

11/29/85
Approved
S. Abel
11-29-85

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PERMIT

P 36207
A 34621

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
892-2330X
461-9933

INDEXED
03-306834

ELLICOTT CITY
DISTRICT 3rd
DATE 11/14/85

Bilbar Construction IS PERMITTED TO INSTALL ALTER

ADDRESS Reisterstown Road PHONE 833-9506

SUBDIVISION Farside ROAD 11701 Oakspine Ct. LOT 9

PROPERTY OWNER Dr. Krishna Rao Howard & Marcia Castleman

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

2 SYSTEMS-EACH SYSTEM TO CONTAIN 300 SQ. FT. ABSORBANT ^{SINGLE} ^{AREA} SIDEWALL. 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: Install 2 separate systems, each with 1500 gallon septic tank and 120 feet of trench total. Locate system as per plat, one system to start 220 feet from the rear lot line and 155 feet from the right lot line. The second system is to start 80 feet from the front lot line and 195 feet from the right lot line. Run trenches along contour away from 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. ok/ew

CUSTOMERS NOT ACCURATE. OR TO INSTALL TRENCHES RUNNING TOWARD FRONT OF LOT, OUT OF TEST AREA. CW.

PLANS APPROVED BY C. Williams DATE 11/14/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

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

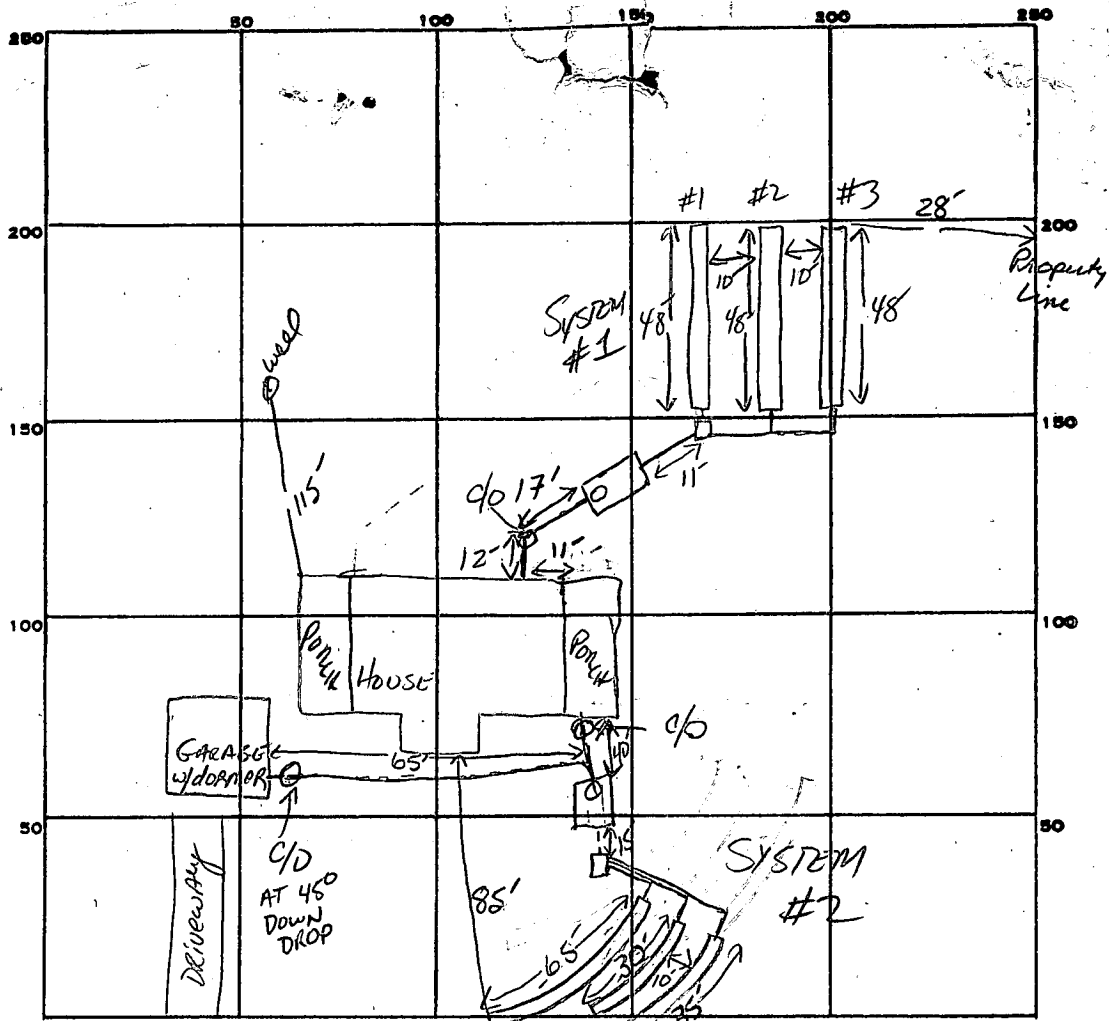
BLDG. PERMIT SIGNED
AND RETURNED 3-598
Seal # Bro 110258
Interv. Attention
Wine Allow

