

3/12/86
3/18/85
10:00 PM
3/12/86
3:30 PM
36646
P 366
A 28313
SEPTIC
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

DISTRICT _____

DATE 3/12/86

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

952-3320
461-9933

INDEXED ✓

03-307344

Merit Construction _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 525-3884

SUBDIVISION Farside ROAD 11813 Farside Drive LOT 55

PROPERTY OWNER GYC Builders

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet at 3 feet below original grade. Maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 75 feet from the back (267.76') lot line and 185 feet from the right (212') lot line as seen when facing the lot from Farside Road. Run trenches on contour toward the back lot line. NOTE: First trench not to exceed 60 feet.

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 S. Abel DATE 3/12/86

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.

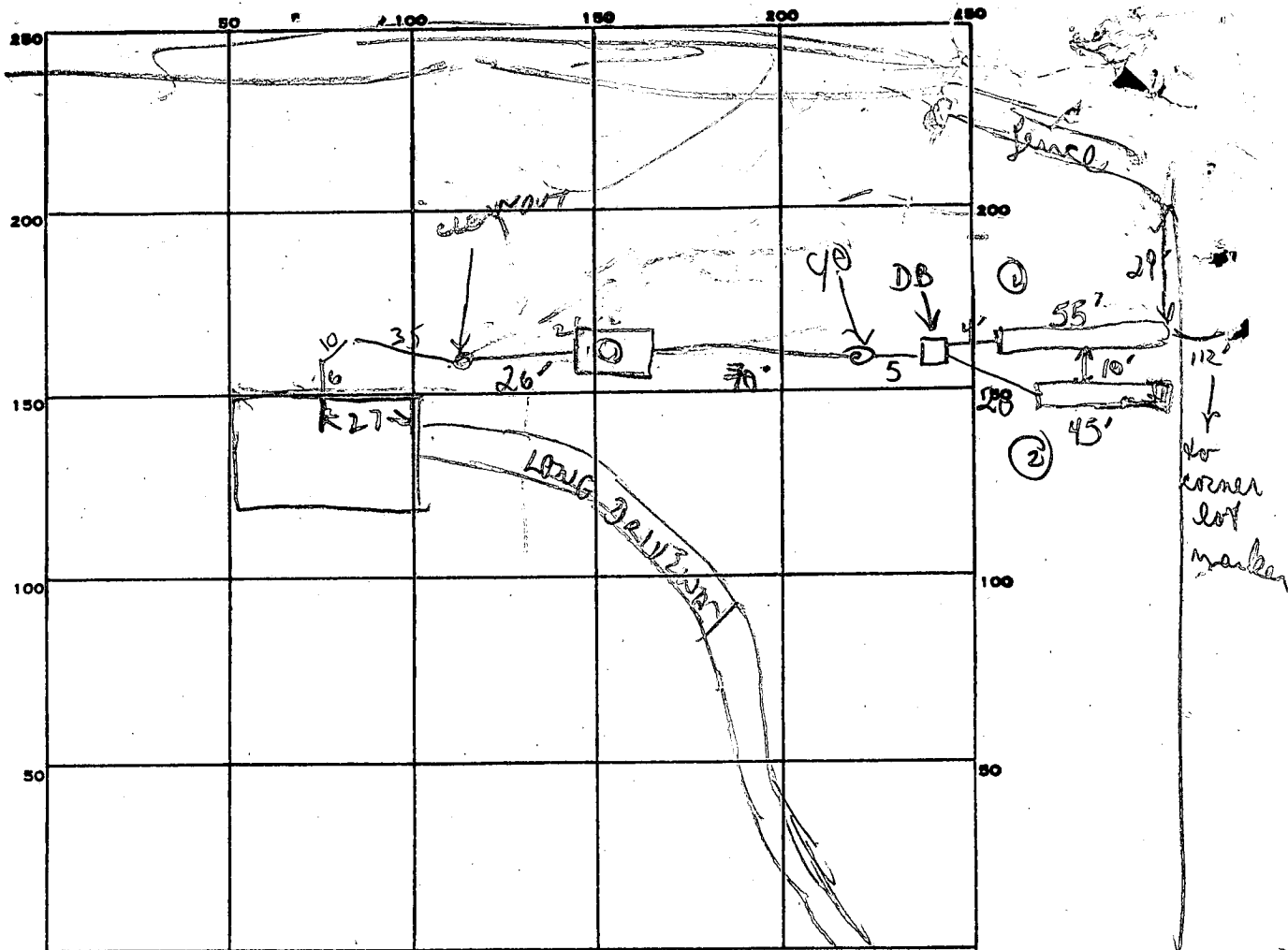
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

