

1/24/81 2000

PERMIT

30324

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT___3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

1 (INDEXED 309274

DATE 11278

inspector 🏒

	Collins Company, In	<u>c.</u>	IS PERMITTED TO	INSTALL X	ALTER
ADDRESS 2024	Millers Mill Road,	Cooksville, Maryla	and 21723 PHONE	<u> 795-8618</u>	}
SUBDIVISION	Wynfield	ROAD	Wynfield Rd	LOT <u>13S</u>	ection 2
PROPERTY OWNER		Paul Cl	affy		
ADDRESS				·	
	R IS USED INCREASE SEPTIC 1	TANK CAPACITY BY 50% AN	D ABSORPTION AREA BY	22%.	4.5/5400.
• .	YES NO	•		1893	4.5/5400. 430 430 480 480
SEPTIC TANK CAPACI	TY GALLONS	NUMBER OF BEDRO	OMS3	540 (20	ft. 640
grad	sq. ft. per bedroom e. Bottom maximum o .5 feet below origin	depth 9.0 <u>feet</u> bel	ow original grade	e. Effecti	ve area begi
ri gh	e the distribution in the lot line as seen to our toward the left	when facing the lo			
OTE - No t	rench to exceed 100	feet in length	Rrovide 6" - 8"	diameter cl	eanout and
cap	to grade or above or	n septic tank.	9	:	
		W.	30		
PLANS APPROVED BY	S. A	bel		DATE4	/16/87
COVER NO WORK UNTIL II	NSPECTED AND APPROVED.		`	4	
	OUNTY COUNCIL NOR THE HEALTH D	DEPARTMENT IS RESPONSIBLE FO	R THE SUCCESSFUL OPERATION	N OF ANY SYSTEM.	10.

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).

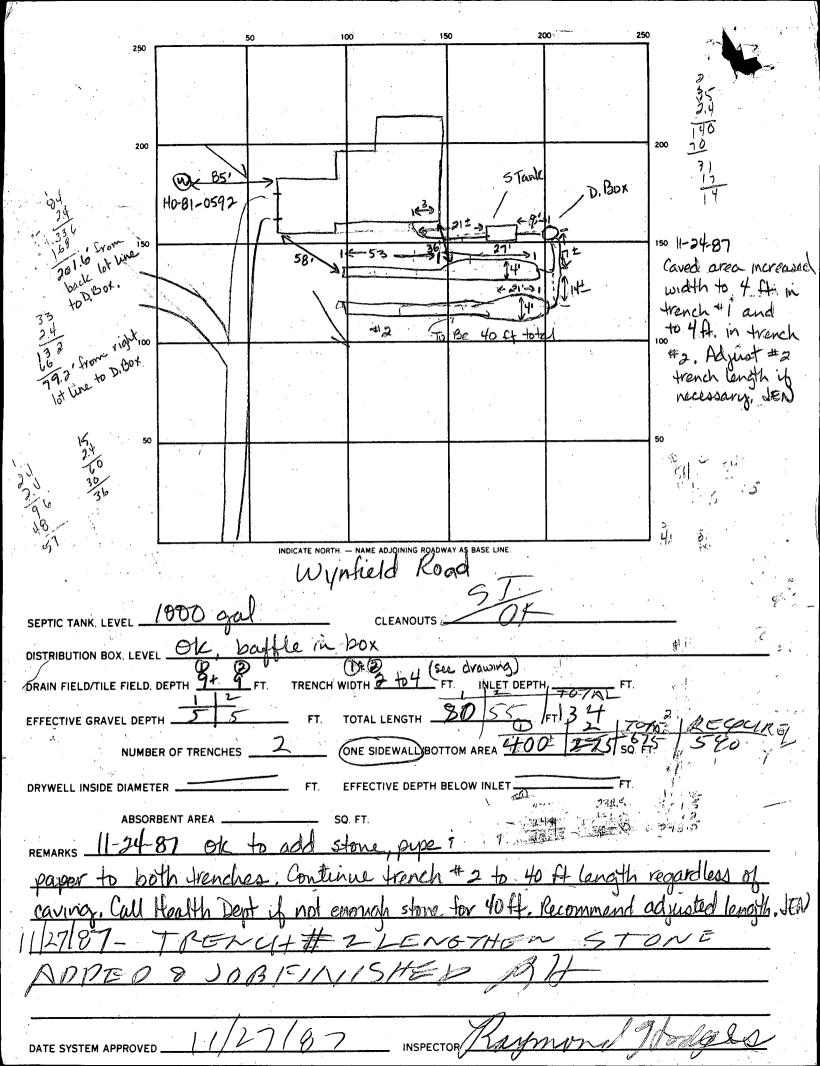
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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.



