2/11/24

03-309707

PERMIT

SEWAGE DISPOSAL SYSTEM

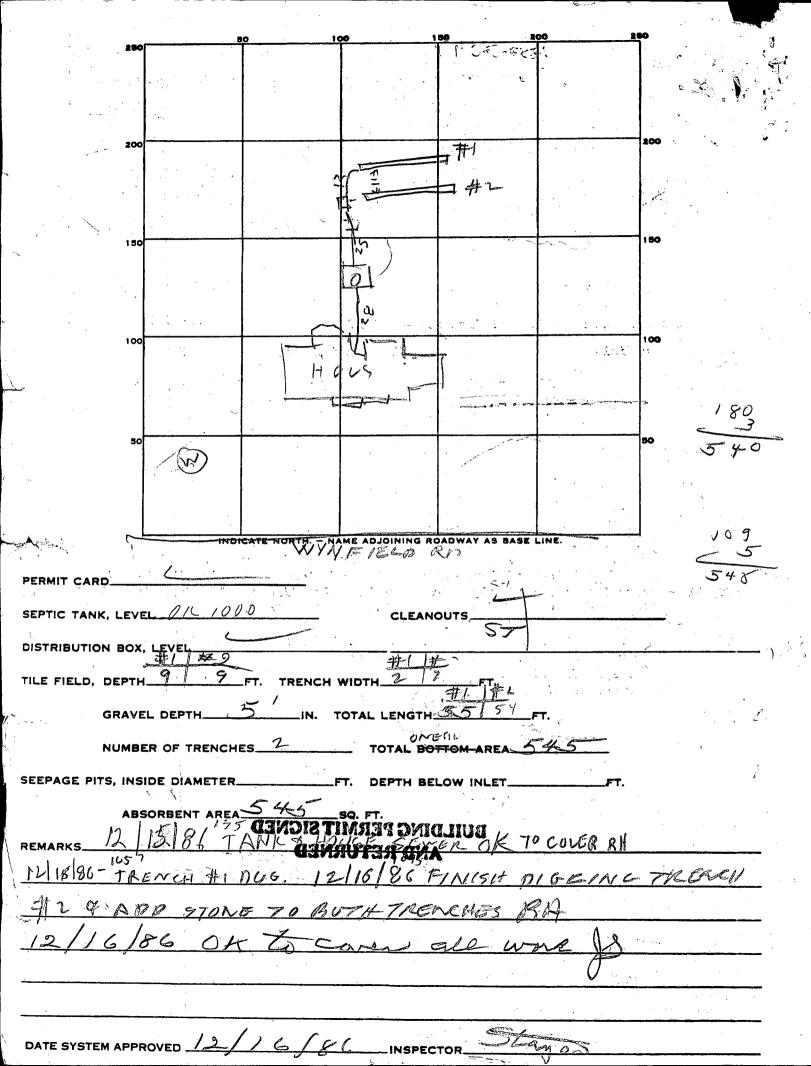
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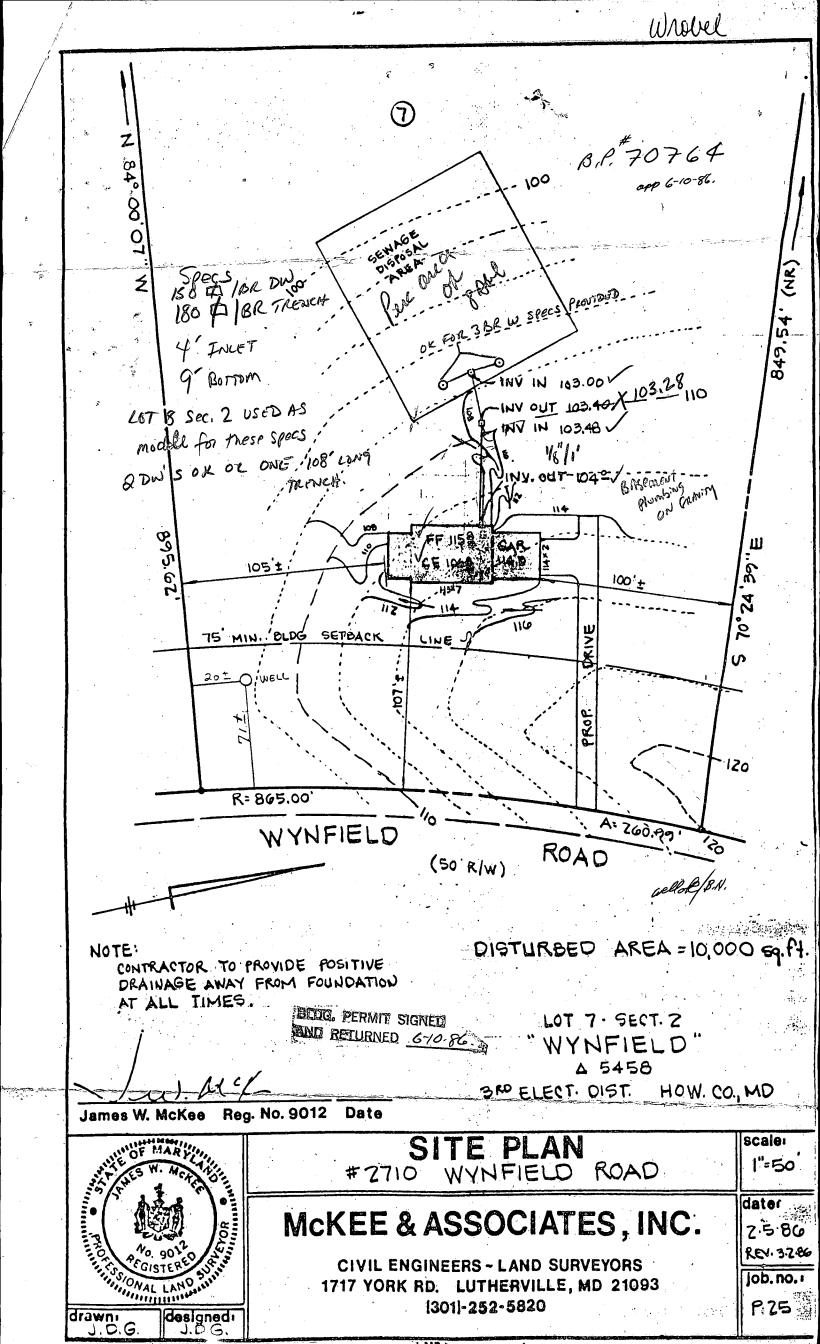
MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY

{ I. LINDEXED { Time special } DATE 19/1/19

| Paul Schissler IS PERMITTED TO INSTALL X ALTE | R |
|--|---------------------------------------|
| ADDRESS 4410 Salembottom Road, Westminster, ND 21157 PHONE 875-4197 | · · |
| SUBDIVISION WynfieldROAD2710 Wynfield RoadLOT7 | |
| PROPERTY OWNER Alan Wrobel Robert Wolfe 796-0247 Prick & Amy Federick W-745-9377- | |
| ADDRESS | |
| IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. | |
| GARBAGE GRINDER? YES NOX | |
| SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3 | |
| TRENCHES - 180 sq. ft. per bedr/om. Trench to be 2 feet wide. Inlet 4 feet be grade. Bottom max/mum depth 9 feet below original grade. Effective at 4 feet below original grade 5 feet of stone below distribution p LOCATION - Start the trenc/ 190 feet from the front lot line and 130 feet from line as seen when facing the lot from Wynfield Road. Run trench on toward the right side line. | area begins ipe. the left lot contour |
| NOTE - No trench to exceed 100 feet in length. If more than one trench use distribution box is required. Call for inspection of trench before gravel is installed. Provide 6" - 8" diameter cleanout and cap to g | and after |
| above on septic tank. | rade_or |
| | |
| septic installed w/o perc notes, no impact 10/30/91 | LeR. |
| PLANS APPROVED BY S. Abel DATE 5/26/86 | |
| COVER NO WORK UNTIL INSPECTED AND APPROVED. BUILDING PERMIT SIGNED | |
| | |
| NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH BOO 138 118 - FREET A BANK | a |
| NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. | / |
| BLDG. PERMIT SIGNED/ | los > |
| PERMIT VOID AFTER THREE YEARS. | 27 W |
| 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. ALTRICAL 3 CA | u p |





