2/1/96 2:00 throw 10 d 12 2

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TAXID#03-309940

I	P ₎	<u> 36403</u>
1	A _	50252

DISTRICT__

DATE 1/19/9

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DATE SYSTEM APPROVED 2

NSPECTOR

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197
SUBDIVISION Wynfield LOT 24 ROAD 2741 Wynfield Road
PROPERTY OWNER John & /Kathryn McDowell
ADDRESS
SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
210 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 280
TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.
LOCATION - Place the distribution box 200 feet down the right property line and 60 feet off this same property line. Run trenches on contour to right rear portion of lot.
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6K 10/31/05 DKS
PLANS APROVED BY Mark Rifkin DATE 10/4/95

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

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FREULDING PERMITSIGNED AUTHORIZED)

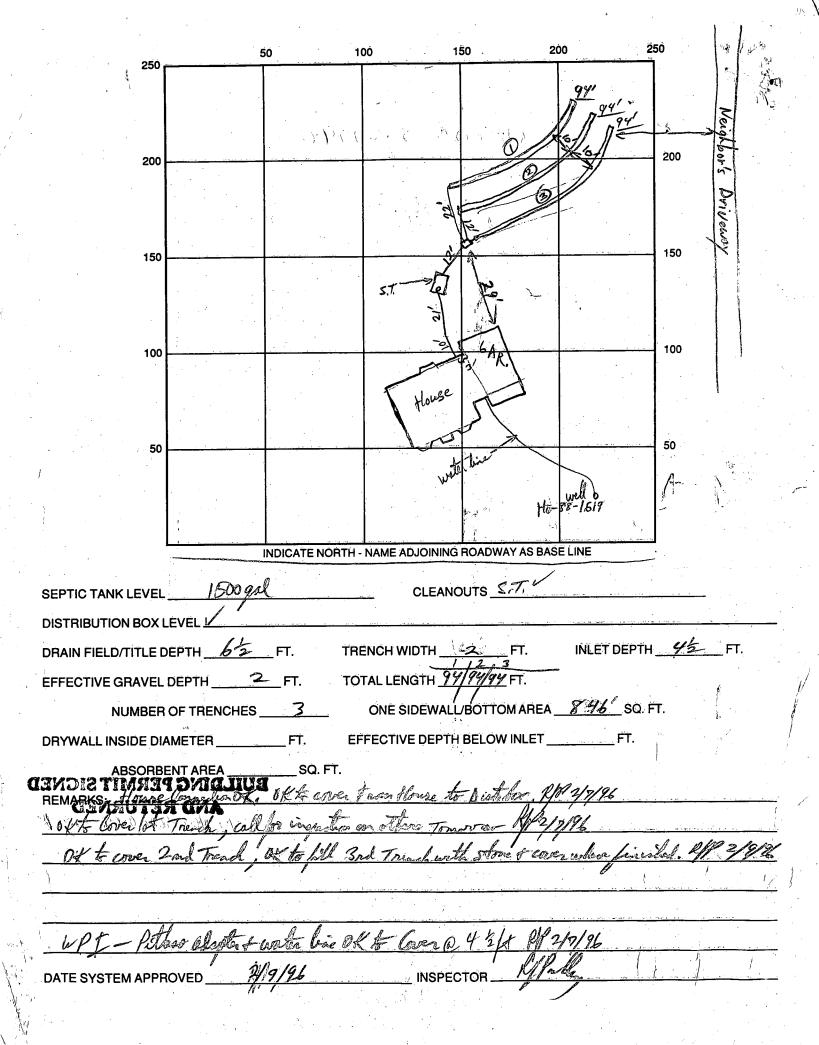
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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



