

Record Detail * (This section is required.)

Permit Type: Building/Residential/Misc/Pool Spa
 Permit Number: B25001716
 Opened Date: 05/01/2025
 Description of Work: SFD/ INSTALL 20' X 12' X 48" ABOVE GROUND POOL, FENCE TO CODE

Online BP.

gja 5/29/25

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #: 17535 Street Name: WOODCAMP Street Type: RD
 Unit Type: --Select-- Unit #: -- X Coordinate: -77.12358 Y Coordinate: 39.34039
 City: MOUNT AIRY State: MD Zip Code: 21771 Primary: Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
831458	489	3.03	220200	544000	162200	RURAL

Legal Description: LOT 12 3.032 A []17535 WOODCAMP RD []WOODCAMP FARM

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	12	604001	5				

Plan Area: State Tax Id: 1404340884 Subdivision Name: WOODCAMP FARM
 Section: Area: Tax Map: 7
 Grid: 7-7 Zoning District: RC-DEO ADC Map: 4691-A6
 SDP No.: F-79-106 Final Plan No.: WP File No.:
 Record Plat No.: 4704 WS Contract No.: FDP No.: Primary: Yes
 Owner Occupied: Yes No Year Built: 1983 Historic District: Yes No
 Historic District Registry No.: 4-04 State Area: Flood Plain: Yes No
 Building No:

Approved Septic System Plan
 Howard County Health Department
 Dana Bernard 6-9-25
 Signature Date
 B25001716

Owner * (This section is required.)

Search Reset Clear

Name: LAWHK
 Address Line 1: 17535 WOODCAMP RD
 Address Line 2:
 Address Line 3:
 Mail City: MOUNT AIRY
 Mail State: MD
 Mail Zip Code: 21771

Communicated with contractor
 Plan not to scale. Have ever
 must stay with in required
 set back. Only approving
 because plan is above ground

Phone
 301-213-1380
Primary
 Yes
E-mail
 rick.lawhorne@gmail.com
Cell Number **Fax Number**

Professionals (This section is not required.)

License # * **Business Name**

License Type * **First Name** **Middle Name** **Last Name**
 --Select--
Primary **Address Line 1**
 Yes **Address Line 2**

City **State** **ZIP Code**

Phone 1 **Phone 2** **Fax**

E-mail

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type * **First Name** **MI** **Last Name**
 Applicant Richard Lawhorne
Relationship **Full Name**
 Applicant **Richard Lawhorne**
Primary **Organization Name**
 Yes **Street Address**
 17535 Woodcamp Rd.
 Address Line 2

City **State** **Zip Code**
 Mount Airy MD 21771
Phone **Cell** **Fax**
 301-213-1380
E-mail *
 rick.lawhorne@gmail.com

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
 700 0 0 No
Construction Type
 649 - All Other Buildings and Structures

