

7/27/83  
3:00 PM  
2nd project

APPROVED  
7/27/83  
P 32782

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

A 30256

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

03-306976

ELLICOTT CITY

DISTRICT \_\_\_\_\_

## INDEX

DATE May 18, 1983

Paul Schissler \_\_\_\_\_ IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 7311 Brangles Road, Marriottsville, MD 21104 PHONE 795-2642

SUBDIVISION Farside ROAD 11675 Foxspur Ct. LOT 22

PROPERTY OWNER Dan and Dorothy Redding

ADDRESS 5640 Shadow Fall Terrace, Columbia, MD

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

GARBAGE GRINDER? YES X NO    

SEPTIC TANK CAPACITY ~~1000~~ 1500 GALLONS NUMBER OF BEDROOMS 3

Minimum Total sq. ft. for 3 bedroom, ~~540~~ <sup>658</sup> sq. ft. ~~180~~ <sup>220</sup> sq. ft. per bedroom. Trench 2 ft.

wide. Inlet 4 1/2 ft. below original grade. Bottom maximum depth 10 ft. below original grade. Effective area begins at 4 1/2 ft. below original grade. 5 1/2 ft. of stone below distribution pipe. ~~MARK~~ LOCATION: Start the first trench 1125 ft. from the right side line and 180 feet from the front lot line as seen when facing the lot from Foxspur Court. Continue to dig trench on level ground running towards the right side line. Call for inspection of trench before gravel is installed.

PLANS APPROVED BY Frank Skinner DATE 2/14/83

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.

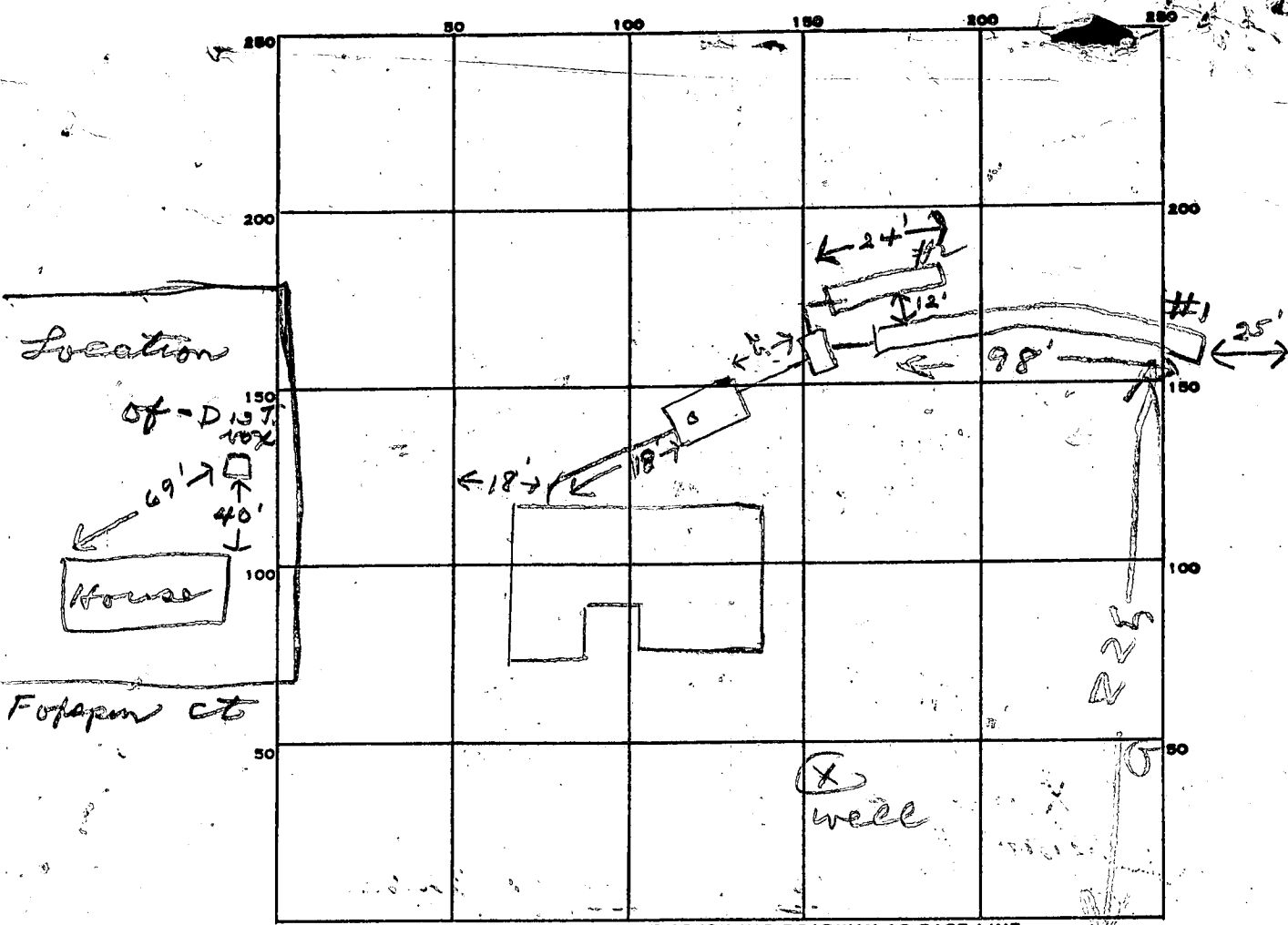
BLDG. PERMIT SIGNED AND RETURNED 4/14/85  
Serial 165361  
Addition Orange  
Patio