A
34621

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



PERMIT CARD

SEPTIC TANK, LEVEL		CLEANOUTS	
SYS 1	SYS 2	SYS 1	SYS 2
1500	1500	ST + 45°	ST + AT HOUSE + GARAGE
DISTRIBUTION BOX, LEVEL			
SYS 1	SYS 2		
9	9		
TILE FIELD, DEPTH		TRENCH WIDTH	
SYS 1	SYS 2	SYS 1	SYS 2
9	9	2	2
GRAVEL DEPTH		TOTAL LENGTH	
SYS 1	SYS 2	SYS 1	SYS 2
6"	6"	144	130
NUMBER OF TRENCHES		TOTAL BOTTOM AREA	
SYS 1	SYS 2	SYS 1	SYS 2
3	3	864	780
SEEPAGE PITS, INSIDE DIAMETER		DEPTH BELOW INLET	
ABSORBENT AREA		TOTAL	
SYS 1	SYS 2	= 1644	
864	780	SQ. FT.	

REMARKS 11-20-85 OK TO ADD STONE TO SYS. #1 ALL 3 TRENCHES, NEW TANK AND ALL PIPE WORK. SA.

11-26-85 OK TO COVER SYSTEM #1; OK TO STONE SYS. #2 ADD ALL PIPE WORK. SA

DATE SYSTEM APPROVED 11-29-85 INSPECTOR S. Abel

C1 4387 SEQUENCE NO. (OEP USE ONLY)

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 28301

DATE RECEIVED DATE WELL COMPLETED 08/18/83 Depth of Well 303.3 (TO NEAREST FOOT) PERMIT NO. HO-81-0219

OWNER Rao Krishna last name first name STREET OR RFD Oakspine Court TOWN Ellicott SUBDIVISION Farside SECTION LOT 9

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Shale, Sand, Gray mica rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), 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: 0 to 45 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: 5+ (Nominal diameter 6, Total depth 53)

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

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

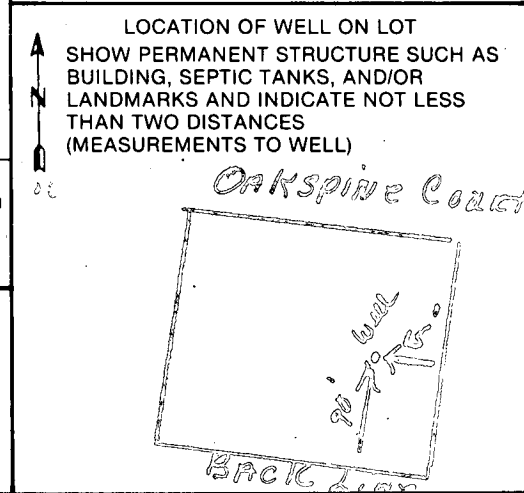
DEPTH (nearest ft.) HO 51 303.3, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

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 7.5, WHEN PUMPING 1.26, TYPE OF PUMP USED (for test) 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: 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 2 (nearest foot)



CIRCLE APPROPRIATE LETTER 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 (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 0233

SEQUENCE NO. (OEP USE ONLY)

8/18/83

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC-81-0219

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

please print or type

fill in this form completely

Date Received 080383 (OEP Use Only)

