PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 4/9/39
REPAIR
A 09601

INDEXED

DISTRICT 4th

DATE 4/14/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXX461-9933~~ 313-2640

PLAN THIS HAS BEEN REVISED. ONLY 1 BR ADDITION, NO PHYSICAL IMPACT, NO NEED TO EXPAND SYSTEM AT THIS TIME. SITE Evaluation only / No Repair effected / INSP OF NEW HOUSE CONNECTION IS NEEDED (CW)

DATE SYSTEM APPROVED 4/15/93

INSPECTOR RP Pinkley

Thomas W. Venezia IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 3920 Sharp Road, Glenwood, Maryland 21738 PHONE 301-442-1447

SUBDIVISION Robert H. Dill LOT 4 ROAD 3920 Sharp Road

PROPERTY OWNER Thomas & Clarissa Venezia

ADDRESS 3920 Sharp Road
Glenwood, Maryland 21738

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS ____

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ____

PUMP SYSTEM NOT TO BE INSTALLED AT THIS TIME

Install:

1 - 1000 gal. pump chambers 500 CHAMBER

~~Dual effluent pumps~~ with controls and alarms.

TRENCHES - Trench to be 2 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 2½ feet below original grade. 4½ feet of stone below distribution pipe.

LOCATION - ~~To be determined in field~~

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

PURPOSE - to upgrade an existing septic system to accommodate a proposed addition - BP#47660.

NEW BP #53623

PLANS APROVED BY Ronald J. Pinkley, R. S. RJP 4/15/93 DATE 1/26/93

COVER NO WORK UNTIL INSPECTED AND APPROVED

BLDG. PERMIT SIGNED AND RETURNED

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 NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

BLDG. PERMIT SIGNED AND RETURNED 4/3/94 Serial# 53623 - 1-Story addition

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

BLDG. PERMIT SIGNED AND RETURNED 6/21/93 Serial# 47660 - 3 story addition

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES B00128707 Detached 2 car garage 3/7/01

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

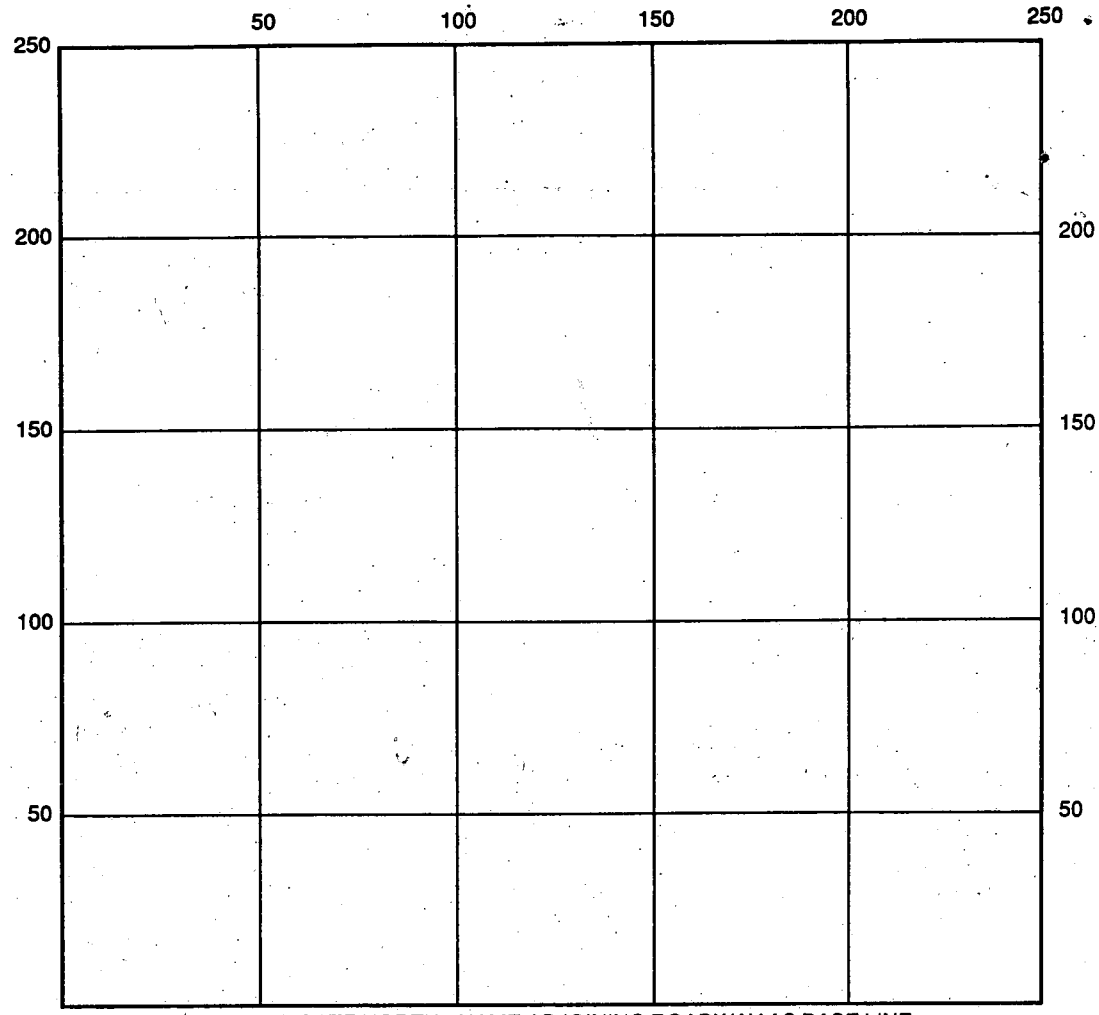
HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 7-18-96

