

7/12/86
ASAP
8 PM

APPROVED
4/6/87 *William*

PERMIT

P 37714
A 30460
30470

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-309878
INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 9/29/86

Fogle's Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE _____

SUBDIVISION Wynfield ROAD 2709 Woodridge Ct LOT 17

PROPERTY OWNER Ted Goodman

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 - 170 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the back lot line and 160 feet from the left lot line as seen when facing the lot from Woodridge Court. Run trenches on contour.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

del

BLOG. PERMIT SIGNED _____

AND RETURNED Huler
Serial # 27754 - del

PLANS APPROVED BY S. Abel DATE 9/05/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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

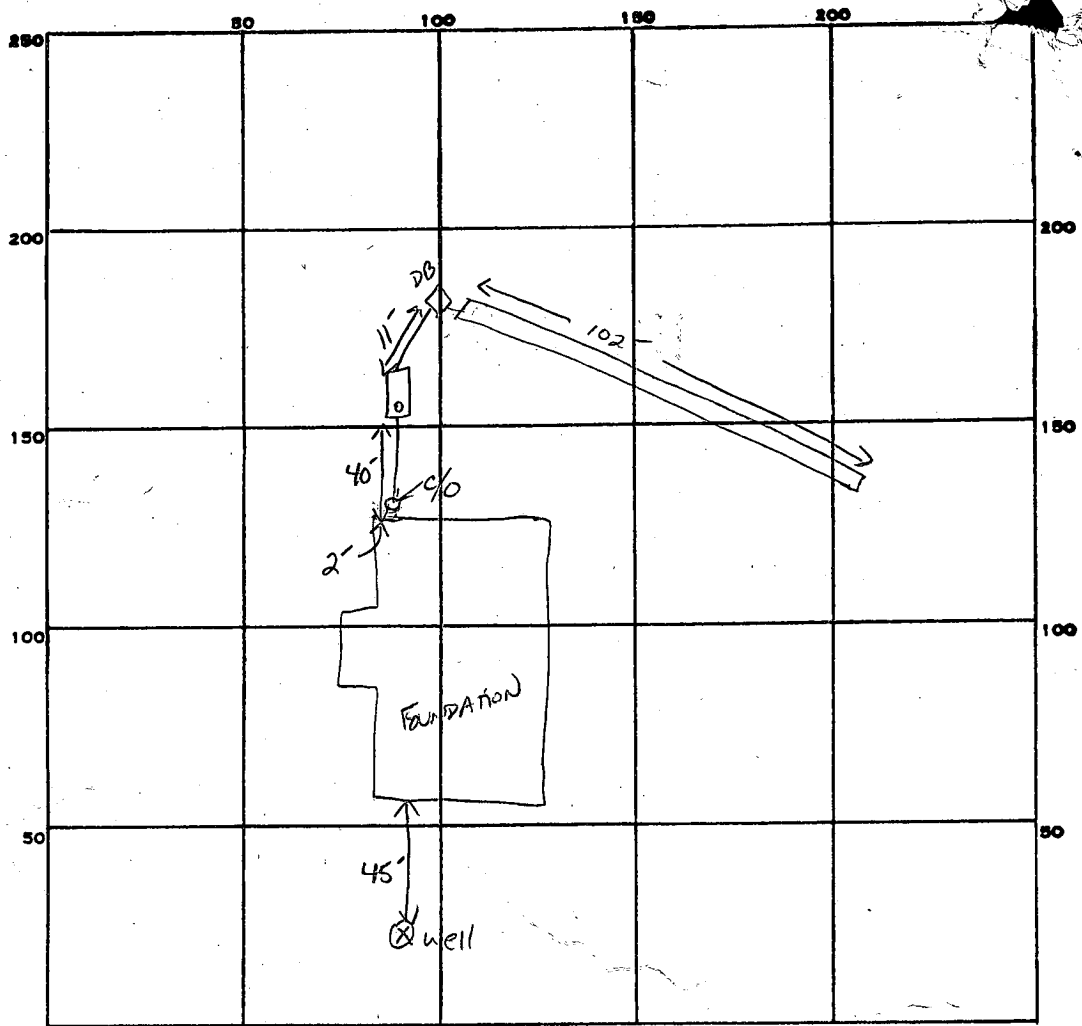
BLOG. PERMIT SIGNED
AND RETURNED 9/14/86
Serial # 21257
garage

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

CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

30470A-30460



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WOODRIDGE Ct.

