

12/14/94
AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50427K

A REPAIR

DISTRICT 3rd

DATE 12/05/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

307301

DATE SYSTEM APPROVED 12/15/94

INSPECTOR M. Rifkin

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Farside LOT 52 ROAD 11909 Farside Road

PROPERTY OWNER Joel M. Abramson

ADDRESS 11909 Farside Road
Ellicott City, Maryland 21043

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

NOTE: ~~PORTION OF EXISTING SYSTEM WITHIN 20 FEET OF PROPOSED ADDITION AND SURROUNDING CONTAMINATED SOILS TO BE REMOVED; SEPTIC TANKS AND DISTRIBUTION BOX TO BE RELOCATED AS APPROPRIATE.~~
MR

REPAIR - PURPOSE - TO SUPPORT THE PROPOSED ADDITION (BUILDING PERMIT NO. 57410).

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone. Linear feet of trench required 175 feet

NOTE: NO trench to exceed 100 feet in length. OK MR 12/13/94

PLANS APPROVED BY Mark Rifkin DATE 12/08/94

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

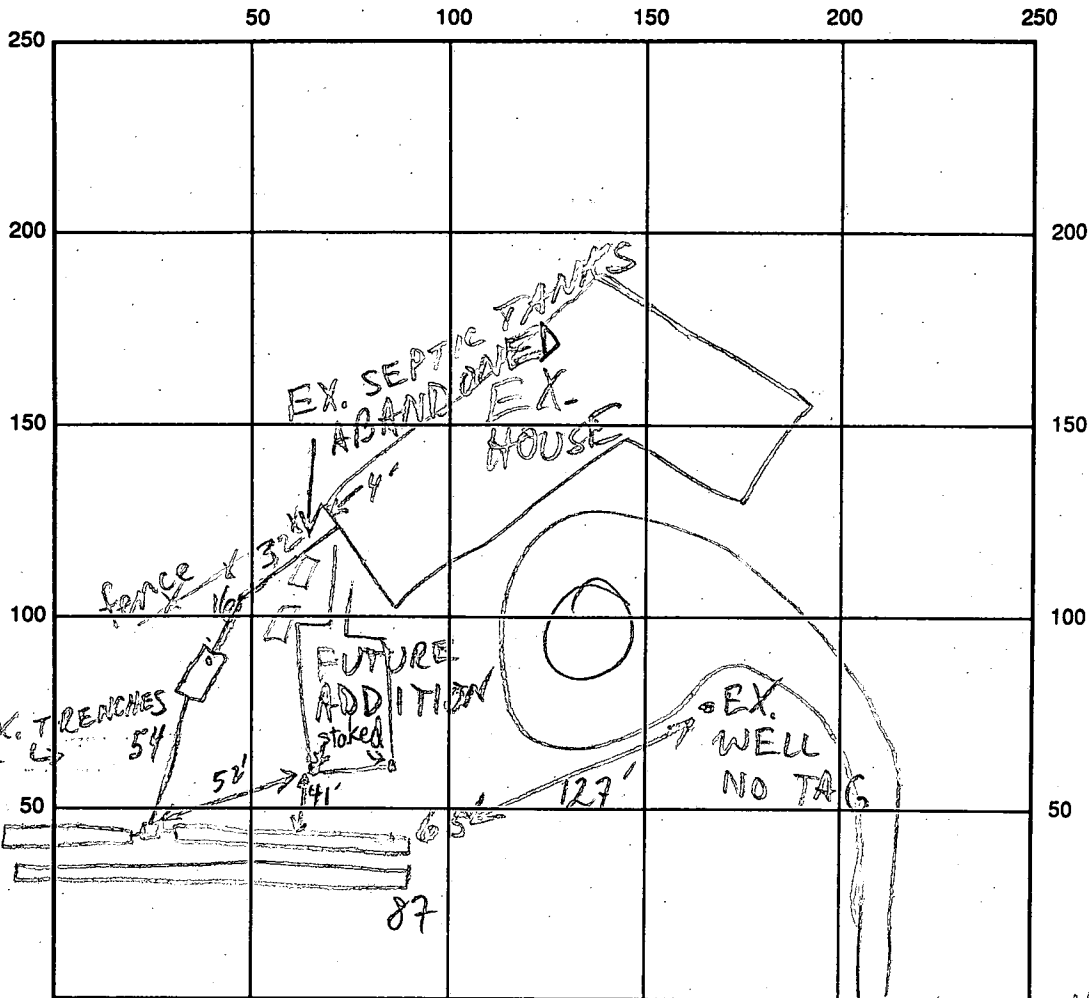
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 50427K