B 3 LOCATION OF WELL

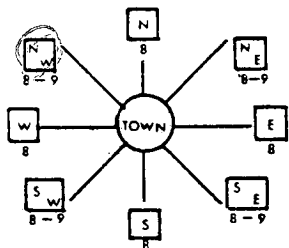
OWNER INFORMATION: KRISHNA, 7111 HAMPTON LANE, ELLSBROOK, MD 21204

COUNTY HOWARD, SUBDIVISION FAIRSIDE, SECTION 23, LOT 9, NEAREST TOWN Ellsbrook, MILES FROM TOWN 1

B 1 Continued DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, License No. 80, Firm Name: Joseph L. Mayne Well Drilling, Address: 5513 Ridge Rd. Mt. Airy, MD 21771, Signature: Joseph L. Mayne, Date: 8/2/83

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Oakepine Court, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, EAST, SOUTH. DISTANCE FROM ROAD: 320 FEET.

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) [D], FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [F], INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) [I], PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) [P], TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) [T]

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. Map shows box 320 and 320 S.

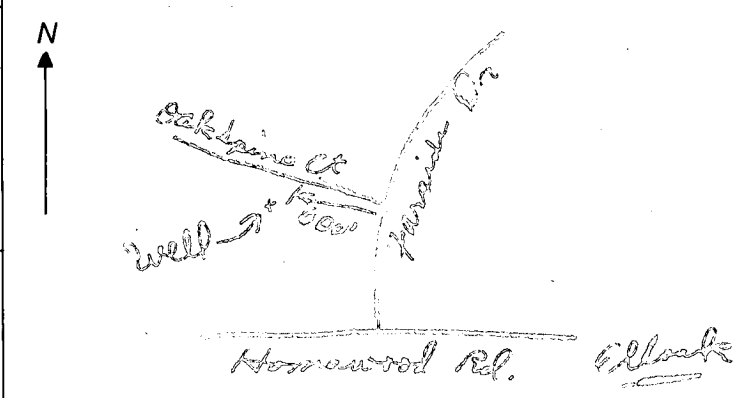
8/18/83, WELL OK, SEE OTHER 5700

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one): AIR ROTARY [30], AIR PERCUSSION [37], CABLE, REVERSE ROTARY, DRIVE POINT, other

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



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

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: A28301

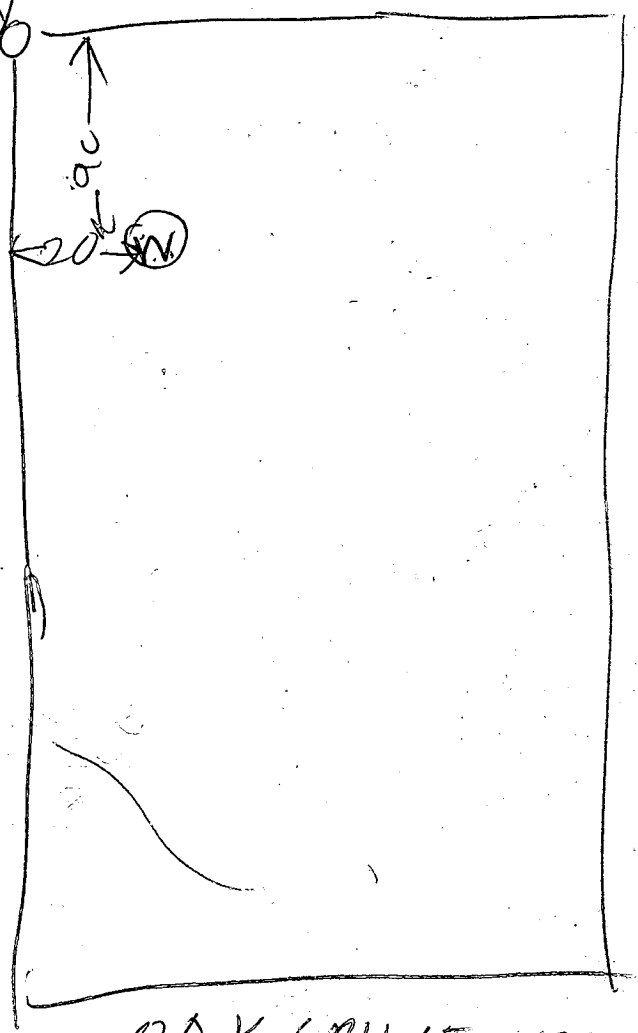
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP, FORCE: [K], INITIALS IN BOX: [initials], PERMIT No.: HC-81-0219