B00100922 Addition - Shed

R 41169



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

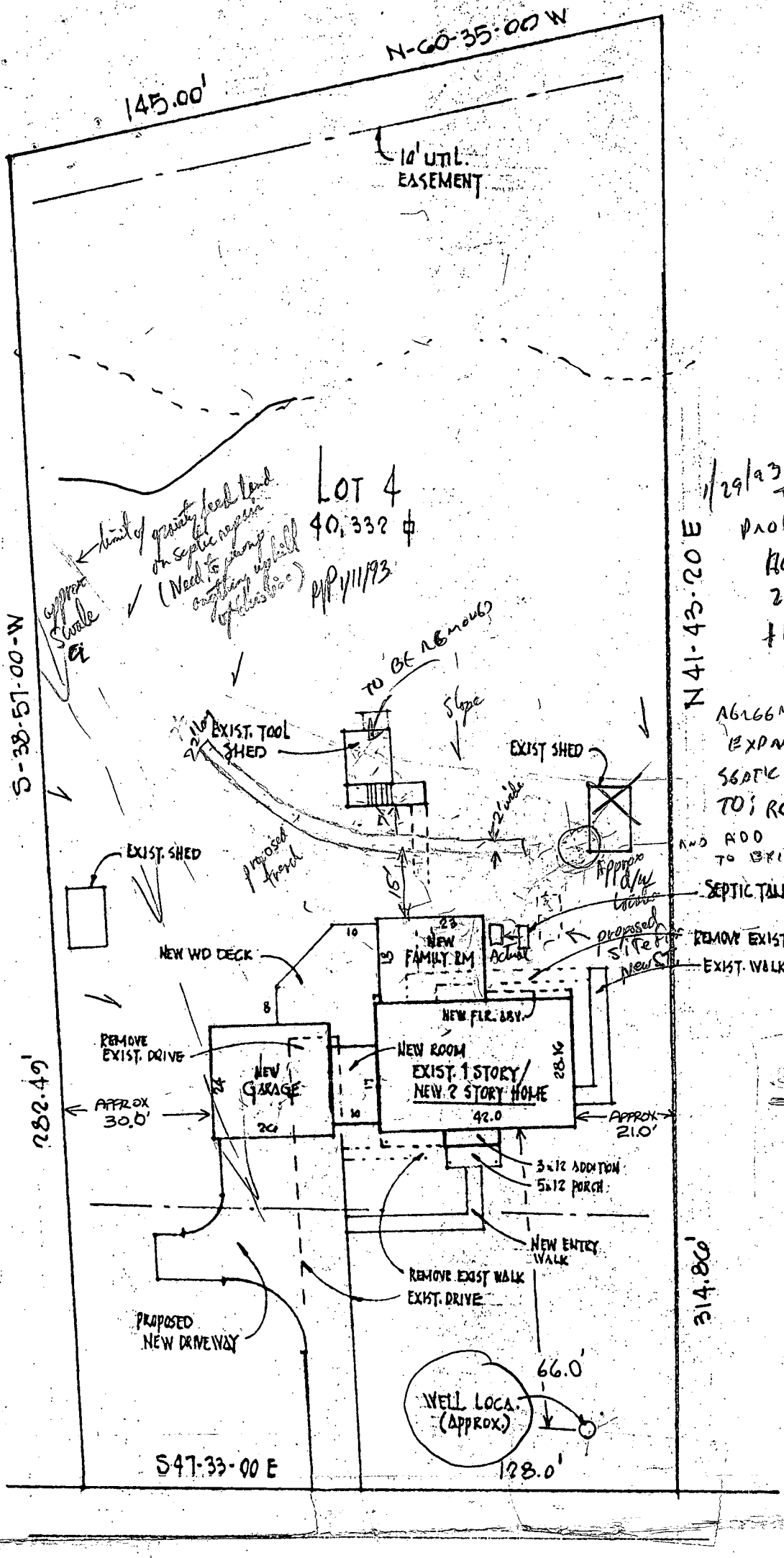
NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____



