

NOTE: Allow CONTRACTOR TO  
WORK AS NEEDED TO

2-19-88  
10-11 AM  
+ Final in PM

# PERMIT

FINISH SYST. before P 40972  
RAIN comes  
S. Hall A 31472

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 11/13/87

INDEXED  
03-308677

DATE SYSTEM APPROVED 2/19/88

INSPECTOR (Signature)

Arnold Backhoe & Septic Services, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Wynfield ROAD 2622 Wynfield Road LOT 4, Section 1

PROPERTY OWNER Paul Funke

ADDRESS

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

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 200 feet from the front lot line and 120 feet from the left lot line as seen when facing the property from Wynfield Road. Run trench(s) along contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. d/cw

PLANS APPROVED BY C. Williams DATE 3/07/86

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: 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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

BLDG. PERMIT SIGNED

AND RETURNED 11/06/91

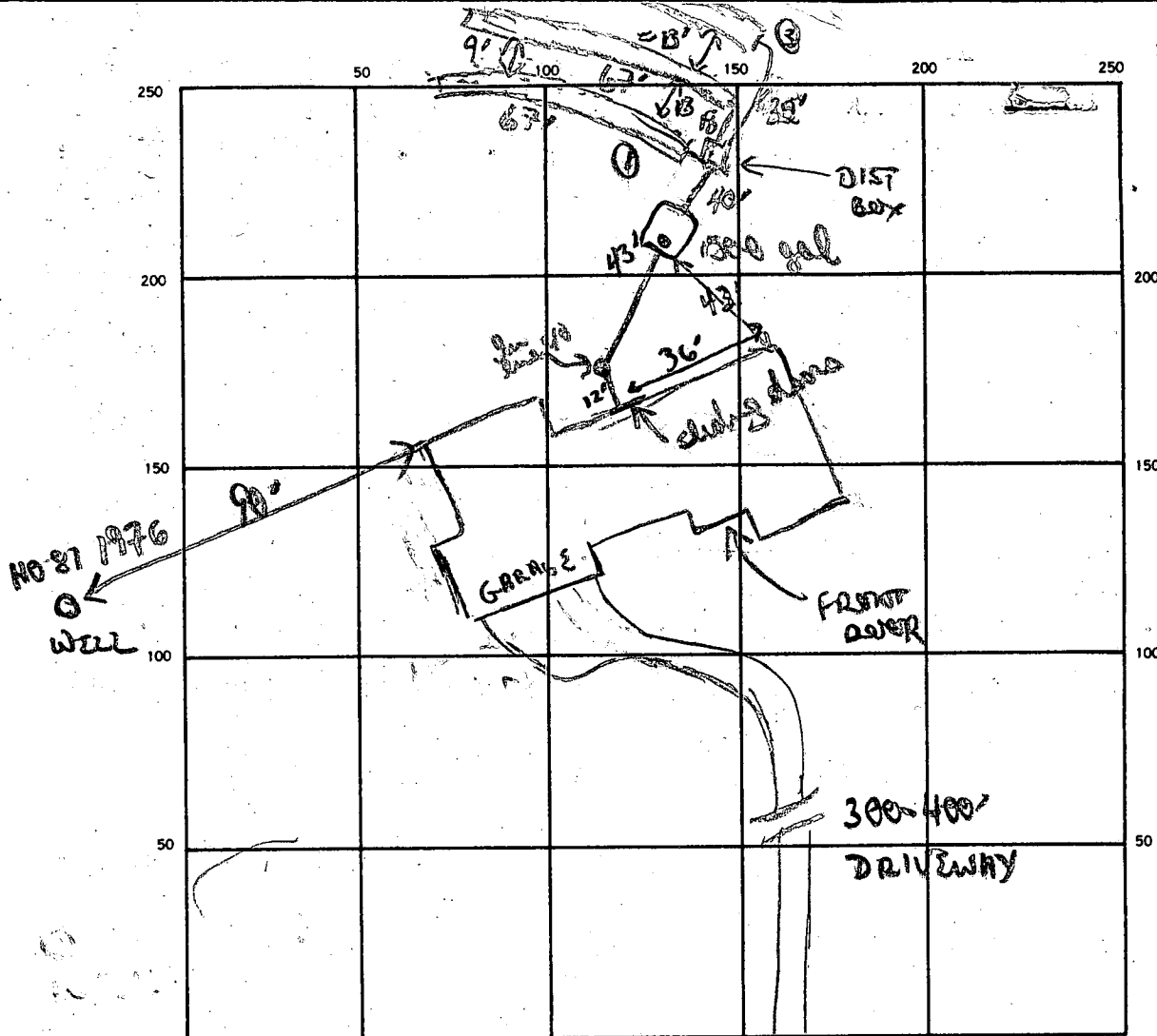
Seal # 40151 - Prod.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31472



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WYNFIELD ROAD

✓  
cond final

SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 in line 1 ST.  
 DISTRIBUTION BOX. LEVEL ✓ w/ baffle  
 DRAIN FIELD/TILE FIELD. DEPTH 8 8 8 FT. TRENCH WIDTH 2-3 FT. INLET DEPTH 4' 4' 4'  
 EFFECTIVE GRAVEL DEPTH 4 + 4 + 4 FT. TOTAL LENGTH 67' + 67' + 67' FT.  
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 268 + 268 + 268 SQ. FT.  
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA 804 SQ. FT.

