

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth

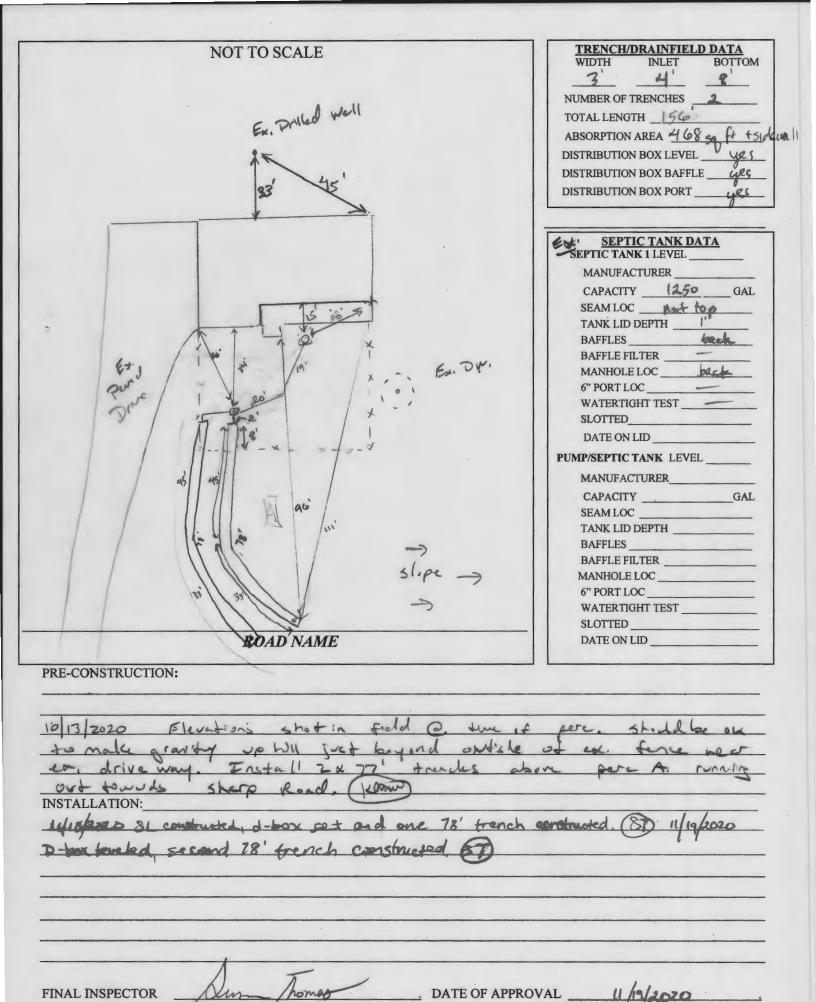
Maura J. Rossman, M.D., Health Officer

RECEIPT D	DATE: 11.120 ONSITE SEWAGE DISPOSAL SYSTEM	P 572864			
APPROVAL D	PATE: (1-19-2010) PERMIT: REPAIR	A Repair			
PROPERTY AL	DDRESS: 3301 Sharp Road				
SUBDIVISION	: Burntwoods LOT: 1 TAX ID:	04-331451			
CONTRACTO	R: Freedom Septic EMAIL: susan@freedo	mseptic.com			
CONTRACTOR	ADDRESS: 2809 Liberty Rd, Sykesville, MD 21784 PHON	E: 410-795-2947			
PROPERTY O	WNER: Ryan Jewitt EMAIL:				
OWNER ADDRE	ESS: Same PHONE:	443-306-9636			
SEPTIC TANK	SIZE: Existing PUMP TANK CAPACITY: n/a PUMP SIZE: n/a				
DISTRIBUTION	N SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPI	LICATION RATE: 0.8			
	LINEAR FEET REQUIRED: 155 INLET DEPTI	H: 4'			
TRENCHES:	TRENCH WIDTH: 3 MAXIMUM BOTTOM DEPTI	H: 8'			
	MINIMUM SPACE BETWEEN TRENCHES: EFFECTIVE AREA BEGINNING DEPTI	н: 6			
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.				
Install 2x77ft trenches running on contour above perc test A. Both trenches staked out in field. Pump and collapse existing drywell. NOTES:					
ISSUED BY:	K. Wolf ISSUE DATE: 11/17/2000 EXPIRATION	DATE: 11)17/2021			
NOTE: CONTE	RACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION	ON			
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING					
NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.					
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL					
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS					
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM ELECTRICAL PERMIT ISSUED E n/a					
NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE					
ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A					
QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIADNCE. NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT					
INSTALLATION.					
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA					

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.







