

10/4/85
late as possible
this afternoon

03-307239

approved
10/4/85
C. Williams

PERMIT

P 35924
A 31884

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

de
ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 3rd

DATE 8/29/85

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Farside ROAD 11826 Farside Road LOT 70

PROPERTY OWNER Udike

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 - 245 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start first trench 300 feet from the front lot line and 50 feet from the left lot line as seen when facing the property from farside Road. Run trench(s) along level ground toward right lot line. 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.

PLANS APPROVED BY C. Williams DATE 8/26/85

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.

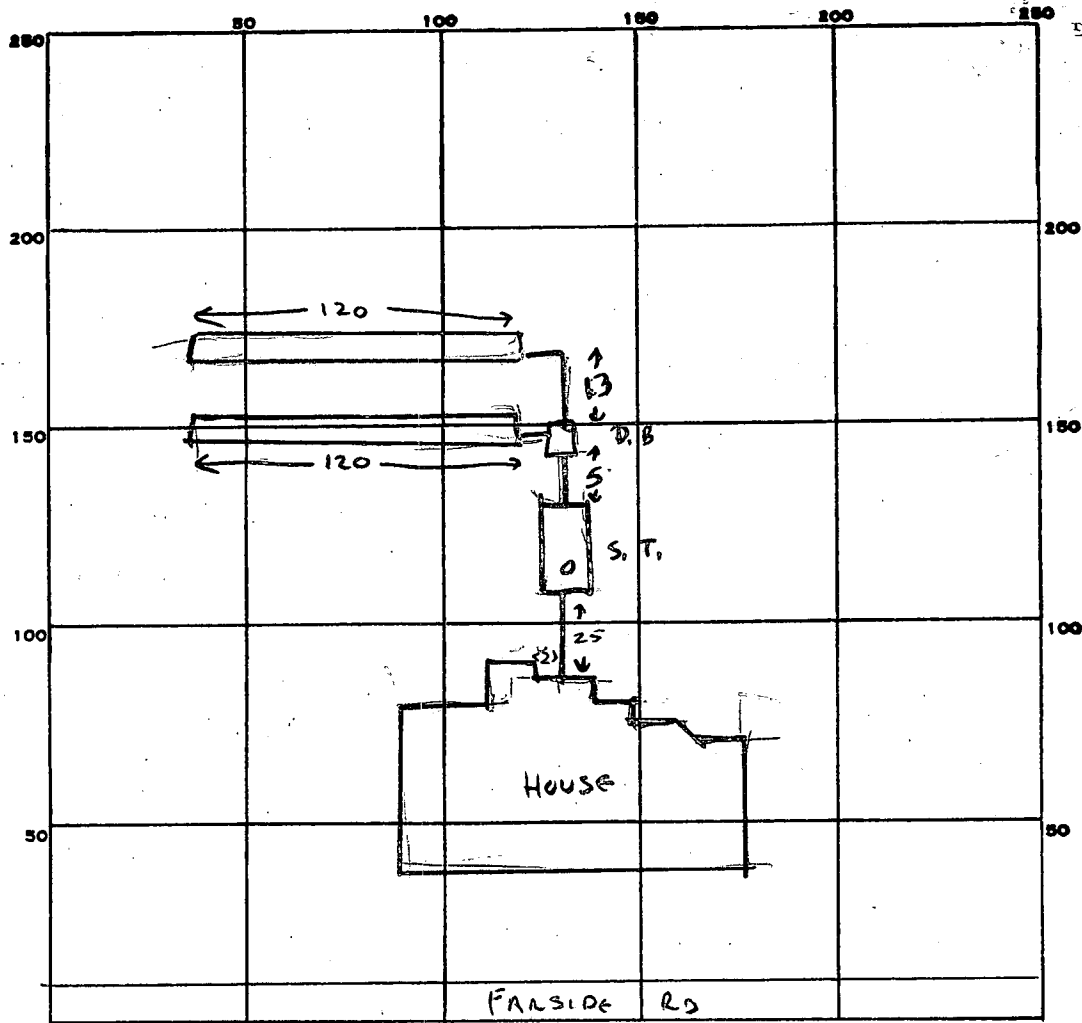
PERMIT VOID AFTER THREE YEARS.

