

2/5/86
Inspected
(1 PM & later)

APPROVED
2/5/86
RH

36392
P 36391

A 28308

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

892X2330

461-9933

INDEXED

03-307271

ELLICOTT CITY

DISTRICT 3rd

DATE 1/2/86

Smith Carroll Backhoe, Inc

R.L.O.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 7469 Flamewood Drive, Clarksville, MD PHONE 776-0944

SUBDIVISION Farside ROAD 11778 Farside Road LOT 50

PROPERTY OWNER Dr. Michael Cox

ADDRESS

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

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 2250 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Place the distribution box 60 feet from the front lot line and 200 feet from the left side of the lot as seen when facing the lot from Farside Drive. Run the trenches toward the left side of the lot along contour lines.

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 in installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK/cw

BLDG. PERMIT SIGNED

AND RETURNED

PLANS APPROVED BY R. Hodges

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.

BLDG. PERMIT SIGNED

AND RETURNED

Serial # 39616

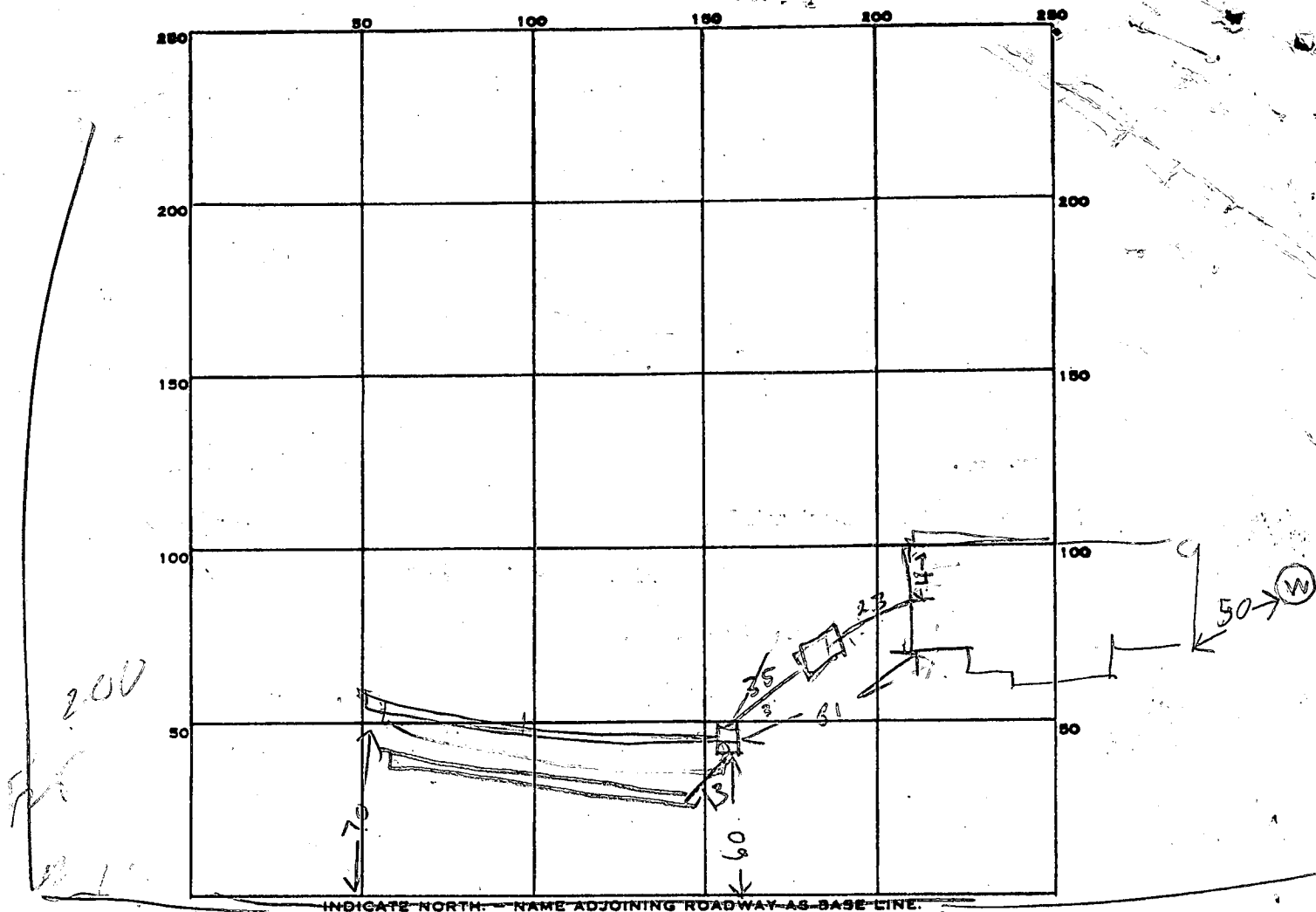
Permit Awarded Council Court

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 28308



