

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

03-309916

INDEXED

P 39302

A 30409

DISTRICT 3rd

DATE 5/3/87

DATE SYSTEM APPROVED 5-8-87

INSPECTOR S. Amel

Freedom Sanitation

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 2309 Liberty Road, Eldersburg, Maryland 21784 PHONE 795-2947

SUBDIVISION Wynfield - Section 3 ROAD 2771 Wynfield Road LOT 21

PROPERTY OWNER Kirby Leitch

ADDRESS

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

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 3 feet below original grade. 7 feet of stone below distribution pipe.

LOCATION - Place the trench between perc hole (1) and perc hole (2). Perc hole (1) is located 160 feet from the front line and 90 feet from the left side of the lot as seen when facing the lot from Wynfield Road. Perc hole (2) is located 100 feet from the front lot line and 160 feet from the left side line.

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

PLANS APPROVED BY R. Hodges DATE 2/01/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

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

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED

AND RETURNED 10/2/92

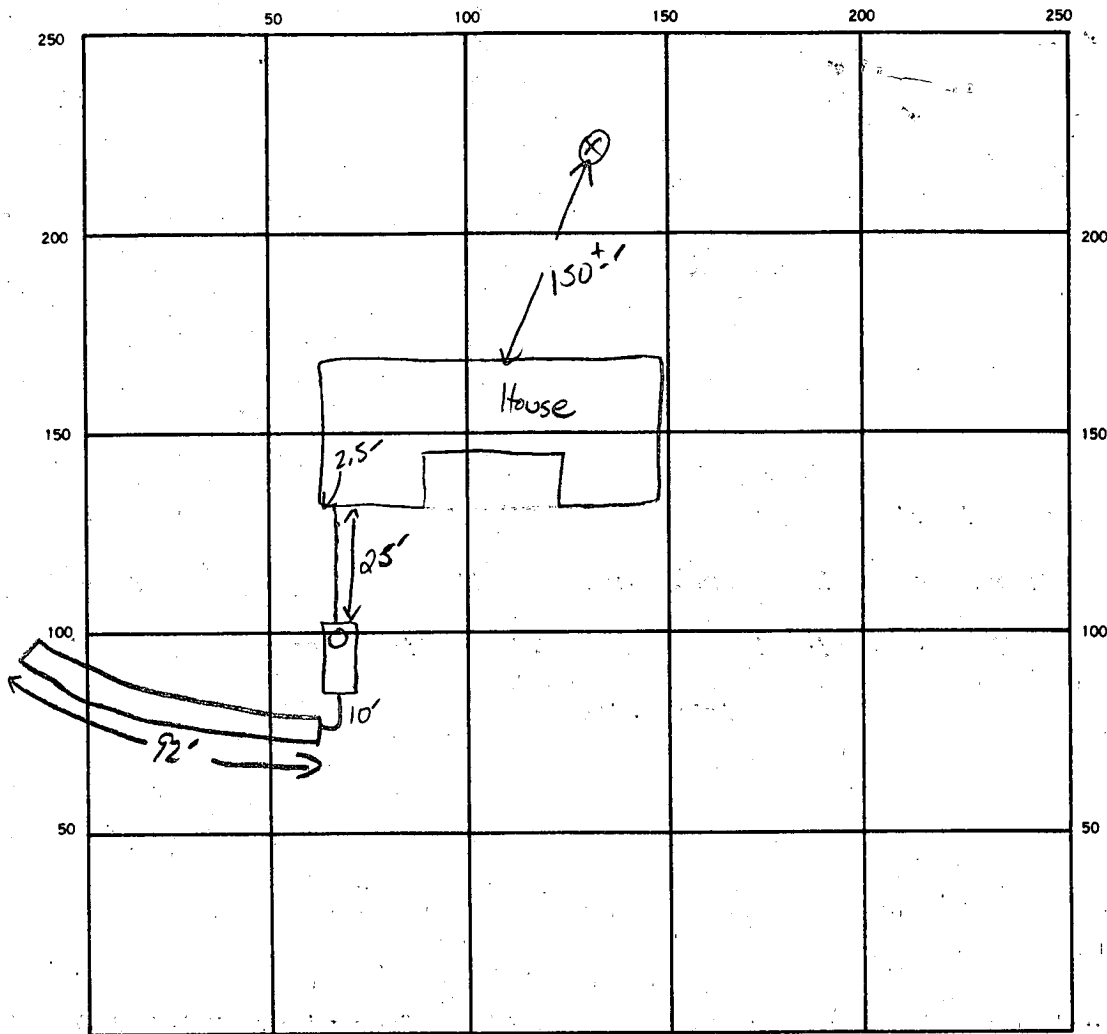
Serial # 45804 - 1504 Addition

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 30409



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Wynfield

SEPTIC TANK, LEVEL 1/1500 GAL CLEANOUTS VST

DISTRIBUTION BOX, LEVEL 1/1500

DRAIN FIELD/TILE FIELD, DEPTH 10-11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3-4 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 92 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 644 SQ. FT.