APPLICATION

* 1
A 30324
. 303721
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SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
· ·

DISTRICT	3rd.		
DATE	10/31/79		

TO:	THE COUNTY HEALTH OFFICER

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

							*
SIZE OF LOT	3 acres plus		r e s.		_ TYPE BLDG	3 or 4 be	drooms
ROAD AND DESCRIPTION	Route 144	2681	wgnfs.	del		15 on-	signedplolin
SUBDIVISION	-Hoffman-proper	ty			LOT NÓ	.15 .	
PROPERTY LOCATION:	WYNFIEL	D_				13 sect	a onfinal
*,							
ADDRESS	3450 Ft. Meade	Rd., No.	206, Laur	el, Md. :	20810 _{PHONE}		- 792-2242 ovell - 265-654:
PROPERTY OWNER	-Land Associate	3 77-	1 CCAFF	7			

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES	•			
SIGNATURE OF APPLICANT	/s/ Ted Snovell for	Land Associates		i i i i i i i i i i i i i i i i i i i
DII	4 D WM	FOR DRYWELL		12/27/79
APPROVED BY	4- D, W.: 11	FOR UNITORICE	DATE	16/6//19
REJECTED BY ~	F	FOR	DATE	
HOLD PENDING FURTHER TE	erc		. DATE	$\mathcal{A} = \mathcal{A} \otimes \mathcal{A}$
HOLD FENDING FUNTHER TE				
REASONS FOR REJECTION OF	RHOLDING 11/8/77-MURE TEST (RH 11/9/79 OK Q	+	
0	4			
Myss a	given to flow	SLDG. PERI	MT SIG	NED /
/ /	J			

THIS IS NOT A PER

	(15))		EDGE	or was	15 S	**************************************	Prophy and
i National Parket	3							5.00
0'	SOIL PROFILE				90		4	ment high
6	CLAY			1	2		() ()	=LOWEST =NEXTLOW
	LOPAN X BANDY				\$ 10			15715
	1 014			10	106	0		
14		3 × 6	2	<u>:</u>	y			
			tone of					
		3 - X T	i porti i i i	i				

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

4.					14		
DATE	TEST NO.	DEPTH	PRE- START	WET STOP	TEST START	1" DROP STOP	TIME
11 8 79	i D	14	1124	1140	1140	1206	26
	15	5/2	1124	1140	1140	1205	25
	2)	14	1128	1134	1134	1139	5
	25.	4/2	1.128	1134	1134	1152	18
-1	(3.5)	4/2	1136	1208	SLOW F	FAIL	
	3 D	14	1136	1146	1146	1159	13
	45	5	1148	1150	1150	1154	4
11/8/78	4D	14/2	1151	1202	1202	1207	5
11/9/29	3 M	6	1000	1002	1002	1004	2
	2		, i	35° C			