	c 1 0857	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
	1 2 3 (THIS NUMBER IS TO BE PU IN COLS. 3-6 ON ALL CARDS	NCHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER 4
P. reference	ST/CO USE ONLY	PATE WELL COMPLETE 15 20	Depth of Well 22 O O 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
City and the	* 3 lo	st name	first name	
	STREET OR RFDB	10 16 to	SECTIONTOWN	LOT 24 00 ?
	WELL LC Not required for d	OG_	GROUTING RECORD (Yes) no WELL HAS BEEN GROUTED	C 3
	STATE THE KIND OF FO PENETRATED, THEIR (ORMATIONS		1 2 PUMPING TEST
	THICKNESS AND IF W. DESCRIPTION (Use	ATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
	additional sheets if needed)	FEET Check if water bearing	NO. OF BAGS NO. OF ROUNDS	PUMPING RATE (gal. per min. 11 11 15
	TEPSCIL	0 3	GALLONS OF WATER	METHOD USED TO BILLING MEASURE PUMPING PATE
	Shille"	J. 13	from 6 ft., to 54 /BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING
	mika,	15 30	casing types types insert appropriate STEEL CONCRETE	WHEN PUMPING 22
	5, ind Stone	30 35 4	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston 27 turbine
	i a de la companione de	35 70	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (pearest inch) (pearest foot)	C centrifugal R rotary O (describe below)
,	Sunstine	10 75 4		J jet Submersible
		75 130	E OTHER CASING (if used) A diameter depth (feet)	PUMP:NSTALLED
	Sundston .	130 155 -	inch from to	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO).
	MIKA	135 264	screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
			or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
,			appropriate code below PLASTIC OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
			DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)
			E 1 1 1 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
-			H 2	LAND SURFACE (nearest foot)
	CIRCLE APPROPRIA A WELL WAS ABANDOL WHEN THIS WELL WAS	NED AND SEALED.	B 3 3 39 41 45 47 51	49 50 51 LOCATION OF WELL ON LOT A SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTAIN	* **	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR L'ANDMARKS AND INDICATE NOT LESS
	P TEST WELL CONVERTING THEREBY CERTIFY THAT THIS WELL F	HAS BEEN CONSTRUCTED IN	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL).
1,4	ACCORDANCE WITH COMAR 26.04.0 AND IN CONFORMANCE WITH ALL C ABOVE CAPTIONED PERMIT, AND TH. SENTED HEREIN IS ACCURATE AND C MY KNOWLEDGE.	CONDITIONS STATED IN THE AT THE INFORMATION PRE-	GRAVEL PACK L	
	DRILLERS IDENT. NO.	153 1111	F IN BOX 68 68 68 OEP USE ONLY	1 3 44x 13.20
	DRILLERS SIGNATURE	programme of the second	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	M Woods LO IN
1	(MUST MATCH SIGNATURE C	Legal	70 72 74 75 76	The state of the s
	SITE SUPERVISOR (sign. of cresponsible for sitework if diff	driller or journeyman ferent from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	1
•			COUNTY	Carlotte Committee Co

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

New Installation Replacement	4	Receipt #
Name of Installer (Moll)	Vater Septems, Inc.	Telephone (<u>HO) 874, 5100</u>
License Number 97-074 Certified Well Pump Installe	well Driller	
Name of Property Owner Hand Subdivision Control Site Address 274/ (Ilynfield	vard Hones Lot # 34 Wel Pood, West Friendship, U	Telephone (30) 796-5200 1 Tag * 60 - 80 - 1619 10 21794
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower $\frac{1}{2}$	1. Make Mantinson
a. Deep well jet	2. RPM	2. Model # <u>B-/ox</u>
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible X	a. 110	
2. Make Coulds	b. 220	en e
3. Model # 56505422	<u>.</u>	
4. Capacity GPM	1	
5. Pump exceeds well capacit	ty Yes No E	Von Y No
6. If Yes, is low pressure of	protect the pump and electr	rical wiring from
vibrations? Torque arre	estors Cable guards	Other
Tank CO	Piping O. /	Well data
1. Capacity	Piping 1. Type Plastic	1. Depth $\frac{24i}{f}$ ft.
2. Pressure relief	2. Size /"	2. Yield GPM
valve? \/ \l	3. NSF and/or BOCA	3. Static water
thes Odylet water line	Code approved <u>yw</u>	
west with the same	4. Depth of supply	4. Will water supply
K @ 92/1. 1/8/2/9/16	line 4	be disinfected by installer?
Department when the installatis null and void). All information given above	responsibility to notify ation is ready for inspection is true to the best of my nature of Applicant:	on (otherwise this permit
	Date:	2/7/34