FARMSIDE RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



SEPTIC TANK LEVEL 2070 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

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

EFFECTIVE GRAVEL DEPTH 6 1/6 FT. TOTAL LENGTH 0 2/3 @ 87 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0546 @ 522 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 1068 SQ. FT.

REMARKS: 12/15/94 #1 OK TO CONTINUE; NO NEED TO REMOVE ANY PART OF EX. TRENCHES MR 12/15/94 #2 OK TO COVER ALL; EX TANKS ABANDONED MR!

DATE SYSTEM APPROVED 12/15/94 INSPECTOR M. R. Klein

Approved 8/22/84
Stayed

PERMIT

P 34198
A 33386

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY
DISTRICT 3rd
DATE 8/8/84

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

8/22/84
P.M. 1:10 P.M.
60 EXCELLENCE

Robert L. Orndorff IS PERMITTED TO INSTALL ALTER
ADDRESS 7469 Flamewood Drive, Clarksville, MD 21029 PHONE _____
SUBDIVISION Farside ROAD 11909 Farside LOT 52
PROPERTY OWNER Mr. & Mrs. Joel Abramson
Suite 105
ADDRESS 5560 Sterrett Place, Columbia, MD 21044

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 3750 GALLONS NUMBER OF BEDROOMS 7

BLDG. PERMIT SIGNED
AND RETURNED 12/15/84
Serial # 57410 - addition

Dry well or dry well and trench - 150 sq. ft. per bedroom. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. TRENCHES - 193 sq. ft per bedroom. Total absorbent area with garbage disposal 1350 sq. ft. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade with 6 feet of stone below distribution pipe. LOCATION: Start the trench or place the dry well at perc hole (7) which is located 135 feet from the front lot line and 115 ft from the left side of the lot as seen when facing the lot from Farside Road. Run the trenches toward the left side of the lot as seen when facing the lot from Farside Road. Run the trenches parallel to Farside Drive and at least 12 feet apart. 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..

PLANS APPROVED BY Raymond Hodges DATE 12/15/83

- 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.

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

A 33386

B 1 **6887** SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

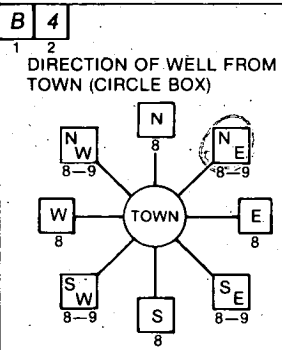
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-81-0763
fill in this form completely

Date Received **10/15/84**
OWNER INFORMATION
Last Name **McDonough** Owner **John** First Name
Street or RFD **5829 BANNECKER ROAD**
Town **COLUMBIA** State **MD** Zip **21044**

B 3 LOCATION OF WELL
COUNTY **HOWARD**
SUBDIVISION **FAR SIDE**
SECTION **7** LOT **52**
NEAREST TOWN **CLARKSVILLE**
MILES FROM TOWN (enter 0 if in town) **6** MI

DRILLER INFORMATION
Driller's Name **L. Daniel Easton** License No. **41**
Firm Name **L. Franklin Easton, Inc.**
Address **9255 Brown Church Rd Mt Airy, Md 20771**
Signature **L. Daniel Easton** Date **10/10/84**