CALL 952-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 28313



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

FAR SIDE RD

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500

CLEANOUTS

ST	SEWER	SEWER
manhole	OK	on line 40
40		

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8' 8" FT. TRENCH WIDTH 2' (little wider) FT. because difficulty in digging

GRAVEL DEPTH 5' 5" FT. TOTAL LENGTH 55 + 45 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/11/86 - OK TO COVER 1ST 6 FT OF HOUSE SEWER R/H
3/13/86 - NOTHING DONE 3/13/86 - TRENCH STARTED OK TO EN
1 FT LENGTH OF PIPE NEAR HOUSE R/H 3/14/86 - OK TO COVER 65 FT
OF HOUSE SEWER R/H 3/17/86 - LOCATION OK, COVER TANK SEWER
LINES TO BOX. 3/18/86 OK to add stone pipe paper to both trenches
3/18/86 OK to cover both trenches & all work

DATE SYSTEM APPROVED

3/18/86

INSPECTOR

B. Nijon

APPLICATION

A 28313

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. 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. 9yc Builders, Inc.ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 57 55ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 144, left on Folly Quarter, left on
Homewood, 1 mile to property on left (11813 Farside Road)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 *R. J. O'Halloran*APPROVED BY _____ FOR _____ DATE 1/1

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

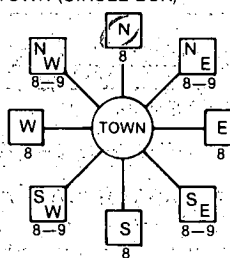

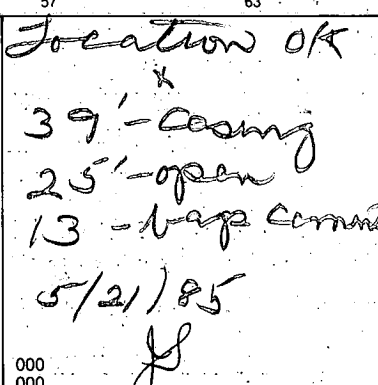
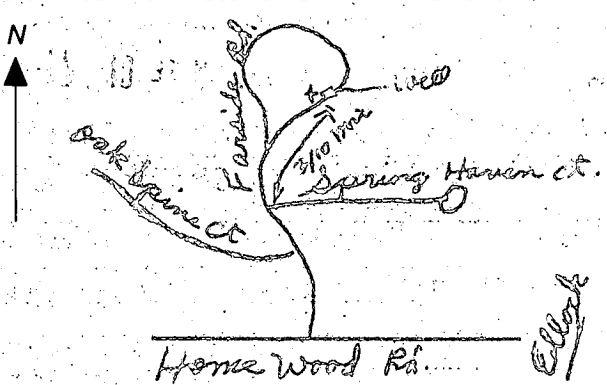
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 4/20/85
65219 FOR 3 Bldgs - SFD

