

11/27/89 AM
11/28/89 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-306763
INDEXED

P 44969

A 33203

DISTRICT 3rd

DATE 9/20/89

DATE SYSTEM APPROVED 11/28/89

INSPECTOR RH

Alan Whitworth

IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 531-5033

SUBDIVISION Farside ROAD 11685 Cedar Line Ct LOT 4

PROPERTY OWNER Verinder Nirankari

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the right rear juncture (400.90' & 193.40' corner), place 1st trench 195 feet down the rear (400.90') lot line and 70 feet off the rear lot line. Run trenches along contour towards the right (215.83') lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

A SITE USP. REQUIRED BEFORE BEGINNING EXCAVATION, C.W.

PLANS APPROVED BY Bert Nixon DATE 12/23/86

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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 TWO 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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

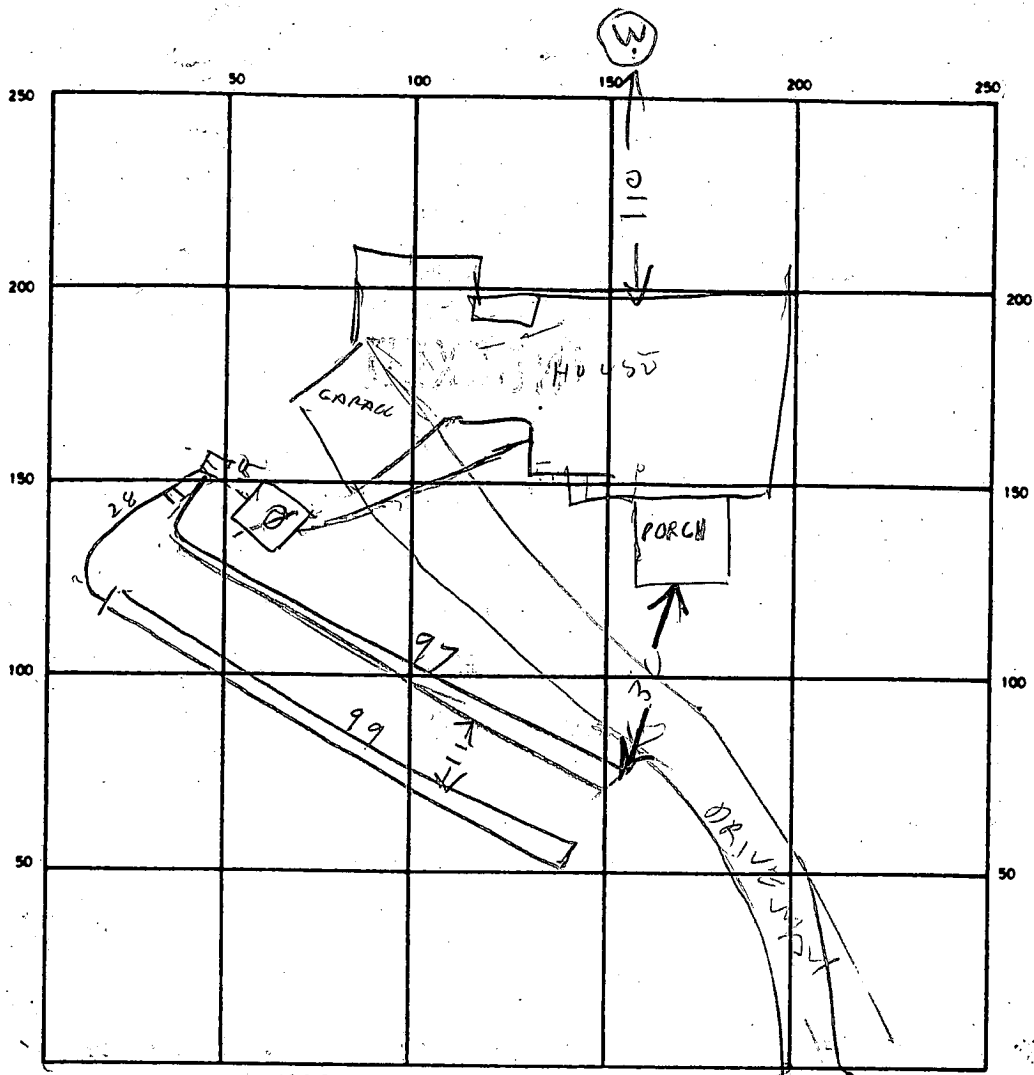
BY O.G. PERMIT SIGNED

AND RETURNED 3/2/89
Serial # 31214 - P.M.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 33203



INDICATE NORTH—NAME-ADJOINING-ROADWAY AS BASE LINE
 CEDAR LINE CT

MANHOLE

SEPTIC TANK LEVEL 2000 CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 8/8 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH 3 1/2/3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2/4 1/2 FT. TOTAL LENGTH 97/99/186

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 92.7 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS APPROX 11/1/89 OK TO COLLECT HOUSE TO TANK. CW. 11/27/89 AM - TRENCH
#1 DUG. ADD STONE & DIG TRENCH #2. 11/27/89 - TRENCH #1 OK
TRENCH #2 STARTED. FINISH TRENCH #2 & ADD STONE RTH
11/28/89 AM - TRENCH #2 OK. COVER TRENCHES & TANK
CALL WHEN MANHOLE READY RTH 11/28/89 PM MANHOLE OK RTH

DATE SYSTEM APPROVED 11/29/89 INSPECTOR Raymond Hodges

12/23/86
SUBDIVISION:

FAR SIDE
CEDARLINE LANE

A 33203

LOT NUMBER: 4

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom	Minimum Total square Feet
3 bedroom	1000 gallon		_____
4 bedroom	1250 gallon		_____
5 bedroom	1500 gallon		_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

Trench to be 2 wide. 180 sq. ft./bedroom
~~220 sq. ft./bedroom with G.D.~~
 Inlet 3 1/2 feet below original grade. 4BA/BP
 Bottom maximum depth 8 feet below original grade.
 Effective area begins at 3 1/2 feet below original grade.
4 1/2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: BEGINNING FROM THE RIGHT REAR JUNCTURE
(400.90 + 193.40' CORNER) PLACE 1ST TRENCH 195' DOWN
THE REAR (400.90') LOT LINE AND 70' OFF THE REAR
LOT LINE. RUN TRENCHES ALONG CONTOUR TOWARDS
THE RIGHT (215.83') LOT LINE.
SITE INSP. REQUIRED BEFORE BEGINNING EXCAVATION. C.W.

