

*11/17/87*  
*After Lunch*

*03-307069*

*APPROVED*  
*R13 11/16/87*

# PERMIT

P 38677  
A 36938

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330  
461-9933

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 2/10/87

Jack Fyock IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Farside ROAD 11674 Foxspur Ct LOT 30

PROPERTY OWNER Adinarayana Divakaruni, M.D.

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES X NO \_\_\_\_\_

*HOUSE HAS 5 B.R.'S PER CONTRACTOR  
OK TO INSTALL 2000 GALLON TANK AT HOUSE  
AND 1000 GALLON TANK AT POOL. CW 1/12/87  
4 FT.*

SEPTIC TANK CAPACITY 2000 GALLONS (2) NUMBER OF BEDROOMS 5

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench at a point located 125 feet from the lot line which is 454.12 ft long on the East side of the lot and 275 feet from the front lot line along Foxspur Court. Run the trench South along level ground away from Foxspur Court.

NOTE: Add separate 1000 gal tank and 300 sq. ft. additional sidewall area for pool house.

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 4/20/87  
*Serial # 11137*  
DATE 11/24/86

PLANS APPROVED BY C. Williams

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.

BLDG. PERMIT SIGNED  
AND RETURNED 5/10/87

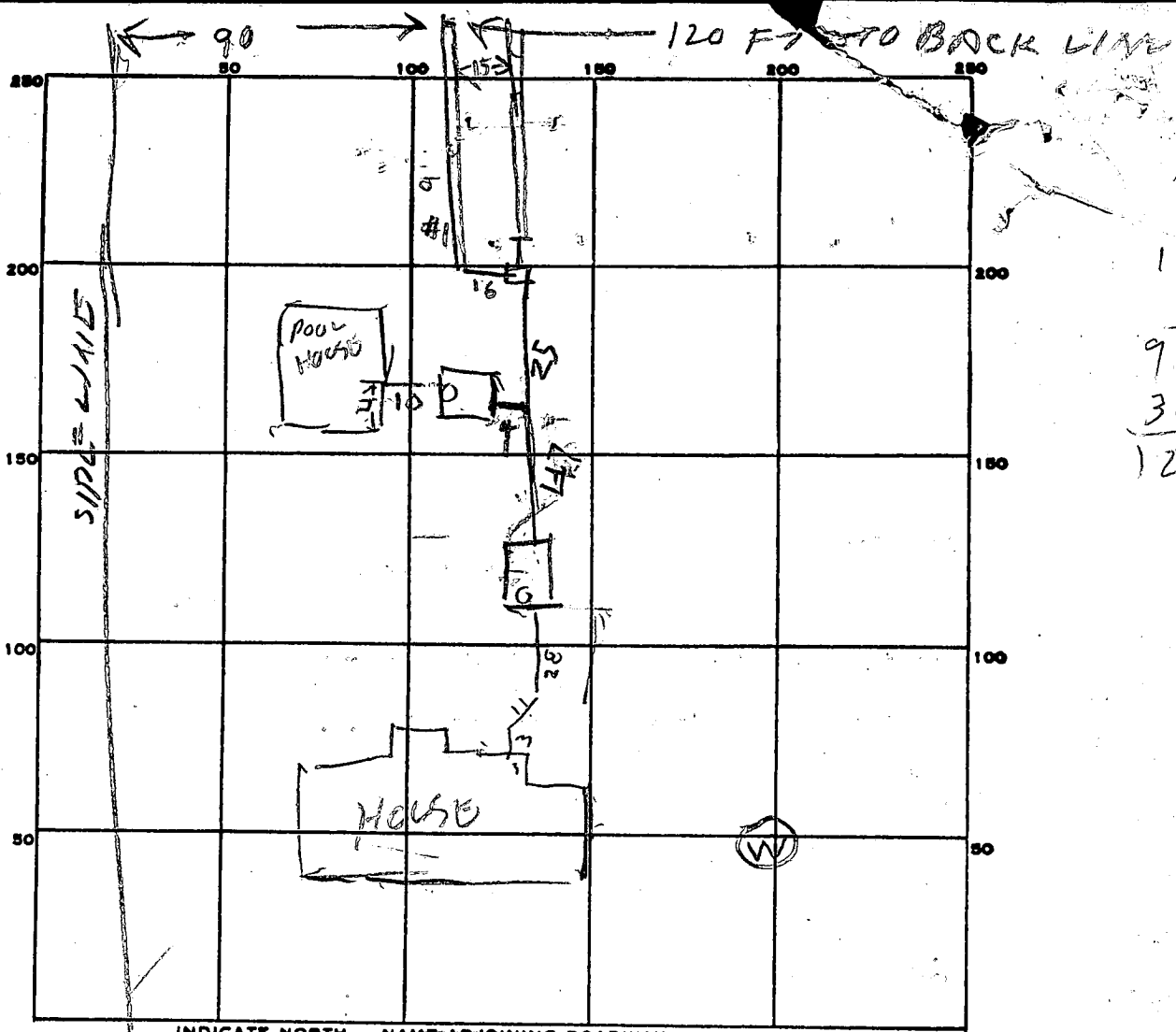
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

