

03-306747

PERMIT

P. 45421

A 28293

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 7/11/90

DATE SYSTEM APPROVED 3/9/90

INSPECTOR M. R. K. K.

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Farside ROAD 1166 Farside Road LOT 2

PROPERTY OWNER Mr. and Mrs. John O. Kenworthy

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO **X**

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 110 feet from the front lot line and 150 feet from the left lot line as seen when facing the property from Farside Road. Run trench(s) along contour toward left side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

SOILS COLLAPSING - SWITCH TO SHALLOW TIEBACK DESIGN, C.W.

PLANS APPROVED BY C. Williams/Jane Nadeau DATE 4/08/86-5/30/89

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

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

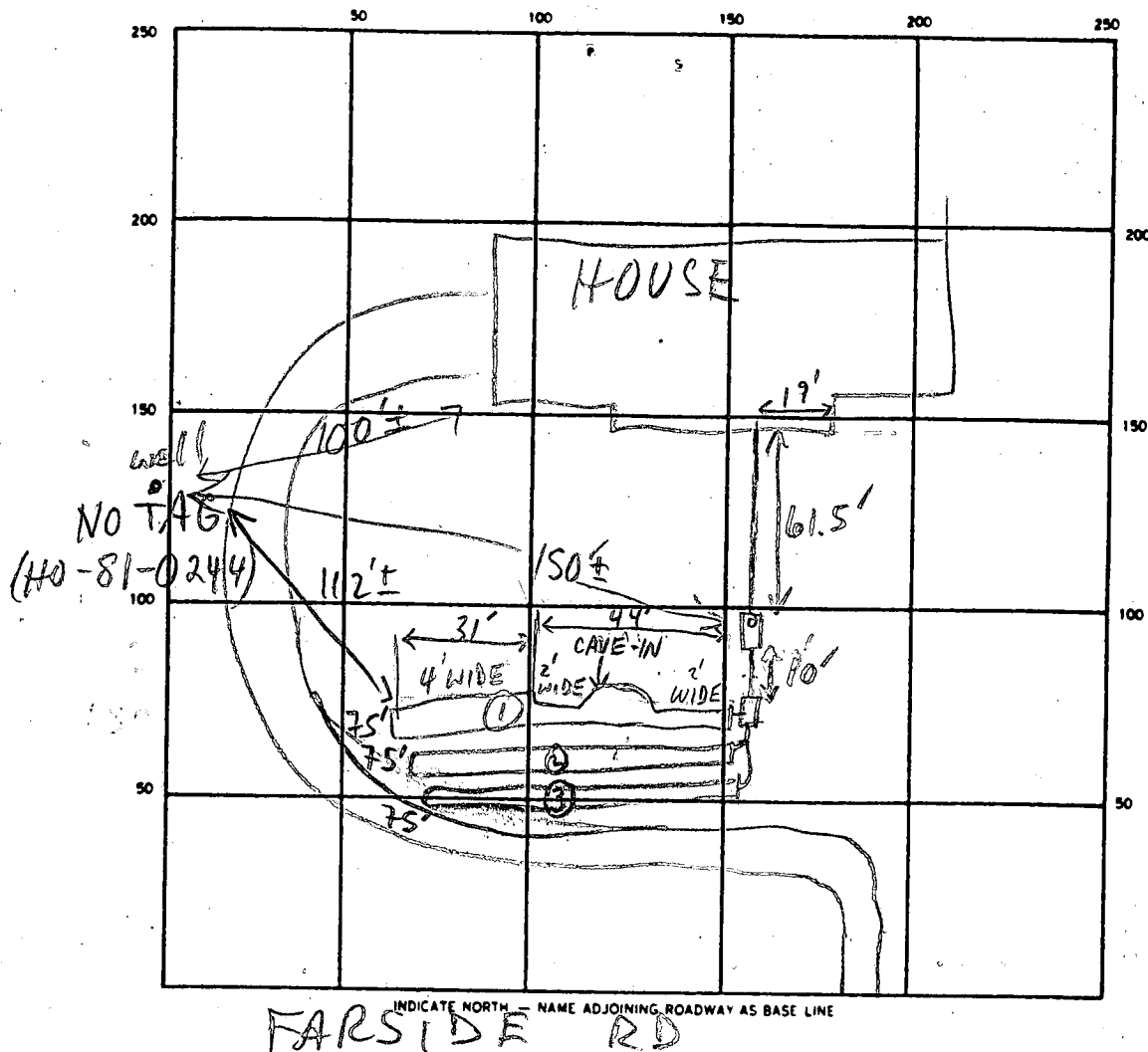
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

HD-260

A 28293



SEPTIC TANK. LEVEL 1500 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK-BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH $\frac{1}{5} \frac{2}{5} \frac{3}{8.5}$ FT. TRENCH WIDTH $\frac{1}{2} \frac{2}{3} \frac{3}{2}$ FT. INLET DEPTH $\frac{1}{3.5} \frac{2}{3.5} \frac{3}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{1.5} \frac{2}{5} \frac{3}{5}$ FT. TOTAL LENGTH $\frac{1}{75} \frac{2}{75} \frac{3}{75}$ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA $\frac{1}{124} \frac{2}{225} \frac{3}{385}$ SQ. FT.

