

PERMIT

P 514679

SEWAGE DISPOSAL SYSTEM

A 48815

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 11-30-00

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 4/19/01

RPS# 306801

INDEXED

4/19/01 Anytime pump test

INSPECTOR Dei

Will Smith

IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 330 Forest Hill 21050 PHONE 410 879 7641

SUBDIVISION Farside LOT 7 ROAD 11684 Cedarline Court

PROPERTY OWNER Jalali

ADDRESS _____

TOP SEAMED SEPTIC TANK REQUIRED

PUMPED SEPTIC SYSTEM REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

NUMBER OF BEDROOMS 4

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM

Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet ^{2.0} feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 45 feet from the rear (401.55') and 60 feet from the left (319.55') lot lines as viewed from Cedarline Court. Install trenches on contour toward rear lot line.

NOTES - **MAINTAIN A MINIMUM 100 FEET FROM WELLS ON THIS AND NEIGHBORING LOTS.** No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Ronald J. Pinkley/Amy McMillen OK 12/29/99 SRH DATE 12-13-1999

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) **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 35/40 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 PVA 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 APPROVAL ON THIS PERMIT**

HD-260(6-90)

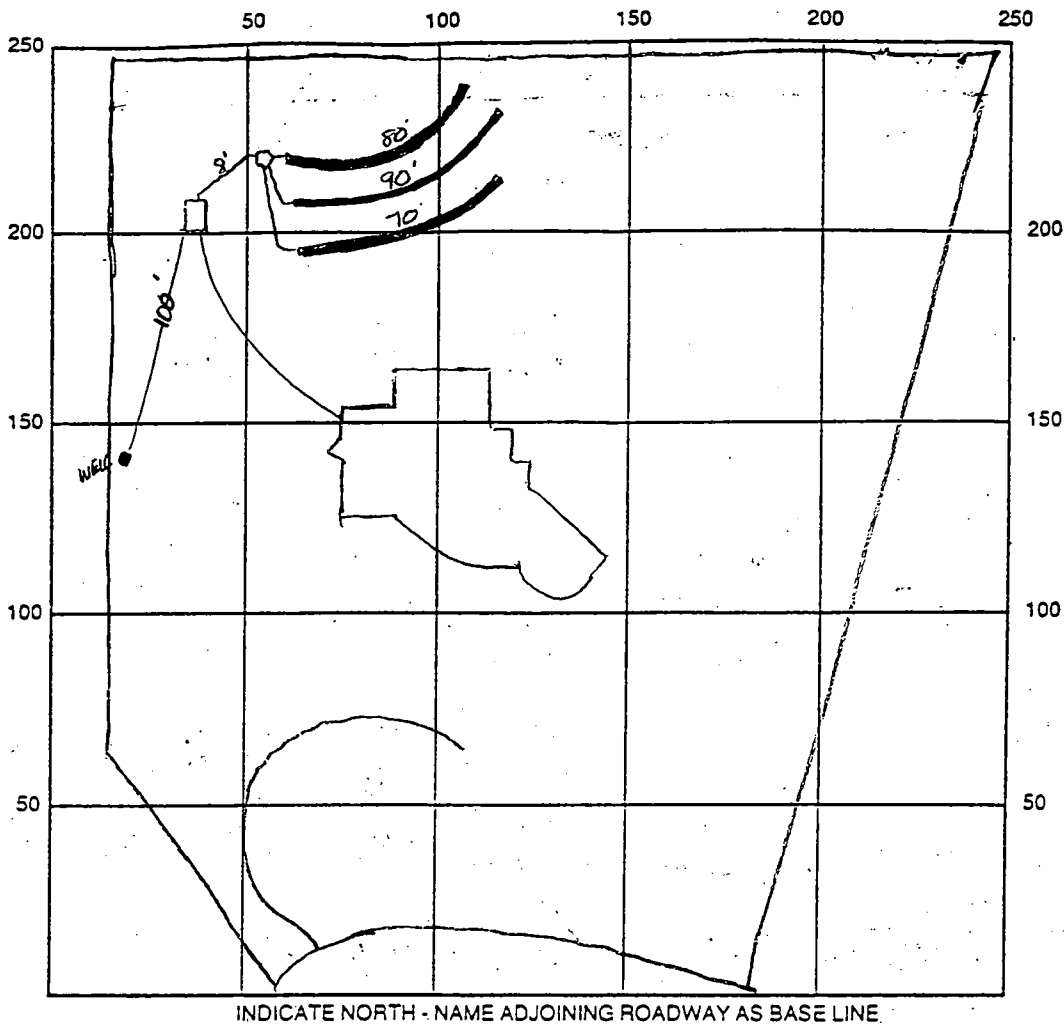
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

OLD PERMITS RETURNED 3/27/2001
B00129134 IN-GROUND POOL

9/11/00 9:00 AM
11/29/00 - Layout prior to permit issuance
12/27/00 11:00 AM 1-17-01 c.o.
4-11-01 septic pump 11:00

4/19/01 11:00 pump test

A 514679



SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.0 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 4/11/00 A.M. met w/ plumbing contractor - need wall check prior to permit issuance and need corners of SDA started prior to starting any work. DKC also Dual grinder pumps installed in basement - will then pump to septic tank - OK - appears 5-6' of cut in portion of SDA stale SDA for determining how to fix. 4/17/00 OK to cover work - pump test needed - Also, do not approve until grading issues have been resolved.