OEP SIGNATURE: [Signature], DATE ISSUED: 080883, CO SIGNATURE: [Signature], STATE HEALTH CIRCLE BOX: [S] 41, NORTH GRID: 515, EAST GRID: 0822, EXPIRES: 000000

B 5 SPECIAL CONDITIONS 8-63

31 State Lot 8 & Lot 9



OAK SPINE CT

8/18/83

- ① LOCATION OK
- ② 5 3 FT CASING 2 FT OUT OF GROUND
- ③ 45 FT MEASURED WITH A WEIGHTED STRING
- ④ 10 BAGS
- ⑤ WELL OK
- ⑥ MRS RAO WORKS FOR STATE HD LAB SHE TOOK SAMPLE ALSO & IS GOING TO HAVE IT TESTED

Text By B. Hodger

L. Mayne Well Gout
also present Mrs Rao owner

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34621

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: ~~993-9990~~ 461-9933

DISTRICT _____

DATE 11/29/84

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. KRISHNA RAO

ADDRESS 711 HAMPTON LANE PHONE 321 9545

TOWSON, MD 21284

PROPERTY LOCATION:

SUBDIVISION FAR SIDE LOT NO. 9

ROAD AND DESCRIPTION OAKSPINE CT. OFF FAR SIDE RD.

SIZE OF LOT 3.141 AC. 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.

