

Record Detail * (This section is required.)

Permit Type Building/Residential/Addition/SFD	Permit Number B23003762	Opened Date 09/15/2023
Description of Work SFD/ CONSTRUCT 10' X 10' (1) STORY OPEN AIR POOL HOUSE ADDITION TO EXISTING POOL HOUSE, RENOVATE EXISTING KITCHEN TO INCLUDE REMOVAL OF (2) LOAD BEARING WALLS, RE ORIENT KITCHEN EQUIPMENT TO BE AN OPEN AIR KITCHEN/, 1 STORY, Existing, 1R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A, //10.18.23 ELECTRONIC REVISION REQUEST TO CHANGE TO 10 X 17 (1) STORY OPEN AIR ADDITION TO POOL HOUSE, TO INCLUDE REMOVAL OF (2) LOAD BEARING WALLS *NO KITCHEN, PLUMBING, OR STOVE* 172.50 SQ FT*		

[check spelling](#)

Address * (This section is required.)

Search	Reset	Clear	Get Parcel & Owner
Street # 11686	Street Name FOXSPUR	Street Type CT	
Unit Type --Select--	Unit #	X Coordinate -76.91291	Y Coordinate 39.24687
City ELLCOTT CITY	State MD	Zip Code 21042	Primary Yes

Expedite Online BP,
just received. 9/8 11/28/23

Parcel * (This section is required.)

Search	Reset	Clear	Get Address & Owner			
GIS ID * 888091	Parcel 126	Parcel Area 3.07	Land Value 180500	Improved Value 1332200	Exemption Value 1151700	Plan Area RURAL
Legal Description IMPSLOT 29 3.074 AR[]11686 FOXSPUR CT SE[]FAR SIDE						

[check spelling](#)

Block 29	Lot 29	Census Tract 603000	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1403307050	Subdivision Name FAR SIDE					
Section	Area	Tax Map 29					
Grid 29-3	Zoning District RC-DEO	ADC Map 4934-D1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No. 4407	WS Contract No.	FDP No.	Primary Yes				
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 1985	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 3-09A	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search	Reset	Clear
Name * DOWN MICHAEL		
Address Line 1 11686 FOXSPUR CT		
Address Line 2		
Address Line 3		
Mail City ELLCOTT CITY	Mail State MD	Mail Zip Code 21042
Phone 443-671-1439	Primary Yes	
E-mail		
Cell Number	Fax Number	

Goal Level

--Select--



Actual Level

--Select--



Leed Registration Number

Date of Leed Certification



STORM WATER MANAGEMENT

Green Roofs A1

Yes No

Permeable Pavements A2

Yes No

Reinforced Turf A3

Yes No

Disconnection of Rooftop Runoff N1

Disconnection of Non Rooftop Runoff N2

Yes No

Sheetflow to Conservation Areas N3

Rainwater Harvesting M1

Submerged Gravel Wetlands M2

Landscape Infiltration M3

Infiltration Berms M4

Yes No

Dry Wells M5

Micro Bioretention M6

Rain Gardens M7

Swales M8

Enhanced Filters M9

PSWM Certification Received in CID on



Submit

Cancel

2/11/85
3/12/85
2:30 pm
S.M.A.

1/14/85
9:30 am

PERMIT

P 35098

A 28397

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-307050
INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 3/6/85

Merit Construction Company IS PERMITTED TO INSTALL X ALTER

ADDRESS 2526 Tolley Street, Baltimore, Maryland 21230 PHONE 525-3884

SUBDIVISION Farside ROAD 11686 Foxspur Court LOT 29

PROPERTY OWNER G.Y.C. Builders, Inc. Roger & Jackie Norden
ADDRESS 11065 Little Patuxent Parkway Columbia, Maryland 21044

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 6

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 11 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 6 1/2 feet of stone below distribution pipe. LOCATION: Start the first trench 175 feet from the front lot line and 125 feet from the left side line, as seen when facing the lot from Foxspur Court. Continue to dig the trench on level ground running towards the right side of the lot. Place the second trench parallel to and 14 feet away from the first trench. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED
AND RETURNED 5/18/84
Serial # 37758 - Garage

BLDG. PERMIT SIGNED
AND RETURNED 4/14/84
Serial # 17460 - Prod.
17505

PLANS APPROVED BY Frank Skinner DATE 9/18/84

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. **BLDG. PERMIT SIGNED**

PERMIT VOID AFTER THREE YEARS.

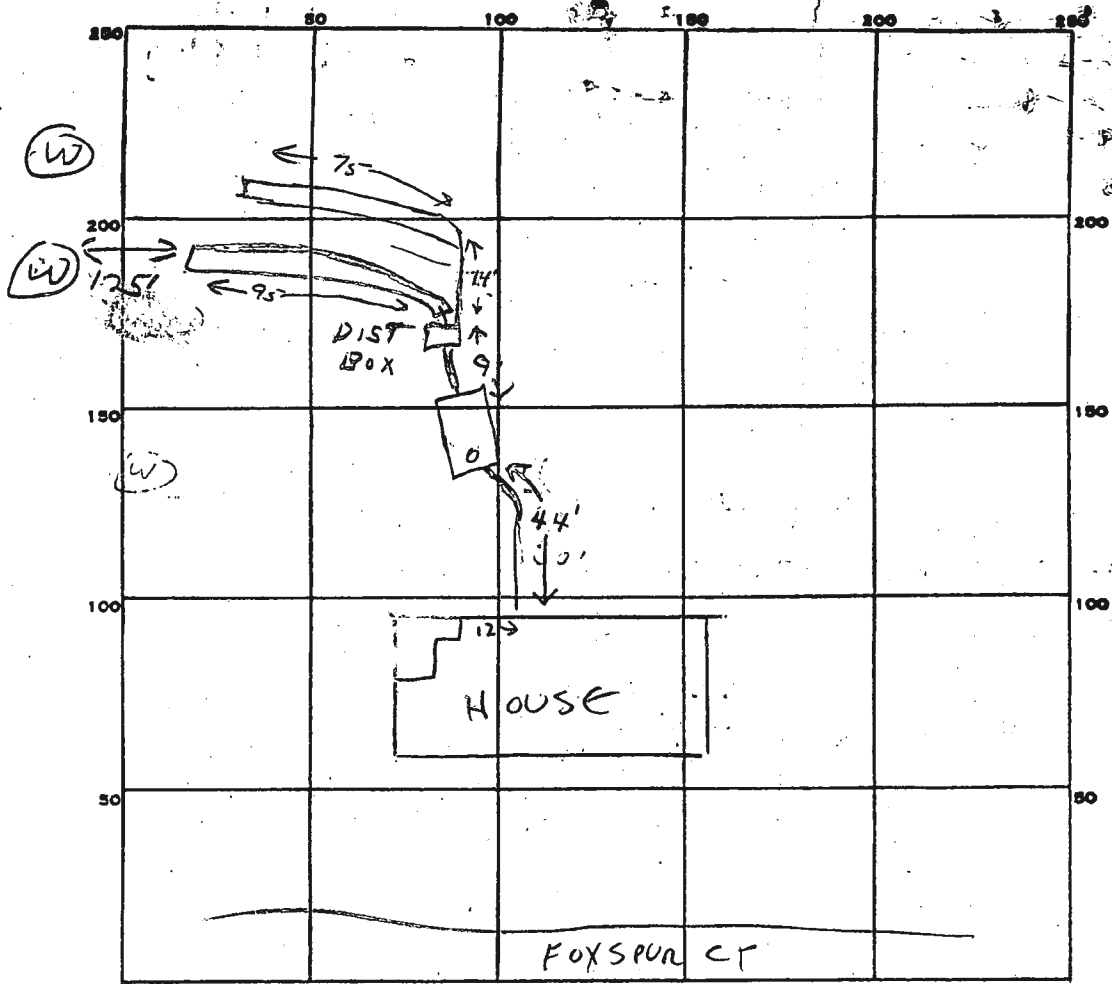
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED. prod hour

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A-28397



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 170 FT.

NUMBER OF TRENCHES 2 (75+95) ONE SIDEWALL TOTAL BOTTOM AREA 1185 SQ FT

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1185 SQ. FT.

170
6.5
850
1020
1185.0

REMARKS 3/11/85 OK to cover to dist. box. OK to add stone in first trench JF

2/13/85 OK TO COVER TANK AND FIRST TRENCH CW

3/14/85 SYSTEM COMPLETE. OK TO COVER. CW

DATE SYSTEM APPROVED 3/14/85 INSPECTOR C. Wilton

Resolved
2/13/01

2/13/01- T/C with Mr. Norden
All 4 wells are connected
to Dwelling and being
used. HO-94-2301 also
has COP. Resolved
SRK



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 5, 2001

Robert Norden
11686 Foxspur Court
Ellicott City, MD 21042

RE: **Replacement Well Issues**
11686 Foxspur Court

Dear Mr. Norden:

File review indicates that this office has no documentation or inspection record of the installation and connection of the well pump, well water line and related plumbing in the referenced replacement well. (Well HO-94-2301 completed on 6/25/99, 1000' deep and yielding 3 GPM). In addition, no Certificate of Potability has been issued for this well as required by COMAR 26.04.04. If the well has been connected to the dwelling, it is suggested that you notify the licensed installer so that they may submit the appropriate documentation to this office. Enclosed is a copy of the required documentation.