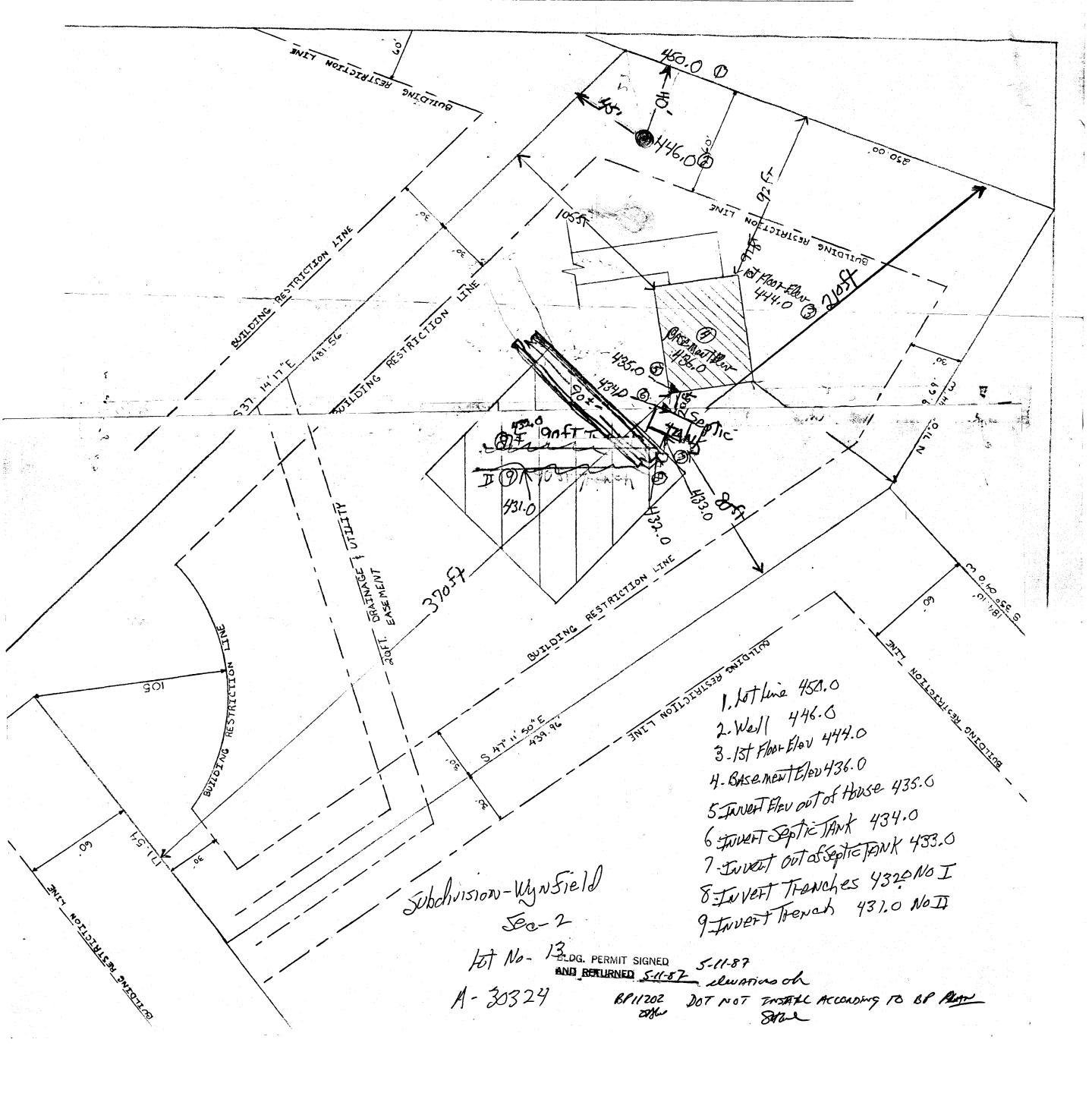
13 MIN, AUG.

	7.	10	7. /-	79	arrive	93	À	
REMARKSL		$\boldsymbol{m{m{\mu}}}$			100000		<u>u</u>	