11909 Farside Rd.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH, WEST, EAST, SOUTH. Box 'E' is circled.
DISTANCE FROM ROAD **150** FT or MI **FT**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

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
COUNTY NAME **HOWARD** COUNTY NO. **A33306**
OEP SIGNATURE _____ STATE HEALTH INSERT S
DATE ISSUED **10/10/84** CO-SIGNATURE **L. Stamer** EXP. DATE **11/10/84**
NORTH GRID **515000** EAST GRID **0823000**

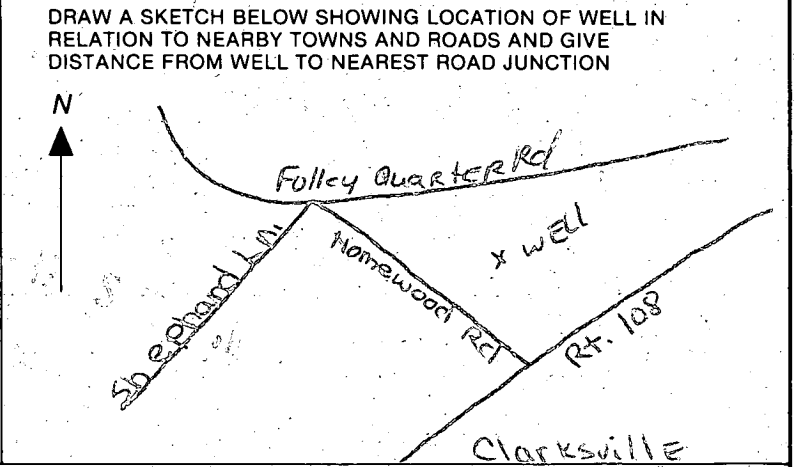
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **10** NEAREST INCH

METHOD OF DRILLING (circle one)
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 BORED (or Augered) JETTED Jetted & DRIVEN
 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
N **8203**
E **5105**

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) **HO-73-2773**



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **GAP**
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0763**

SPECIAL CONDITIONS
Emergency

C1 6108 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. 3-6 ON ALL CARDS)

COUNTY NUMBER A33386

DATE RECEIVED

DATE WELL COMPLETED 10/1/84

DEPTH OF WELL 209 FT

PERMIT NO. FROM "PERMIT TO DRILL WELL" AO-81-0763

OWNER: MIC DONOUGH JOHN last name 11909 FARSIDE R first name TOWN SECTION LOT 52

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: TOP soil (0-2), Clay (2-4), Shaley (4-10), brown slate (10-35), Granite (35-45), Flint (45-85), Granite (85-155), Flint (155-160), Granite (160-200).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT C.M., BENTONITE CLAY BC, NO. OF BAGS 9, NO. OF POUNDS 900, GALLONS OF WATER 45, DEPTH OF GROUT SEAL 32 FT.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE ST, Nominal diameter 6 inch, Total depth of main casing 44 feet.

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), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56-60 INCH.

DEPTH (nearest ft.) table with rows for EACH CASING and SCREEN, values include 42, 200.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 30 gal. per min. to nearest gal., METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 43 BEFORE PUMPING, WHEN PUMPING 209, TYPE OF PUMP USED air (A), centrifugal (C), jet (J), piston (P), rotary (R), turbine (T), other (O), submersible (S).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT above (+) or below (-) LAND SURFACE.

