

4/18/83
2:00 pm
1:00 pm
state

4/15/83
a.m. plan

approved
4-18-83
C. Williams

PERMIT

P 32440
A 30257

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

4/18/83
2:00 pm
AMM PM

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-307204

ELLICOTT CITY
DISTRICT 3rd.

DATE 1/28/83

INDEX

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Farside ROAD 11862 Farside Road LOT 67

PROPERTY OWNER Dr. Alagu P. Thiruvengadam
10509 William Tell Lane

ADDRESS Columbia, Maryland 21044

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

*Dry well to have 150 sq. ft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 3 feet below original grade and maximum depth 10 feet. Location per engineers platt! 160 feet in from left property line and 190 feet up left property line from left rear corner point when facing lot from Farside Road. *or if dry well and trench used need: (1) 5 ft. earth buffer between dry well and trench (2) 2 inspections of trench - before and after stone in (3) run trench on contour.

PLANS APPROVED BY C. B. Streaker DATE 12/18/79

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.

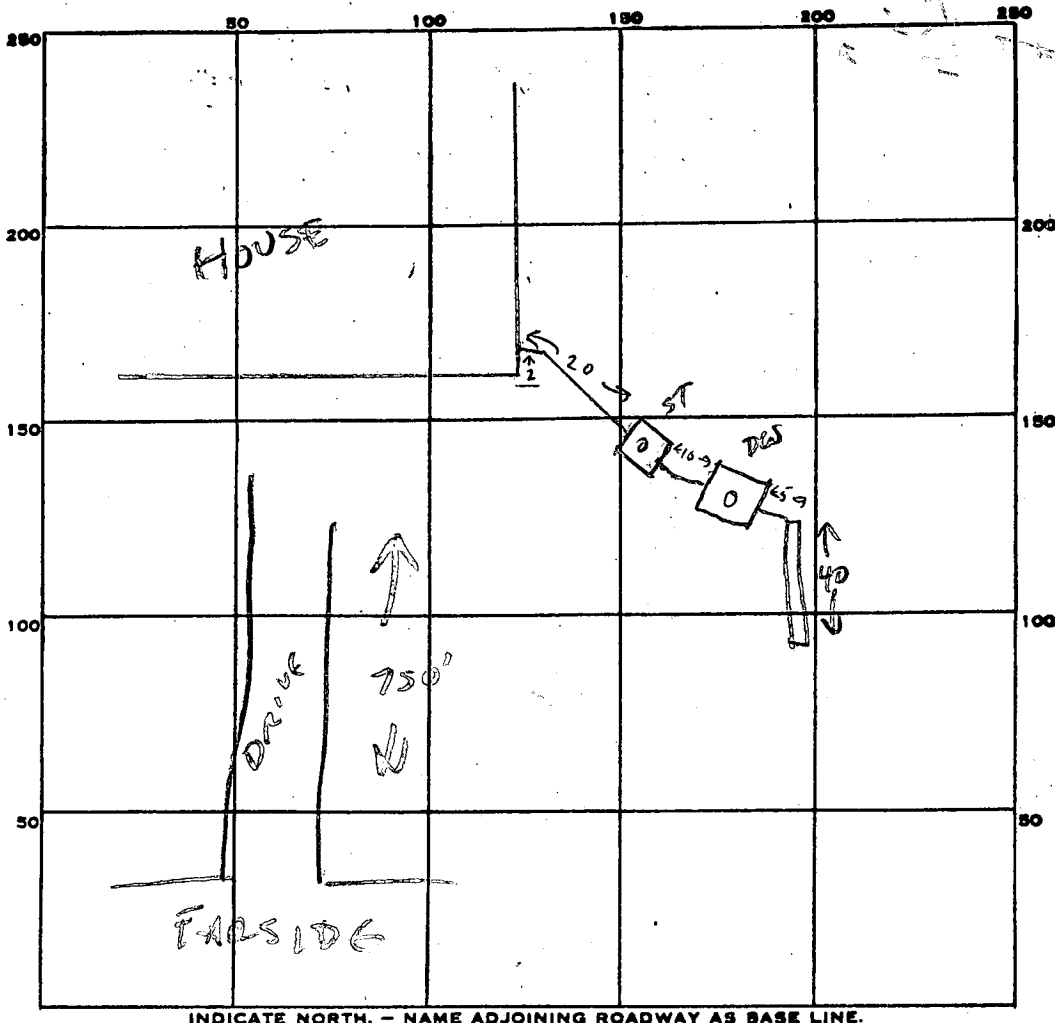
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30257



600
 326

 274
 7
 40
 48
 7
 328
 10' DEEP
 12' SQUARE
 3'

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____
 SEPTIC TANK, LEVEL _____ CLEANOUTS STU DW
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 12x4=48 FT. DEPTH BELOW INLET 7 FT. 328
 ABSORBENT AREA _____ SQ. FT.