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30256



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Folspar Ct

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 1500 9th CLEANOUTS ST

DISTRIBUTION BOX, LEVEL 1500

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

GRAVEL DEPTH 7.5 FT TOTAL LENGTH 122 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 915 ONE SIDE

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 7/26/83 OK to cover work to dist. box. OK to  
add stone in trenches &  
7/29/83 STONE ADDED B/H

DATE SYSTEM APPROVED 7/28/83 INSPECTOR Raymond Hodge

# APPLICATION

SEWAGE DISPOSAL TESTING

A 30256

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 1000 gallons

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

*Septic Tank* { *1-3 Bedrooms*  
*4 Bedrooms*

*1250 gallons*

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

DISTRICT 3rd

DATE 10/3/79

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 Woodmark, Inc.

ADDRESS 12150 Mount Albert Road, Ellicott City, Md. 21043 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 22

ROAD AND DESCRIPTION Homewood Road

SIZE OF LOT ? 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/ P. Ottenritter

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE 11

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

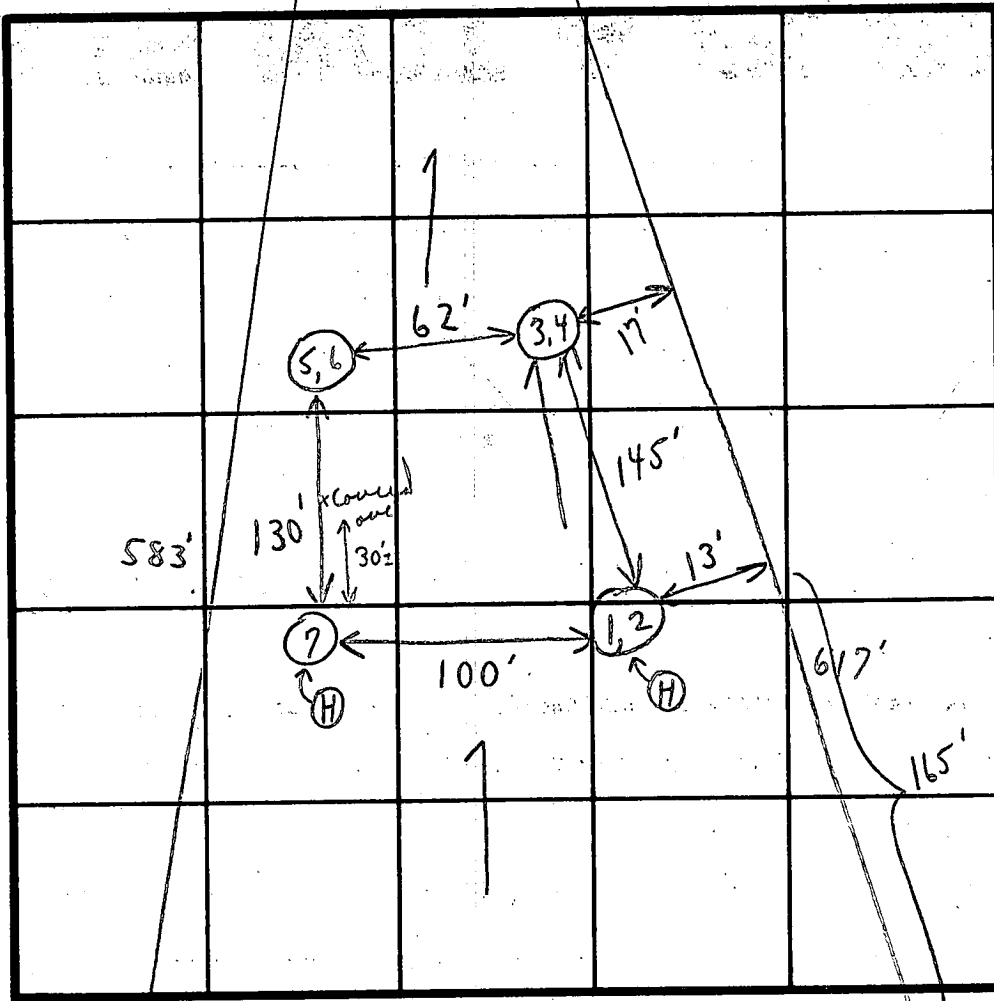
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