REMARKS 2/19/88 OK to stone as digging (walls collapsing). OK to finish trench #2 & start trenches 1+3. OK to cover from house to septic tank. 2/19/88 OK to cover trench #1. OK to cover from tank to dist. box. OK to finish trench #3 OK to cover all work

DATE SYSTEM APPROVED 2/19/88 INSPECTOR BW yfer

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 7/7/81

A 31472

P 1

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 Griffith Associates

ADDRESS 3450 Fort Meade Road, Suite 206, Laurel, Md. 20810  
PHONE                     

PROPERTY LOCATION:

SUBDIVISION Wynfield (formerly Hoffman property)

LOT NO. 4

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 4.1944 acres

TYPE BLDG. 3 or 4 bedrooms  
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Ted Snovell for Griffith Associates

(SIGNATURE OF APPLICANT)

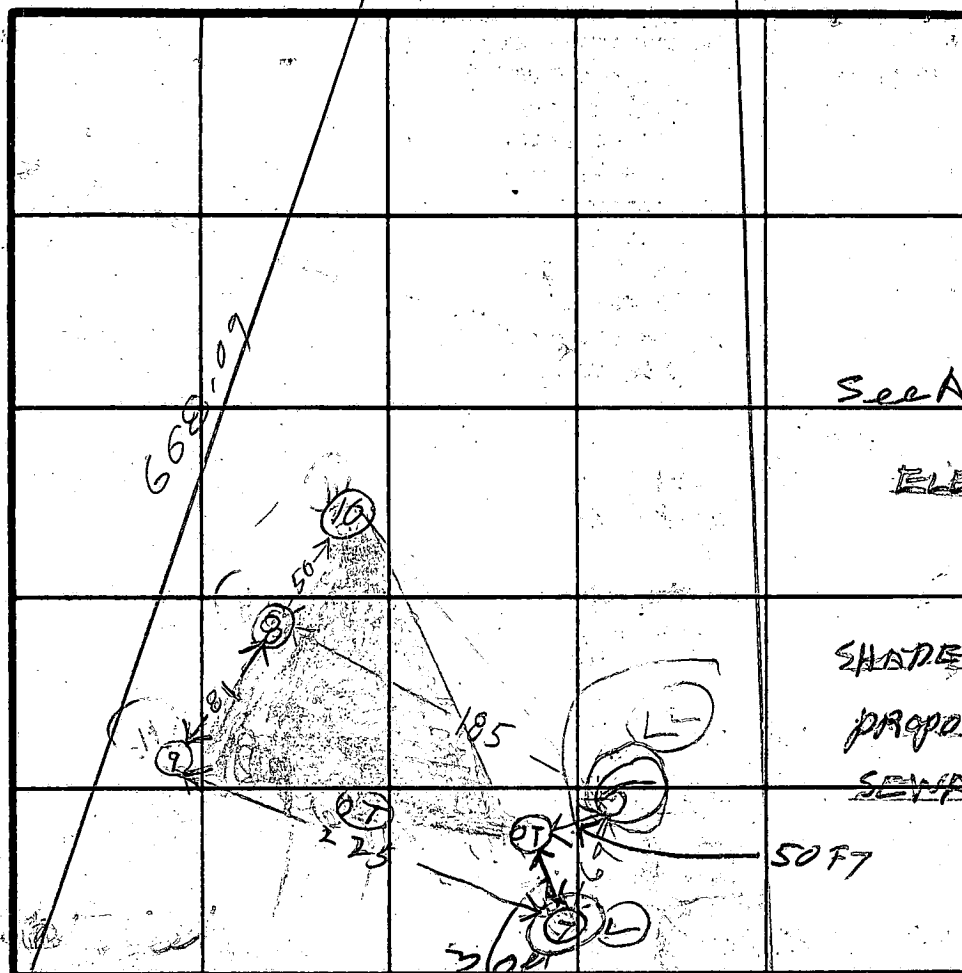
APPROVED BY                                      FOR                                      DATE                                     