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

EH - 2-1082

*A 36938*



143  
5  
965  
303  
1256

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

FOXSPUR CT

PERMIT CARD

HOUSE	POOL
2000	100

ST HOUSE POOL ST.

SEPTIC TANK, LEVEL

CLEANOUTS

OK OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

①	②
9.5	10
2.5	①
①	②

FT. TRENCH WIDTH

①	②
2	2
①	②

GRAVEL DEPTH

①	②
6	6

IN. TOTAL LENGTH

①	②
106	106

NUMBER OF TRENCHES

2

TOTAL BOTTOM AREA

1302

1265 REQUIRED

SEEPAGE PITS, INSIDE DIAMETER

FT.

DEPTH BELOW INLET

FT.

ABSORBENT AREA

SQ. FT.

REMARKS

11/14/87 TO COVER TRENCH ①. DIG TRENCH #2 OK TO COVER TANKS & PIPES. DIG TRENCH #2 & CALL RH. 11/15/87 = TRENCH #2 PARTLY DUG & SOME STONE ADDED. 11/16/87 TRENCH #2 DUG & ALL STONE ADDED. R. Hodge

DATE SYSTEM APPROVED

11/16/87

INSPECTOR

Raymond Hodge

5-17-86  
#10 #2

# APPLICATION

PERCOLATION TESTING

A 36938  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_  
DATE 5/14/86

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 Adinarayana Divakaruni, M.D.

ADDRESS 9470 Hundred Drums Row, Columbia, MD PHONE 776-2822  
21046

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 30

ROAD AND DESCRIPTION 11674 Foxspur Court

1300  
1200  
TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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. ?? Divakaruni, M.D.  
(SIGNATURE OF APPLICANT)

APPROVED BY B HODGLET FOR TRENCHES DATE 5/27/86

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

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

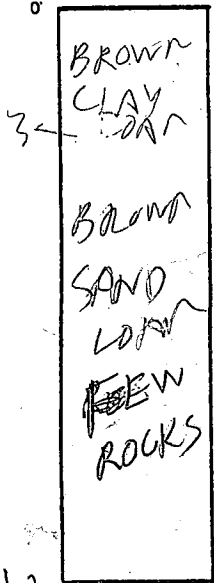
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 8-21-86

BP # 72426

# THIS IS NOT A PERMIT

SOIL PROFILE




INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ALL BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1S 1V	3 1/2 10 1/2	122 LOOKS	128 S	128 OK	143	15
	2S 2V	← 11 1/2	125 LOOKS	126	127 OK	127	↑
	5	5	SANDY ROCK BOTTOM				

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY R. J. DODGES ALSO PRESENT \_\_\_\_\_

SKIP OR FOLLOW

# APPLICATION

PERCOLATION TESTING

A 36938

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Dr & Mrs ADINARAYANA DIVAKARUNI

✓ ADDRESS 9470 HUNDRED DRUMS ROW, COLUMBIA MD 21046 ✓ PHONE 301-776-2822

✓ PROSPECTIVE BUYER NONE

✓ ADDRESS N/A ✓ PHONE N/A

PROPERTY LOCATION:

✓ SUBDIVISION EARSIDE, HOWARD COUNTY ✓ LOT NO. 30  
ELLICOTT CITY, MD.

✓ ROAD AND DESCRIPTION FOXSPUR COURT

✓ TAX MAP 23 ✓ PARCEL # 126

✓ SIZE OF LOT 3.587 AC. TYPE BLDG. SFD  
(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. ✓ Adinarayana  
(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

SOIL PROFILE

0


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079

# APPLICATION

PERCOLATION TESTING

A 36938

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Dr. & Mrs. ADINARAYANA DIVAKARUNI

ADDRESS 9470 HUNDREDDRUMS RD, Columbia MD 21046 PHONE 301-776-2822

PROSPECTIVE BUYER NONE

ADDRESS N/A PHONE N/A

PROPERTY LOCATION:

SUBDIVISION FAR SIDE, HOWARD COUNTY, MARYLAND LOT NO. 30

ROAD AND DESCRIPTION ELLICOTT CITY, MD

FOXSPUR COURT

TAX MAP 23 PARCEL # 126

SIZE OF LOT 3.587 Ac. TYPE BLDG. \_\_\_\_\_  
(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 \_\_\_\_\_

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

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

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

# THIS IS NOT A PERMIT



# APPLICATION

SEWAGE DISPOSAL TESTING

A 28398

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

⊕ Dig well to have 150 sq ft effective  
absorbent sidewall area per bedroom below ~~11 1/2'~~ feet  
6 1/2' of original soil. Unleak to be 3-4' below original grade and maximum  
depth 11 1/2'. Location per engineer's plat: 115' in from right  
property line and up 165' from right front corner point when facing lot  
from Forespur 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:

PROPERTY OWNER Woodmark, Inc. (1) 5' earth buffer between  
dry well and trench  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
PROPERTY LOCATION \_\_\_\_\_  
SUBDIVISION Farside (2) 2 inspections of trench  
before and after stones in. LOT NO. 30  
ROAD AND DESCRIPTION \_\_\_\_\_ (3) Run trench on contour  
VOID RE TEST  
4 5/27/86 1  
SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_

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. Steaks FOR ⊕ Dry Well & Trench DATE 10/31/79

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

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

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

# THIS IS NOT A PERMIT

# APPLICATION

A 28398

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

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

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. 30

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 *R. J. O'Neil*

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE 11  
(KIND OF SYSTEM)

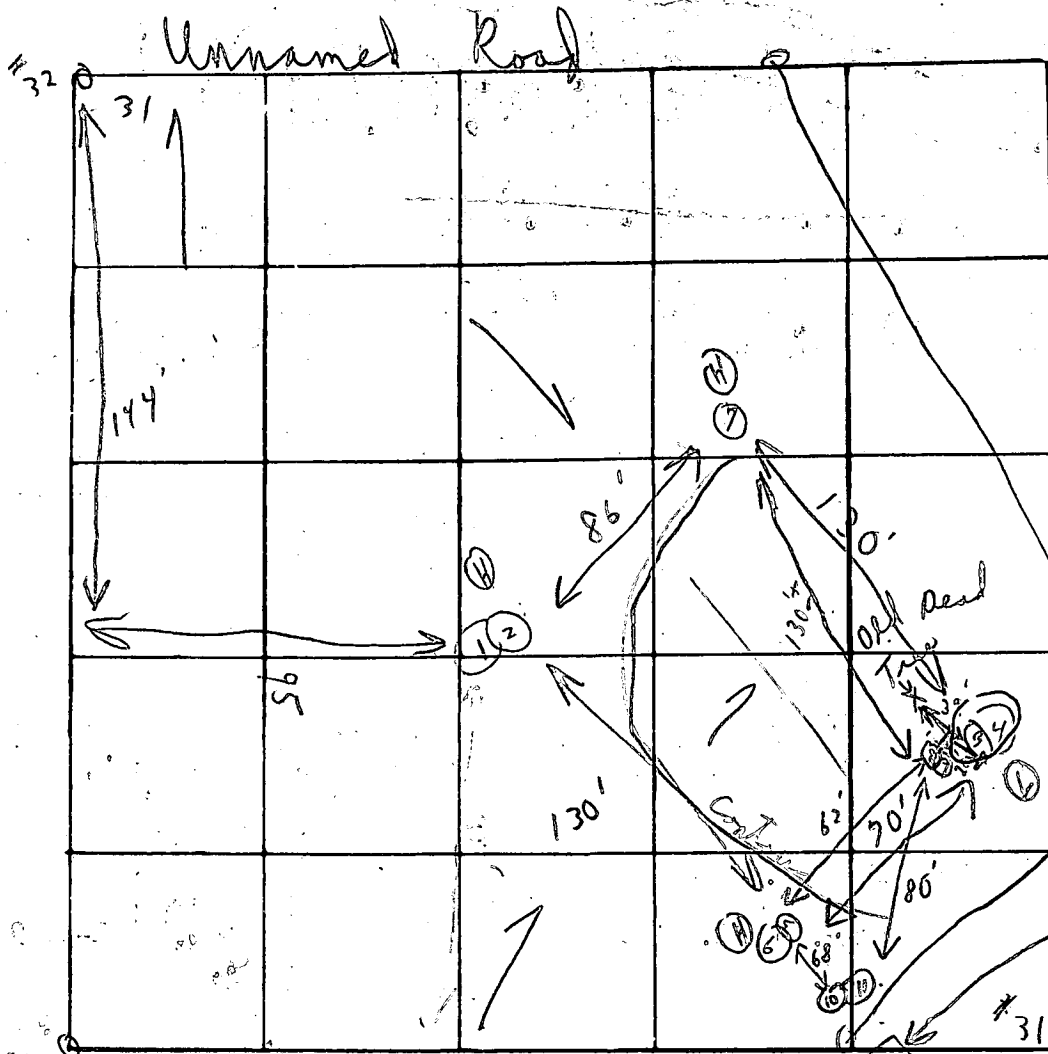
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT

30



Field sketch

30

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile  
Below clay loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/5/98	1	6 1/2'	10:37	10:40	10:40	10:47	7 in
	2	13'	10:38	10:40	10:40	10:47	7 in
	3A	4'	10:45	Clayish	11:02	1/2" channel	overline
	4	12'	10:46	10:48	10:48	10:55	9 in
	5	5'	10:45	10:44		10:46	12 in
	6	12'	10:43	10:45	10:45	10:47	2 in
	7	6'-12'	Visual				
	3B	Lower side of 5 1/2'	11:35	11:55	11:55	12:05	overline
	8	4'-11'	Visual				
	9						
	10	4' good	1:15	1:17	1:17	1:23	8 in
	11	12'	1:15	1:19	1:19	1:23	12 in

Triangular shape  
Can use (12) (5,6) (7) 9 10 11 elevation  
Dredged 4' good ground 6 1/2'

REMARKS

TYPE OF SOIL

TESTED BY

Same as 32

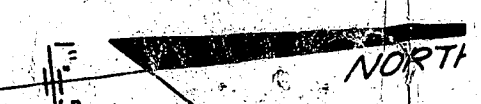
ALSO PRESENT:

Parrotto backhoe  
Some all day

10 4' good 5' 1:15 1:17 1:17 1:23 8 in  
11 12' 1:15 1:19 1:19 1:23 12 in

HOMWOOD ROAD

FOX SPUR COURT  
EXISTING PAVING  
R: 845.00  
S: 110.9  
E: 24.6  
R: 150



504° 53' 57" W

30' RESTRICTION LINE

VEHICULAR INGRESS AND EGRESS RESTRICTED

LOT #30  
3.537 Ac.

30' RESTRICTION LINE

*I would like it moved in this direction if we can place it on the...*

EXISTING

511° 01' 39" E

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
APR 19 4 11 PM '85  
ENVIRONMENTAL  
HEALTH

148

49. Dr

402

404

406

408

410

412

506.63'

BUILDING RESTRICTION LINES

30

30' B.R.L.

ELD. TW. 412.0

TELLIS COURT  
+411.0

BRICK PIERS

150'

10' FENCE

HIGH POLE

TEL. 403.0

POOL HOUSE  
+405.3

SWIMMING POOL  
40' x 20'  
+405.3

4' FENCE

60' OAK (DEAD)

4 FT. DIAM. HOLES IN CONC. FOR PLANTING TYP. OF 4.

PATIO  
405.5

DECK  
415.3

S.H.C. DECK  
+447

S.H.C.  
405.2

GAR.  
413.0

412.7

MOTOR COURT  
±60' x 30'  
BLACKTOP

BRICK PIERS (3)  
BRICK WALL (3)  
+411.0

EXST. ELEV. +408.7

410

YARD FLOOD

412.0

+412.5

T.F. +406.0'

T.F. +415.8'

13.0

13.0

13.0

13.0

13.0

13.0

13.0

13.0

13.0

13.0

13.0

BRICK PIER W/LIGHT

DRIVE W/ YARD

TYPICAL

TO YARD

BE (15)

4' FENCE

4' FENCE

4' FENCE

4' FENCE

105'

10'

10'

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APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Court House Square  
 Ellicott City, Md. 21043  
 461-9933

36938

New Installation  Replacement

Receipt # WP 28435  
 Date 1/16/87

Name of Installer ROBERT L. FREEZER Co., Inc.

