

7/9/86
AS:AD

7/9/86
Sef the OK'd

PERMIT

P 57341
A 30471

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~
461-9933

03-309843

ELLICOTT CITY
DISTRICT 3rd
DATE 7/10/86

INDEXED

~~Norman Collins~~ JACK FVACK IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9220

SUBDIVISION Wynfield ROAD 2725 Woodridge Ct. LOT 15, Sec. 3

PROPERTY OWNER Pong Sam & Hye Kyong Sin

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 ¹⁵⁰⁰ GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench or place the distribution box 145 feet from the front (251.38') lot line and 135 feet from the right (602.67') lot line as seen when facing the lot from Woodridge Court. Run trench(s) on contour toward the back lot line.

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. ok (cw)

ΔSD TO 193 ϕ / bedroom

PLANS APPROVED BY S. Abel DATE 6/17/86

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.

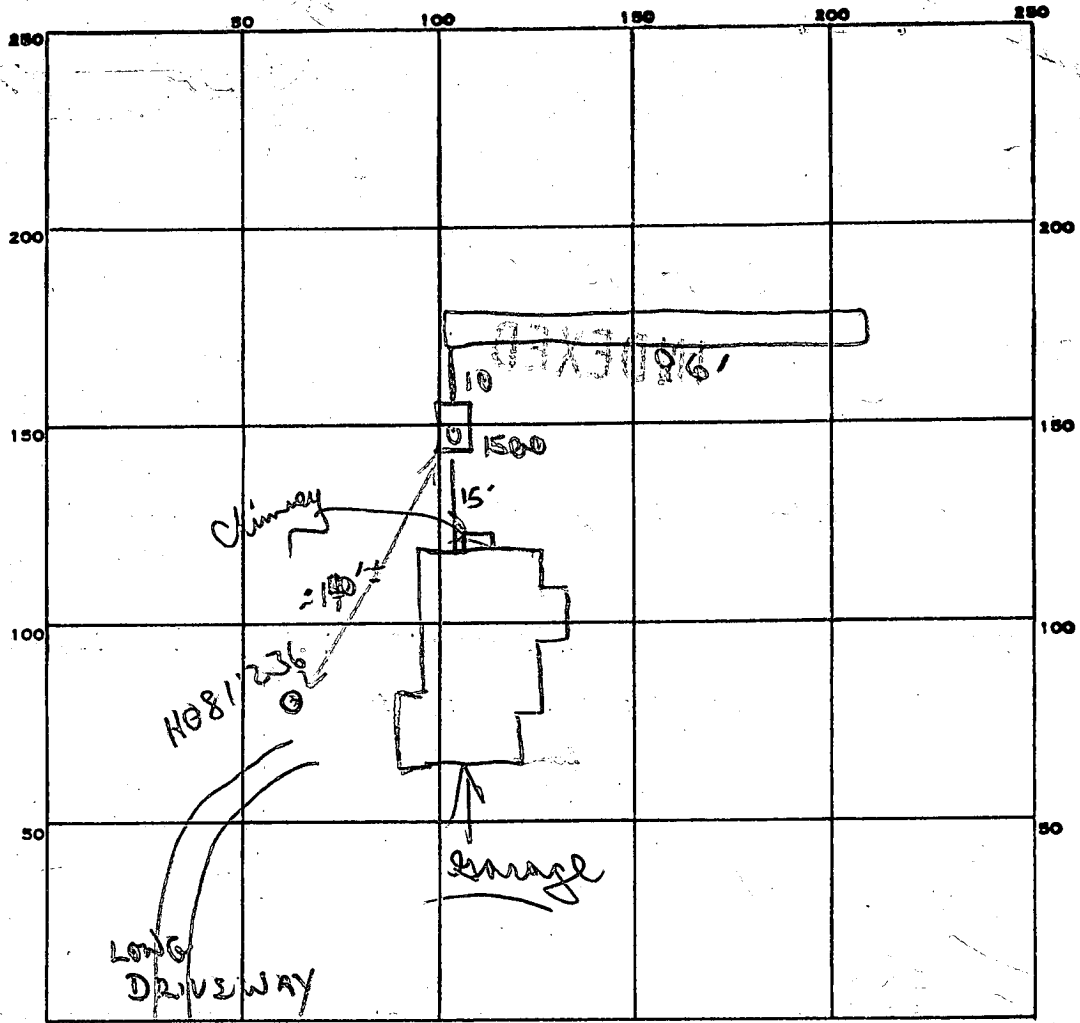
PERMIT VOID AFTER THREE YEARS.