170
105
58
4-9

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1000 GAL

CLEANOUTS ✓ AT TRUNK + HOUSE

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET 4"

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 102 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 510 sq ft

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 510 SQ. FT.

REMARKS OK TO ADD STONE TO TRENCH; NEED HOUSE SIGNATURE BEFORE FINAL. S. AREA

12/16/86 SYSTEM COVERED KIT

System not yet approved. However well pump lines are OK. RH

DATE SYSTEM APPROVED 4/6/87

INSPECTOR C. Williams

SUBDIVISION: Wynfield

LOT NUMBER: 17

DRY WELL OR DRY WELL AND TRENCH

Sec. 3

_____ 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

170 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 feet of stone below distribution pipe.

*3 Bed.
No.*

- 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: PLACE THE DISTRIBUTION BOX 100 FT FROM THE BACK LOT LINE AND
160 FT FROM THE LEFT LOT LINE AS SEEN WHEN FACING THE LOT FROM
WOODRIDGE CT. RUN TRENCHES ON CONTOUR. S. Hill 9-5-86

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

A 30480

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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 TED GOODMAN

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

PROPERTY LOCATION: 2709 Woodridge Ct SEC III

SUBDIVISION Hoffman property WYNFIELD LOT NO. 46 LOT 17

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 J. Stayer FOR _____ DATE 1/24/80

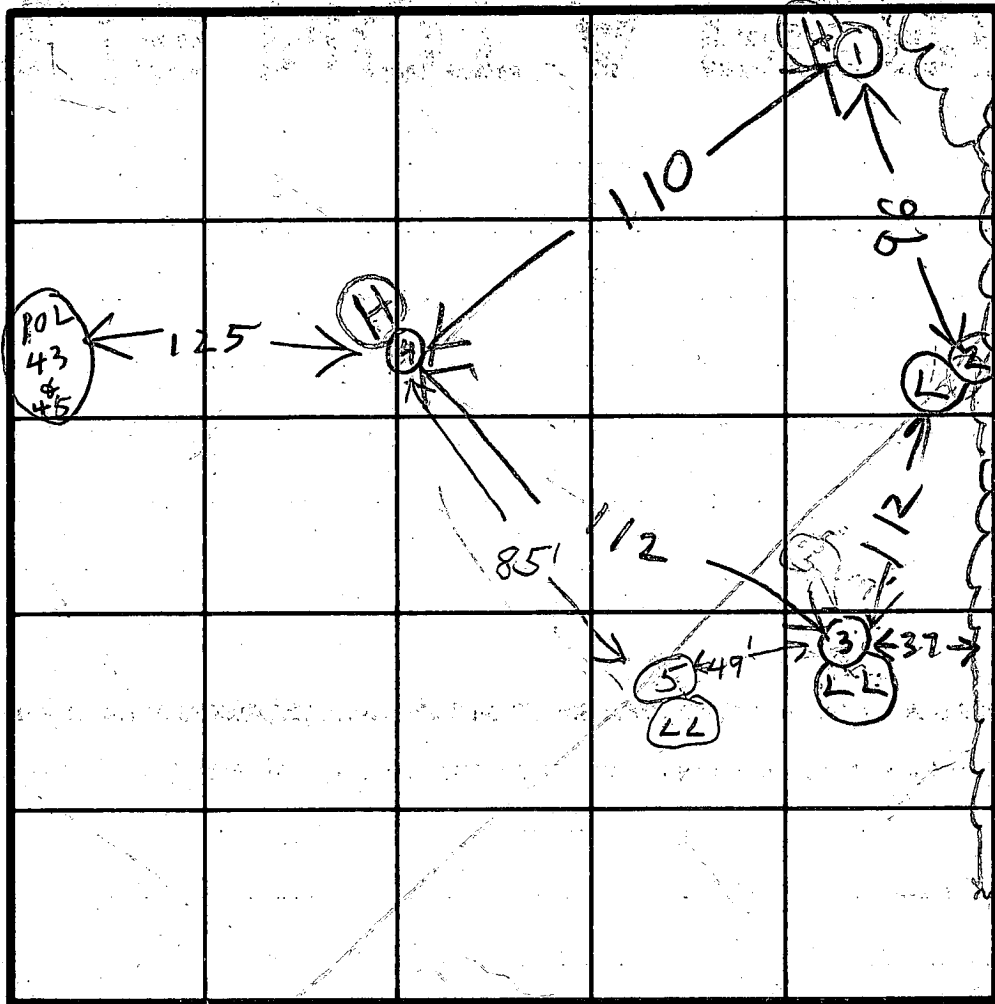
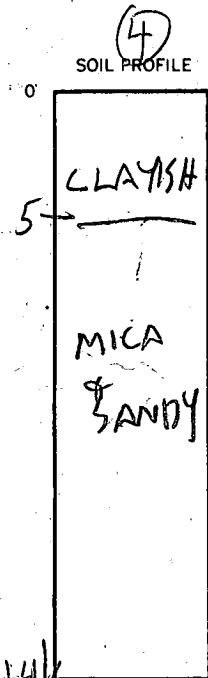
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/21/80 PERC OK BUT HOLD FOR REVIEW R/H

