

approved 11/21/84
Stayed

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 34199
A 33263

11/21/84
12 WOOD - MA

ELLICOTT CITY
DISTRICT 3rd.
DATE 8/8/84

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEXED

Robert L. Orndorff IS PERMITTED TO INSTALL ALTER

ADDRESS 7469 Flamewood Drive, Clarksville, MD PHONE _____

SUBDIVISION Farside ROAD 11865 Farside Road LOT 53

PROPERTY OWNER Dr. & Mrs. John C. Payne
9238 Wintersfield Lane

ADDRESS _____

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

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 2250 GALLONS. NUMBER OF BEDROOMS 5

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 10 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade with 6 feet of stone below distribution pipe. LOCATION: Place the trenches mainly in the area between retest perc holes (3) & (4). Perc hole (3) is located 252 ft from the right front corner, stake as seen when facing the lot from Farside Road and 18 feet from the front lot line perc hole (4) is located 89 feet from the front lot line and 85 feet from Perc hole (3) toward the left side line as seen when facing the lot from Farside Drive. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. 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 and dry well.

8/21/84 2,000 gal. septic tank OK. JS

PLANS APPROVED BY Raymond Hodges DATE 11/1/83

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.

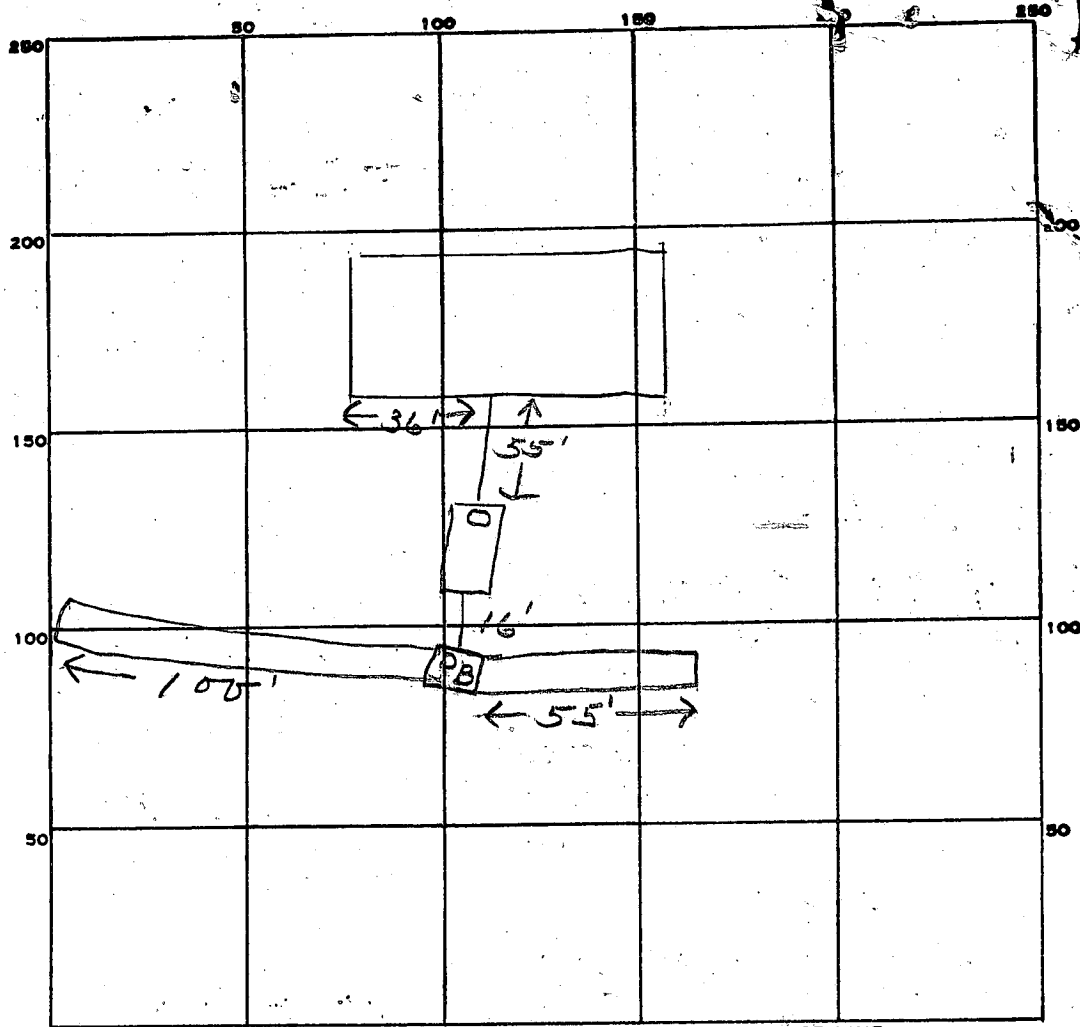
BDDG. PERMIT SIGNED
RETURNED 3/10/88
Serial # 17098 - prod.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
33263



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

✓ Farside Rd

PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 2000 gal CLEANOUTS ✓ _____

DISTRIBUTION BOX, LEVEL ✓ _____ Man Hole ✓ _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 155 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 1000 +

155
65

775
930

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

ABSORBENT AREA 1000 SQ. FT.

REMARKS 11/21/84 OK to add stone in trenches JS
11/21/84 OK to cover all work JS

DATE SYSTEM APPROVED 11/21/84

INSPECTOR Stayer

APPLICATION

11/1/83
9:30 AM
Permit

A 33263

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 10-25-83

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 Dr. + Mrs. John C. Payne
ADDRESS 9238 Wintersfield Lane PHONE 992-4449 John Mc Donough
730-4386 3 Drs.

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 53
11865
ROAD AND DESCRIPTION Farside Road, Ellicott City, Md. 21043

SIZE OF LOT 3.059 Acres TYPE BLDG. 5
(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.

John Mc Donough Blars, Inc.
John F. Mc Donough
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Trench DATE 11/1/83

REJECTED BY _____ FOR _____ DATE _____

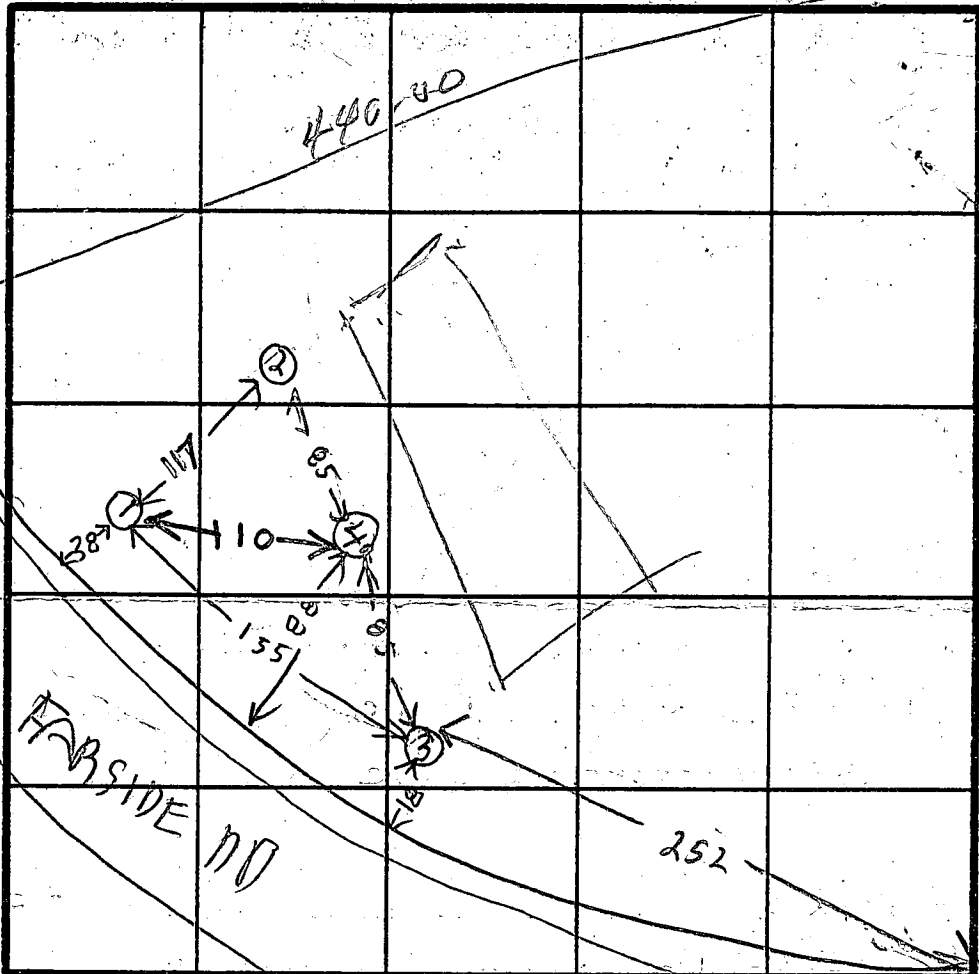
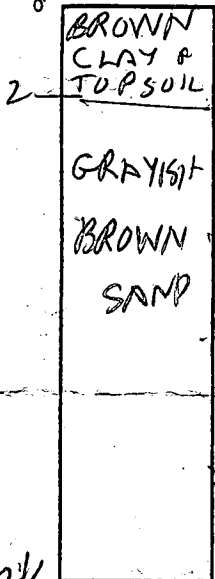
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 2/7/84
Serial # 57410 SFID

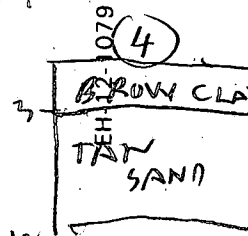
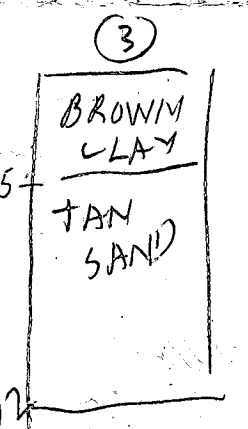
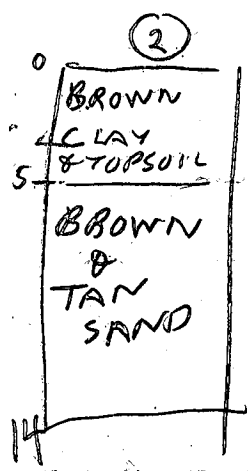
THIS IS NOT A PERMIT

SOIL PROFILE



HOLE
EVEN
(2) (3) (4) HIGH
1 = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/1/83	1S	4	949	951	951	954	3
	1M	8 1/2	953	955	955	958	3
11/1/83	1V	12 1/2	LOOKS	OK	/		
	2S	4 1/2	1001	1023	1023	1053	little per
	2V	1 1/4	LOOKS	OK	AFTER 5 FT		
	3S	5 1/2	1005	1009	1009	1021	12
	3V	12	LOOKS	OK		9	
	4V	12	LOOKS	OK			
	2M	5 1/2	1100	1112	1112	1136	24
					29		

REMARKS _____

TYPE OF SOIL _____

TESTED BY RAYMOND HODGES ALSO PRESENT S BEAVER BACKHOE

12
12
29
41 92

B 1 9908 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0034

(THIS NUMBER IS TO BE PUNCHED IN COLS. 29 ON ALL CARDS)

please print or type

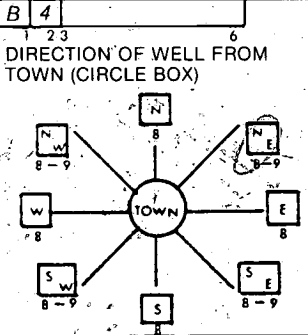
fill in this form completely

Date Received 4/3/83 1:30 P.M. 030483 (OEP Use Only)

LOCATION OF WELL COUNTY HOWARD SUBDIVISION FARSIDE SECTION 23 LOT 53 NEAREST TOWN CLARKSVILLE MILES FROM TOWN

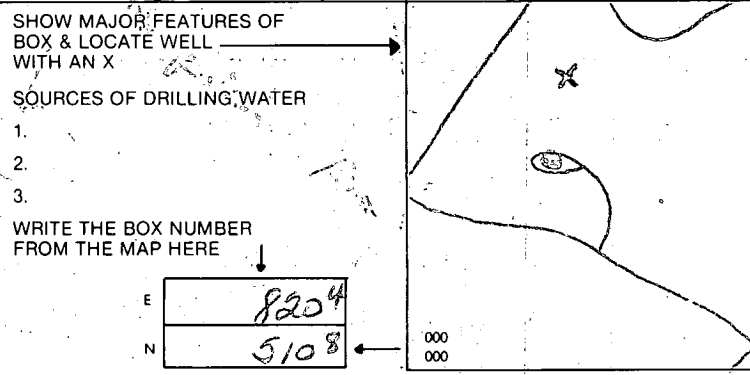
OWNER INFORMATION LAST NAME 15 PAVNE JOHN DR. 34 Name Street or RFD 36 WINTERFIELDS LA. 55 TOWN 57 COLUMBIA 21045 76 Zip

DRILLER INFORMATION Driller's Name SANDY B. COCHRAN 77 License No. 80 G. EDGAR HARRISONS CORP. 120 12047 FALLS RD. COLKEYSVILLE 21030 Address 3-2-83 Signature Date



FAR SIDE ROAD NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH DISTANCE FROM ROAD 400 (CIRCLE APPROPRIATE BOX)

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



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)

WRITE THE BOX NUMBER FROM THE MAP HERE SOURCES OF DRILLING WATER 1. 2. 3. DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (OR AUGERED) JETTED JETTED & DRIVEN AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A28311 COUNTY NO.

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE FS WRITE INITIALS IN BOX PERMIT No. HO-81-0034

OEP SIGNATURE DATE ISSUED 032383 CO SIGNATURE Frank Skinner NORTH GRID 518 EAST GRID 0824 EXPIRES 092353

SPECIAL CONDITIONS 8-63

730-2900 D. PINDER (URBAN PROPERTIES)

C1 7682

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. 2-6 ON ALL CARDS)

COUNTY NUMBER A28311

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

040583

150 (TO NEAREST FOOT)

HO-81-0034

OWNER Pavne John Dr. last name first name

STREET OR RFD Farside Road TOWN Clarksville

SUBDIVISION Farside SECTION LOT C3

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

C 3 (Seq. no.)

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: OVERBURDEN (0-9), BROWN SHALE (9-41), GRANITE (41-150 X).

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 120 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 8.82 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

WATER LEVEL (distance from land surface) BEFORE PUMPING 33'6" WHEN PUMPING 142'2"

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 43

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

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

DEPTH (nearest ft.) HO 43 150

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

SCREEN SLOTTING SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

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

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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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

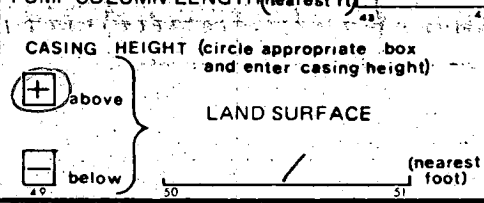
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q OTHER DATA TELESCOPE CASING LOG INDICATOR

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

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)

PROPERTY LINE



APPLICATION

A 28311

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*
DISTRICT _____
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. 55 53

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 *[Signature]*

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

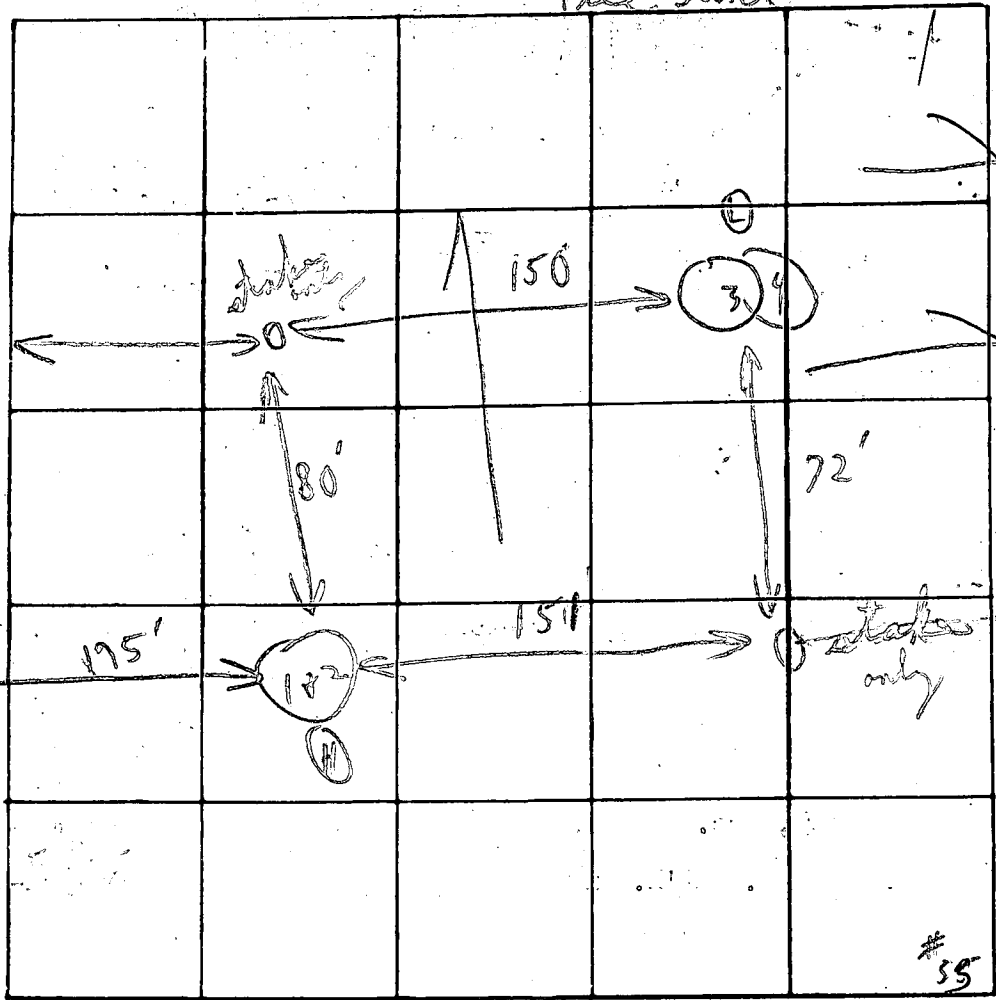
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

53



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile

Below
slab
floor

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
7/10/72	1 (7)	4'	3:25	3:28	3:28	3:33	5m
	2 (7)	1 1/2'	3:25	3:39	3:29	3:34	5m
	3 (7)	3 1/2'	3:34	3:36	3:36	3:40	4m
	4	1 1/2'	3:34	3:38	3:38	3:52	14m
				2	Holes only		28

7 in avg
inlet 4'
150 sq ft.
per bedroom

REMARKS Not

TYPE OF SOIL _____

TESTED BY C. B. V. & J. P.

ALSO PRESENT: Same as yesterday 7/12/72