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

ABSORBENT AREA 644 SQ. FT.

REMARKS —

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—

DATE SYSTEM APPROVED 5-8-87 INSPECTOR S. Abel

SECT 3

A 30409

SUBDIVISION:

LOT NUMBER:

21

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench.
No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 158 sq. ft./bedroom

Trench to be 2 wide.Inlet 3 feet below original grade.Bottom maximum depth 10 feet below original grade.Effective area begins at 3 feet below original grade.7 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: 2/1/85 - PLACE THE TRENCH BETWEEN PERC HOLE ①
& PERC HOLE ②. PERC HOLE ① IS LOCATED 160 FT FROM THE
FRONT LINE & 90 FT FROM THE LEFT SIDE OF THE LOT
AS SEEN WHEN FACING THE LOT FROM WYNFIELD RD
PERC HOLE ② IS LOCATED 100 FT FROM THE FRONT LOT LINE
& 160 FT FROM THE LEFT SIDE LINE

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 30409

P _____

DISTRICT 3rd.

DATE 12/10/79

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 Land Associates

Tom Munz - 792-2242

ADDRESS 3450 Ft. Meade Rd., No.206, Laurel, Md. 20810

PHONE or Ted Snovell - 265-6543

PROPERTY LOCATION:

SUBDIVISION Hoffman property

LOT NO. 12 Lot 21

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres plus

TYPE BLDG. 3 or 4 Bedrooms

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.

SIGNATURE OF APPLICANT /s/ Ted Snovell for Land Associates

APPROVED BY R.D. & D.W.M. FOR DRYWELL DATE 12/27/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING OK - R.D. 12/18/79

