

10/3/89
11/7/89
anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-309851

DATE 7/7/89

DATE SYSTEM APPROVED 11/7/89

INSPECTOR RJK

INDEXED

P 44088
A 30469

Rawcon Plumbing IS PERMITTED TO INSTALL ALTER
ADDRESS 10101 Maple Wood Drive, Ellicott City, MD PHONE 465-2771
SUBDIVISION Wynfield ROAD 2717 Woodridge Court LOT 16, Section 3
PROPERTY OWNER Roger Cash
ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet ⁵ feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the first trench 165 feet down the left (279.56') lot line and 140 feet off the same lot line as seen when facing the lot from Woodridge Court. Run trenches on level ground toward right and left lot lines. NOTE: TRENCHES MAY EXTEND WHERE NECESSARY OUT OF PERC FIELD TO MAINTAIN LEVEL CONTOUR. TRENCHES NOT TO EXCEED 60 FEET IN LENGTH.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel UPDATED DATE 5/06/88

COVER NO WORK UNTIL INSPECTED AND APPROVED BECAUSE SOIL IS NBR POROS

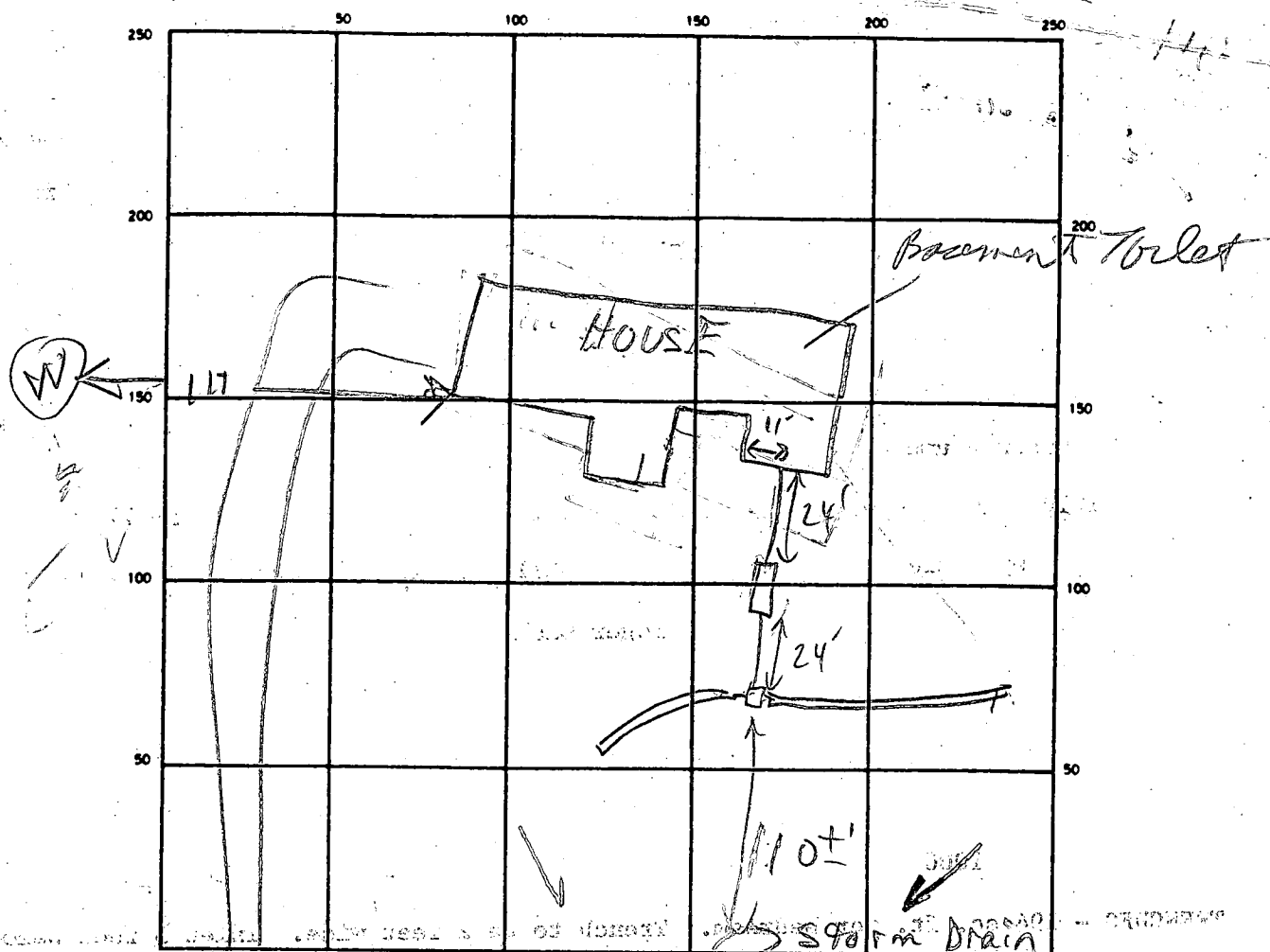
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