Telephone 781-4655

License number 2122

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner ADINARAYANA DWAKARUNDI Telephone UI

Subdivision FARMSIDE Lot # 30 Well tag # HO-81-0391

Site Address: 11624 Foxsoul Court  
ELlicott City, MD. 21043

Pump

1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible

Motor

1. Horsepower 1/2
2. RPM 3700
3. Voltage  a. 110  b. 220

Pitless Adapter

1. Make MARVELL
2. Model # M.B.#
3. Depth 42" +

2. Make GRANDOLD

3. Model # 3XLN

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes  No

6. If Yes, is low pressure cutoff switch installed? Yes  No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Tank

1. Capacity 44 GAL (WX 250 CAPTU)
2. Pressure relief valve? AIR TYPE

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42" +

Well data

1. Depth 240 ft.
2. Yield 5 GPM
3. Static water level  ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert L. Freezer

Date: 1/16/87

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

**C1 4475**  
 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 28398**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **10/17/84**  
 Depth of Well **240** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0391**

OWNER **Divakaruni Adinaraya**  
 STREET OR RFD. **Foxspur Court** TOWN **Elioak**  
 SUBDIVISION **Farside** SECTION **---** LOT **30**

**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	
<i>Brown Shale</i>	0	22	
<i>Sand</i>	22	63	
<i>Gray mica rock</i>	63	240	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **10** NO. OF POUNDS **940**  
 GALLONS OF WATER **60**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **45** 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 **S7**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **68**

**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

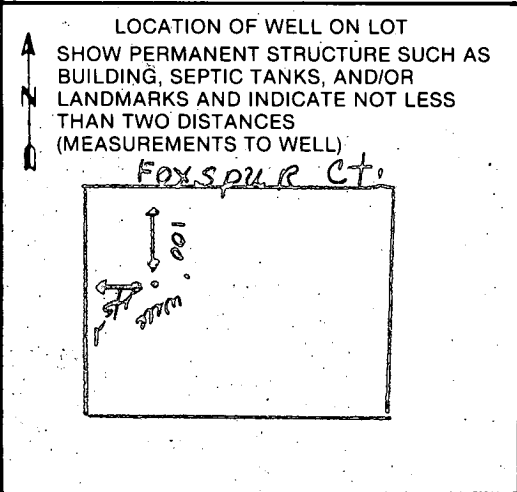
**C2**  
 DEPTH (nearest ft.)  
 E A C H S C R E E N  
 1 **H0** **67** **240**  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)

GRAVEL PACK [ ] from [ ] to [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T [ ] (E.R.O.S.) WQ [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **4**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **35**  
 WHEN PUMPING **457**  
 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 [ ] (nearest foot)  
 - below }



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**  
 DRILLERS SIGNATURE *James L. Magee*  
 (MUST MATCH SIGNATURE ON APPLICATION)

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





B 1 1318 SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

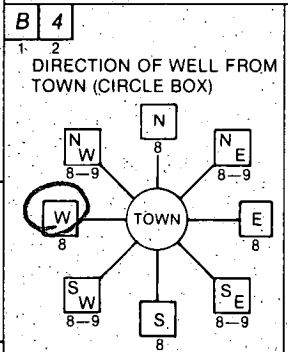
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
40-81-0391  
fill in this form completely

Date Received 1/17/84 - 1:30 PM  
OWNER INFORMATION  
DIVAKARUNVI ADINARAYA  
9430 HUNDRED DRUMS RD  
COLUMBIA MD 21045

LOCATION OF WELL  
HOWARD  
FARSide  
SECTION 30  
ELIOAK  
MILES FROM TOWN 0.0 MI

DRILLER INFORMATION  
Joseph L. Mayne  
5512 Ridge RD. Mt. Airy MD. 21771  
12/29/83



Foxspur Ct.  
NEAR WHAT ROAD  
DISTANCE FROM ROAD 200 FT

WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 3  
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 A28398  
DATE ISSUED 01/09/84  
CO SIGNATURE Frank Shuman  
NORTH GRID 514000 EAST GRID 0824000

APPROXIMATE DEPTH OF WELL 200 FEET

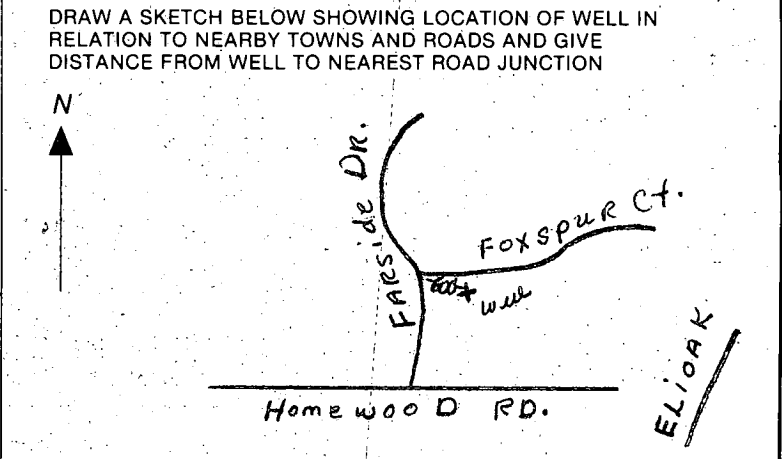
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. WELL  
WRITE THE BOX NUMBER FROM THE MAP HERE  
820 4  
510 4