1/29/93 PER T.U.
PROPOSED HOUSE EXP. 2 BR TO 4 + FAMILY ROOM & GARAGE.
AGREEMENT TO EXPAND SEPTIC SYSTEM TO; REPLACE TANK AND ADD FT TRENCH TO EXISTING DRAINAGE.

SHARP RD.

SITE PLAN 1" = 30'

#3920 SHARP ROAD
GLENWOOD, MD
LOT 4 SECTION 3 ROBERT H. DILL PROPERTY
4TH ELECTION DISTRICT HOWARD COUNTY

PROPOSED

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 06275

P

HOWARD COUNTY ELLICOTT CITY

DISTRICT 5x 4th

DATE 1-11-63

At least one dry well 10 ft in dia. by 10 ft. deep below the inlet located 1640 ft. from the front property line and 25 ft. off the right side property line as determined when facing the house from Shady Lane. Inlet 3 Ft below original grade. 1750 gal septic Tank.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Floyd Heath

ADDRESS Brookeville, Md. PHONE At. 6-2794

PROPERTY LOCATION:

SUBDIVISION Robert H. Dill LOT NO. 4-Sect. 3

ROAD AND DESCRIPTION Between Shady Lane and Dorsey Mill Road, near Triadelphia Rd.

OCCUPANT Floyd Heath PHONE At. 6-2794

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 128 X 314 TYPE BLDG. Residence - 2 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Floyd Heath

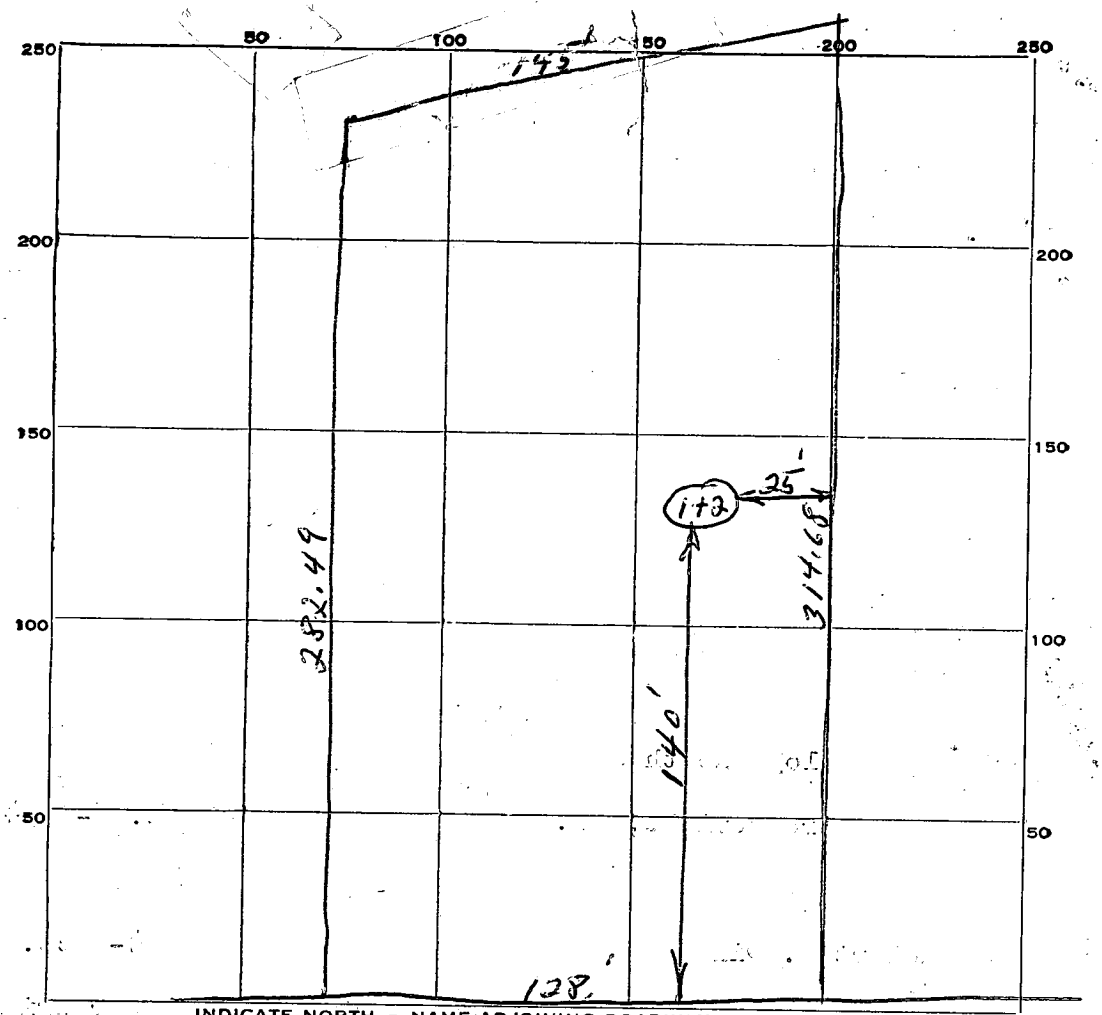
APPROVED BY J. Hennigan FOR Dry Well (KIND OF SYSTEM) DATE 1-15-63