BLDG. PERMIT SIGNED

AND RETURNED 2-17-81

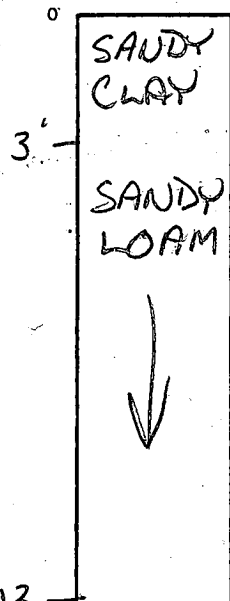
SNOV

BOA 9963

THIS IS NOT A PERMIT

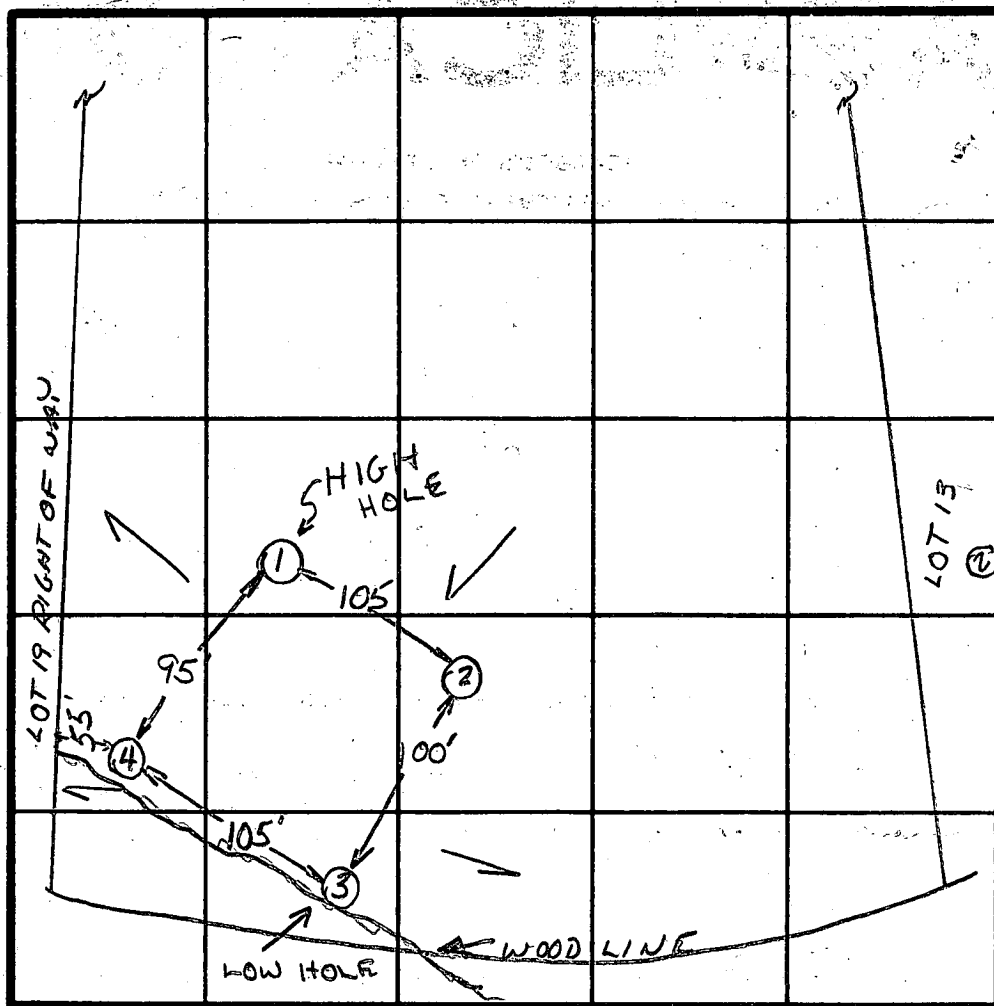
HOLES 1, 3, 4

SOIL PROFILE



NOLE # 2

CLAY & ROCK
SANDY WITH MICA AND SMALL ROCK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/17/79	1S	4'	12:40	12:41	12:41	12:43	2
	1D	13'	12:41	12:44	12:44	12:49	5
	2S	3'	12:44	12:46	12:46	12:48	2
	2D	14'	12:52	12:58	12:58	1:07	9
	3S	4'	12:39	12:42	12:42	12:48	6
	3D	14'	12:39	12:43	12:43	12:47	4
	4S	3 1/2'	12:44	12:56	12:56	1:18	22
	4D	14'	12:44	12:48	12:48	12:57	9