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

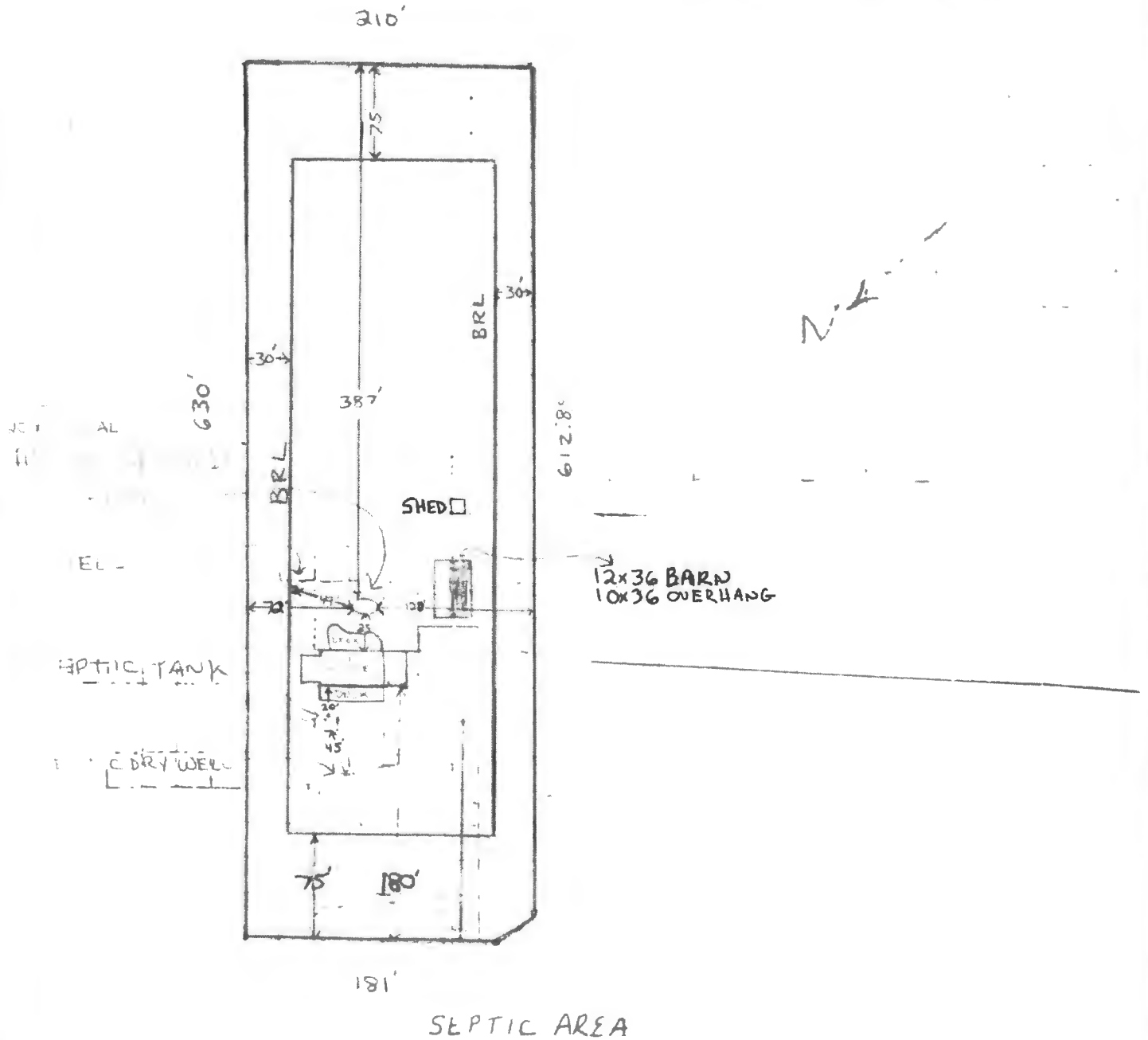
Capital Project-No Fee * **Capital Project Number** **Fee Exempt *** **Water Supply *** **Sewage Disposal ***
 Yes No (Text) Yes No Private Private
Existing Use * **Type of Pool or Spa *** **Pool Safety Device *** **Electrical Permit Number** **Expiration Date**
 SFD Above Ground Pool Automatic Pool Cover (Text) 11/25/2025

Submit **Cancel**

17535 WOODLAND L.A. 1

1" = 20' Scale

PLAN



12/2/82
A.M. please

04-340884

Approved 12/2/82
Singer
P 32370
A 29820

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 4th

INDEX

DATE 12/16/82

William H. Smith, Jr. X
IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS P. O. Box 38, Darlington, Md. 21034 PHONE 879-7641

SUBDIVISION Woodcamp Farms ROAD 17535 Woodcamp Rd. LOT 12, Sec. 1

PROPERTY OWNER James W. Howard

ADDRESS 23 Terrace Rd. Linthicum, Md. 21090 Phone: 765-2531

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DRY WELL - 166 sq. ft. sidewall area per bedroom. Dry well inlet max. to be 3½ ft. below original grade, effective area starts at 4½ ft. and dry well bottom to be max. 10 ft. below original grade. Place the dry well 110 ft. from the front lot line and 62 ft. from the left lot line as seen when facing the lot from Wood Camp Rd. Add a ditch off dry well after a 5 ft. earth buffer. Ditch to be 10 ft. deep with inlet at 5½ ft. below original grade and 4½ ft. of stone. Run ditch along level ground toward Wood Camp Rd. Two inspections of the ditch are needed.