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.

BLUE PERMITS
AND RETURNED 10/2/85
1300132612
Garage w/lathe
3/18/87

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

*CALL [redacted] FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS SFL

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 3/4 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 1/4 FT TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 2 (120+120) ^{ONE SIDEWALL} TOTAL BOTTOM AREA 1320

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

TOTAL ABSORBENT AREA 1320 SQ. FT.

REMARKS

10/4/85 OK TO FINISH ADDING STONE COVER, CW

DATE SYSTEM APPROVED

10/4/85

INSPECTOR

CW

Retest

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31884

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. 70

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 _____

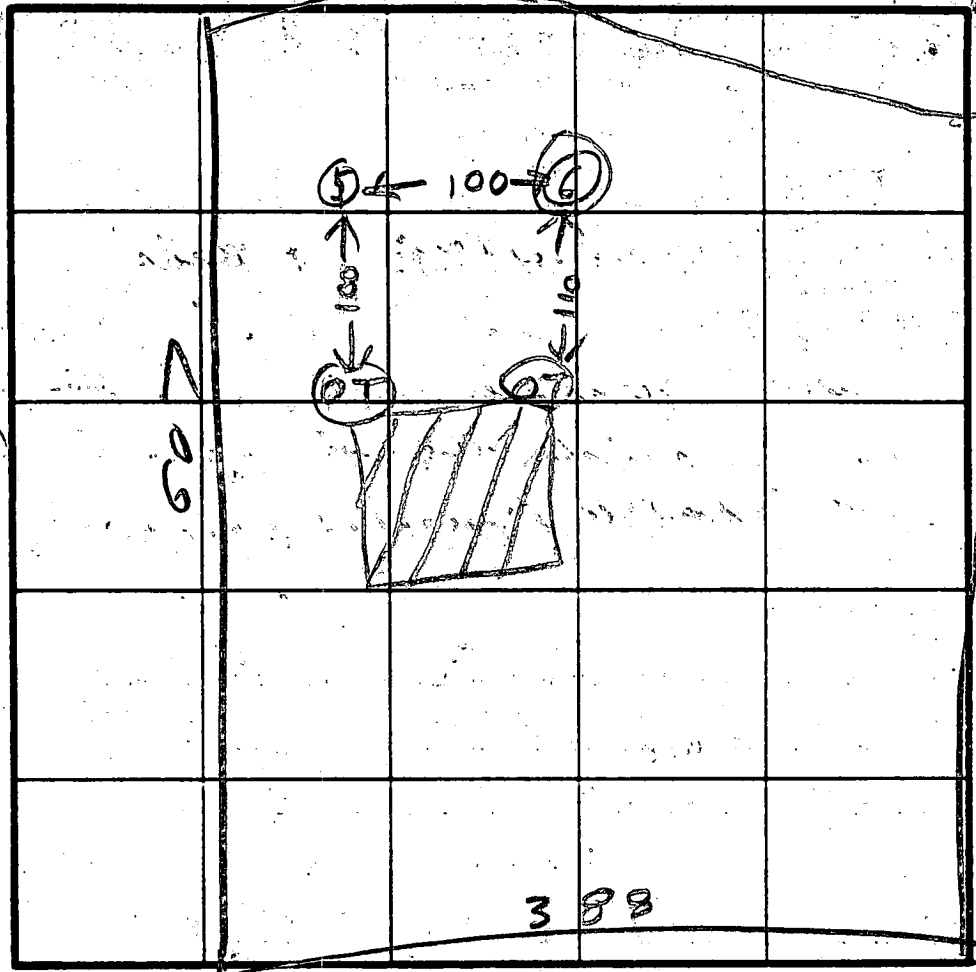
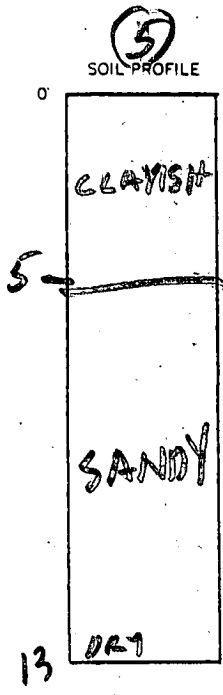
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