Location OK  
68' - casing  
45' - open  
12' - bag cement  
11/17/84

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



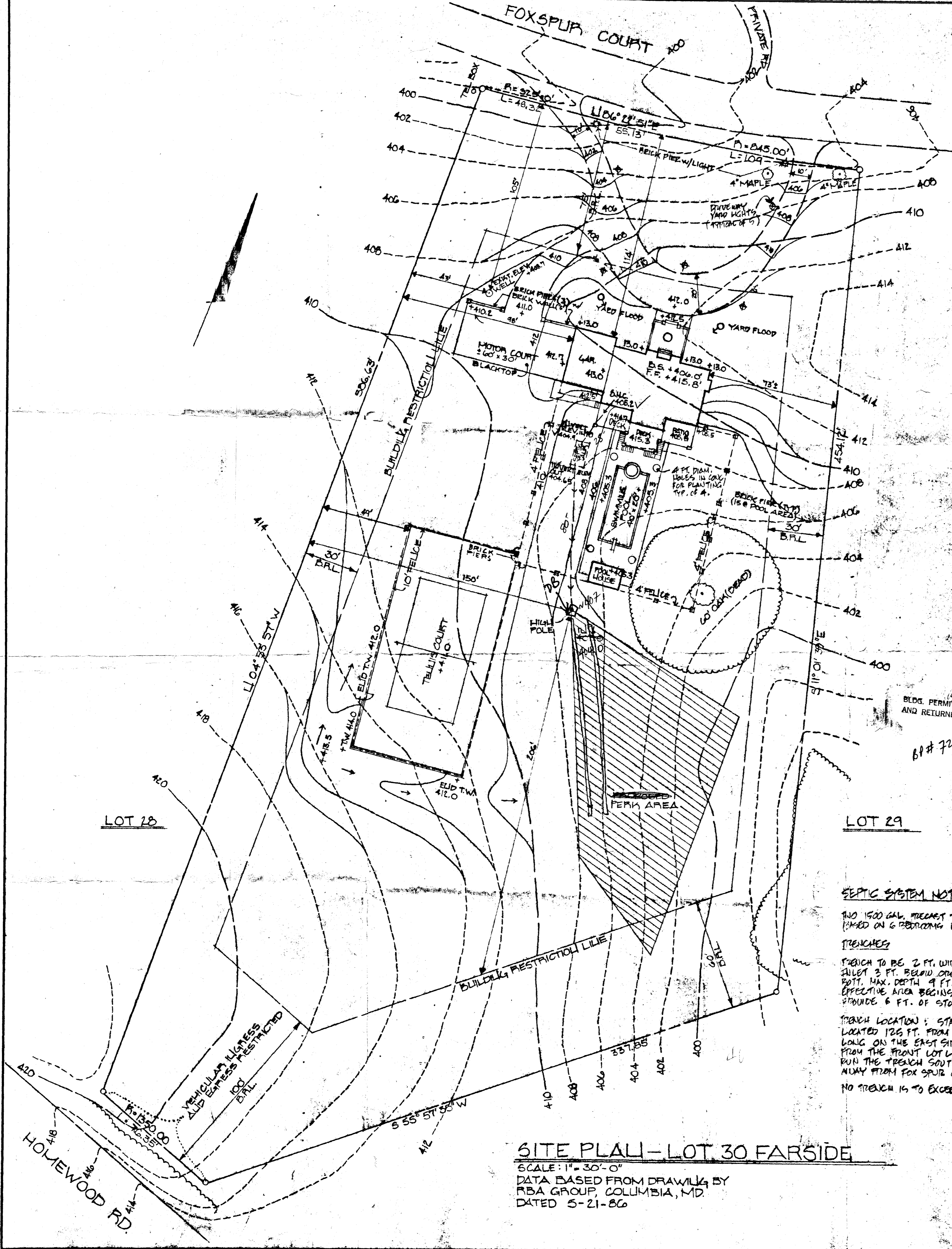
Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP  
FORCE FS PERMIT No. 40-81-0391