4/11/01 Contractor not present. No retaining wall. (BB) 4/19/01 Grading resolved w/ retaining wall. Pump & alarm OK.

DATE SYSTEM APPROVED 4/19/01 INSPECTOR A. McMillan

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3025-R Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____
Receipt # _____
Date 1-18-01
Name of Installer W.M. H. Smith Jr. Telephone 410-879-7641
License Number PE58
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____
Name of Property Owner KA. JALALI Telephone _____
Subdivision EARSIDE Lot # 7 Well Tag # HO-92-0303
Site Address 11614 CEDARLINE CT.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make STA-RITE
3. Model # SP4102JL-04
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No X
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 X Cable guards _____ Other _____

Motor
1. Horsepower 1/2
2. RPM 3400
3. Voltage 220
a. 110 _____
b. 220 B

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 4 1/2 FT

Tank
1. Capacity 110 gal
2. Pressure relief valve? Yes

Piping
1. Type 200 EP
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 280 FT

Well data
1. Depth 309 ft.
2. Yield _____ GPM
3. Static water level 30' 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.

NO INSP.

Signature of Applicant: William H. Smith Jr.

INSTALLER REPUTABLE (SRK)

Date: 4-26-01

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

HD-215

appears to be called in

TELEPHONE CONV. W/INSTALLER

(Mr. Smith) says Amy McMillen did inspect well line, 4/27/01

(SRK)

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
 2. PROPOSED 1500 GALLON SEPTIC TANK.
 3.
 - A. FIRST FLOOR ELEVATION: 480.33
 - B. BASEMENT ELEVATION: 470.66
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 478.9
 - D. INVERT IN AT SEPTIC TANK: 478.5
 - E. INVERT OUT AT SEPTIC TANK: 478.2
 - F. PROPOSED GRADE OVER SEPTIC TANK: 480.0
 - G. INVERT AT DISTRIBUTION BOX: 488.0
 - H. EXISTING GROUND OVER DISTRIBUTION BOX: 485.0
 4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
 5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
 6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
 7. INVERT AT PUMP TANK: 478.0
- 98 FISHER COLLINS & CARTER INC.

DIRECTION

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

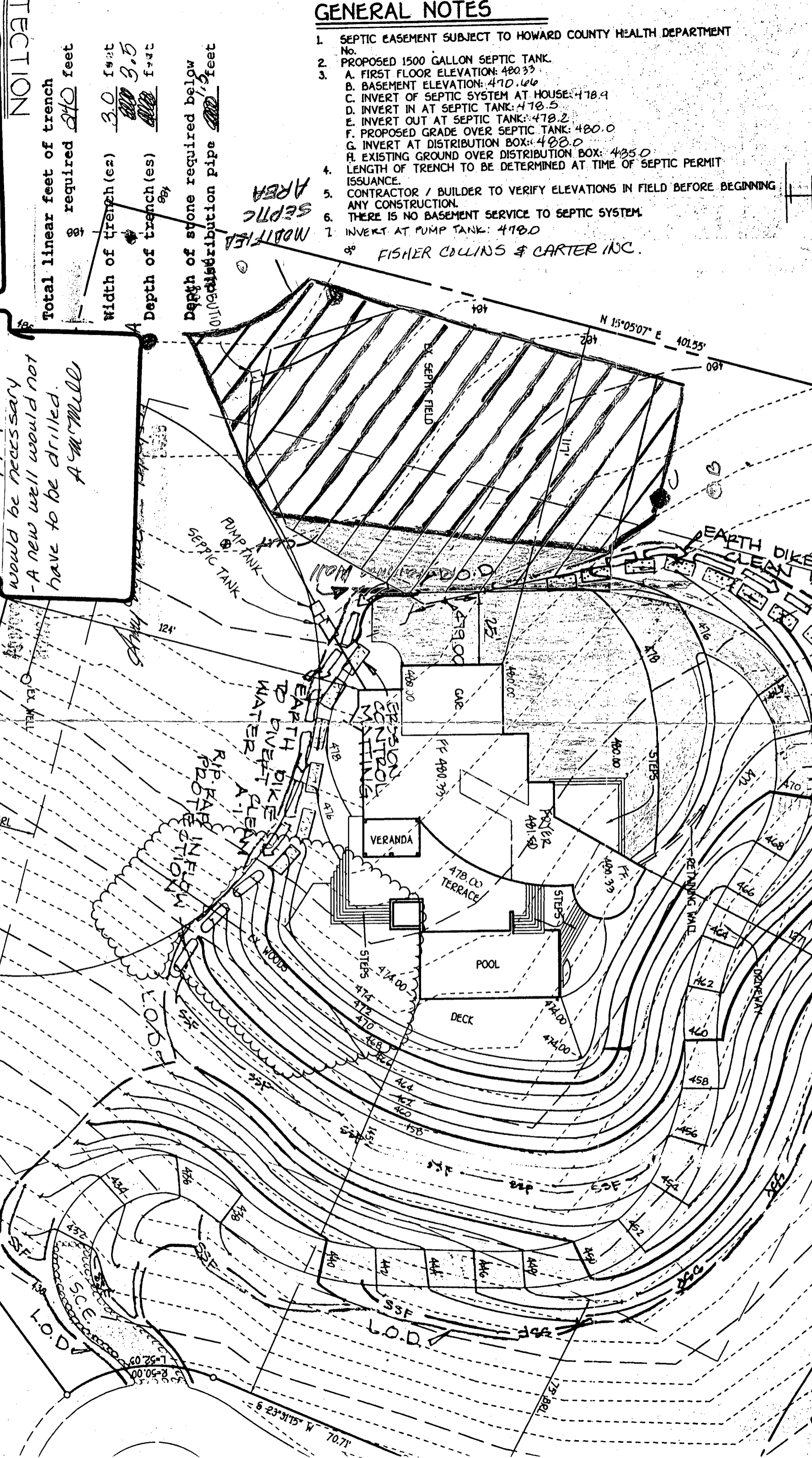
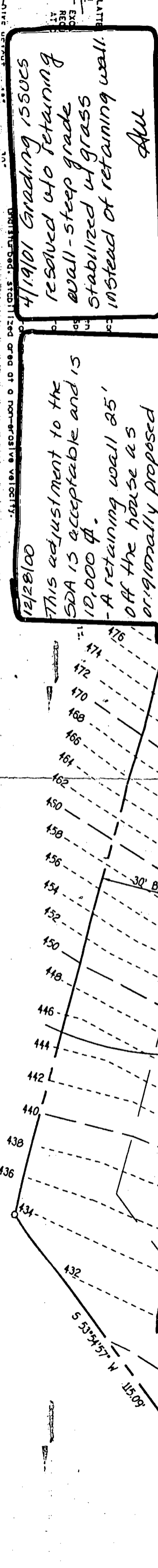
Depth of trench(es) 3.5 feet