REMARKS _____
ST & DW OK. ADD 7' GRAVEL AND 40' TRENCH. CW 4-14-83
ALL OK. CW 4-18-83

DATE SYSTEM APPROVED 4-18-83 INSPECTOR C. Willson

Paul Schreiber
APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30257

P _____

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

Septic Tank { 1-3 Bedrooms 1000 gallon
4 Bedrooms 1250 gallon

⊕ Dry well to have 150 sq ft. effective absorbent sidewall area per bedroom below inlet.
DATE _____

Inlet to be 3' below original grade and maximum depth 10'. Location per engineer's plat: 160' in from left property line and 190' up left property line from left rear corner point when facing lot from Farside Road.

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
Dr. Alagu P. Thiruvengadam
ADDRESS 10509 William Tell Lane
Columbia, Md 21044
PROPERTY LOCATION 730-7793

(1) 5' earth buffer between dry well and trench
PHONE _____ 10/80

SUBDIVISION Farside

(2) 2 inspections of trench before and after stone in.
LOT NO. 43 # 67

ROAD AND DESCRIPTION 11862 Farside Road

(3) Run trench on contour

SIZE OF LOT _____ TYPE BLDG 4 B.R., 3/2 Baths per 51471

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 _____

APPROVED BY C. B. Shreakes FOR ⊕ Dry Well & Trench DATE 12/18/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Note - back lot line changed

BLDG. PERMIT SIGNED AND RETURNED 11/18/82
Serial # 51471

THIS IS NOT A PERMIT

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

Septic tank { *1-3 Bedrooms 1000 gallons*
4 Bedrooms 1250 gallons

A 30257

P _____

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. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 43