NIGLASE E. KAPP
(SIGNATURE OF APPLICANT) 490.2855

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

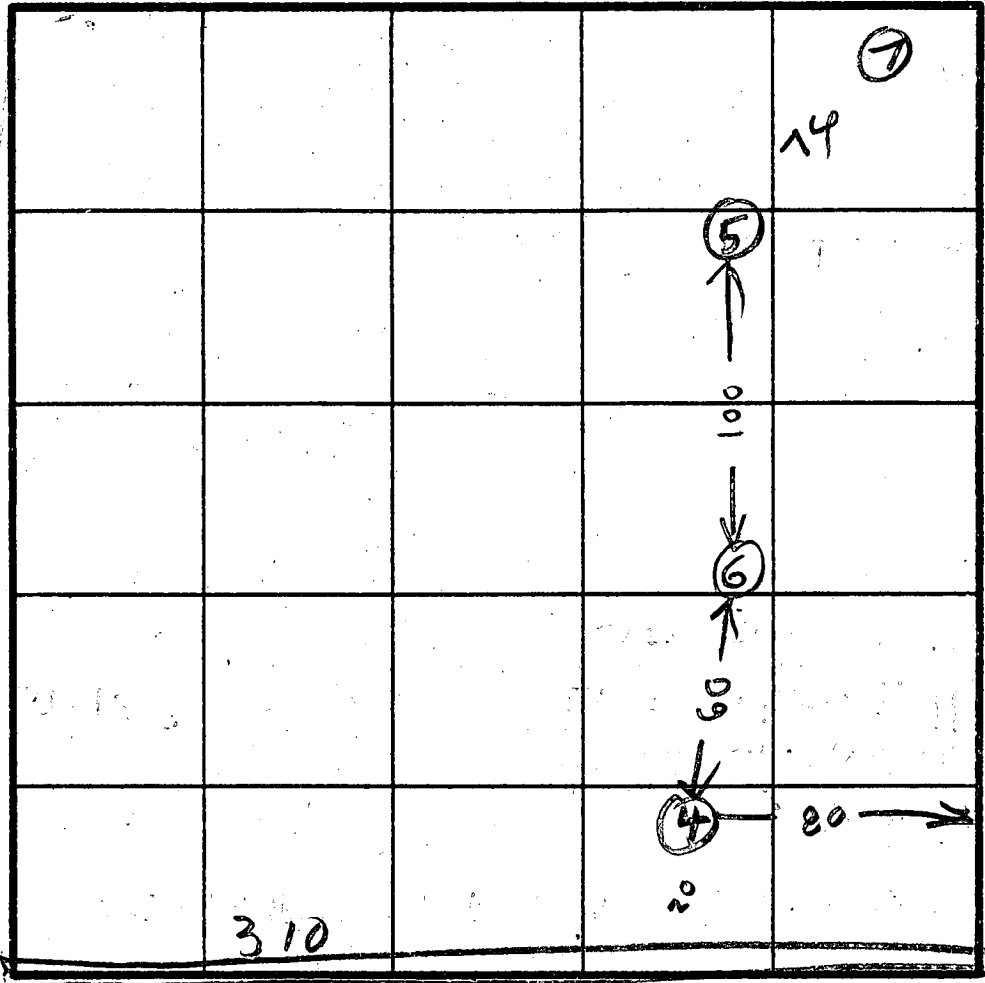
NOTES

4
 SOIL PROFILE
 0' BROWN & GRAY CLAY SAND TOPSOIL
 5' BROWN GRAY & WHITE SAND LUM
 12 1/2' WATER
 13

5
 0' GRAY BROWN
 2' GRAY BROWN SAND LUM
 12

6
 1' BROWN CLAY & TOPSOIL
 3' BROWN CLAY SILT SAND LUM
 12-1-1079
 12

7
 BROWN FILL DIRT
 9



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
0 AIRSPINE CT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/11/84	4S	3 1/2	1252	134	1st inch	36mm	
	4V	13	WATER	12 1/2 FT	UNSATISFACTORY		
	5S	3 1/2	104	107	107	114	
	5V	12	LOOKS	OK			
	6S	4 1/2	210	215	1st inch	44mm	
	6V	12 1/2	LOOKS	UNSATISFACTORY			
	7V	9	UNSATISFACTORY		FILL DIRT		

REMARKS _____

TYPE OF SOIL _____

TESTED BY **RAYMOND HODGES**

ALSO PRESENT **MR KLOPF**
MR HUGHES

APPLICATION

A 28301

SEWAGE DISPOSAL TESTING

P. _____

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

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

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

*⊕ Dry well to have 150 sq. ft. effective
absorbent sidewall area per bedroom below inlet.
Inlet to be 3 1/2' below original grade and maximum
depth 9 1/2'. Location per engineer's plat: ¹⁸⁵70' from
left property line and ²⁰⁵75' from rear property line when
facing lot from Oakspine Court.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

⊕ or if dry well and trench used need:

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

*(1) 5' earth buffers between
trench and dry well*

PROPERTY OWNER Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike

PHONE 461-2889

PROPERTY LOCATION:

*(2) 2 inspections of trench
before and after stone in.*

SUBDIVISION Farside

LOT NO. 109

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 114, left on Folly Quarter, left on

Homewood, 1 mile to property on left

(3) Run trench on contours.

SIZE OF LOT 3 plus acres

TYPE BLDG. 1

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT _____

[Signature]

APPROVED BY C. B. Stecker

⊕ Dry well 4/00
FOR " " + trench DATE 12/18/79

(KIND OF SYSTEM)