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

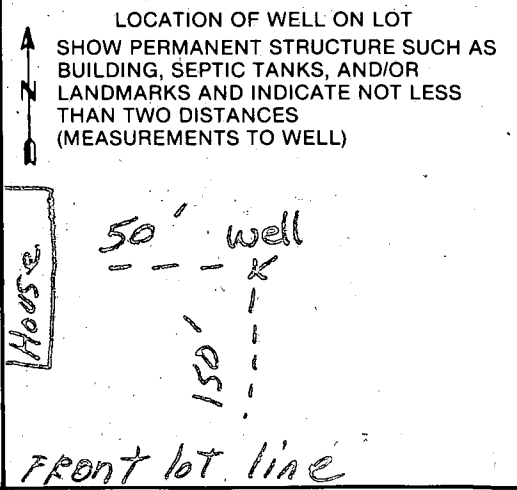
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. H1, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Charles P. Miller

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

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.), W.Q., TELESCOPE CASING, LOG INDICATOR, OTHER DATA



5119 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS ON ALL CARDS)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETELY FILL IN THIS FORM COMPLETELY COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 1-3-78 DATE WELL COMPLETED 1-3-78 DEPTH OF WELL 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-83-2493 DRILLERS IDENTIFICATION NO. 120

OWNER WAKEFIELD MARK LAST NAME STREET OR RFD 12150 MT. ALBERT CT. POST OFFICE ELLICOTT CITY, MD 21043

WELL LOG TABLE with columns: DESCRIPTION (OVERBURDEN, BROWN SHALE, GRAY ROCK), FEET (FROM, TO), CHECK IF WATER BEARING

WELL DESCRIPTION GROUTING RECORD CASING RECORD OTHER CASING SCREEN RECORD

PUMPING TEST WATER LEVEL TYPE OF PUMP USED PUMP INSTALLED CASING HEIGHT LOCATION OF WELL ON LOT

CIRCLE APPROPRIATE BOXES I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL"...

DIAMETER OF SCREEN 56-60 (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68-F WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

12/15/83
9:30 A.M.
Retest

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33386

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd

DATE 12-12-83

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 MR + MRS. Joel Abramson
ADDRESS Suite #105
40 5560 Sterrett Place, Columbia, Md. 21044 PHONE 531-6399
730-7733

PROPERTY LOCATION:
11909 SUBDIVISION Farside Rd. LOT NO. 52

ROAD AND DESCRIPTION Farside Road, Ellicott City, Md. 21043

SIZE OF LOT 3.107 +/- TYPE BLDG. to 7
(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.

BY: John F. McDonough (SIGNATURE OF APPLICANT)
John F. McDonough Builders, Inc.
President

APPROVED BY Raymond Hodges FOR Trench or Drywell & Trench DATE 12/15/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 1/5/84
Serial # 57989 SFD

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EIT 12 10/79

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33386

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

DATE 12-12-83

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 MR + MRS. Joel Abramson

ADDRESS Suite #105
10 5560 Sterrett Place, Columbia, Md. 21044 PHONE 730-7733

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 52

ROAD AND DESCRIPTION Farside Road, Ellicott City, Md. 21043

SIZE OF LOT 3.107 +/- TYPE BLDG. to 7
(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.

By: John F. McDonough
John F. McDonough, Inc. President
(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

A 28310

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

1-3 Bedrooms 1000 gallons
DISTRICT 3

4 Bedrooms DATE May 12, 1978
1250 gallons

Pre

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. 54 52

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 *P. J. Ottoboni*

APPROVED BY _____ FOR _____ DATE 1/1
(KIND OF SYSTEM)