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 _____

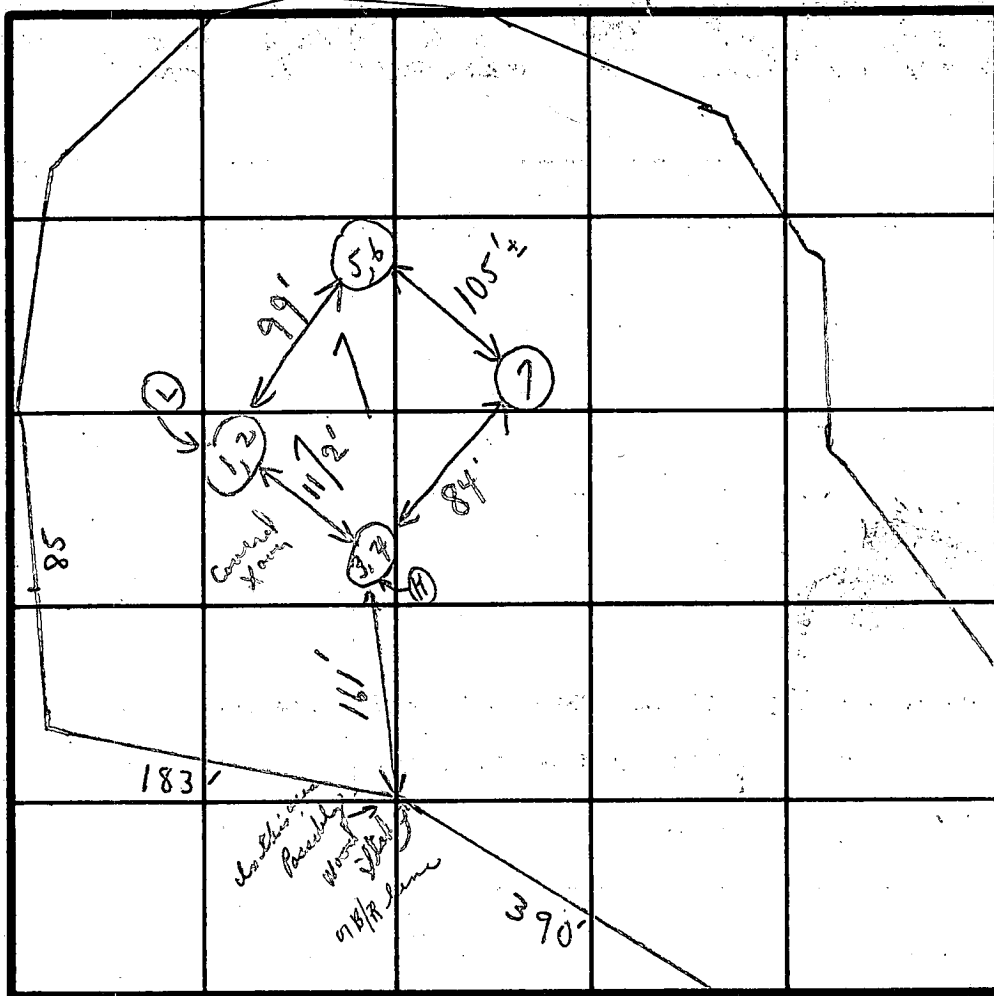
THIS IS NOT A PERMIT

#67

43

Detects SOIL PROFILE

See below
↓
each hole



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1/2 DROP		TIME
				START	STOP	START	STOP	
1-3 1/2' Clay	10/4/77	1	4'	2:12	2:15	2:15	2:20	5 min
4'-13' Sandy loam		②	13'	2:11	2:13	2:13	2:16	3 min
1'-2 1/2' Clay	10/10	③	3'	2:22	2:23	2:23	2:25	2 min
2 1/2'-13' loam		④	13'	2:22	2:46	2:46	2:59	22 min ±
1-3 Clay		5	4'	2:41	2:43	2:43	2:45	2 min
3'-12'-10" Sandy loam		6	12' 10"	2:41	2:43	2:43	2:45	2 min
4'-11' 1-4 Clayish		7	11'	(Visual similar to 5 & 6)				
4'-11' Sandy loam								6 min avg
								Inlet 3'

REMARKS (Wanted on holes) Tests in woods (Held for certified holes) Copy given to Mr. Ostrander {Stones} & crew 150 sq ft per bedroom

TYPE OF SOIL C.B.

TESTED BY ALSO PRESENT

Final

APPLICATION

A 28413

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 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 43

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. 4
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 **1149** SEQUENCE NO. (OEP USE ONLY) *11/4/82 12:30 pm 3 hr.*

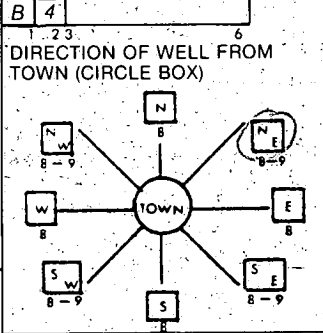
STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER **HO-73-4304**
fill in this form completely

Date Received **11/3/82** (OEP Use Only) **10:00 A.M.**
OWNER INFORMATION
Last Name 15 **WAKEFIELD** Owner 34 Name **MARK**
Street or RFD 36 **12150 MT ALBERT RD** 55
Town 57 **ELLICOTT** State 76 Zip **21043**

B 3 LOCATION OF WELL
COUNTY **HOWARD**
SUBDIVISION **FAR SIDE**
SECTION **67** LOT **67**
NEAREST TOWN **CLARKSVILLE**
MILES FROM TOWN (enter 0 if in town) **3**

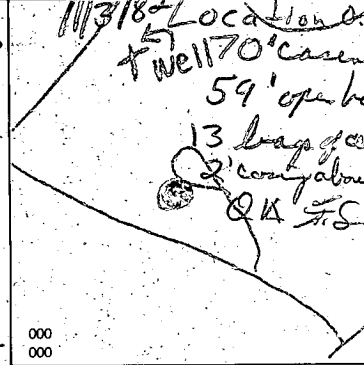
B 7 Continued DRILLER INFORMATION
Driller's Name **Sandy B Cochran** 77 License No. **80**
Firm Name **G EDGAR HARR SONS CORP**
Address **12047 FALLS RD. COCKEYSVILLE 21030**
Signature *Sandy B Cochran* Date **10-18-82**



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
FAR SIDE RD
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST **32** EAST
SOUTH
DISTANCE FROM ROAD **400** (FT)
MILES 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **820 3**
N **510 8**