22  
Retest  
SOIL PROFILE

See  
each  
hole  
↓



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

feet  
per  
stake

150 sq ft.  
per bedroom

Unit  
3.5'  
Edge of road good ground 6 1/2'

SOIL PROFILE	DATE	TEST NO.	DEPTH	FOXSPARK WET COUNT		TEST 1" DROP		TIME	
				START	STOP	START	STOP		
1-6 1/2' Clayish Sandy loam Below 6 1/2'	10/4/79	1	6 1/2'	1:15	1:22	1:22	1:41	19 in	{ stake #1 }
		2	15'	1:17	1:20	1:20	1:27	7 in	
1-4 1/2' Clayish 4 1/2'-13' loam		3	4 1/2'	1:26	1:34	1:34	1:45	11	{ stake #4 }
		4	13'	1:29	1:31	1:31	1:33	2 in	
1-3' Clayish 3'-12 1/2' loam		5	3'	1:37	1:38	1:38	1:40	2 in	{ stake #3 }
		6	12 1/2'	1:40	1:42	1:42	1:44	2 in	
3 1/2' loam 11'		7	Visual similar to others						{ stake #2 }
									{ lines stakes in on right side }

REMARKS Tests in open field Copy given to Mr. Ottenutter

TYPE OF SOIL C. B. S. ALSO PRESENT Mr. P. Ottenutter  
Chris Kass

# APPLICATION

A 28403

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 3

DATE May 12, 1978

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 Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike PHONE 161-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 2822

(VOID)

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

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 \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(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



B 1 **5440** SEQUENCE NO. WRA 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

WRA PERMIT NUMBER  
**HO-73-3966**  
fill-in this form completely

DATE RECEIVED **4-6-81**  
8 (WRA USE ONLY) 13  
**9/4/81**  
**9:30 A.M.**  
OWNER INFORMATION  
**Woodmark Inc**  
LAST NAME OWNER FIRST NAME  
**12150 Mt Albert Ct**  
STREET OR RFD  
**Ellicott City MD**  
TOWN STATE ZIP

B 3 LOCATION OF WELL  
1 2 3 6  
COUNTY **Howard** 21  
SUBDIVISION **Farside** 42  
SECTION **—** 44 LOT **22** 48 50  
NEAREST TOWN **Columbia** 52 71  
MILES FROM TOWN (enter 0 if in town) **3** 73 76 77 78 **MI**

B 1 CONTINUED DRILLER INFORMATION  
**Stanley W Bollinger Jr** **308**  
DRILLER'S NAME LICENSE NO. 80  
**Stanley W. Bollinger Jr** **4/1/81**  
SIGNATURE DATE