SPECIAL CONDITIONS



Dr. Adinarayana Sivakuruxi  
9430 Hundred Runns Rd.  
Columbia, Md

REC'D  
10 30 AM '88  
HEALTH  
ENVIRONMENTAL  
DIVISION  
STATE OF MARYLAND  
DEPT. OF HEALTH  
AND GENERAL SERVICES



**SITE PLAN - LOT 30 FARSIDE**  
 SCALE: 1" = 30'-0"  
 DATA BASED FROM DRAWING BY  
 RBA GROUP, COLUMBIA, MD.  
 DATED 5-21-86

**SEPTIC SYSTEM NOTES**  
 TWO 1500 GAL. TREATMENT TANKS  
 (TWO ON 6' BEDROOMS W/ GARAGE GRINDER)  
**TRENCHES** 193 SQ. FT. / 8" DIA.  
 TRENCH TO BE 2 FT. WIDE  
 3 FT. BELOW ORIGINAL GRADE  
 BUT MAX. DEPTH 9 FT. BELOW ORIGINAL GRADE.  
 EFFECTIVE AREA BEGINS AT 3 FT. BELOW ORIGINAL GRADE  
 PROVIDE 6 FT. OF STONE BELOW DISTRIBUTION PIPE.  
**TRENCH LOCATION:** START THE TRENCH AT A POINT  
 LOCATED 125 FT. FROM THE LOT LINE WHICH IS 65A-12 FT.  
 LONG ON THE EAST SIDE OF THE LOT AND 275 FT.  
 FROM THE FRONT LOT LINE ALONG FOXSPUR CT.  
 RUN THE TRENCH SOUTH ALONG LEVEL GROUND  
 AWAY FROM FOXSPUR COURT.  
 NO TRENCH IS TO EXCEED 100 FT.

*BLDG. PERMIT SIGNED  
 AND RETURNED 8-21-86 S/Blal*  
*BR # 72426*  
*193 sq ft*  
*6" dia w/ drainage*  
*2,100' Trenches needed*  
*elavations ok*  
*w/ contractor for inlets*  
*Blal*

**GENERAL NOTES**

- 2500 PSI SOIL BEARING ASSUMED. CONTRACTOR TO SEEK APPROPRIATE ENGINEERING ADVICE IF CONDITIONS WARRANT.
- CONCRETE SLABS TO BE ON UNDISTURBED SOIL OR COMPACTED FILL. OTHER CONDITIONS MAY REQUIRE ALTERNATIVE DESIGN NOT SHOWN, AT THE CONTRACTOR'S OPTION AND RESPONSIBILITY.
- 8" THICK CMU WALLS TO HAVE MAX. 4'-0" RETAINAGE.
- STEP FOOTINGS MAX. VERTICAL 2'-0", MIN. HORIZONTAL 4'-0".
- SILL PLATES TO BE SUITABLY ANCHORED TO MASONRY WITH STRAPS OR ANCHOR BOLTS IMBEDDED IN CONCRETE 4'-0" O.C.
- DIMENSIONS GIVEN OVER SCALE.
- CODES GIVEN OVER DRAWINGS.
- VERIFY ALL MECHANICAL REQUIREMENTS BEFORE FIXING.
- STEEL FABRICATORS SHOP DRAWINGS TO BE APPROVED BY ARCHITECT PRIOR TO FABRICATION AND ERECTION.
- WINDOW NUMBERS REFER TO CELLS UNLESS OTHERWISE NOTED.

