

1/3/90 AM
3pm

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-307298

INDEXED

P 45329

A 28309

DISTRICT 3rd

DATE 12/12/89

DATE SYSTEM APPROVED 1-3-90

INSPECTOR JEN

Fogle's Refuse & Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 558 R. Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Farside ROAD 11921 Farside Road LOT 51

PROPERTY OWNER Charles Tracey Dr. Jerry Levine

ADDRESS

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

GARBAGE GRINDER? YES ☒ NO ☐

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

220
3
4 11100
275 trench

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide.

Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade.

4 feet of stone below distribution pipe.

LOCATION - Place the first trench 175 feet from the front lot line (210.92') and 100 feet off the left lot line as seen when facing the lot from Farside Road. Run trenches on contour in both directions.

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

PLANS APPROVED BY Sid Abel

DATE 6/23/88

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

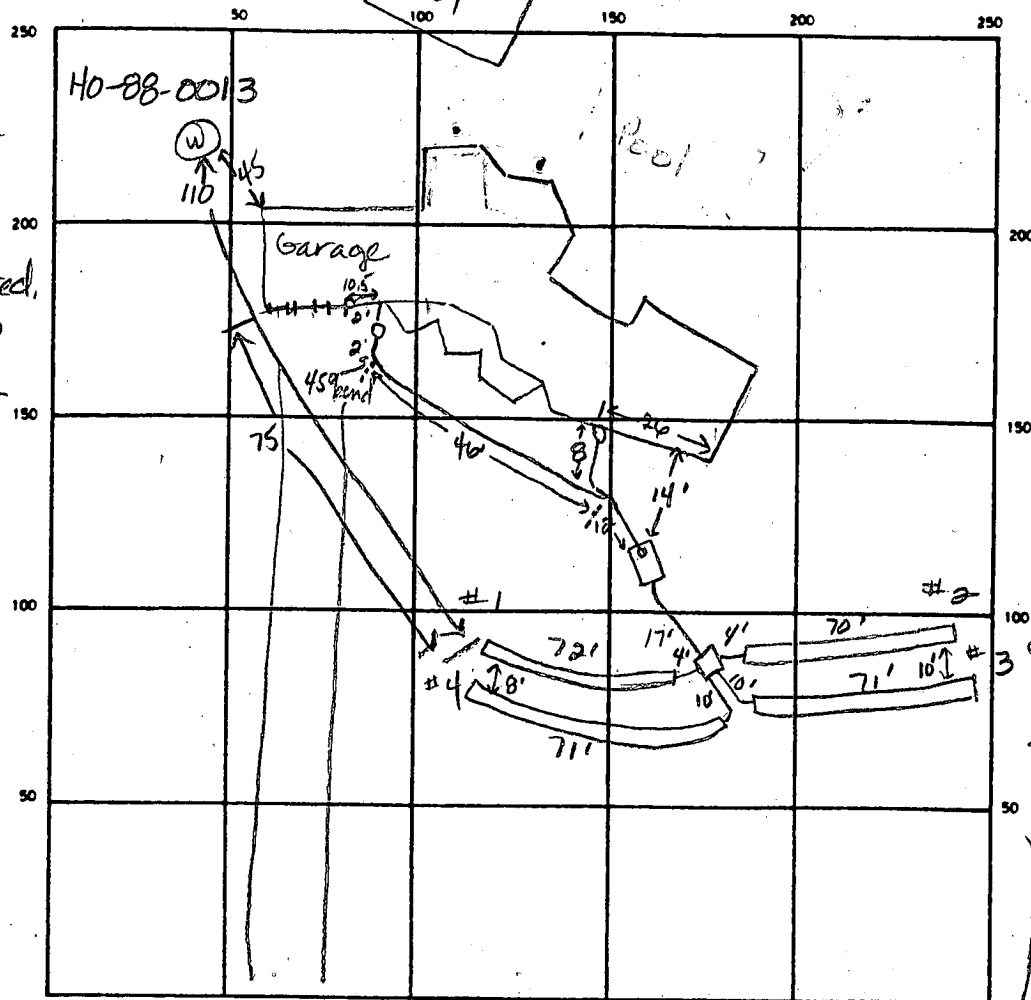
BUDG. PERMIT SIGNED
AND RETURNED 4/25/90

