4-15-96 clo

> HOWARD COUNTY HEALTH DEPARTMI BUREAU OF ENVIRONMENTAL HEALTH

> > 313-2640

PERMIT

SEWAGE DISPOSAL SYSTEM

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DEPARTMENT	OF	HEALIN	ANU	MENIAL	TIGIENE

04-350820

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A41280-A

DISTRICT 4th

DATE 4/4/96

DATE SYSTEM APPROVED

7/9/96

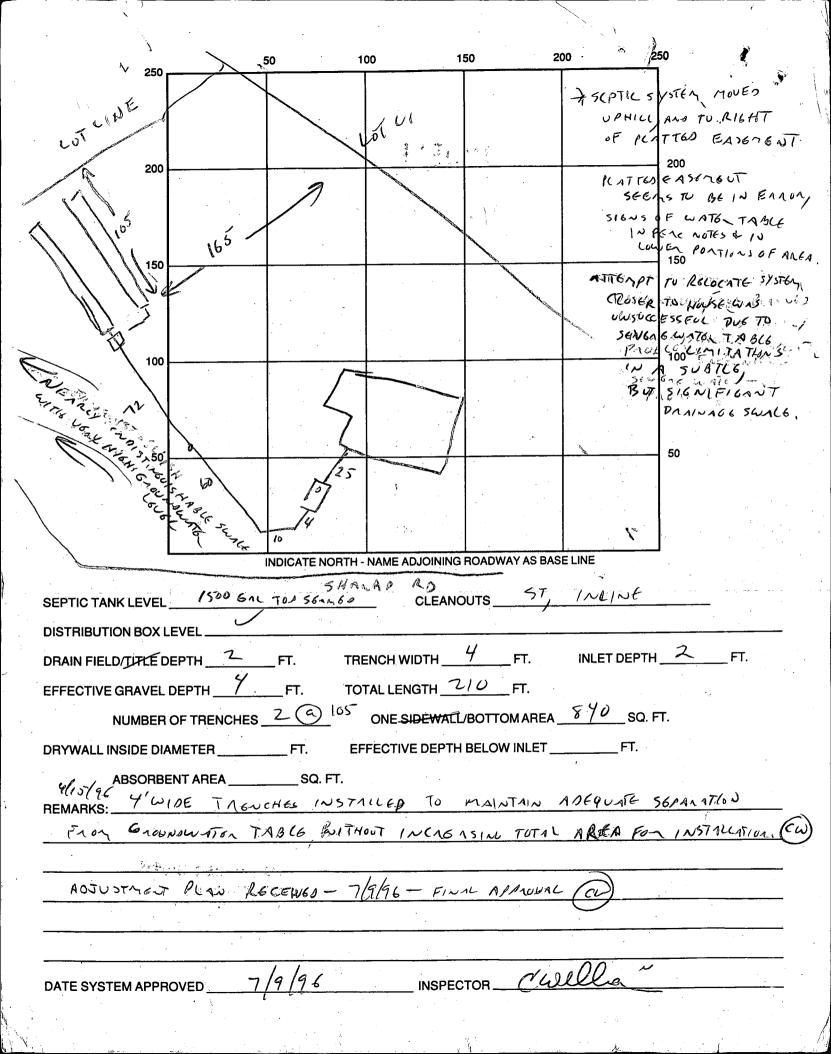
INSPECTOR(

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER
ADDRESS 13775 Triadelphia Road Glenelg, MD 21737 PHONE 988-9270
SUBDIVISION Sharp Farms LOT 27 ROAD 3921 Sharp Road
PROPERTY OWNER Susan McConnel1
ADDRESS
*System to be installed above the platted septic easement on approximately the 779' contour interval easement on approximately the 779' contour interval to square feet per bedroom 210 SQUARE FEET PER BEDROOM LINEAR FEET OF TRENCH REQUIRED 210 TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe. LOCATION - place the distribution box 190' from the rear lot line as seen when facing the property from the driveway entrance to Sharp Road. Run trenches along contour toward right rear lot corner. NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OHCW
ν
PLANS APROVED BY Craig Williams REVISED DATE 4/1/96 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, 90° ELBOWS NO ACCEPTABLE.
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALL AUTHORIZED)
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
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 35/40 PVC OR ABS