BLDG. PERMIT SIGNED
AND RETURNED 9-10-86
BP # 72690

THIS IS NOT A PERMIT



WOODS

6 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/16/80	1S	5 1/2	1016	1017	1017	1019	2
	1D	15	1016	1019	1019	1023	4
	2S	5	1028	1034	1034	1040	6
	2D	14	1037	1041	1041	1053	12
	3S	5 1/2	1046	1049	1049	1055	6
	3D	12	1046	1130	little pen Fall		
	4D	14 1/2	1104	1110	1110	1116	6
	4S	5 1/2	1103	1104	1104	1107	3
11/21/80	5S	4	10:19	10:22	10:22	10:26	4
	5D	13	10:21	10:45	10:45	11:06	21

artline
7 min
max
depth
4 1/2 ft

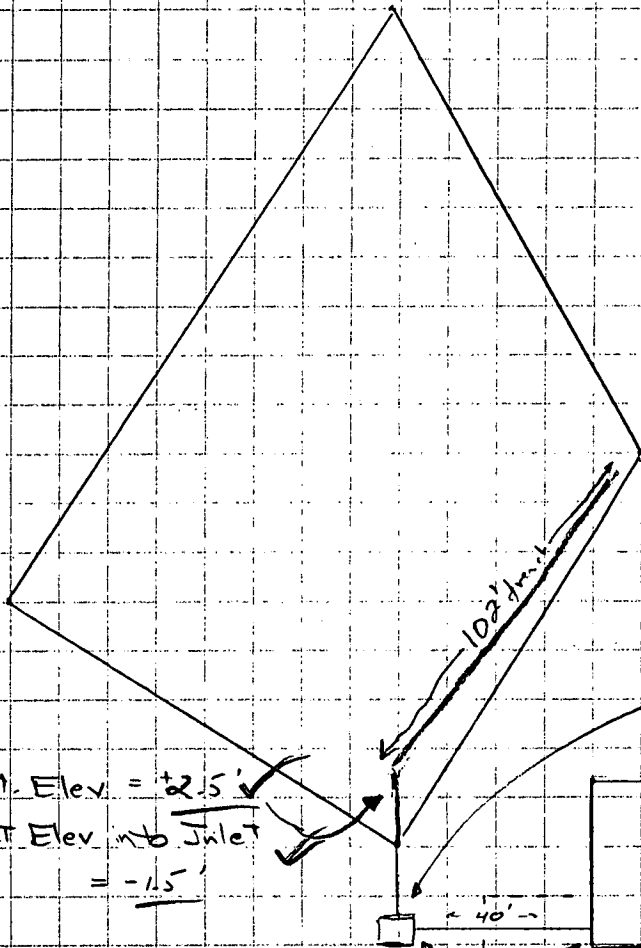
REMARKS on 11/16/80 New hole # 5 - replace # 3/piled

TYPE OF SOIL

TESTED BY R.H. J.S.