THIS IS NOT A PERMIT

B 1 8582 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 33 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-0992 <small>fill in this form completely</small>
Date Received 5/21/85 9:30 AM 04/1/85 OWNER INFORMATION 15 Last Name GVC 34 Owner BUILDERS INC. 36 Street or RFD 11065 LITTLERIDGE 55 57 Town CHESAPEAKE 70 State 72 VA Zip 76 23104		LOCATION OF WELL 8 COUNTY FAIRFAX 21 23 SUBDIVISION FALSID 42 SECTION 44 46 LOT 55 50 52 NEAREST TOWN FAIRFAX 71 MILES FROM TOWN (enter 0 if in town) 1 1/2 73 M 76 I 77 78	
DRILLER INFORMATION Driller's Name Joseph H. Wayne 238 77 License No. 80 Firm Name Wayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Ind. 21771 Signature Joseph H. Wayne 4/1/85 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Fairside Road 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 480 34 37 ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A28313 OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> 41 DATE ISSUED 042385 CO SIGNATURE Cam Willian 10/23/85 EXP. DATE _____ NORTH GRID 518000 50 55 EAST GRID 0824000 57 63	
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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 39'-casing 2. 25'-open 3. 13'-bapt cement WRITE THE BOX NUMBER FROM THE MAP HERE: 	
APPROXIMATE DEPTH OF WELL 260 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTary 37 AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REverse-ROTary Drive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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) 41 _____ 52		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 _____ 54 GAP 63 FORCE CW WRITE INITIALS IN BOX 67 68 PERMIT NO. 40-81-0992 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0990
 Location of property (road) Farside Road
 Subdivision Farside Lot 35 Block Plat Sec.
 Well Driller Joseph Mayne Owner GYC Builders Inc

Depth of well 340'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10
Total time 45 min to reach pumping water level 283 ft. below M.P.

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

[illegible]

3/6/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement _____

Receipt # 36616
Date 3/5/86

Name of Installer Manno P&H Inc.

Telephone 747-5615

License number 3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner D.Y.C. Builders

Telephone 730-0554

Subdivision Farside Lot # 55 Well tag # _____

Site Address 11913 Farside Rd

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

2. Make Boulders

3. Model # SES07412

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes X No _____

6. If Yes, is low pressure cutoff switch installed? Yes X No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Motor

1. Horsepower 1"

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ✓

Pitless Adapter

1. Make ground joint type

2. Model # _____

3. Depth 48"

Tank

1. Capacity UX 203 concrete

2. Pressure relief valve? X

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved YES

4. Depth of supply line 48"

Well data

1. Depth 340' ft.

2. Yield 3 GPM

3. Static water level 369' ft.

4. Will water supply be disinfected by installer? NO - BY BLDG

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 D. Manno

Date: 3/5/86

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

See other side

Tug H081 0192 OK

Pullen OK

Winer OK

Pressure Tank & Relief Valve OK

Forgot green sticker must call RH

3/6/88

RH

3/6/88 400 PM called Manns Plumbing &
Heating & Told them work was OK

C12272

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
NUMBERA 28313

DATE Received

DATE WELL COMPLETED052185

Depth of Well
2234026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-61-0992

OWNER

GYC BUILDERS

STREET OR RFDlast nameFAR SIDE RDfirst nameTOWNELIOAK

SUBDIVISIONFAR SIDESECTIONLOT55

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	34	
GRAY MICA ROCK	34	340	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS13NO. OF POUNDS1222
GALLONS OF WATER78
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to25ft.
(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD
STCO
STEELCONCRETE
PLOT
PLASTICOTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

57629

EACH
CASING

OTHER CASING (if used)
diameter
inch

depth (feet)
fromto

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD
STBRHO
STEELBRASSOPEN HOLE
PLBRONZEHOLE
PLASTICOTHER

C2

DEPTH (nearest ft.)
1H028340
2
3

EACH
SCREEN
1
2
3

SLOT SIZE 123
DIAMETER
OF SCREEN5660
(NEAREST
INCH)
fromto
GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

C3

PUMPING TEST

HOURS PUMPED (nearest hour)6

PUMPING RATE (gal. per min.
to nearest gal.)3

METHOD USED TO
MEASURE PUMPING RATEbucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING71
WHEN PUMPING285

TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother
JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

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)3135
PUMP HORSE POWER3741
PUMP COLUMN LENGTH
(nearest ft.)4347
CASING HEIGHT (circle appropriate box
and enter casing height)
+above
-below
LAND SURFACE1(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.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.)WQ
7072747576
TELESCOPE
CASINGLOG
INDICATOROTHER 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)

Page 1 of 1
Date 5/21/85

Review 6/20/85 OK. S. S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0992

Location of property (road) FARSide RD.