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Actual # 32322
1-325 gal. propane tank

House connection
inside ok, no pump
tank. Well line &
ground connected
to casing, all covered.
Notified plumber to
allow H. Dept to
see pitless adaptor
and file permit
application. DEN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Farside Road

Farside Road

To Homewood Rd

CLEANOUTS 2 at house, 1 on s. tank

DISTRIBUTION BOX. LEVEL ok w/ baffle

DRAIN FIELD/TILE FIELD DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 4 4.5 4.0 FT. TOTAL LENGTH 72 70 71 71 FT

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 288 280 319.5 284 SQ FT

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

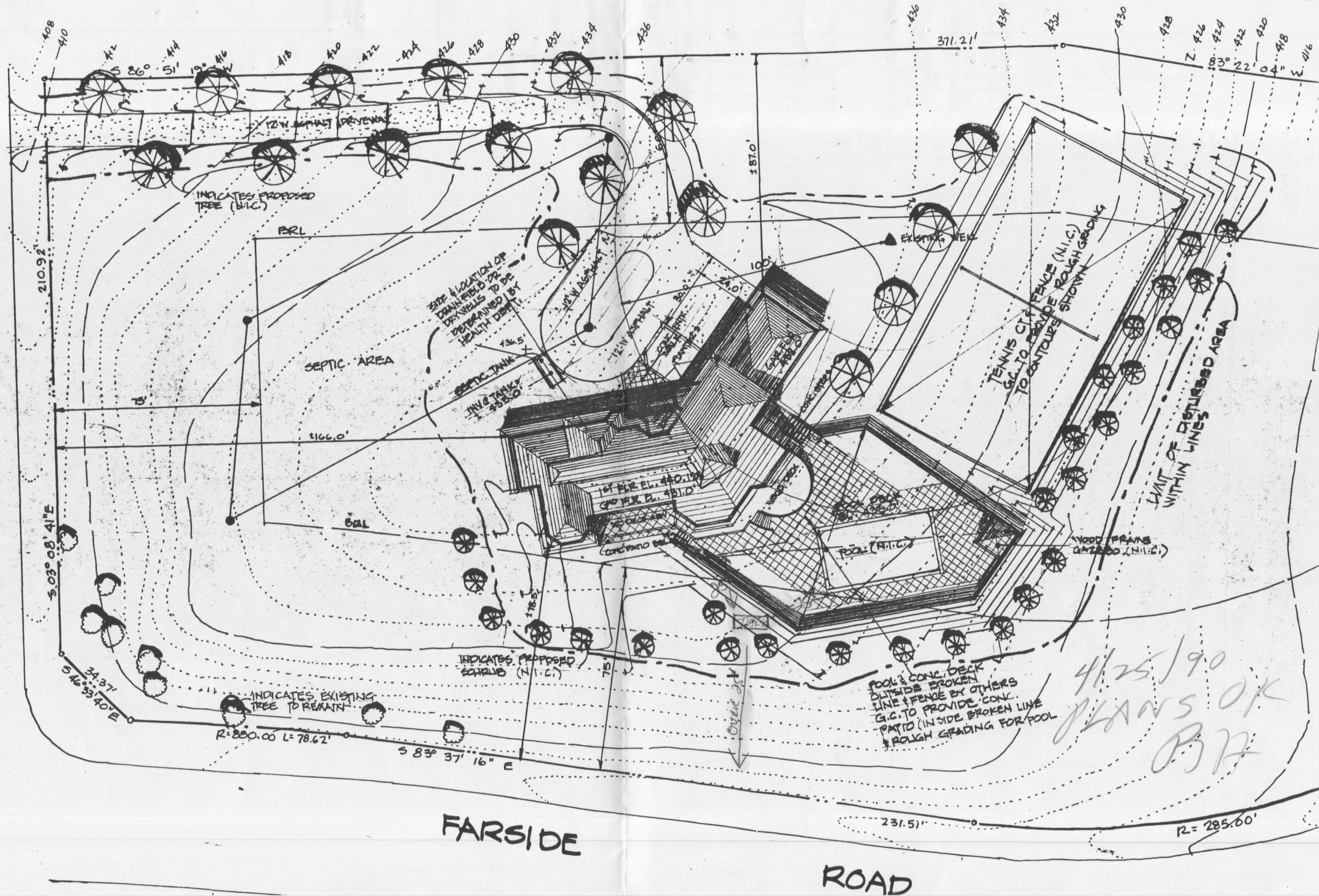
ABSORBENT AREA 1171+ SQ. FT.