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

ABSORBENT AREA 944 SQ. FT.

REMARKS 3/8/90 OK TO COVER ① & DIG ② & ③ MR

3/9/90 OK TO COVER ALL MR

DATE SYSTEM APPROVED

3/9/90

INSPECTOR

M. Rifkin

APPLICATION

A 28293

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 3561000 gallons
DISTRICT 3
1250 gallons
DATE May 12, 1978

Septic Tank
① Dry well to have 150 sq. ft. effective
absorbant sidewall area per bedroom below inlet, inlet
to be 3 1/2' below original grade and maximum depth
9 1/2'. Location per engineer's plat: 100' from Farisde
Road and 60' in from left property line when facing
lot from Farisde Road.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, 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. PikePHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION FarisdeLOT NO. 2ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 144, left on Folly Quarter, left on
Homewood, 1 mile to property on leftSIZE OF LOT 3 plus acresTYPE 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 P. J. OttAPPROVED BY C. B. W. Theaker

FOR

(KIND OF SYSTEM)

DATE

10/25/79

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

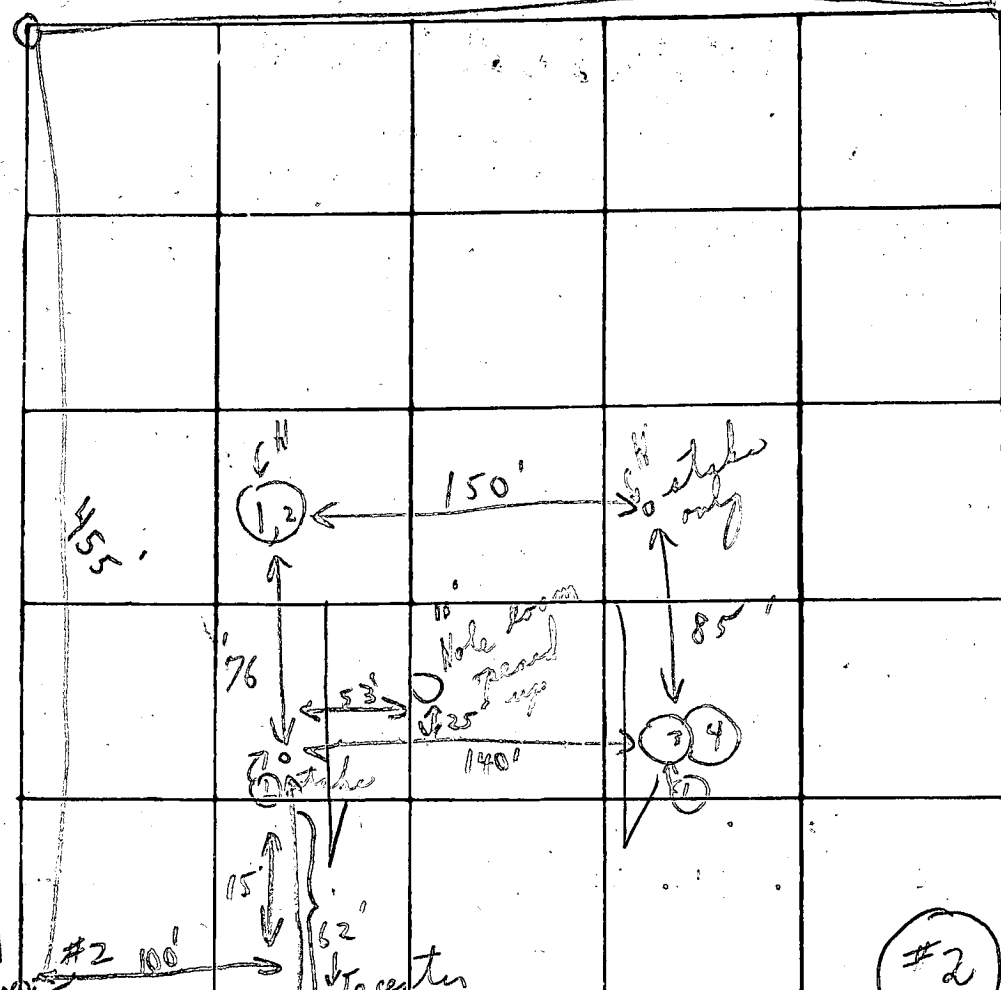
THIS IS NOT A PERMIT

2

100'

Field sheet

Tests per stake



incised Rd.