Subdivision FARSide

Lot 55 Block Plat Sec.

Well Driller Joseph L. Mayne

Owner CYC Builders

Depth of well 340'

Distance of measuring point (M.P.) above ground 1'

Static water level (S.W.L.) below M.P. 71'

I. High rate pumping -- reservoir drawdown

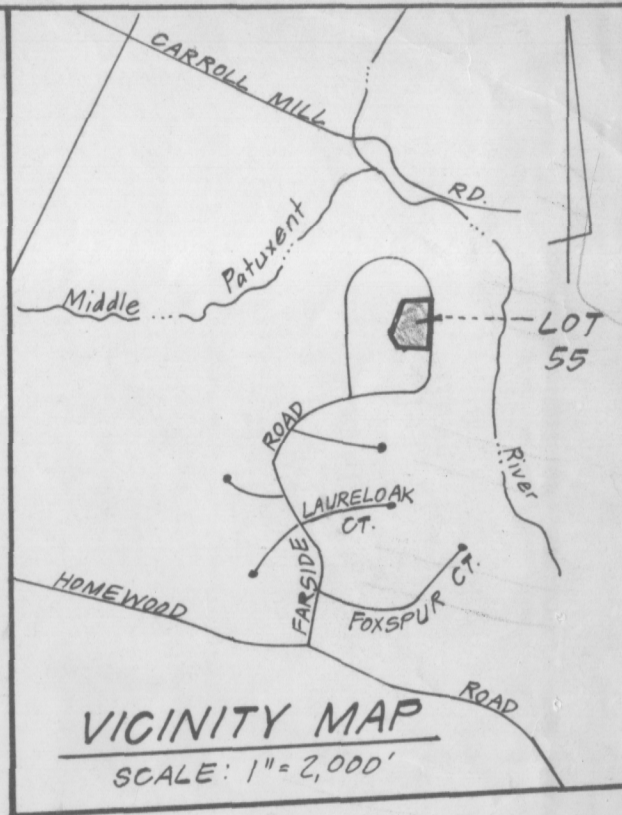
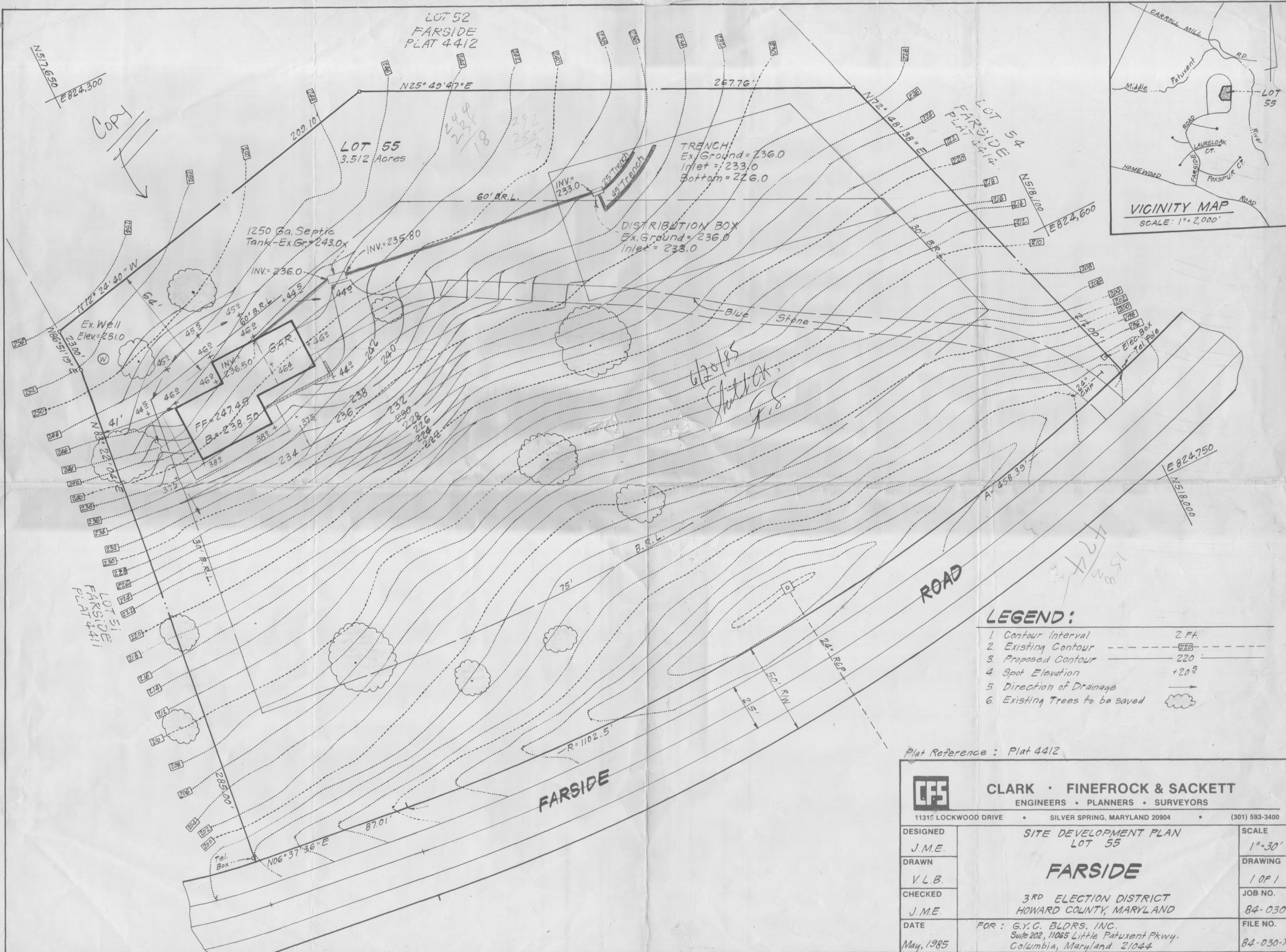
Time pump started 8:00