80 62 27

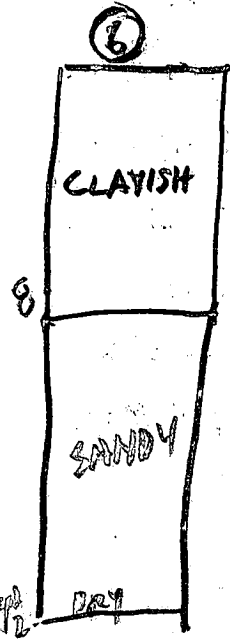


SEE
PLAT

70

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FAR SIDE RD



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
4/23/62	5D	10	332	334	334	341	7	
	5S	6	332	336	336	341	5	
	5V	13	SEE SOIL PROFILE					
	6D	10	337	339	339	343	4	
	⑥S	1	337	357	Little Blue Slon			
	6V	14 1/2	SEE SOIL PROFILE					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12 1079

APPLICATION

A 28303

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. 46

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. 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 1/1
 (KIND OF SYSTEM)

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

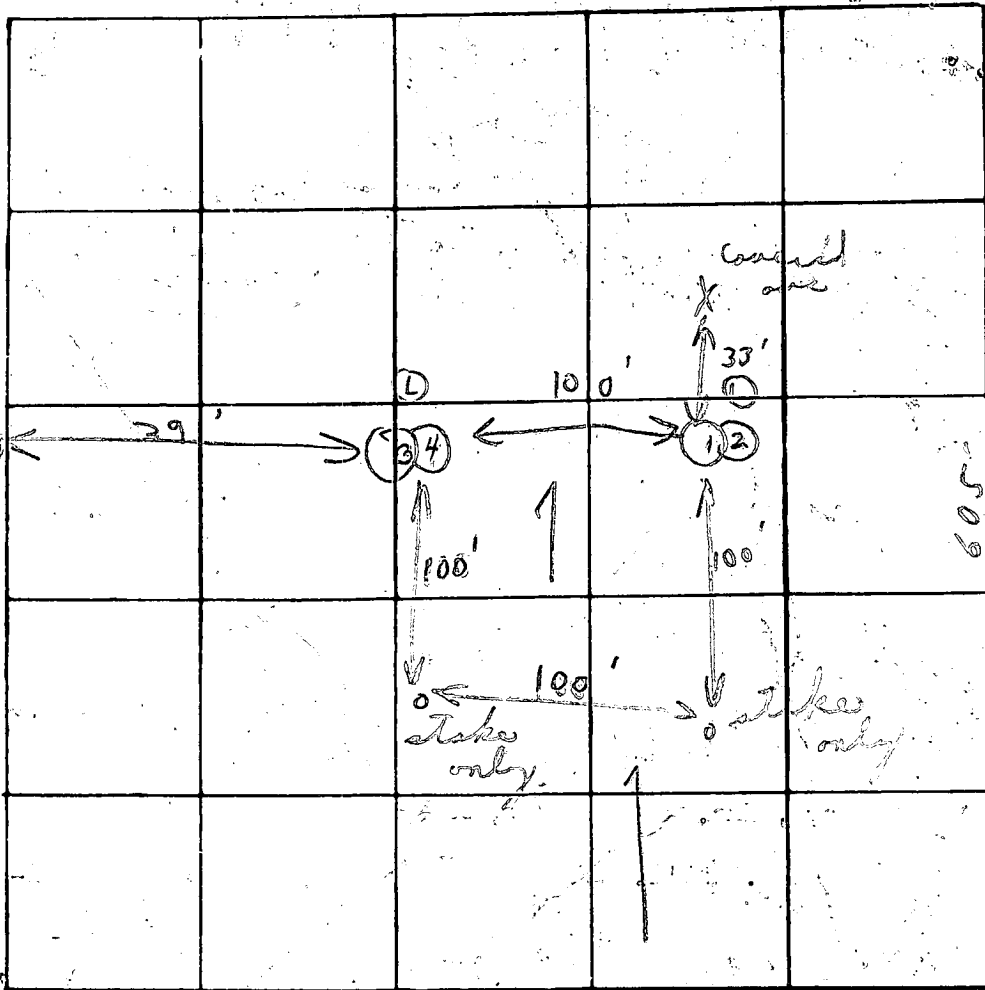
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#70