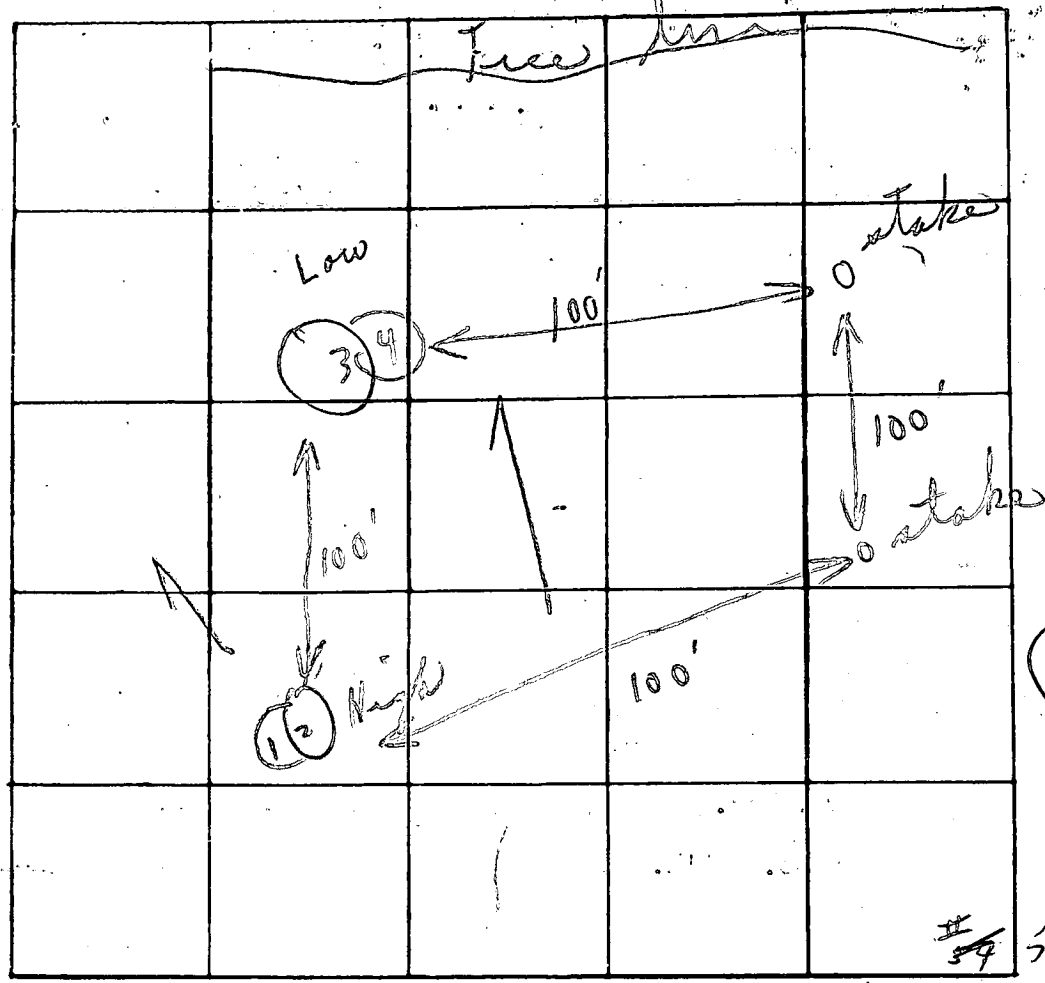
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

52



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sand
Baler
ch
low

DATE	TEST NO.	DEPTH	PRE-WET		TEST ... DROP		TIME
			START	STOP	START	STOP	
7/10/72	1	3 1/2'	3:12	3:15	3:15	3:17	2 in
	④ 2	11'	3:12	3:15	3:15	3:17	2 in
	3 A	4'	3:08	3:	3:X	3:X	X
	④ 4	11 1/2'	3:08	3:11	3:11	3:16	5 in
			2 hole				
	3 B	5'	3:19	3:26	3:26	3:38	12
							21

Tests
winded 3 1/2
6 min avg
150 sq ft
per
bedroom

REMARKS Hold for certified holes
 TYPE OF SOIL _____
 TESTED BY C. B. & G. J. ALSO PRESENT: Same as yesterday

N

SCALE 1"=50'

267.76

EXISTING
W/RAILROAD
SIDE
FENCE

209.16

3.107 ACRES

90'

P001

15'

30'

45'