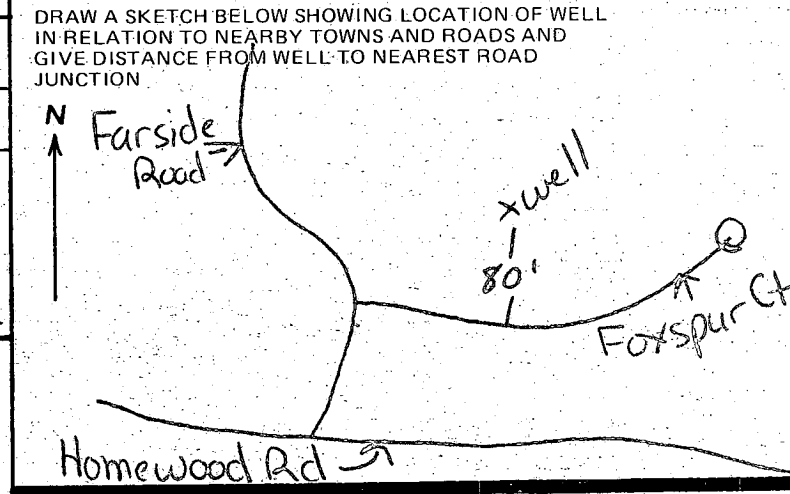
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
N W E S  
8-9 8-9 8-9 8-9  
TOWN  
S W S E  
8-9 8-9  
NEAR WHAT ROAD **Foxspur Ct**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH  
**80**  
34. DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 37 38 39 **MI**

B 2 WELL INFORMATION  
1 2 3 6  
APPROX. PUMPING RATE (GAL. PER MIN) **5** 8  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **550** 14 20

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)

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **820**  
N **510 5**  
55' - casing  
2' above gr.  
29' open  
40' ~~gr~~ well  
8' base cement  
9/4/81  
J S + R G

APPROXIMATE DEPTH OF WELL **165** FEET  
APPROXIMATE DIAMETER OF WELL **6** INCH  
Method of Drilling (circle one)  
BORED (OR AUGERED) JETTED JETTED & DRIVEN  
30 - AIR ROTARY **AIR PERCUSSION** ROTARY (HYDRAULIC)  
37 CABLE REVERSE ROTARY DRIVE POINT ROTARY  
other



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** **A30256**  
COUNTY NAME COUNTY NO.  
EHA SIGNATURE STATE HEALTH CIRCLE BOX **S**  
MO DAY YR **07 23 81** **Frank Skene** **7/23/81**  
CO SIGNATURE DATE  
NORTH **515** EAST **0824** ELEV. (FT.)  
GRID 50 55 63 68

Not to be filled in by driller. (WRA USE ONLY)  
APPROX. PERMIT NUMBER **GAP**  
WRITE INITIALS CONDITIONS **NO-73-3966**  
FORCE **FS** IN BOX

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

C1 8141 SEQUENCE NO. (WRA USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3 AND 4 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  
 COUNTY NUMBER **A 30256**

Date Received (WRA use only) **9-4-77**  
 DATE WELL COMPLETED

Depth of Well **125**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-73-3966**

OWNER **WOODMARK INC.**  
 last name first name  
 STREET OR RFD **FOXSPUR COURT** TOWN **Columbia**  
 SUBDIVISION **FARSIDE** SECTION **1** LOT **22**

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	
Top Soil	0	3	
Brown SHALE	3	48	
Brown Sandstone	48	70	
Brown Sandstone	70	74	✓
Granite	74	125	

GRouting RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **8** NO. OF POUNDS **752**  
 GALLONS OF WATER **48**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **40** ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 STEEL  CONCRETE  
 PLASTIC  OTHER  
 MAIN CASING TYPE  ST Nominal diameter top(main)casing (nearest inch) **6** Total depth of main casing (nearest foot) **55**

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

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 STEEL  BRASS, BRONZE  OPEN HOLE  
 PLASTIC  OTHER

DEPTH (nearest ft.) **125**

- 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. **308**  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

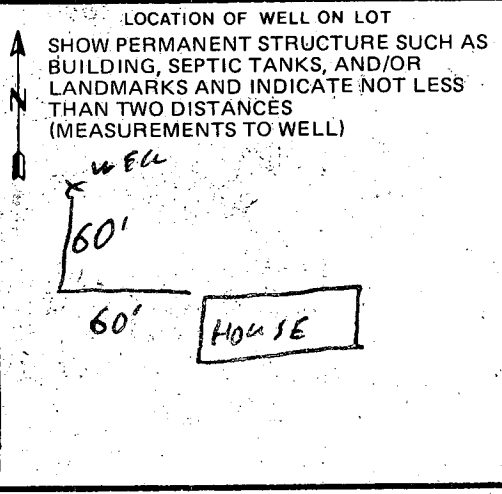
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