2/24/87

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 V | | Receipt # | n |
|--|----------------------|---|------------|
| ame of Installer Rosent L. | FEEZER Co. INC. | Telephone <u>781-465</u> 5 | |
| icense number VVV ertified Well Pump Installer | | Registered Plumbe | |
| ame of Property Owner Ma. 4 M. | Is. ALAN WROBEL | 1795-42 Telephone 730- 5086 OFFICE - | 3U MR |
| UDDIVISION WYNFIELD | LOT # / S Wel | 1 tag # <u>Ho-81 -1396</u> | |
| ite Address 2710 WYNFIELD WEST FRIENDSH | | | |
| ump | Motor | Pitless Adapter | |
| . Type | 1. Horsepower 2 | 1. Make <u>MB-/</u> | |
| a. Deep well jet | 2. RPM 3500 | 2. Model # Marrice | |
| b. Shallow well jet c. Submersible / | 3. Voltage a. 110 | 3. Depth <u> Ψχ"+</u> | |
| Make DomiNG | b. 220 | | |
| 3. Model #_3xLN-15 | | | |
| . Capacity <u>5</u> _GPM | | | |
| Pump exceeds well capacity | | | |
| 3. If Yes, is low pressure cur 7. What methods are used to pr | | | |
| ibrations? Torque arrestors | Cable guards | Other | |
| ank | Pining | Well data | |
| ank Capacity 44 box (wx-250 were Corriv-Airco) | XTZ TYPE MSTC | 1. Depth_ <i>3o5</i> _ft. | |
| Pressure relief | 2. Size /* | 2. Yield 2 GPM | |
| valve? | 3. NSF and/or BOCA | 3. Static water | , : |
| | oode approved | level <u>so</u> ft. | N. |
| | 4. Depth of supply | 4. Will water supply | |
| | line 42"+ | _ be disenfected by installer? / | |
| | | | |

Note: A sticker indicating approval/status of the installation will be placed checked and the well casing at the time of the inspection. It is a support the pump inspected 12/16/88 By RH & was OK

The installation in special by
BHoodger on 12/16/26 OIL To
Cover Vine Russia Tork in special
Tog 1-10 81 1396
House looked Did noted
Dressen Tork Did noted

ENVIRONMENTAL

ENVIRONMENTAL

HTJASH

ng ing kalabaga sa mang ng katalaga ng

A CARROLL CONTROL OF CONTROL

the the first and the

in But the Action

Andrew Carlos

LB 50 4 36 PM '87

HOWARD COUNTY
HEALTH DEPT

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ellieutt City mb. 2/043.
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.)

2710 Wynfield Rd West-Friendship

Man Gilfralul COLUMBIA, MDHOYT

HD 8/-1396 DEP Well Permit Number)

(Date)