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SHady LANE

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1-15-63	1	9	9:57	10:00	10:00	10:05	5 Min.
"	2	5	9:58	10:01	10:01	10:07	6 Min.

SOIL AUGER FINDING

TESTED BY

REMARKS 1-15-63

ALSO PRESENT Floyd Heath LOT NO. 4-Sec 3

APPLICATION

PERCOLATION TESTING

A 09601

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT

DATE

THIS COPY TO BE KEPT IN LOT 4 FOLDER FOR REFERENCE PERC INFO 2/1/93 CW.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Tymen Beach

ADDRESS 3137 BOONES LANE (PER TAX MAP) PHONE

AGENT OR PROSPECTIVE BUYER

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Robert H. Dill LOT NO. 3 Sect 6 ?

ROAD AND DESCRIPTION S/Sharp Rd 60' S/Sharp Rd – Sharp-Shady Lane Intersection

TAX MAP 21 PARCEL # 107

SIZE OF LOT TYPE BLDG.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.
(SIGNATURE OF APPLICANT)

APPROVED BY RP Worley FOR Repeat of Previously Approved Lot DATE 9/8/92

DISAPPROVED BY FOR DATE

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # DATE

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # DATE

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

Test Hole A

SOIL PROFILE

0'

Red & Red Brn
SiCL
Mony Block ... on ped faced @ 2½-3½ ft
4
yel Rdish Brn (7.5YR 6/6)
SL (18%C)
7-8'
Some Rotten Mica Rock (25-75%) in Soil ...
10'