Depth of stone required below distribution pipe 1.5 feet

MODIFIED SEPTIC AREA

4/19/01 Grading issues resolved w/o retaining wall - steep grade stabilized w/ grass instead of retaining wall. All

12/28/00 This adjustment to the SDA is acceptable and is 10,000 sq. ft. A retaining wall 85' off the house as originally proposed would be necessary - A new well would not have to be drilled. A.M. Miller



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00129134 4

Building Address 11684 CEDARLINE CT.
ELLCOTT CITY MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 21020 Subdivision FAR SIDE
Section _____ Area _____ Lot 7
Tax Map 99 Parcel 111 Grid _____
Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name WAIS JALALI
Address 11684 CEDARLINE CT
City ELLCOTT CITY State MD Zip Code 21042
Home Phone _____ Work Phone 202-442-7201
Applicant's Name & Mailing Address, (if other than stated hereon):
JOHN KRAWCZYK
Phone 410-995-6107 Fax 301-621-2301

Existing Use SLI
Proposed Use SI
Estimated Construction Cost \$ 20000
Description of Work INSTALL IN-GROUND POOL
INSTALL IN-GROUND POOL BY CARPENTER 245 21179
44584 21020 114 111 7 RC 21042

Contractor Company ALAN AND PDS INC
Contact Person JOHN KRAWCZYK
Address 301 955 ARROWAY LANE SUITE 107
City ELLCOTT CITY State MD Zip Code 21042
License No. 2174
Phone _____ Fax 301-621-2301

Occupant or Tenant OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: <u>10 x 50 x 20</u> Footings: _____ Roof: <u>900 S.C.P.T.</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature
Title/Company _____

John E Krawczyk
Print Name
3/22/01
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>3/22/01</u>	<u>[Signature]</u>
Health		
Fire Protection		