In addition to this issue, file review also indicates that there are **three** other wells located on your property all of which were designated to serve as standby supplies. They are:

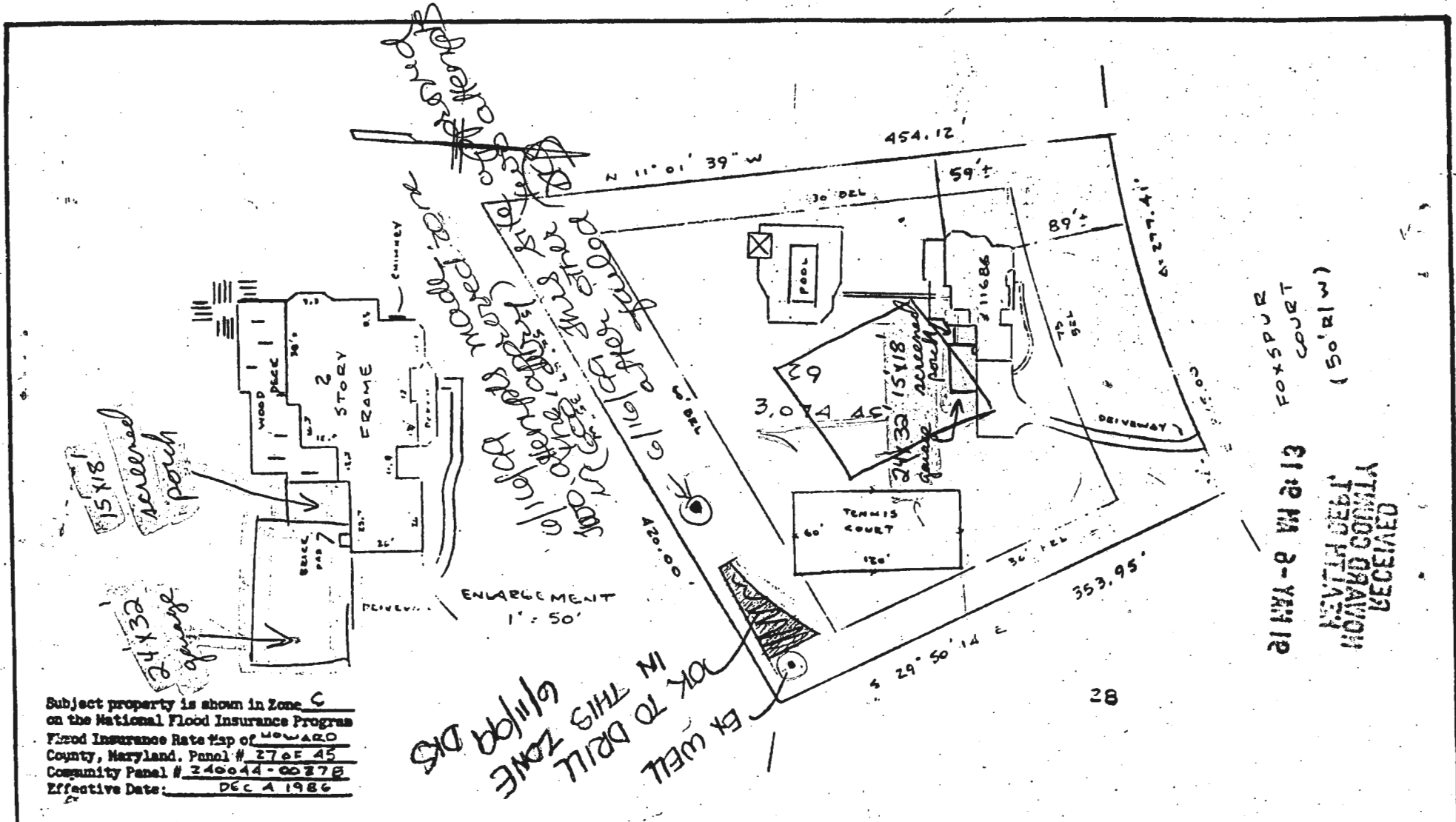
- Well HO-81-0006, drilled in 1983, 400 ft. deep, yielding 2 GPM at that time (Certificate of Potability Issued)
- Well HO-81-0210, drilled in 1983, 500 ft. deep, yielding 3/4 GPM at that time (No Certificate of Potability)
- Well HO-94-0075, drilled in 1994, 400 ft. deep, yielding 2 GPM at that time (Certificate of Potability Issued)

If any of these above referenced wells are not in service (Not connected to the house and being used or have been documented to be "dry") they are considered abandoned and need to be properly sealed by a licensed individual as required by COMAR 26.04.04 (MD Well Construction Standards). This sealing process is important in that it helps to restore the subsurface geologic conditions which existed before the well(s) were drilled, and protects the groundwater resource from potential contamination.

In order to comply with all appropriate State regulations and local policies, please contact me directly at (410) 313-2669 so that these issues can be addressed. Thank you for your attention to these important matters.

Respectfully,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
Enclosure
cc: File



21 MAR - 2 PM 2:13
 FOXSPUR COURT
 (50' R/W)
 RECEIVED
 HOWARD COUNTY
 PLANNING DEPT.

Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel # 270E 45
 Community Panel # 240044-0027E
 Effective Date: DEC 1 1986

This is to certify that I have surveyed the property
 known as Lot 29, Farside, Lots 19-24 & 27-29,
 sheet 3 of 10 recorded in Plat Book 4407 among the
 Land Records of Howard County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

11600 FOXSPUR COURT
 FARSIDE
 HOWARD COUNTY, MARYLAND

NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale	1" = 100'
Date	MARCH 7 1990
Field By	JCH
Drawn By	JCH
Drawing #	X 10532

C1 8440

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)

COUNTY NUMBER A 28397

Date Received (OEP use only)

DATE WELL COMPLETED 07/1989

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0006

OWNER SHERMA TINDER K.

STREET OR RFD FOXSOUR COURT TOWN ELIOLAK

SUBDIVISION FAR SIDE SECTION LOT 29

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. Includes entries for Shale, Gray Mica rock, and Dry wells.

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

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 5 NO. OF POUNDS 270

CASING RECORD. Casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE. Nominal diameter (top/main) casing 6 inches. Total depth of main casing 24 feet.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD. Screen type: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) 23, 400

CIRCLE APPROPRIATE BOX. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 238. DRILLERS SIGNATURE

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

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

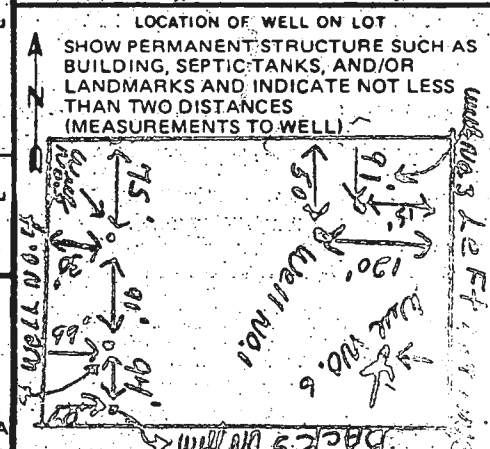
C 3 (Seq. no.)

PUMPING TEST. HOURS PUMPED 8. PUMPING RATE 2 gal. per min. METHOD USED TO MEASURE PUMPING RATE submersible

PUMP INSTALLED. DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



Page 1 of 1
 Date July 1, 1983

Review 7/22/83 OK F.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0006
 Location of property (road) Foxspur Court
 Subdivision Farside Lot 29 Block Plat Sec.
 Well Driller Joseph Mayne Owner Inder Sharma

Depth of well 300
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 95'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 gal
 Total time 30 min to reach pumping water level 140 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)
8:15	85	5 sec.		12
8:30	140	6		10
8:45	139	30		2
9:00	140	30		2
9:15	145	30		2
9:30	150	40		1.5
9:45	155	40		1.5
10:00	158	48		1.4
10:15	162	48		1.4
10:30	162	60		1
10:45	162	60		1
11:00	162	60		1
11:15	163	60		1
11:30	163	60		1
11:45	165	60		1
12:00	166	60		1
12:15	167	60		1
12:30	168	60		1
12:45	169	60		1
1:00	170	60		1
1:15	171	60		1
1:30	172	60		1
1:45	173	60		1
2:00	174	60		1

B 1 0264

SEQUENCE NO. (OEP USE ONLY)

Grout

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0006

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

7/1/93 - 11:00 A.M. please print or type

fill in this form completely

Date Received 0 2 2 2 8 3 (OEP Use Only)

B 3 LOCATION OF WELL

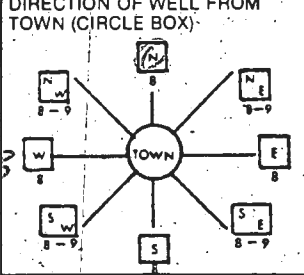
COUNTY Howard SUBDIVISION Fairside SECTION 23 LOT 29 NEAREST TOWN Elloak MILES FROM TOWN 9/10

OWNER INFORMATION SHAKER, IZDER 11073 SHAKER DRIVE 1012146 MD 21046

B 7 Continued DRILLER INFORMATION

Driller's Name Joseph B. Meyer 77 License No. 238 Firm Name 551 1/2 Ridge Rd. Mt. Airy Md. Address Joseph B. Meyer Feb 22 1983 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



70pspur Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 50

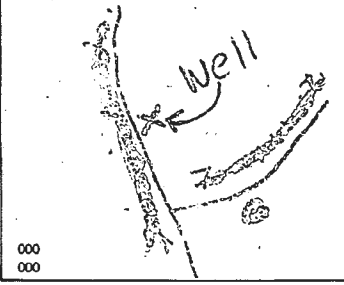
B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 550

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 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



APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

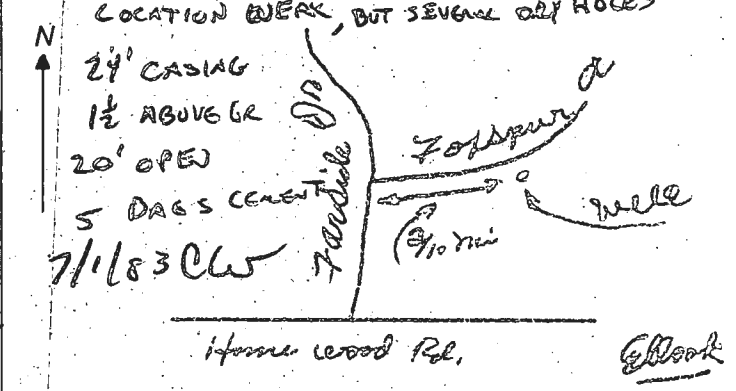
METHOD OF DRILLING (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE POINT

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) 41

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A28397

OEP SIGNATURE Frank Skinner STATE HEALTH CIRCLE BOX 41 DATE ISSUED 082383

CO SIGNATURE Frank Skinner NORTH GRID 514 EAST GRID 0824 EXPIRES 082383

B 5 SPECIAL CONDITIONS B-63

C1 4372 SEQUENCE NO. (QEP 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 **A28397Z**

DATE RECEIVED: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **080383**
 DEPTH OF WELL: **300** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-0210**

OWNER: **Woodmark Inc.**
 STREET OR RFD: **Foxspur Court**
 SUBDIVISION: **Farside** SECTION: [] LOT: **29**

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	
Shale	0	26	
gray mica rock	26	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **658**
 GALLONS OF WATER **82**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **27** 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: **5+** Nominal diameter (nearest inch): **5** Total depth of main casing (nearest foot): **30**

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 **40** 2 **29** 3 **300**
 EACH SCREEN

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 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**
Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

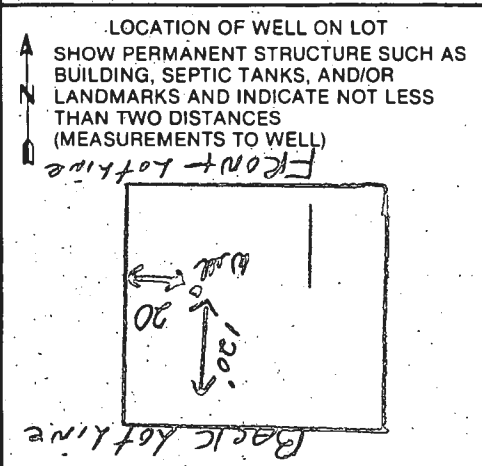
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **075**
 METHOD USED TO MEASURE PUMPING RATE **submersible**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **65** WHEN PUMPING **224**
 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 (CIRCLE) (YES or NO) 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below } LAND SURFACE (nearest foot) **50** **51**



Page 1 of 1
 Date Aug 3, 1983

Review 8/12/83 OK for Study well
J.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0210
 Location of property (road) Forspur Court
 Subdivision Farside Lot 29 Block Plat Sec.
 Well Driller Joseph Mayne Owner Woodmark Inc.