PLANS APPROVED BY Raymond Hodges DATE 11/24/80

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 APPROVAL ON THIS PERMIT**

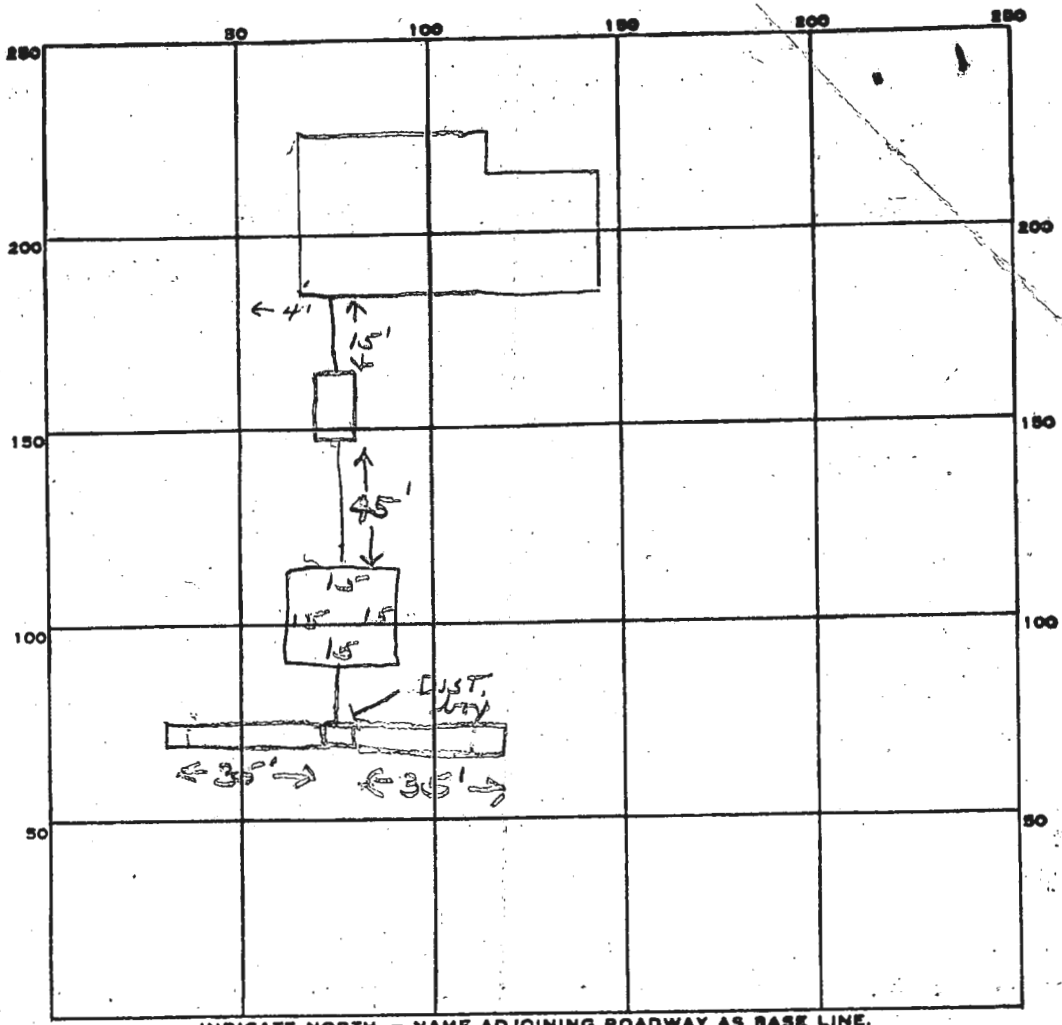
*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29830

166
4

664



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Woodcamp Rd

PERMIT CARD _____

SEPTIC TANK, LEVEL 1250 gal CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL 1

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5' IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 350

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 5 1/2 FT.