- 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

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 30469



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
WOODRIDGE RD

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS MANHOLE ON TANK
 DISTRIBUTION BOX LEVEL OK TOP OF TANK 8 FT below grad
 DRAIN FIELD/TILE FIELD DEPTH $\frac{1}{9} \frac{2}{10}$ FT. TRENCH WIDTH $\frac{1}{3} \frac{2}{2}$ FT. INLET DEPTH $\frac{1}{5} \frac{2}{5}$ FT.
 EFFECTIVE GRAVEL DEPTH $\frac{1}{5} \frac{2}{30}$ FT. TOTAL LENGTH $\frac{1}{2} \frac{65}{67}$ FT. 132 FT. 78
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 660 SQ FT. 7
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 10/30/89 SOIL LAYERS CAUSING CAVE-INS GAVE OK
TO STONE TRENCHES AS NEC TO AVOID CAVE-INS MR
11/7/89 - OK Trench #1 TO COVER FINISH TRENCH #2
LEAVE ENDS OPEN
11/7/89 - TRENCH #2 FINISHED RIT

DATE SYSTEM APPROVED 11/7/89 INSPECTOR Raymond Hodger

7/8/90

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 2
Replacement _____

Receipt # 44689
Date 8/15/90

Name of Installer RAWCON PLUMBING INC

Telephone 771/89
465-2771

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner ROGER LASH JR Telephone _____
Subdivision WYALFIELD SEC 3 Lot # 16 Well Tag # HO-81-0933
Site Address 2717 WOODRINGS COURT

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage <u>220</u>	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>40</u>	1. Type <u>PLASTIC</u>	1. Depth <u>265</u> ft.
2. Pressure relief valve? <u>120</u>	2. Size <u>1"</u>	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>10</u> ft.
	4. Depth of supply line <u>3</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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: Russell McWhorter

11890 - OK well Date: 11-

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

RH

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.).

Leonard Limochi
(Name)

8346 Maple Lane Laurel Md.
(Address) 20707

H0-81-0933
(OEP Well Permit Number)

Lot 16 Sec III Weyfield

3/18/85
(Date)

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30469

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 1/9/80

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

ADDRESS 3450 Fort Meade Road, Laurel, Md. 20810 PHONE Tom Munz - 792-2242
Ted Snovell - 265-6543

PROPERTY LOCATION:

SUBDIVISION ~~Hoffman property~~ WYNFIELD LOT NO. 45 SEC 3
LOT 16

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres 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