Depth of well 500
 Distance of measuring point (M.P.) above ground
 Static water level (S.W.L.) below M.P. 65'

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 12
 Total time to reach pumping water level 224 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:45	135	5 sec.		12
10:00	190	7 sec.		9
10:15	193	60 sec.		1
10:30	197	60		1
10:45	201	60		1
11:00	204	60		1
11:15	205	75 sec.		3/4
11:30	207	75		3/4
11:45	207	75		3/4
12:00	208	75		3/4
12:15	210	75		3/4
12:30	211	75		3/4
12:45	211	75		3/4
1:00	212	75		3/4
1:15	215	75		3/4
1:30	219	75		3/4
1:45	218	75		3/4
2:00	218	75		3/4
2:15	221	75		3/4
2:30	222	75		3/4
2:45	223	75		3/4
3:00	224	75		3/4
3:15	224	75		3/4
3:30	224	75		3/4

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-81-0210
fill in this form completely

B 1 **0228** SEQUENCE NO.
(OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS.)

Date Received **072783**
(OEP Use Only)
OWNER INFORMATION
Last Name **WOODWARD** Owner
34 Name
Street or RFD **12150 Mt Albert Road**
Town **ELLICOTT CITY** State **MD** Zip **21043**

B 1 Continued DRILLER INFORMATION
Driller's Name **Joseph L. Wayne** 77 License No. **238**
Firm Name **Joseph L. Wayne**
Address **5512 Ridge Rd. Mt Airy Md**
Signature **Joseph L. Wayne** Date **7/27/83**

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)

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
other

REPLACEMENT OR DEEPENED 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) **HO-81-0006**

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **GAP**
FORCE **F5** WRITE INITIALS IN BOX PERMIT No. **HO-81-0210**

B 5 SPECIAL CONDITIONS 8-63

B 3 LOCATION OF WELL
COUNTY **Howard**
SUBDIVISION **Farside**
SECTION **23** LOT **29**
NEAREST TOWN **Ellicott**
MILES FROM TOWN (enter o if in town) **9/10**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
TOWN
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD **Foxspar Ct.**
DISTANCE FROM ROAD **300** FEET

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
8204
5104

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
8/4/83 Location OK (in front of HO-81-0006) by ~100'
30' casing
2' casing along grade
26 1/2" oph hole
8 logs of cement
OK J.S.
Home Wood Rd
Foxspar Ct.
3/10 mi
Ellicott

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **HOWARD** COUNTY NO. **A28397Z**

OEP SIGNATURE **Frank Skinner** STATE HEALTH CIRCLE BOX **S**
DATE ISSUED **080183**
NORTH GRID **514** EAST GRID **0824** EXPIRES **020184**

B 1 09813

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-0075

fill in this form completely

Date Received (APA)

042994

OWNER INFORMATION

WORDEN ROGER

11686 FOXSPUR CT

ELLICOTT CITY MD 21040

B 3

LOCATION OF WELL

HOWARD

FARNSIDE

SECTION 44 46 LOT 29

CLARKSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

Joseph L. Wayne 24 License No. 80

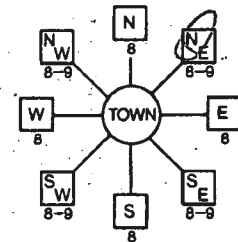
Joseph L. Wayne Well Drilling

5512 Ridge Rd. Mt Airy, Md. 21771

Joseph L. Wayne 4/29/94

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11686 Foxspur Ct.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



250 DISTANCE FROM ROAD

ENTER FT or MI

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

HOWARD COUNTY NAME A# 28397 COUNTY NO.

STATE SIGNATURE INSERT S DATE ISSUED

050994 Charles Brian Heath 5/9/95

NORTH GRID 514000 EAST GRID 0829000

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

REPLACEMENT OR DEEPEMED WELLS

(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D 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 INITIALS IN BOX PERMIT No. 40-94-0075

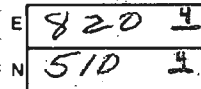
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

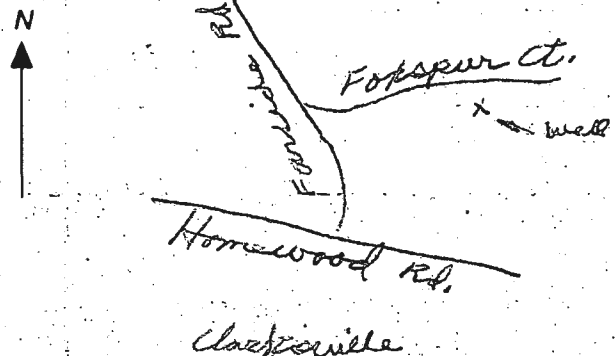
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 03543 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 28397

DATE RECEIVED: MM DD YY DATE WELL COMPLETED: 6 25 99 DEPTH OF WELL: 1000 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2201

OWNER: Norden Roger STREET OR RFD: 11086 Fox Spur CT TOWN: ELICOTT SUBDIVISION: SECTION: LOT:

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	
DIRT	0	30	
micha	30	1000	

GROUTING RECORD YES NO
WELL HAS BEEN GROUTED (Circle Appropriate-Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 46 17 NO. OF POUNDS 45 46 1598
GALLONS OF WATER 102
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
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 40

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

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

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal. per min.) 3
METHOD USED TO MEASURE PUMPING RATE: air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
WHEN PUMPING 1000 ft.
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 (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
 + above LAND SURFACE
 - below (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 2
WELL HYDROFRACTURED: Y N

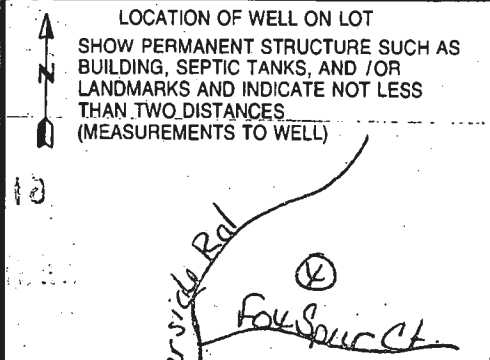
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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 LIC. NO. 1 M SD 101
DRILLERS SIGNATURE: [Signature]
LIC. NO. 1 M D

C 2 DEPTH (nearest ft.)
1 2 HO 40 1000
E 8 9 11 15 17 21
A 23 24 26 30 32 36
H 38 39 41 45 47 51
S
C 3
R
E
E
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)



SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
TELESCOPE CASING LOG INDICATOR OTHER DATA
COUNTY

B 1 9578 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2301
fill in this form completely

Date Received (APA) 6/19/99
OWNER INFORMATION
8 Norden Roger
15 Last Name Owner First Name 34
36 11686 Fox Spur Ct
Street or RFD 55
57 Ellicott City MD 21042
Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
8 COUNTY Howard
23 SUBDIVISION Eastside Farside
SECTION 29 LOT 29
44 46 48 50
52 NEAREST TOWN Ellicott City
71
MILES FROM TOWN (enter 0 if in town) 10 M I
73 76 77 78

DRILLER INFORMATION
Leo R. Holland Jr. M S D 101
Driller's Name 76 License No. 81
SEC Well Drilling & Pump Co.
Firm Name
P.O. Box 1143 Hagerstown, MD
Address
Leo R. Holland Jr 6-16-99
Signature Date

B 4
1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
2 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 1000 FT
ENTER FT OR MI
TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 10
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-28397 COUNTY NO
STATE SIGNATURE
DATE ISSUED 06/23/99
CO SIGNATURE [Signature] EXP. DATE
NORTH GRID 514 000 EAST GRID 0824 000

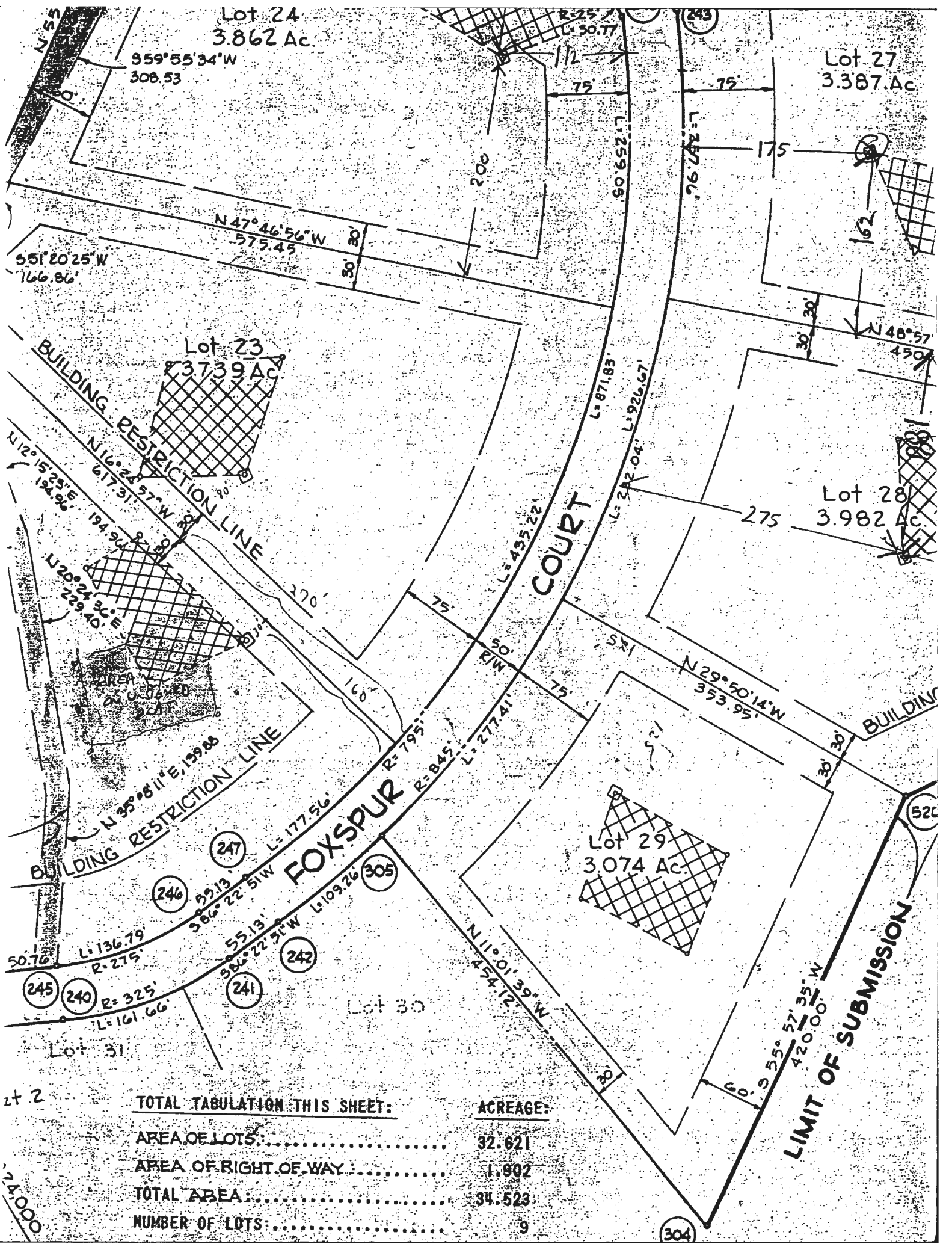
APPROXIMATE DEPTH OF WELL 500 FEET
APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ G A P _____
PERMIT No. HO-94-2301