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 2000

CLEANOUTS ST NO

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH

#1	#2
8.5	8.7

 FT. TRENCH WIDTH

#1	#2
2	2

 FT. 35

GRAVEL DEPTH

#1	#2
4	4.7

 IN. TOTAL LENGTH

#1	#2
103	95

 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA

#1	#2	TOTAL
515	446	961

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

ABSORBENT AREA 961 SQ. FT.

REMARKS 2/5/86-1200 NOON NOT READY 2/5/86 200PM TRENCH #1
DUG. TANK HOOKED TO HOUSE & BOX 2/5/86 400PM TRENCH #1
STONE & PIPE ADDED, OK TO COVER HOUSE SEWER. DIG TRENCH #2
AND CALL RH 2/6/86-1030 AM - TRENCH #2 DUG 70FT LONG &
8.7 FT DEEP EXTEND TRENCH #2 & ADD STONE

193 X 5 = 965 SO FT NEEDED

DATE SYSTEM APPROVED 2/6/85 INSPECTOR Raymond Hodges

APPLICATION

A 28308

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*
4 Bedrooms *1250 gallons*

DATE May 12, 1978TO: 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 161-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. ~~52~~ 50ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 111, left on Folly Quarter, left on
Homewood, 1 mile to property on leftSIZE 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 *[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