APPLICATION

SEWAGE DISPOSAL TESTING

A 33203

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd.

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

DATE 10/6/83

*10/11/83
9:30 AM
Retest*

PLACE THE DRY WELL ON PERC HOLE ①② WHICH IS LOCATED 70 FT FROM THE BACK LINE WHICH IS 400.90 FT LONG AND 170.00 FT FROM THE BACK LINE WHICH IS 193.40 FT LONG

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. VPRINDER NIKANKANI

ADDRESS 12150 Mount Albert Road, PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 4

ROAD AND DESCRIPTION Off Homewood Road, Cedar Line Court

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(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. Steve Brown
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodger FOR Ray Kell + Truck DATE 10/11/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/11/83 LOCATION OF DW TO

BE WRITTEN AFTER PERC TEST
PLAN SUBMITTED. PUT DW AT PERC HOLE ①②
10/11/83 perc test plan is OK RH

THIS IS NOT A PERMIT

BLDG. PERMIT SIGNED
AND RETURNED 6-2-89

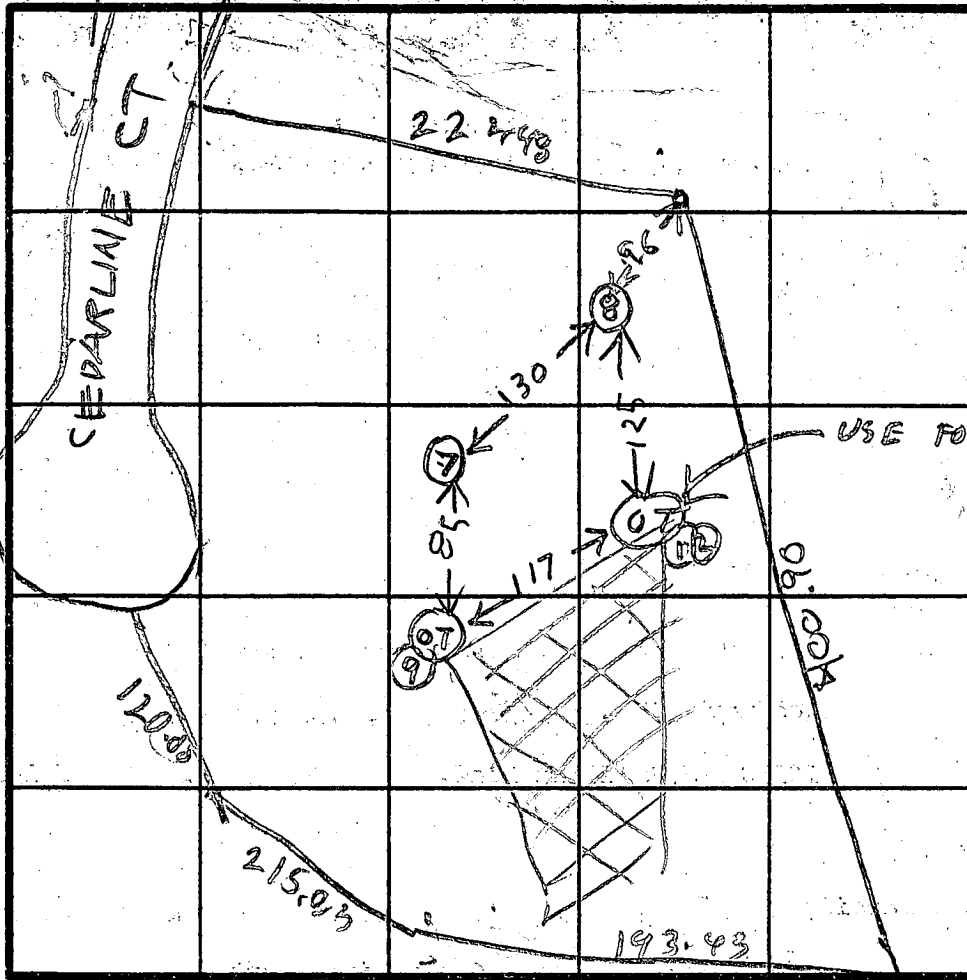
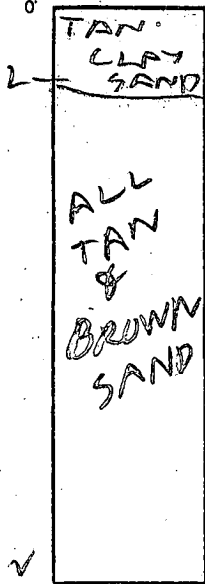
BLDG. PERMIT SIGNED
AND RETURNED 6-2-89

BP26419 SFD sub

BP26420 Pool sub

7

SOIL PROFILE

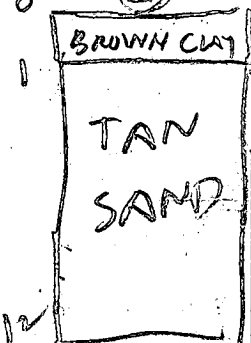


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

8

BROWN CLAY

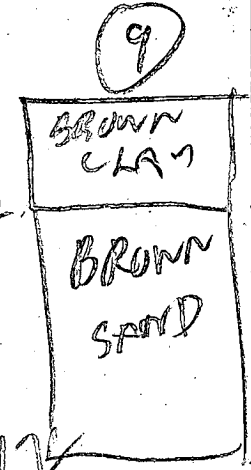
TAN SAND



9

BROWN CLAY

BROWN SAND



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11/12	7 S	3	1053	1054	1054	1056	2
	7 V	12	LOOKS	OK			
	8 S	2 1/2	1007	1008	1008	1009	1
	8 V	12	LOOKS	OK			
	9 V	12	LOOKS	OK			

REMARKS DW IN HIGH OLD TEST (STEEP SLOPE)

TYPE OF SOIL DRY WEL

TESTED BY R. HODGES

ALSO PRESENT BERVEP

APPLICATION

10/11/83
9:30 AM
Retest

SEWAGE DISPOSAL TESTING

A 33203

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd.

