9/17/84 PT

Approved 9/17/84

9/17/84

9/17/84 pm

PERMIT 03-307336

P 33951

A 28312

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

ELLICOTT CITY
DISTRICT 3rd.

DATE 6/5/84

3/1/04 - NEED PLAN SHOWING Location of pool before Signing any new bp's

William H. Smith, Jr. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 38, Darlington, Maryland 21034 PHONE 457-5570

SUBDIVISION Farside ROAD 11849 Farside Road LOT 54

PROPERTY OWNER Woodmark, Inc.

ADDRESS 12150 Mt. Albert Court
Ellicott City, Maryland 21043

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DRY WELL OR DRY WELL AND TRENCH - 150 sq. ft. sidewall area per bedroom. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. NOTE: If trench is used to make up absorbent area, run the trench on level ground. Leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 6 feet of stone below distribution pipe. LOCATION: Dry well to be located 170 feet from the left (313') lot line and 85 feet from the rear (440') lot line. If additional trench required, start trench 5 feet downhill from dry well and continue along contour towards Farside Road. Manhole cleanout required if top of septic tank is more than 36" below final grade.

PLANS APPROVED BY C. Williams DATE 6/5/84

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.

BLDG. PERMIT SIGNED AND RETURNED 7/15/85
Local #19919 - Prod

PERMIT VOID AFTER THREE YEARS.

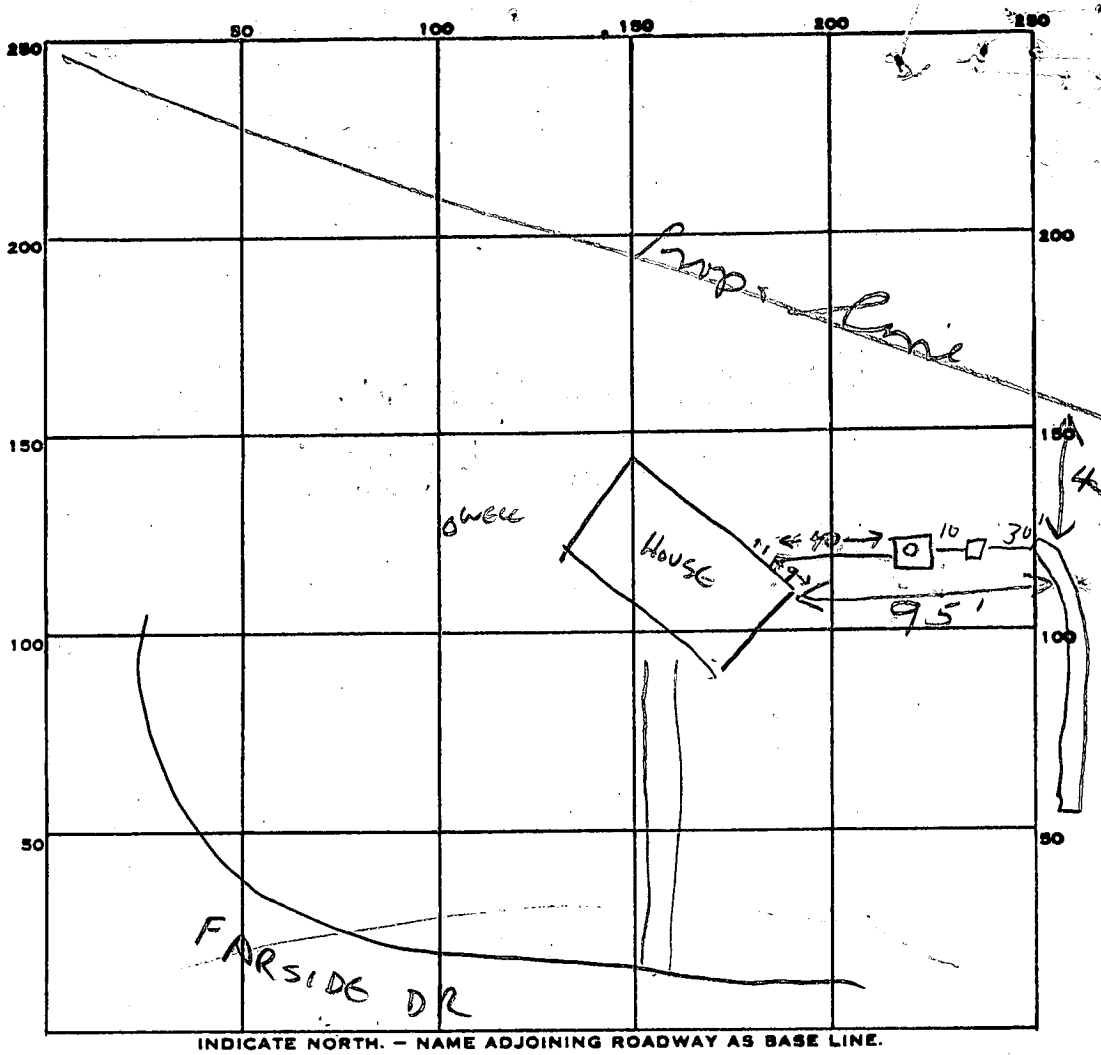
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 28312