Note: A sticker indicating approval/status of the installation will be placed

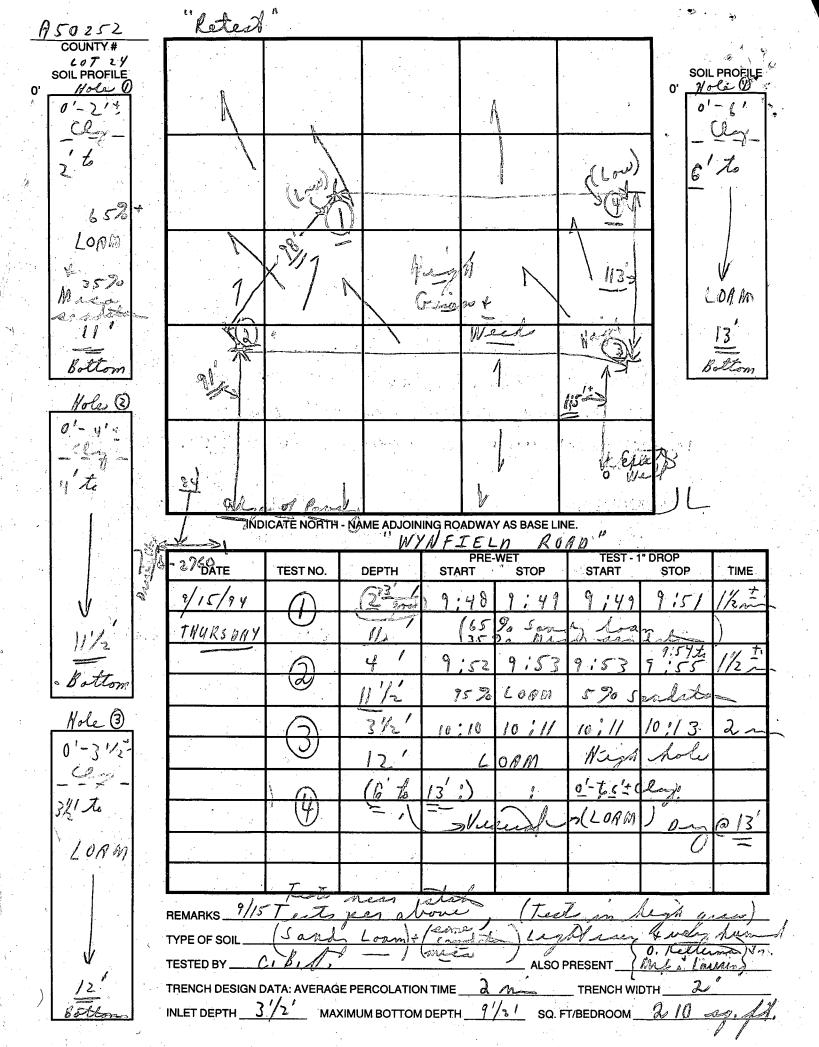
on the well casing at the time of the inspection.

alis 194 APPLICATION

PERCOLATION	· · · · · · · · · · · · · · · · · · ·	252
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH	OJUST SAFE AROA OJUST SAFE AROA OJUST SAFE AROA OJUST SAFE DISTRICT ACCOMMODATE DATE 12/2/9	
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TO TELEPHONE: 313-2640	ACCOMMODATE SITE, DATE 9/2/9	
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND		
PROPERTY OWNER PROPERTY OWNER	RMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSALS	YSTEM.
ADDRESS 33 WINSLOW PARK DR., 21	228. PHONE 247. 228 (
AGENT OF PROSPECTIVE BLUER, MICHAEL LAURENO	OWNER'S AGENT	· · · · · · · · · · · · · · · · · · ·
ADDRESS 10102 HOBSON CHOICE, LA . 2	1042 PHONE 461-1342	
PROPERTY LOCATION:	E.C.	
SUBDIVISIONWYNFIELD	LOT NO. 24 PLAT 6047	
ROAD AND DESCRIPTION WYNFIELD ROAD" OFF	RT144 ~ WEST FRIENDSHI	P
LOT IS LEFT SIDE OF ROAD PA	RTIALLY WOODED.	<u> </u>
TAX MAPPARCEL #	BLDG. PERMIA SIGN	-11-93
SIZE OF LOT 3.0090 ACRES.	YPE BLDG. SINGLE FAMILY- 4 BORM (SINGLE FAMILY DWELLING OR COMMERCIA)	
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY U	INTIL PUBLIC FACILITIES BECOME AYATLABLE. I FULLY UNDERS	STAND 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.	MIMMUM (MICHAEL OF APPLICANT)	· · · · · · · · · · · · · · · · · · ·
APPROVED BY FOR	DATE	
DISAPPROVED BYFOR		· · · · · · · · · · · · · · · · · · ·
HOLD PENDING FURTHER TESTS	30.03	Server 7
REASONS FOR REJECTION OR HOLDING A REASONS TO REJECTION OR HOLDING	led whomas hater +	water
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