REMARKS 1-3-90 Ok to stone trenches 1 & 2, add pipe & paper. Ok to cover from house to tank. Ok to cover trenches leaving ends open to inlet. JEN. 1-3-90 Ok to stone trenches 3 & 4 and cover all work. JEN

DATE SYSTEM APPROVED 1-3-90

INSPECTOR Jane E. Maden

FAR SIDE



APPLICATION

A 28309

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. 3561-3 Bedrooms 1000 gallons
DISTRICT 3

DATE May 12, 1978

4 Bedrooms 1250 gallons

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. 51ROAD 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 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 [Signature]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 _____

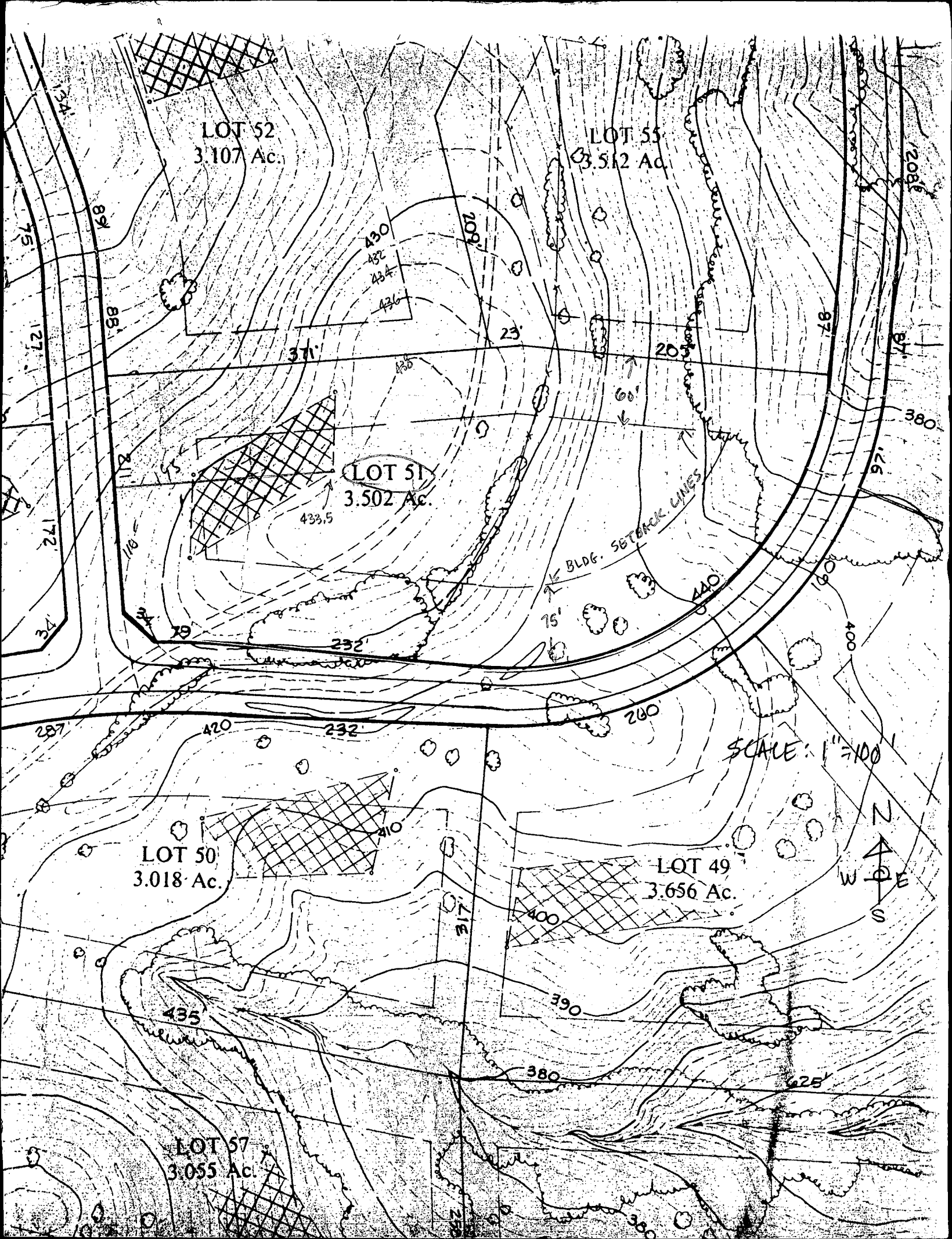
THIS IS NOT A PERMIT

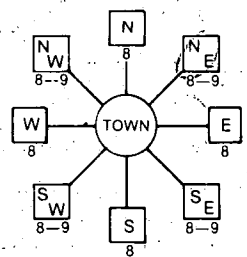
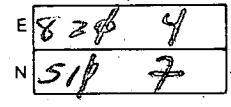
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

bones
 } scattered
 dated 4'
 3 m away
 150 yds
 per bedroom

ALSO PRESENT

~~Same as~~ 7/2/78



B 1	1272	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER 40-88-0013
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type		
Date Received (APA) 060788		LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION FARSIDER SECTION 44 LOT 51 52 NEAREST TOWN CLARKSVILLE MILES FROM TOWN (enter 0 if in town) 4 MI		
OWNER INFORMATION 15 Last Name LEVINE Owner JERRY First Name 36 Street or RFD 167 GREENWOOD PATH 57 Town COLUMBIA 70 State 72 Zip 21046		DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 238 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy, Md 21771 Signature Joseph L. Mayne Date 5/24/88		
WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD Farsider Road 34 DISTANCE FROM ROAD 200 37 ENTER FT or MI 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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A-28309 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 062388 CO SIGNATURE Seclary April 17-22-88 EXP. DATE _____ NORTH GRID 512000 EAST GRID 0824000		
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 		