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ 1500 gal CLEANOUTS ✓ ST, NO CAP

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 107 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 642

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

ABSORBENT AREA 642 SQ. FT.

REMARKS LARGE MOUND OF DIRT WHERE SYSTEM SUPPOSED TO START. OK TO MOVE 35' DOWN HILL AS LONG AS DISTRIBUTION BOX IS SET WHERE ORIGINAL HIGH PART OF PERC CAN BE USED ON FIRST REPAIR. 9/14/84 CW

ST. & HOUSE SEWER LINE ok 9/14/84 CW.

9/17/84 OK to add 2 tons in Trench

9/17/84 OK to Cover all work JS

DATE SYSTEM APPROVED 9/17/84 INSPECTOR S Lango

APPLICATION

A 28312

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. ~~56~~ 54

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 R. J. Altemose Jr.

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

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

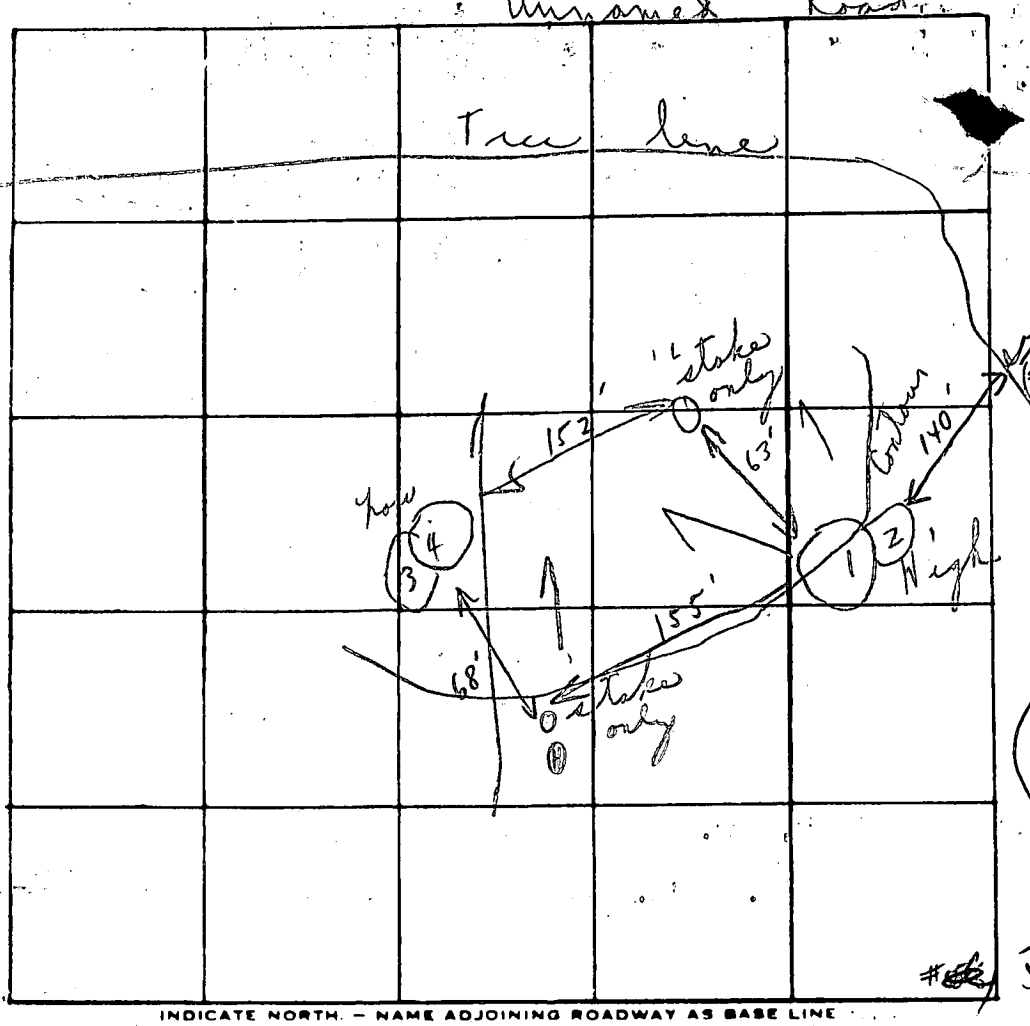
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