ALSO PRESENT W.D.

copy to J. BUSZYNSKI



Exist. Elev. = +2.5' ✓
 Invert Elev. into Inlet
 = -1.5' ✓

Invert Elev. out of tank = -1.0' ✓

Exist Well Elev.
 = +12.0' ✓

Invert Elev. (out of house) = 0.0' ✓
 Exist. Elev. = +8.0' ✓

Exist. Elev. of tank = +5.0' ✓
 Invert Elev. into tank = -0.66' ✓

First Floor Elev = +10.0' ✓
 Basement Elev = +11.0' ✓

BLDG. PERMIT SIGNED
 AND RETURNED 9-10-84 S. Abel
 BPA # 72690

72690

120'

1 square = 10'

B 1 **9591** 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
40-81-0942
 fill in this form completely

OWNER INFORMATION
 Date Received **03/1/85**
 Last Name **GOODMAN** Owner First Name **TED**
 Street or RFD **106 MOUNTAIN ROAD**
 Town **GLEN BURWICK** State **MD** Zip **21061**

LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **WYNFIELD**
 SECTION **9** LOT **17**
 NEAREST TOWN **WEST FRIENDSHIP**
 MILES FROM TOWN (enter 0 if in town) **1 1/10** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** License No. **238**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 RIDGE RD. MT. AIRY 21771**
 Signature **Joseph L. Mayne** Date **3/1/85**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Wynfield Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **404** FT or MI **FT**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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. **A30470**
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **032885** CO. SIGNATURE **Chris W. ...** EXP. DATE **9/28/85**
 NORTH GRID **529000** EAST GRID **0817000**

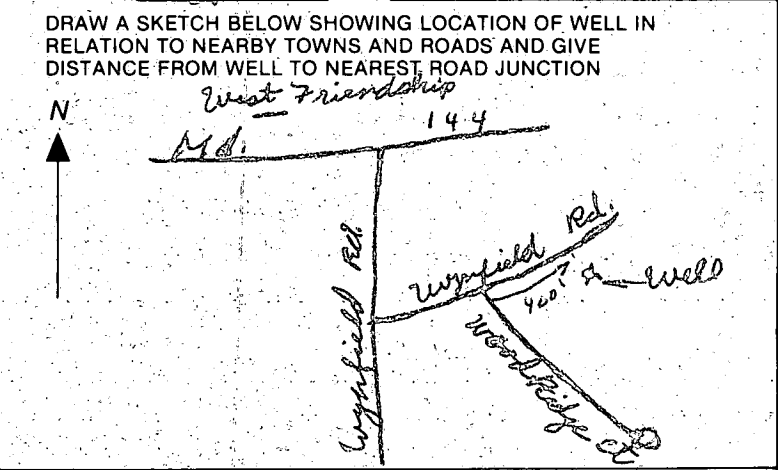
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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

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 7**
 N **530 9**

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **6** WRITE INITIALS IN BOX PERMIT No. **40-81-0942**

SPECIAL CONDITIONS

12/16/86

① WELL PUMP INSPECTION
OK PIT LESS ADAPTER
WIRES TAG OK

② Pressure tank NOT installed

B Hodge

No well permit paperwork

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.)

Thomas W. Hood
(Name)