| C1 00453 | SEQUEN | | STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. |
|---|------------------|--------------|---|
| 1 2,3 6 (THIS NUMBER IS TO BE P | ' ' | E ONLY) | WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY COUNTY COUNTY |
| IN COLS. 3-6 ON ALL CARE | | 24 | PLEASE PRINT OR TYPE NUMBER 1 36545 W |
| DATE Received | DATE WEL | LL COMPLET | Depth of Well FROM "PERMIT TO DRILL WELL" |
| 8 13 | 050 | 215 18/60 | (NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37 |
| OWNER | DRO Plast name / | 35 L | LD RD first name TOWN WEST FRISWDSHIP |
| STREET OR RFD | last name | 100 | SECTION J LOT TOWN |
| WELL | | | GROUTING RECORD YES NO C 3 |
| Not required for STATE THE KIND OF | | | WELL HAS BEEN GROUTED (Circle Appropriate Box) (Circle Appropriate Box) PUMPING TEST |
| PENETRATED, THEIR THICKNESS AND IF | | EARING | TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C HOURS PUMPED (nearest hour) 8 9 |
| DESCRIPTION (Use additional sheets if needed) | FEET FROM | TO Check | 45 46 PUMPING RATE (gal. per mip. |
| 1. | | 24 | GALLONS OF WATER 18 METHOD USED TO DEPTH OF GROUT SEAL (to neafest foot) MEASURE PUMPING RATE STREET |
| Dend | | 24 | from the total fit. WATER LEVEL (distance from land surface) |
| Sand Gray Miro Rock | 24 3 | 305 ~ | 48 TOP 52 54 BOTTOM 58 BEFORE PUMPING (enter 0 if from surface) |
| Cray mice V | | | casing types types (ST) CO WHEN PUMPING (16 9) |
| | | | insert appropriate STEEL CONCRETE TYPE OF PUMP USED (for test) |
| | 1. | | code below PLASTIC OTHER 27 piston T turbine |
| | | | MAIN Nominal diameter Total depth C centrifugal R rotary Other (describe |
| | | | CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) |
| | | | (Nearest Inch) (nearest 1001) J jet (S submersible |
| <i>₫</i> 1 | | | 60 61 63 64 66 70 F OTHER CASING (if used) |
| · | | | A diameter depth (feet) Inch from to |
| <u> </u> | | | DRILLER WILL INSTALL PUMP YES (NO) |
| 1 | 280 | | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS |
| 2 dry wells j. | 200 | | screen type SCREEN RECORD EXCEPT HOME USE |
| | | | or open note ST BR HO PLACE (A,C,J,P,R,S,T,O) PLACE (A,C,J,P,R,S,T,O) PLACE (A,C,J,P,R,S,T,O) PLACE (A,C,J,P,R,S,T,O) |
| the with | Camer | # | appropriate code STEEL BRASS OPEN CAPACITY: GALLONS PER MINUTE |
| Ailled in a | ai ai | | Delow Delow DELOSTIC OTHER PUMP HORSE POWER |
| Felled in with | 31.6 | | C 2 PUMP COLUMN LENGTH 37 41 |
| | | | DEPTH (nearest ft.) (nearest ft.) (nearest ft.) (CASING HEIGHT (circle appropriate box |
| | | | and enter casing height) A B 9 11 15 17 21 (+ above A B D D D D D D D D D D D D D D D D D D |
| | | | |
| CIRCLE APPRO | | | R 49 50 51 100t) |
| A A WELL WAS ABANG | | | E 3 LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS |
| E ELECTRIC LOG OBTA | | | SLOT SIZE 1 2 3 BUILDING, SEPTIC TANKS, AND/OR |
| P TEST WELL CONVER | | | DIAMETER (NEAREST THAN TWO DISTANCES (MEASUREMENTS TO WELL) |
| I HEREBY CERTIFY THAT THIS WEL ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL | 17.13 "WELL C | CONSTRUCTION | rom to |
| ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE. | | | |
| DRILLERS IDENT. NO. | 238 | | FIN BOX 68 68 |
| Joseph L. V. | | <u> </u> | (NOT TO BE FILLED IN BY DRILLER) |
| DRILLERS'SIGNATURE (MUST MATCH SIGNATUR | E ON APPL | LICATION) | T (E.R.O.S.) WQ |
| SITE CUREDING ST | | | 70 72 TELESCOPE LOG OTHER DATA |
| SITE SUPERVISOR (sign. or responsible for sitework if | | | Loronio marcaron |

| Page | • of | |
|------|--------|--|
| Date | 5/5/86 | |
| | 16 | |

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

| Well Permit No. HO - 81 1396 | 0 00 | , |
|---|--------------------------------------|--------|
| Well Driller J. MAY115 | Lot A 7 Block Plat Owner LIRASI ALAN | Sec. 2 |
| Depth of well 305 Distance of measuring point (M.P.) above Static water level (S.W.L.) below M.P. | | |
| High rate pumping reservoir drawdown Time pump started 8700^{\prime} | Pumping rate /1 | • |
| Total time 20 min to reach pumping w | vater level /79 ft. below | w M.P. |