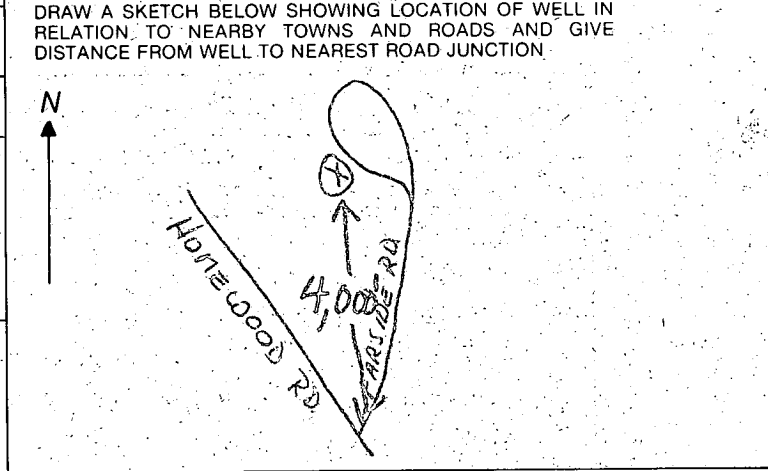
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** 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

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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **G A P**
FORCE **FS** WRITE INITIALS IN BOX
PERMIT No. **HO-73-4304**

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **HOWARD** COUNTY NO. **A30257**
OEP SIGNATURE **Frank Shinn** STATE HEALTH CIRCLE BOX **S**
DATE ISSUED **102882** CO SIGNATURE
NORTH GRID **518** EAST GRID **0823** EXPIRES **042883**

B 5 SPECIAL CONDITIONS 8-63

C1 4187 SEQUENCE NO. (OEP 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 A 30257

Date Received (OEP use only)

DATE WELL COMPLETED
110482

Depth of Well.
150'
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-73-4304

OWNER Wakefield Mark
 last name first name
 STREET OR RFD Farside Road TOWN Clarksville
 SUBDIVISION Farside SECTION _____ LOT 67

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	
OVERBURDEN	0	4	
BROWN SHALE	4	67	
Limestone	67	150 X	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 13 NO. OF POUNDS 1300
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 70 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST 6 70
 Nominal diameter top/main casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

E A C H S C R E E N
 Seq. no. 1
 DEPTH (nearest ft.) 70 150
 SLOT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.O.
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

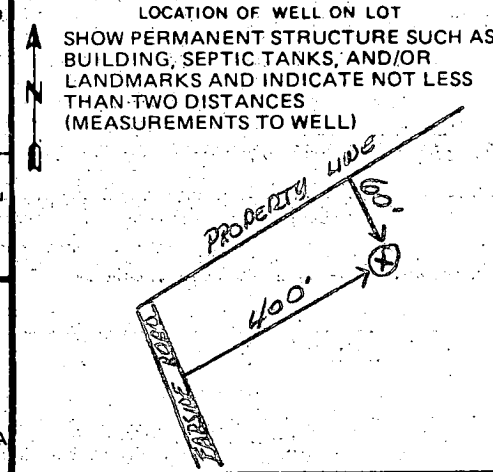
C 3 (Seq. no.)
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 9.37
 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 42'6"
 WHEN PUMPING 140'4"
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

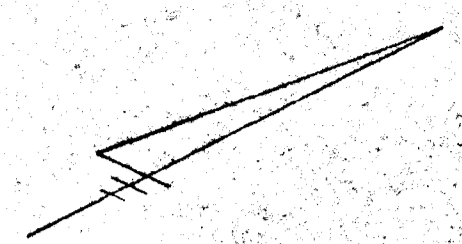
PUMP INSTALLED YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE (A, C, J, P, R, S, T, O))
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)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