8 MIN. AVG.
3' hole

REMARKS

TYPE OF SOIL

TESTED BY

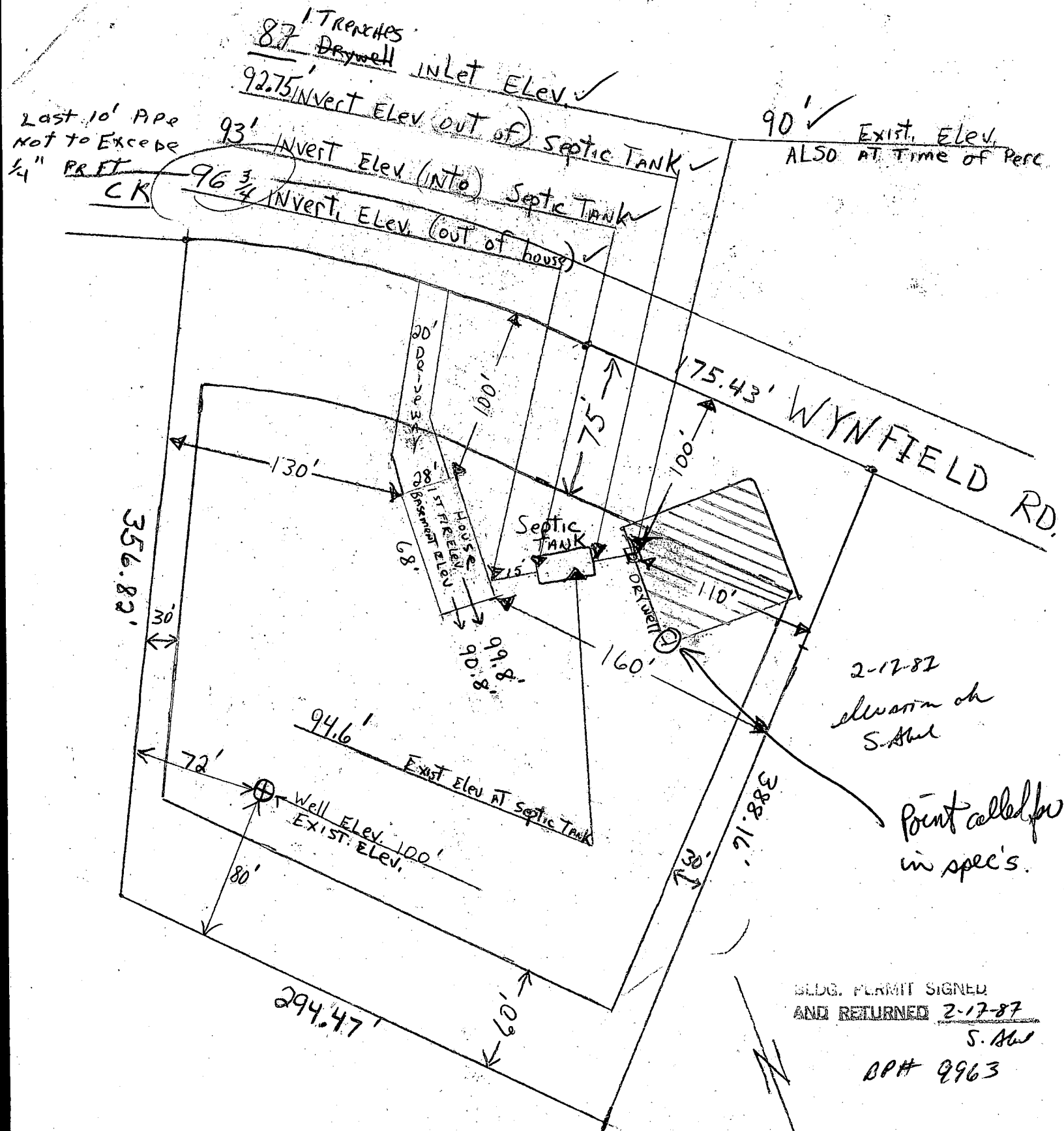
J.S. & R.D.

ALSO PRESENT

JIM
DUSZYNSKI

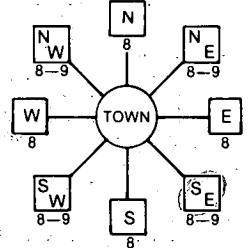
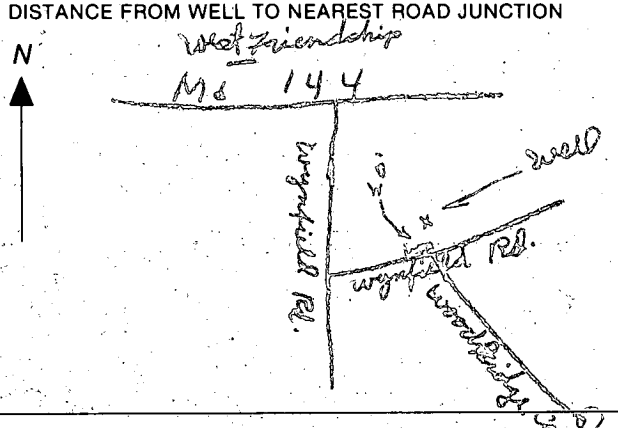
KIRBY & MARY LEITCH owners (2771 House No)
Lot 21 Section 3 WYNFIELD SUB.
West Friendship MD.