Pumping rate 10

Total time 45 min. to reach pumping water level 283 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 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	166	5 sec.		12
8:30	235	6		10
8:45	283	6		10
9:00	283	17		3½
9:15	283	17		3½
9:30	283	17		3½
9:45	286	17		3½
10:00	286	20		3
10:15	285	20		3
10:30	285	20		3
10:45	285	20		3
11:00	285	20		3
11:15	285	20		3
11:30	285	20		3
11:45	285	20		3
12:00	285	20		3
12:15	285	20		3
12:30	285	20		3
12:45	285	20		3
1:00	285	20		3
1:15	285	20		3
1:30	285	20		3
1:45	285	20		3
2:00	285	20		3
2:15	285	20		3
2:30	285	20		3



- LEGEND:**
- 1. Contour Interval 2 Ft.
 - 2. Existing Contour --- 220 ---
 - 3. Proposed Contour --- 220 ---
 - 4. Spot Elevation +20.5
 - 5. Direction of Drainage →
 - 6. Existing Trees to be saved [Tree Symbol]

Plat Reference : Plat 4412

CLARK • FINEFROCK & SACKETT		
ENGINEERS • PLANNERS • SURVEYORS		
11315 LOCKWOOD DRIVE • SILVER SPRING, MARYLAND 20904 • (301) 593-3400		
DESIGNED	SITE DEVELOPMENT PLAN LOT 55 FARSIDE 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR : G.Y.C. BLDRS. INC. Suite 202, 11065 Little Patuxent Pkwy. Columbia, Maryland 21044	SCALE
J.M.E.		1"=30'
DRAWN		DRAWING
V.L.B.		1 OF 1
CHECKED		JOB NO.
J.M.E.		84-030
DATE		FILE NO.
May, 1985		84-030-X