Below clay sandy loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/78	1	3 1/2'	11:17	11:18	11:18	11:19	1 m
	(H) 2	11 ft	11:16	11:18	11:18	11:20	2 m
	(D) 3	3 1/2'	11:10	11:11	11:11	11:12	1 m
	4	11 1/2'	11:09	11:10	11:10	11:12	2 m
		2 Test holes ok per P. F. W.					
						1 4/6	

150 sq ft per helicon
Some sand stone
2 m
erect, 3 1/2'

REMARKS

Tests in open slopes to road

TYPE OF SOIL

TESTED BY

C. B. O. & C. O.

ALSO PRESENT:

Steve
Steve
J. R. D.

B 1	6957	SEQUENCE NO. <u>9/6/83</u> (OEP USE ONLY) <u>9:30 Grant</u>	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER	<u>10-81-0244</u> <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)					
Date Received <u>08/18/83</u>		LOCATION OF WELL			
OWNER INFORMATION		COUNTY <u>HOWARD</u>			
Last Name <u>FOWLER</u> Owner First Name <u>ROBERT</u>		SUBDIVISION <u>FARSIDE</u>			
Street or RFD <u>4626 LIVE OAK COURT</u>		SECTION <u>44</u> LOT <u>2</u>			
Town <u>ELLICOTT CITY</u> State <u>MD</u> Zip <u>21043</u>		NEAREST TOWN <u>ELFOAK</u>			
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town) <u>5/6</u> MI			
Driller's Name <u>Joseph H. Wayne</u> License No. <u>238</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div>			
Sign Name <u>Joseph H. Wayne</u>					
Address <u>5512 Ridge Rd. Mt Airy Md</u>					
Signature <u>Joseph H. Wayne</u> Date <u>8/17/83</u>					
WELL INFORMATION		NEAR WHAT ROAD <u>Farside Drive</u>			
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		DISTANCE FROM ROAD <u>210</u> FT			
USE FOR WATER (CIRCLE APPROPRIATE BOX)					
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)					
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)					
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)					
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)					
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)					
APPROXIMATE DEPTH OF WELL <u>200</u> FEET		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A28293</u>			
METHOD OF DRILLING (circle one)		OEP SIGNATURE <u>Frank Skinner</u> STATE HEALTH INSERT S <input type="checkbox"/>			
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN		DATE ISSUED <u>082283</u> CO SIGNATURE <u>Frank Skinner</u> EXP. DATE <u>2/2/84</u>			
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)		NORTH GRID <u>514000</u> EAST GRID <u>0823000</u>			
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT					
other _____					
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. _____ 3. _____			
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED					
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY					
<input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL					
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="text-align: center;"> </div>			
Not to be filled in by driller (OEP USE ONLY)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
APPROX. PERMIT NUMBER _____		Sketch showing location of well in relation to nearby towns and roads. Includes labels for 'Well', 'Farside Drive', 'Home Road', and 'Ellen'.			
FORCE <u>FS</u> WRITE INITIALS IN BOX PERMIT NO. <u>10-81-0244</u>					
SPECIAL CONDITIONS					

C1 4417 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 A28293 DATE Received DATE WELL COMPLETED 090683 Depth of Well 320 (TO NEAREST FOOT) PERMIT NO. 40-81-0244 OWNER last name first name FOWLER ROBERT STREET OR RFD Farside Dr. TOWN ELIOAK SUBDIVISION Farside SECTION LOT 2

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 FROM TO Check if water bearing Brown Shale 0 26 Gray mica rock 26 320

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 7 NO. OF POUNDS 658 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) PL 6 33 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 DEPTH (nearest ft.) 40 32 320 EACH SCREEN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 164 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 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) LAND SURFACE (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) Diagram showing well location on lot with distances to structures and landmarks.

CIRCLE APPROPRIATE LETTER 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 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Page 1 of 1
Date Sept 6, 1983

Review 9/14/83 OK FS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0244
Location of property (road) FARside Drive
Subdivision FARside Lot 2 Block Plat Sec.
Well Driller Joseph L. Mayne Owner Robert Fowler

Depth of well 320
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 9
Total time 30 min. to reach pumping water level 125' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