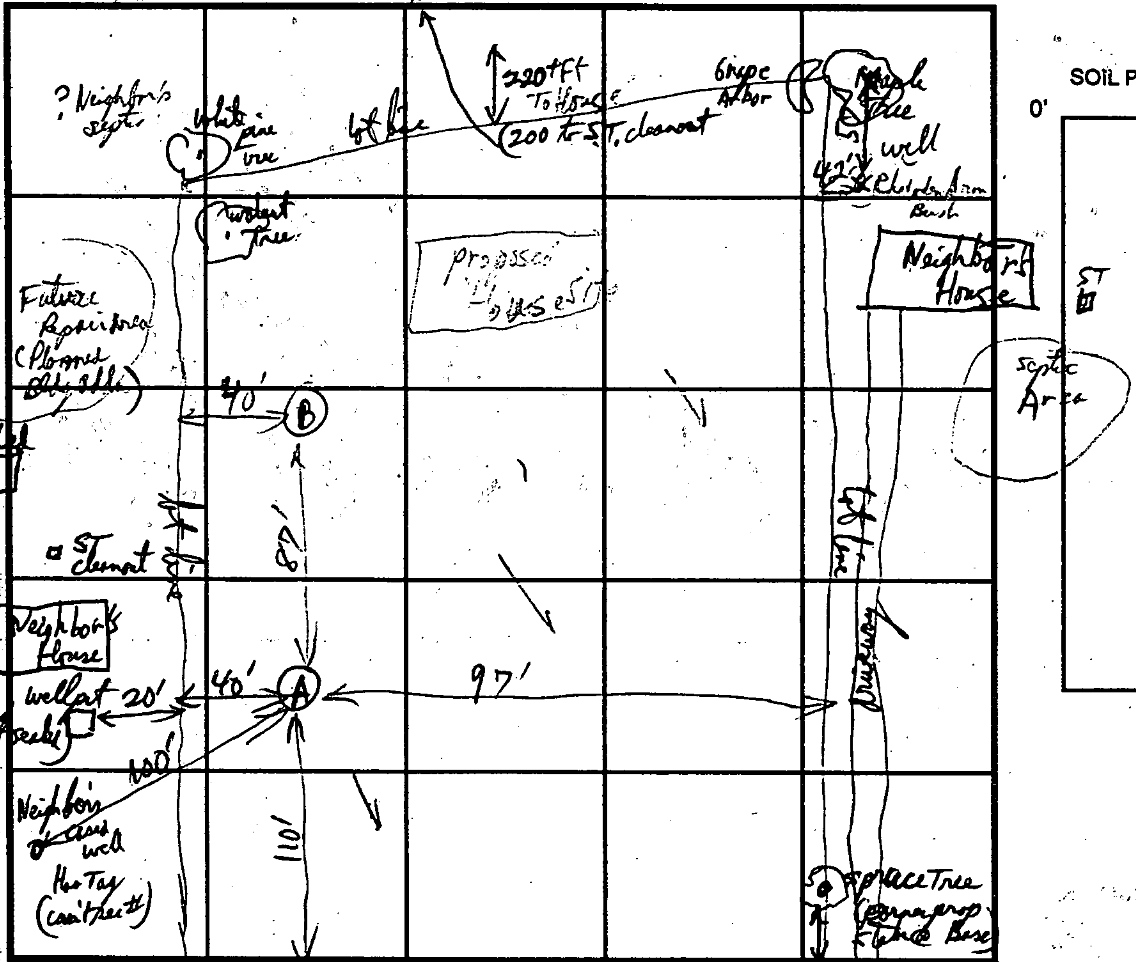
Hole B

Red Brn - Red
LCL
2-2½'
Red Brn
FSL (12%C)
ē 10% white streaks of SiL-SSI - Mica Lam
8'
8
(Mica) Light Brown Mica Loam | Rotten Mica Rock Layers (Biggest)
↑difficulty ē ↓depth
12
East West

SOIL PROFILE

0'

L House / well pit / well pit / House



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Harp Rd   Shady Lane →

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST 1" DROP START	TEST 1" DROP STOP	TIME
9-8-92	A	4½'	10:55:00	10:57:25	10:57:25	11:00:45	3 min
		✓10'					
	B	@ 2½	11:14:18	11:16:00	11:16:00	11:19:30	3½ min
		✓12'					

REMARKS Jet pump disconnected @ abandoned well on Neighbor's lot.

TYPE OF SOIL CuB + ChB2 (Codorus + Chester)

TESTED BY R J. Pinkley   ALSO PRESENT Rollin Baith (builder) Beach, Bill (owner)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3½ min   TRENCH WIDTH 3

INLET DEPTH 2½   MAXIMUM BOTTOM DEPTH 4½   SQ. FT/BEDROOM 180

C 1 | 4536 | SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER RW 46811

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 02 26 91

Depth of Well: 227 (TO NEAREST FOOT)

REVIEW OK 5/13/91 CW

PERMIT NO. FROM "PERMIT TO DRILL WELL": AO-88-1665

OWNER: VENEZA Tom
STREET OR RFD: 3920 Sharp Rd TOWN: Glenwood
SUBDIVISION: BILL SUBDIVISION SECTION: LOT: 1

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	FEET TO	Check if water bearing
Dirt	0	9	
Soft Br. mica	9	40	
Soft Br. Mica	40	41	X
Soft Br. Mica	41	84	
Blue & Br. Sand-stone	84	96	
Br. Sandstone	96	97	X
Blue Sandstone	97	190	
Br. Sandstone	190	191	X
Blue Sandstone	191	227	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 14 NO. OF POUNDS 1,316
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 85 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	87

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	RO	87	227
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

from ____ to ____
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 7
METHOD USED TO MEASURE PUMPING RATE: Flowmeter
WATER LEVEL (distance from land surface)
BEFORE PUMPING 36
WHEN PUMPING 227

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 (CIRCLE) (YES or 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)
+ above / − below LAND SURFACE (nearest foot) 2

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 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.