54

Unnamed Road



Field sheet

Tests per Stake

54

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile

Below clay loam

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST 1" DROP START	TEST 1" DROP STOP	TIME
7/11/78	1	3'	9:34	9:35	9:35	9:37	2 m
	2	11'	9:34	9:37	9:37	9:41	4 m
	3	3'	9:21	9:22	9:22	9:23	1 m
	L 4	10½'	9:22	9:24	9:24	9:27	3 m
			2 Holes	only	per	P.F.	W
							10

Some sand stone

Under 3'

3 min avg.

150 sqft per bedroom

REMARKS Open field - Test conducted

Hold for certified holes

TYPE OF SOIL J.A.D.

TESTED BY C.B.S. ALSO PRESENT: James Cox 7/10/78

FARSIDE ROAD

EXISTING PAVING

L=431.97'

R=275.00'

24'

30' R/W

75'

40' DRAINAGE EASEMENT

S62°08'29"W
51.92'

BUILDING RESTRICTION LINE

370

N 27°51'31"W

60'

380

440.00'

390

400

410

LOT # 54
3.130 Ac.

PROPOSED WELL

N 72°51'31"W 18.89'

R=1102.50'

L=205.30'

60'

60'

78'

313.28'

380

390

400

410

N 72°48'38"E

NORTH

1" = 50'

3/29/83
well site OK
— N.S.

4/31/83
EMERGENCY/TEMP. NO. IF ANY

B | i | 0290 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

9:00 3hr pump test
9:30 Grout

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-81-0036
fill in this form completely

Date Received 0 3 2 1 8 3 (OEP Use Only)

OWNER INFORMATION

EVANS D. U.
Last Name 15 Owner 34 Name

5391 Light House Ct
Street or RFD 36–55

Columbia MD 21044
Town 57 State Zip 76

B 1 Continued — DRILLER INFORMATION

Joseph L. Magee 138
Driller's Name 77 License No. 80

Joseph L. Magee
Firm Name

5513 Ridge Rd. Mt. Airy Md.
Address

Joseph L. Magee Mar 21, 83
Signature Date

B 2 — 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)
- 22 [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)

APPROXIMATE DEPTH OF WELL 180 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN
30-37 (AIR ROTARY) AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY DRIVE POINT
other

REPLACEMENT OR DEEPENED 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
- 39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41–52

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

APPROP. PERMIT NUMBER 54–63 G A P

FORCE [F S] 64 68 WRITE INITIALS IN BOX

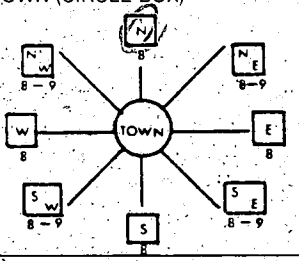
PERMIT No. HO-81-0036 70 71 72 73 74 75 76 77 78 79

B 3 — LOCATION OF WELL

COUNTY Howard 8–21
SUBDIVISION Faraside 23–42
SECTION 44–46 LOT 54 48–50
NEAREST TOWN Ellicott 52–71
MILES FROM TOWN (enter 0 if in town) 1 3/10 73 (M I) 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Faraside Rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST [W] 32 [E] EAST SOUTH [S]