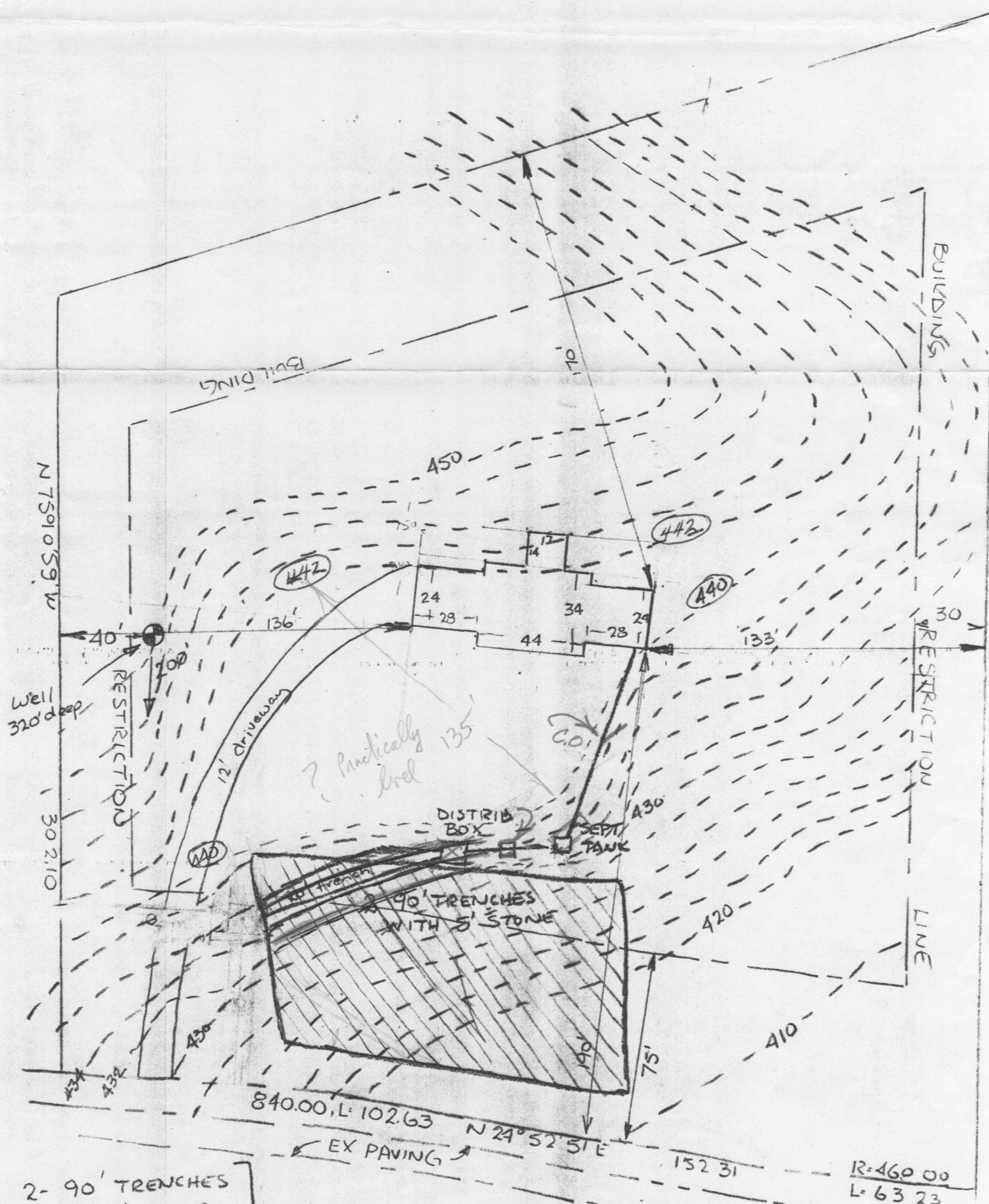
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 8 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	65	500		12
8:30	125	7		9
8:45	125	60		1
9:00	125	60		1
9:15	126	60		1
9:30	130	60		1
9:45	134	60		1
10:00	137	60		1
10:15	142	60		1
10:30	148	60		1
10:45	148	60		1
11:00	152	60		1
11:15	156	60		1
11:30	159	60		1
11:45	162	60		1
12:00	164	60		1
12:15	164	60		1
12:30	164	60		1
12:45	164	60		1
1:00	164	60		1
1:15	164	60		1
1:30	164	60		1
1:45	164	60		1
2:00	164	60		1

21043

JOK BUILDERS INC

INV IN TRENCHES	430.7
INV OUT SEPTIC TANK	431.2
INV IN SEPTIC TANK	431.45
INV OUT DWELLING	432.0
BASEMENT ELEVATION	433.0
FIRST FLOOR ELEVATION	442.0
WELL ELEVATION	450.0
NUMBER BEDROOMS	5
ACREAGE	3.315
EXISTING GRADE AT TRENCH	434.0
EXISTING GRADE AT DIST 13X	436.0
EXISTING GRADE AT SEPTIC TANK	440.0
INV. IN TRENCH	430.5

elevations OK per FF
BP 27738 MR 10/30/89



NOTE: 2- 90' TRENCHES
WITH 5' STONE

DIANE KENWORTHY
854-5027

(Hold for revised drawing)

8 | 29 | 89
 =
 C.Bd

SUBDIVISION:

FALSIDE

LOT NUMBER:

2

A 28293

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buifer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3' feet below original grade.