Feb. 1964



#52 #58 150 yft
per bedroom

Below
clay
sandy
loam

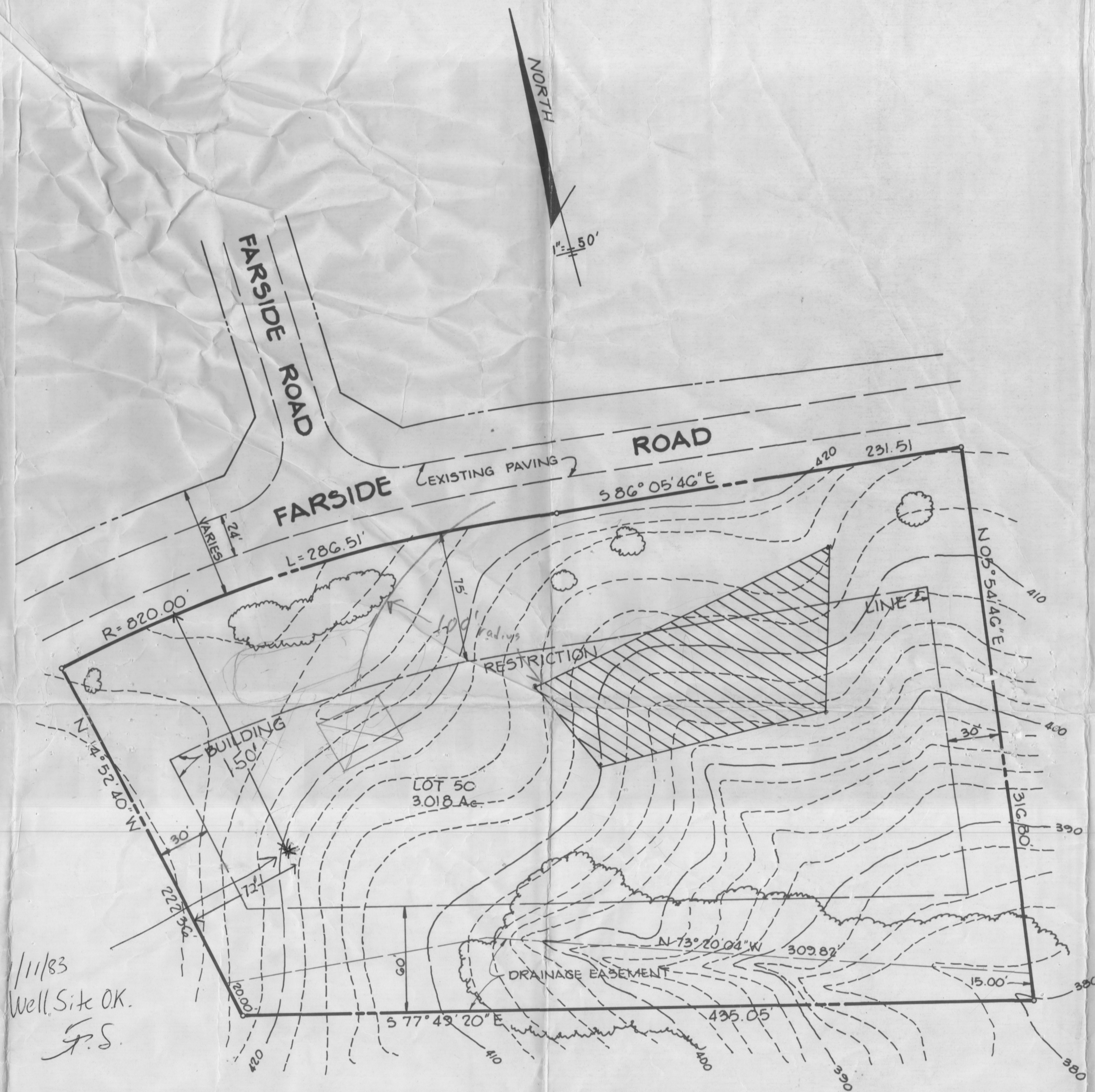
$3\frac{1}{2}$ dials
 $2\frac{1}{2}$ min any
 2 holes
 any
 Teet
 per
 stake
 From 6 Teet
 (Yeffert's)
 Called
 in to conf
 W. W. Teet
 + 2 through
 9:15 - 9:30
 2 holes
 2 cases
 per
 $2\frac{1}{2}$ dials
 per
 5 W. W.

Test in open field (1, 2) (5, 6) (7)
all recorded & elevation read

IL _____

C.B.A. v. Q.C.

Same as 1/26/41



FARSIDE ESTATE LOT NO. 50

WOODMARK INC

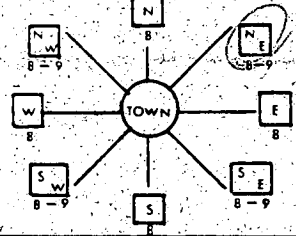
12150 MOUNT ALBERT COURT
ELLCOTT CITY, MD. 21043

RIEMER & ASSOCIATES INC.
8659 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MD. 21043

Mrs. Raymond L. Salano, Jr.
3491 Blackberry Ln.
E.C. 21043
531-6370

1/27/83 - Pump test (6 hrs.) to begin at 8:00 A.M.