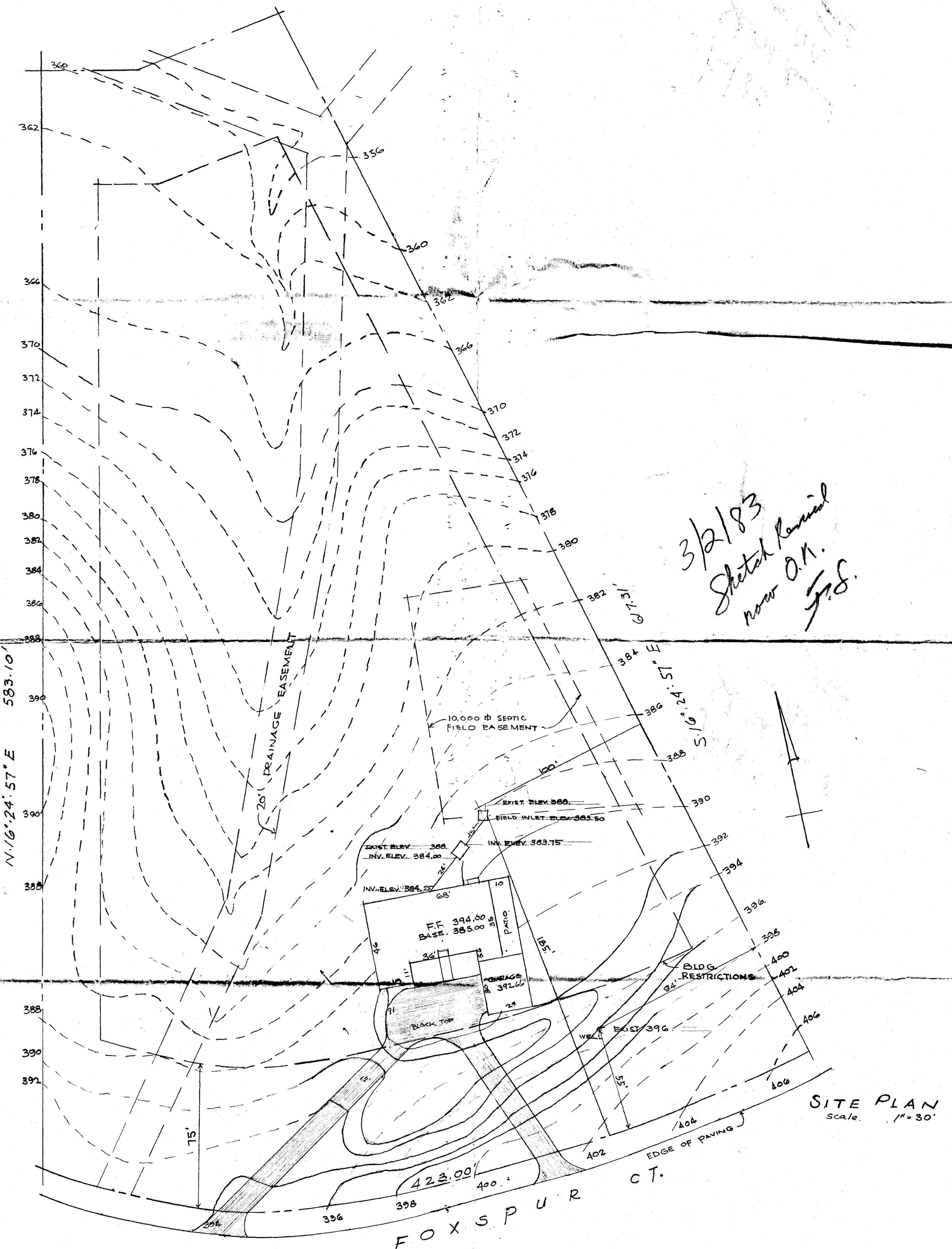
GRAVEL PACK  
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) **2**  
 PUMPING RATE (gal. per min. to nearest gal.) **30**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **45** WHEN PUMPING **125**  
 TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

PUMP INSTALLED YES  NO   
 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)  
 above LAND SURFACE  
 below (nearest foot)