DRIVE

Well

SEPTIC

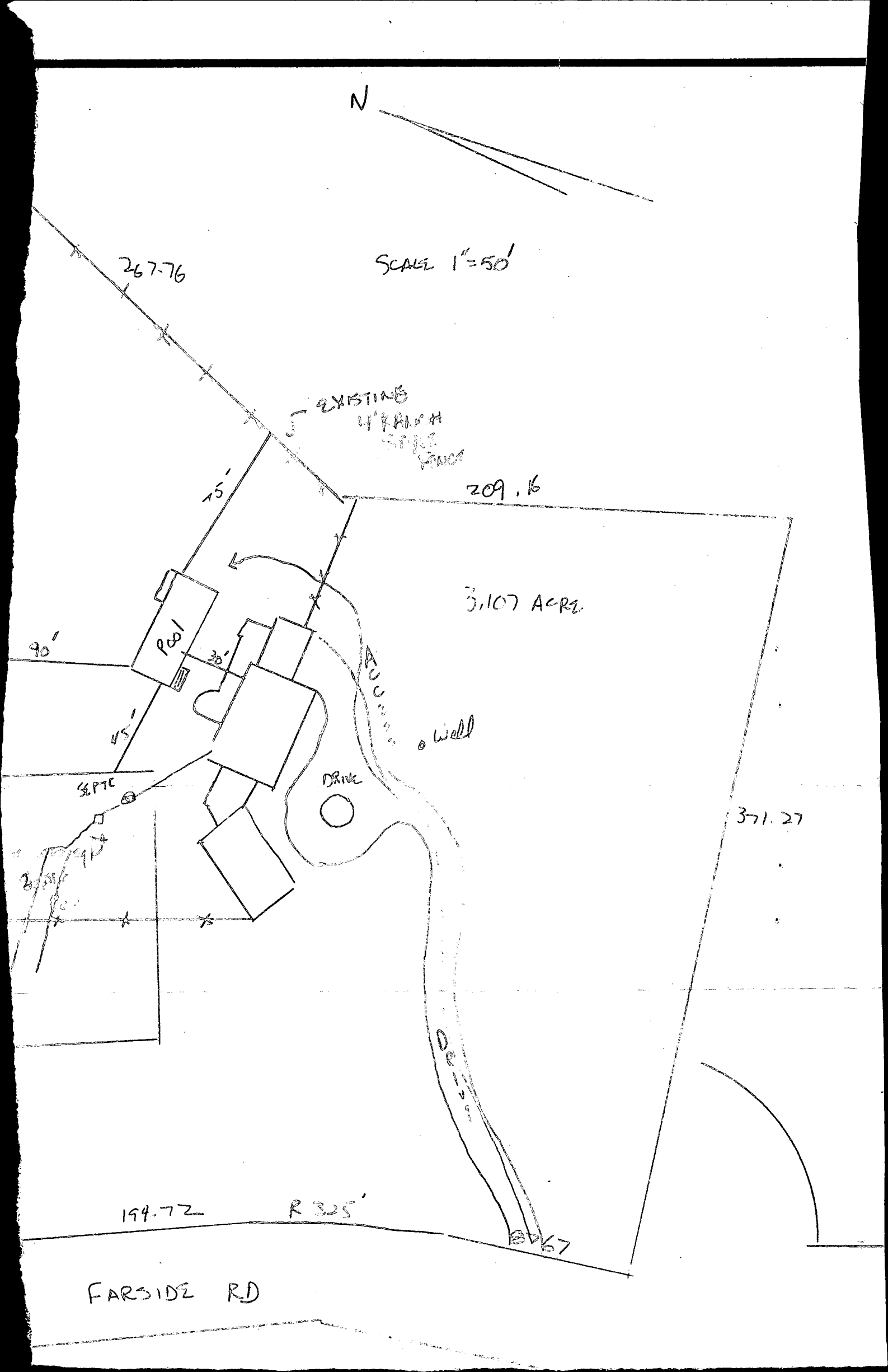
371.27

194.72

R 325'

376.67

FAR SIDE RD





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 8, 1994

MEMORANDUM

TO: Joel M. Abramson
11909 Farside Road
Ellicott City, MD 21042

FROM: Mark Rifkin *MR*
Water and Sewerage Program
Bureau of Environmental Health

RE: Building Permit Application Number 57410
Proposed Use: Addition
Address: 11909 Farside Road