EMERGENCY/TEMP. NO. IF ANY

B 1 0565 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-73-4371 fill in this form completely
Date Received <u>1/27/83</u> <u>9:30 A.M.</u> (OEP Use Only)		B 3 LOCATION OF WELL COUNTY <u>Howard</u> SUBDIVISION <u>Farside</u> SECTION <u>23</u> LOT <u>50</u> NEAREST TOWN <u>Clarksville</u> MILES FROM TOWN (enter 0 if in town) <u>6</u>	
OWNER INFORMATION Last Name <u>SIOWIANO</u> First Name <u>IRAM</u> Owner <u>34 Name</u> <u>36</u> Street or RFD <u>55</u> <u>ELLICOTT CITY MD 21101</u> Town 57 State 76 Zip 78		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Driller's Name <u>George F. Easterday</u> License No. <u>40</u> Firm Name <u>L.F. Easterday Inc.</u> Address <u>9265 Brown Church Rd., Mt. Airy, Md.</u> Signature <u>George F. Easterday</u> Date <u>1/6/83</u>		Homewood Rd. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>3800</u> DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) <u>MI</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>820 3</u> N <u>510 7</u>	
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)			
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (OR AUGERED) <u>AIR ROTARY</u> JETTED JETTED & DRIVEN AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE POINT other			
REPLACEMENT OR DEEPENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <u>GAP</u> FORCE <u>FS</u> WRITE INITIALS IN BOX PERMIT NO. <u>HO-73-4371</u>			
B 5 SPECIAL CONDITIONS 8-63		B 4 NOT TO BE FILLED IN BY DRILLER-HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A28308</u> OEP SIGNATURE <u>Frank Skinner</u> DATE ISSUED <u>01/11/83</u> NORTH GRID <u>517</u> EAST GRID <u>0823</u> EXPIRES <u>07/1/83</u>	

[illegible]

① Patten adapte 0

② Wner both ground & power O/L

③ Pipe OK

④ Tag 4371 01

⑤ Pressure Tank & Valve O/L

⑥ Name of Plumber as David & Ricka
795 1220

C1 6214

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-6 ON ALL CARDS)Date Received
(OEP use only)COUNTY
NUMBER

A28308

DATE WELL COMPLETED

6/12/83

Depth of Well

260

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-73-4371

OWNER Solano
last nameRay
first nameSTREET OR RFD Farside RoadTOWN ClarksvilleSUBDIVISION Farside

SECTION

LOT 50

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

FROM TO

TOP SOIL 0 2

SHALEY 2 12

SILT 12 15

SANDSTONE 15 45

MICA 45 60

SANDSTONE 60 65

MICA 65 80

FLINT & QUARTZ 80 85

MICA 85 200

FLINT & QUARTZ 200 230

MICA 230 260

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes (Y) no (N)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 12 NO. OF POUNDS 1200GALLONS OF WATER 65DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 45 ft
(enter 0 if from surface) BOTTOM 58 ft

CASING RECORD

casing
types
insert
appropriate
code
belowSTEEL ST CONCRETE COPLASTIC PL OTHER OTMAIN
CASING
TYPENominal diameter
top/main casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 51OTHER CASING (if used)
diameter depth (feet)
inch from to

EACH CASING

SCREEN RECORD

screen type
or openholeinsert
appropriate
code
belowSTEEL ST BRASS BR OPEN HO
BRONZE PL HOLE OTPLASTIC PL OTHER OT

C2 Seq. no. 1 2 3 4 5

DEPTH (nearest ft.)
HO 49 260

EACH SCREEN

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX FOEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3 Seq. no. 1 2 3 4 5

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min. to nearest gal.) 4METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 186WHEN PUMPING 80

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 YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y 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

LAND SURFACE

below

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)

Right of Line

WELL 35'

ROAD

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.