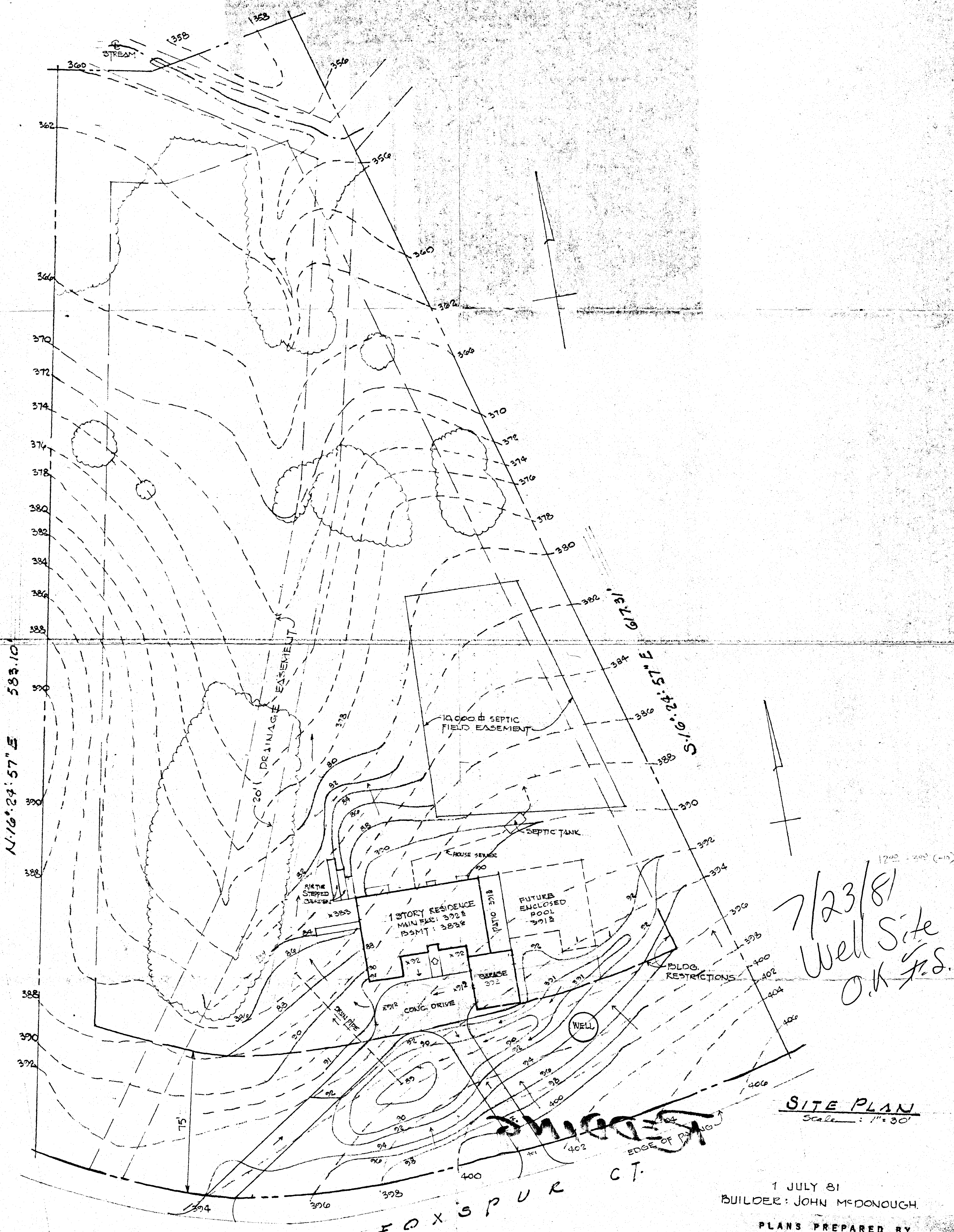
3/2/83  
 Sketch Revised  
 near O.K.  
 J.S.

N. 16° 24' 57" E 583.10'

S 16° 24' 57" W 516.17'

SITE PLAN  
 Scale 1" = 30'

REDDING RES. @ FARSIDE.  
 LOT: 22 3.82 AC.



7/23/81  
Well Site  
O.K. F.S.

**SITE PLAN**  
Scale: 1" = 30'

1 JULY 81  
BUILDER: JOHN McDONOUGH

PLANS PREPARED BY  
**creations**  
RESIDENTIAL DESIGNERS  
P.O. BOX 722 COLUMBIA, MD 21045  
301-992-7062

**PEDDING PRES. @ FAR SIDE**  
LOT: 22 3.82 AC.

FOXSPUR CT.