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

PERMIT VOID AFTER TWO YEARS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer April 2, 1996

Mr. Don Crosen (30) 854-6655 Crosen Homes, Inc. 3775 Shady Lane Glenwood, MD 21738

> RE: Building Permit #63863 Sharp Farms - Lot 27 3921 Sharp Road

Dear Mr. Crosen:

This is to confirm that the above referenced building permit application was approved subject to revisions in the septic system location, as discussed by telephone on April 1, 1996.

The disposal trenches are to be installed approximately 50° higher on the lot than shown on the submitted site plan. A rough copy of the revised location and suggested elevation adjustments has been enclosed.

The adjustment was by mutual agreement to resolve concerns about distance from the house and possible water table limitations at the low side of the property. Copies of the proposed adjustments have been forwarded to your site engineer and your septic contractor.

No plan revision is requested at this time, but will be required prior to occupancy approval. The wall check drawing, which ordinarily shows just the "as built" house location, can serve the purpose, provided it also shows the new septic location and a revised septic easement. This has been discussed with your engineer.

Thank you for your cooperation in this matter. If you have any questions about this matter please call 313-2640.

Very truly yours,

Craig Williams. Program Director Water and Sewerage Management

CW:vr Enclosure

cc: Susan McConnell Joey Ecker

Licenses & Permits Jack Fyock Septic Service

File

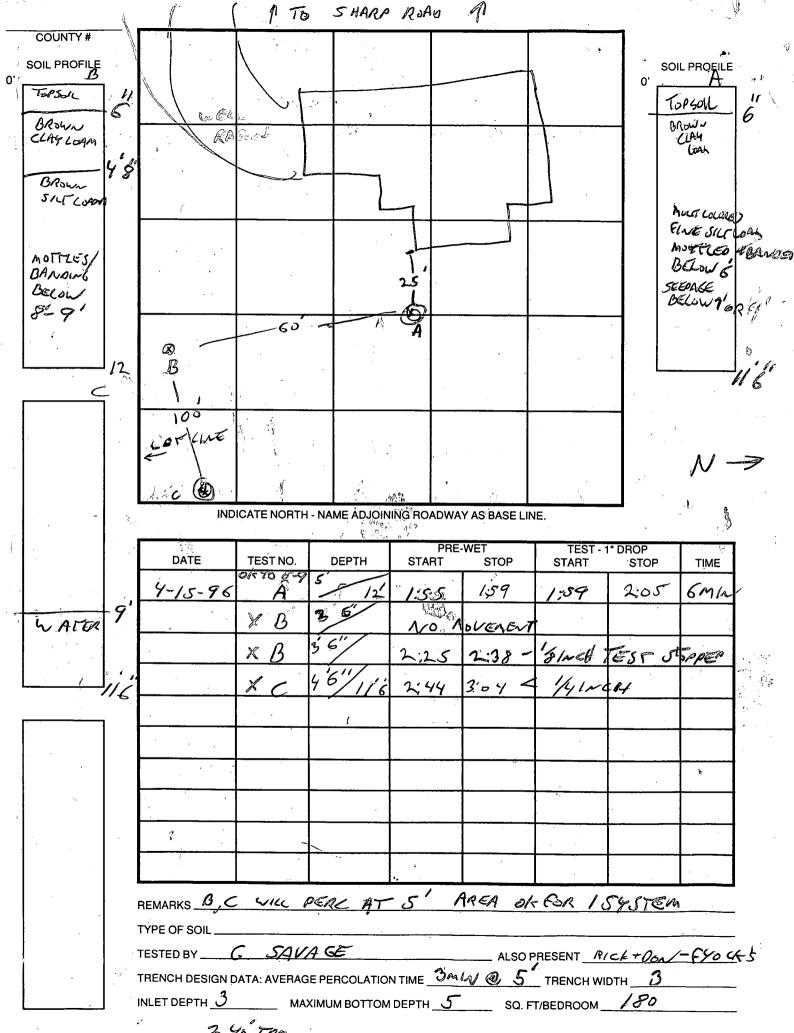
ok 1/9/45

APPLICATION

,	PERCO	DLATION TE	STING			Α	,
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HOWARD COUNTY HEALTH DEPARTMEN	ı T				DISTRICT		