REJECTED BY                                      FOR                                      DATE                                     

HOLD PENDING FURTHER TESTS                                      DATE                                     

REASONS FOR REJECTION OR HOLDING                                     

# THIS IS NOT A PERMIT



SHADED AREA IS  
PROPOSED NEW  
SEWAGE DISPOSAL AREA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	REMARKS
			START	STOP	START	STOP		
8/24/81	6 S	11	1000	1005	1005	1012	7	2nd inch FAIL
		13	1001	1025	1025	1103	7	
	6V	13	TOP 6 FT CLAYISH BUT ROCK BOTTOM				7	SANDY
	7 D	11	1005	1008	1008	1013	5	
	7 S	2 1/2	1006	1036	1st inch 30		FAIL	
	7V	14	TOP 6 FT CLAYISH BOT. 8 FT SANDY					
	8 D	13	1020	1027	1027	1028	1	
	8 S	3 1/2	1026	1040	1040	1050	10	
	8 Drifill	13	1029	1st inch 90 sec		2nd inch 140 sec		
	8V	13	ALL SANDY & MICAS SOME SHALE					
	9 S	3 1/2	1150	1151	1151	1152	1	
	9 D	13	1145	1st inch 80		2nd inch 140 sec		
	9V	13	ALL SANDY & MICAS SOME SHALE					
	17M	4	1105	1130	little pen			FAIL
	16M	4	1103	1136	little pen			FAIL
	7EM	6	1148	1118	1st inch 30		FAIL	
	10 S	3	1226	1227	1227	1228	1	
	10 D	7	1226	1st inch 30 sec		2nd inch 30 sec		
8/24/81	10V	13	ALL SANDY & MICAS ROCK BOTTOM					
	10 Drifill	7	1230	1st inch 90		2nd inch 120 sec		

TYPE OF SOIL

TESTED BY

ALSO PRESENT

DIMPUZINSKI

EH-12-1079

PRELIMINARY

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

A 304/B  
P \_\_\_\_\_

DISTRICT 3rd.

DATE 12/10/79

*1354/Bedroom*  
*Inlet 3' max. depth, eff. area starts at 3 1/2'*  
*total max. depth 9 1/2 ft.*  
*TO BE RETESTED*

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 Ft. Meade Rd., No. 206, Laurel, Md. 20810 PHONE Tom Munz - 792-2242  
or Ted Snovell - 265-6543

PROPERTY LOCATION:

SUBDIVISION Hoffman property LOT NO. 34 **4 SECTION FINAL**

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres plus 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 R.D. & D.W.M. FOR DRYWELL DATE 12/27/79

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS 12/14/79 R.D. DATE \_\_\_\_\_

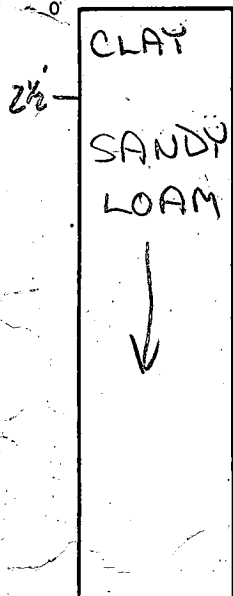
REASONS FOR REJECTION OR HOLDING OK - R.D. - 12/14/79