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

| TIME (in 15 minute in- tervals | WATER LEVEL below M.P. | PUMPING RATE time to fill \$ gallon bucket | FLOW METER READING (if used) | CAICULATED FLOW (gallons per minute) |
|--------------------------------------|------------------------|--|---------------------------------|--------------------------------------|
| 815 | / 30 | 5 acc. | | 13 |
| 8:30 | 179 | ~ | | 13 |
| 8:45 | /19 | 20 | | 3 |
| 9,00 | 179 | 20 | | 3 |
| 9:15 | 179 | 20 | | 3 |
| 9:30 | 179 | 20 | | 3 |
| 9:45 | 182 | 15 | | 4 |
| 1000 | カシ | 50 | | 3 |
| 10:15 | 189 | 20 | | 3 |
| 10:50 | 187 | 30 | | 3 |
| 10.45 | 189 | 20 | | 2 |
| 11100 | 189 | 24 | | 23 |
| 11:15 | 189 | 24 | | 25 |
| // 'S& | 189 | 24 | • | 22 |
| 1/45 | 189 | 24 | | 22 |
| 12,00 | 189 | IY ' | | 25 |
| 12:15 | 189 | III . | | JZ |
| 12:30 | 189 | Z U | | タヺ. |
| 12:45 | 189 | 34 | | 22 |
| 1:00 | 189 | I4 | | 71 |
| 1:15 | 129 | 24 | | 交差 |
| / 30/ | 189 | 84 | | 25 |
| 1:45 | 189 | <i>1</i> 4 | | Z |
| 200 | | I4 | | I I |
| 2:15 | 189 | 24 | | 91 |
| 2:30 | 189 | 24 | , | 21 |