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 _____
N _____
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

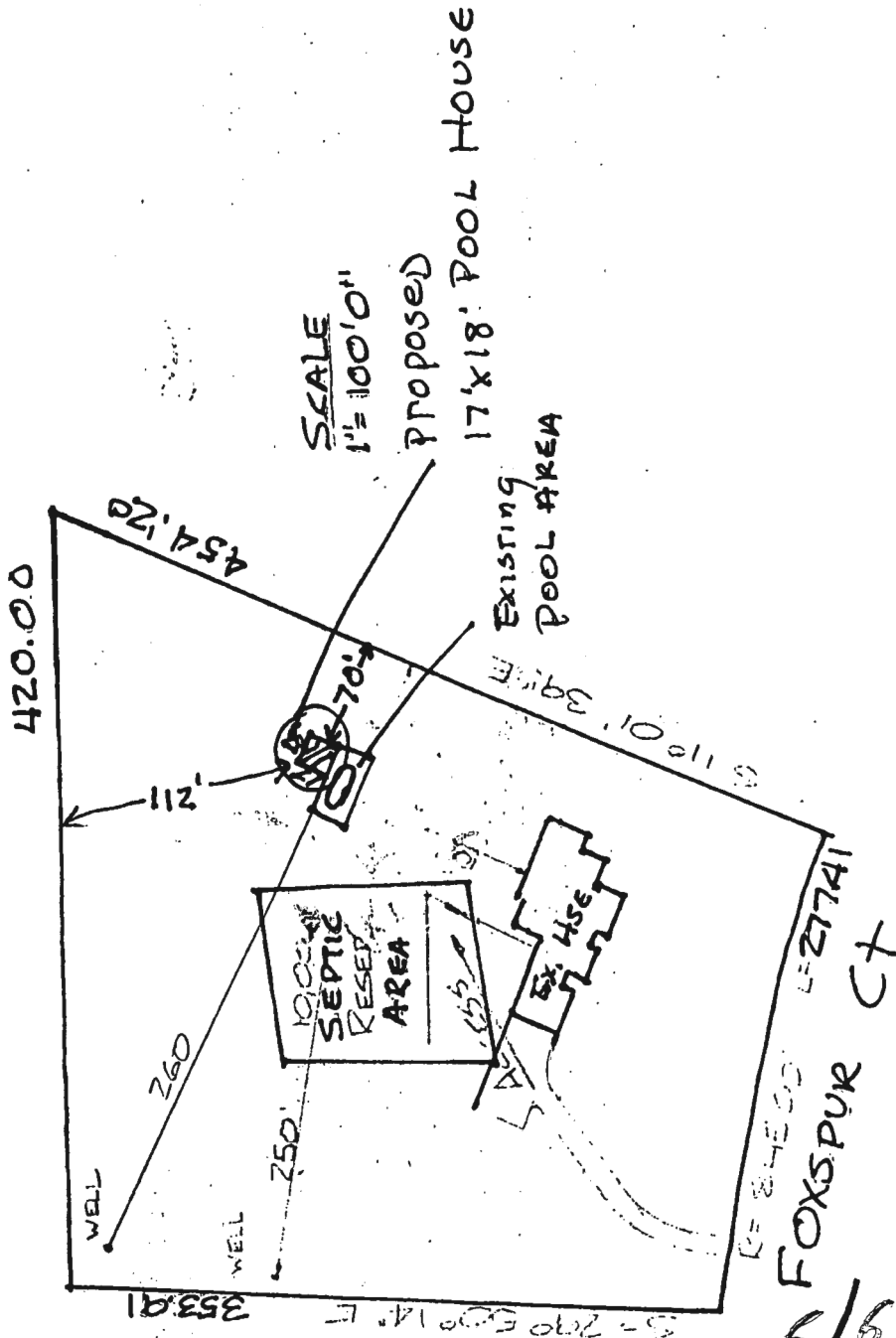


24

24000

TOTAL TABULATION THIS SHEET:	ACREAGE:
AREA OF LOTS.....	32.621
AREA OF RIGHT OF WAY.....	1.902
TOTAL AREA.....	34.523
NUMBER OF LOTS.....	9

304

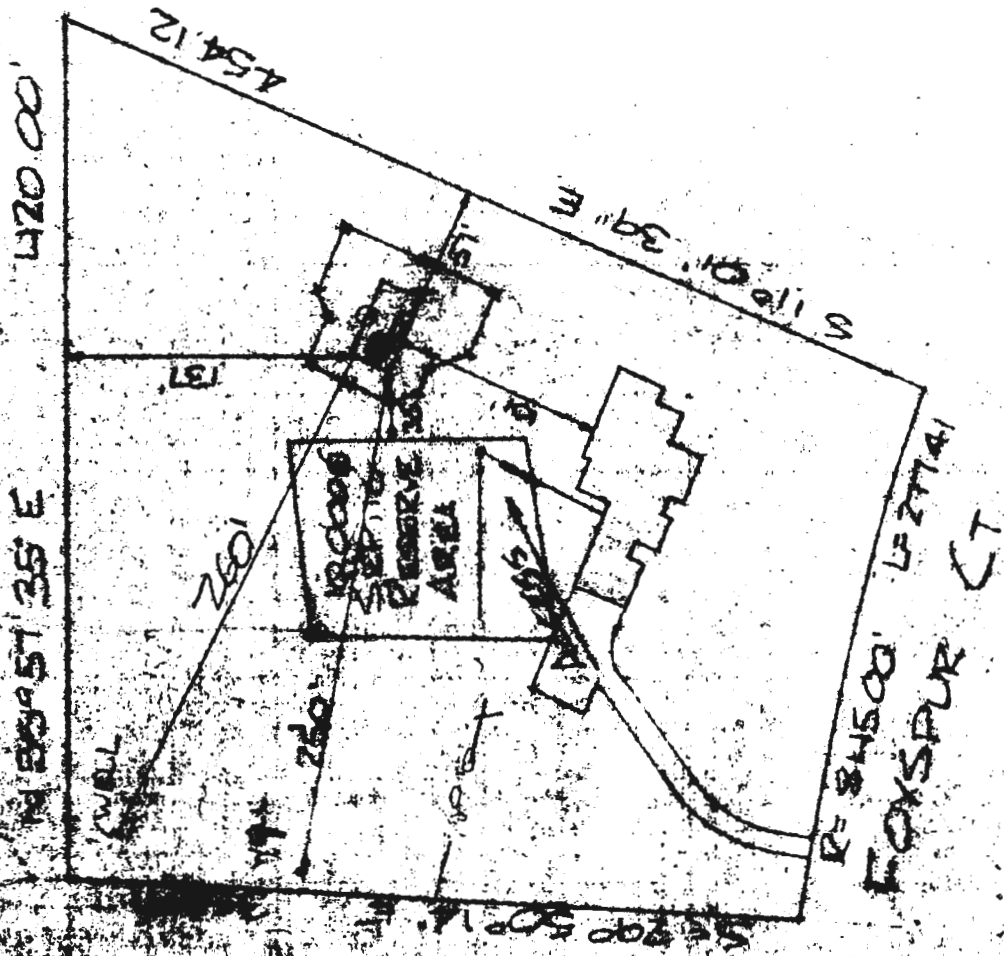


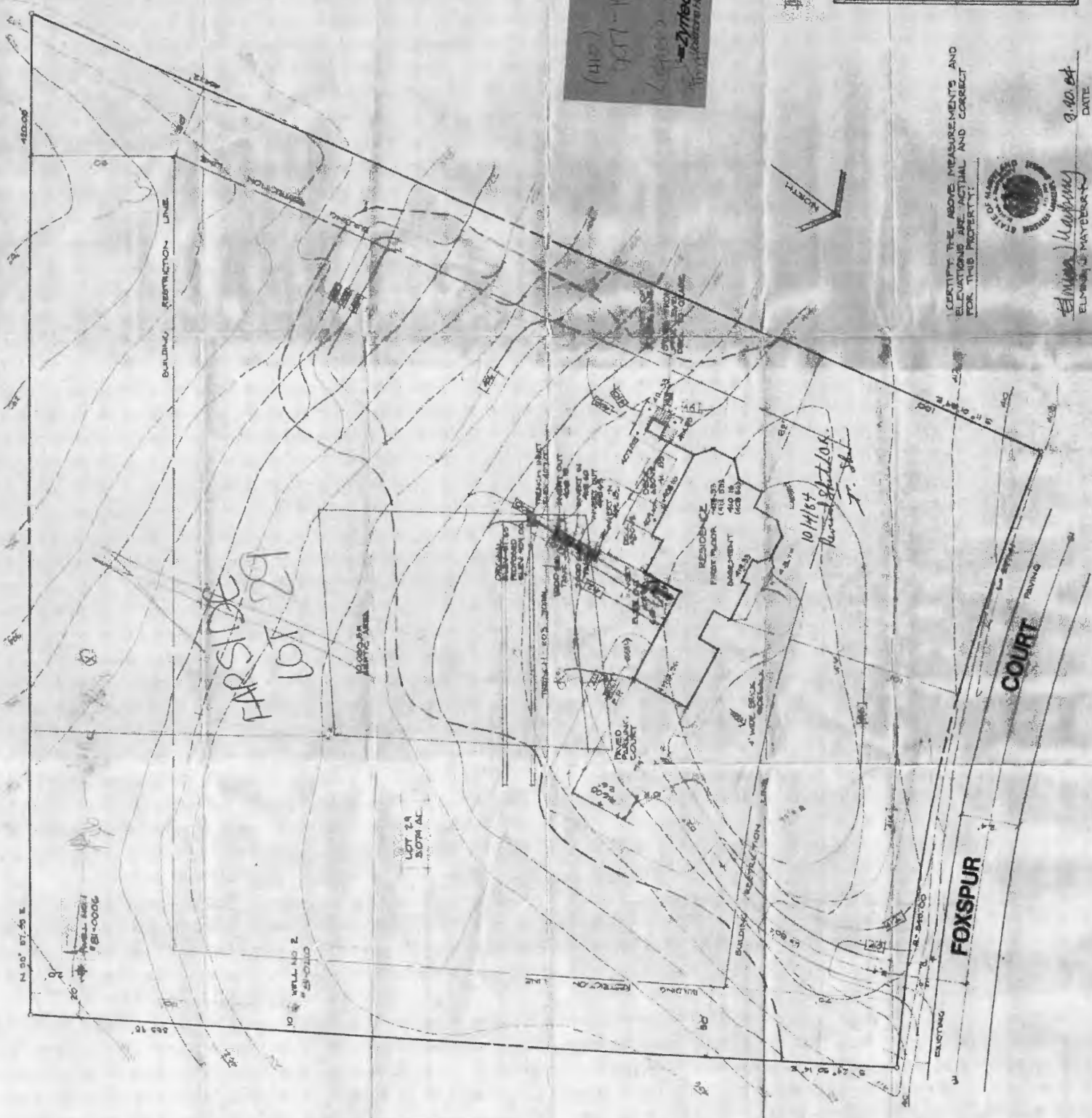
Plat
Norden

6/6/89
OK TO SIGN
R Hodger

4/4/88
OK to sign
RCH (per drawings)

SCALE
1" = 100' 0"





(415)
 7-17-110
 L. J. ...
 Zymec
 ...