## THIS IS NOT A PERMIT

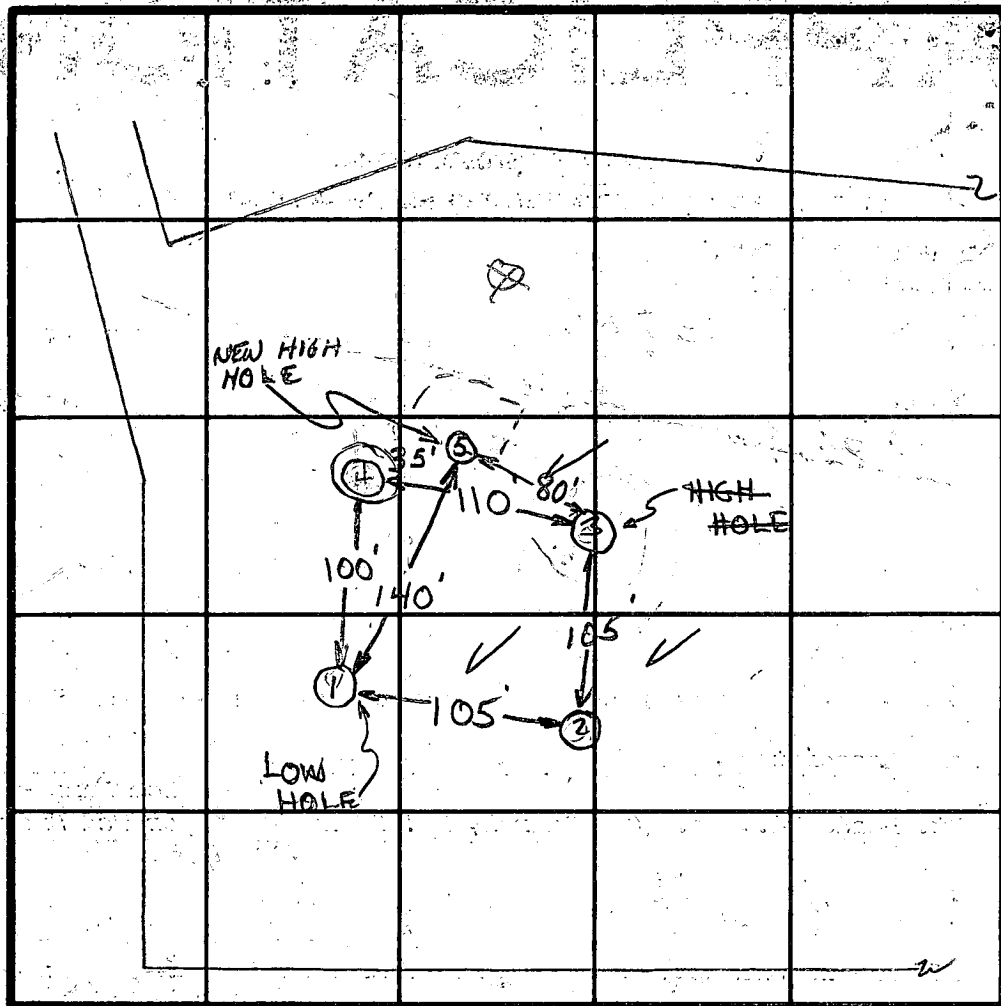
207 34

HOLE 1,2,3

SOIL PROFILE

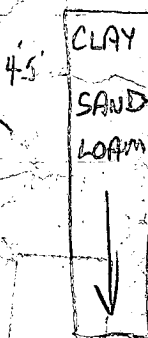


LOT 34



avg 10 for system

HOLE #4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/14/79	1S	4'	1:52	12:55	12:55	1:00	5
	1D	12 1/2'	1:52	12:54	12:54	12:57	3
	2S	4'	1:01	1:04	1:04	1:07	3
	2D	13	1:00	1:06	1:06	1:19	13
	3S	3 1/2'	1:18	1:22	1:22	1:29	7
	3D	12 1/2'	1:19	1:21	1:21	1:27	6
	(4S)	4'	1:05	FAILED 1ST INCH			—
	4D	13	1:05	1:08	1:08	1:14	6
	(4M)	5'	2:44	FAILED 7TH INCH			
	5S	3 1/2'	9:46	10:04	10:04	10:24	20
	5D	13'	9:46	9:51	9:51	9:57	7

avg 3 1/2

LOW HOLE

avg 8

64

HIGH HOLE

REMARKS NO PROP. LINES LOCATED

TYPE OF SOIL SANDY LOAM UNDER CLAY LAYER

TESTED BY R.D. & J.S.

ALSO PRESENT JIM DUSZYNSKI

This designates a private sewerage easement of 10,000 square feet plus or minus as required by the Md. State Department of Health & Mental Hygiene for individual sewage disposal. Improvements of any kind in this area are restricted until public sewer is available & serving any residential structure on this building site. This easement shall become null & void upon connection to a public sewerage system. The County Health officer shall have the authority to grant variances for encroachments into the private easement (sewerage). Recordation of a modified sewerage easement shall not be necessary.

The lots shown here on comply with the minimum ownership width and lot area as required by the Md. State Department of Health and Mental Hygiene.

The purpose of this plat is to show the correct locations of the percolation test areas, as required by the Ho. Co. Health Department, on Lots now Numbered 4, 7, & 8, Wynfield, Sec 1, Plat 4871. This plat renders the Statement "Non Buildable until approved by the Ho. Co. Health Officer" Void.