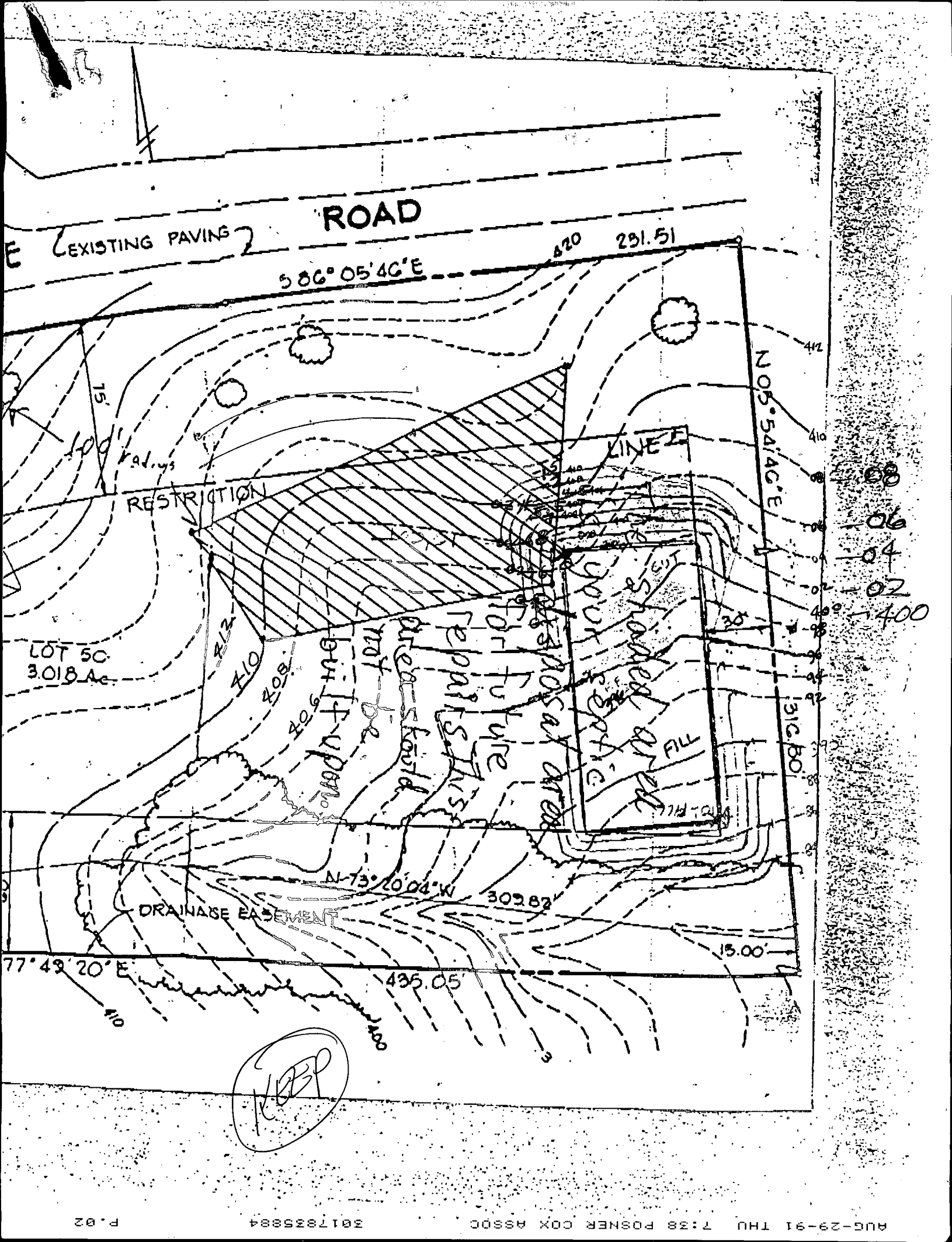
DRILLERS IDENT. NO. 40DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
George J. Esterday
Charles R. Miller

