

11/21/86

AM

11/21/86

PM
WPI

APPROVED
11/21/86
RT
P 38008

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X992X2330

461-9933

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 11/21/86

Cornwell Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS PHONE 988-9221

SUBDIVISION Nicholas Sharp Property ROAD 3654 Sharp Road LOT 4

PROPERTY OWNER Nicholas O. Sharp

ADDRESS

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

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the trench 210 feet from the front (222.71') lot line and 10 feet from the left (917.91') lot line as seen when facing the lot from Sharp Road. Run trench(s) on contour toward back of lot.

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.

04/5

PLANS APPROVED BY S. Abel DATE 6/17/86

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 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34798

APPLICATION

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: 992-2330

A 34798

P _____

DISTRICT 4

DATE Jan. 2, 1985

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 Nicholas O. Sharp CHUCK 489-4830

ADDRESS 3737 Sharp Rd Glenwood, Md. 21738 PHONE 854-6456
489-4175

PROPERTY LOCATION: 3654 SHARP Rd.

SUBDIVISION Nicholas Sharp (proposed) Parcel 45 Tax Map 21 LOT NO. #1 New LOT #4

ROAD AND DESCRIPTION West side Sharp Rd 1200 ft North of Shady Lane 5-6-83

SIZE OF LOT 3 ac TYPE BLDG. Residence
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. NICK SHARP
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/4/85-PERC OK HOLD FOR PLAT R. Hodges

SEAL, PERMIT SIGNED
AND RETURNED 9-10-86
BPA # 72945

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY: _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

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: 992-2330

A 34798

P _____

DISTRICT 4

DATE Jan. 2, 1985

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 Nicholas O. Sharp

ADDRESS 3737 Sharp Rd Glenwood, Md 21738 PHONE 854-6456
489-4175

PROPERTY LOCATION:

SUBDIVISION Nicholas Sharp (proposed) Parcel 145 Tax Map 21 LOT NO. ~~NEW LOT #4~~ 5-6-86

ROAD AND DESCRIPTION West side Sharp Rd 1200 ft North of Shady Lane

SIZE OF LOT 3.62 TYPE BLDG. Residence
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. NICK SHARP
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

8/25/86

grout already done
when arrived

these values → { 95' casing
30' open hole

8 bag cement
w/ 30'

8 bags cement

location

30' not connected
w/ 95' casing

→ 81' off road & 155'
down from corner

location tight on sub:
plot OK on ~~perc~~ house
site plan (chicag.
in perc field)

120 sample taken 11:30 AM
(H9844)

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

8 1 10 PM '86

OK
HEALTH

See notes on
site plan ←

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1616
Location of property (road) SHARP RD
Subdivision NICHOLAS SHARP PROP. Lot 4 Block _____ Plat _____ Sec. _____
Well Driller BERNARD FLETCHER Owner SHARP, NICHOLAS

Depth of well 250
Distance of measuring point (M.P.) above ground 12 in.
Static water level (S.W.L.) below M.P. 35

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 8
Total time 2 hrs. to reach pumping water level 140 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	35	7		8
8:30	70	7		8
8:45	85	7		8
9:00	90	8		7
9:15	95	9		6 1/2
9:30	97	9		6 1/2
9:45	120	10		6
10:00	125	10		6
10:15	135	10		6
10:30	140	11		5 1/2
10:45	140	15		4
11:00	140	15		4
11:15	140	15		4
11:30	140	15		4
11:45	120	13		4 1/2
12:00	120	13		4 1/2
12:15	120	13		4 1/2
12:30	120	13		4 1/2
12:45	120	13		4 1/2
1:00	120	13		4 1/2
1:15	120	13		4 1/2
1:30	120	13		4 1/2
1:45	120	13		4 1/2

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 ☒
Replacement ☐

Receipt # 38009
Date 11/7/86

Name of Installer Cornwell Plumbing & Heating

Telephone (301) 988-9001

License number 3853

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Nicholas O. Sharp Telephone

Subdivision Nicholas Sharp Property Lot # 4 Well tag #

Site Address Sharp RD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u> </u>	1. Make <u> </u>
a. Deep well jet <u> </u>	2. RPM <u> </u>	2. Model # <u> </u>
b. Shallow well jet <u> </u>	3. Voltage <u> </u>	3. Depth <u> </u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <u> </u>	
2. Make <u>MC Donald</u>	b. 220 <u> </u>	
3. Model # <u> </u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <u> </u> No <u> </u>		
6. If Yes, is low pressure cutoff switch installed? Yes <u> </u> No <u> </u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u> </u> Cable guards <input checked="" type="checkbox"/> Other <u> </u>		

Tank	Piping	Well data
1. Capacity <u> </u>	1. Type <u> </u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u> </u>	2. Size <u> </u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <u> </u>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u> </u>	4. Will water supply be disinfected by installer? <u> </u>