NOTES

I CERTIFY THE ABOVE MEASUREMENTS AND
 CALCULATIONS ARE FACTUAL AND CORRECT
 FOR THIS PROPERTY.



Elmira Manning
 ELMIRA J. MANNING
 9.10.84
 DATE

SITE INSPECTION SHEET

OWNER: Roger Nordin

DATE REQUESTED: 6/9/99 2:30-3:00

ADDRESS: 11686 Foxspur Ct

DRILLER: SEC

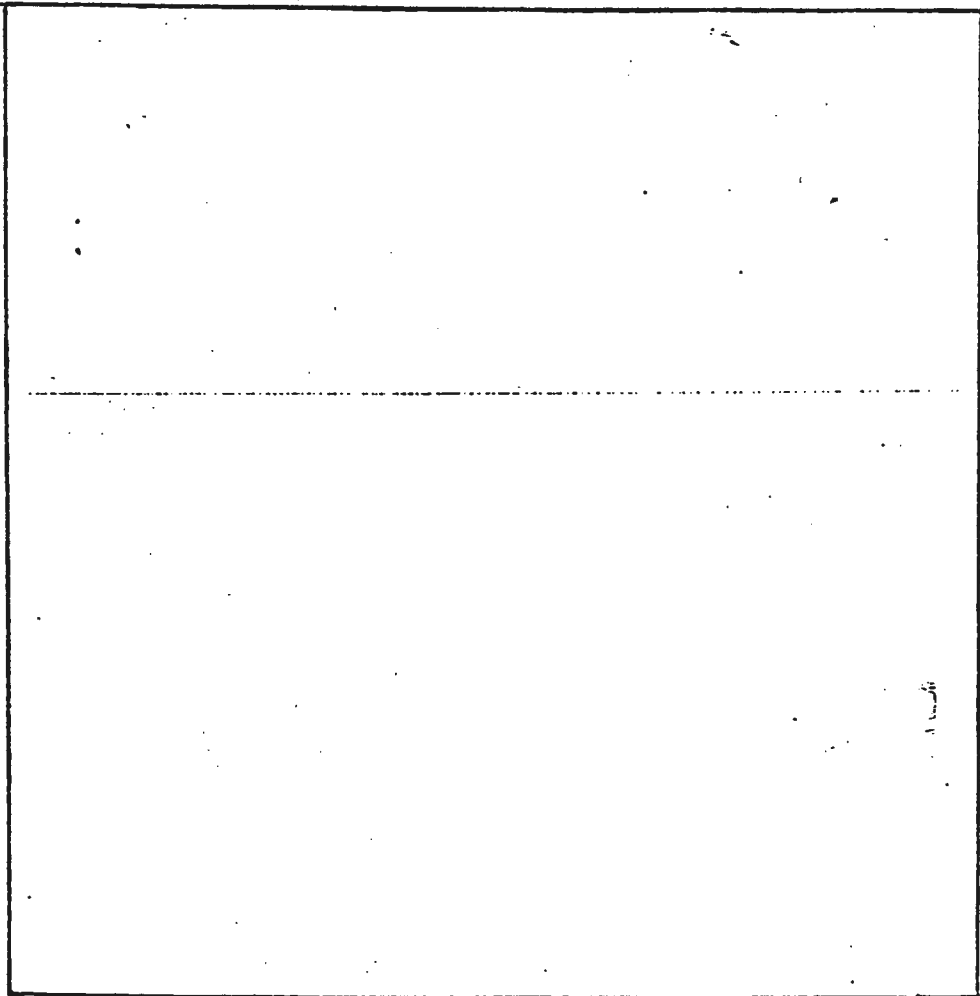
Fairside - lot 29

WELL TAG # _____

COUNTY # _____

PROPOSAL: inspection requested to find an approvable site for a replacement well - existing well is dry

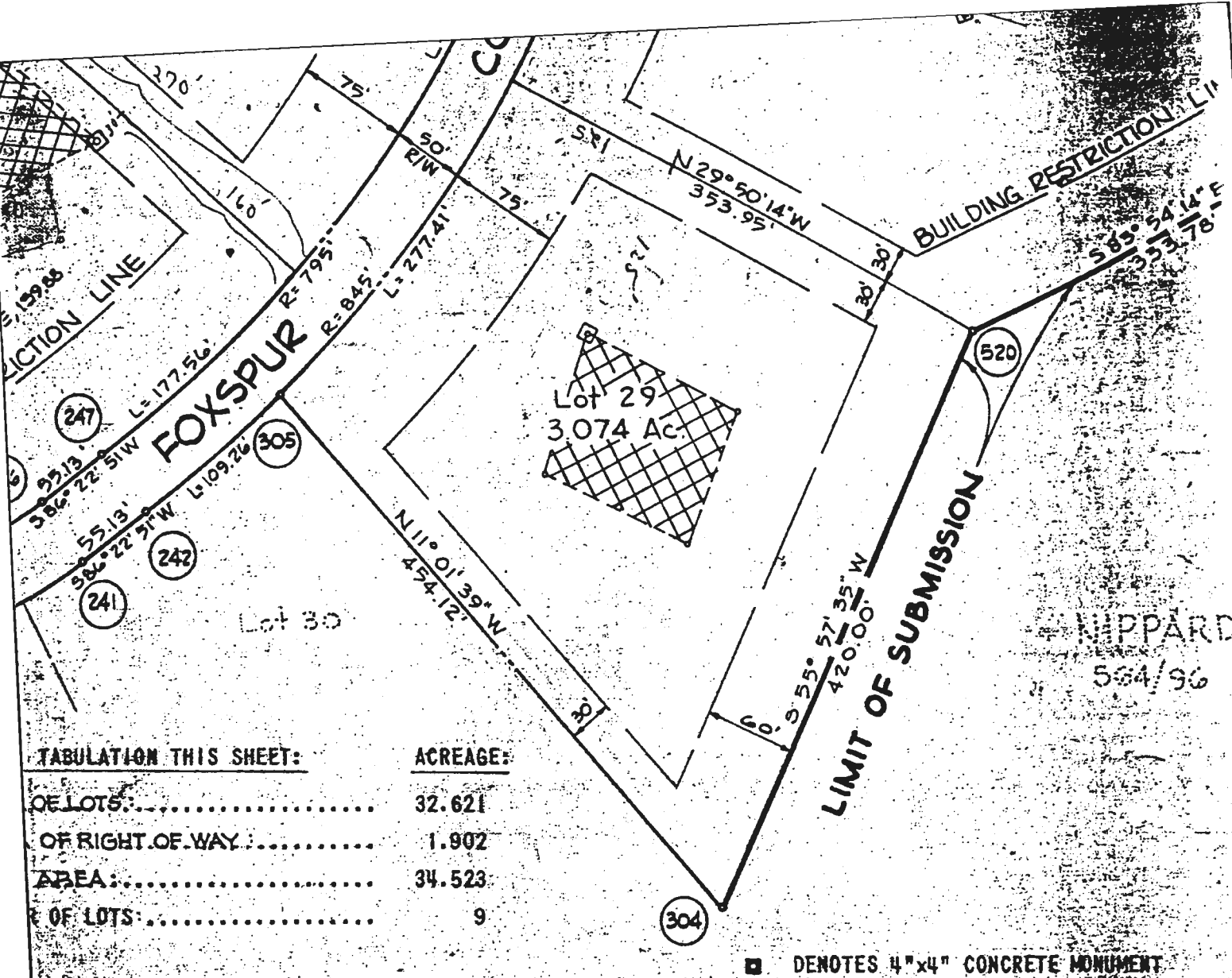
LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____



TABULATION THIS SHEET:	ACREAGE:
OF LOTS:.....	32.621
OF RIGHT OF WAY:.....	1.902
AREA:.....	34.523
OF LOTS:.....	9

■ DENOTES 4"x4" CONCRETE MONUMENT

OWNER'S CERTIFICATE

OPERATION BY MARK A. WAKEFIELD JR., PRESIDENT, OWNER OF THE PROPERTY SHOWN ON THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAN AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT TO SUCCESSORS AND ASSIGNEES: (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET EASEMENTS AND UTILITY EASEMENTS; (2) DEDICATE TO PUBLIC USE THE BEDS OF THE RIVERS AND OPEN SPACES WHERE APPLICABLE; AND FOR ONE DOLLAR (\$1.00) TO GRANT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE UNDERLYING LAND FOR THE PURPOSE OF CONSTRUCTING OR MAINTAINING ANY KIND OF HIGHWAY AND RIGHT-OF-WAY; AND (3) IT IS FURTHER AGREED THAT THE EASEMENTS AND/OR FLOODPLAINS SHOWN HEREON ARE THE RESPONSIBILITY OF THE OWNER.