CLARENCE KITCHEN Builder
2306 Forest Hill Rd
MARRIOTTSVILLE MD 21104
795-2971



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

Clarence C Kitchen

B 1 1541 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) 1130 STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-0876 <small>fill in this form completely</small>
Date Received 01/22/85 OWNER INFORMATION Last Name LEITCH Owner First Name KIRBY Street or RFD 4270 BRECCT RD Town SVKSVILLE State MD Zip 21781	LOCATION OF WELL COUNTY HOWARD SUBDIVISION WYVNEFIELD SECTION 3 LOT 21 NEAREST TOWN WYVNEFIELD MILES FROM TOWN (enter 0 if in town) 1 3/4 MI	
DRILLER INFORMATION Driller's Name Joseph L. Mayne License No. 238 Firm Name Joseph L. Mayne Address 5512 Ridge Rd. Mt. Airy Md. 21771 Signature Joseph L. Mayne Date 1/22/85	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Wynefield Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD 286 FT ENTER FT or MI FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A30409 OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> DATE ISSUED 02/25/85 EXP. DATE 8/5/85 NORTH GRID 531000 EAST GRID 0816000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	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 E 810 6 N 530 1	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____	36' FE CASING 2-25-85 35' OPEN ANNULAR SPACE 10' CASING ABOVE GRADE 8 BAGS CEMENT-PORTLAND TYPE II WELL LOCATION OK S.M.E.	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ FORCE 15 WRITE INITIALS IN BOX 40-81-0876 SPECIAL CONDITIONS		

Review

2/25/85

Well Permit No. HO - 81-0876

Depth of well _____
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 28'

Time pump started 11:25 Pumping rate 10 Gpm
Total time 30 min to reach pumping water level 141 ft. below M.P.

[illegible]

C1	9534	SEQUENCE NO. (OEP 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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER	A 3040921

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	022585	22 300 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" H0-81-0876
OWNER <u>LEITCH Wynfield Rd KIRBY</u>		TOWN <u>WEST FRIENDSHIP</u>	
STREET OR RFD <u>last name</u>		SECTION <u>3</u>	
SUBDIVISION <u>WYNFIELD</u>		LOT <u>21</u>	

WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="radio"/> Y no <input type="radio"/> N		C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input checked="" type="radio"/> BC		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS <u>8</u> NO. OF POUNDS <u>732</u>		HOURS PUMPED (nearest hour) <u>3</u>	
FEET FROM TO		GALLONS OF WATER <u>48</u>		PUMPING RATE (gal. per min. to nearest gal.) <u>4</u>	
BROWN SHALE 0 33		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>33</u> ft.		METHOD USED TO MEASURE PUMPING RATE <u>bucket</u>	
GRAY MICHA ROCK 33 300		(enter 0 if from surface)		WATER LEVEL (distance from land surface) BEFORE PUMPING <u>28</u>	
		CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="radio"/> ST CONCRETE <input checked="" type="radio"/> CO PLASTIC <input type="radio"/> PL OTHER <input type="radio"/> OT		WHEN PUMPING <u>141</u>	
		MAIN CASING TYPE <u>H0</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>36</u>		TYPE OF PUMP USED (for test) <input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine <input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below) <input type="radio"/> J jet <input checked="" type="radio"/> S submersible	
		OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED	
		screen type or open hole insert appropriate code below STEEL <input checked="" type="radio"/> ST BRASS <input type="radio"/> BR OPEN HOLE <input type="radio"/> HO PLASTIC <input type="radio"/> PL OTHER <input type="radio"/> OT		DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/>	
		C 2		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
		DEPTH (nearest ft.) 1 <u>H0</u> 2 <u>35</u> 3 <u>300</u>		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <u>29</u>	
		EACH SCREEN		CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>	
		SLOT SIZE 1 <u>2</u> 2 <u>3</u> 3 <u>5</u>		PUMP HORSE POWER <u>37</u> <u>41</u>	
		DIAMETER OF SCREEN <u>56</u> <u>60</u> (NEAREST INCH)		PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>	
		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>		CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="radio"/> + above <input type="radio"/> - below LAND SURFACE <u>1</u> (nearest foot)	
		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		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)	
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		TELESCOPE CASING LOG INDICATOR		WYNFIELD RD.	
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. <u>238</u>			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		DRILLERS SIGNATURE			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		SITE SUPERVISOR			

Well Permit No. HO - 81-0876
Location of property (road) Wynfield Rd.
Subdivision Wynfield Lot 21 Block Plat Sec. 3
Well Driller Joseph Mays Owner Kirby Leitch
Depth of well 300
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 28'

Time pump started 11:25 Pumping rate 10
Total time 30 min. to reach pumping water level 141 ft. below M.P.