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.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL ~~988~~ 3350 FOR INSPECTION OF SEPTIC SYSTEMS.

30471



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

final WOOD RIDGE CT

158
22
316
316
3476

PERMIT CARD

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS 1 S.F.

DISTRIBUTION BOX, LEVEL —

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6' IN. TOTAL LENGTH 96 FT.

NUMBER OF TRENCHES 1 ISIDEWALL TOTAL BOTTOM AREA 576

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

ABSORBENT AREA 576 SQ. FT.

158
182
3
576
96
6
576

REMARKS 7/9/86 OK to finish adding stone pipe paper to trench. OK to cover all work to trench & trench

DATE SYSTEM APPROVED 7/9/86 INSPECTOR B. Nypor

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30471

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.

Pony Sam + the Lyons SIN

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. 47 *sect 3 lot 15*

ROAD AND DESCRIPTION Route 144 2725 Warbridge Ct. cc 21045

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 RH FOR trench or DW DATE 2/13/85

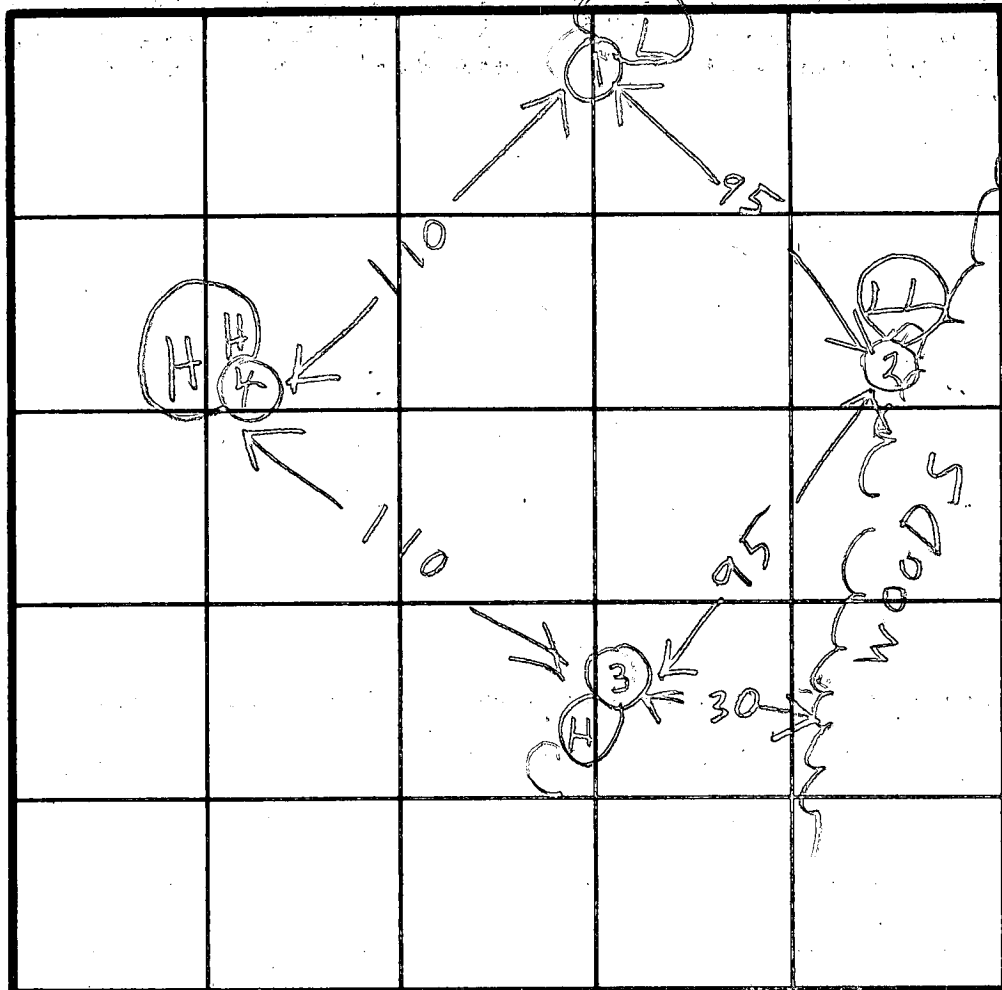
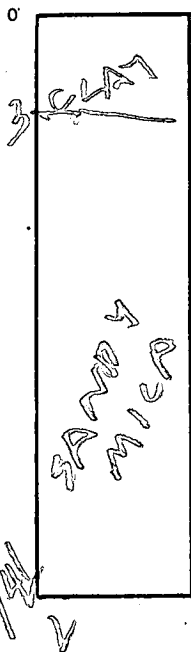
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/13/85 specs written RH
BP 678H

