

Approved 1/20/83
Stager

03-307115

PERMIT

P 32420

A 31882

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 3rd.

DATE 1/17/83

INDEX

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Maryland PHONE 795-2642

SUBDIVISION Farside ROAD 11741 Farside Road LOT 35

PROPERTY OWNER Gil F. Morin PHONE: 766-5198

ADDRESS 12510 Silverbirch Lane
Laurel, Maryland

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

Trench - 163 square foot sidewall area per bedroom. Trench inlet maximum to be 3 feet below original grade and trench bottom to be 9 feet below original grade. Start the trench 75 feet from the back lot line and 135 feet from the left lot line as seen when facing the lot from Farside.

BLDG. PERMIT SIGNED

AND RETURNED 9/7/93
Serial # 50963 - pool.

PLANS APPROVED BY Raymond Hodges DATE 8/4/82

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 8/24/93
Serial # 50169
Addition

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

1/19/83
2 Sept
11:00 +
1:30 PM
please

9/8/93

Retest

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31882

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 4/19/82

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 Mt. Albert Court, Ellicott City, Md. 21043 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 35

ROAD AND DESCRIPTION Homewood Road

SIZE OF LOT 3 acres m/1 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.

[Handwritten Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

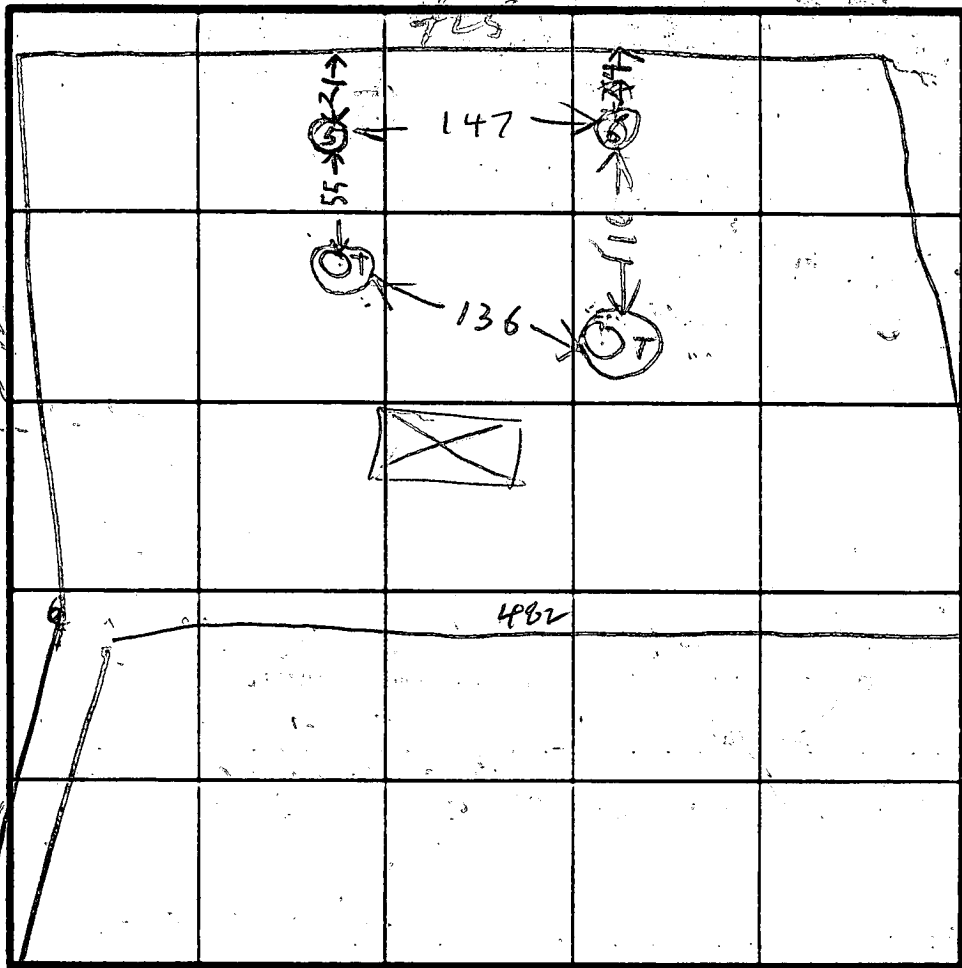
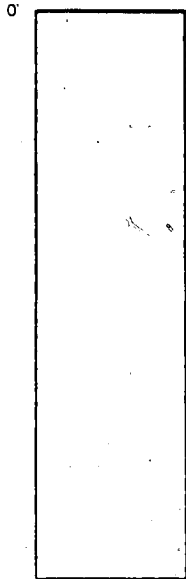
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



#35

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/85	5S	3 1/2	210	204	204	222	18
	5D	8	211	204	204	222	18
L	5V	12	TOP	2F7	CLAY		
	6S	5 1/2	BOT	10 FT	SAND ¹		DRY
	6D	9 1/2	216	218	218	220	2
	6V	12 1/2	217	220	220	224	4
L	6V	12 1/2	TOP	4F7	CLAY		
	6V	12 1/2	BOT	8 1/2 FT	SAND		DRY

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT STEVE

EII-12-10/9

35

APPLICATION

A 28421

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 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. 3635

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 *[Signature]*

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

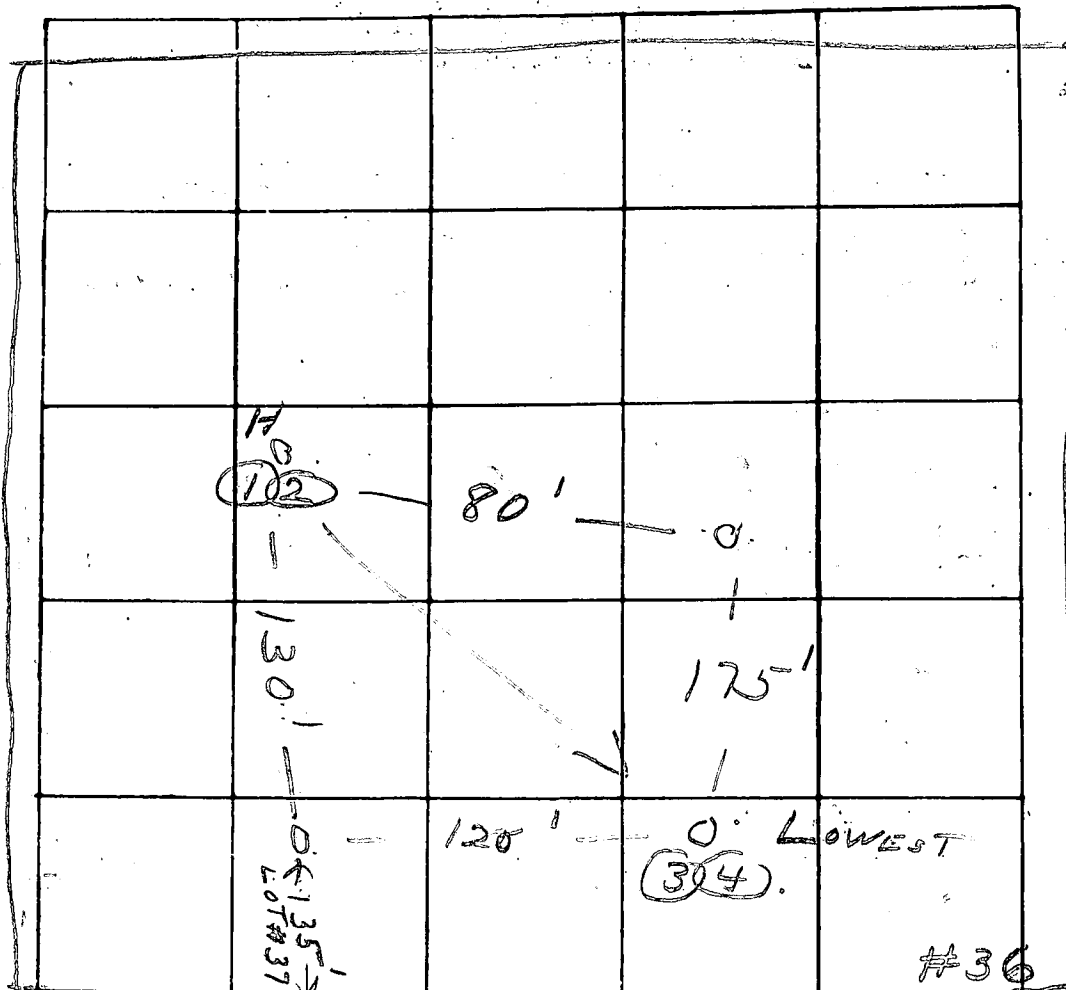
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

35



35

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LOT # 37

Below
clay
loam
good

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/12	1	4	10:54	10:55	10:55	10:57	2
	2	11	10:54	10:57	10:57	11:04	7
	3	4	11:08	11:12	11:12	11:18	6
	4	1.2	11:08	11:12	11:12	11:17	5
						4	20

5 min avg.
inlet 4'

150 sqft.
per bedroom

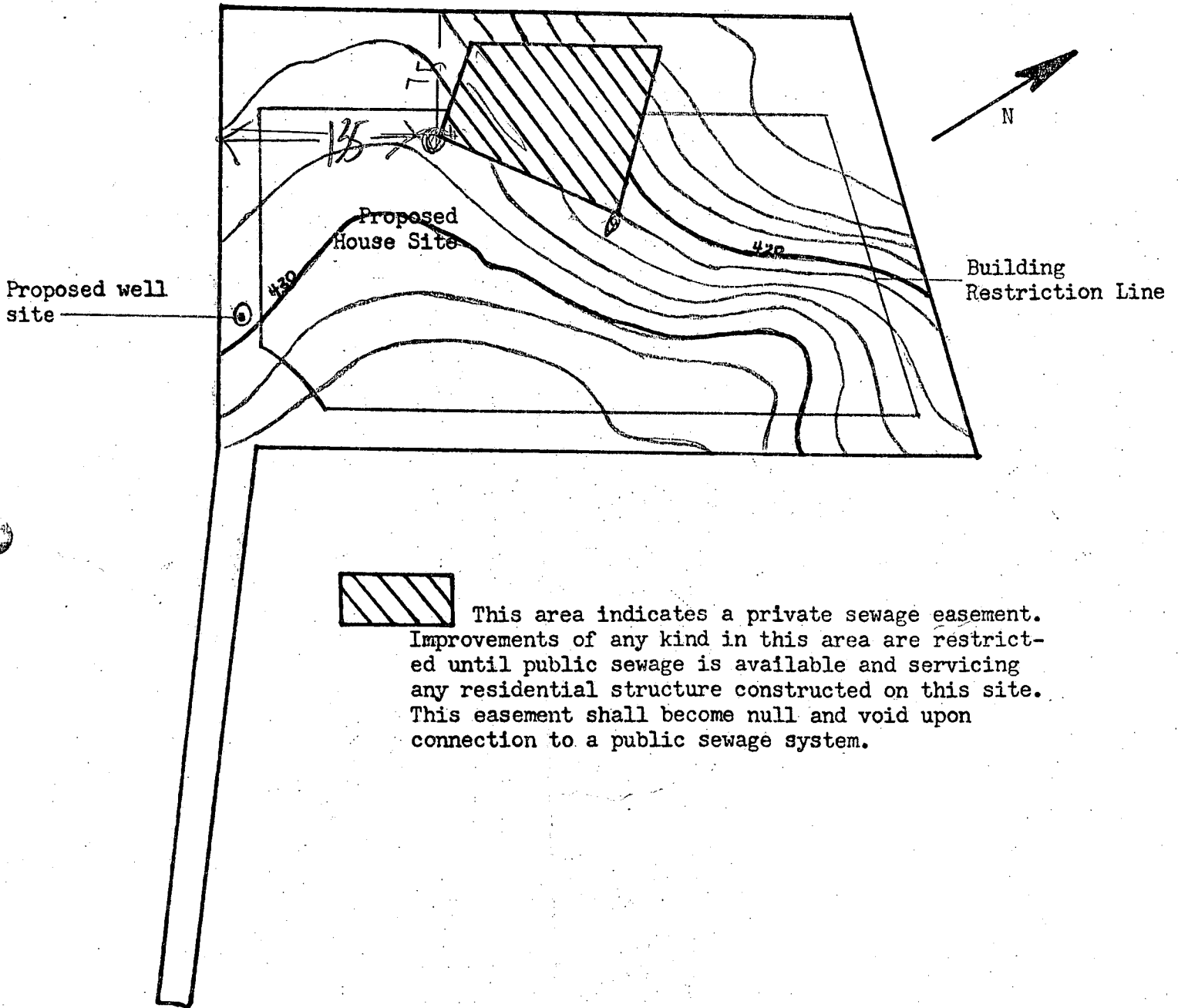
REMARKS TEST IN WOODS ^{LOT} & LINES NOT CLEAR

TYPE OF SOIL _____

TESTED BY JS ALSO PRESENT: Steve Brad

FAR SIDE
Lot 35 - Repercolation data
April 1982

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.

FAR SIDE ROAD

APPROVED :. For Private Water and Private Sewerage Systems, Howard County Health Dept.

Jocelyn Boyles
County Health Officer

6-8-82
Date

B 1 1150

SEQUENCE NO. (OEP USE ONLY) 114182 1st 3hr

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4303 ✓

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

please print or type

fill in this form completely

Date Received 11/3/82 10:00 A.M. 1102082
 OWNER INFORMATION
 WAKEFIELD MARK
 Last Name 15 Owner 34 Name
 12150 MT. ALBERT CT
 Street or RFD 55
 ELLENWOOD CT 17Y 21043
 Town 57 State 76 Zip

LOCATION OF WELL
 COUNTY HOWARD
 SUBDIVISION FAR SIDE
 SECTION 35 LOT 35
 NEAREST TOWN CLARKVILLE
 MILES FROM TOWN (enter 0 if in town) 3

DRILLER INFORMATION
 SANDY B. COCHRAN
 Driller's Name 77 License No. 80 120
 G. EDGAR HARRIS SONS CORP.
 Firm Name
 12067 FAULSDR. COCKEYSVILLE 21035
 Address
 Signature Sandy B. Cochran Date 10-18-82

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD FAR SIDE RD
 DISTANCE FROM ROAD 400
 (CIRCLE APPROPRIATE BOX)

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

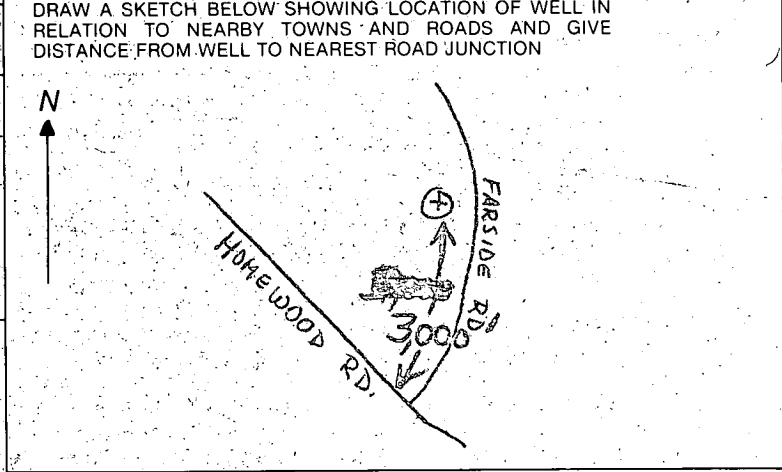
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. 1131 BLOOMINGDALE ST
 2. 70' casing
 3. 60' casing
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 920 3
 N 510 7

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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
 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
 A31882 COUNTY NO.

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER G A P
 FORCE FS WRITE INITIALS IN BOX
 PERMIT No. HO-73-4303

OEP SIGNATURE Frank Shuman STATE HEALTH CIRCLE BOX 41
 DATE ISSUED 102882
 NORTH GRID 517 EAST GRID 0823 EXPIRES 042883

SPECIAL CONDITIONS 8-63

C1 0323 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 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 31882

Date Received (OEP use only)
 DATE WELL COMPLETED 110482

Depth of Well 300'
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-73-4303

OWNER WAKEFIELD last name MARK first name
 STREET OR RFD FARSIDE ROAD TOWN CLARKSVILLE
 SUBDIVISION FARSIDE SECTION _____ LOT 35

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	
OVERBURDEN	0	4	
BROWN SHALE	4	68	
GRAY ROCK	68	175	
Limestone	175	300 X	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 1100
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 70 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 6 70
 Nominal diameter top/main casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

DEPTH (nearest ft.)
 E A C H S C R E E N
HO 70 300

- 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

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. 120
Sandy J. Cooper
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Harold Wash
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

C 3 (seq no)
 PUMPING TEST
 HOURS PUMPED (nearest hour) 2
 PUMPING RATE (gal. per min. to nearest gal.) 8.57
 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 55'
 WHEN PUMPING 294' 4"
 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 YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
 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
 below } _____ (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)