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Pirly Leitch
(Name)

423 Obrecht Rd. Sykesville Md.
(Address)

HO-81-0876
(OEP Well Permit Number)

Jan. 2, 1985
(Date)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 39326
Date 5/13/87

Name of Installer ROBERT L. FREEZER CO. INC.

Telephone 781-4655

License number 2122

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner MR. & MRS. KIRBY LEITCH

Telephone 795-7164

Subdivision WEST FRIENDSHIP Lot #

Well tag # HD-81-0876

Site Address 2771 WYNFIELD RD.

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒

2. Make GRANITE

3. Model # 3XEN

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes ☐ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

1. Horsepower 1/2
2. RPM 3500
3. Voltage
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make MERRILL
2. Model # MB II
3. Depth 42" +

Tank

1. Capacity 20 GPM (w/ or w/o X-TRO UNIT)
2. Pressure relief valve? YES

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42" +

Well data

1. Depth 300' ft.
2. Yield 4 GPM
3. Static water level 45 ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

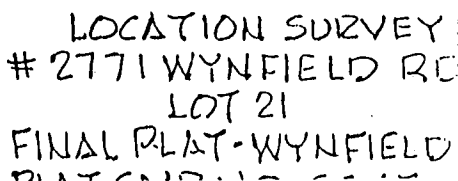
Signature of Applicant: Robert L. Frezer

Date: 5/8/87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Robert E. McLean

(NOTE): This plat not to be used for physical location of property lines.



SPELLMAN, LARSON & ASSOCIATES, INC.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

45869

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

GRADING/SEDIMENT CONTROL ☒ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

SUB DIVISION

ZONE

ZONE MAP

ELEC. DIST.

CENSUS TR.

OWNER NAME AND ADDRESS

PHONE NO.

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

EXISTING USE

PROPOSED USE

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

This permit is not valid unless it is accompanied by a copy of the approved plans and specifications. This permit is not valid unless it is accompanied by a copy of the approved plans and specifications. This permit is not valid unless it is accompanied by a copy of the approved plans and specifications.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES

WATERWELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE

TITLE DATE

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIALS

WATER & SEWER

HEALTH DEPT.