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

DATE 10/6/83

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 Woodmark, Inc.

ADDRESS 12150 Mount Albert Road, PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 4

ROAD AND DESCRIPTION Off Homewood Road, Cedar Line Court

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(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.

Steve Beaman
(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 30258

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Septic Tank } 1-3 Bedrooms 1000 gallons
 } 4 Bedrooms 1250 gallons

⊗ Dry well to have 150 sqft effective
absorbant sidewall area per bedroom below
inlet. Inlet in at 4' below original grade and maximum depth
10' location per engineer's plat; 10' off right property
line and 175' down right property line from right rear corner
of lot when facing lot from Cedarline Court.

DATE 10/3/79

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

⊗ or if dry well and trench used need:

PROPERTY OWNER Woodmark, Inc.

(1) 5' earth buffer between trench and dry well.

ADDRESS 12150 Mount Albert Road, Ellicott City, Md.

PHONE

PROPERTY LOCATION:

(2) 2 inspections of trench before & after stone in.

SUBDIVISION Farside

LOT NO. 4

ROAD AND DESCRIPTION Cedarline Court, Homewood Road

(3) Two trenches on contour.

SIZE OF LOT ?

TYPE BLDG. 3 or 4 bedrooms

VOID Retest 10/11/79
R77

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.

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ P. Ottenritter

APPROVED BY C.B. Steaker FOR ⊗ Dry well & 100' trenches DATE 10/26/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

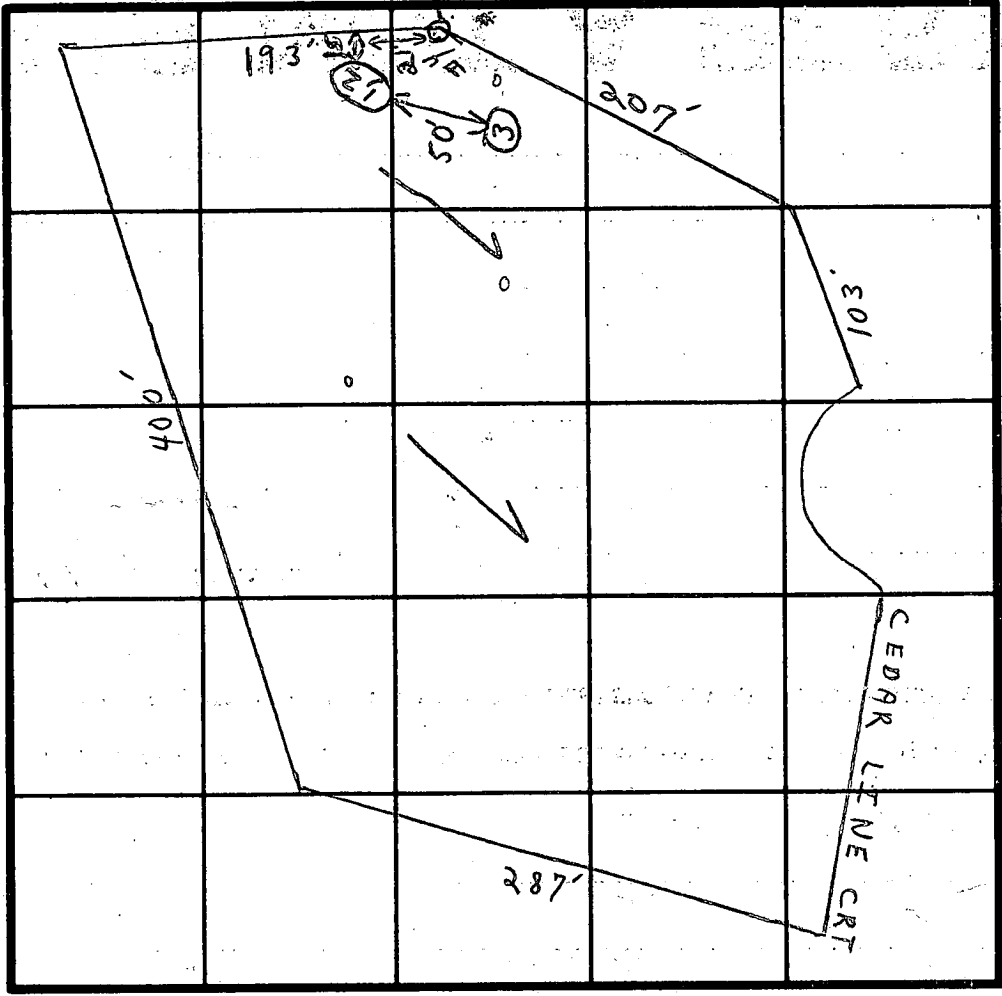
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Homewood Rd

Retest SOIL PROFILE

See below
↓
each hole



Tests per stake

150 yds. per bedroom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile
1-4' clay
4' - ' loam
1-3' clay
3-12' →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/4/79	1	4'	3:24	3:25	3:25	3:27	2 in Use	
	(H) 2	12'	3:27	3:28.5	3:28.5	3:31	2 in	
	(L) 3	12'	Visual					

REMARKS Tests in open field. Have copies to Mr. Otteritter

TYPE OF SOIL C. B. S. } Mr. Otteritter

TESTED BY } Steve + crew

ALSO PRESENT

Pratt

APPLICATION

A 28296

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 3

DATE May 12, 1978

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.

ADDRESS: 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 5 4

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 144, left on Folly Quarter, left on
Homewood, 1 mile to property on left

SIZE OF LOT 3 plus acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT *R. J. Ottobello*

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

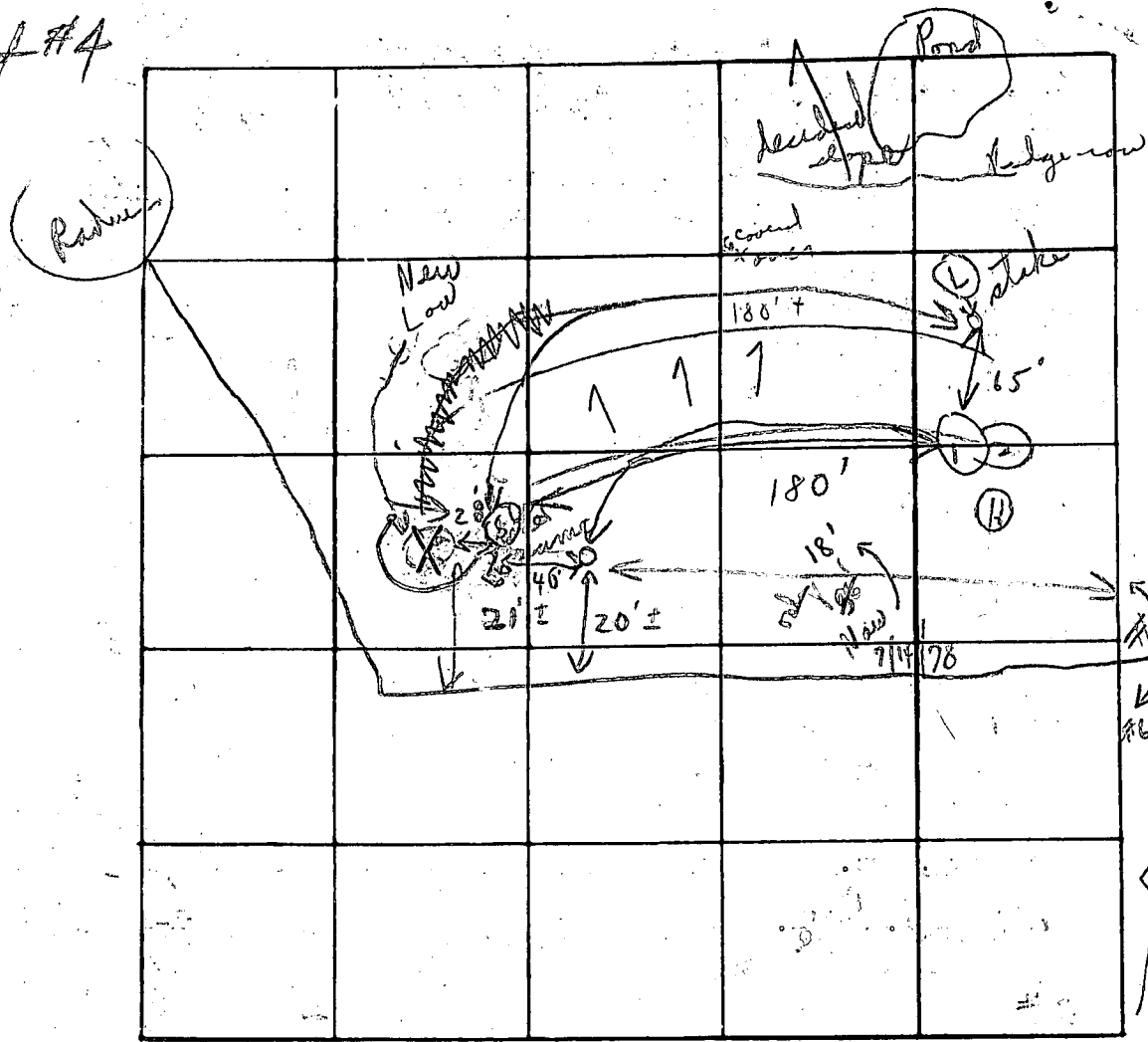
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

lot #4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Homestead Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST: 1" DROP		TIME
			START	STOP	START	STOP	
7/13/78	1	5'	3:24	3:25	3:25	3:26	1m
	2	11 1/2'	3:23	3:25	3:25	3:28	3m
	3	5-5 1/2'	3:32	3:44	3:44	3:5	Pulled
	4	11'	3:33	3:35	3:35	3:50	15m
7/14/78	5	6'	10:18	10:21	10:21	10:27	6m
	6	12'	10:18	10:19	10:19	10:27	2m
						4	12

REMARKS: Tests in open field

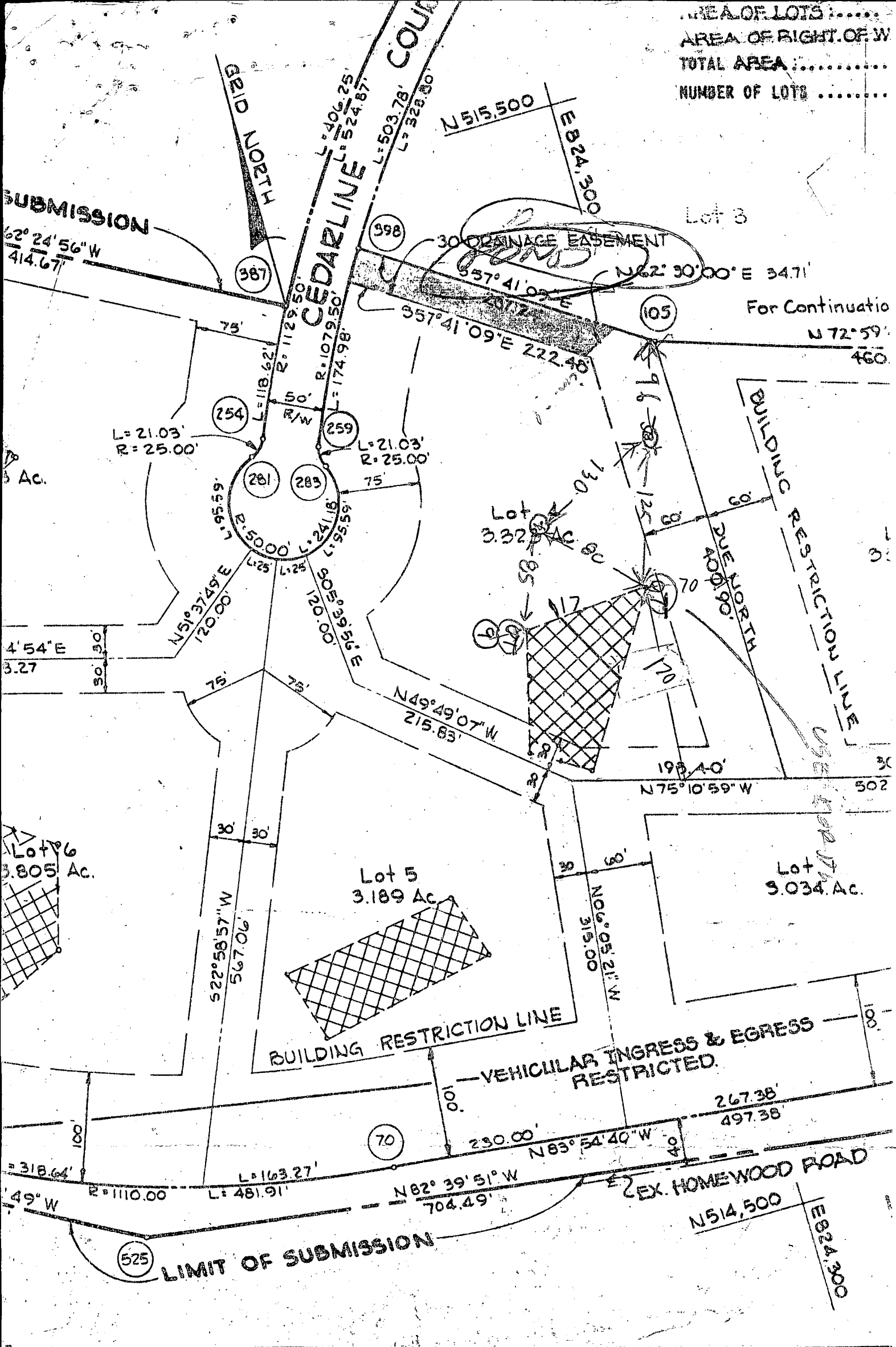
TYPE OF SOIL: _____

TESTED BY: C. B. A. ALSO PRESENT: Steve & [unclear]

Soil Profile
Below clay
loam
{ 0m

Field sheet
Remove 25 trees
85'± New corner
50 per Phil of Woodrow
#4
Per [unclear] [unclear]

AREA OF LOTS :.....
 AREA OF RIGHT OF W.....
 TOTAL AREA :.....
 NUMBER OF LOTS :.....



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

APPROVED BY: _____ DATE: _____

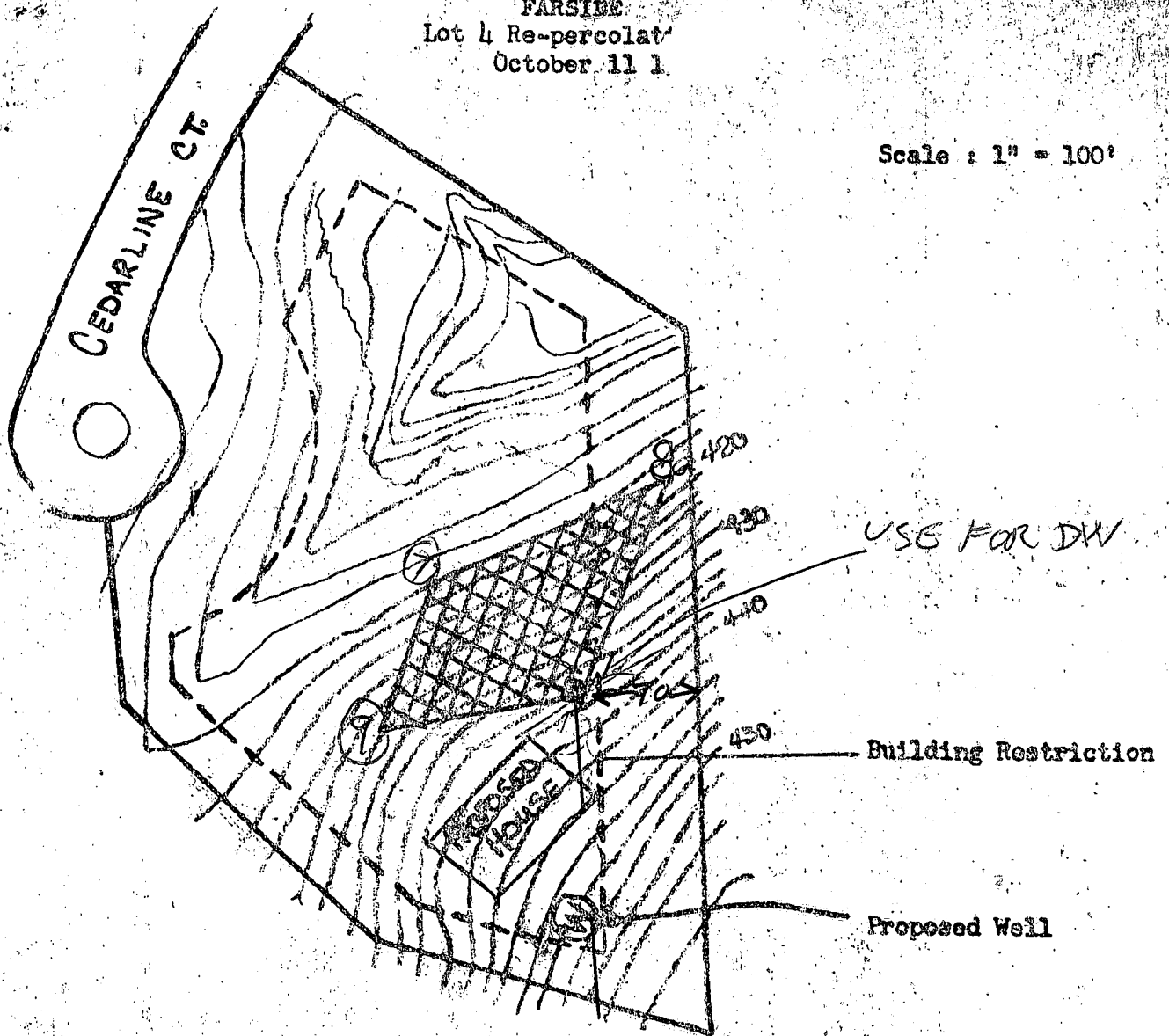
HOWARD COUNTY OFFICE OF PLANNING AND ZONING


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 PUTTER, EDWARD HANSHAW LASSOTOVITCH, JULIA RANDEL LASSOTOVITCH, ROBERT BERBAR SWEENEY, AND FRANCIS WILDS CREEDER TO MCDONALD, INC., DEED DATED OCTOBER 2, 1978 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY LIBER 912, FOLIO 473 AND ALL OF THE LAND CONVEYED BY EDWARD HANSHAW LASSOTOVITCH AND JULIA RANDEL LASSOTOVITCH TO MCDONALD, INC., DEED DATED OCTOBER 2, 1978 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY LIBER 912, FOLIO 473 AND ALL INSTRUMENTS IN PLACE AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF HENRICH, MISSOURI, AS AMENDED.

FARSIDE
Lot 4 Re-percolat'
October 11 1

Scale : 1" = 100'



 This area indicates a private sewage easement. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structure constructed on this site. This easement shall become null and void upon connection to a public sewage system.

APPROVED : For Private Water and Private Sewage Systems,
Howard County Health Department

Lois M. Boyd MD per F.S.
County Health Officer

10/14/83
Date

B 7 1528 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

HC-81-1825
fill in this form completely

Date Received

8 13

OWNER INFORMATION

GVC BUILDERS
15 Last Name Owner First Name 34

11673 FARSIDE ROAD
36 Street or RFD 55

ELLEBETT CITY MD 21043
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name: *Joseph L. Wagner* 238
77 License No. 80

Firm Name: *Joseph L. Wagner Well Drilling*

Address: *5512 Ridge Rd. Mt. Airy, Md. 21771*

Signature: *Joseph L. Wagner* 11/11/86
Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other

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) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE *150* WRITE INITIALS IN BOX PERMIT No. *HC-81-1825*
68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD
8 COUNTY 21

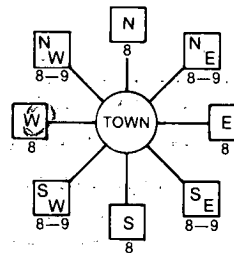
FARSIDE
23 SUBDIVISION 42

SECTION 44 46 LOT 4 50

ELLEBETT CITY
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cedarline Court
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



175
34 DISTANCE FROM ROAD 37

ENTER FT or MI FT 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 33203
COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED 122386 B Nolon 06/23/87
43 48 CO SIGNATURE EXP. DATE

NORTH GRID 515000 EAST GRID 0822000
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

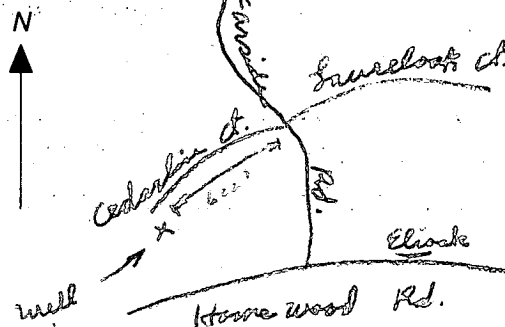
- SOURCES OF DRILLING WATER
- 1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8202
N 5105

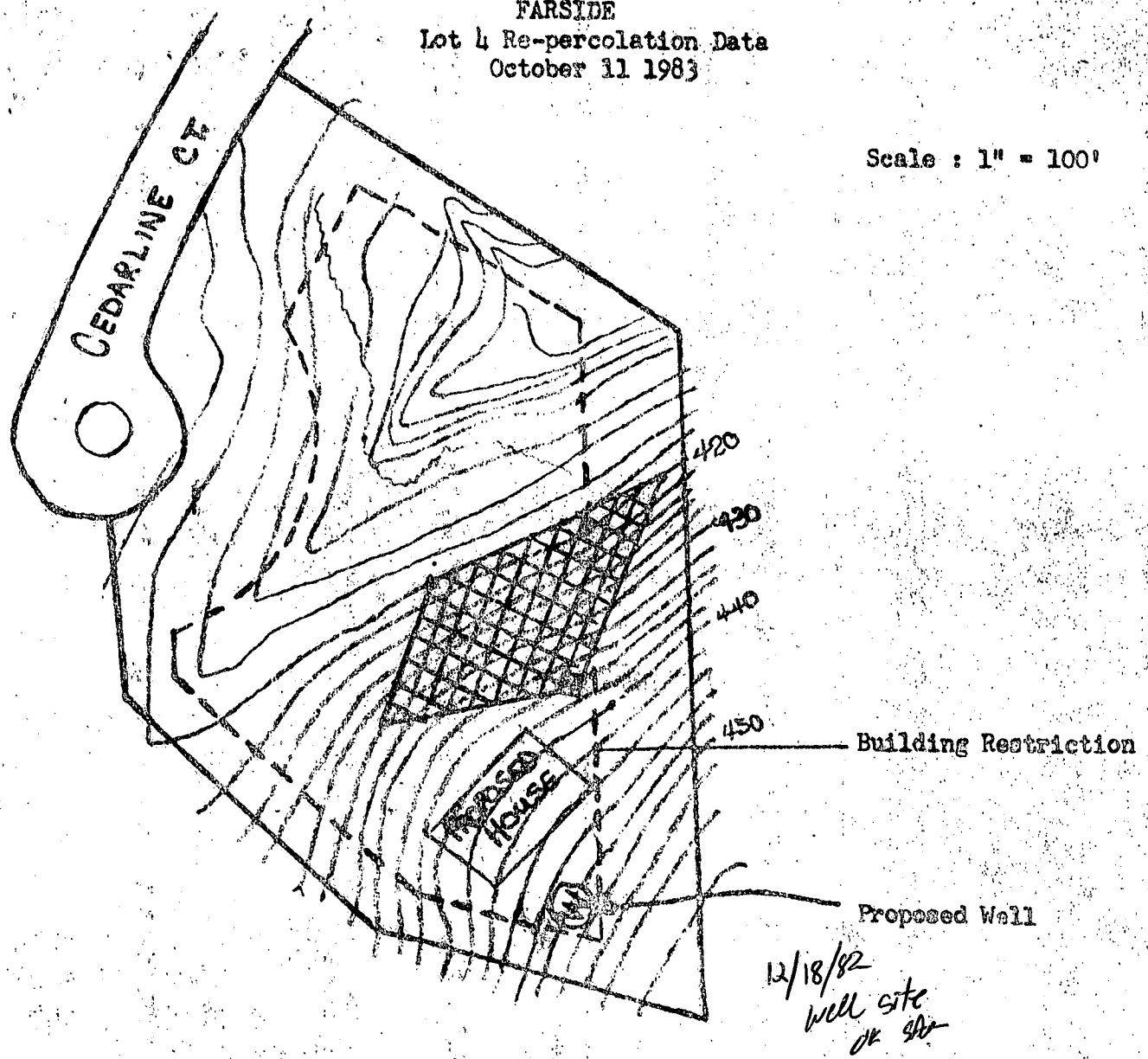
Location of
41' casing
1' above N
38' opens
Did not stay for
you
1/5/87 JS

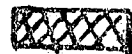
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



FAR SIDE
Lot 4 Re-percolation Data
October 11 1983

Scale : 1" = 100'



 This area indicates a private sewage easement. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structure constructed on this site. This easement shall become null and void upon connection to a public sewage system.

APPROVED : For Private Water and Private Sewage Systems,
Howard County Health Department

Carol M. Boyd MD, M.P.H.
County Health Officer

10/14/83
Date

C1 3765

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 33203

DATE RECEIVED

8 13

DATE WELL COMPLETED

15 20 07/05/87

Depth of Well

22 26 285 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37 MC-21-1525

OWNER

BUILDERS GVC last name first name

STREET OR RFD

CEDARLINE CT. TOWN ELICOTT CITY

SUBDIVISION

FAR SIDE SECTION LOT 4

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 FROM TO Check if water bearing

Table with columns for description, feet, and water bearing. Includes handwritten entries: Sandstone 0-35', Gray Shale 35-285', and a circled 'OK'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 28 ft. (enter 0 if from surface)

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 40 285

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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1825
 Location of property (road) CEDARLINE CT.
 Subdivision FAR SIDE Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner BUILDERS, GYC

Depth of well 285'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12
 Total time 30 min to reach pumping water level 160 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)
8:20	100	5		12
8:45	150	5		12
9:00	150	20		3
9:15	150	20		3
9:30	151	20		3
9:45	151	20		3
10:00	151	20		3
10:15	151	20		3
10:30	151	20		3
10:45	150	20		3
11:00	151	20		3
11:15	151	20		3
11:30	151	20		3
11:45	150	20		3
12:00	151	20		3
12:15	151	20		3
12:30	151	20		3
12:45	150	20		3
1:00	151	20		3
1:15	151	20		3
1:30	151	20		3
1:45	151	20		3
2:00	151	20		3
2:15	151	20		3
2:30	151	20		3
2:45	151	20		3

2/15/90
Final
C.B.

2/15/90
anytime

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

New Installation
Replacement

Receipt # 45073
Date 10/12/89

Name of Installer House PdH

Telephone 531-3311

License number 10532
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Miankari Telephone 730-3141
Subdivision _____ Lot # 4 Well tag # HO-81-1825
Site Address 11685 Cedar Pine Ct.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Goulds
- 3. Model # _____
- 4. Capacity _____ 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

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

Tank

- 1. Capacity 100gal.
- 2. Pressure relief valve? yes

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 42'

Well data

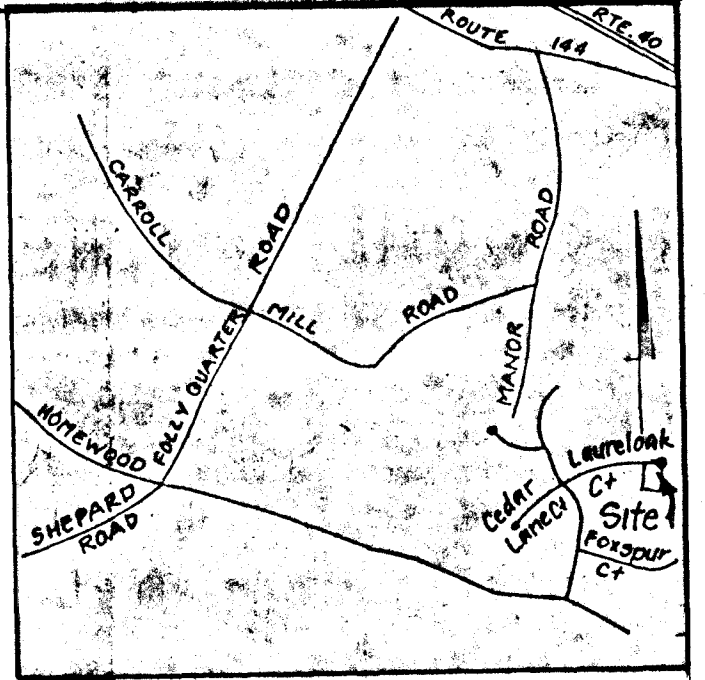
- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

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.

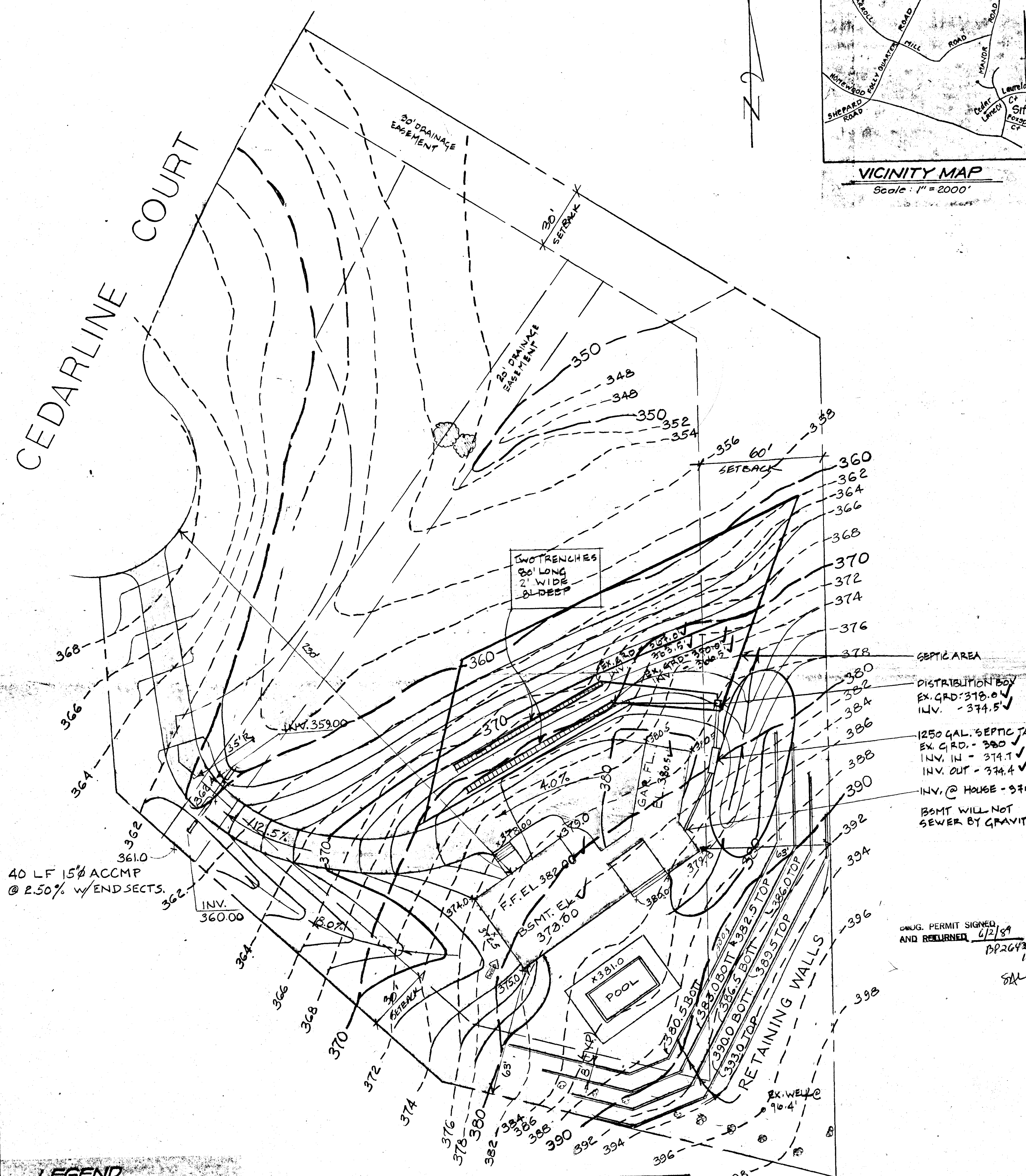
Signature of Applicant: James Kuyper
Date: 10/11/89

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



VICINITY MAP
Scale: 1" = 2000'

CEDARLINE COURT



- SEPTIC AREA
- DISTRIBUTION BOX
EX. GRD. - 378.0 ✓
INV. - 374.5 ✓
- 1250 GAL. SEPTIC TANK
EX. GRD. - 380 ✓
INV. IN - 374.1 ✓
INV. OUT - 374.4 ✓
- INV. @ HOUSE - 375.3 ✓
- BSMT WILL NOT SEWER BY GRAVITY ✓

DRUG. PERMIT SIGNED
AND RETURNED 6/2/89
BR264
19
SAL

40 LF 15% ACCMP @ 2.50% W/ END SECTS.

LEGEND

Contour Interval 2 FT.

Existing Contour 210

Proposed Contour 410

Spot Elevation +10.8

Direction of Drainage

Walk out Basement

Trees to be Saved

Existing Elevation 87.3

BM Assume Datum Top of Ex. Well Elev. = 100.0

CLARK • FINEROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7900 - BALTO. • (301) 621-8100 - WASH.

DESIGNED JME

DRAWN BA

CHECKED JME

DATE 5-89

SITE DEVELOPMENT PLAN
Lot #4
FARSIDE
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

For: VIRANDER S. NIRANKARI
6289 CARDINAL RD.
COLUMBIA, MD.

SCALE 1" = 30'

DRAWING 1 of 1

JOB NO. 88-184

FILE NO. 88-184

Cedar Lane Pt
↑

SEPTIC RESERVE
AREA

HOUSE

5' SEPTIC
EQUIPMENT

113

NO IMPACT
ON WELL OR SEPTIC
OK TO PROCEED,
2/12/90 CWL

WELL SITE

212

194