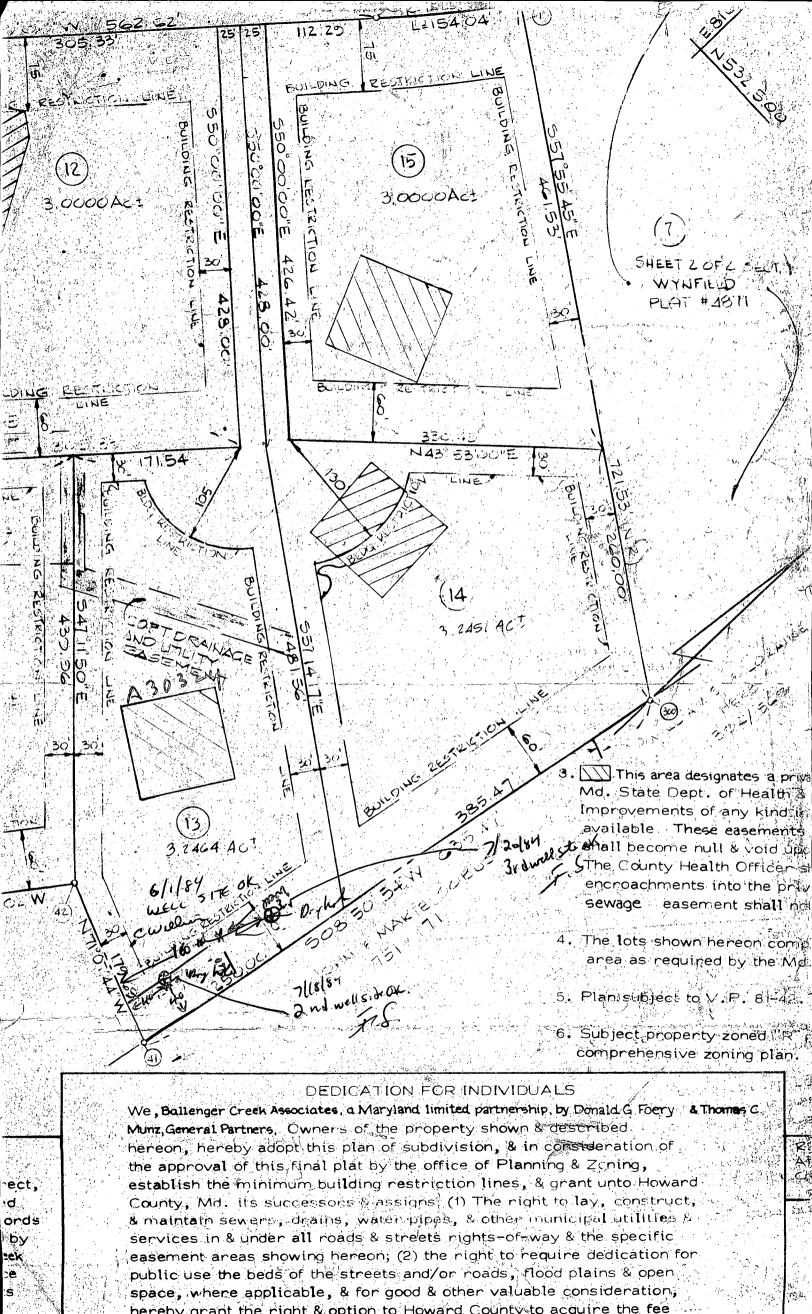
TYPE OF SOIL

TESTED BY RIST

ALSO PRESENT VIM DUSZY MRI



SPECIAL CONDITIONS



hereby grant the right & option to Howard County to acquire the fee simple title to the beds of the streets and/or roads, flood plains, storm drainage facilities, & open space, where applicable: (3) the right to

PAUL CCAFFY

9940 OCD COURT PD.

WOODSTOCK, Md. 21163

HOME - COSS-SP27

WORK - 461-2411

DIVISION OF ENVIRONMENTAL HEALTH

18° MA 85 2 85 YA!

Mayaday, YIMUJO OSAWOH TISIU BIJIJIH

C 1 3293 SEQUENCE NO. (OEP 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 COSS 36 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 30313
DATE Received DATE WELL COMPLETE	22 3 2 5 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 15 20 OWNER CLAFF Y	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD last name WYNFI &		CN. FRIENDSHIP
SUBDIVISION WYNFIELD	SECTION IT	LOT /3
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO if water bearing	NO. OF BAGS NO. OF POUNDS 946	PUMPING RATE (gal. per min. to nearest gal.)
Bur style Wall	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Suckets
Grown Shale o \$2 Thay mica roof \$2 325 a	from ft. to ft.	WATER LEVEL (distance from land surface)
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Thay mica rout 2 325 v	casing CASING RECORD	17 20
	types ST CO	WHEN PUMPING / 7/5 25
	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
	code below PLASTIC OTHER	$ \begin{array}{c c} \hline $
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O (describe below)
	TYPE (nearest inch) (nearest foot)	J jet S submersible
		27
	60 61 63 64 66 70 E OTHER CASING (if used)	
	A diameter depth (feet)	PUMP INSTALLED
	H inch from to	DOULED WILL INCTALL DUMP
	\$	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
DRYWELLS-	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
, 20-	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
7 - 3 - 3	Appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
2- 380	code BHONZE HOLE	CAPACITY GALLONS PER MINUTE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 31 35
Alled in with Consult	C 2	37 41
Filled in with Coment	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 1 4 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
	H 2 23 24 26 30 32 36	LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED		LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED		A SHOW PERMANENT STRUCTURE SUCH AS
E : ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3 (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	OF SCREEN 56 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"	from to	N . I
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION	GRAVEL PACK IF WELL DRILLED WAS	LESS OF STREET
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	FLOWING WELL INSERT	200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1
DRILLERS IDENT. NO. 238	F IN BOX 68 68 OEP USE ONLY	8 0 7
Joseph L. Marino	(NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	50 0 85 0 00 00 00 00 00 00 00 00 00 00 00 00
	70 72 70 72	e got not you
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA CASING INDICATOR	
responsible for sitework if different from permittee)	UNDIONION.	250.