**STRUCTURAL NOTES**

- FOUNDATION:**
  - FOOTINGS SHALL BEAR ON UNDISTURBED SOIL A MINIMUM OF 2'-6" BELOW FINISHED GRADE AND 1' BELOW ORIGINAL GRADE.
  - BACKFILL SHALL NOT BE PLACED UNTIL SUB-FLOOR IS IN PLACE.
  - BACKFILL SHALL BE PLACED IN 8" LAYERS AND COMPACTED WITH MECHANICAL TAMPERS TO MAXIMUM DENSITY.
- CONCRETE:**
  - CONCRETE SHALL BE PROPORTIONED TO DEVELOP COMPRESSIVE STRENGTH OF 3,000 PSI IN 28 DAYS.
  - 6 X 4 #10/16 WIRE MESH SHALL BE PLACED IN ALL SLABS ON GRADE UNLESS NOTED OTHERWISE. LAPS SHALL BE A MINIMUM OF 6".
- MASONRY:**
  - ALL MORTAR IN FOUNDATIONS SHALL BE TYPE S PER MCA BASIC BUILDING CODE, SECTION 516. IT SHALL DEVELOP COMPRESSIVE STRENGTH OF 1,800 PSI IN 28 DAYS.
  - MASONRY WALL REINFORCING SHALL BE STANDARD GAGE DCR-Q-34L, GALVANIZED, LAID IN EVERY SECOND BED JOINT EXCEPT WHERE NOTED OTHERWISE. TWO CONSECUTIVE JOINTS ABOVE AND BELOW OPENINGS AND TOP THREE COURSES OF ALL WALLS SHALL ALSO BE REINFORCED.
  - WHEN DIFFERENTIAL FILL AGAINST OPPOSITE SIDES OF A 12" CONCRETE BLOCK FOUNDATION WALL EXCEEDS 7" AND DOES NOT EXCEED 9", WALL SHALL BE REINFORCED WITH #4 BARS SET VERTICALLY IN CELLS, SPACED 16" APART NEAR THE FACE ON THE LOWER GRADE SIDE. BLOCK CELLS SHALL BE FILLED WITH TYPE S MORTAR. BAR SPLICES SHALL LAP A MINIMUM OF 24". REINFORCE HORIZONTAL JOINTS WITH DCR-Q-34L EVERY COURSE.
  - WHEN DIFFERENTIAL FILL EXCEEDS 9" BUT DOES NOT EXCEED 11", WALL SHALL BE REINFORCED WITH #6 BARS SPACED 16" APART AS IN C ABOVE.
- STRUCTURAL STEEL:**
  - STRUCTURAL STEEL SHALL BE ASTM A-36, FABRICATED AND ERECTED IN ACCORDANCE WITH LATEST AISC SPECIFICATIONS.
  - STEEL BEAMS SUPPORTED BY MASONRY SHALL BEAR A MINIMUM OF 8" ON SOLID BRICK 16" WIDE BY 16" HIGH UNLESS NOTED OTHERWISE.
  - STEEL LINTELS BEARING ON MASONRY SHALL BEAR A MINIMUM OF 6" OR SOLID BRICK A MINIMUM OF 8" HIGH UNLESS NOTED OTHERWISE.
- STRUCTURAL WOOD:**
  - ALL STRUCTURAL WOOD SHALL BEAR THE GRADE MARK OF THE GRADING RULES AGENCY HAVING JURISDICTION.
  - JOIST AND RAFTERS SHALL BE NO. 2 SYPHIRE, OR EQUAL, HAVING ALLOWABLE EXTREME FIBER BENDING STRESS CAPACITY OF 1150 PSI FOR EXPOSITIVE MEMBER USE. MODULUS OF ELASTICITY, E = 1,400,000.
  - ALL FRAMING MEMBERS SHALL HAVE SUITABLE BEARING OR BE SUPPORTED BY METAL FRAMING DEVICES CAPABLE OF DEVELOPING THE FULL STRENGTH OF THE MEMBER.
  - DECA BUILDING CODE, APPENDIX M, RECOMMENDED NAILING SCHEDULE, SHALL BE FOLLOWED FOR ALL WOOD NAILING UNLESS SPECIFIED OTHERWISE.
  - WOOD TRUSSES SHALL BE CERTIFIED BY THE MANUFACTURER TO HAVE CAPACITY TO SUPPORT LIVE AND DEAD LOADS SPECIFIED BY APPLICABLE CODES.
  - ALL PLYWOOD SHALL BE GRADED PIR AMERICAN PLYWOOD ASSOCIATION STANDARDS.
    - ROOF SHEATHING SHALL BE CD, T&G, INTERIOR WITH EXTERIOR GLUE, 1/2" THICK.
    - WALL SHEATHING SHALL BE CD, 1/2" THICK, INTERIOR WITH EXTERIOR GLUE.
    - SUB-FLOOR SHALL BE CD, 5/8" THICK, T&G, INTERIOR WITH EXTERIOR GLUE.
    - SUB-FLOOR SHALL BE FASTENED WITH #6 NAILS SPACED 6" C.C. AT PANEL EDGES AND 10" C.C. AT INTERMEDIATE SUPPORTS.
    - WALL AND ROOF SHEATHING SHALL BE FASTENED WITH #4 NAILS SPACED 6" C.C. AT PANEL EDGES AND 12" C.C. AT INTERMEDIATE SUPPORTS.

**ROBERT KAPLAN & ASSOCIATES  
 ARCHITECTS**  
 6310 STEVENS FOREST ROAD, SUITE 108, COLUMBIA, MARYLAND 21046 (301) 746-6100

DATE	REVISIONS

JOB NUMBER: DIVA  
 DATE: 9/12/86  
 DRAWN BY: M/S/G  
 CHECKED BY: [Signature]  
 SCALE: [Blank]

**DIVA RESIDENCE**