HD-216 (3/92)____



APPLICATION

SEWAGE	DISPOSAL	TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Α	30454	,
^		

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P.O. BOX 476 ELLICOTT. MARYLAND 21043

DISTRICT 3rd

ATE ______________

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

TELEPHONE: 992-2330

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

PROPERTY OWNER Land Associates

ADDRESS 3450 Fort Meade Road, Laurel, Md. 20810

PROPERTY LOCATION:

SUBDIVISION ROAD AND DESCRIPTION ROUTE 144

SIZE OF LOT 3 acres

Tom Munz - 792-2242

Tom Munz - 792-2242

Ted Snovell - 265-6543

SECT 3

LOT NO III

ROUTE 144

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.

APPROVED BY

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING

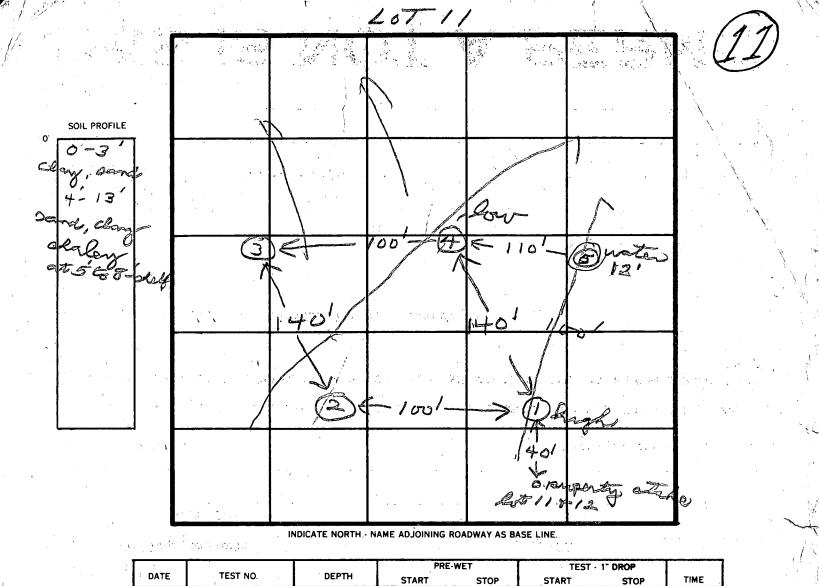
APPROVED BY

FOR

DATE

DATE