REJECTED BY _____

FOR _____

DATE _____

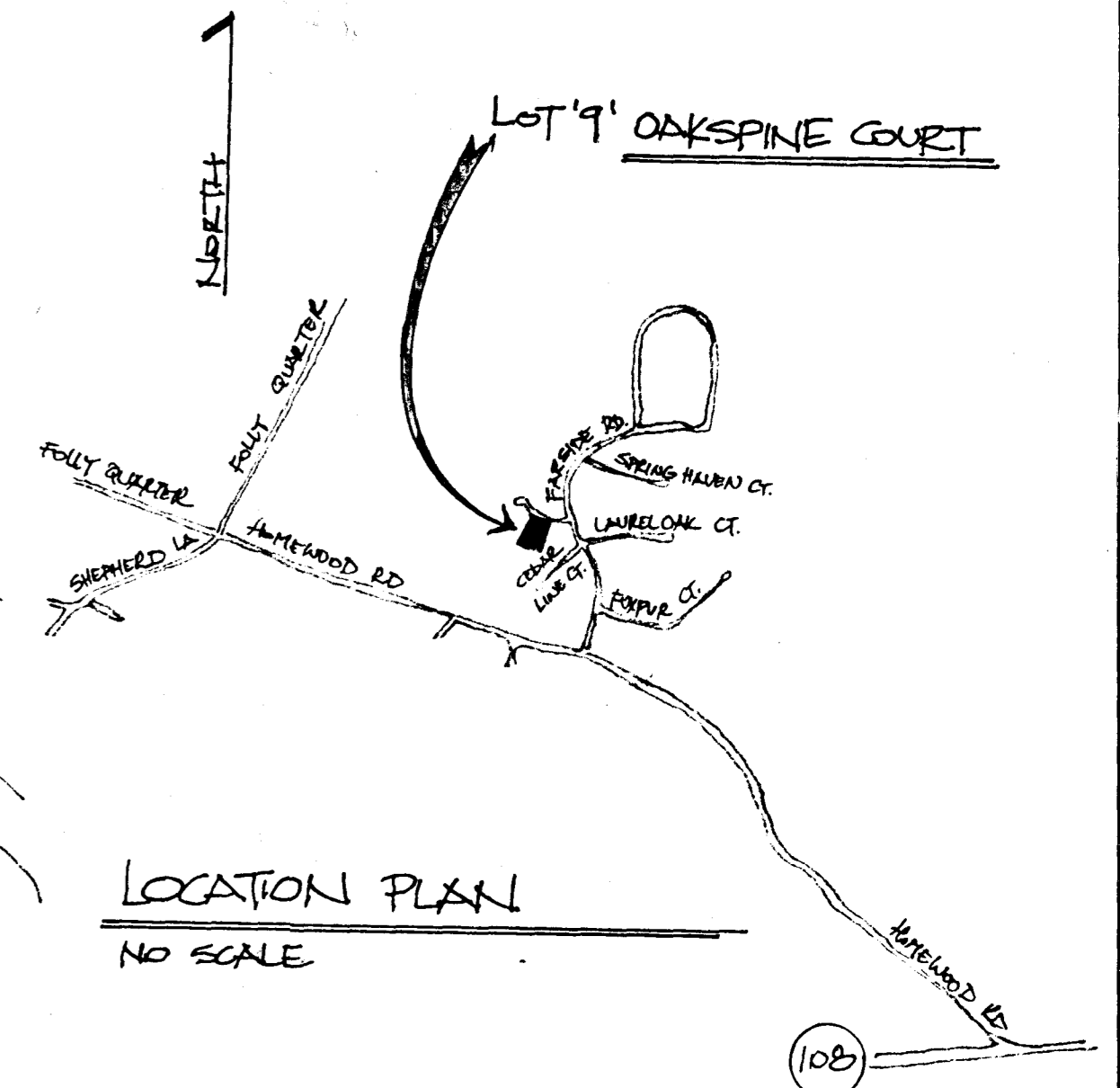
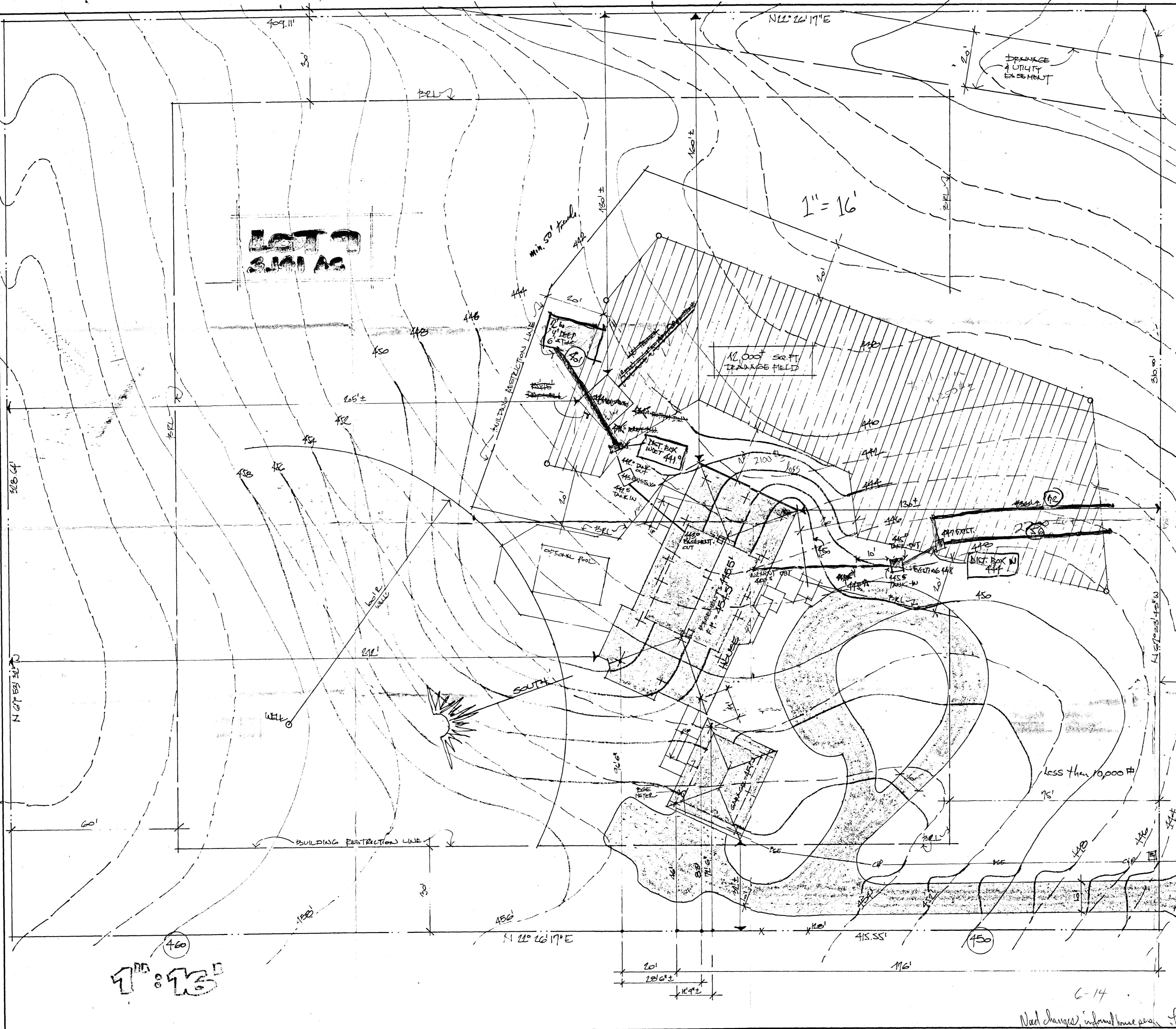
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