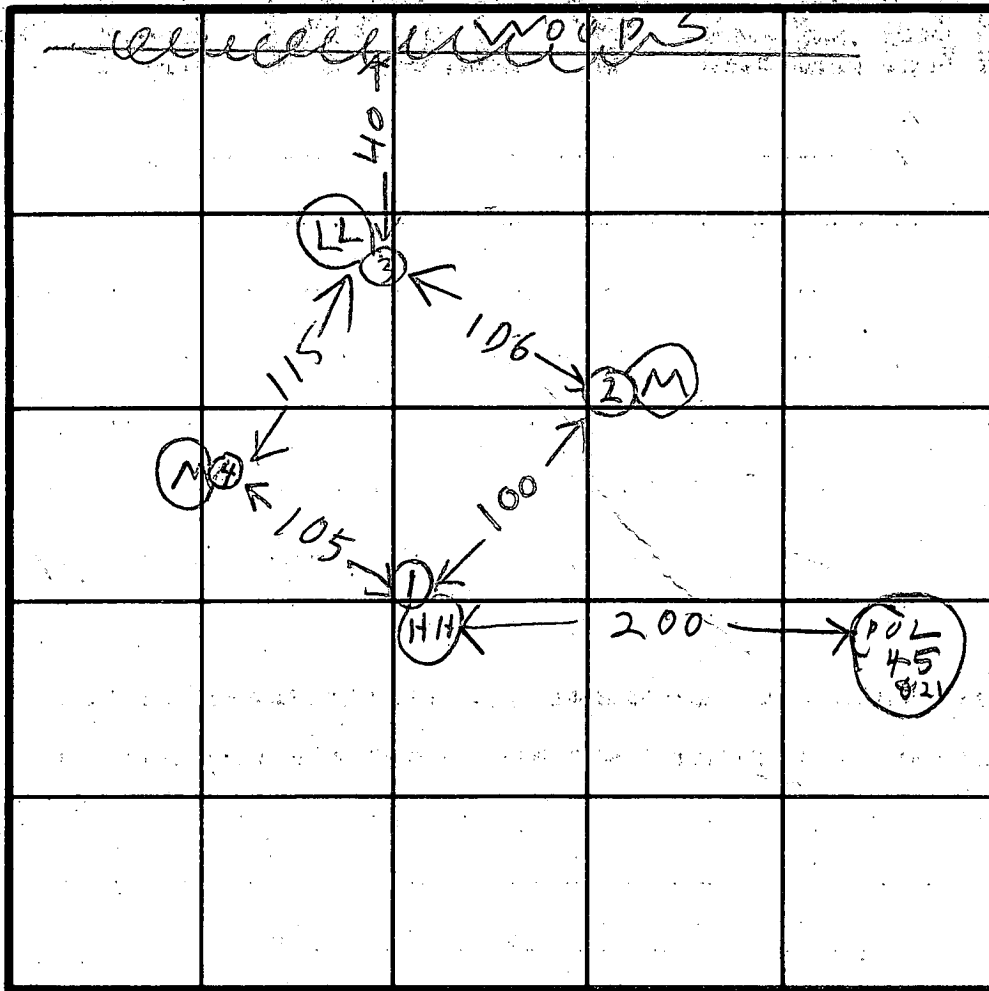
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

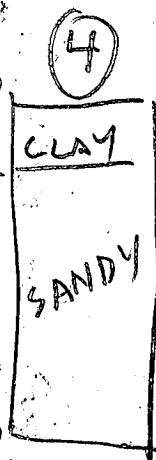
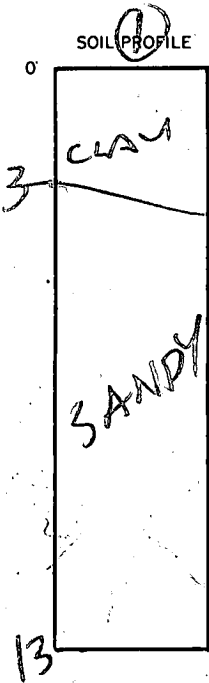
THIS IS NOT A PERMIT



LL=LOWEST
 HH=HIGHEST
 M=MEDIUM
 ABOUT
 SAME
 ELEVATION

artime 5
 Max depth 3

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/17/80	1 S	4	321	322	322	323	1
	1 D	13	321	328	328	334	6
	2 S	4	325	326	326	328	2
	2 D	13	325	328	328	333	5
	3 S	4	331	333	333	336	3
	3 D	14	332	338	336	347	11
	4 S	4	336	338	338	342	4
	4 D	13	CAVE IN NEAR BOTTOM		SEE SOIL PROFILE DRY		