This is to confirm that the above referenced building permit application was recommended for approval subject to the following conditions:

- that a septic repair permit (\$25 fee) be acquired;
- that ^anew septic tank and a distribution box be installed ~~if the existing ones are not in satisfactory condition.~~
- that the revised septic tank locations be at least 10 feet from the new addition;
- that the revised distribution box location be at least 20 feet from the new addition;
- that appropriate portions of each of the existing three trenches and surrounding contaminated subsoil be removed to provide at least 20 feet of clearance from any sewage to the new addition; and
- that new trench capacity be installed to handle the new total potential sewage flow (totalling ~~260~~ ¹⁷⁵ feet of trench, 10' deep, 6' stone).

These conditions were discussed with you, Joel Abramson, on December 5, 1994.

This office's recommendation for approval of the building permit application was based upon your acceptance of these conditions.

*5 BR Total in finished house (2 BR eliminated; OK.
CHANGES OK
MR 12/13/94
master BR to be
sitting room + entrance
to new master BR)*

SEPTIC SYSTEM DATA:

INV. @ HOUSE: EX. 408.0

SEPTIC TANK #1

EX. GRADE: 415.5
 FINISHED GRADE: 416.0
 INV. IN.: 407.6
 INV. OUT.: 407.3

SEPTIC TANK #2

412.0
 412.0
 407.2
 406.9

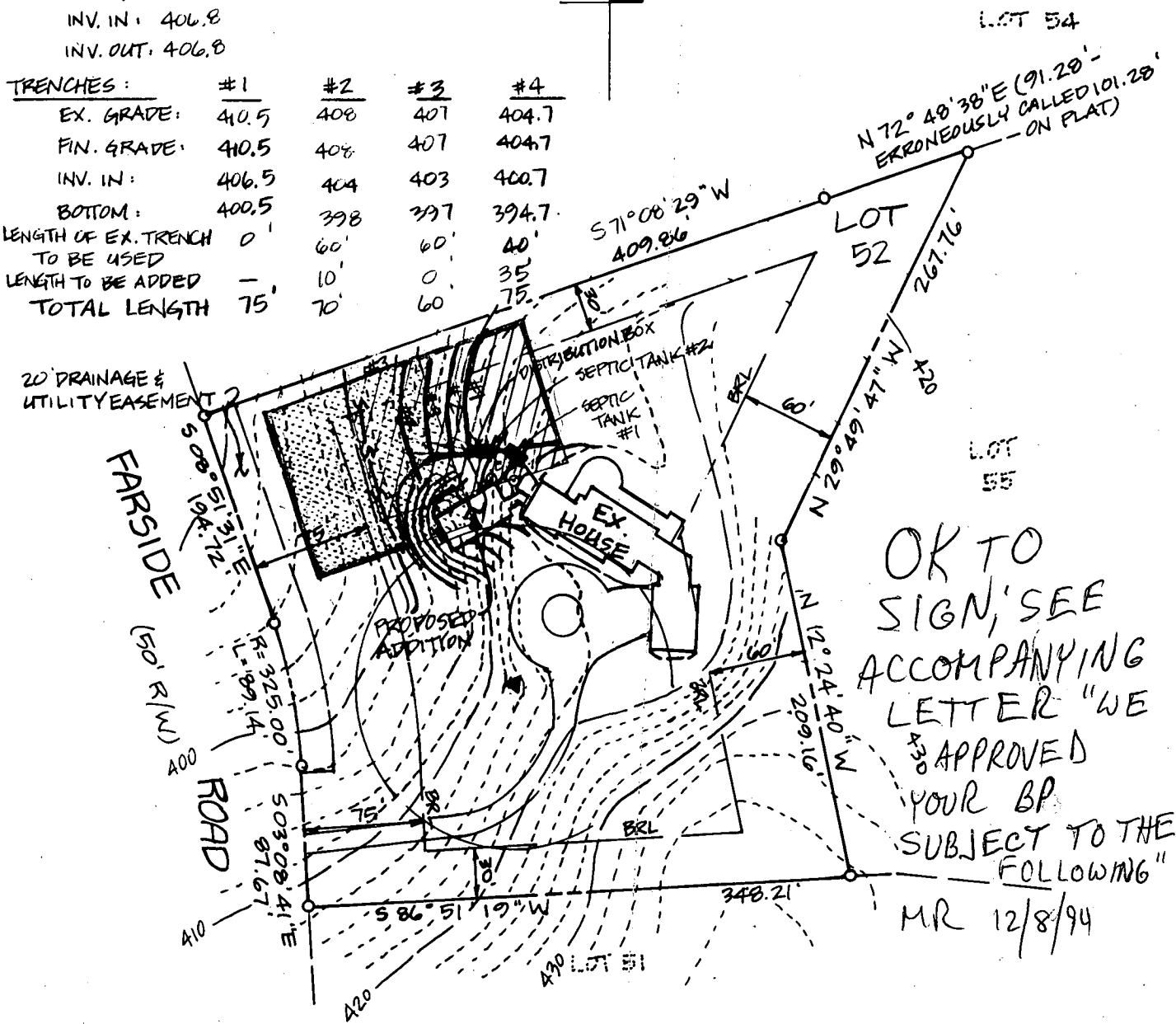
DISTRIBUTION BOX

EX. GRADE: 410.5