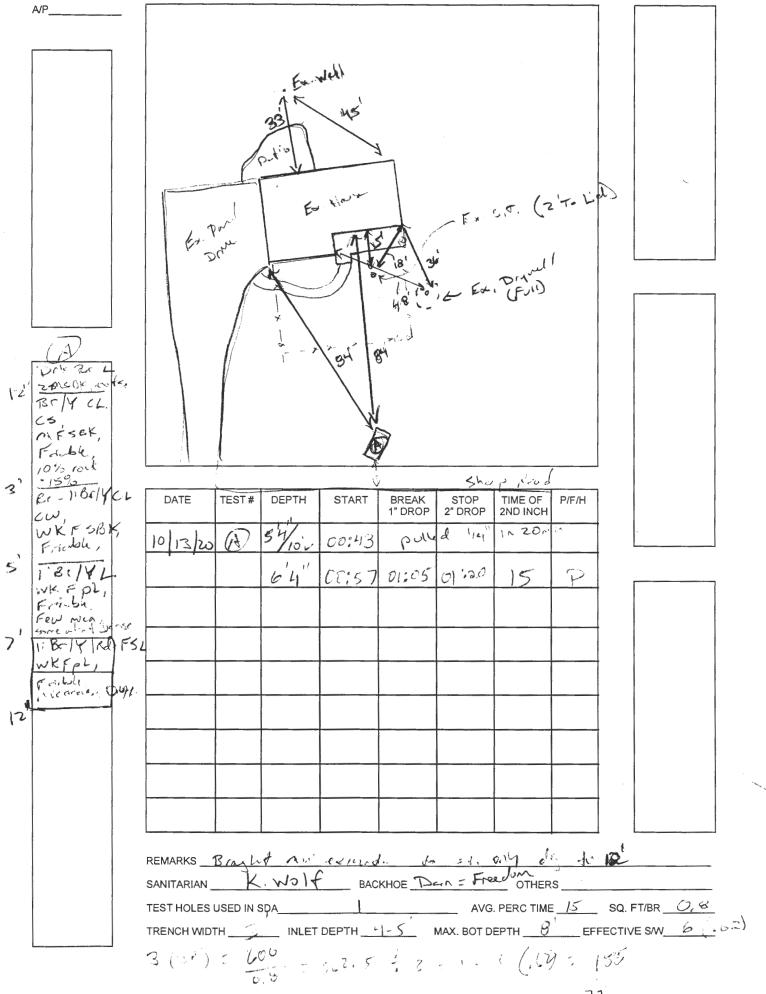
Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Burntwoods
PROPERTY ADDRESS 3301 Sharp Rd Glenwood MD 21738
TAX ACCOUNT # 331451 TAX MAP 0021 GRID 006 PARCEL 0110 LOT NO. 1 SIZE (ACRES) 40KSF
ZONING CATEGORY TIER
PROPERTY OWNER(S) Jill and Ryan Jewett
DAYTIME PHONE 443.306.9636 CELL EMAIL
MAILING ADDRESS 3:301 Sharp Kd (Flenwood, MD) 21738
APPLICANT Freedom Septic Soves RELATIONSHIP TO OWNER: COntractor
DAYTIME PHONE 410-795-2947 CELL EMAIL SUSAND. Froedom Septic . CO
MAILING ADDRESS 2809 Liberty Rd Sykesvilk MD 21784
HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):
SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS BUILDING: RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR? □ YES
☐ NO APPLICANT, I UNDERSTAND THE FOLLOWING:
THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT. THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
THIS IS A PUBLIC DOCUMENT I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the
property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.
Jun 57 9/4/20
SIGNATURE OF APPLICANT DATE



z ~ 77

LOT / - BLOCK B - SEC. 3- PAIRT 2 BURNTWOOD 10/21 APPROVED UTILITY EASEMENT. WALK-THRU BUILDING PERMIT BP#00148657 APP. SAN KJB DESC. OF WORK: Deck 6.75' BULDING 134.02 TO P.C. @Costlehar Dr SHARP ROAD This is to certify that I have surveyed the property known as LOT I - BLOCK B - SECTION 3 3RD ELECTION DISTRICT HOWARD CO., MARYLAND for the purpose of locating the improvements thereon, and the improvements are located as shown. Signed this 15th day of PURDUM AND JESCHKE ENGINEERS AND LAND SURVEYORS 24 PARK AVE. This plat is not intended for use in ELLICOTT CITY, MARYLAND 21042 the establishment of property lines.