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: M. Cornwell

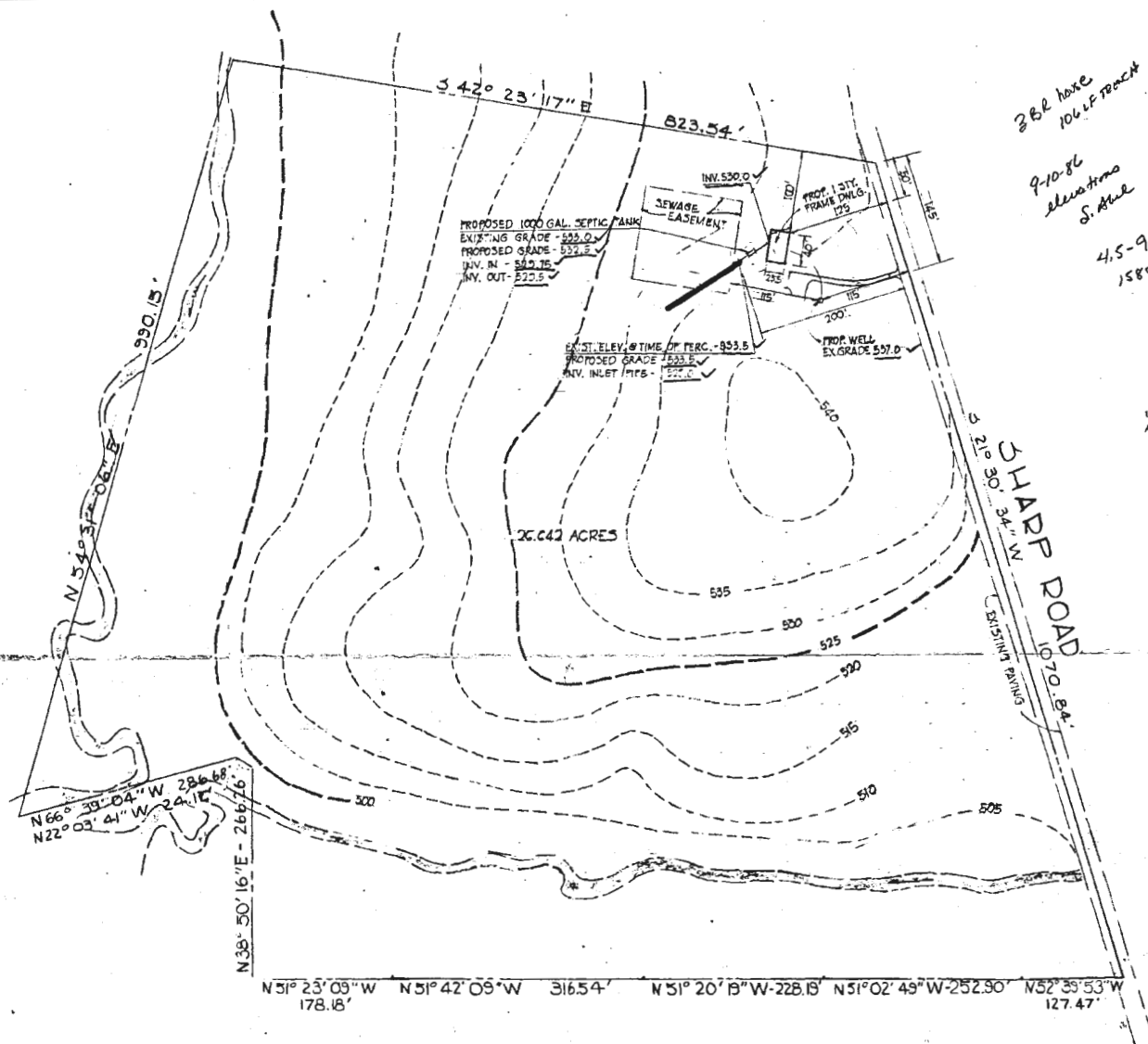
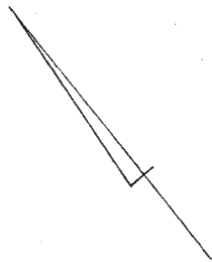
Date: 11/7/86

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

11/186

OK To cover Poles adaption & trench
to House

Pressure tank not yet installed JPD



382 have
106 LF reach

9-10-86
elutino
S. Abel

4.5-9
158# 1/8R

141 LF TRENCH W/O DISPOSE
106 LF 382

USING PERMIT SIGN
AND RETURNED 9-10-86 S. Abel
BP # 72745

FISHER, COLLINS
& CARTER, INC.
CONSULTING ENGINEERS
8365 COURT AVENUE
ELLEROTT CITY, MD. 21043

PLOT PLAN TO ACCOMPANY
APPLICATION FOR
BUILDING PERMIT
PROPERTY OF
NICHOLAS O. SHARP
TAX MAP 21 PARCEL 45
ZONED "D"
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1" = 100' DATE: JUNE 25, 1986