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

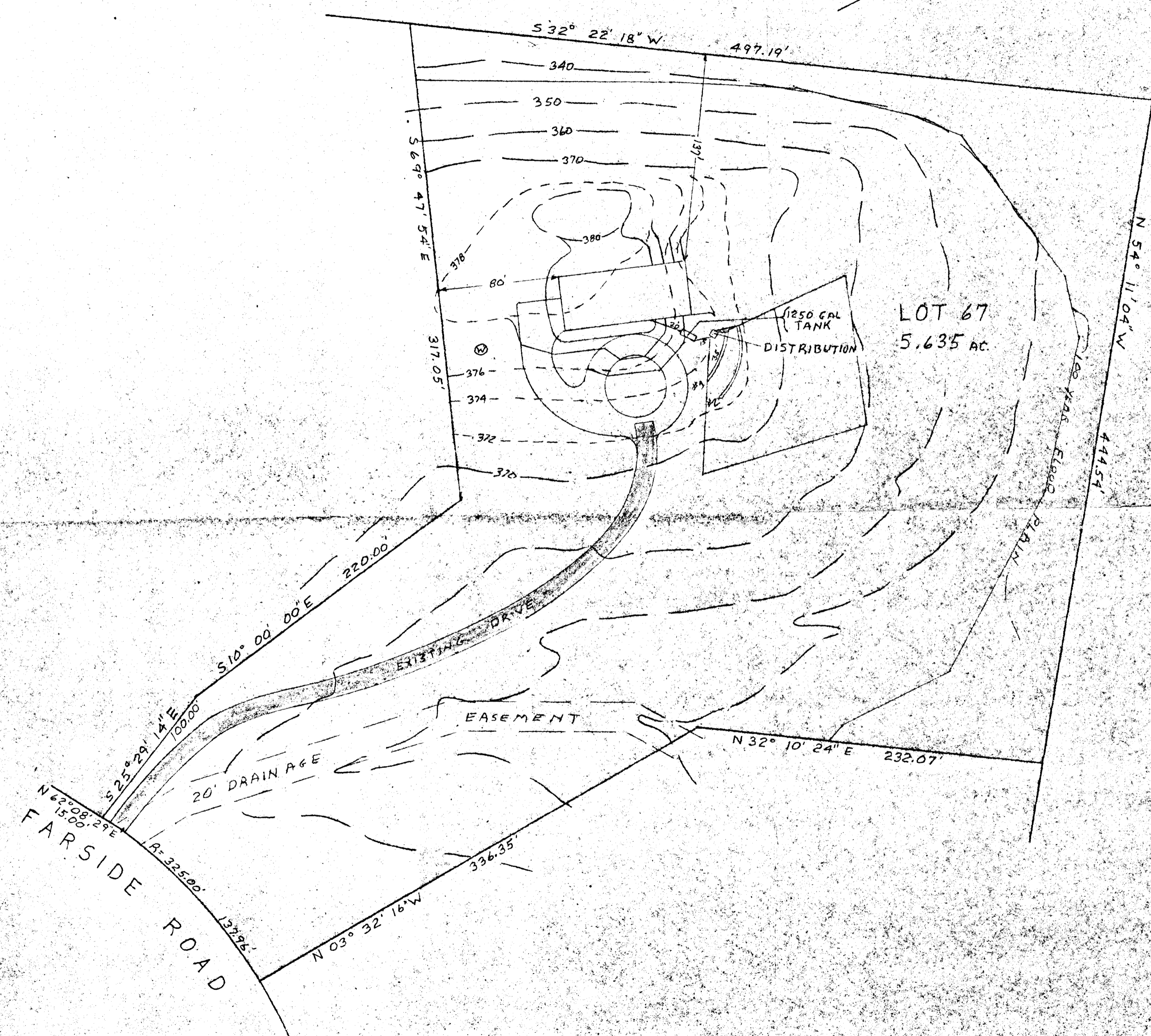
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 120
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Conley Price
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)





11/10/82
Sketch OK
J.S.



HOUSE:					
FIRST FLOOR				382.50	
BASEMENT				373.50	
INVERT				371.82	
SEPTIC TANK:					
EXISTING GRADE				375.1	
PROPOSED GRADE				376.0	
INVERT IN				371.41	
INVERT OUT				371.16	
DISTRIBUTION BOX:					
EXISTING GRADE				374.0	
PROPOSED GRADE				374.0	
INVERT				371.00	
TRENCHES:					
	WIDTH	STONE	INVERT	BOTTOM	LENGTH
#1	2'	7'	370.0	363.0	35'
#2	2'	7'	369.2	362.0	50'

NTT Associates
SUITE 101 STERRETT BLDG.
COLUMBIA MD 21044
PHONE 321-0307

I Certify the above measurements
and Elevations are actual and
true for this property.
J. Carl Hudgins
J. Carl Hudgins

GRADING STUDY
LOT 67
FAR SIDE
3rd ELECTION DISTRICT
HOWARD COUNTY MD
Scale 1"=50' Date 9-29-82