A-08997

LAYOUT	INSP 4				
INSP 2	INSP 5				
INSP 3	INSP 6	, , u.s.\			
ISSUE DATE:	DE	DMIT NASSI P			
APPROVAL DATE:	IN	RMIT OU-53 US P DEXED A 508997			
	ON-SITE SEWAG HOWARD COUNTY	DEXED E DISPOSAL SYSTEM HEALTH DEPARTMENT RONMENTAL HEALTH			
		IS PERMITTED TO INSTALL _ ALTER _			
ADDRESS:		PHONE NUMBER:			
SUBDIVISION: Bu		LOT NUMBER: 1, Bi B, S 3			
ADDRESS: 3301 S	harp Road	PROPERTY OWNER: Steve Feld			
SEPTIC TANK CAPA	CITY (GALLONS):	OUTLET BAFFLE FILTER REQUIRED			
PUMP CHAMBER CAPACITY (GALLONS): COMPARTMENTED TANK REQUIRED					
NUMBER OF BEDRO	OMS:	MAAAN-ahlah			
SQUARE FEET PER E	BEDROOM:				
LINEAR FEET OF TR	ENCH REQUIRED:				
TRENCHES:		nlet feet below original grade. Bottom maximum depth Effective area begins at feet below original grade. feet of se.			
LOCATION: BUILDING PERMIT SIGNED					
	AND RETUI	RNED			
NOTES:	6/3/2004 B00148657 Front porch and foyer				
PLANS APPROVED:		DATE:			
NOTE: PERMIT VOID AFTER	2 YEARS				

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

11/2 17 Acar

PERMIT

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2022

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

SUCCESSFUL OPERATION OF ANY SYSTEM.

INDEXED

ELLICOTT CITY

DISTRICT____

DATE__11/6/67

	Jack Fynck		.IS PEI	RMITTED TO IN	STALL_X	ALTE	R	
ADDRESS	Ten Caks Rd., Dayton							
	SPOSAL-SYSTEM LOCATED AT_							<u> </u>
***************************************			33	61				
SUBDIVISION	Burnt Food	2042				1.	Blk.	B.
PROPERTY OV	P	ROADROAD	Inc	G	S	ec.	3 Pai	rt 2
ADDRESS								
SPECIFICATIO	ns - 4 bedrooms						•	
arl	DRAIN FIELD DEPTH_	FEET, BOTTOM	I ARE	A	_5Q. FT.			
isset	SEEPAGE PITS ABSOR	BENT SIDE-WALL AR	REA	SQ. F	т.			
eur /	SEPTIC TANK	K CAPACITY 1.0	೦೦	GALLONS				
	FOR GARBAGE GRINDER, INC	CREASE DISPOSAL A	REA 2	25 & TANK CAF	PACITY 50%.			
OTHER_	Dry well - 112 so. ft.	sidewell area	belo	ow the inlat	t pipe per	ted	room	Brons
Inlet pipe	to be 4 ft. helow grud	ie.						
Place dry	well about 65 ft. from	front lot line	and	about 15 ft	t. from ri	ght	side.	
as seen wh	en feeing lot from Shar	ep Rd.					-	
EC MUMIXAM	PTH PERMITTED 14' below	original grade	• •	PERMIT VO	ID AFTER	THRE	E YE	LRS?
PLANS APPR	OVED BY D. W. Monaghan		DATE	9/23/64	e An and Arthritis (Alphabater) representation			
	TANK AND DISTRIBUTION BOX V	WITH WATER BEFORE	CALL	ING FOR AN INS	SPECTION. CO	VER	NO WO	RK
VEITHER THE	HOWARD COUNTY COMMISSIO	ONERS NOR THE H	FALTH	DEPARTMENT	IS RESPONS	BLE	FOR T	HE

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

Cl 08497

WR-W-4 4-66

State Office Building ANNAPOLIS, MARYLAND 21401 STATE OF MARYLAND

DEPARTMENT OF WATER RESOURCES

3: 47

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL

	WELL COM	PLETION REPORT	A08	997	OF THE WELL
	WELL	DESCRIPTION	1185	3	Permit Numbe 2068W97
WELL LOG State the kind of formations per color, their depth, their thickness bearing	CASING AND SCREEN RECORD State the kind and size and position of casing, liner, shae, screen, and other accessories (if no casing used, give diameter of well).			Address Stending Ing Subdivision Burnelevery Section 3 Lot	
	FEET from to	Sand	DIAM. (inches)	FEET from to	PUMPING TEST Hours Pumped Type of Pump Used Bayers Pumping Rare Gallons per Minute WATER LEVEL
		55 pt com			Distance from land surface to water) Before Pumping 50 Ft. When Pumping 45 Ft.
Cook from 3		miker auch			APPEARANCE OF WATER Cloudy Tosio Sucre Odor Sucre
grand long to mark	`	well goft			Height of Cosing Above Land SurfaceFt. PUMP INSTALLED Type
1 6 T		: 1 : 1:	4 . 1	i . (Capacity Gallons per Minute Gallons per Hour Pump Column Length F1.
The second s Second second se	go erre samene e espera	a magasa sen sa angadah iga maindha	tank, a	rmanent struct	OF WELL ON LOT hures such as building(s), septic and and indicate not less surements) to we'll.
			_ cu	whill	NORTH
WELL WAS resentations or	falsifications and ue, accurate and belief,	contains no willful misrep- nd that information given in I complete to the best of my Well Driller		24	
	tense No.: _/_)