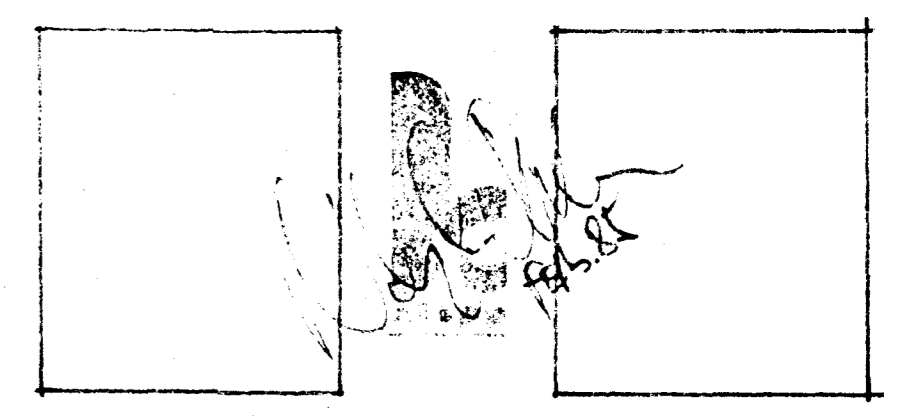
THIS IS NOT A PERMIT



TRUSS ENGINEERING

FAR SIDE LOT 9

B.P. 63055
RAO



SITE PLAN		
SCALE: 1"=16'	APPROVED BY: <i>N. H.</i>	DRAWN BY: <i>NEZ</i>
DATE: 12/18/12		REVISED: FEB 12
RAO		
LOT 9, OAKSPINE CT, FAR SIDE		DRAWING NUMBER: SITE

6-14
Need changes, informal home plan.