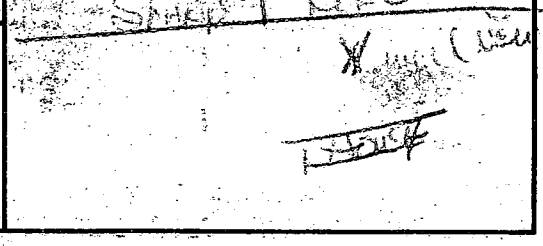
DRILLERS IDENT. NO. 256
DANA KYKER JR. II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Dana Kyker JR II 093

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING / LOG INDICATOR / OTHER DATA

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

Meet Driller 2/7/91 10AM

REPLACEMENT WELL SITE INSPECTION

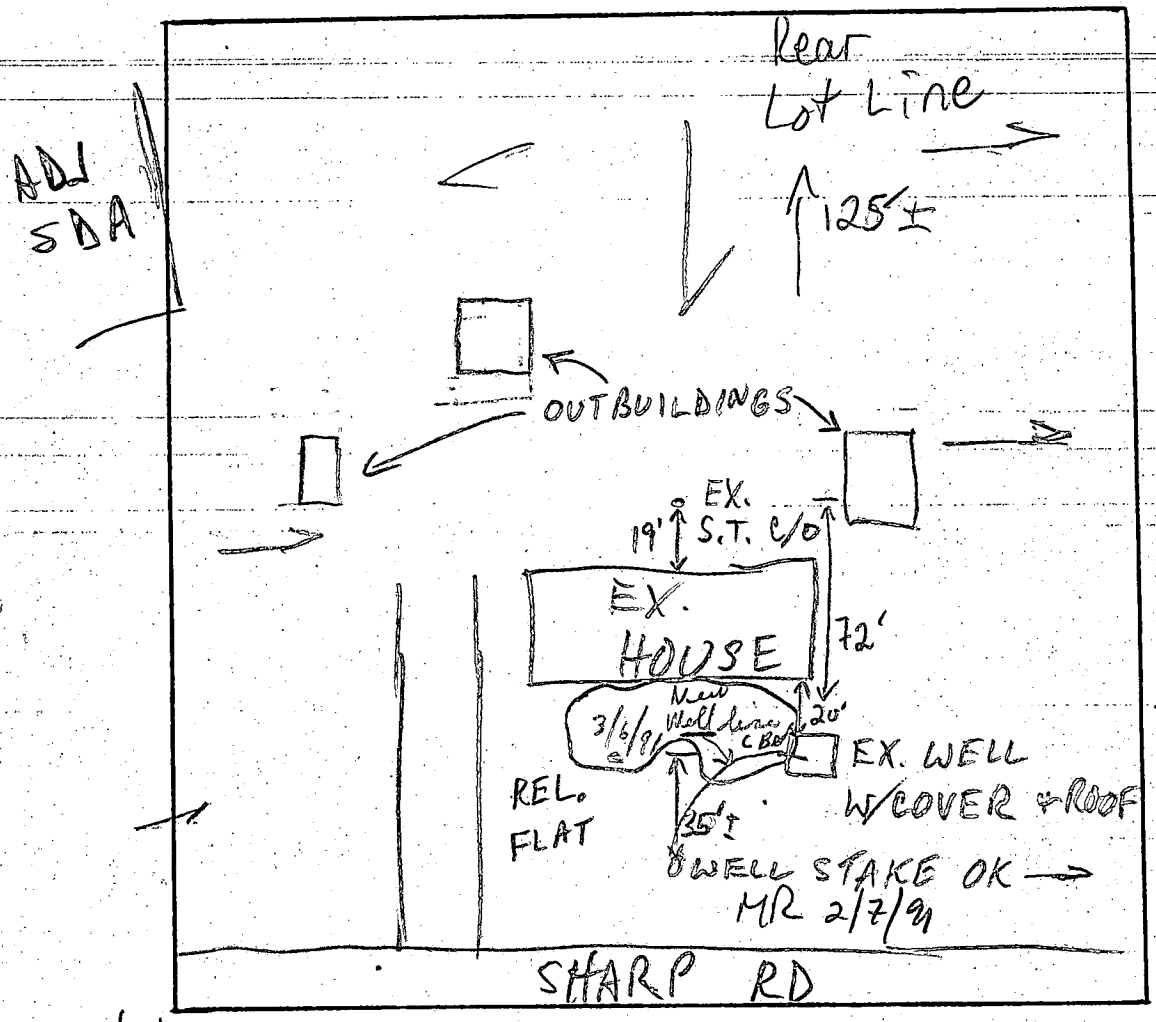
OWNER Tom Veneza / 442-1447 / 766-7444 DATE REQUESTED 2/6/91