WOODMARK, INC.
12150 Mount Airport Court
ELLICOTT CITY, MARYLAND 21045

SEAL

Mark A. Wakefield Jr.
MARK A. WAKEFIELD JR., PRESIDENT

RECORDED AS PLAT NUMBER 4407

ON Oct 11 19 79

LAND RECORDS OF HOWARD COUNTY, MARYLAND

FAR SIDE
LOTS 19-24, & 27-29
TAX MAPS 23 & 25

SHEET 3 OF 10
Srd. ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 100'

F-79-182

B 1	SEQUENCE NO. (WRA USE ONLY) 6516	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3643
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	OWNER COL 15 LAST NAME Wood	FIRST NAME COL. 34 W. BOLLINGER
	STREET OR RFD. COL 36 12450 WOODRIDGE ST.	COL. 88
	POST OFFICE COL 87 ELLICOTT CITY, Md.	COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE 7/7/80	LICENSE NUMBER 308	77 80
FIRST NAME Stanley W. Bollinger Jr.	DRILLER Stanley W. Bollinger Jr.	LAST NAME
SIGNATURE <i>Stanley W. Bollinger Jr.</i>		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY Howard	21
SUBDIVISION Fairside	23 42
SECTION 44	LOT 29
NEAREST TOWN Columbia	46 50
MILES FROM TOWN (ENTER 0 IF IN TOWN) 3	71 M.I. 76 77 78

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750	14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	
APPROXIMATE DEPTH OF WELL 200 FEET	
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN	
<input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE POINT	
OTHER (DESCRIBE)	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)			
1 2 3 (SEQ. NO.) 6				
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST	
<input type="checkbox"/> S SOUTH	<input checked="" type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST	
NEAR WHAT ROAD Foxspur Ct	8 9	8 9	8 9	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input type="checkbox"/> N NORTH	<input type="checkbox"/> S SOUTH	<input type="checkbox"/> E EAST	<input checked="" type="checkbox"/> W WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34	32	32	32	32
DRAW A SKETCH (SCALE) SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST JUNCTION OF STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.				

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS
HEALTH DEPARTMENT APPROVAL	
APPROVED BY Fred Fromelt, Sanitarian	

BOX NUMBER E 820 N 516.4	0/8	8/8
NORTH COORDINATE 110000	50 51 52 53 54 55	
EAST COORDINATE 0821000	57 58 59 60 61 62 63	
ELEVATION AT WELL HEAD (FEET) 0	65 66 67 68	0/0

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX) 3	COUNTY NAME Howard	COUNTY NO. 128797
DATE 071580	APPROVED BY Fred Fromelt, Sanitarian	

B 5	SPECIAL CONDITIONS 8-83 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

APPLICATION

A 28397

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: 463-3000, EXT. 356

Septic Tank } *1-3 Bedrooms 1000 gallon*
DISTRICT 3
DATE May 12, 1978
4 Bedrooms 1250 gallon

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. 3029

ROAD AND DESCRIPTION Rt. 110 West to left on Rt. 111, 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 *P. J. O'Neil*

APPROVED BY _____ FOR _____ DATE 11
(KIND OF SYSTEM)

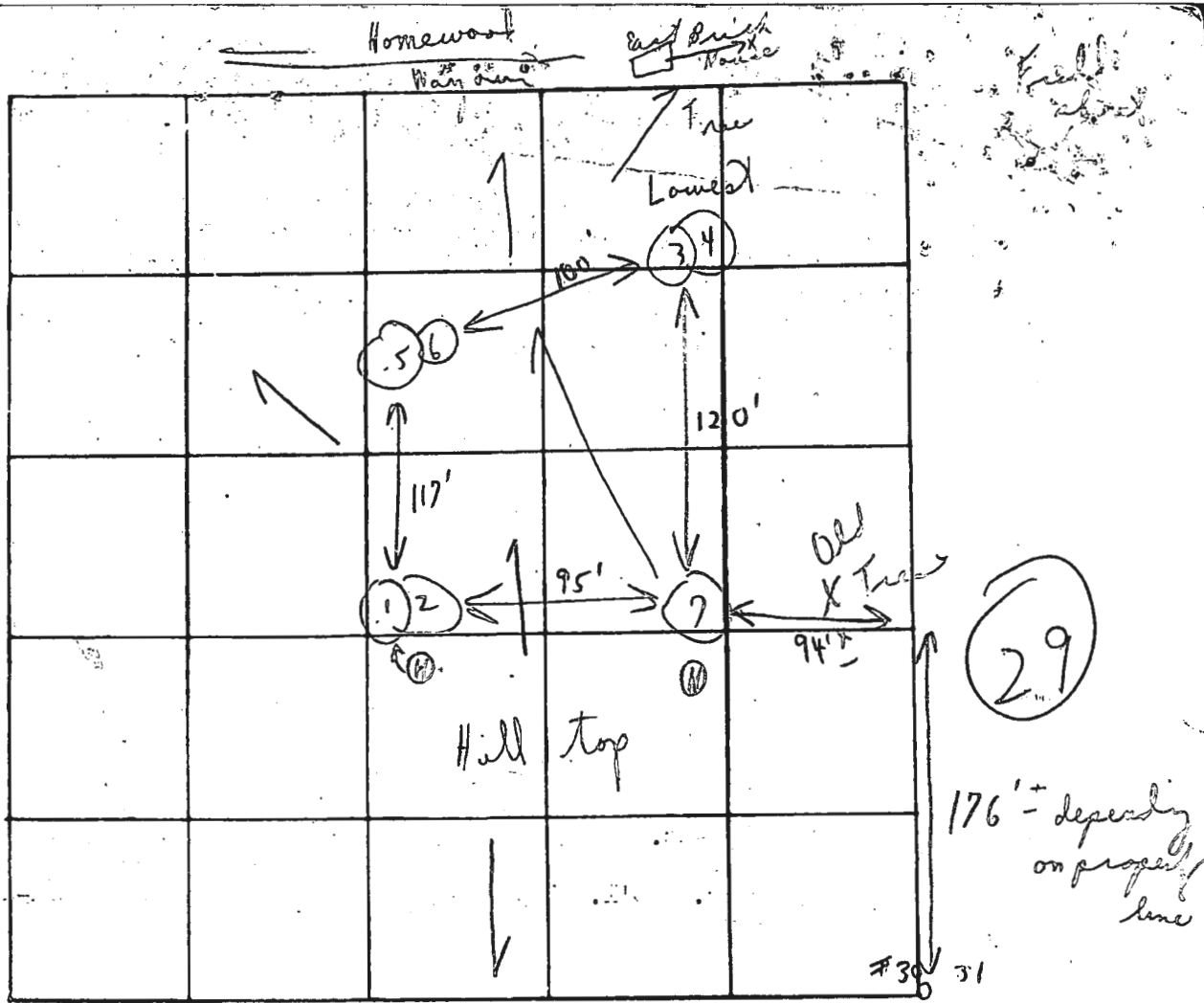
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

29



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Unnamed Rd

Soil & depth
Below clay
sandy + loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
7/5/78	1	6'	11:08	11:09	11:09	11:10	1 1/2 min
	(H) 2	6'	11:09	11:11	11:11	11:13	2 min
	3	7'	11:16	11:18	11:18	11:20	2 min
	(L) 4	14' 3"	11:16	11:18	11:18	11:21	3 min
	5	7 1/2'	11:14	11:16	11:16	11:19	3 min ±
	(L) 6	12'	11:14	11:17	11:17	11:24	7 min
	7	5 1/2'	Visual			6:19	150 yft rubber room

Use atlen (1, 2 or 3)
Soil 4'
Good ground 6'
4 min
150 yft rubber room

REMARKS: Tested in open field Test per Job
 TYPE OF SOIL: _____
 TESTED BY: Same as 32 ALSO PRESENT: Same all day

Permit

5/12/83
9:30 A.M.

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 32750

P _____

DISTRICT 3rd

DATE 5/10/83

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 ARTHUR L. JONES

ADDRESS 3501 Spuit Rail Lane
ELLICOTT CITY, MD 21043 PHONE 765-9136

PROPERTY LOCATION:

SUBDIVISION FAR SIDE LOT NO. 29

ROAD AND DESCRIPTION FOXSPUR COURT

SIZE OF LOT 3.074 Acres TYPE BLDG. 4
(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.

Ben D. Jones
(SIGNATURE OF APPLICANT)

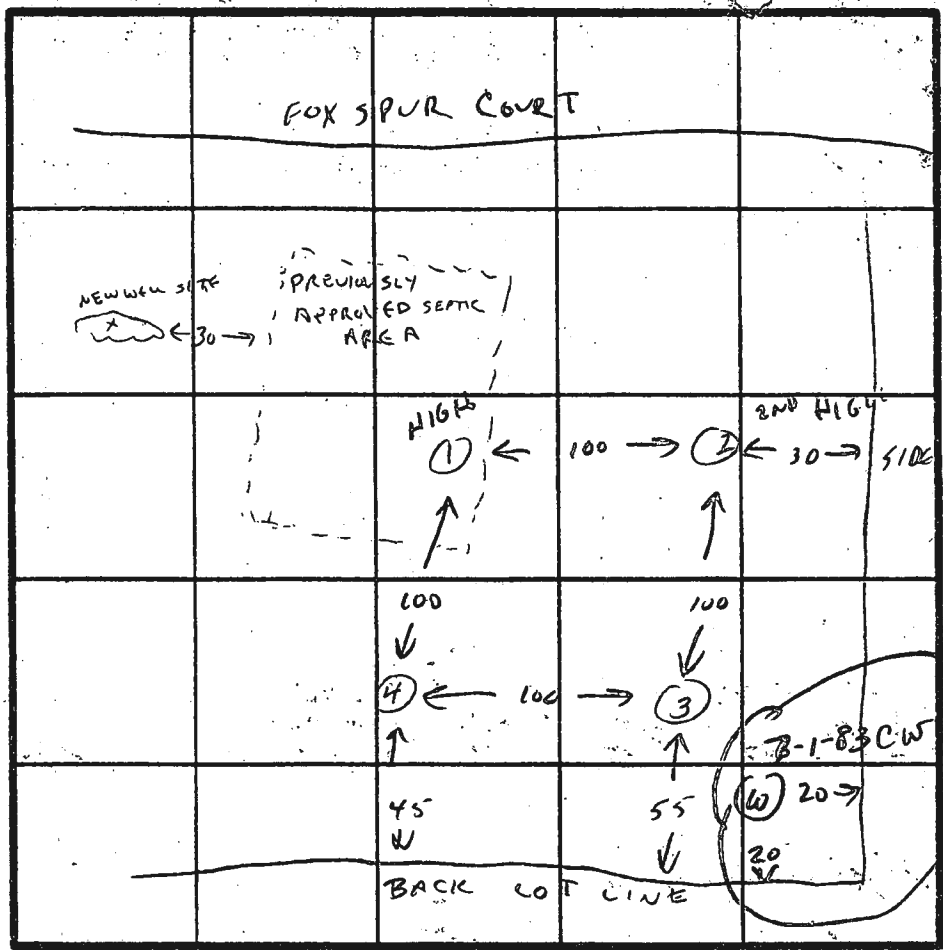
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

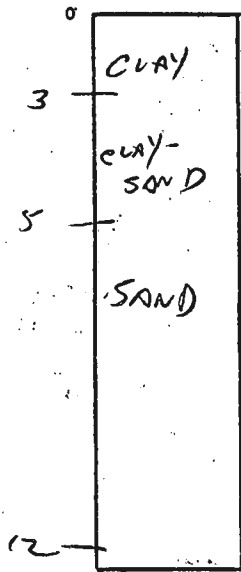
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