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

1. High rate pumping -- reservoir drawdown

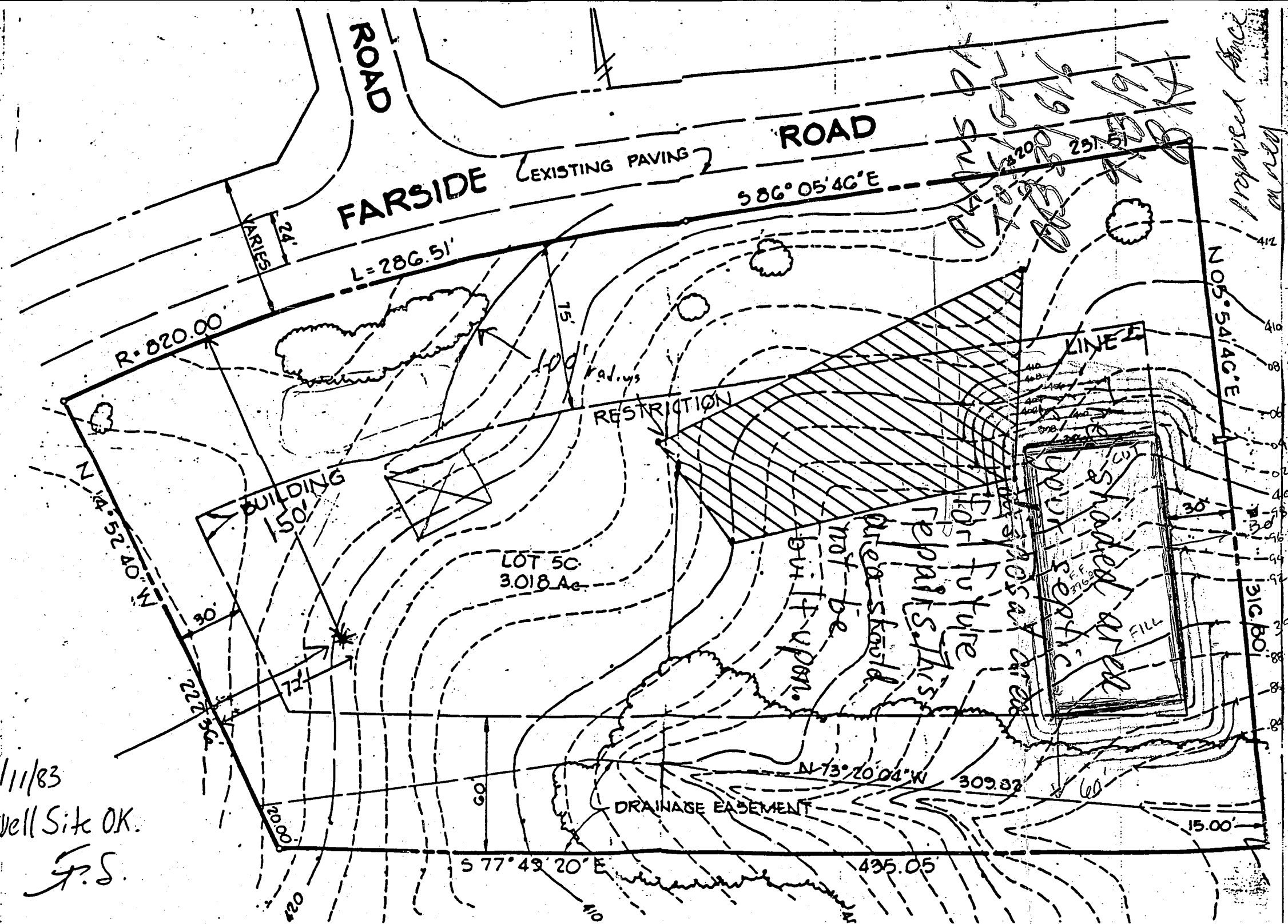
[illegible]

pump set at 240'



10.

1/11/83
Well Site OK.
F.S.



28308

TSA GROUP, INC.
planning • architecture • engineering • surveying

8480 Baltimore National Pike • Suite 418 • Ellicott City, Maryland 21043 • (301) 465-6105

May 28, 1991

Dr. Michael Cox
11778 Farside Road
Farside, Maryland 21043

Dear Dr. Cox:

We have looked at the two alternative locations for your tennis court. Although the north-south alignment requires excavation in the septic field, we do not think this should be a problem. You could place a retaining wall to reduce the excavation in the septic field, but it really is not necessary.

Enclosed for you use are the grading plans recommended for the alternatives. Should you have any questions, please call.

Sincerely,

John M. Elorriaga
John M. Elorriaga, P.E.
JME/ecb

David B. Posner, M.D., F.A.C.P., F.A.C.G.
Practice Limited to Gastroenterology
301-332-9356



Michael E. Cox, M.D., F.A.C.P., F.A.C.G.
Practice Limited to Gastroenterology
301-332-9592

301 Saint Paul Place • Baltimore, MD 21202-2165 • 301-332-9000

FACSIMILE: (301) 783-5884

FAX MEMO COVER SHEET

DATE: 8/29/91
NUMBER OF PAGES (including cover sheet): 5
TO: FRED FROMELT
FAX NO: 461-5738
RE: Placement of Tennis Court
FROM: Michael Cox MD

Mr Fred - I am sending a copy of the 1) Tennis court plan
2) Septic Plan
3) Engineer letter
Please inform me what I need to do next
in the process of obtaining a building permit.

Thank you,
Mike Cox