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/16/60	1D	13	118	121	121	129	8
1/16/60	1S	5	118	123	123	129	6
	2S	5	134	138	138	144	6
	2D	13½	134	138	138	155	7
	3S	5	149	150	150	152	2
	3D	14	150	155	155	202	7
	4S	5	208	210	210	212	2
	4D	14½	208	216	216	236	20

airline
timer
Max
Depth
3 ft

REMARKS _____

TYPE OF SOIL _____

TESTED BY RH

ALSO PRESENT JM

B 1 **3226** 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 **40-81-1236**

fill in this form completely

Date Received 11/13/85

OWNER INFORMATION

SIN **Sam** **PONG**

Last Name Owner First Name

2028F Oak **ORP** **CA** **CE**

Street or RFD

1111 **1111** **MORRIS** **1043**

Town State Zip

B 3 **LOCATION OF WELL**

HOWARD COUNTY

WYNFIELD SUBDIVISION

SECTION **3** LOT **15**

WESTFRINDSHIP NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1 1/4** M I

DRILLER INFORMATION

Joseph L. Magee Driller's Name License No. **238**

Joseph L. Magee WELL DRILLING Firm Name

5512 Ridge Bl. Mt. Airy, Md. 21771 Address

Joseph L. Magee Signature **11/14/85** Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Wool Ridge Court NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

275 DISTANCE FROM ROAD

ENTER FT or MI **FF**

B 2 **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

HOWARD COUNTY NAME COUNTY NO. **A-30471**

OEP SIGNATURE _____ STATE HEALTH INSERT S _____

DATE ISSUED **11/14/85** CO SIGNATURE **(B. Nixon)** EXP. DATE **05/14/86**

NORTH GRID **529 0 0 0** EAST GRID **08 16 0 0 0**

APPROXIMATE DEPTH OF WELL **300** 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