ALL HOLES SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-12-83	1	4	9:50	9:57	9:57	10:07	10 MIN
		8	9:50	9:53	9:53	9:57	4 MIN
		12					
5-12-83	2	4	VLS.	SAND			
		8				9.4	
5-12-83	3	4	9:41	9:42	9:42	9:44	2 MIN
		8	9:41	9:42	9:42	9:44	2 MIN
		12					
5-12-83	4	4	9:47	9:52	9:52	10:05	13 MIN
		8	9:47	9:49	9:49	9:52	3 MIN
		12					

REMARKS

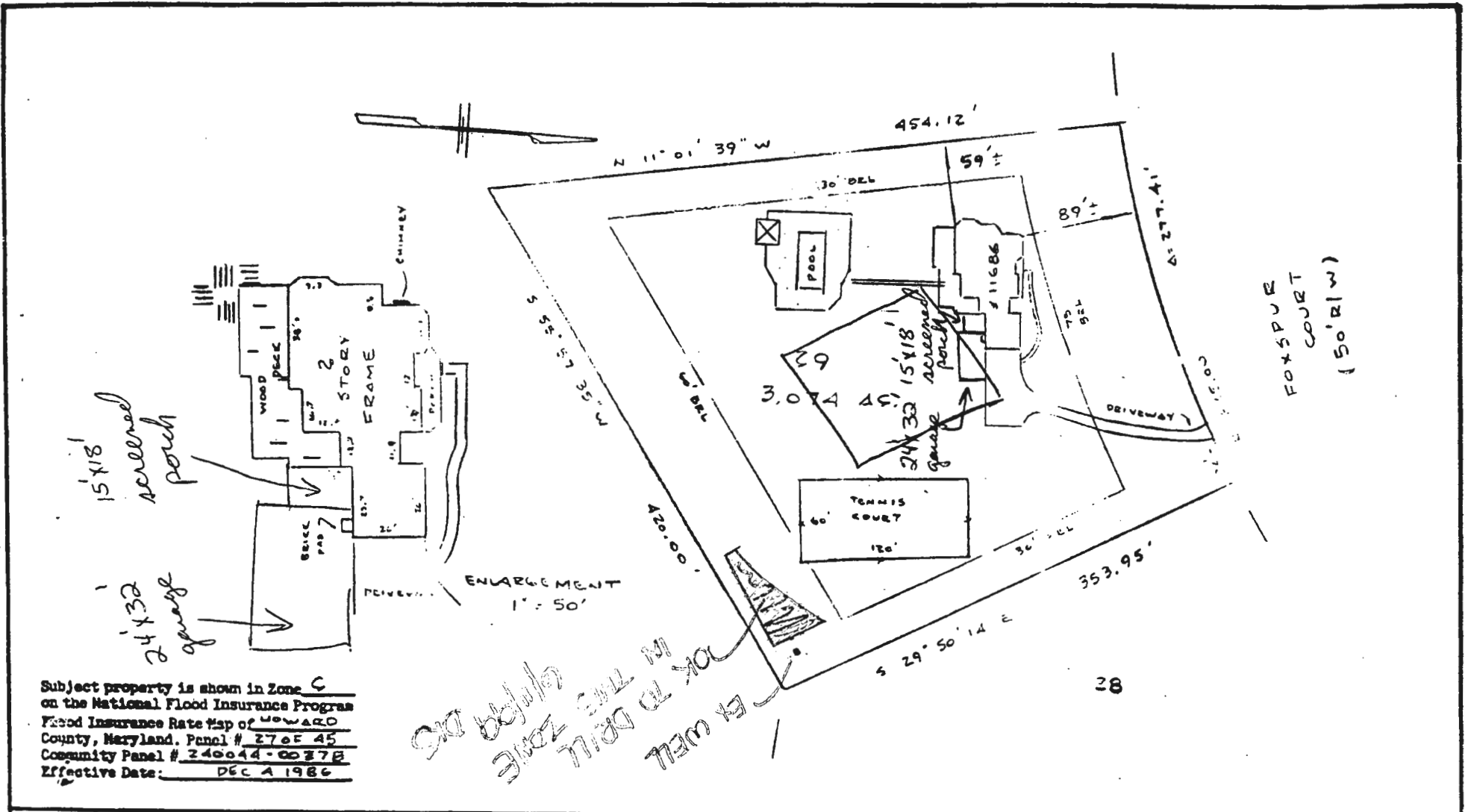
TYPE OF SOIL SAND, SMALL AMT CLAY MIXED IN

TESTED BY

C. Williams

ALSO PRESENT

BEN JONES



Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel # 270E 45
 Community Panel # 240044-0037B
 Effective Date: DEC 1 1986

*OK TO DRILL
 IN THIS ZONE
 IN WELL*

This is to certify that I have surveyed the property known as Lot 29, Farside, Lots 19-24 & 27-29, sheet 3 of 10 recorded in Plat Book 4407 among the Land Records of Howard County, Maryland for the purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



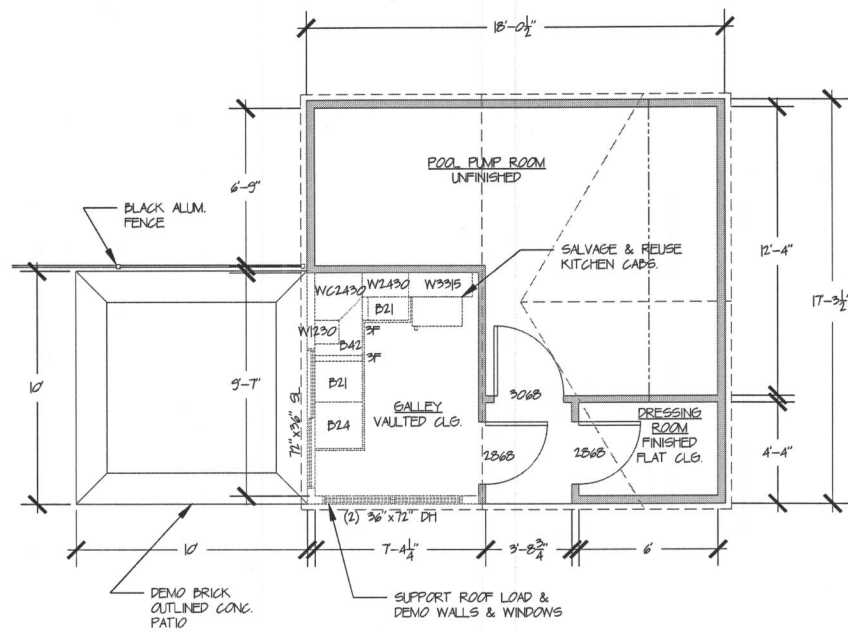
J. Carl Hudgins PLS#96

LOCATION SURVEY
 11601 FOXSPUR COURT
 FAR SIDE
 HOWARD COUNTY, MD

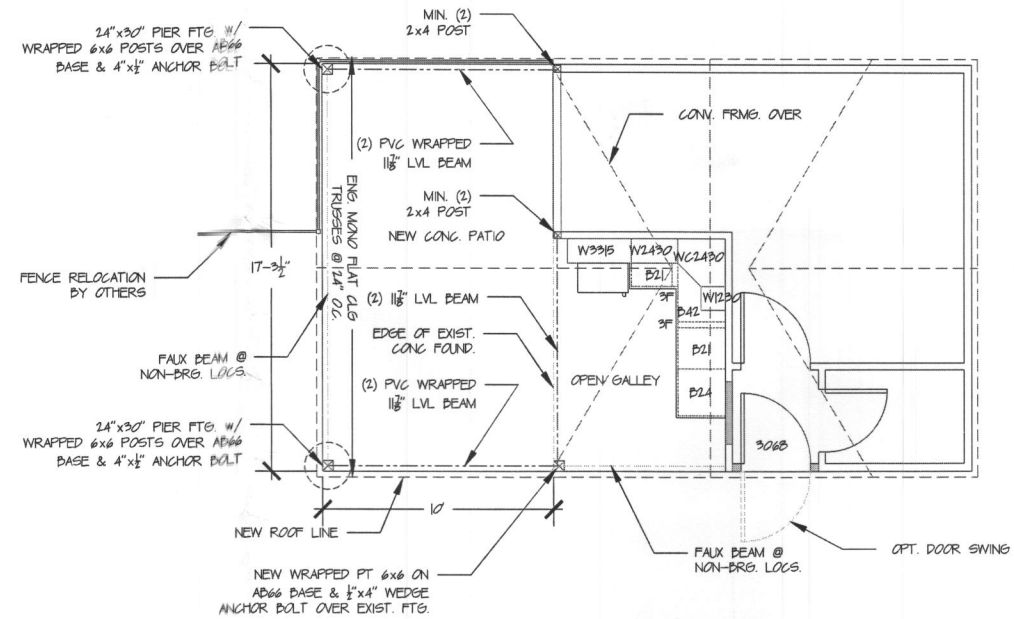
NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale	1" = 100'
Date	MARCH 7 1990
Field By	JLM
Drawn By	JLM
Drawing #	X 10532





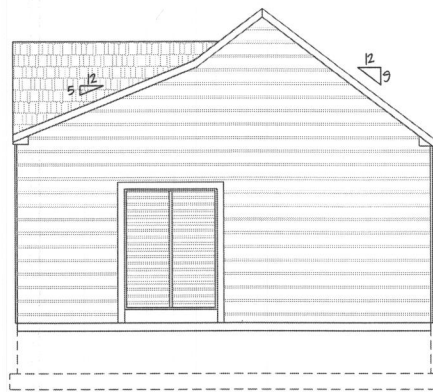
1
PI
EXISTING POOL HOUSE PLAN
1/4" = 1'-0"



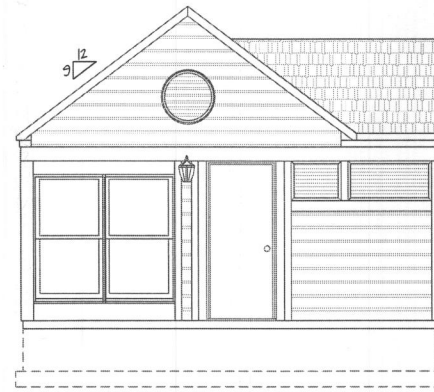
2
PI
PROPOSED POOL HOUSE PLAN
1/4" = 1'-0"



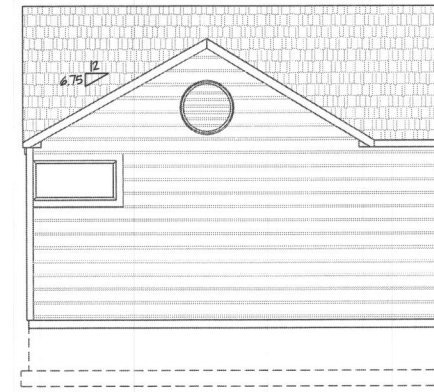
3
PI
EXISTING LEFT ELEVATION
1/4" = 1'-0"