Bottom maximum depth 8' feet below original grade.

Effective area begins at 5' feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 70' FROM THE

FRONT LOT LINE AND 70' FROM THE LEFT LOT LINE

AS SHOWN WHEN FACING THE PROPERTY FROM FALSIDE RD.

RUN THE TRENCH ALONG CONTOUR TOWARD RIGHT SIDE

OF PROPERTY 4/8/86 C. Williams

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

28293

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 46701
Date 12/17/90

Name of Installer Drain Relief Inc

Telephone 465-2285

License Number 3969

Certified Well Pump Installer Well Driller Registered Plumber ✓

Name of Property Owner JOHN KENWORTHY

Telephone 854-5027

Subdivision FAR SIDE Lot # 2

Well Tag #

Site Address ~~11661~~ 11661 FAR SIDE RD

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible ✓
2. Make MEYERS
3. Model #
4. Capacity 4 GAL GPM
5. Pump exceeds well capacity Yes ✓ No
6. If Yes, is low pressure cutoff switch installed? Yes ✓ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards ✓ Other

Motor

1. Horsepower 3/4
2. RPM
3. Voltage
 - a. 110
 - b. 220 ✓

Pitless Adapter

1. Make
2. Model # BRASS
3. Depth 4' deep

Tank

1. Capacity 80 Gal
2. Pressure relief valve? ✓

Piping

1. Type PVC
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 300

Well data

1. Depth 300 ft.
2. Yield 1 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? YES

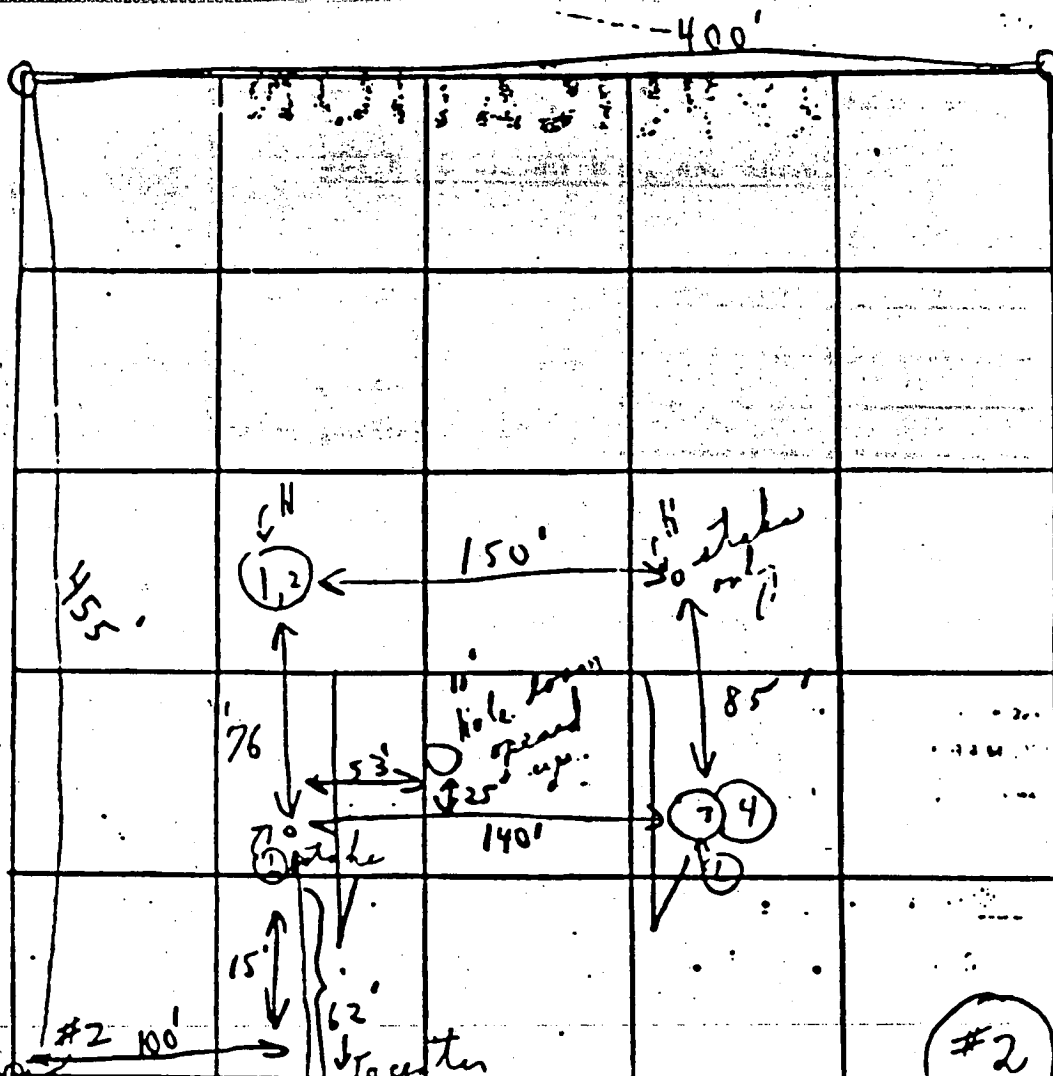
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Joseph DiMartino