78
34 DISTANCE FROM ROAD 37
(CIRCLE APPROPRIATE BOX) [E T] [M I] 38 39

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

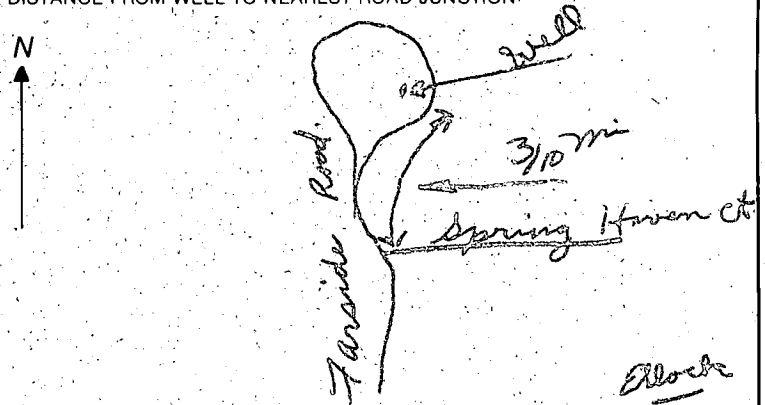
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8204
N 5108

Location OK
42'-casing
2'-above gr
38'-open
10-bags cement

000 000 3/31/83

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



B 4

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
A2831 COUNTY NO.

OEP SIGNATURE
STATE HEALTH CIRCLE BOX [S] 41

DATE ISSUED 03 29 83 43–48
CO SIGNATURE

NORTH GRID 51 8 000 50–55
EAST GRID 08 24 000 57–63
EXPIRES 09 29 83

B 5

SPECIAL CONDITIONS 8–63

HEALTH

Page ___ of ___ 3/31/83
Date 3/31/83 9:00 3hr test
JS

Review H 9230

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0036
Location of property (road) Farside Ln
Subdivision Farside Lot 54 Block ___ Plat ___ Sec. ___
Well Driller Joseph Mayne Owner J.D. Evans

Depth of well 125'
Distance of measuring point (M.P.) above ground 1 1/2'
Static water level (S.W.L.) below M.P. 47'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 9
Total time ___ to reach pumping water level ___ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	47	35 sec		9
10:15	47	35		9
10:30	47	35		9

WPI

9/14/07

SUPPLY LINE & PITLESS ADAPTER
INSTALLED 4' DEEP.

PRESSURE TANK WITH P.R.V. OK,

Craig Wilson

C 1 7687 — 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 A 28312

Date Received (OEP use only)

DATE WELL COMPLETED 3/3/83

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0036

OWNER Evans (last name) D.J. (first name)

STREET OR RFD Fayside Road TOWN Elioak

SUBDIVISION Fayside SECTION — LOT 54

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	FEET TO	Check if water bearing
Sand	0	36	
Sandstone	36	125	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 10 NO. OF POUNDS 940
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 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	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	42

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
(ST) STEEL (BR) BRASS, BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2 (seq. no.)

EACH SCREEN	TYPE	DEPTH (nearest ft.) from	to
1	HO	41	125
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

C 3 (seq. no.)

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 9
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 47
WHEN PUMPING 47
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 (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)
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 (—) below LAND SURFACE 1 (nearest foot)

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

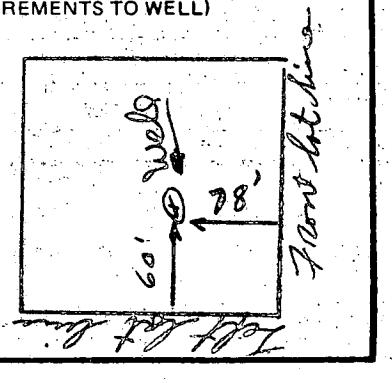
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

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)



HEALTH

Page 1 of 1
Date March 31, 1983

Review 4/11/83 AK F.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0036
Location of property (road) Farside Rd
Subdivision Fagside Lot 54 Block ____ Plat ____ Sec. ____
Well Driller Joseph L. Mayne Owner J. D. Evans