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

We: 1 Permit No. HO - 81-0592	* 1
wation of property (road) Wunfield RA	
ubdivision Wynfuld Lot 13 Block Plat	_ Sec. 7T
will Driller hough Maine Owner faul Claffy	
Depth of well 325	
Distance of measuring point (M.P.) above ground	
Static water level (S.W.L.) below M.P. 23'	
	
. High rate pumping reservoir drawdown	
* Time pump started 8:00 Pumping rate 10 9A	<u>L</u>
Total time 30 mil. to reach pumping water level 175 ft. below	M.P.

:1. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
ˈwːnute in-	below M.P.	time to fill #	(if used)	(gallons per
tervals		gallon bucket		minute)
8:15	108	5 pec.		12
8:30	175	lo		10
8:30 8:45	125	40		15
9.00	175	40		15
9:15	175	40		12
9:15	175	40		15
9.45	175	40		15
9:45	175	40		15
10: 15	175	40		12
10:30	125	40		12
10: 15° 10: 30 10: 45°	125	40		15
11:00	175	40		1/2
11:15	125	40		12
11:30	175	40		15
11.45	175	40		15
12:00	125	40		15
12:15	175	40		12
12:15	125	40		12
12:45	175	40		12
1:00	125	40		发
1:15	125	40		15
1:30	175	40		1/2
1145	175	40		12
2:00	175	40		12

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

	interpretation of the contraction of the				
					
X		200 m d/0172:			
New Installation	•	Receipt # <u>4/0/72</u> . Date <u>9-22-27</u>			
Replacement	•	Date 7-22-87			
10.		75/ 000			
Name of Installer Michael	Clarapica				
	,	r			
License Number 6212		\checkmark			
Certified Well Pump Installer	Well Driller	Registered Plumber 🔨			
	_	•			
Name of Property Owner Paul (Subdivision Wyn field Sec.	latty	Telephone 327-2058			
Subdivision // NA field Sec	3 Lot # /3	Well Tag # UD - El - APGO			
Site Address 2621 Wyn field R	/ HOC # <u>1_3</u>				
Site Address Zoff Wyntiera R	<u> </u>	- 0597			
		A STATE OF THE PROPERTY OF THE			
	·				
Pump	Motor $\frac{3/4}{4}$	Pitless Adapter			
1. Type	1. Horsepower <u>r</u>	1. Make Harvard			
a. Deep well jet	2. RPM	2. Model #			
b. Shallow well jet	3. Voltage	2. Model # 3. Depth <u>472"</u>			
c. Submersible 🗶	a. 110	·			
c. Submersible X 2. Make Myers	b. 220				
3. Model # 572-378P	anne ambliane redifiques renerative reteriori	•			
4. CapacityGPM					
5. Pump exceeds well capacity	Vas X No				
6. If Yes, is low pressure cuto	off switch installed?	Vos V			
7. What methods are used to pro					
vibrations? Torque arresto	ors <u>X</u> cable guar	as other			
Tank //	Piping	Well data			
1. Capacity 1209allon	1. Type Dest				
2. Pressure relief	2. Size ///	2. Yield Z <u>. 5</u> GPM			
valve? Yes	3. NSF and/or BOCA	😽 😘 3. Static water 🕟 🕳 🦠			
	Code approved Σ	es level 35 ft.			
	4. Depth of supply	4. Will water supply			
	line 72"	be disinfected by			
		inatallana la C			
M/2/87 PINESS-43" below SIMME	; well line Covered; =	ensine work our complete sa -			
I understand that it is my re					
Department when the installation					
is null and void).	in 13 ready for inspec	cion (otherwise this permit			
is hull and volu).					
A11 1-6		ur lenavil adma			
All information given above is	true to the best of m	iy knowledge.			
	na ha	Circles Victorian Inchis			
Signatu	re of Applicant: 🖊	may an gan			
6	. '	D-77 D7			
	Date:	((()			
	FP 20	3 20 MM 83			
Note: A sticker indicating approval/status of the installation will be placed					
on the well casing at the time of the inspection HEVILLER					
- -		BO COM.			
	MUNIV				

HD-215