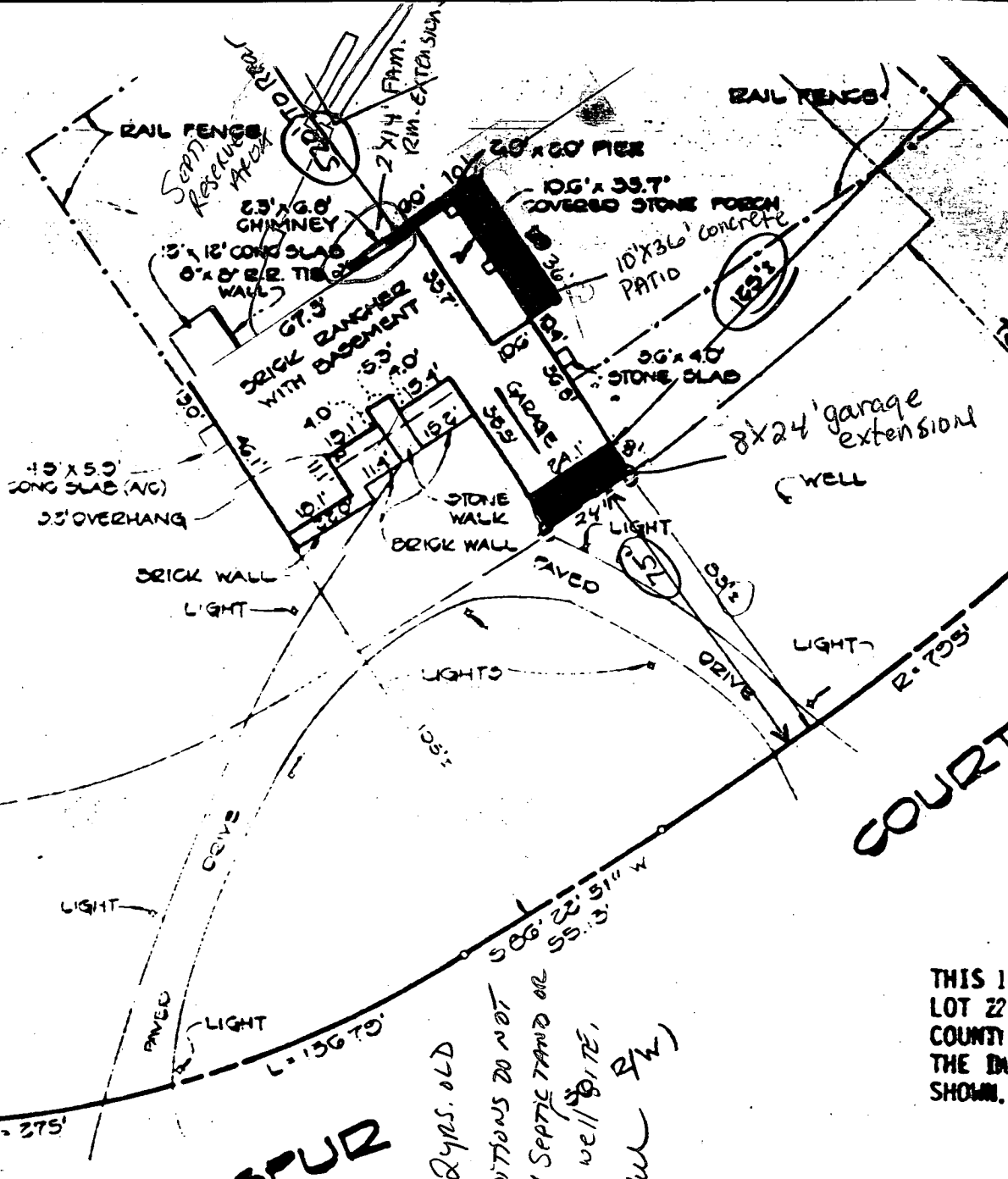
Approved

6-9-85  
\* ADDITIONS  
SHOWN IN  
DARK  
SCALE 1"=40'

66° 07' 00" E  
50.76

2-275'

FOXSPUR



System 2 yrs. old  
Proposed additions do not  
interfere with septic tank or  
reserve area, well & etc.  
Small RW

THIS IS  
LOT 22  
COUNTY  
THE DA  
SHOWN.