BUREAU OF ENVIRONMENTAL HEALTH					DISTRICT_		
3525-H ELLICOTT MILLS DRIVE/ELLICOTT TELEPHONE: 313-2640	CITY, MARYLAND 21043	•	12.		DATE_	4-13	7-96
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND					•		
/* ·		*.,					
HEREBY APPLY FOR THE NECESSARY	TEST PRIOR TO APPLICATI	ON FOR PERMIT	TO CONSTRUC	T (OR RECONS	TRUCT) A SEWAC	SE DISPOSAL	**
PROPERTY OWNER 5 USAN	McCon	WELL	- 	-			⊕
ADDRESS 3921 SHARP	RIAD \		PHONE		<u> </u>		
AGENT OR PROSPECTIVE BUYER				· ·			
ADDRESS	4.5 4 - 1		PHONE_		• • • • • • • • • • • • • • • • • • •		
<u> </u>				• • •	1		1
PROPERTY LOCATION:	q ,	- BA		\	***	•	
SUBDIVISION SHARI	O FARMS	John States	LOT NO	27		. 11.	<u> </u>
ROAD AND DESCRIPTION		1 Carry					<u> </u>
	8	*					
TAX MAP PARCEL #		3.					
FARUEL#	• • • • • • • • • • • • • • • • • • •		250 250 250 250 250 250 250 250 250 250	•			
SIZE OF LOT	<u>_</u>	TYPE [BLDG.	'(SINGLE FAM	IILY DWELLING O	R COMMERC	IALY :
				(ONTOLL! AN	ILT DWLLLING O	TOOMINIE TO	/ · ·
THE SYSTEM INSTALLED UNDER THIS APP	PLICATION IS ACCEPTABL	E ONLY UNTIL	PUBLIC FACILI	TIES BECOME	AVAILABLE. I	ULLY UNDE	RSTAND THE
FEE CONNECTED WITH THE FILING OF	THIS PERC TEST APPL	ICATION IS NO	N-REFUNDABLE	UNDER ANY	CIRCUMSTANC	ES. I ALSO	AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREME	* NTS IN TESTING THIS LO	OT					
	0		.	(SIGNATURE	OF APPLICANT)	:	į
APPROVED BY	·	FOR	· · · · · · · · · · · · · · · · · · ·		DATE		
DISAPPROVED BY		FOR			DATE		
<u></u>					5 Mg		
HOLD PENDING FURTHER TESTS		· · · · · · · · · · · · · · · · · · ·	•		- V		
REASONS FOR REJECTION OR HOLDING		40>		·	·		
PERCOLATION TEST PLAT/PRELIMINARY PLAT	-TITLE OR LD #		\$: /	DATE	-	
1 EUGCENTION TECHNIANUT LEVI	5	В					
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE				 	DATE		

THIS IS NOT A PERMIT

HD-216 (3/92)