THIS IS NOT A PERMIT

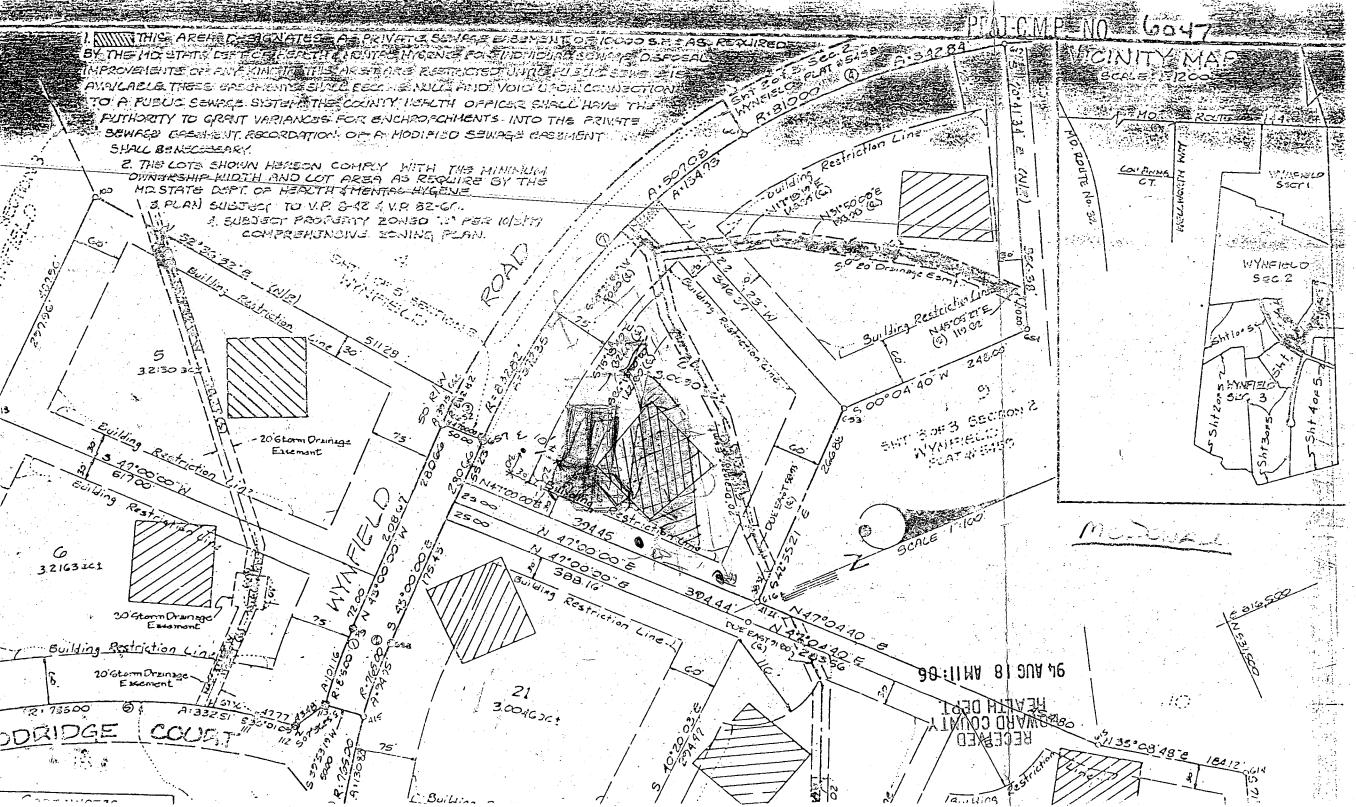


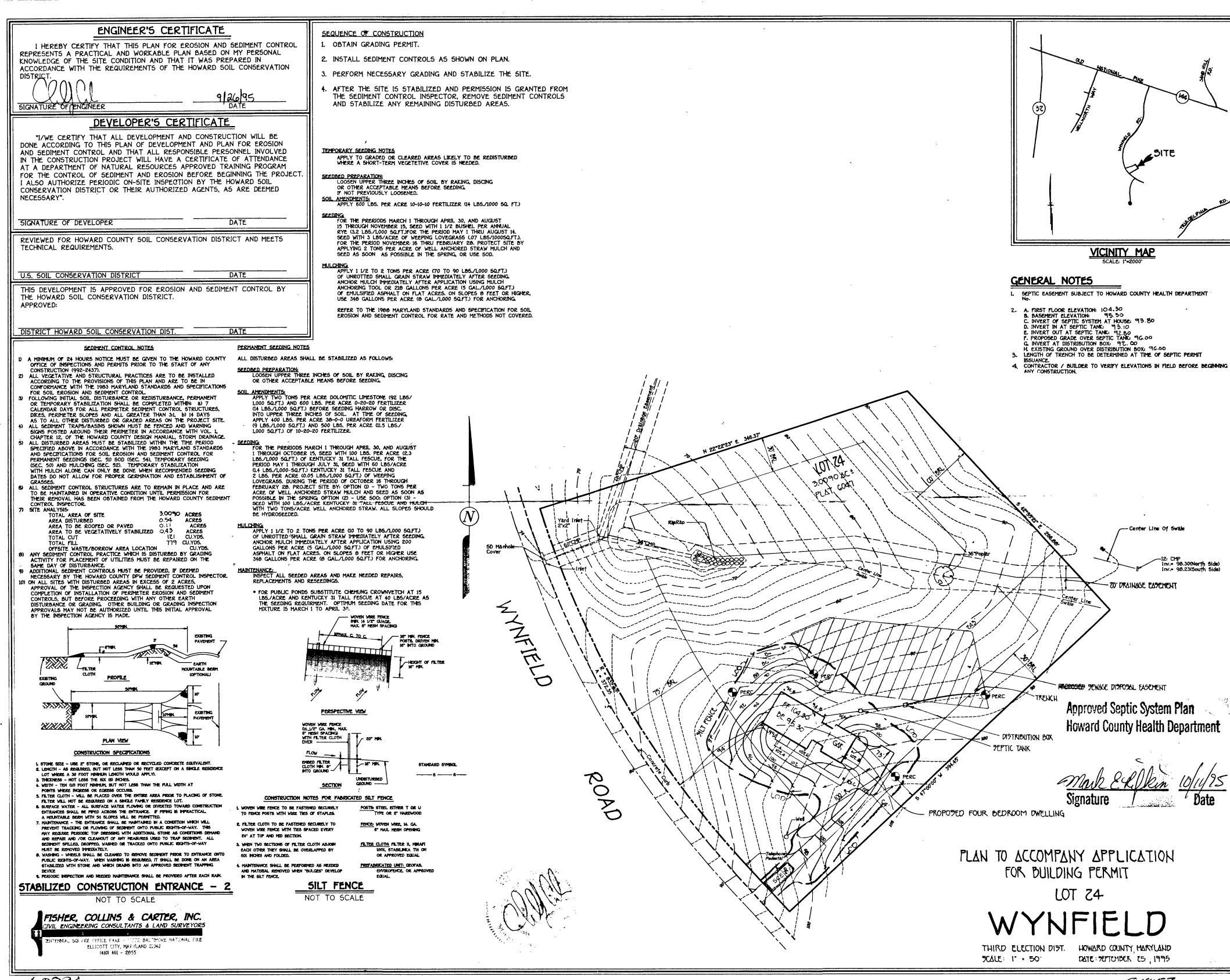
4 10:54 1025 10.55 10:58 1/30/80 1D 11:03 10:55 25 2D 11:04 11:06 11:06 11:05 11:27 3 S 3 D 11:24 11:24 11:21 11:21 11:34 3-INLET 43 11:41 11:44 11:40 11:41 11:41 11:50 12

3 1

REMARKS	eal	a North Robert Albert		e de la companya de l
TYPE OF SOIL) (The same of the			
TESTED BY	S	A. Caron Sil	ALSO PRESENT	Dunnynse