Date: Dec 17 90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

of road Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET START STOP	TEST- 1" DROP START STOP	TIME
7/14/78	1	3 1/2'	11:17 11:18	11:18 11:19	1 min
	(4) 2	11'	11:16 11:18	11:18 11:20	2 min
	(4) 3	3 1/2'	11:10 11:11	11:11 11:12	1 min
	4	11 1/2'	11:09 11:10	11:10 11:12	2 min
			2 Tests holes ok per P.F.W.		
				4/6	

REMARKS

TYPE OF SOIL

TESTED BY

Tests are open relative to road

C.B. & C.C.

Water

150' yd
production
Vomered
stone
2 min
unlit
3 1/2'

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Permit No. HO-810247
 Name of property (road) FARside Drive
 Section FARside Lot 2 Block Plat Sec.
 Driller Joseph L. Mayhew Owner Robert Fowler

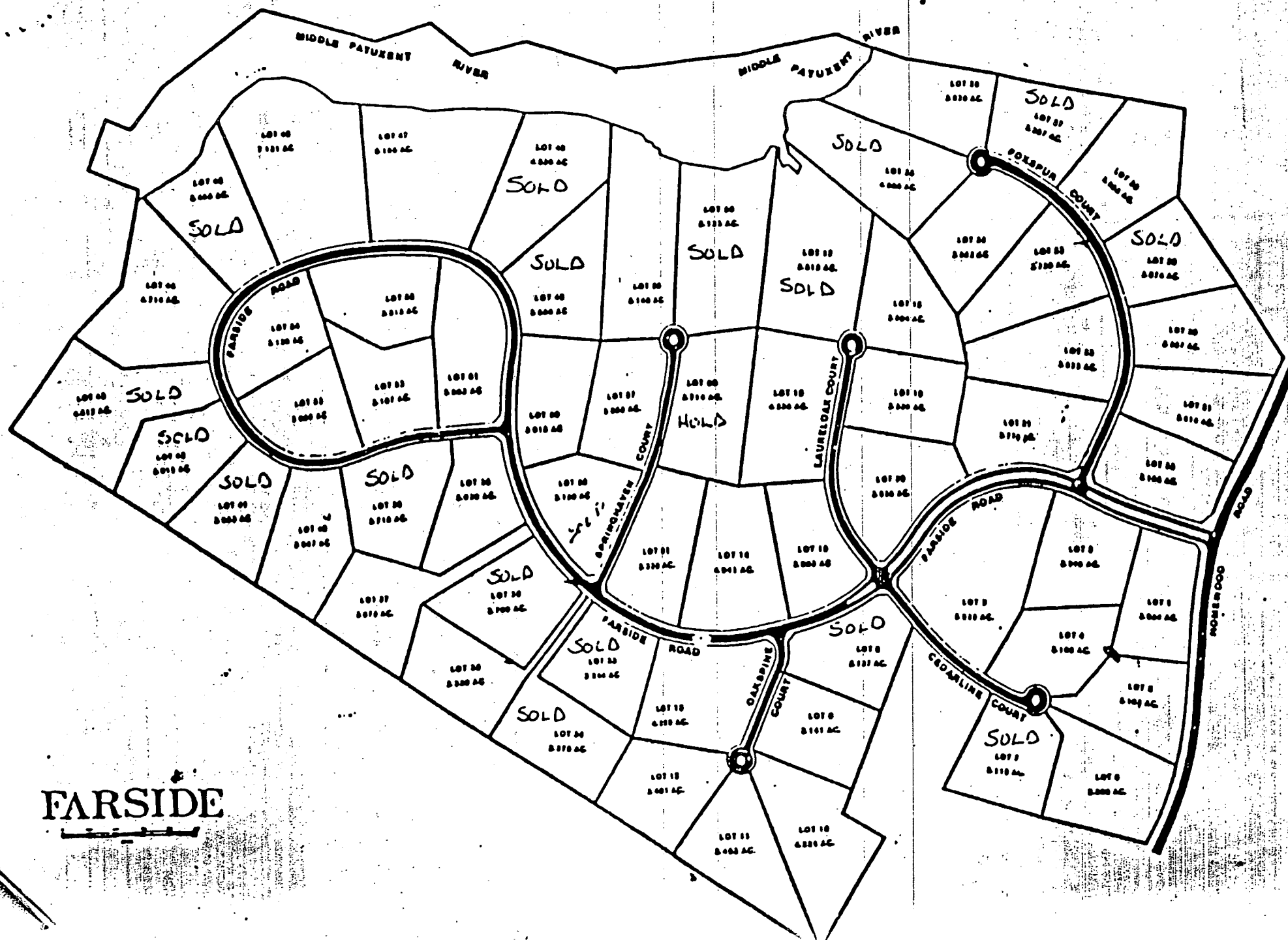
Depth of well 320
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 30'