ABSORBENT AREA 680 SQ. FT.

5.5
60

330.0

REMARKS 12/22/82 OK to add stone in trenches of
12/22/82 OK to cover all work of

DATE SYSTEM APPROVED 12/22/82 INSPECTOR Stayer

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29820
P _____

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

DISTRICT 4th.
DATE 5/8/79

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

BLDG. PERMIT SIGNED
AND RETURNED 10/30/80
Serial # 51429

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

PROPERTY OWNER Wayne C. Hough James W. Howard
ADDRESS 17740 Hardy Road 23 Terrace Rd Boender Associates
Mt. Airy, Md. 21771 Linthicum, Md PHONE 465-7777
21090 765-2531
PROPERTY LOCATION: 12 + 0
SUBDIVISION Woodcamp Farms LOT NO. 16, Section 1
ROAD AND DESCRIPTION Hardy Road 17535 Woodcamp Road
SIZE OF LOT 3 Acres m/1 TYPE BLDG. 4 Bedrooms per b.p. 51429

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/ Wayne C. Hough

APPROVED BY Raymond Hodges FOR Dutch & DW DATE 11/24/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

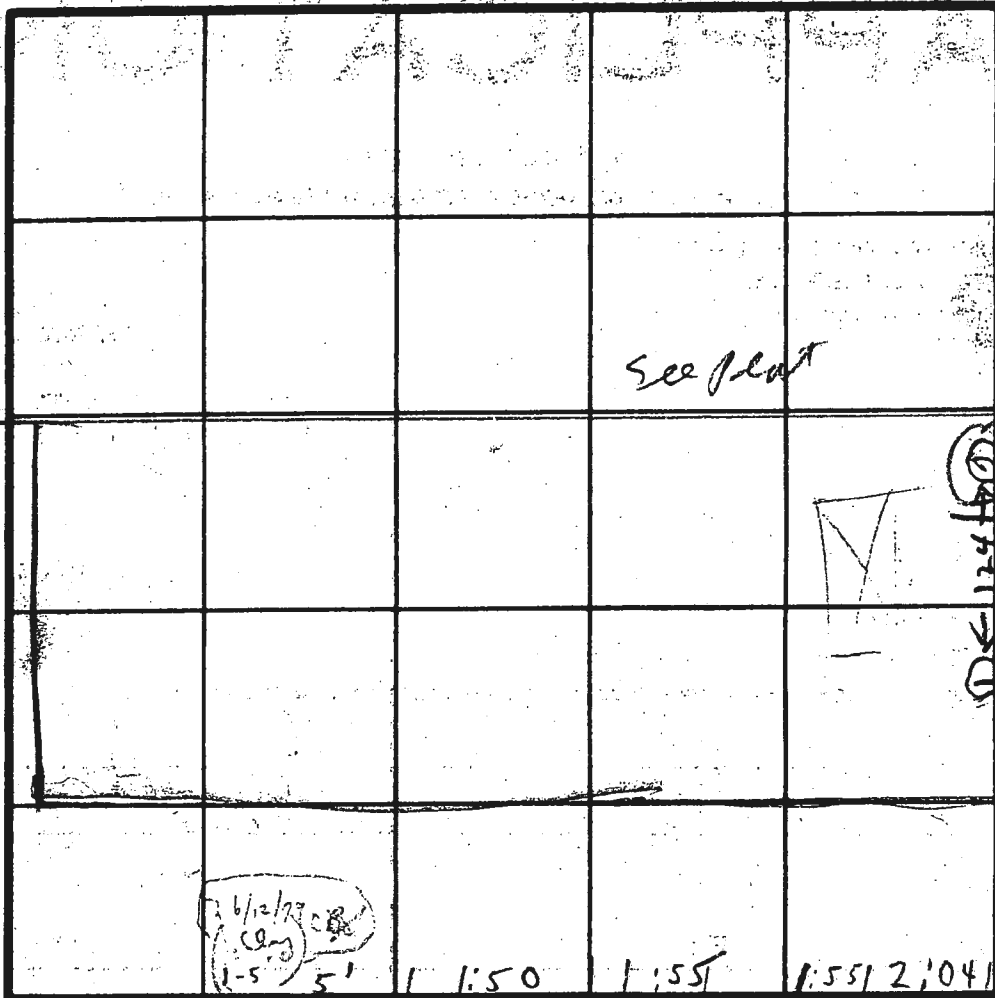
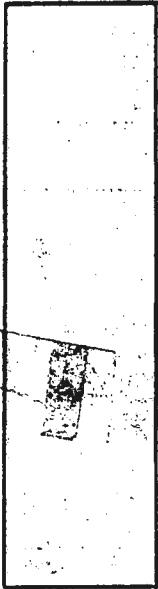
REASONS FOR REJECTION OR HOLDING 5/16/79 Dig more (slow) RH 5/17/79 Dig RH