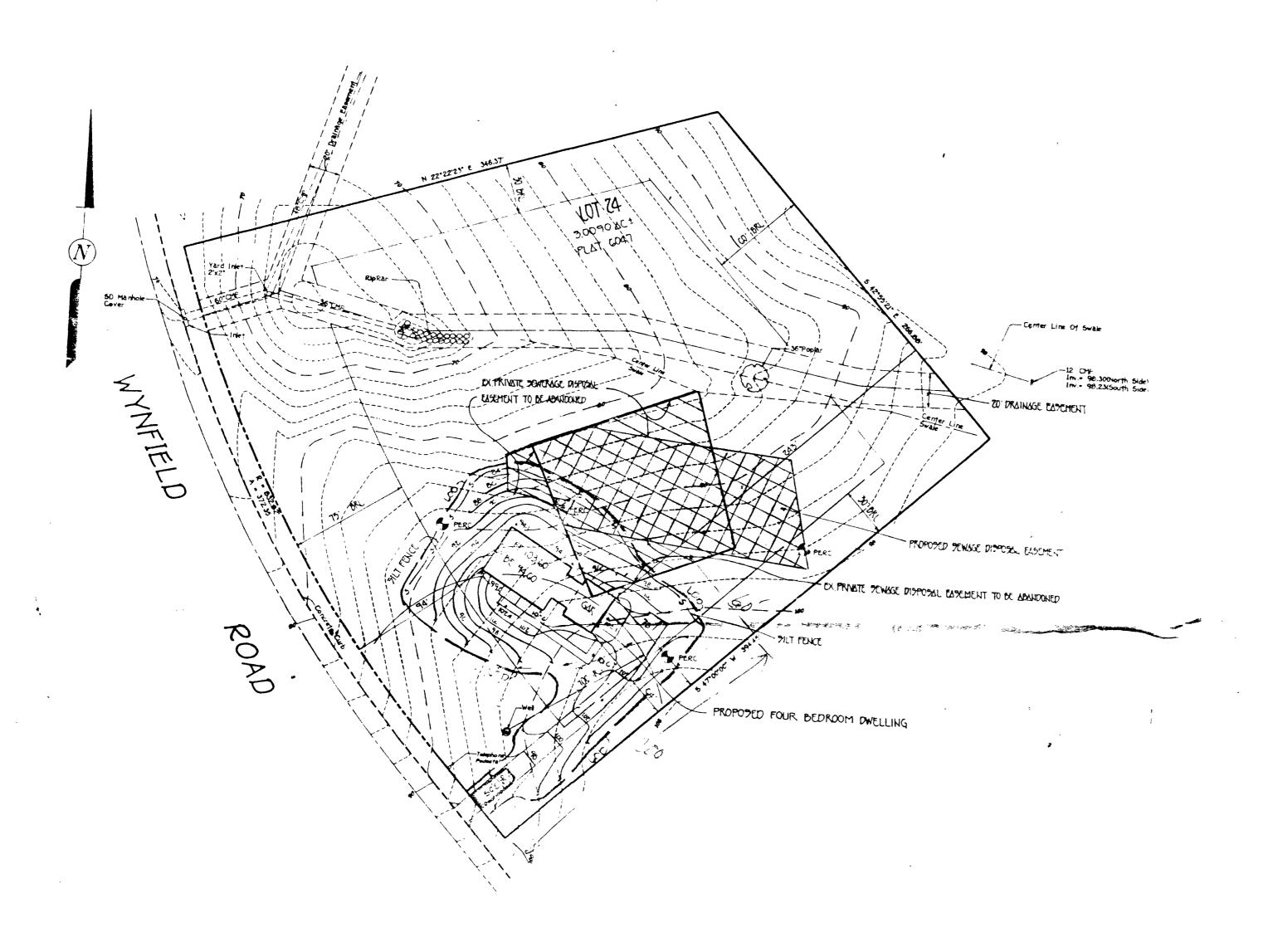






60894

C.545Z



37)

WICINITY MAP

SCALE: 1"= 2000

GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET 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 SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE 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 SHALL NOT BE NECESSARY.

2. THIS AREA DESIGNATES AN EXISTING PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET.
THIS EASEMENT IS TO BE ABANDONED.

3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

4. THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT TO THE LOCATION SHOWN HEREON.

5. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.

6. W DENOTES WELL LOCATION.

7.

DENOTES PERC HOLE LOCATION.

8. OWNER & DEVELOPER:

JOHN W. McDOWELL AND KATHRYN McDOWELL 33 WINISLOW PARK DRIVE CATONSVILLE, MARYLAND 21228

Signed
PERC RELOCATION PLAN
LOT 24

WYNFIELD

TAX MAP 15

PARCEL 88

THIRD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: ! = 50

DATE - AUG. 16, 1995

B.R.L - BUILDING RESTRICTION LINE

FISHER, COLLING & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS LUAND SURVEYORS

CENTENHIAL SQUARE OFFICE PARK

13272 BALTIMORE NATIONAL PIKE

ELLICOTT CITY, MARYLAND ZIO 42

PHONE (410) 461-2855 FAX (410) 750-3784

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

COUNTY HEALTH OFFICE MR

DATE