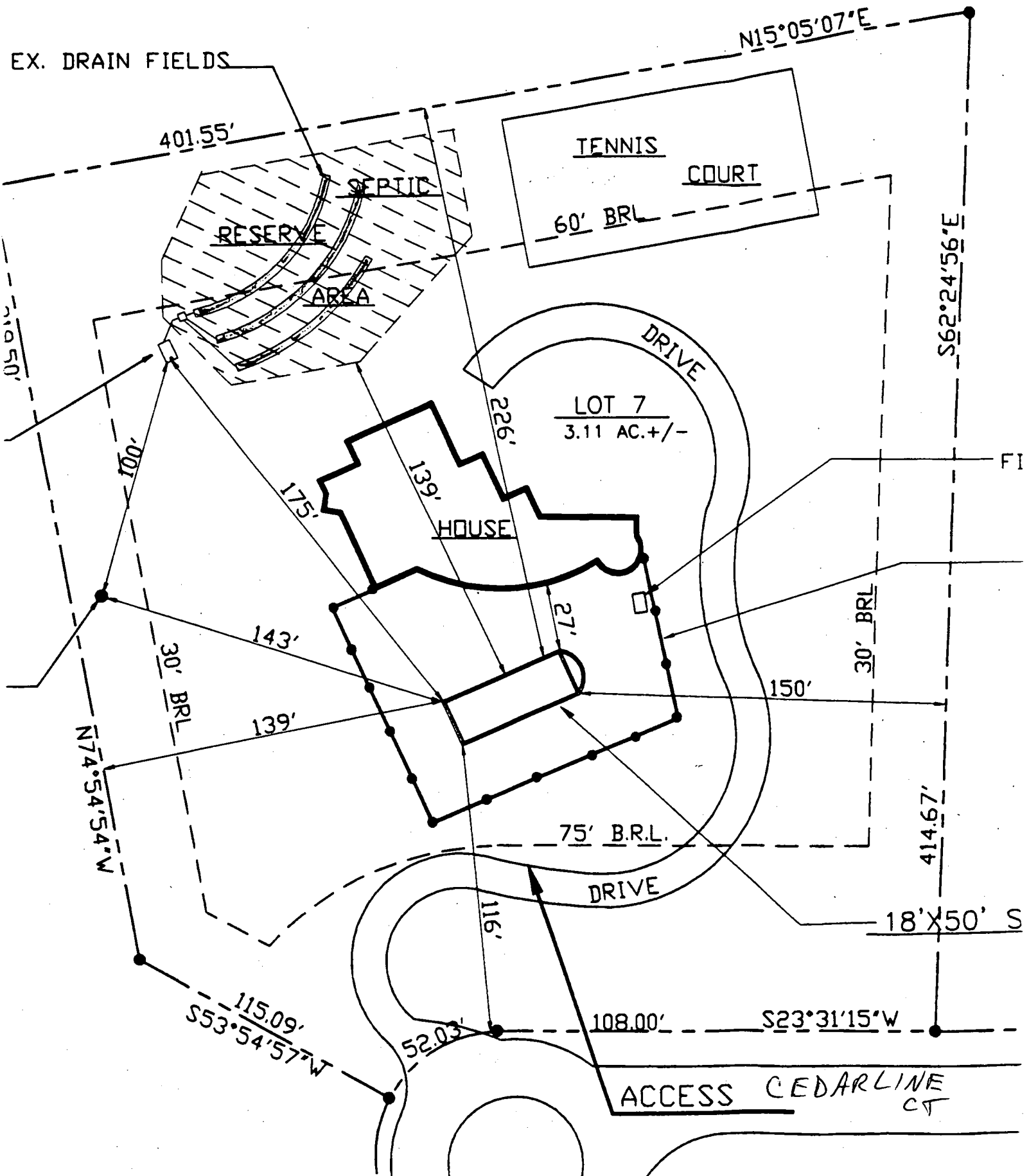
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	43720
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>162.00</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>162.00</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # _____
Accepted by _____	Validation # <u>1072</u>

PRIVATE WELL
& SEPTIC

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



11/14/93
10:00

APPLICATION

PERCOLATION TESTING

A 48815
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

Page 1
PREVIEW OK
PROPOSAL IS TO
ADJUST ~~SEPA~~
RECORDED SEPTIC AREA
TO ENHANCE HOUSE SITE OPTIONS. (CW)

DISTRICT _____
DATE 1/5/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER G. William Floyd SALAKI

ADDRESS 5413 Wild Turkey COL. MD. 21044 PHONE 410-250-3251

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION FARNSIDE LOT NO. 7

ROAD AND DESCRIPTION 11684 Cedar Line Ct.

TAX MAP 23+29 PARCEL # 92127

SIZE OF LOT 3.15 AC TYPE BLDG. SINGLE FAMILY DWELING - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNED
AND RETURNED 12-13-92
Serial # 20012163

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.

Olen J. Kellerman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Farside Ct
A48816