5/22/79 - Held for Review DM said Per Time O.K. RH
12/80 Final Plat signed RH

THIS IS NOT A PERMIT

1612

SOIL PROFILE



Below day
soil study down
C.B.S. 6/12/79

26/12/79
C.B.S.
1-5 5'

1:50 1:55 1:55 2:04

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/16/79	-TD	13	309	328	328	355	17
5/16/79	1S	5	310	319	318	328	10
	2S	5	332	342	342	358	16
	2D	13 1/2	334	411	little per	FAIL	
	3S	4 1/2	342	358	358	407	9
	3D	13	342	358	358	420	22
5/16/79	4V	12	TOP BOOT	3 FT 9 FT	CLAY SAND	40M	
5/17/79	5S	5	322	356	little per	slow	
5/17/79	5D	13	317	325	325	337	12
5/18/79	5M	7	128	131	131	134	3
	5V	15	TOP BOOT	6 FT 9 FT	CLAY SAND	127	

HIGHEST
NEXT HIGHEST
LOWEST
NEXT HIGHEST

REMARKS: 6 down sandy loam
TYPE OF SOIL: 12/2 surface water 3 down
TESTED BY: RIT
ALSO PRESENT: DENNY

Mud +
Machine
dot stops
Washed
the
5:00

A 298

WOOD CAMP E

LOT 12

3 BEDROOMS - 1000 GALLON TANK

4 BEDROOMS - 1250 GALLON TANK

DRY WELL - 166 square foot sidewall area per bedroom. Dry well
inlet maximum to be 3 1/2 feet below original grade, and dry
effluent starts at 4 1/2 ft

well bottom to be 10 feet below original grade. Place the dry well 110

feet from the FRONT lot line and 62 feet from the LEFT lot

line as seen when facing the lot from WOOD CAMP road.

ADD A DITCH OFF DW AFTER A 5 FT EARTH

BUFFER DITCH TO BE 10 FT DEEP WITH INLET

AT 5 1/2 FT BELOW ORIGINAL GRADE AND

4 1/2 FT OF STONE RUN DITCH ALONG

LEVEL GROUND TOWARD WOOD CAMP RD.