High rate pumping -- reservoir drawdown

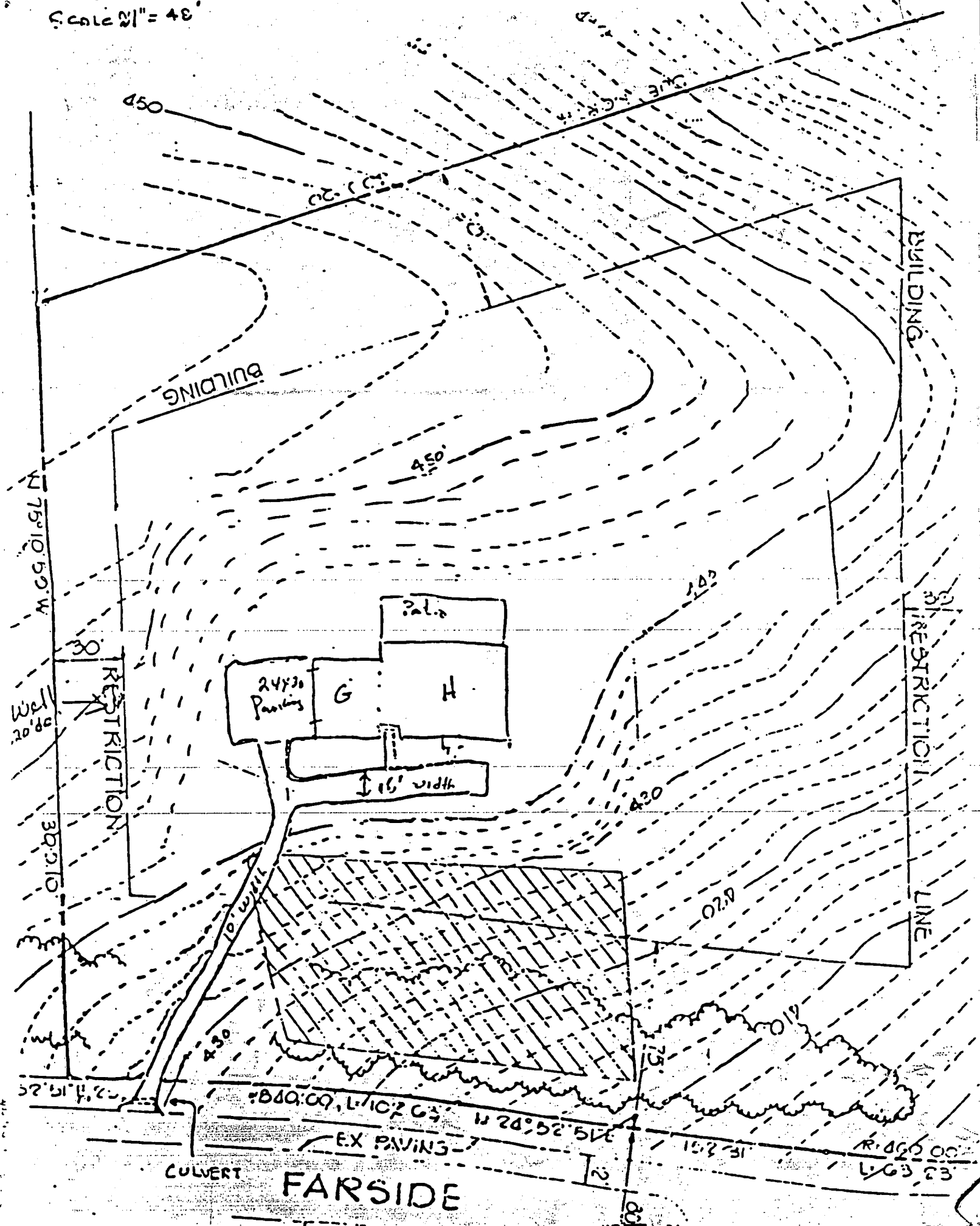
Time pump started 8:00 Pumping rate 9
 Total time 30 min to reach pumping water level 125' ft. below M.P.