COUNTY #

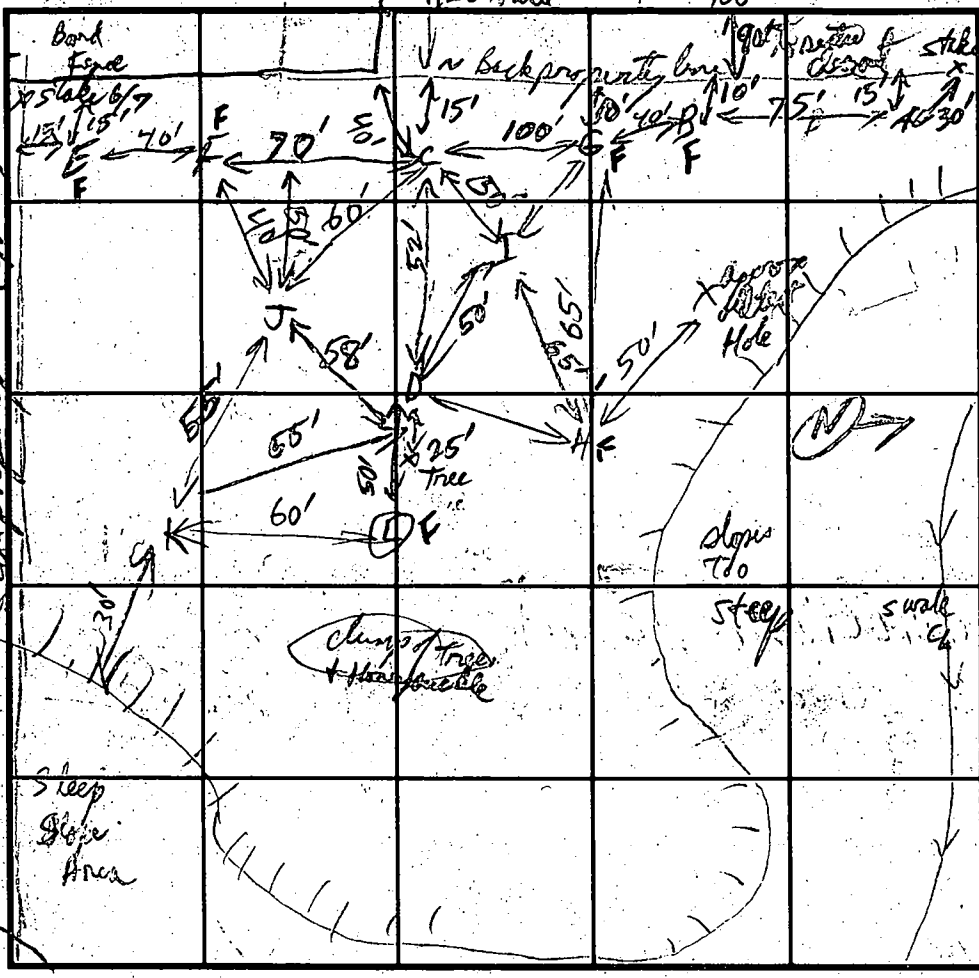
Hole A SOIL PROFILE

0'
Brown & Orange Red
co Sandy
Loam

3 1/2'
50-70%
Fragment
Rock
(Gneiss)

9'
Silt
Clay

Sub-property line (approx)



SOIL PROFILE

Hole F

0'
Some chambers
of light grey
loam 3 ft
(wet part) HCL-C

8 1/2'
Big hole
@ various
depths
Too rocky
Below

Hole C

0'
Orange
SCL

2'
Orange
SL
& Tan

5 1/2'
Orange
SL
& Tan

10 1/2'
Rock

Hole D
Similar to Hole C

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Cedarline Ct

Hole B South North

1 1/2'
Red clay
MVP

4 1/2'
Orange
SL
MVP

4 1/2'
Tan SL
Loam

6 1/2'
Grey SL

10'
50%
weathered
gneiss rock
(4-6" long)
Too rocky

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/4/93	A	9' Rocky below 4 ft					Fail
	C	4'	11:14:15	11:16:00	11:16:00	11:18:00	2 Min OK
		~10 1/2'	11:10:47	11:11:50	11:11:50	11:12:54	
	B	4'	11:40:40	11:42:12	11:42:12	11:44:00	2 min
		10' Too rocky below 6 1/2' - Clay too thick North end					Fail
	D	11 1/2'	Visual only				OK
	E	11 8 1/2'	40% small pebbles in trench at 4-6 1/2'				Fail
	F	11 8 1/2'	>50% Big Rocks below 6 1/2' - Thick 19"				Fail
		Too low below 6' - Too clay above					Fail
	G	8' Too low below 4 1/2'					Fail
	H	7 1/2' Rocky below 4-4 1/2'					Fail

REMARKS Site Represents only 7000+ sq. ft. usable septic area - Examine pictures & steep slopes elsewhere

TYPE OF SOIL _____

TESTED BY R.P. Kelly ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4 1/2' SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 48815 Continued

