**

OTHER CASING (if used)
 diameter inch 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
 DEPTH (nearest ft.)
 1 **HO** **25** **205**
 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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

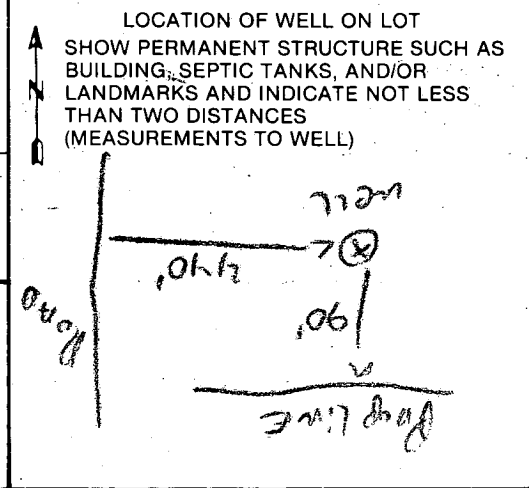
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **45** WHEN PUMPING **58**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **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 **2** (nearest foot)
- 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 **Ralph Mays**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 7 5716 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

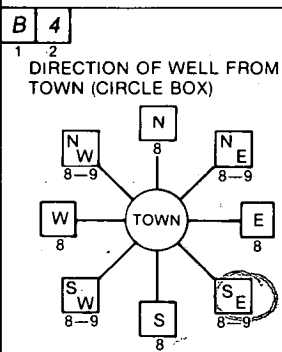
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER
MD-81-2307
fill in this form completely

Date Received 090387
OWNER INFORMATION
Last Name: HEMPHILL, Owner: E, First Name: ASSOC
Street or RFD: JOCKE BALT MATL LAKE
Town: ELLICOTT, City: C, State: MD, Zip: 21043

LOCATION OF WELL
8 COUNTY: HOWARD
23 SUBDIVISION: THE SOUTHERN STATION
SECTION: 44-46, LOT: 48-50
52 NEAREST TOWN: WOODBINE
MILES FROM TOWN: 2 MI

DRILLER INFORMATION
Driller's Name: Ralph MAYNE, License No. 80: 273
Firm Name: Ralph MAYNE WELL DRILLING
Address: 9120 Brown Church Rd. Mt Airy
Signature: Ralph MAYNE, Date: 8/31/87



DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD: Morgan Station Rd.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST
DISTANCE FROM ROAD: 440 FT
ENTER FT or MI: 440

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD, COUNTY NO.: A 37747
OEP SIGNATURE: B Nylon, DATE ISSUED: 03/18/88
NORTH GRID: 552000, EAST GRID: 0796000

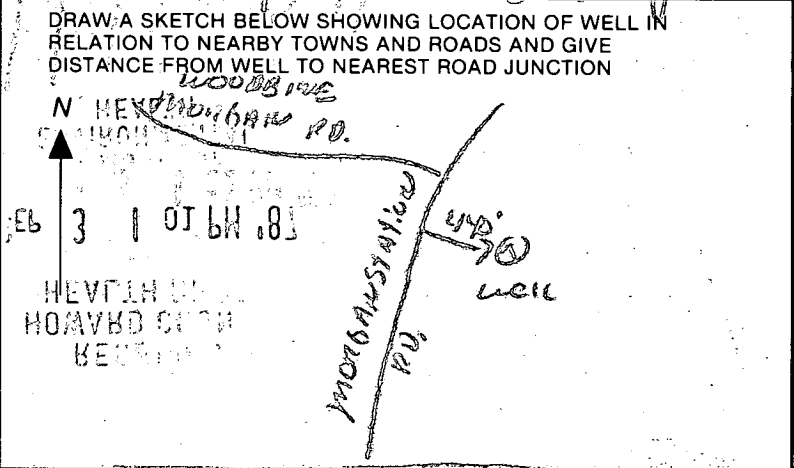
APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT
other:

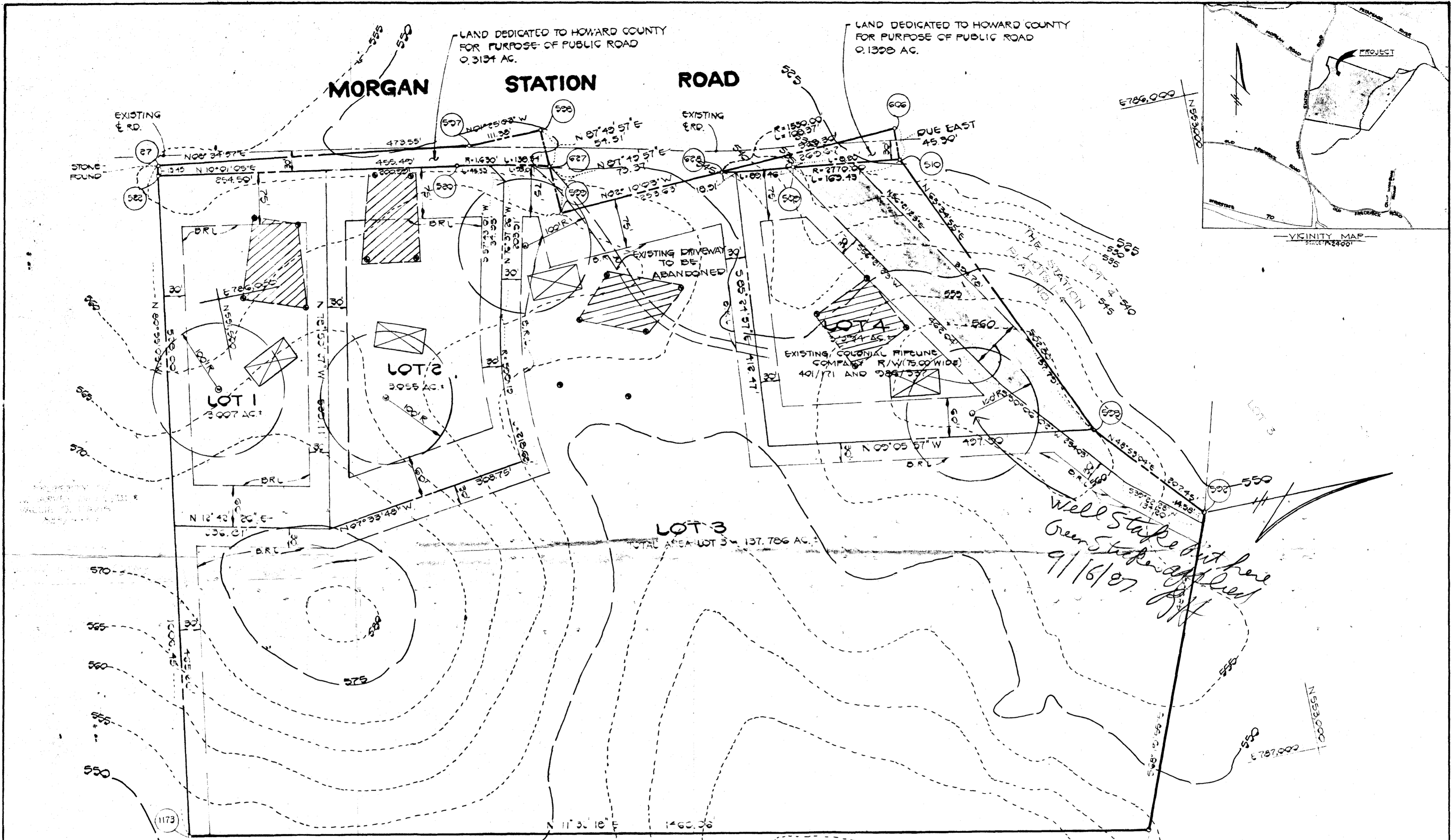
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE:
3806
5502
9/28/87 location as per sketch
27 casing (1-1/2" above)
25' open
7 bags cement
160 sample

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE INITIALS: AA, PERMIT No.: MD-81-2307

SPECIAL CONDITIONS



LAND DEDICATED TO HOWARD COUNTY FOR PURPOSE OF PUBLIC ROAD 0.3134 AC.

LAND DEDICATED TO HOWARD COUNTY FOR PURPOSE OF PUBLIC ROAD 0.1398 AC.

MORGAN

STATION ROAD

VICINITY MAP

Well Stake bit here
Green Stake applied
9/16/87
JH

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

John G. Galt 6-9-87
COUNTY HEALTH OFFICER DATE

Chas. J. Carter

OWNER
MR & MRS ROY W. GALT
FOURMILLS INC ASSOCIATES
PO BOX 15
ELLCOTT CITY, MARYLAND 21043

DEVELOPER & CONTRACT PURCHASER

FISHER, COLLINS AND CARTER, INC.
CONSULTING ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLCOTT CITY, MARYLAND 21043
TELEPHONE (301) 461-3885

PERC CERTIFICATION DRAWING
THE SOUTHERN STATION

LOTS 1-4
TAX MAP 3
P/O TAX MAP PARCELS 3&11
ZONING R
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1"=100' MAY 29, 1987
SHEET 1 OF 1
F87-

LEGEND
 DENOTES LOCATION OF DWELLING.
 DENOTES PROPOSED WELL.
 DENOTES FIELD LOCATION OF PERC HOLES.

CONVERSION TABLE

OLD LOT NO.	NEW LOT NO.
4	2
5	3
6	4

NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET 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 SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE 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 SHALL NOT BE NECESSARY.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.