8156

529

11-26-85 well location OK

23 FE CASING well

22 FE OPEN ANNULAR

5 BABS CEMENT

well no present water sample

11-26-85 S. Abpt ONE DRY hole - filled

3 Borecements, S&B

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

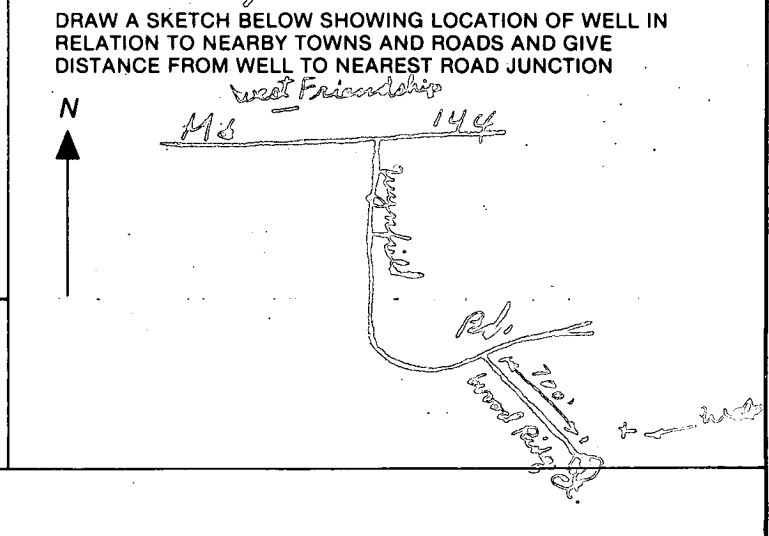
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **SN** WRITE INITIALS IN BOX PERMIT NO. **40-81-1236**

SPECIAL CONDITIONS

C1 2523
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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.
 COUNTY NUMBER **A-30471**

DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **11 26 05**
 DEPTH OF WELL **325** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1236**

OWNER **PONG SAM SIN**
 STREET OR RFD **WOODRIDGE CT** TOWN **WEST FRIENDSHIP**
 SUBDIVISION **WYNFIELD III** SECTION _____ LOT **15**

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown Shale	0	16	
Gray Min. Rock	16	325	

DRY WELL 325' ✓
 Filled in with cement & drilling materials

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **710**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **32** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **325**

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)				
	1	2	3	4	5
1	8	9	11	15	21
2	23	24	26	30	36
3	38	39	41	45	51

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **238**
 DRILLERS SIGNATURE *Joseph L. Wagoner*

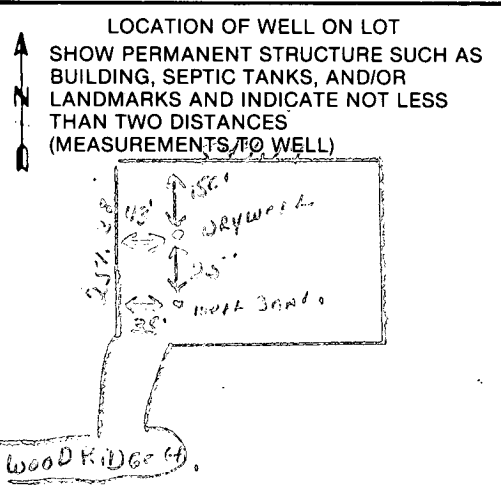
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK _____ from _____ to _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) WQ _____
 TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **3**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33**
 WHEN PUMPING **136**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE (nearest foot) **1**
- below }



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1236
 Location of property (road) WOODRIDGE CT
 Subdivision WYNFIELD III Lot 15 Block Plat Sec.
 Well Driller JOSEPH MAYNE Owner SAM SAM PONG

Depth of well 325'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 33'

High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12
 Total time 30 MIN to reach pumping water level 148' ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	93	5		12
8:00	148	5		12
8:15	148	15		4
8:30	148	15		4
8:45	148	15		4
9:00	148	15		4
9:15	148	15		4
9:30	148	15		4
9:45	148	15		4
10:00	153	15		4
10:15	156	17		3 1/2
10:30	156	20		3
10:45	156	20		3
11:00	156	20		3
11:15	156	20		3
11:30	155	20		3
11:45	155	20		3
12:00	155	20		3
12:15	155	20		3
12:30	153	20		3
12:45	155	20		3
1:00	155	20		3
1:15	155	20		3
1:30	155	20		3
1:45	155	20		3
2:00	155	20		3

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.)

John P. Duvich (agent)
(Name)

LOT 15 SEC 3
WYNFIELD ESTATES

(Address)

HO-81-1236
(OEP Well Permit Number)

11/11/85
(Date)