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

page 2

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER G. William Floyd

ADDRESS 5413 Wild Turkey, Columbia Td PHONE 410-830-3251

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Forside LOT NO. 7

ROAD AND DESCRIPTION _____

TAX MAP 23429 PARCEL # 9+127

SIZE OF LOT 3.15 Acs TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

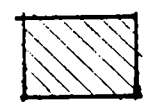
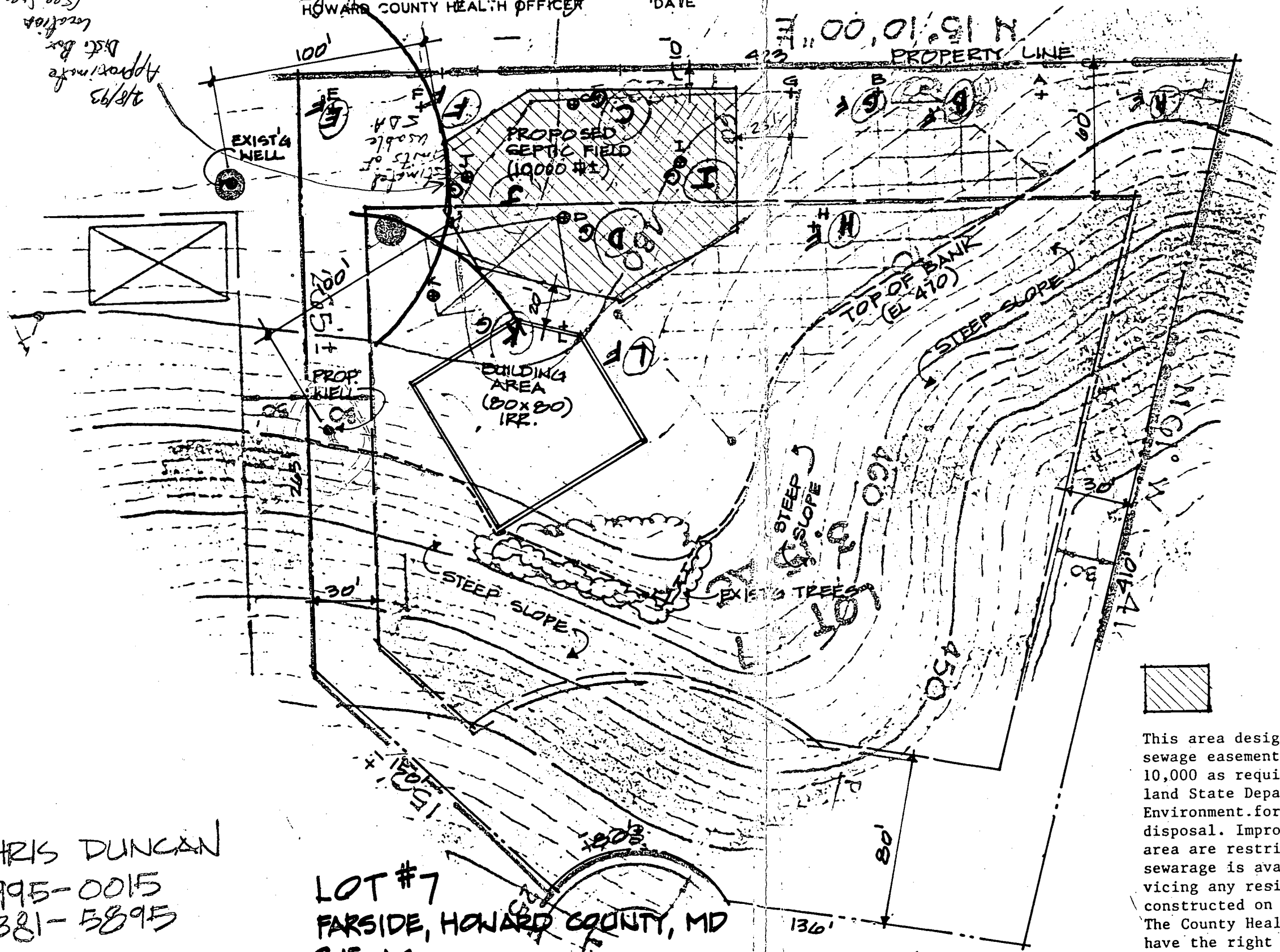
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Joyce M. Boydudner, Esq. 2/2/93
 HOWARD COUNTY HEALTH OFFICER DATE

93 FEB -2 AM 8:14

(See Specs)
 Approximate
 Dist. Bar
 2/8/93
 Location



This area designated a private sewage easement of approximately 10,000 as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements in this area are restricted until public sewerage is available and servicing any residential structures constructed on these building sites. The County Health Officer shall have the right to grant variances for encroachments into the private sewer easement. Recordation of a modified sewage easement shall not be necessary.

CHRIS DUNCAN
 995-0015
 381-5895

LOT #7
 FARSIDE, HOWARD COUNTY, MD
 3.15 AC

+ TESTED PERC. LOCATION
 ⊗ TESTED & PASSED PERC. LOCATION

SCHMATIC SITE PLAN

SCALE: 1/50

APPLICATION

A 28299

Pres.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1000 gallons

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank {
1-3 Bedrooms
4 Bedrooms
DATE May 12, 1978
1250 gallons

DISTRICT 3

Dry well to have 150 sq. ft. effective absorbant sidewalk area per bedroom below inlet. Inlet to be 3' below original grade and maximum depth 9' location per engineer's plat: 100' from rear property line and 125' from left property line when facing lot from Cedarline Court.