4
PI
EXISTING REAR ELEVATION
1/4" = 1'-0"



5
PI
EXISTING FRONT ELEVATION
1/4" = 1'-0"



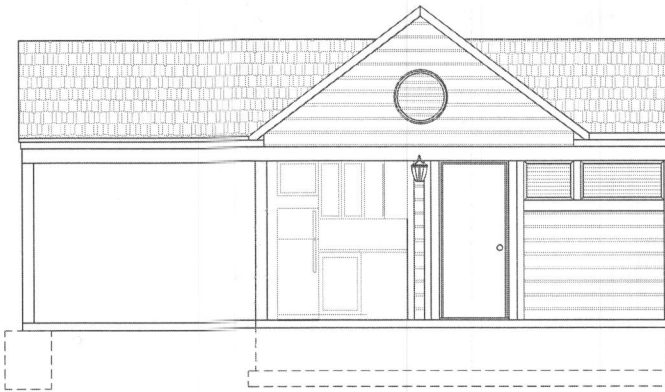
6
PI
EXISTING RIGHT ELEVATION
1/4" = 1'-0"



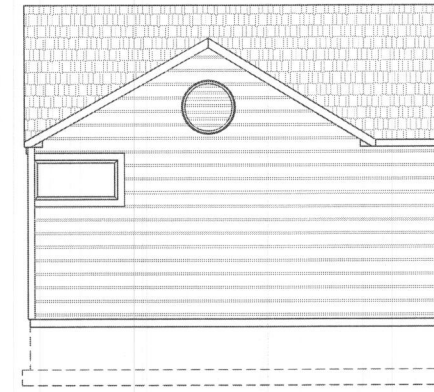
7
PI
PROPOSED LEFT ELEVATION
1/4" = 1'-0"



8
PI
PROPOSED REAR ELEVATION
1/4" = 1'-0"



9
PI
PROPOSED FRONT ELEVATION
1/4" = 1'-0"



10
PI
EXISTING RIGHT ELEVATION
(NO CHANGE)
1/4" = 1'-0"

GENERAL NOTES

- FIELD VERIFY ALL DIMENSIONS, DO NOT SCALE DRAWINGS
- CONFIRM EXACT FOUNDATION DIMENSIONS BEFORE STARTING FRAMING, REPORT ANY DISCREPANCIES TO THE DESIGNER
- ALL DIMENSIONS SHOWN ARE TO FRAMED WALLS
- UNLESS OTHERWISE NOTED, FRAMED WALLS ARE 2x4 @ 16" O.C.
- REINFORCE CONCRETE W/ 6"x6" WIRE MESH

No.	Revision/Issue	Date



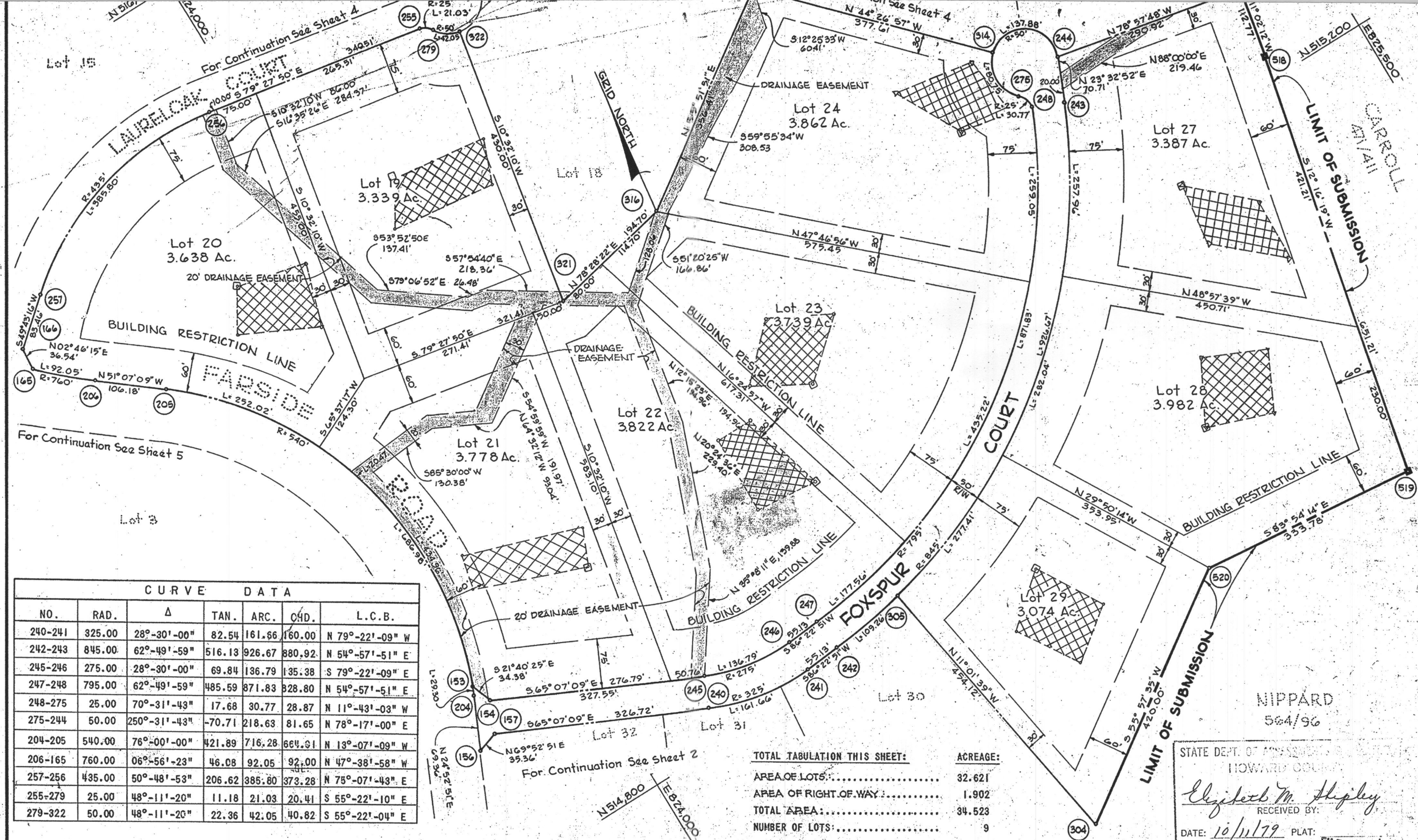
7380 COCA COLA DRIVE #123
HANOVER, MD 21076

DOWN
POOLHOUSE
11686 FOXSPUR CT.
ELLCOTT CITY, MD. 21042

PRELIMINARY
CONSTRUCTION
X PERMIT

PROJECT: MT1819B
DATE: 08-18-13
DRAWN BY: JWP
REV. & PROP. BY: DNC

SHEET:
BI



CURVE DATA						
NO.	RAD.	Δ	TAN.	ARC.	CHD.	L.C.B.
240-241	325.00	28°-30'-00"	82.54	161.66	160.00	N 79°-22'-09" W
242-243	845.00	62°-49'-59"	516.13	926.67	880.92	N 54°-57'-51" E
245-246	275.00	28°-30'-00"	69.84	136.79	135.38	S 79°-22'-09" E
247-248	795.00	62°-49'-59"	485.59	871.83	828.80	N 54°-57'-51" E
248-275	25.00	70°-31'-43"	17.68	30.77	28.87	N 11°-43'-03" W
275-244	50.00	250°-31'-43"	-70.71	218.63	81.65	N 78°-17'-00" E
204-205	540.00	76°-00'-00"	421.89	716.28	664.91	N 13°-07'-09" W
206-165	760.00	06°-56'-23"	46.08	92.05	92.00	N 47°-38'-58" W
257-256	435.00	50°-48'-53"	206.62	385.80	373.28	N 78°-07'-43" E
255-279	25.00	48°-11'-20"	11.18	21.03	20.41	S 55°-22'-10" E
279-322	50.00	48°-11'-20"	22.36	42.05	40.82	S 55°-22'-04" E

TOTAL TABULATION THIS SHEET:	ACREAGE:
AREA OF LOTS:.....	32.621
AREA OF RIGHT OF WAY:.....	1.902
TOTAL AREA:.....	34.523
NUMBER OF LOTS:.....	9

NIPPARD
564/96

STATE DEPT. OF ADMINISTRATION
HOWARD COUNTY

Elizabeth M. Shipley
RECEIVED BY:

DATE: 10/11/79 PLAT:

■ DENOTES 4"x4" CONCRETE MONUMENT

FILED OCT 11 1979

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPT.

Joyce M. Byler
COUNTY HEALTH OFFICER
DATE: 10-8-79

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.

Donald E. Fink
DIRECTOR
DATE: 10-10-79

APPROVED: STORM DRAINAGE SYSTEMS AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL OF THE LAND CONVEYED BY MARY CARROLL SPITZER, EDWARD HAMMOND LASSOTOVITCH, JULIA RANDOL LASSOTOVITCH, ROBERT DUNBAR SHEDDEKER, AND FRANCIS HILDA SHEDDEKER TO WOODMARK, INC., DEED DATED OCTOBER 2, 1978 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY LIBER 912, FOLIO 173 AND ALL OF THE LAND CONVEYED BY EDWARD HAMMOND LASSOTOVITCH AND JULIA RANDOL LASSOTOVITCH TO WOODMARK, INC., DEED DATED OCTOBER 2, 1978 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY LIBER 912, FOLIO 189 AND ALL MONUMENTS ARE IN PLACE AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

PROFESSIONAL LAND SURVEYOR:
Donald E. Fink
CENTURY ENGINEERING, INC.
32 West Road
TOWSON, MARYLAND 21286

OWNER'S CERTIFICATE

I, WOODMARK, INC., A MARYLAND CORPORATION BY MARK A. WAKEFIELD JR., PRESIDENT, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC DRAINAGE AND UTILITY EASEMENTS; (2) DEDICATE TO PUBLIC USE THE BEDS OF THE STREET AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE; AND FOR ONE DOLLAR (\$1.00) CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS "WHERE APPLICABLE" FOR THE PURPOSES OF MAINTAINING THE STRUCTURE OF ANY KIND SHALL BE CREATED ON OR OVER THE SAID EASEMENT AND RIGHT-OF-WAYS; AND (3) IT IS FURTHER AGREED THAT MAINTENANCE OF ALL WATERWAYS, DRAINAGE EASEMENTS AND/OR FLOODPLAINS SHOWN HEREON ARE THE RESPONSIBILITY OF THE PROPERTY OWNER, ITS SUCCESSORS AND ASSIGNS.

WITNESS MY OWN HANDS THIS 1st DAY OF JUNE, 1979.

WOODMARK, INC.
12150 Mount Albert Court
ELLCOTT CITY, MARYLAND 21043

Mark A. Wakefield Jr.
SEAL

RECORDED AS PLAT NUMBER _____
ON _____, 19____, AMONG THE
LAND RECORDS OF HOWARD COUNTY, MARYLAND

FARSIDE
LOTS 19-24, & 27-29
TAX MAPS 23 & 29

SHEET 3 OF 10
3rd. ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND