

8/24/85
8/28/85
arrived 2 P.M. please

8/28/85 AM

APPROVED
8/29/85
RH

PERMIT

P 35930
A 31883

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-307212

ELLICOTT CITY
DISTRICT 3rd

INDEXED

DATE 8/30/85

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Farside ROAD 11850 Farside Road LOT 68

PROPERTY OWNER Dan Blake

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 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 6 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start first trench 250 feet from the front lot line and 100 feet from the right lot line as seen when facing the property from Farside Drive. Run trench along level ground toward left side of property. 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*

PLANS APPROVED BY C. Williams DATE 8/23/85

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.

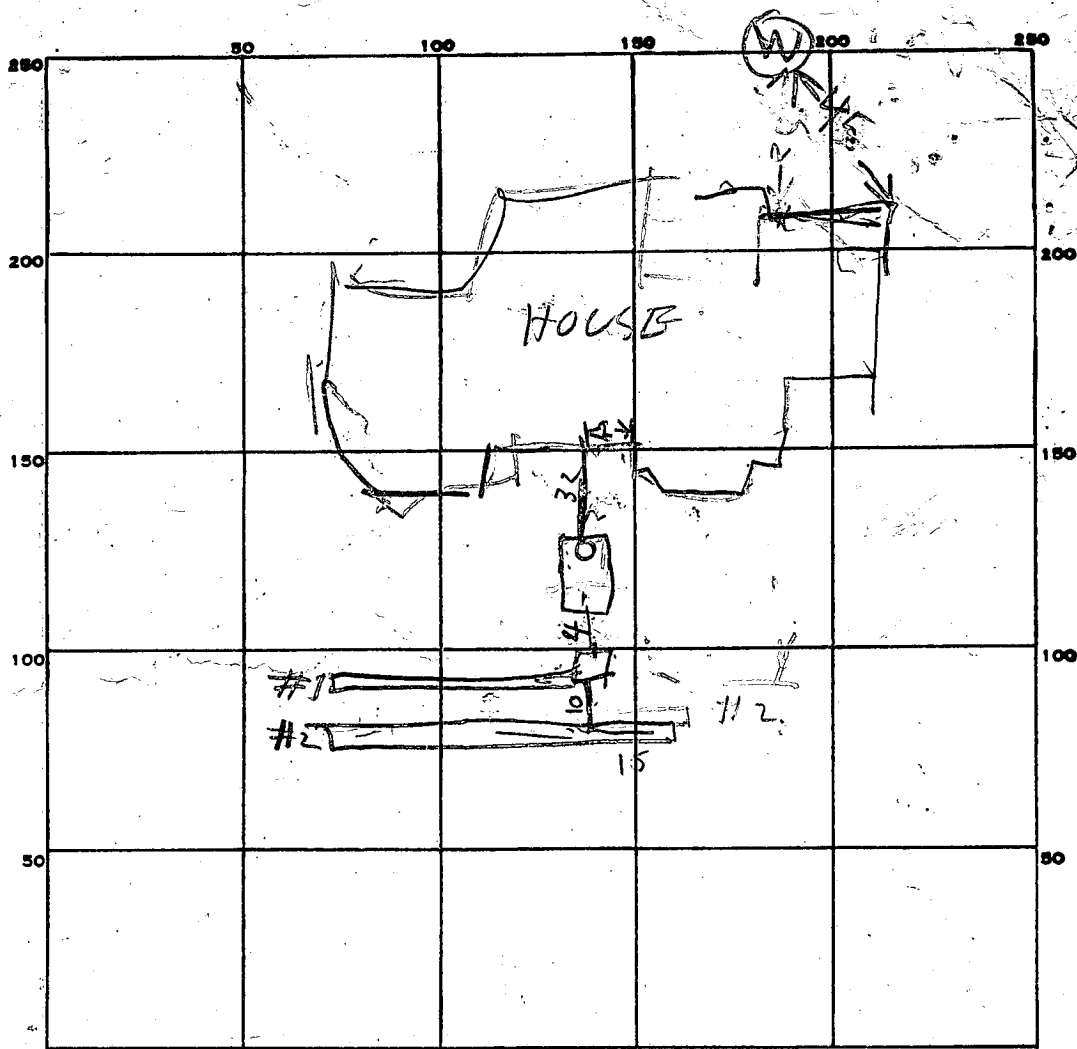
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
31883



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 200P

CLEANOUTS SI NO N^o OK 8/29/85

DISTRIBUTION BOX, LEVEL OK

#1	#2	#1	#2
8	8	2	2

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

#1	#2	#1	#2
6		77	85

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

	ONE SIDE	#1	#2	#07
NUMBER OF TRENCHES _____	TOTAL BOTTOM AREA	462	510	972

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/26/85 TANK SET ONLY LOCATION OK RH

8/29/85 - PIPE PUT ON INLET OF TANK. DISTRIBUTION BOX SET

8/29/85 1000AM - ADD STONE TO TRENCH #1 DIG TRENCH #2. 8/29/85 1230 TRENCH #1 OK

TRENCH 2 DUG 70 FT LONG DIG TRENCH #2 LONGER & ADD STONE

8/29/85 340PM - TRENCH #2 DUG 85 FT & STONE ADDED

DATE SYSTEM APPROVED 8/29/85 INSPECTOR Raymond Hoelzer

Retest

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31883

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 Ct., Ellicott City, Md. 21043 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 68

ROAD AND DESCRIPTION Homewood Road

SIZE OF LOT 3 acres m/l 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)

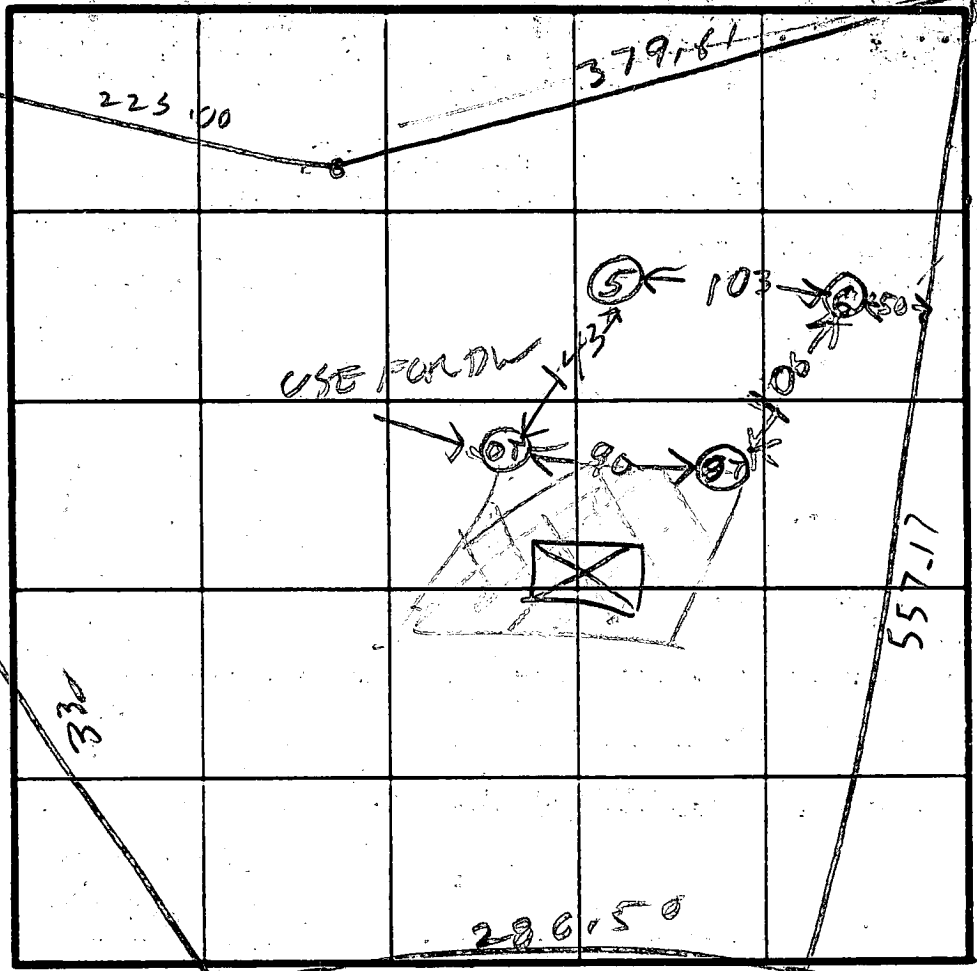
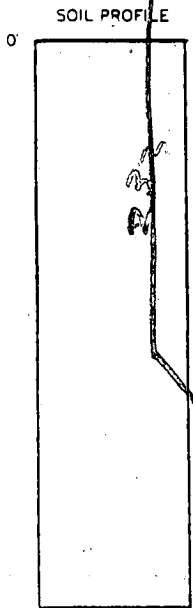
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
PASADENA

68

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/82	5S	3 1/2	258	259	259	301	2
	5V	11	ALL		SANDY		
4/23/82	6S	4	303	304	304	306	2
	6V	11 1/2	ALL		SANDY		

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY **R HODGER** ALSO PRESENT **STEVES**

EIT 1079

68

Pratt

APPLICATION

A 28412

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
DISTRICT 3
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. 45 44

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 141, 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)

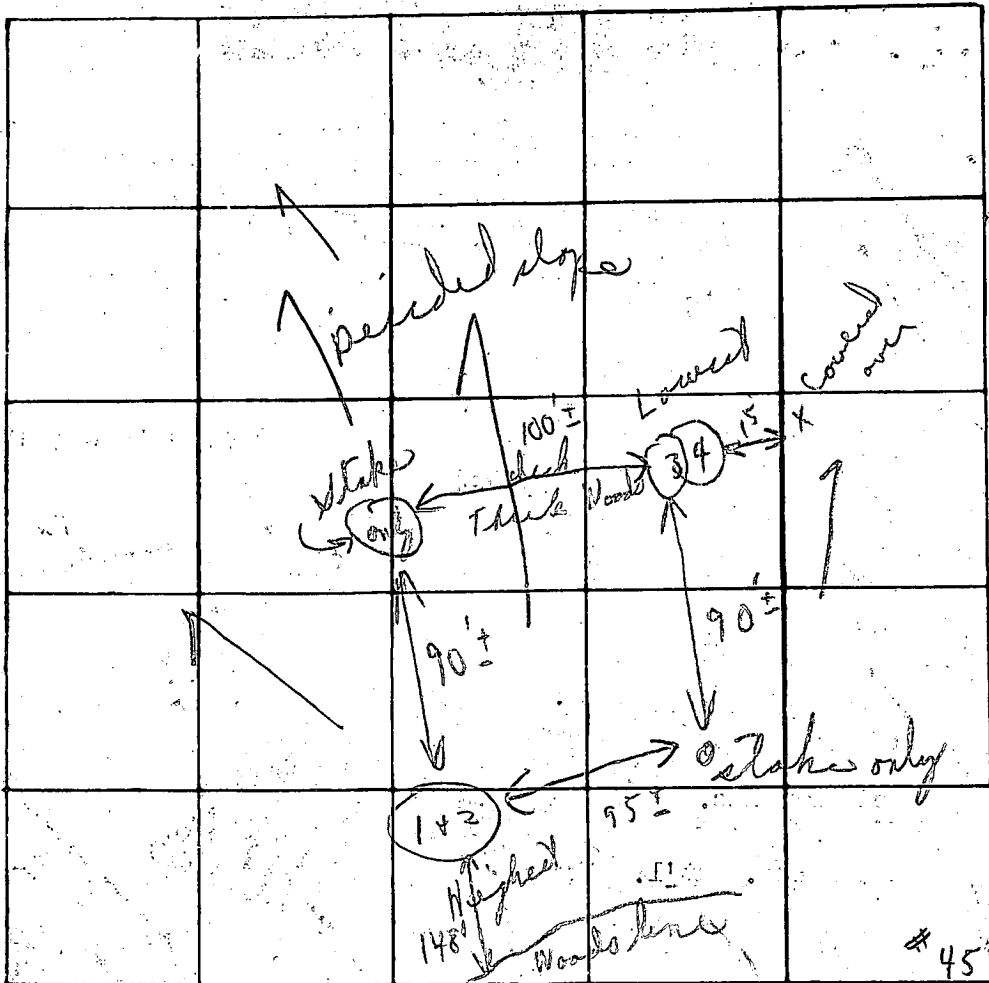
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#68
44



Field sheet

Tests per stake

44

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Unnamed Road

Soil Profile

Below clay

loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME	
			START	STOP	START	STOP		
7/11/98	1	3 1/2'	10:29	10:33	10:33	10:36	3 in	
	2 (H)	11'	10:28	10:38	10:38	10:57	19 in	
	3	3'	10:32	10:33	10:33	10:36	3 in	
	4 (L)	12'	10:31	10:33	10:33	10:37	4 in	
		{ 2 holes only per			P.F.W.		{ 4	29
		=						

Hard pan possibly on bottom

Under 3 1/2' avg 8 in

150 yft. per bedroom

REMARKS

(Tests in Woods)

(Hold for certified 1 hole)

TYPE OF SOIL

TESTED BY

a. Bd only

ALSO PRESENT:

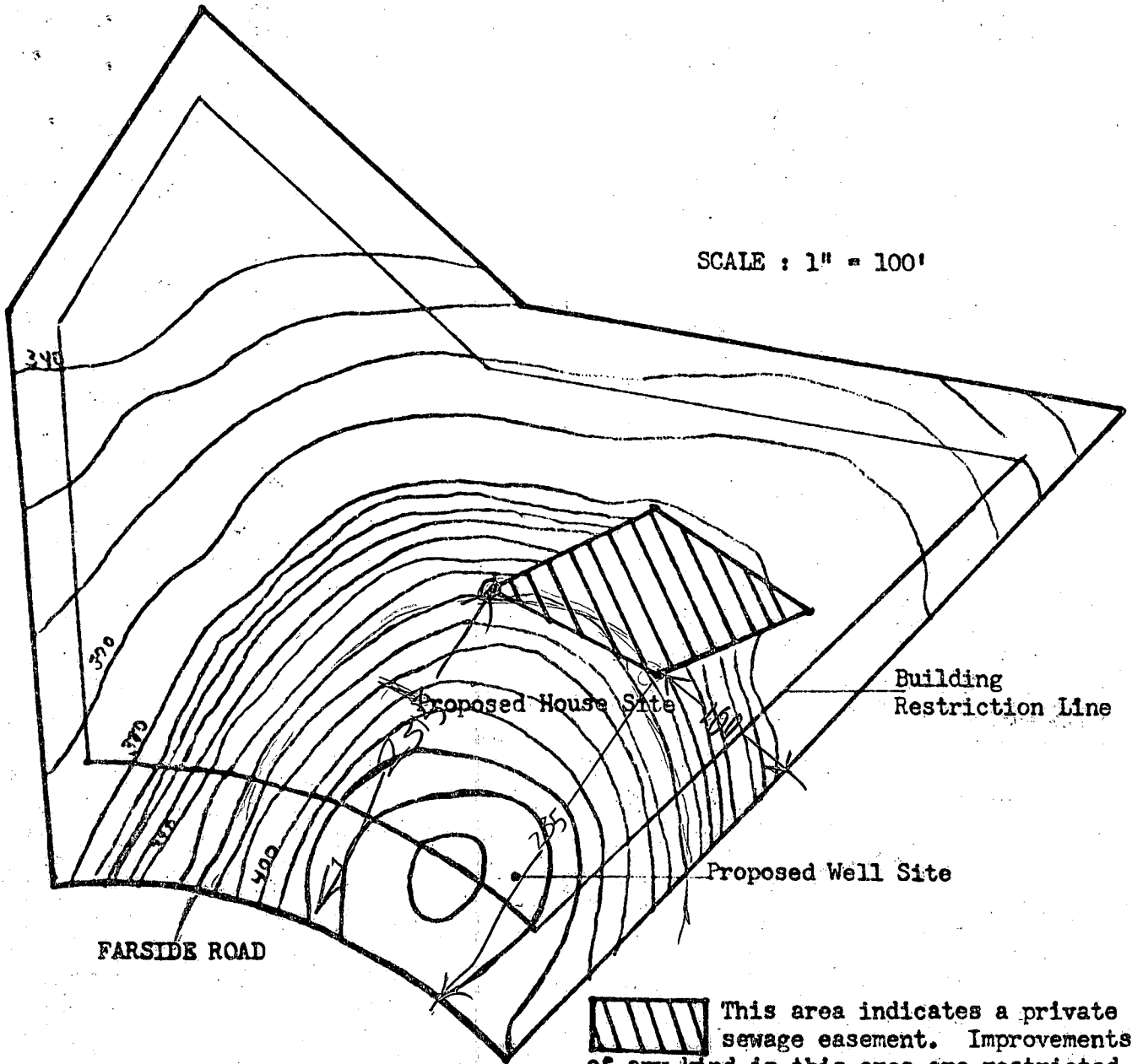
J. AD + stumps


as yesterday

FARSIDE
Lot 68 - Re-percolation 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.

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


County Health Officer

F.S.

6-15-82
Date

C1 **3372** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 31883**

DATE Received
 8 13

DATE WELL COMPLETED
 15 **04/1/84** 20

Depth of Well
 22 **163** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-0477
 28 29 30 31 32 33 34 35 36 37

OWNER **Woodmark Inc.** first name
 STREET OR RFD **Farside Drive** TOWN **Elioak**
 SUBDIVISION **Farside** SECTION _____ LOT **68**

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	
Brown shale	0	20	
Sand	20	37	
Gray mica rock	37	163	

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
 DEPTH OF GROUT SEAL (to nearest foot)
 from ft. to 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 **ST** Nominal diameter **6** Total depth of main casing **42**
 top (main) casing (nearest inch) (nearest foot)

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

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	40	40	163
2			
3			

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**
Joseph L. Moine
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

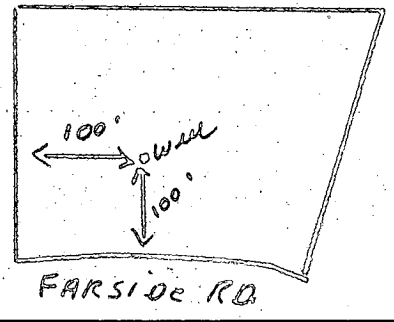
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) WQ _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

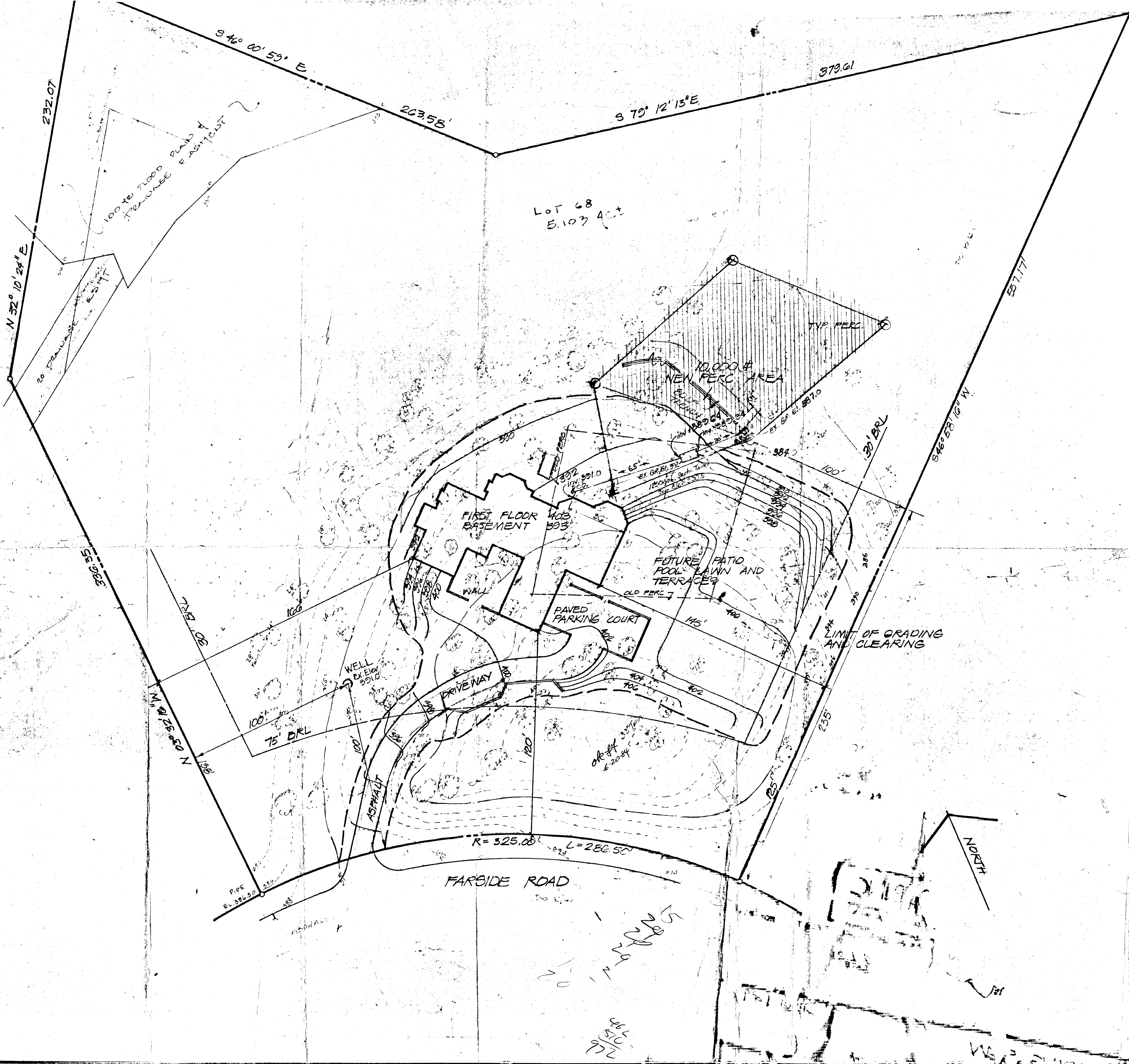
C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **38**
 WHEN PUMPING **49**
 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**
 (CIRCLE) (YES or 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 } **2**