Obellenteleple Dene Dune

Okto Cove

248

225 Clake puri or

308

Presune tend not miller

305

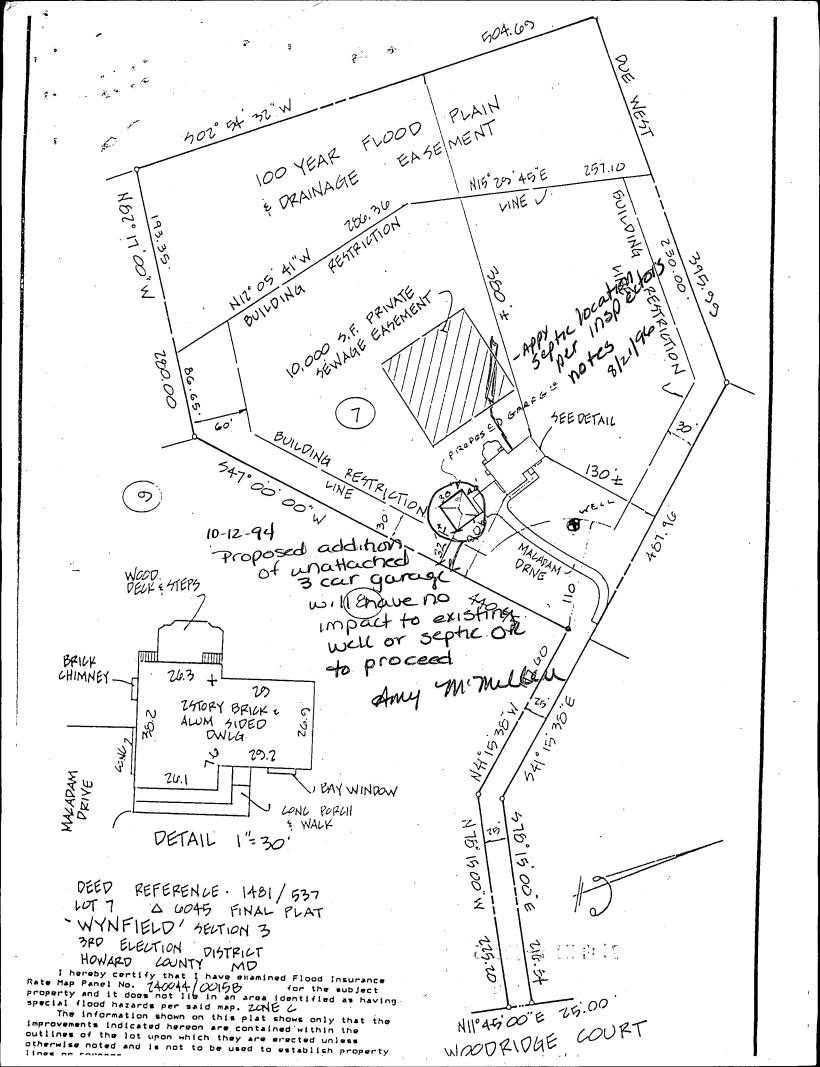
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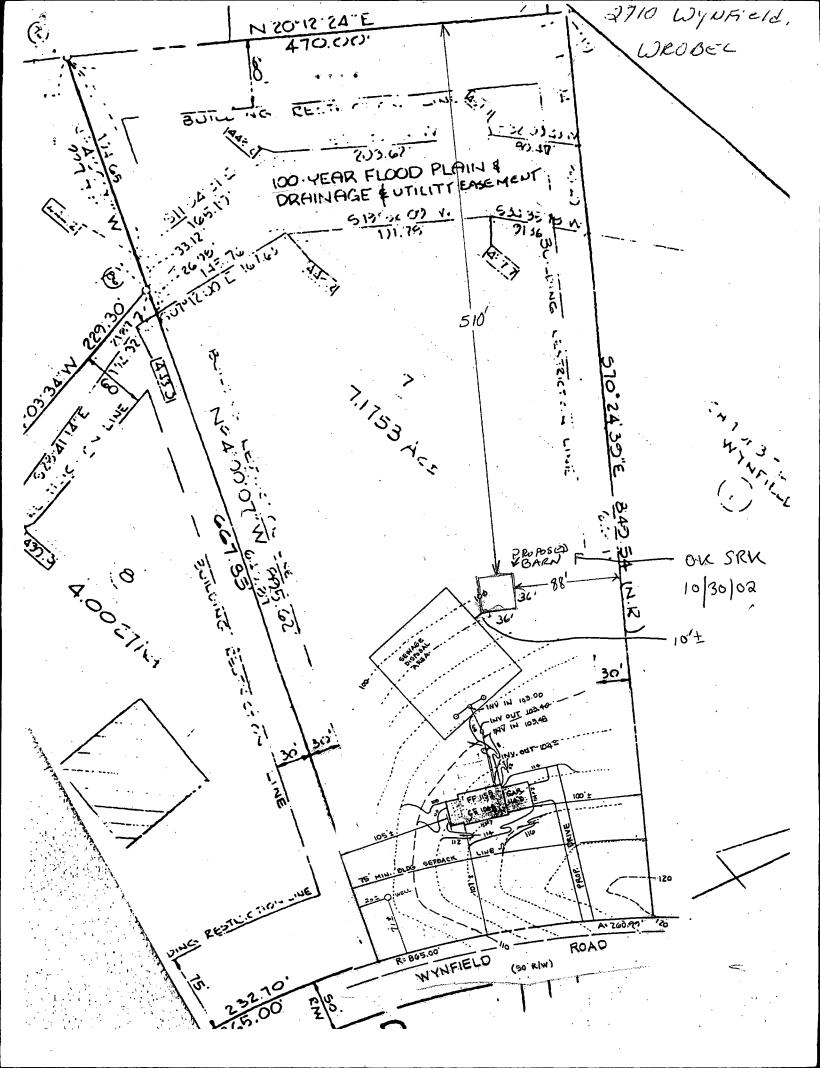
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2085





PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | - |
|---|---|-----|
| | | |
| | • | • , |
| р | | |