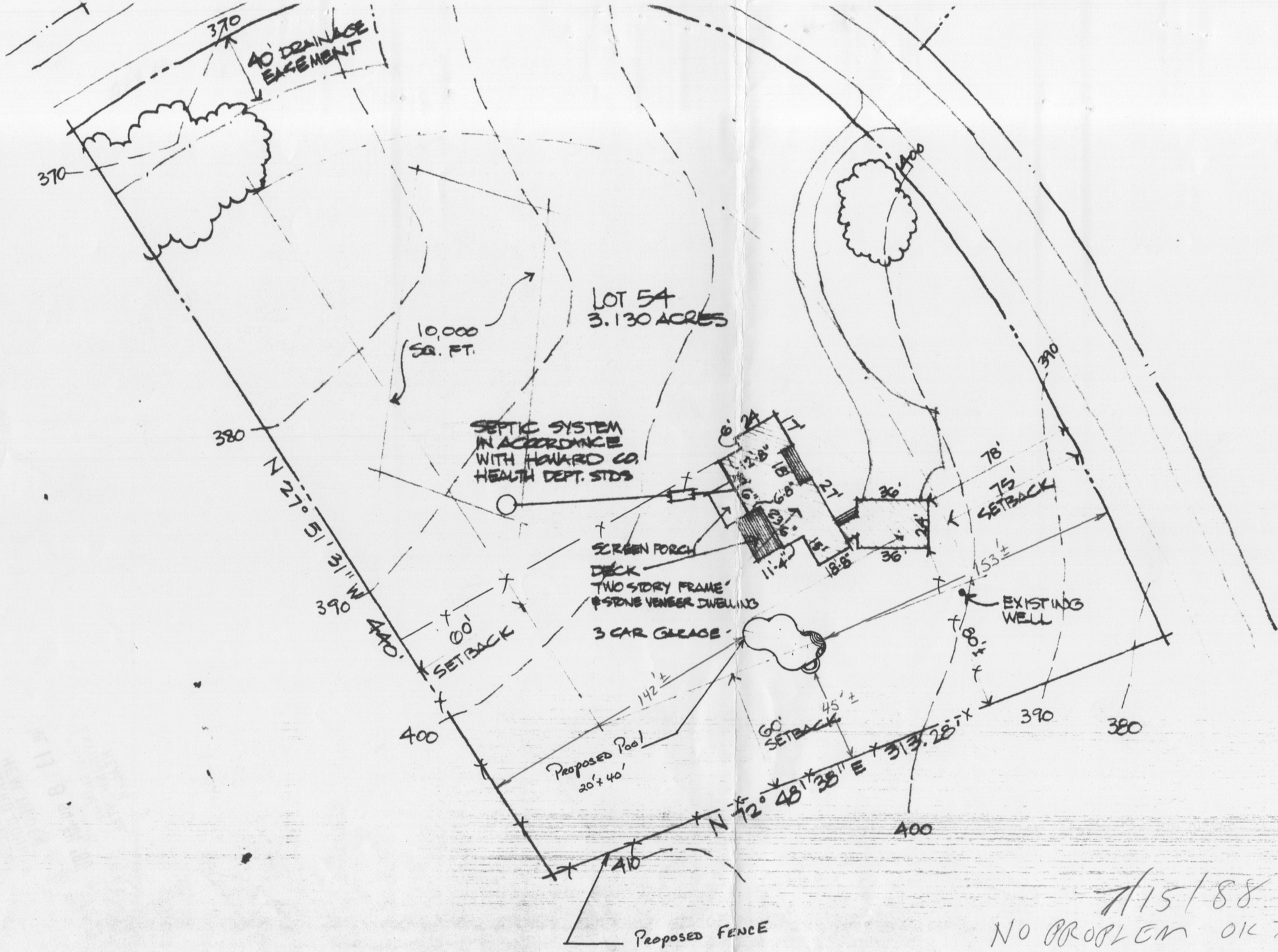
Depth of well 125
Distance of measuring point (M.P.) above ground 1½
Static water level (S.W.L.) below M.P. 47

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 9
Total time 8:15 to reach pumping water level 47 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	47	35 sec		9
8:30	47	35		9
8:45	47	35		9
9:00	47	35		9
9:15	47	35		9
9:30	47	35		9
9:45	47	35		9
10:00	47	35		9
10:15	47	35		9
10:30	47	35		9
10:45	47	35		9
11:00	47	35		9
11:15	47	35		9



7/15/88
NO PROBLEM OK TO SIGN RH

NORTH

SITE PLAN SCALE 1"=50'-0"