240 TRENCH

APPLICATION

A41280

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

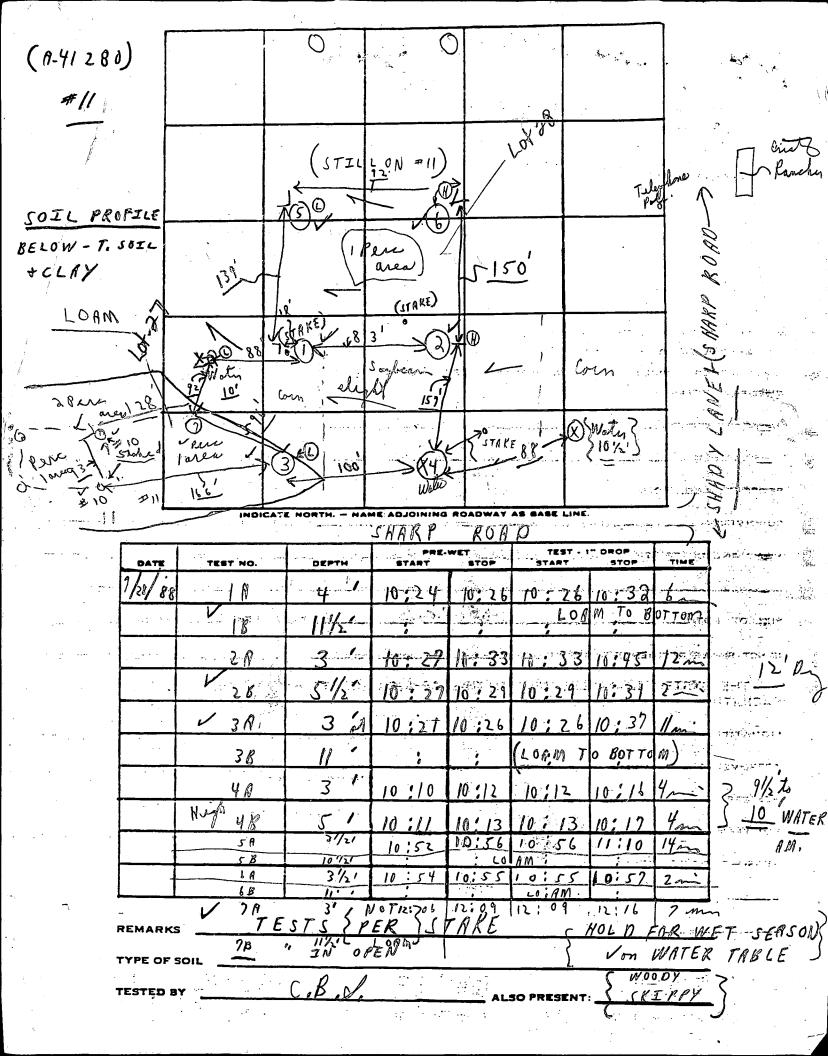
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356