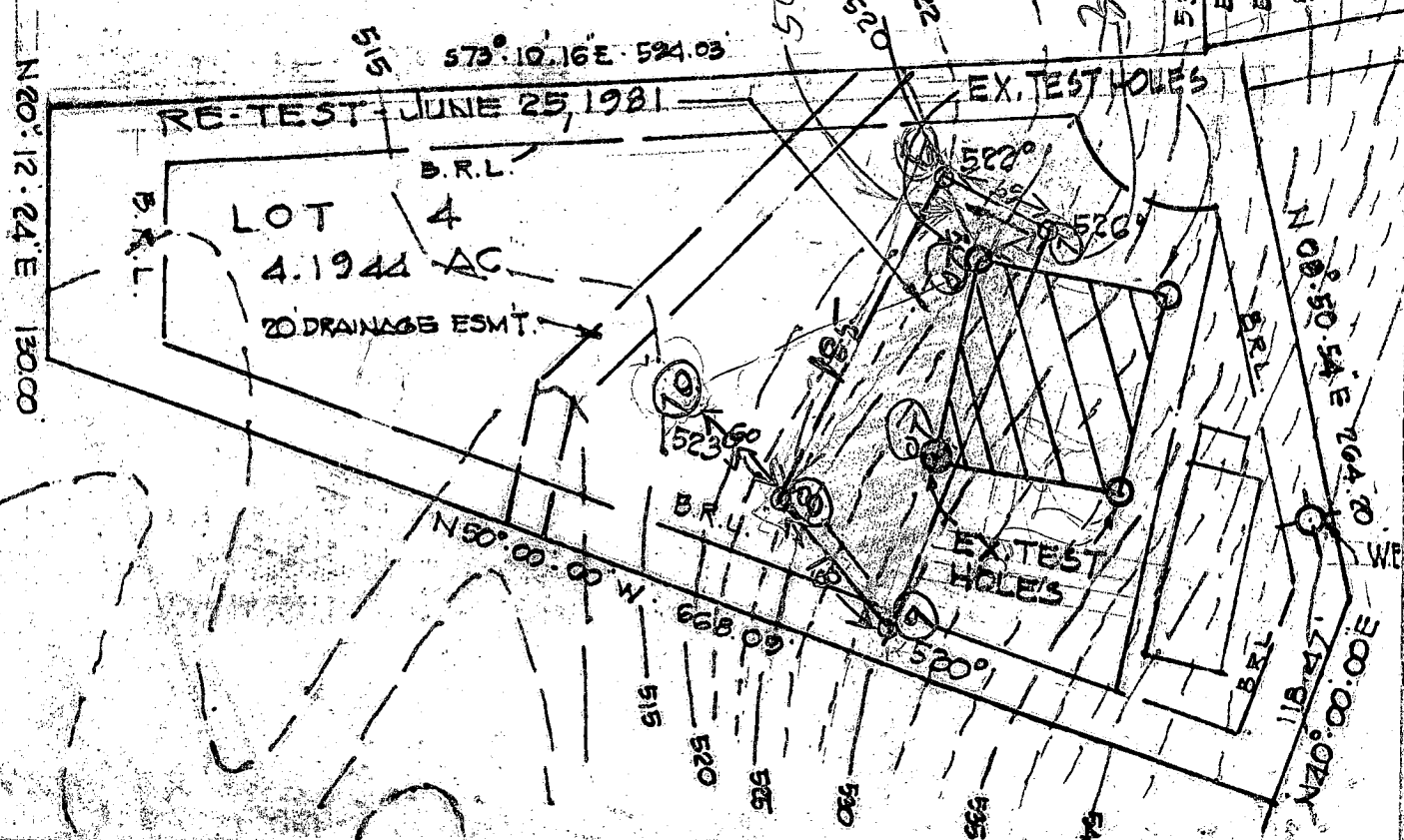
Lots No. 4, 7, 8, Wynfield Sec 1 by this plat are buildable.

Approved: For private water and private sewerage systems.  
Howard County Health Department.