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)





LOT 68
5.103 AC

NOTES:
 BOUNDARY + TOPOGRAPHIC SURVEY BY HUDKINS ASSOC.
 SUITE 231 JOSEPHS SQUARE COLUMBIA MD. 21044
 PLAT OF LOTS 62-74, RESUB. LOTS 17, 25, 26, 41, 42, 43, 44, 45, 46, 47, 48, 58, 59 PLAT # 468A 30 ELECTION DISTRICT
 5.103 ACRES
 WELL AND SEPTIC

THE RIEMER GROUP INC
 The Riemer Group, Inc. A Land Planning, Design & Construction Firm
 8659 Baltimore National Pike, Ellicott City, Maryland 21043

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE CORRECT FOR THIS PROJECT.
 Arthur E. Muenier
 ARTHUR E. MUENIER
 DATE 8/10/11

SITE AND GRADING PLAN SHEET 1 of 1

73
 30/100

27
 35

B 1 **7993**

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0477

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

please print or type

fill in this form completely

Date Received

030884

OWNER INFORMATION

WOODMARK INC.

12150MT. ALBERT ROAD

ELZOFK

Town City MD 21043

B 3

LOCATION OF WELL

HOWARD

FARSLIDE

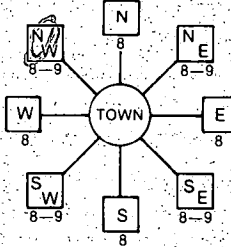
SECTION **68** LOT **68**

ELZOFK

MILES FROM TOWN (enter 0 if in town) **1 1/10 MI**

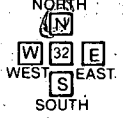
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Farside Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **100** ENTER FT or MI **FT**

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)
- 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

A 31883

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED **033084** CO SIGNATURE **Frank Shinn** EXP. DATE **9/30/87**

NORTH GRID **518000** EAST GRID **0824000**

APPROXIMATE DEPTH OF WELL **180** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

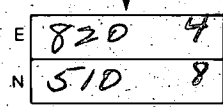
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic-Rotary)
- CABLE REVerse-ROTary Drive-POINT
- other _____

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

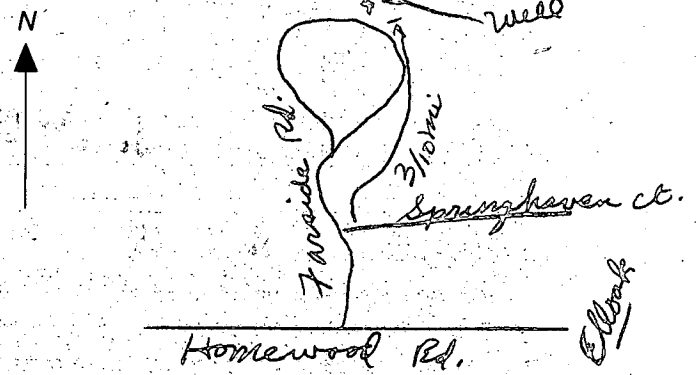


Location OK
42 - existing
32' - open
10 bags cement
left site for next appointment
4/10/84

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
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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



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

APPROP. PERMIT NUMBER **G A P**

FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0477**

SPECIAL CONDITIONS