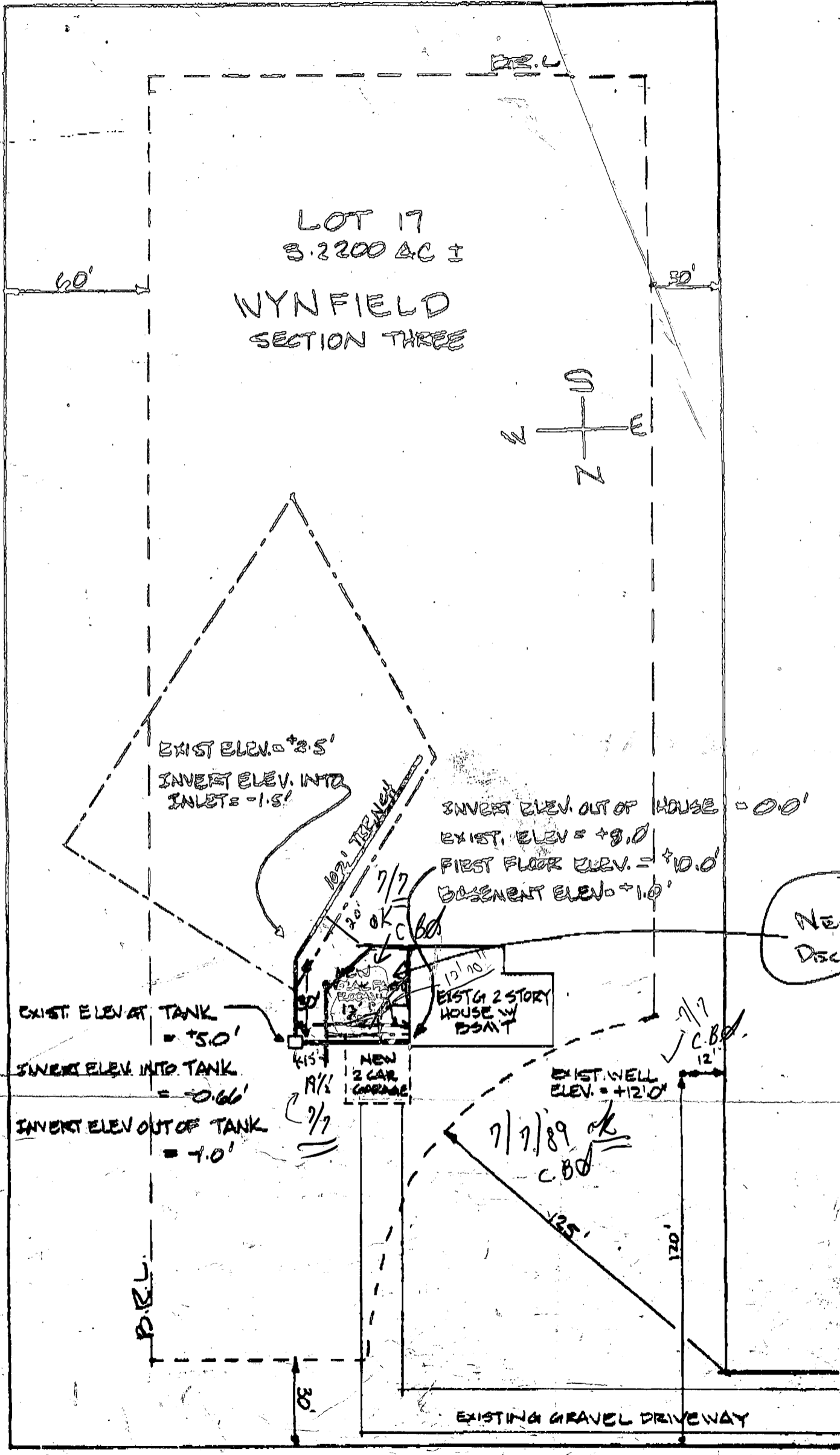
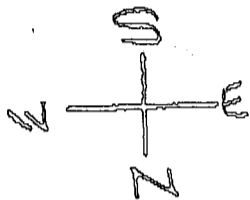
106/30 Mountain Rd
(Address) Alm Bernic MD

HO-81-0942
(OEP Well Permit Number)

Lot 17 Sec 3 Weyersfield

2/28/85
(Date)

LOT 17
3.2200 AC ±
WYNFIELD
SECTION THREE



EXIST ELEV. = +2.5'
INVERT ELEV. INTO
INLET = -1.5'

INVERT ELEV. OUT OF HOUSE = 00'
EXIST. ELEV. = +8.0'
FIRST FLOOR ELEV. = +10.0'
BASEMENT ELEV. = +10.0'

NEW
DRILL

EXIST. ELEV. AT TANK = +5.0'
INVERT ELEV. INTO TANK = -0.66'
INVERT ELEV. OUT OF TANK = +1.0'

NEW
2 CAR
GARAGE

EXIST'G 2 STORY
HOUSE W/
BSMT

EXIST. WELL
ELEV. = +12.0'

7/7/89 OK
C.B.D.

EXISTING GRAVEL DRIVEWAY