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30- AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37- 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) _____		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE 5A WRITE INITIALS IN BOX 40-88-0013				
SPECIAL CONDITIONS				

C1 9671	SEQUENCE NO. (DENV 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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER A-28309
DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	FROM "PERMIT TO DRILL WELL" HC-88-CC13
		(TO NEAREST FOOT)	

OWNER	LEVINE JERRY		
STREET OR RFD	last name FARLIDE DR.	first name	TOWN CLARKSVILLE
SUBDIVISION	FARLIDE	SECTION	LOT 51

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
SAND Stone	0 21	
GRAY Mire Rock	21 320	OK

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 8	NO. OF POUNDS 252
GALLONS OF WATER 48	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 25 ft.	
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below		
ST	CO	
STEEL	CONCRETE	
PL	OT	
PLASTIC	OTHER	
MAIN CASING TYPE		
ST	4	38
60 61	63 64	66 67 68 69 70
Nominal diameter top (main) casing (nearest inch)		Total depth of main casing (nearest foot)

OTHER CASING (if used)	
diameter inch	depth (feet) from to
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

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.)		
HO	27	320
8 9	11 12 13 14 15 16 17 18 19 20 21	
23 24	26 27 28 29 30 31 32 33 34 35 36	
38 39	41 42 43 44 45 46 47 48 49 50 51	
EACH SCREEN		
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
<div><div></div><div></div><div></div><div></div></div>		

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. **236**

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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.)	WQ
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 6		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 50		
WHEN PUMPING 154		
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)

COUNTY

HD-224