Recovery pump test data - observations to be recorded every 15 minutes

Time in 15 min intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5'	65'	50		12
10'	125'	7		9
15'	125'	60		1
20'	125'	60		1
25'	126'	60		1
30'	130'	60		1
35'	134'	60		1
40'	137'	60		1
45'	142'	60		1
50'	148'	60		1
55'	148'	60		1
1:00	152'	60		1
1:05	156'	60		1
1:10	159'	60		1
1:15	162'	60		1
1:20	164'	60		1
1:25	164'	60		1
1:30	164'	60		1
1:35	164'	60		1
1:40	164'	60		1
1:45	164'	60		1
1:50	164'	60		1
1:55	164'	60		1
2:00	164'	60		1



0.47





HOWARD COUNTY HEALTH DEPARTMENT

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

February 13, 1991

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Ms. Diane Kenworthy
11661 Farside Road
Ellicott City, Maryland 21043

Re: Farside - Lot 2
11661 Farside Road
Well Permit No. HO-81-0244

Dear Ms. Kenworthy:

This is to advise you that the septic system was installed, inspected and approved on March 9, 1990.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0244.

February 7, 1991
Date of Final Sampling

February 13, 1991
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
February 7, 1991

CS:cm

Bureau of Environmental Health

3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955



HOWARD COUNTY HEALTH DEPARTMENT

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

January 16, 1991

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Ms. Diane Kenworthy
11661 Farside Road
Ellicott City, Maryland 21043

Re: Farside - Lot 2
11661 Farside Road
Well Permit No. HO-81-0244

Dear Ms. Kenworthy:

This is to advise you that the septic system was installed, inspected and approved on March 9, 1990.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0244. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

September 14, 1983
Date Well Approved

January 10, 1991
Date of Water Sample

Charles Streaker C.W.
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

CBS:cm

854-3738

DIANE KENWORTHY 750-7565

PRINT FORCE 301-544-3443

INVOICE NO.

1 4447

PERMIT
27738

LT. 2

CERTIFICATE OF ANALYSIS

WATER TESTING LABORATORIES OF MARYLAND, INC.

Annapolis - Timonium - Severna Park - Elkton

TOLL FREE: 1-800-635-0645

ANNAPOLIS: (301) 269-7755

BELAIR: (301) 838-8411

ELKTON: (301) 398-2413

SEVERNA PARK: (301) 647-7737

TIMONIUM: (301) 628-2855

WESTMINSTER: (301) 876-2035

FIELD RECORD

Sample Source:

KITCHEN
11661 FARMSIDE RD.

ELLCOTT CITY, MD.

DIANE KENWORTHY

Well No. NO TAG

This Sample Was Taken From a Tap On The
Property by Water Testing Laboratories of
Maryland, Inc.

Construction

Satisfactory ☐
Unsatisfactory ☐
Not Determined ☐community ☐
non-community ☐
private ☒

Date 1-10-91

Time 12:20

Iced yes ☒
no ☐

pH 5.8

Free Cl. 0

Total Cl. 0

County How

Bottle No. 4447 Collector J. Schubert 89-039-m

Bacteriological analysis of this sample indicates the water is safe for human consumption.

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.
Gas, 24 hours	- - - - -
Gas, 48 hours	- - - - -

Confirmed Bacteriological Test

ml. of Sample	10ml.
Coliforms	- - - - -
Fecal Coliforms	- - - - -

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml. Fecal	Total
4.3	None	<1					

Date	Time
Received: 1-10-91	3
Examined: 1-10-91	3:30pm
Reported: 1-12-91	2

Present <input type="checkbox"/>
Thiosulfate Absent <input type="checkbox"/>

PLEASE DETACH THIS PART AND MAIL WITH REMITTANCE TO:

WATER TESTING LABS
POST OFFICE BOX 463
TIMONIUM, MARYLAND 21093

7501947

INVOICE NO.

1 4447

DATE:

1-10-91

ANNAPOLIS: (301) 269-7755

BELAIR: (301) 838-8411

ELKTON: (301) 398-2413

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PROPERTY RECORDS NOT LOCATED

LAB CONFIRMS THESE TEST RESULTS

INSTALLER, OWNER CONFIRM SEPTIC INSTALLATION

OK TO ISSUE ICOP

MARCH 9, 1990.

DIANE KENWORTHY
11661 FARMSIDE RD.
ELLCOTT CITY, MD.

C. Wilbur

AMOUNT

For analytical work
reported above65⁰⁰

CK# 425

PAID

65⁰⁰

TOTAL DUE

0

Water Testing Laboratories of Maryland, Inc. is a Water Quality Laboratory Certified by the Delaware, Maryland and Virginia State Health Departments.

TAKE TO HEALTH DEPT