*J. W. Engle*  
County Health Officer

6-8-81

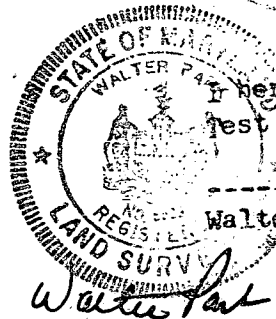
Date



MARYLAND  
REGISTERED  
SURVEYOR  
6/3/81  
W. J. PALLEN  
RT M  
06  
140

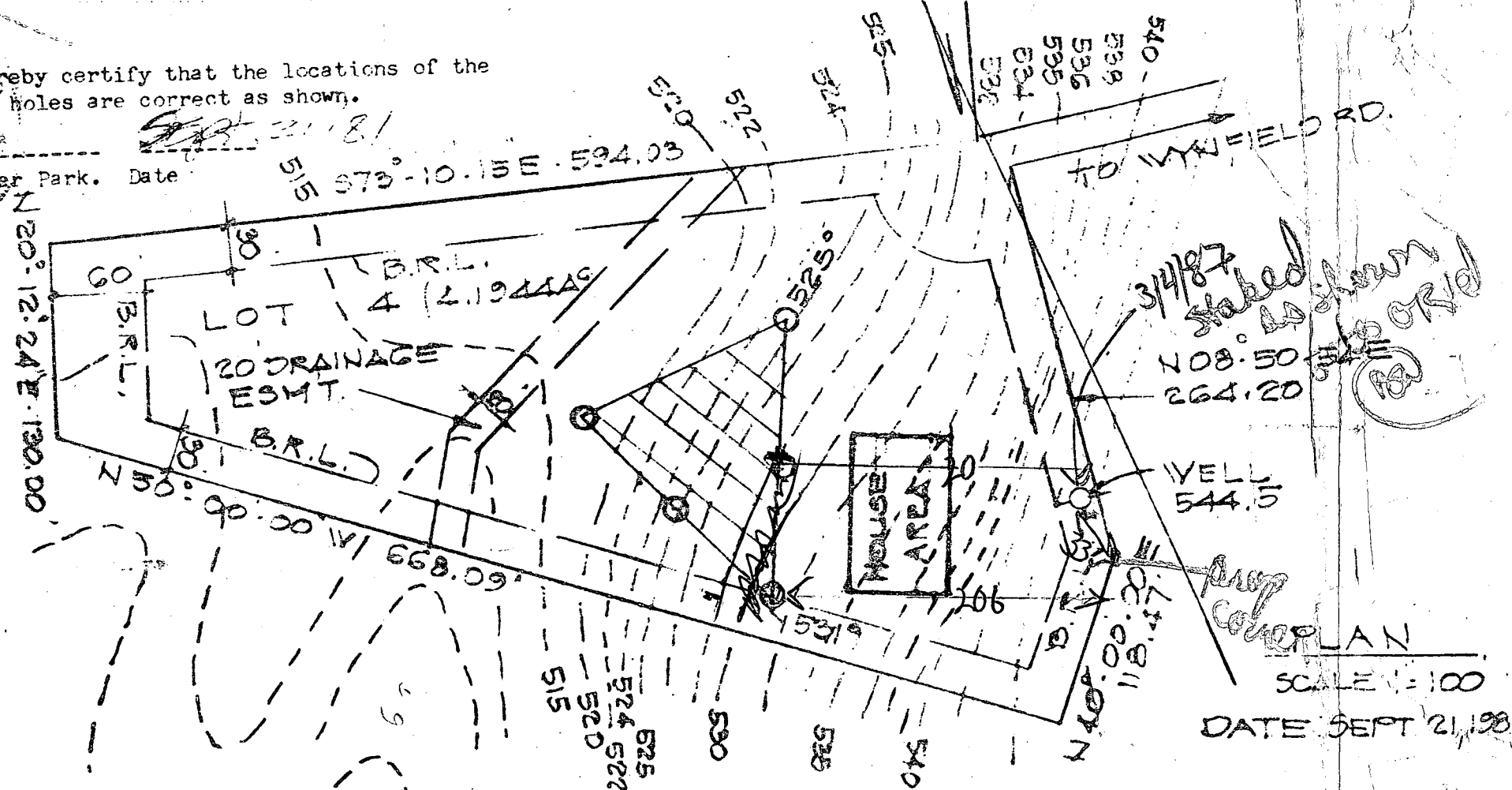
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>B 1</b> <span style="font-size: 24pt;">1541</span></p> <p>SEQUENCE NO. (OEP USE ONLY)</p> <p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p> </div> <div style="width: 45%; text-align: center;"> <p><b>STATE OF MARYLAND</b></p> <p><b>PERMIT TO DRILL WELL</b></p> <p>please print or type</p> </div> <div style="width: 45%; text-align: right;"> <p>OEP PERMIT NUMBER</p> <p><span style="font-size: 24pt;">40-81-1976</span></p> <p>fill in this form completely</p> </div> </div>	<div style="display: flex;"> <div style="width: 45%;"> <p><b>Date Received</b></p> <p><span style="font-size: 24pt;">1 5 4 1</span></p> <p><b>OWNER INFORMATION</b></p> <p><span style="font-size: 24pt;">FUNKER PAUL</span></p> <p><span style="font-size: 24pt;">240 PAUL MARTIN DR.</span></p> <p><span style="font-size: 24pt;">ELKRIDGE MD 21227</span></p> </div> <div style="width: 55%;"> <p><b>B 3</b></p> <p><b>LOCATION OF WELL</b></p> <p><span style="font-size: 24pt;">HAWARD</span></p> <p><span style="font-size: 24pt;">WYNFIELD</span></p> <p><span style="font-size: 24pt;">SECTION 1 LOT 4</span></p> <p><span style="font-size: 24pt;">WESTFRIENDSHIP</span></p> <p>MILES FROM TOWN (enter 0 if in town) <span style="font-size: 24pt;">2 1/2</span> MI</p> </div> </div>
<p><b>DRILLER INFORMATION</b></p> <p><span style="font-size: 24pt;">Joseph P. Wagner</span></p> <p><span style="font-size: 24pt;">5512 Ridge Rd. Mt Airy Md 21771</span></p> <p><span style="font-size: 24pt;">1/21/87</span></p>	<p><b>B 4</b></p> <p><b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b></p> <p><b>NEAR WHAT ROAD</b></p> <p><span style="font-size: 24pt;">Wynfield Road</span></p> <p><b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b></p> <p><span style="font-size: 24pt;">539</span></p> <p><b>DISTANCE FROM ROAD</b></p> <p>ENTER FT or MI <span style="font-size: 24pt;">AT</span></p>
<p><b>B 2</b></p> <p><b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 24pt;">5</span></p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 24pt;">500</span></p> <p><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>	<p><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p><span style="font-size: 24pt;">HAWARD</span> COUNTY NAME</p> <p><span style="font-size: 24pt;">A 31472</span> COUNTY NO.</p> <p><span style="font-size: 24pt;">03/13/87</span> DATE ISSUED</p> <p><span style="font-size: 24pt;">B. Nye</span> CO SIGNATURE</p> <p><span style="font-size: 24pt;">09/13/87</span> EXP. DATE</p> <p><span style="font-size: 24pt;">533000</span> NORTH GRID</p> <p><span style="font-size: 24pt;">8815000</span> EAST GRID</p>
<p>APPROXIMATE DEPTH OF WELL <span style="font-size: 24pt;">300</span> FEET</p> <p>APPROXIMATE DIAMETER OF WELL <span style="font-size: 24pt;">6</span> INCH</p> <p><b>METHOD OF DRILLING (circle one)</b></p> <p><input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted &amp; DRIVEN</p> <p><input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)</p> <p><input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT</p> <p>other _____</p>	<p><b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b></p> <p><b>SOURCES OF DRILLING WATER</b></p> <p>1. WELL</p> <p>2. _____</p> <p>3. _____</p> <p><b>WRITE THE BOX NUMBER FROM THE MAP HERE</b></p> <p><span style="font-size: 24pt;">810</span></p> <p><span style="font-size: 24pt;">530</span></p> <p><b>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.</b></p>
<p><b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <span style="font-size: 24pt;">40-81-1976</span></p>	<p><b>Not to be filled in by driller (OEP USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER <span style="font-size: 24pt;">GAP</span></p> <p>FORCE <span style="font-size: 24pt;">67</span> INITIALS <span style="font-size: 24pt;">68</span> PERMIT NO. <span style="font-size: 24pt;">40-81-1976</span></p> <p><b>SPECIAL CONDITIONS</b></p>