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.

or if dry well and trench used need:
(1) 5' south buffer between trench and dry well

PROPERTY OWNER Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:
SUBDIVISION Farside LOT NO. 87

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 114, left on Folly Quarter, Left on Homewood, 1 mile to property on left

(3) Run trench on contour

SIZE OF LOT 3 plus acres TYPE BLDG. 1

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]

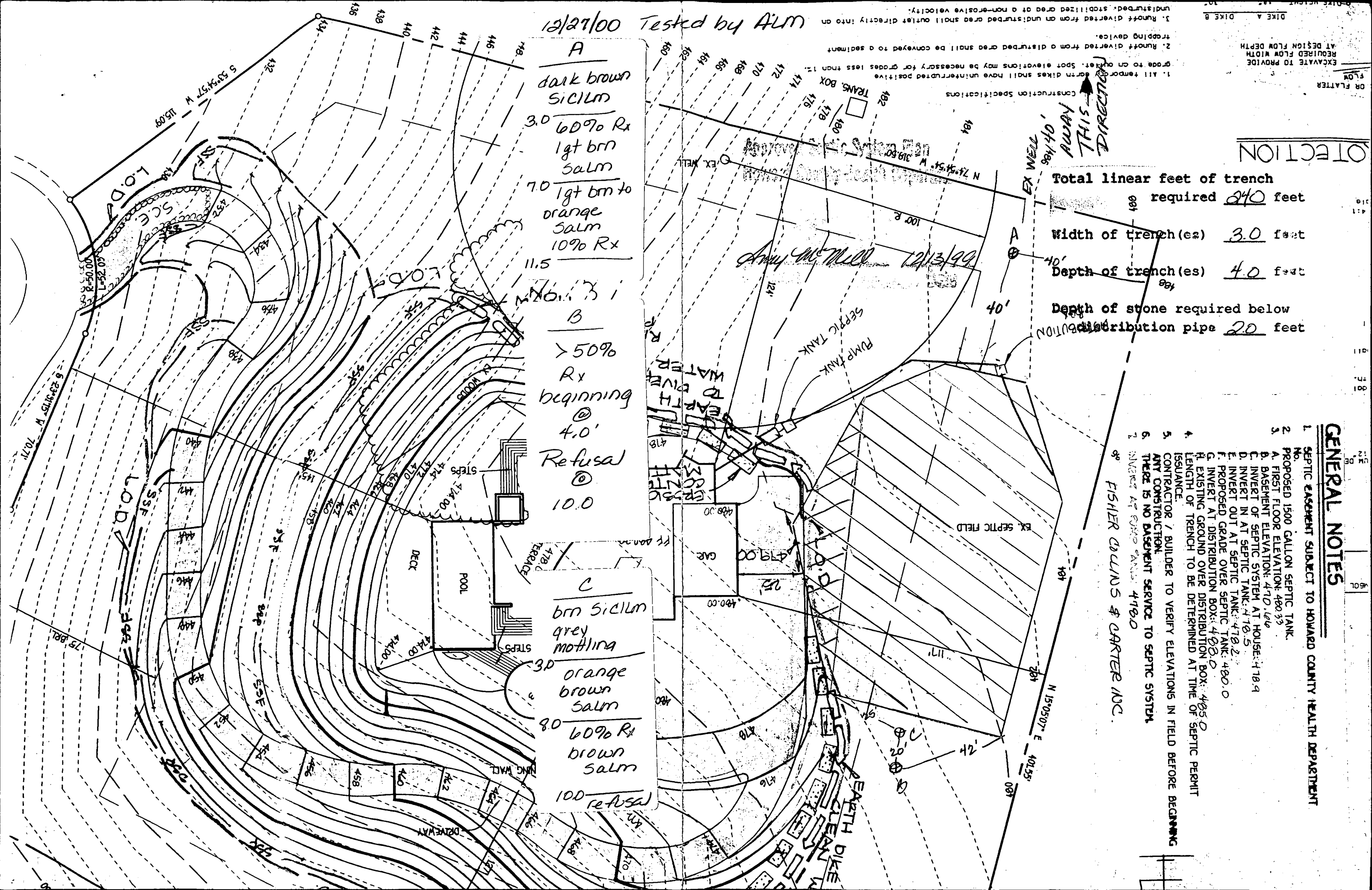
APPROVED BY C. B. Streater FOR Dry well 4/00 DATE 10/26/79
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



12/27/00 Tested by ALM

A
 dark brown
 SiClM
 3.0 60% Rx
 lgt brn
 SaMm
 7.0 lgt brn to
 orange
 SaMm
 10% Rx
 11.5

B
 > 50%
 Rx
 beginning
 @
 4.0'
 Refusal
 @
 10.0

C
 brn SiClM
 grey
 mottling
 3.0 orange
 brown
 SaMm
 8.0 60% Rx
 brown
 SaMm
 10.0 refusal

NOTATION

Total linear feet of trench
 required 240 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 4.0 feet

Depth of stone required below
 distribution pipe 20 feet

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 480.33
 B. BASEMENT ELEVATION: 470.60
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 478.9
 D. INVERT IN AT SEPTIC TANK: 478.5
 E. INVERT OUT AT SEPTIC TANK: 478.2
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 G. INVERT AT DISTRIBUTION BOX: 480.0
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 485.0
 I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
4. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
5. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
6. NOTES AT PUMP TANK: 478.0
7. FISHER COLLINS & CARTER INC.