ADDRESS 3920 Sharp Rd DRILLER Kyker

Dill Subdivision Lot 4 WELL TAG#

COUNTY#

LOCATION DIAGRAM



COMMENTS: 2/6/91 ~~MR~~ CONTAMINATION - NEEDS REPLACEMENT MR 2/7/91 OWNER NOT PRESENT, T/C W/OWNER - FECAL CONTAM. SAMPLED TWICE BY CEHS 12/11/90 & 1/17/91; CONTAM. CONFIRMED; WELL IS 67'± DEEP; CONTAM. POSS DUE TO PROXIMITY OF WELL TO S.T.; NEW SITE IN FRONT DUE TO NEED FOR REPAIR AREA IN REAR, AND OWNER'S DESIRE TO MINIMIZE WELL LINE COST. MR

EMERGENCY/TEMP NO. IF ANY

B 1 8587 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-1665 fill in this form completely

Date Received (APA): 02/11/91

OWNER INFORMATION

VENEZA TOM (Last Name, First Name)

3920 SHARP ROAD (Street or RFD)

GLENWOOD MD (Town, State, Zip)

DRILLER INFORMATION

Driller's Name: Dana Kyker Jr. II — License No.: 256

Firm Name: Westminster Rotary Well Drilling

Address: P.O. Box 861 Westminster MD 21157

Signature: Dana Kyker Jr. II — Date: 2/7/91

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

AIR-ROTary (circled) — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other ____

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED — circled
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY — crossed out
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): ____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: MR (WRITE INITIALS IN BOX) — PERMIT No.: HO-88-1665

SPECIAL CONDITIONS: Tom Veneza H-442-1447

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: DILL

SECTION: ____ LOT: 4

NEAREST TOWN: GLENWOOD

MILES FROM TOWN (enter 0 if in town): 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): S (circled)

NEAR WHAT ROAD: SHARP ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S (circled)

DISTANCE FROM ROAD: 30 — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard — COUNTY NO.: RW 46811

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 021291 — CO SIGNATURE: Mark E. Rifkin — EXP. DATE: 8/12/91

NORTH GRID: 521000 — EAST GRID: 0796000

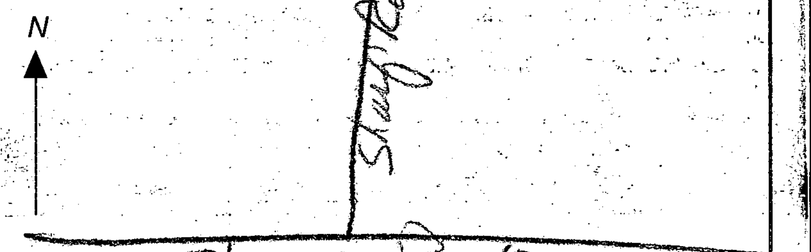
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. City
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE: E 7926 / N 5221

2/26/91 9:30-10:00
14 BAGS — GROUT NOT OBS'D
87' CASING
85' GROUT
1½' CASING A.G.
LOC. OK
VTAG OK
MR 2/26/91 Ⓧ well

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



X New well

X OLD well

91 FEB 1 [stamp] HEALTH DEPT HOWARD COUNTY RECEIVED

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 1, 1993

Reply to:

Mr. Thomas Venezia
3920 Sharp Road
Glenwood, Maryland 21738

RE: Pre-Building Permit Evaluation
Proposed Addition of: 2 bedrooms
Family Room, Garage
3920 Sharp Road

Dear Mr. Venezia:

This is in response to your letter of January, 6, 1993, regarding a proposed expansion to the above referenced residence. Following receipt of that letter a field inspection was conducted by Ronald Pinkley, R. S.; and then a review conference was held in this office.

As agreed in that conference, this office would extend a recommendation for approval of a building permit application, when filed, contingent upon your obtaining a septic repair permit to enlarge the current septic system. No percolation test records are on file for your property, but satisfactory soil conditions can be predicted on the basis of recent testing on adjacent properties in the immediate vicinity of your septic system.

Several issues are involved in determining the best repair arrangement. The existing septic tank is in conflict with the location of your planned addition, and there is reason to anticipate that the next repair to the system would require pumping to higher ground further back on the property. Also a free-standing storage building limits the area available for gravity service repair.

It was agreed that the storage building would be removed before a disposal trench was extended from the existing drywell. Then the trench could be installed near, or through, the former storage building as long as the building's foundation was not deeper than the depth of the trench to be installed. The replacement septic tank should provide pumping capacity for future use. Either a compartmented tank or a separate pump pit in-line following the tank could accomplish this objective.