FIRE PROTECTION

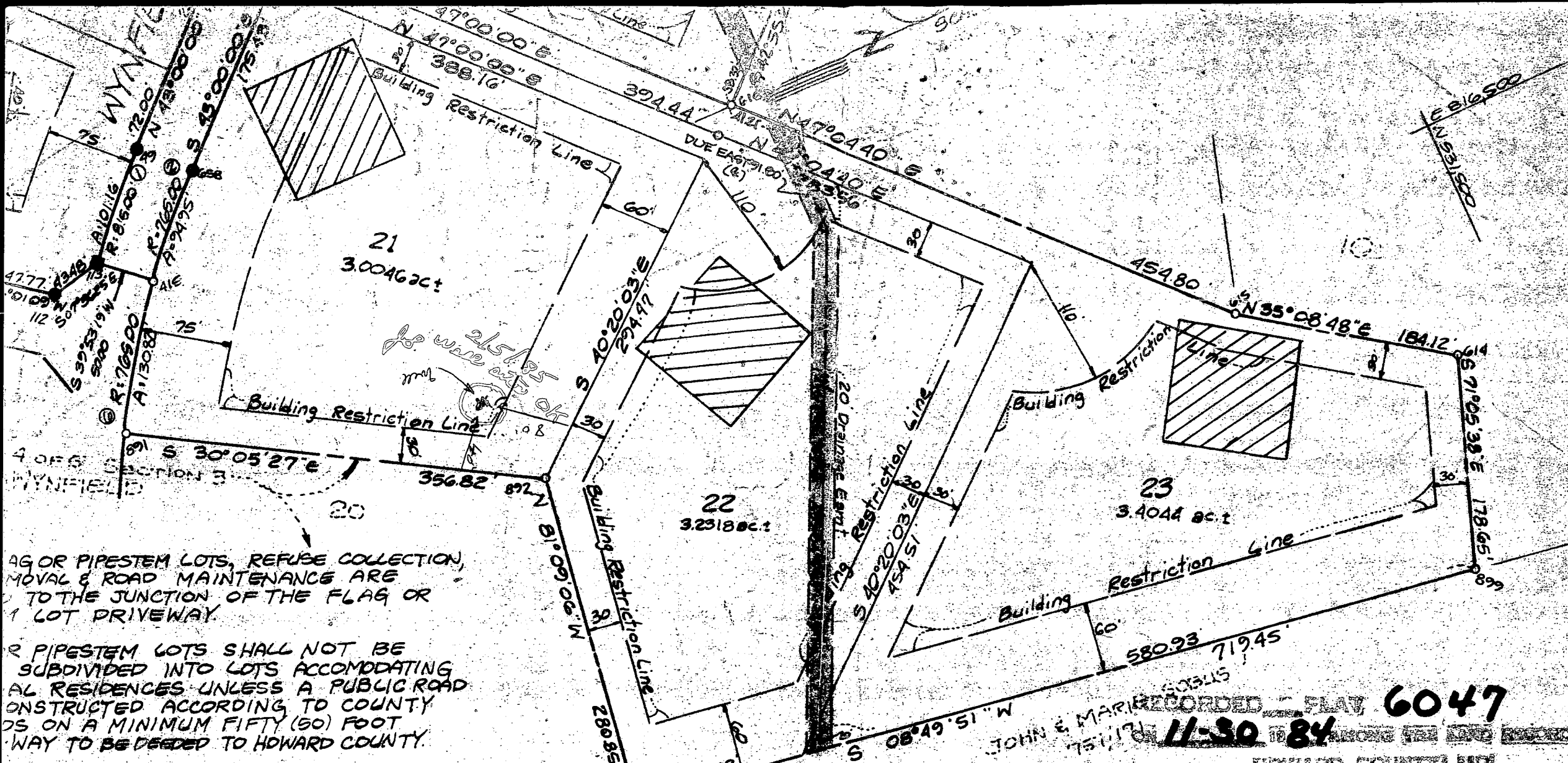
STORM WATER MGM.

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.



AG OR PIPESTEM LOTS, REFUSE COLLECTION, MOVAL & ROAD MAINTENANCE ARE TO THE JUNCTION OF THE FLAG OR LOT DRIVEWAY

R PIPESTEM LOTS SHALL NOT BE SUBDIVIDED INTO LOTS ACCOMMODATING AL RESIDENCES UNLESS A PUBLIC ROAD ONSTRUCTED ACCORDING TO COUNTY DS ON A MINIMUM FIFTY (50) FOOT WAY TO BE DEDED TO HOWARD COUNTY.

DEDICATION FOR INDIVIDUALS

WE, BALLANGER CREEK ASSOCIATES, A MARYLAND LIMITED PARTNERSHIP, BY KENNETH H. ROBERTS & THOMAS C. MUNZ, GENERAL PARTNERS, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, & IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTIONS, & GRANT UNTO HOWARD COUNTY, MARYLAND ITS SUCCESSORS AND ASSIGNS: (1) THE RIGHT TO LAY, CONSTRUCT, & MAINTAIN SEWERS, DRAINS, WATER PIPES & OTHER MUNICIPAL UTILITIES & SERVICES, IN & UNDER ALL ROADS AND STREETS RIGHTS-OF-WAY & THE SPECIFIC EASEMENT AREAS SHOWING HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC-USE THE BODS OF THE STREETS AND/OR ROADS, FLAG AND OPEN SPACE

RECORDED ON 11-30-84 AS PLAT NO. 6047 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

FINAL PLAT
WYNFIELD
 SECTION THREE; LOTS 1 THRU 26
 (INCLUDES A RESUBDIVISION OF LOT 6, SEC. 2, PLAT #5155)
 SHEET 2 OF 2