OR FLATTER
 FLOW
 EXCAVATE TO PROVIDE
 REQUIRED FLOW WIDTH
 AT DESIGNED FLOW DEPTH
 DIKE A
 DIKE B

1. All temporary earth dikes shall have uninterrupted positive
 grade to an outlet. Spot elevations may be necessary for grades less than 1%.

2. Runoff diverted from a disturbed area shall be conveyed to a sediment
 trapping device.

3. Runoff diverted from an undisturbed area shall outlet directly into an
 undisturbed, stabilized area at a non-erosive velocity.

Construction Specifications

C1 **7664** SEQUENCE NO. (DENV USE ONLY);
 (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 **A48815**

ST/CO USE ONLY DATE Received
 DATE WELL COMPLETED **03/17/92**

Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-92-0303

OWNER **Silky** last name **Gurmeet** first name
 STREET OR RFD **Cedar Line Ct** TOWN **Clarksville**
 SUBDIVISION **Fascide** SECTION **7** LOT **7**

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	
SANDSTONE		34	
GRAY MICHA ROCK	34	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **752**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **31** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **7**
 Total depth of main casing (nearest foot) **300**

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
 DEPTH (nearest ft.)
 1 **110** **36** **300**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

CIRCLE APPROPRIATE LETTER
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 26.04.04 "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.

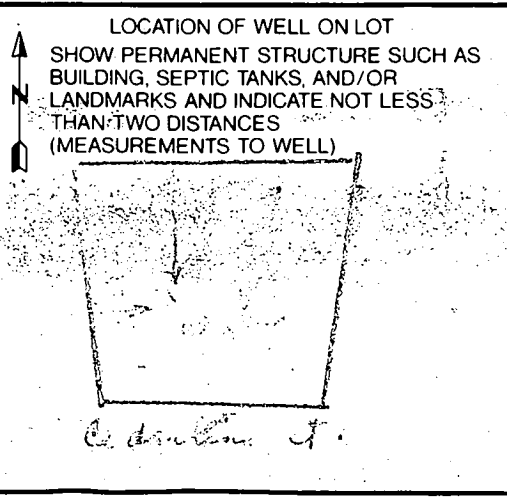
DRILLERS IDENT. NO. **227**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **60.5**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **5**
 WHEN PUMPING **117**
 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:
 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
 (-) below } (nearest foot)



B 1 **7343** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0303
 fill in this form completely

Date Received (APA) **01/12/93**
 OWNER INFORMATION
 Last Name **SIDHU** Owner First Name **GURMEET**
 Street or RFD **3971 NEWCASTLE CT**
 Town **ELLICOTT** City **ELFYMOUTH** State **MD** Zip **21043**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **FARMSIDE**
 SECTION **7** LOT **7**
 NEAREST TOWN **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **3 1/2** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Wayne** License No. **238**
 Firm Name **Joseph L. Wayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph L. Wayne** Date **1/12/93**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Cedarline Ct.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **280** FT
 ENTER FT or MI **FT**

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
 COUNTY NAME **Howard** COUNTY NO. **A 48815**
 STATE SIGNATURE **Small Kelly** DATE ISSUED **8-8-93**
 NORTH GRID **515000** EAST GRID **0823000**

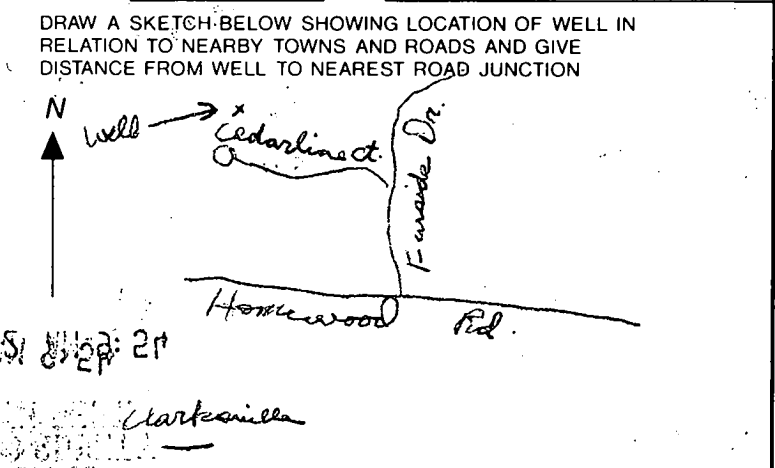
APPROXIMATE DEPTH OF WELL **300** FEET

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

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 **8223**
 N **51A5**
 3/31 GROUT 9:00
 37' CASING
 8 BAGS
 31' OPEN MR
 4' CASING A.G. 3/24/93
 GROUTED NOT SEEN
 LOC AS PER PLAN
 000
 000
 TAG OK

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 **RP** WRITE INITIALS IN BOX PERMIT No. **HO-92-0303**

SPECIAL CONDITIONS **TO DRILLER: NO WELL START INSID WAS MADE BE CEARAN OF PROPER LOCATION**
 COUNTY