4/6



#70 on Sloped Field

46

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Unimac Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - DROP		TIME	
			START	STOP	START	STOP		
7/10/78	1	5'	1:35	1:44	1:44	2:00	16 in	
	2 (L)	13'	1:25	1:37	1:37	1:40	3 in	
	3	5 1/2'	1:44	1:54	1:54	2:10	11 in	
	4 (L)	12'	1:43	1:46	1:46	1:50	4 in	
			2 holes over each				4	39


7/10/78
 10 in aug
 1 hole 4'
 Good soil
 5'
 Tests
 100
 1 hole
 No soil
 lines
 150 yd.
 per bedroom

REMARKS (Tests in open field) 2 (L) holes per P.F. 10

TYPE OF SOIL

TESTED BY [Signature] ALSO PRESENT: Jones on 7/2/78 call

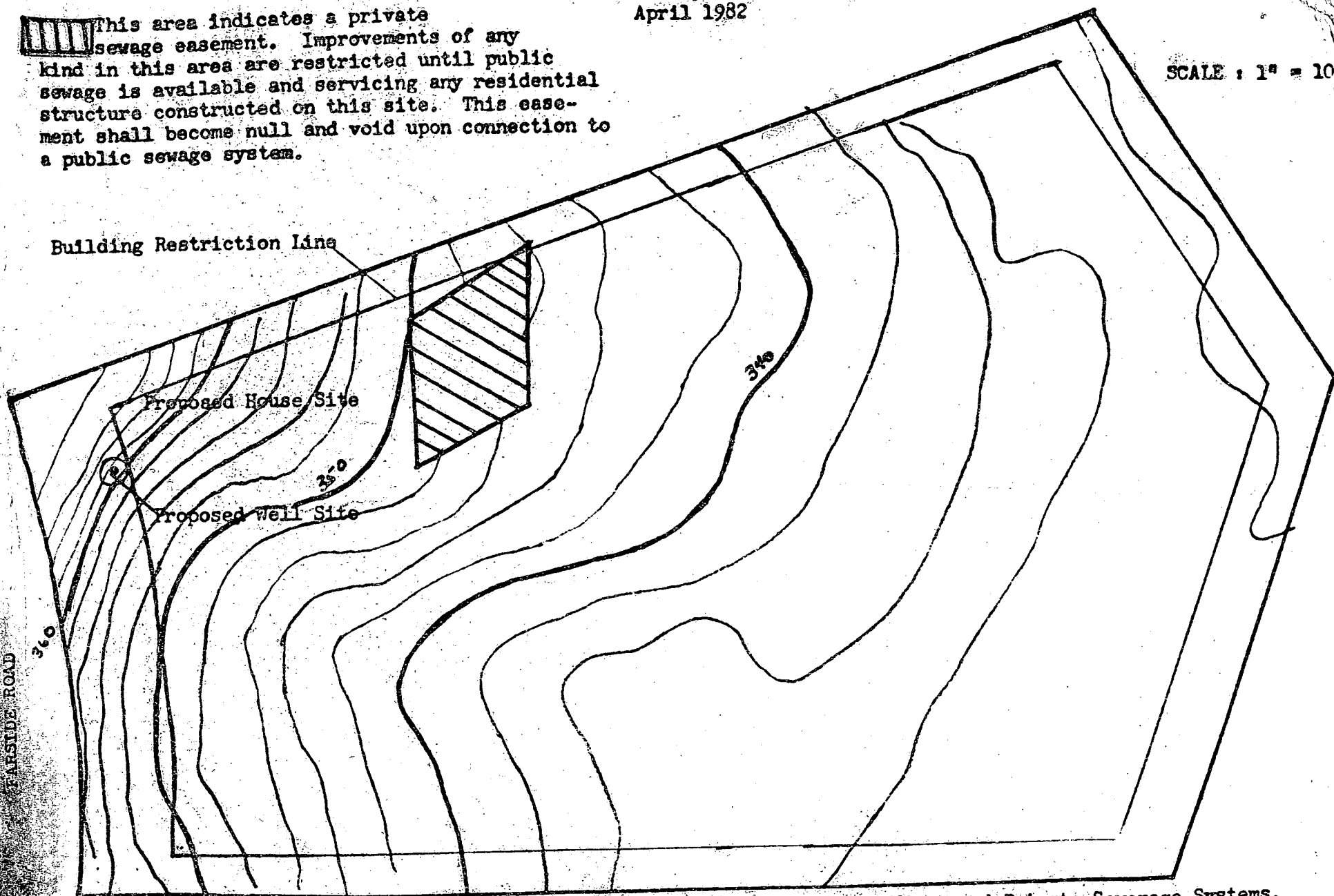
FAR SIDE
Lot 70 Re-percolation Data
April 1982