REMARKS _____

TYPE OF SOIL RA & JS

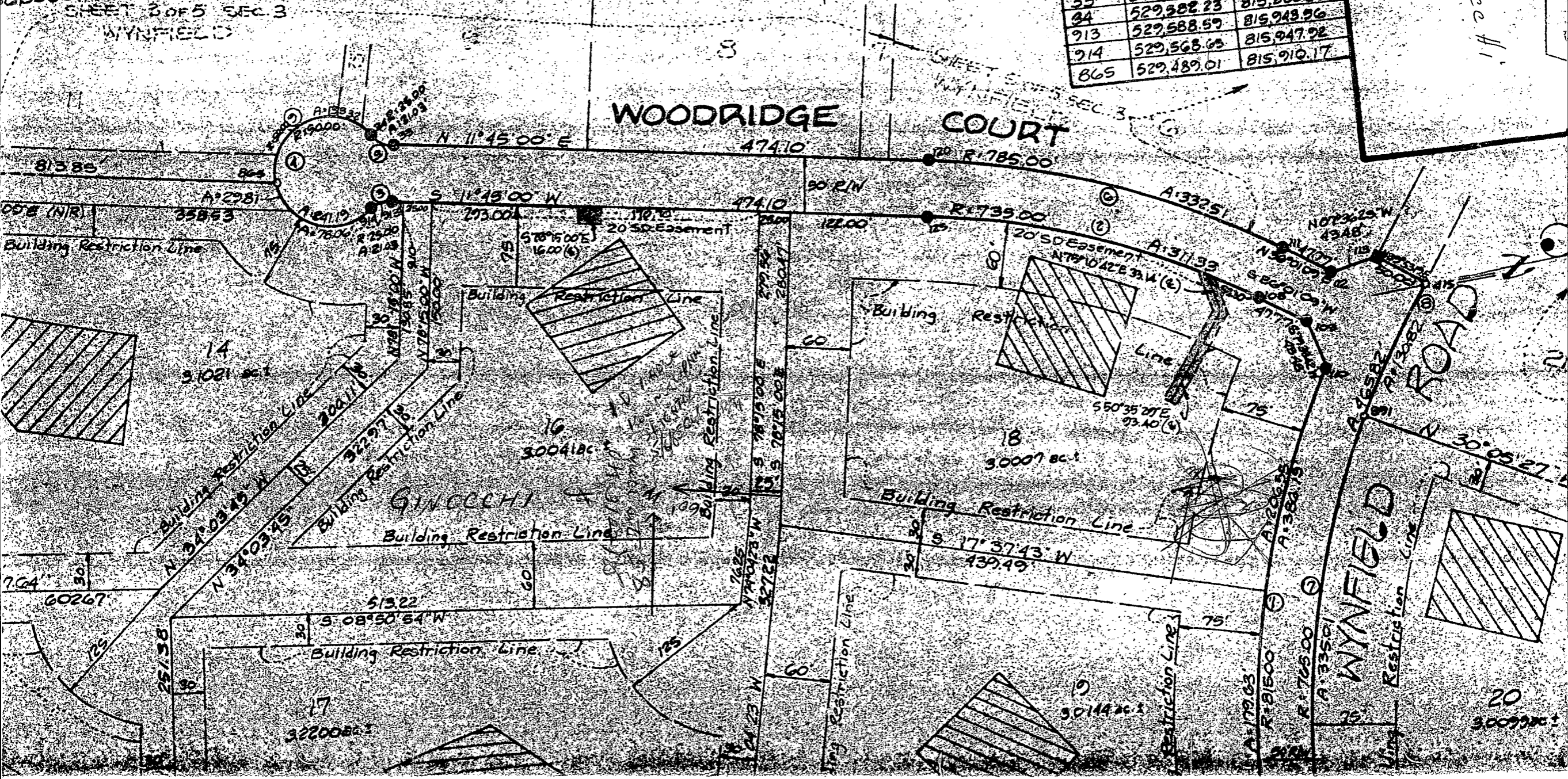
TESTED BY _____ ALSO PRESENT _____

ON OF A...
 BE NECESSARY.
 S SHOWN HEREON, COMPLY WITH THE
 OWNERSHIP WIDTH & LOT AREA AS
 BY THE MD. STATE DEPT. OF HEALTH
 HYGIENE
 SUBJECT TO V.P. 81-42, & V.P. 82-66.