 FIN. GRADE: 410.5
 INV. IN.: 406.8
 INV. OUT.: 406.8

TRENCHES:

	#1	#2	#3	#4
EX. GRADE:	410.5	408	407	404.7
FIN. GRADE:	410.5	408	407	404.7
INV. IN.:	406.5	404	403	400.7
BOTTOM:	400.5	398	397	394.7
LENGTH OF EX. TRENCH TO BE USED	0	60	60	40
LENGTH TO BE ADDED	-	10	0	35
TOTAL LENGTH	75	70	60	75

EXISTING HOUSE: FF. 422.0
 BE. 411.2
 ADDITION: FF. 422.0
 BE. 412.32



- DESIGNATES 10,000 # PRIVATE SEWAGE EASEMENT PER RIEMER GROUP SITE PLAN APPROVED 1/5/84.
- DESIGNATES 10,000 # PRIVATE SEWAGE EASEMENT PER PLAT # 4412.
- DESIGNATES PROPOSED REVISED 10,000 # PRIVATE SEWAGE EASEMENT.
- DESIGNATES EXISTING SEPTIC CLEANOUT
- TOTAL AREA DISTURBED = 11,450 #
- THE TOPOGRAPHY SHOWN HEREON WAS NOT FIELD RUN BY SHANABERGER & LANE.
- DESIGNATES APPROXIMATE LOCATION OF EXISTING WELL.
- EXISTING SEPTIC TANKS AND DISTRIBUTION BOX TO BE MOVED AND RE-USED IF STILL IN GOOD CONDITION.
- S-S- DESIGNATES SILT FENCE.
- REMOVE PORTION OF EXISTING TRENCHES #2, #3 & #4 (AND SURROUNDING CONTAMINATED SUBSOIL) WITHIN 20' OF PROPOSED ADDITION.
- PART OF 3 EXISTING TRENCHES ARE TO BE USED AND TRENCHES #2 & #4 ARE TO BE EXTENDED.

SITE PLAN
 FAR SIDE LOT 52

PLAT # 4412

ELECTION DISTRICT: THIRD
 COUNTY: HOWARD
 SCALE: 1"=100'
 DATE: NOVEMBER 14, 1994
 JOB NUMBER: 86-150

SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD.
 SUITE 104
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX:461-9693

Revised 12/01/94

REV. 12-7-94 - JAI
 REV. 12-8-94 - JAI