LHIGIENE	\rightarrow /
DISTRICT_	4 th
DATE	3/24/88

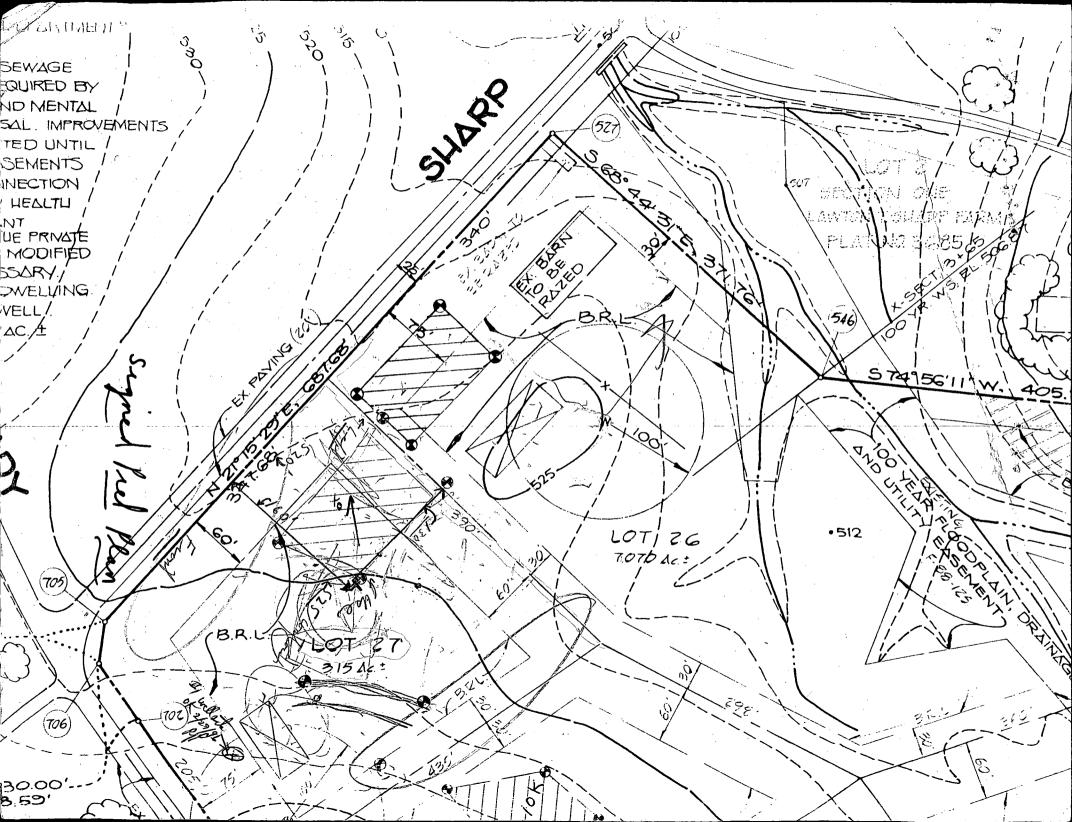
2 LOTS ON These RECORDS 1 AS ShowN ON SKERLY I NEW

TO:	THE COUNTY HEALTH OFFICER
	ELLICOTT CITY, MARYLAND
	HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
	SAL SYSTEM.
P I9Of	ERTY OWNER CHARLES A. SHARP
	ADDRESS 3779 SHARP ROAD GLENWOOD MD. 21738 PHONE 489-4630
PROF	enty Location: 27 on Fina
SUBC	VISION SHARP FARMS, LOTS 1-16 LOT NO
ROĀI	AND DESCRIPTION N.W. OF INTERSECTION BETWEEN SHARP ROHO
	AND SHADY LANE
	TYPE BLDG. S.F.D - 4 BEDROOMS
FAC	THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLICATION OF APPLICANT
	VED BY
REJE	TED BY DATE
HOLE	PENDING FURTHER TESTS DATE
REAS	NS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



c 1 0262 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	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)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER 13-A 4/280	
SIYCO USE ONLY DATE WELL COMPL DATE WELL COMPL	Depth of Well 22 21 20 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
OWNER He Connell	Suspen first name	GLenela	
STREET OR RFD	Skarp Rd TOWN TOWN	LOT 27	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET check if water	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY B C NO: OF BAGS 7 NO. OF POUNDS 3478	PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) / 2 •	
additional sheets if needed) FROM TO bearing	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 1	METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft.	
GRAY MICH 75 225 V	insert appropriate code below MAIN Nominal diameter CASING top (main) casing STEEL CONCRETE PL OT OTHER	WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine 27 other	
	TYPE (nearest inch)! (nearest foot) S	C centrifugal R rotary O (describe below) J jet S submersible	
	screen type or open hole insert appropriate code street type or open hole insert appropriate code screen type or open hole insert appropriate code	PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (15 persont college) 31 35	
NUMBER OF UNSUCCESSFUL WELLS:	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 37 41	
WELL HYDROFRACTURED Y	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL	E 1 H 0 7 7 15 17 21 C 23 24 26 30 32 36 R E 3	CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below below 49 (nearest) foot)	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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. TYPE: MWD/MSD/MGD	E 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER (NEAREST INCH) 56 60	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)	
DRILLERS LIC. NO. L. J.	from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Syaus of The State	
	70 72 74 75 76	2 10	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR		



I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

E-15-26

roperty

PROPERTY LINE SUMME TOP INE SURVINARYLAND NO. 304