* MD STATE GRID SYSTEM
 COORDINATE VALUES BASED
 ON HOWARD COUNTY TRAVERSE
 POINT NO. #3437001 & #3437002.

109	530,373.75	816,236.08
110	530,381.75	816,236.08
887	530,259.88	816,598.74
890	530,309.09	816,603.10
120	530,062.94	815,991.15
125	530,052.76	816,040.11
33	529,598.77	815,894.61
34	529,582.23	815,882.65
913	529,588.59	815,943.96
914	529,568.65	815,947.92
865	529,489.01	815,910.17

Cem. occ. #1



WOODRIDGE COURT

WYNFIELD ROAD

GINOCCHI

SHEET 3 OF 5 SEC. 3
 WYNFIELD

Plot Plan

Roger M. Lash, Jr.

BP 18381 S.F.D
OK'D 5/18/88

96

95

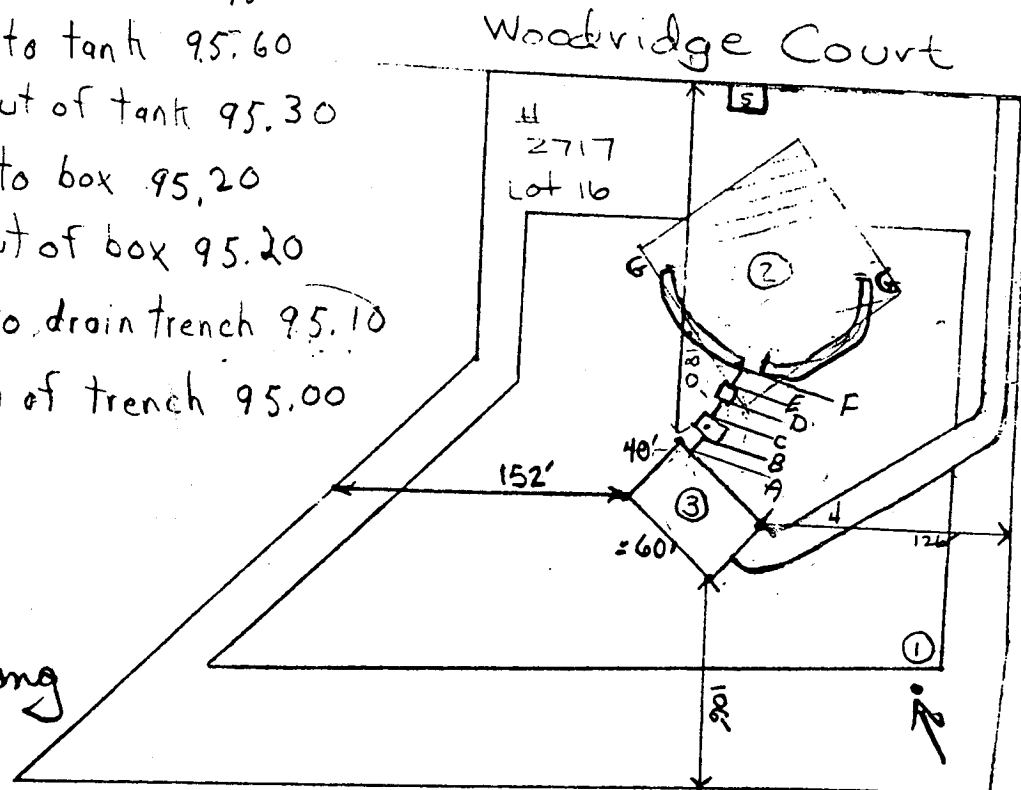
98

95

3

- * EXISTING ELEVATION AT BASEMENT = 96
- * EXISTING ELEVATION AT TRENCH (HIGHEST PART OF PERC) = 99.1
- * EXISTING ELEVATION 1ST FLOOR = 105

- A - out of house 95.25
- B - into tank 95.60
- C - out of tank 95.30
- D into box 95.20
- E out of box 95.20
- F into drain trench 95.10
- G end of trench 95.00



Scale 1"=100'

1948/BD
INLET 3'
MAX D = 8'

* NEED 2 60' long
TRENCHES

* ELEVATION OF WELL = ?