I hereby certify that the locations of the test holes are correct as shown.

Walter Park. Date



This designated a private sewerage easement of 10,000 square feet plus or minus as required by the Md. State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any kind in this area are restricted until public sewer is available and serving any residential structure on this building site. This easement shall become null and void upon connection to a public sewerage system. The county Health Officer shall have the authority to grant variances for encroachments into the private sewerage system. Recordation of a notified sewerage easement shall not be necessary.

Owner: Ballenger Creek Assoc.

The lot shown hereon does comply with the minimum ownership width and lot area as required by the Md. State Department of Health and Mental Hygiene.

Approve: For Private Water and Private Sewerage Systems  
Howard County Health Department.

*Joseph Anglin*  
County Health Officer

10-23-81  
Date

Lot 4  
Wynfield  
3rd. District  
Plat by Land Development Consultants  
Huckins Assoc.  
Section 1  
Ho. Co. Md.  
720-0060

10-23-81  
400  
720

C1	2309	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
		(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER	A31472
DATE Received		DATE WELL COMPLETED		Depth of Well		
[ ] [ ] [ ] [ ] [ ] [ ]		10/31/98		22 285 26		
8 13		15 20		(TO NEAREST FOOT)		
OWNER		FUNK		PAUL		
STREET OR RFD		WYNFIELD ROAD		TOWN WEST FRIENDSHIP		
SUBDIVISION		WYNFIELD		LOT 4		
SECTION 1		LOT 4		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
				HO-81-1970		
				28 29 30 31 32 33 34 35 36 37		

WELL LOG		GROUTING RECORD		PUMPING TEST	
Not required for driven wells		WELL HAS BEEN GROUTED (Circle Appropriate Box)		HOURS PUMPED (nearest hour)	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL		PUMPING RATE (gal. per min. to nearest gal.)	
DESCRIPTION (Use additional sheets if needed)		CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>		METHOD USED TO MEASURE PUMPING RATE	
FEET		NO. OF BAGS 15 NO. OF POUNDS 1410		WATER LEVEL (distance from land surface)	
FROM TO		GALLONS OF WATER 90		BEFORE PUMPING	
0 55		DEPTH OF GROUT SEAL (to nearest foot):		WHEN PUMPING	
55 285		from 0 ft. to 50 ft.		TYPE OF PUMP USED (for test)	
		(enter 0 if from surface)		A air P piston T turbine	
				C centrifugal R rotary O other (describe below)	
				J jet S submersible	