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

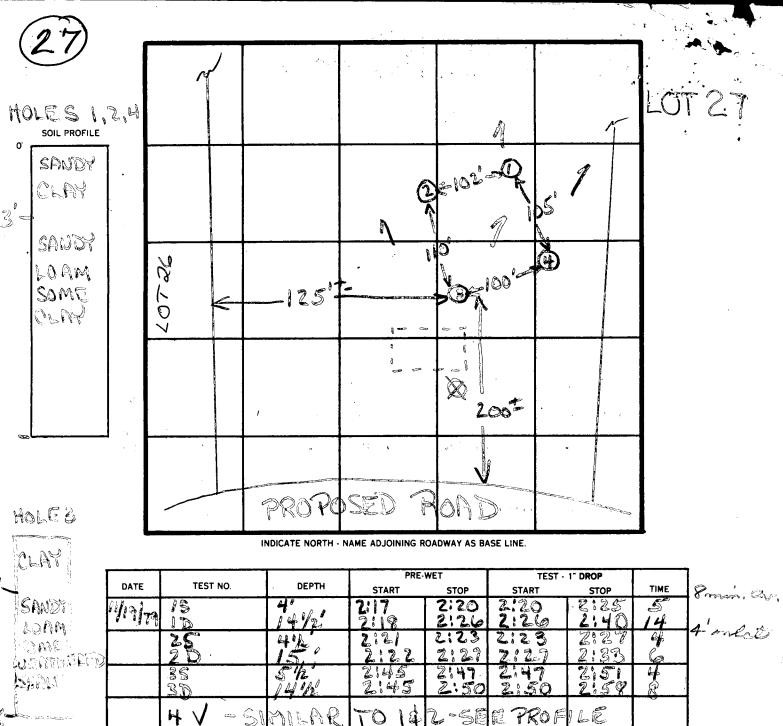
| DISTRICT | 3rd. | | |
|----------|--------|-----|--|
| | | | |
| DATE | 10/31, | /79 | |

| 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

| | Tel Man Carrage | |
|---|--|---|
| ADDRESS | John MAR FARLANE 3450 Ft. Meade Rd., No. 206, Laurel, Md. 20810 PHONE | Tom Munz - 792-2242 OF Ted Snovell - 265-6543 |
| PROPERTY LOCATION: | Hoffman property Sec. 2 - | 7 sect & Final 27 segal prelim |
| ROAD AND DESCRIPTION | Route 144 2720 Wynfield Rd. | 607 26 5601 3 |
| | | |
| | 3 acres TYPE BLDG M INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUB | BLIC FACILITIES BECOME AVAILABLE. |
| ANY CIRCUMSTANCE SIGNATURE OF APPLICATION | /S/ Ted Snovell for Land Associates | ICATION IS NON-REFUNDABLE UNDER |
| APPROVED BY REJECTED BY | FOR DRYWELL | DATE /2/27/79 |
| HOLD PENDING FURTHER | OK Walzo OA | DATE |
| Copy | | URNED 7-21-86 8464 |
| | | BP# 71478 |

THIS IS NOT A PERMIT



| | 1 | l | PRE- | WET | TEST - | 1" DROP | | 7 |
|----------|-----------|---------|-------|--------------|--------------|---------|------|---|
| DATE | TEST NO. | DEPTH | START | STOP | START | STOP | TIME | 1 |
| Malm | /5 D | 14/2 | 2:17 | 2:20 | 2:20 2:26 | 2:25 | 14 | l |
| | 28 | 720 | 2:21 | 2:23 | 2:23 2:27 | 2:33 | ef. | 1 |
| | 35 | Sh | 2:45 | 2:47 2:50 | 2:47 | 2:59 | 4 | |
| | H V = S1 | MILAR | 7014 | 2-5E | | | | |
| | | | | | | , | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | ~ | | | |
| <u> </u> | | | | | | | | 1 |

| REMARKS | | | | | |
|--------------|------------|------|-------------|----------------------|-----|
| TYPE OF SOIL | | * . | | | |
| | , | | | SO 6591 | |
| TESTED BY |) <u>A</u> | | | ALSO PRESENT DUSTINS | 606 |