 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.

SCALE : 1" = 100'



Building Restriction Line



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

Jaylene Boyles
County Health Officer

J.S.

6-15-82
Date

B 1 6965

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-0968

fill in this form completely

Date Received

03/13/85

OWNER INFORMATION

4/20/85 9:30 AM

UPDIKE KAUPH E

9316 ROCK MEADOW

ELLICOTT CITY MD 21043

LOCATION OF WELL R-3562 40.10

HOWARD COUNTY

FARMSIDE SUBDIVISION

SECTION 44 46 LOT 70 48 50

CLARKSVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 6 MI

DRILLER INFORMATION

GEORGE F. EASTERDAY 40 License No. 80

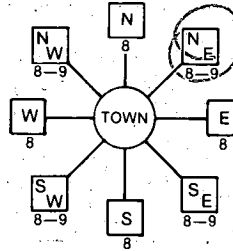
L. FRANKLIN EASTERDAY, INC.

9215 BRUNN Church Rd. Mt. Airy, Md 21771

George F. Easterday 3/12/85

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11826 Farmside Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1000 DISTANCE FROM ROAD

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)

- D 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A-23727 COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 040385 CO SIGNATURE 10/3/85 EXP. DATE

NORTH GRID 517000 EAST GRID 0824000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

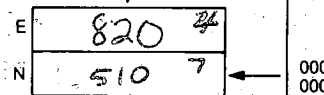
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRive-POINT
other

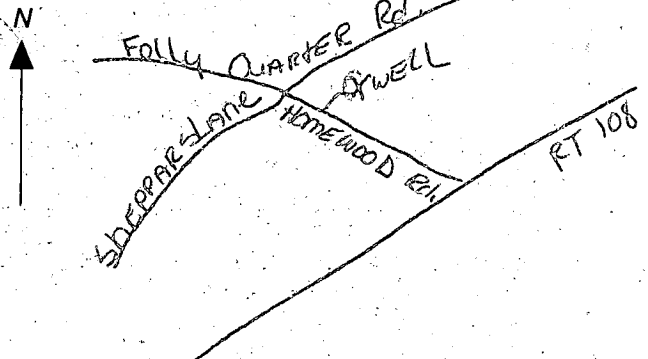
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE



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



Handwritten notes: X WELL, 4/12/85 WELL BROOK OK SEE OTHER SIDE

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)