CASE RECORD		PUMP INSTALLED	
casing types insert appropriate code below		DRILLER WILL INSTALL PUMP YES NO	
ST CO STEEL CONCRETE		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
PL OT PLASTIC OTHER		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
MAIN CASING TYPE		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
Nominal diameter top (main) casing (nearest inch)		PUMP HORSE POWER	
Total depth of main casing (nearest foot)		PUMP COLUMN LENGTH (nearest ft.)	
57 1 62		CASING HEIGHT (circle appropriate box and enter casing height)	
OTHER CASING (if used) diameter inch depth (feet) from to		LAND SURFACE (nearest foot)	
EACH CASING		LOCATION OF WELL ON LOT	
screen type or open hole insert appropriate code below		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
ST BR HO STEEL BRASS BRONZE OPEN HOLE			
PL OT PLASTIC OTHER			

SCREEN RECORD		LOCATION OF WELL ON LOT	
DEPTH (nearest ft.)		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
1 H0 59 285			
2			
3			
SLOT SIZE 1 2 3			
DIAMETER OF SCREEN (NEAREST INCH)			
from to			
GRAVEL PACK 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			
70 72 74 75 76			
TELESCOPE CASING LOG INDICATOR OTHER DATA			

CIRCLE APPROPRIATE LETTER		LOCATION OF WELL ON LOT	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
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			
(MUST MATCH SIGNATURE ON APPLICATION)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			

CIRCLE APPROPRIATE LETTER		LOCATION OF WELL ON LOT	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
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			
(MUST MATCH SIGNATURE ON APPLICATION)			
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FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1976  
Location of property (road) WYNFIELD ROAD  
Subdivision WYNFIELD Lot 4 Block      Plat      Sec. 1  
Well Driller JOSEPH MAYNE Owner FUNKS, PAUL

Depth of well 285'  
Distance of measuring point (M.P.) above ground 3 1/2  
Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 gpm  
Total time 45 to reach pumping water level 211 ft. below M.P.

II. 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	104'	5		12
9:00	165	5		12
9:15	211	6		10
9:30	211	19		3 1/4
9:45	211	19		3 1/4
10:00	211	19		3 1/4
10:15	211	19		3 1/4
10:30	211	19		3 1/4
10:45	211	19		3 1/4
11:00	211	19		3 1/4
11:15	211	19		3 1/4
11:30	211	19		3 1/4
11:45	211	19		3 1/4
12:00	211	19		3 1/4
12:15	211	19		3 1/4
12:30	211	19		3 1/4
12:45	211	19		3 1/4
1:00	211	19		3 1/4
1:15	211	19		3 1/4
1:30	211	19		3 1/4
1:45	211	19		3 1/4
2:00	211	19		3 1/4
2:15	211	19		3 1/4
2:30	211	19		3 1/4

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 ☒  
Replacement ☐

Receipt # 41157  
Date 3/4/88

Name of Installer STANTON & SON PLUMBING

Telephone 596-5861

License Number 3068  
Certified Well Pump Installer ☐

Well Driller ☐ Registered Plumber ☒

Name of Property Owner FUNKE

Telephone 779-7985

Subdivision WEST FRIENDSHIP WYNFIELD Lot # 4

Well Tag # 140-81-1976

Site Address 2622 WYNFIELD RD.

Pump

1. Type
  - a. Deep well jet ☐
  - b. Shallow well jet ☐
  - c. Submersible ☒
2. Make MYERS
3. Model #
4. Capacity                      GPM

Motor

1. Horsepower 1/2
2. RPM
3. Voltage 240
  - a. 110 ☐
  - b. 220 ☒

Pitless Adapter

1. Make
2. Model #
3. Depth

5. Pump exceeds well capacity Yes ☐ No ☐
6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other

Tank

1. Capacity
2. Pressure relief valve? ☒

Piping

1. Type
2. Size
3. NSF and/or BOCA Code approved ☐
4. Depth of supply line

Well data

1. Depth 285 ft.
2. Yield 35 GPM
3. Static water level 44 ft.
4. Will water supply be disinfected by installer? ☐

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: [Signature]

Date: 3/4/88

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

# SET BACKS

REAR PL 10'  
SIDE PL 30'  
HOUSE 10'  
SEPTIC 20'  
WELL 10'

11/4/91  
Held  
P.M. for M.C.W.  
C.B.W.

## PRIVATE WELL & SEPTIC

### NOTE:

A VACUUM BREAKER  
WILL BE INSTALLED AS  
PER CODE (BY MPI)

Location OK as revised  
11/6/91 C.W.

EX. 20' WIDE  
DRAINAGE &  
UTILITY ESMT

### FENCE DATA:

5' HIGH WOOD BOARD  
ON BOARD FENCE AS  
PER CODE (BY OWNER)  
(SEE DETAIL)

LOT 2

FILTER  
PAD

LOT 4  
(4.19 AC.±)

PARCEL A

(TYP) (2) EXIST.  
DRAIN FIELDS (67' LONG EACH)

SEPTIC RESERVE  
AREA

BP 46151  
REVISED  
11/4/91

LOT 3

LOT 5

LOT 6