- ① Well
- ② Drain field
- ③ House perimeter
- ④ Driveway
- ⑤ Concrete monument

NOTE: OWNER CONFIRMS NO FUTURE BUILDING (ADDITIONS, POOLS, ETC.) TO BE LOCATED IN AREAS AROUND PERC. TRENCHES MAY THEREFORE EXTEND OUT WHERE NECESSARY TO KEEP CONTOUR

B 1 3332 SEQUENCE NO. (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

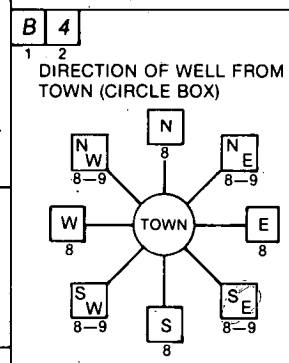
STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
 70 71 72 73 74 75 76 77 78 79
 70-81-0933
 fill in this form completely

OWNER INFORMATION
 Date Received: 5/28/95 1:30 P.M.
 8 9 10 11 12 13
 15 Last Name: MURPHY Owner: MURPHY First Name: ALAN
 36 Street or RFD: 4646
 57 Town: State 72: Zip 76:

B 3 LOCATION OF WELL
 1 2 HOWARD COUNTY 21
 23 SUBDIVISION: WYNFIELD
 42 SECTION: 3 44 46 LOT: 16 48 50
 52 NEAREST TOWN: WESTERLY WINDSHIP 71
 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION
 Driller's Name: Joseph L. Murphy 738
 77 License No. 80
 Firm Name: Joseph L. Murphy Well Drilling
 Address: 5512 Willow Rd. Dr. Hill MD 21111
 Signature: Joseph L. Murphy Date: 9/12/95



WOODRIDGE COURT
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 450 37 DISTANCE FROM ROAD
 ENTER FT or MI 47 38 39

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: HOWARD COUNTY NO. A 30469
 OEP SIGNATURE: J. Stayer STATE HEALTH INSERT S 41
 DATE ISSUED: 9/22/95
 43 032285 48 50 SIGNATURE: J. Stayer EXP. DATE: 9/22/95
 NORTH GRID: 50 55 EAST GRID: 0816000 63

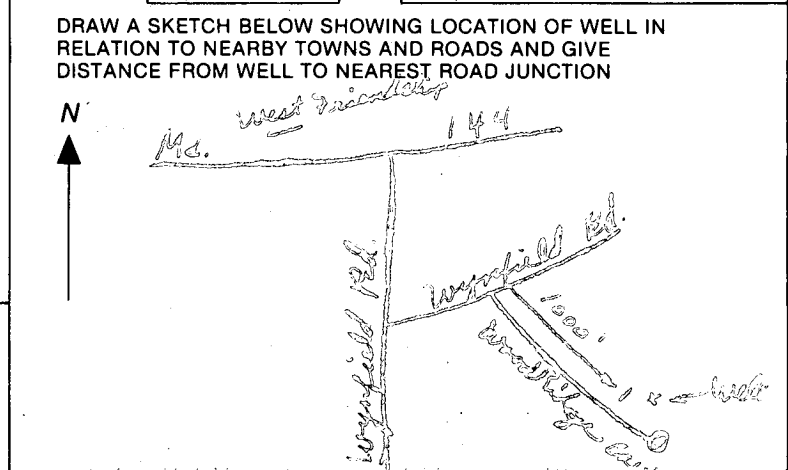
APPROXIMATE DEPTH OF WELL 24 28 FEET: 300

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER:
 1. view
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 810 6
 N 530 29
 000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 GAP 63
 FORCE JS WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79
 70-81-0933

SPECIAL CONDITIONS