TWO INSPECTIONS OF THE DITCH ARE NEEDED

STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

MD-73-4163

B 1 7272

SEQUENCE NO. (OEP USE ONLY)

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

please print or type

fill in this form completely

Date Received 5/6/82 10:00 AM 041582 (OEP Use Only)

OWNER INFORMATION

HOWARD JAMES W JR
Last Name 15 Owner 8 34 Name

23 TENNACE DRIVE
36 Street or RFD 55

LINTHICUM MD 21109D
Town 57 State 76 Zip

B 3 LOCATION OF WELL

COUNTY 6 HOWARD 21

SUBDIVISION 8 wood Camp Farms 21

SECTION 23 LOT 42 # 12

NEAREST TOWN 44 PAPIER SPRINGS 50

MILES FROM TOWN (enter 0 if in town) 52 3 71 MI 76 77 78

B 7 Continued DRILLER INFORMATION

George Easterday 40
Driller's Name 77 License No. 80

L. F. EASTERDAY INC.
Firm Name

9265 Brown Church Rd.
Address

MT. AIRY, MD. 4-13-82
Signature Date

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

11 NEAR WHAT ROAD 30 Hardy Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD 37 200 (CIRCLE APPROPRIATE BOX) 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 34 20

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Location OK
2. 82' casing
3. 2' above gyl.
- 65' open
- 20' base cement

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760 2
N 540 9

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

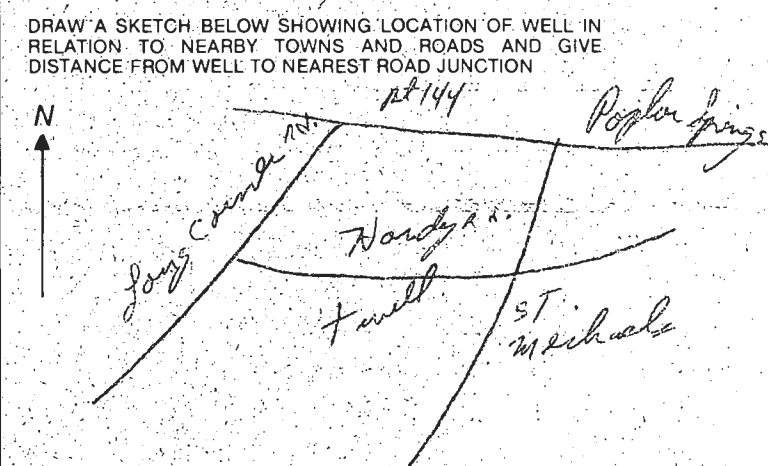
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 160 FEET

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

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

39 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

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A20820 COUNTY NO.

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

FORCE FS WRITE INITIALS IN BOX 64 68 PERMIT No. MD-73-4163 70 71 72 73 74 75 76 77 78 79

OEP SIGNATURE Frank Shuman STATE HEALTH APPROVAL S 41

DATE ISSUED 042982 CO SIGNATURE

NORTH GRID 549 EAST GRID 0762 EXPIRES 102982

B 5 SPECIAL CONDITIONS 8-63

C11 3158

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 29820

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

Date Received (OEP use only)

DATE WELL COMPLETED

5 6 82

Depth of Well

160 (TO NEAREST FOOT)

PERMIT NO.

FROM PERMIT TO DRILL WELL

H0-73-4163

OWNER HOWARD last name

JAMES W. Jr. first name

STREET OR RFD Woodcamp Road

TOWN Poplar Springs

SUBDIVISION Woodcamp Farms

SECTION

LOT 12

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown shale, Brown slate, Blue slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE-CLAY (BC)

NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 100 ft

CASING RECORD

Case types insert appropriate code below. Steel (ST), Concrete (CO), Plastic (PL), Other (OT)

MAIN CASING TYPE (ST) Nominal diameter (6) Total depth of main casing (82)

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

SCREEN RECORD

screen type or open hole insert appropriate code below. Steel (ST), Brass (BR), Open Hole (HO), Plastic (PL), Other (OT)

DEPTH (nearest ft.) HO 80 160

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 (seq no) HOURS PUMPED 3 PUMPING RATE 4 METHOD USED TO MEASURE PUMPING RATE PUCKET WATER LEVEL 33 BEFORE PUMPING WHEN PUMPING 65 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED YES (Y) NO (N) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Lot Line 220' 30' well Road

CIRCLE APPROPRIATE BOX 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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