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

APPROX. PERMIT NUMBER GAP

FORCE W WRITE INITIALS IN BOX PERMIT No. HO-81-0968

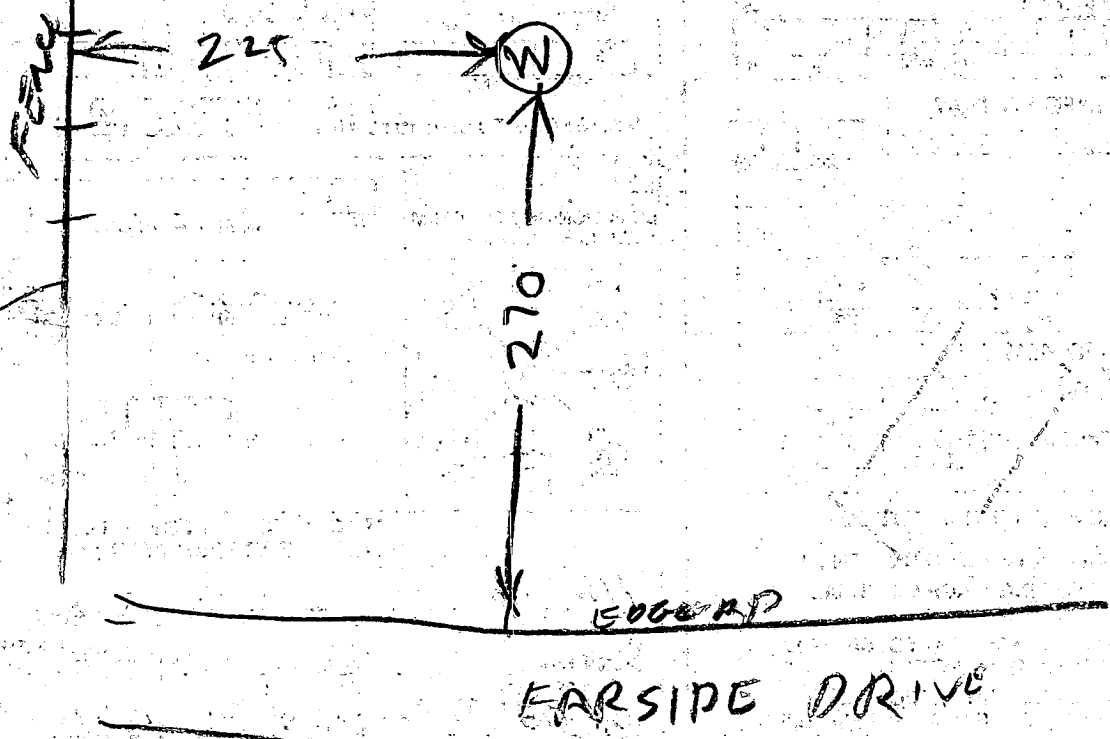
SPECIAL CONDITIONS

68

90

260

340



4/12/85 9:40AM

- ① LOCATION OK (CHECKED PLAT AT OFFICE)
- ② 48 FT. CASING 2 1/2 FT. OUT OF GROUND
- ③ 32 FT. OPEN HOLE
- ④ 15 BAGS CEMENT
- ⑤ WELL OK

B. Hodges

C1 6154 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 **AZ 35127**

DATE Received **JUN 17 1985** DATE WELL COMPLETED **041285** Depth of Well **338** (TO NEAREST FOOT)
 FROM "PERMIT TO DRILL WELL" **HO-81-0968**

OWNER **Yodike** last name **Yarouso** first name **Ralph** TOWN **Clarksville**
 STREET OR RFD **11825 Yarouso Rd.** SUBDIVISION **Yarouso** SECTION **70** LOT **20**

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	
Top soil	0	2	
Clay	2	6	
Shalay	6	14	
Sand Stone	14	45	
mica	45	55	
Flint	55	60	✓
Mica & Flint	60	335	
Mixed	335	336	✓
Quartz	336	338	
mica			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL **CM** **BC**
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1500**
 GALLONS OF WATER **75**
 DEPTH OF GROUT SEAL (nearest foot)
 from **0** ft. to **32** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE **ST** **G** **48**
 Nominal diameter top (main casing) (nearest inch) **6**
 Total depth of main casing (nearest foot) **48**

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**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

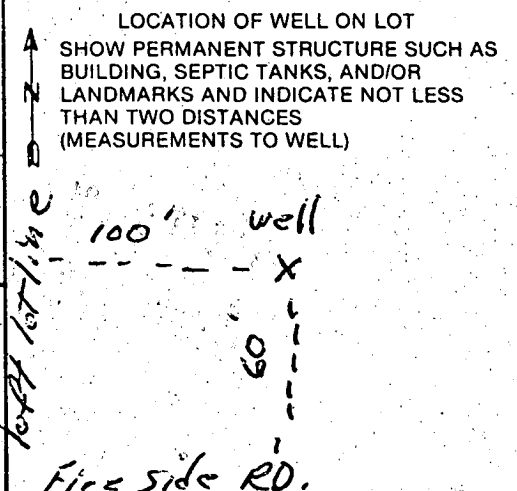
C2
 DEPTH (nearest ft.)
 1 **H0** **46** **338**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **19**
 WHEN PUMPING **30**
 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) **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
- below } **2** (nearest foot)



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. **40**
George F. Gasterday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Fellars
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