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323

The septic repair permit would be obtained in advance of health department recommendation for approval of the building permit. The actual repair of the septic system could occur at any reasonable time during the course of construction of the addition.

This agreement will be honored if the building permit application is applied for in the next 90 days. If application has not been made by that time, the health department would expect the opportunity to re-examine the issue.

If you have any questions relative to this matter, please call me at 313-2640.

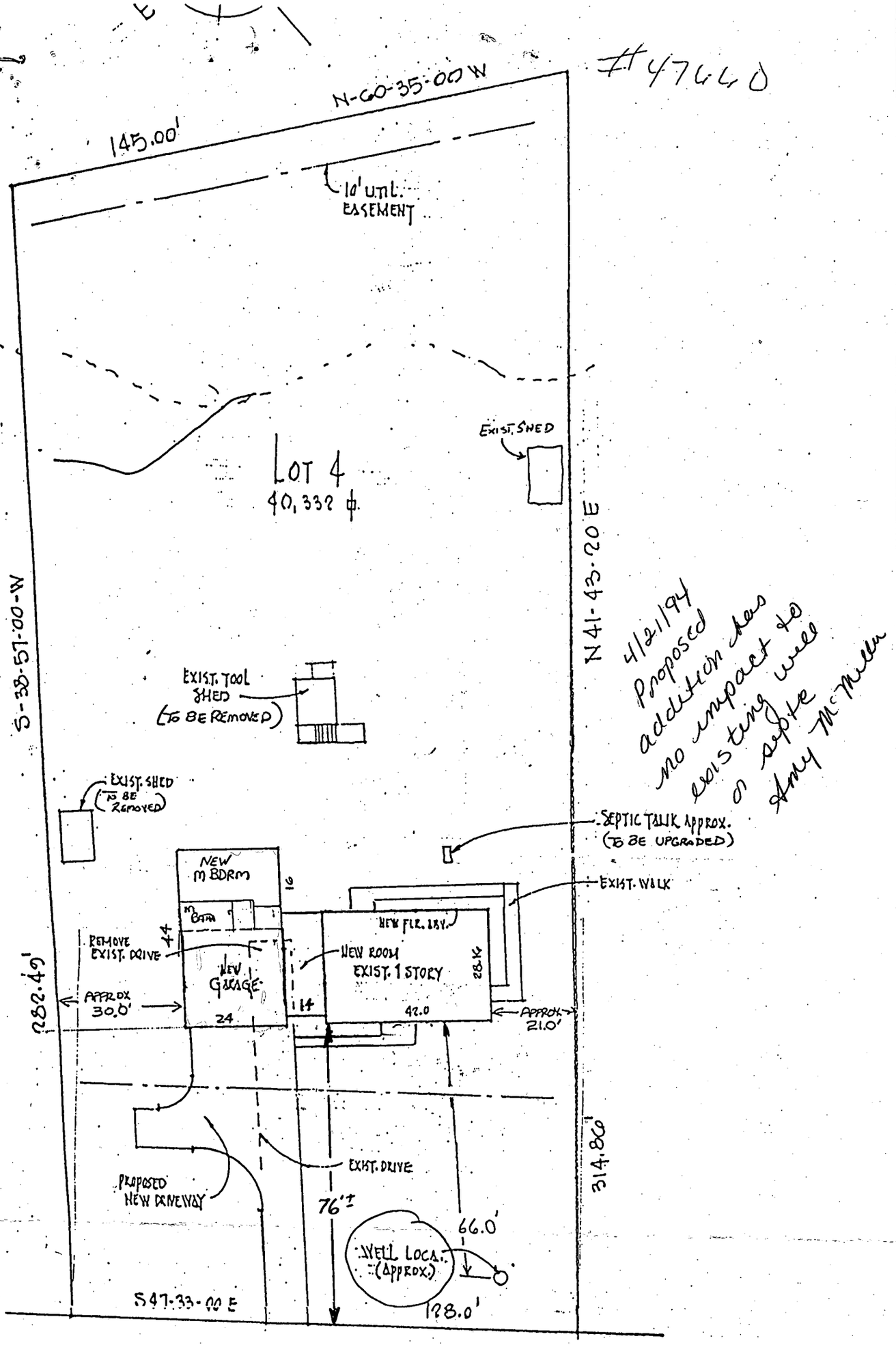
Very truly yours,

Craig Williams

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

#47640

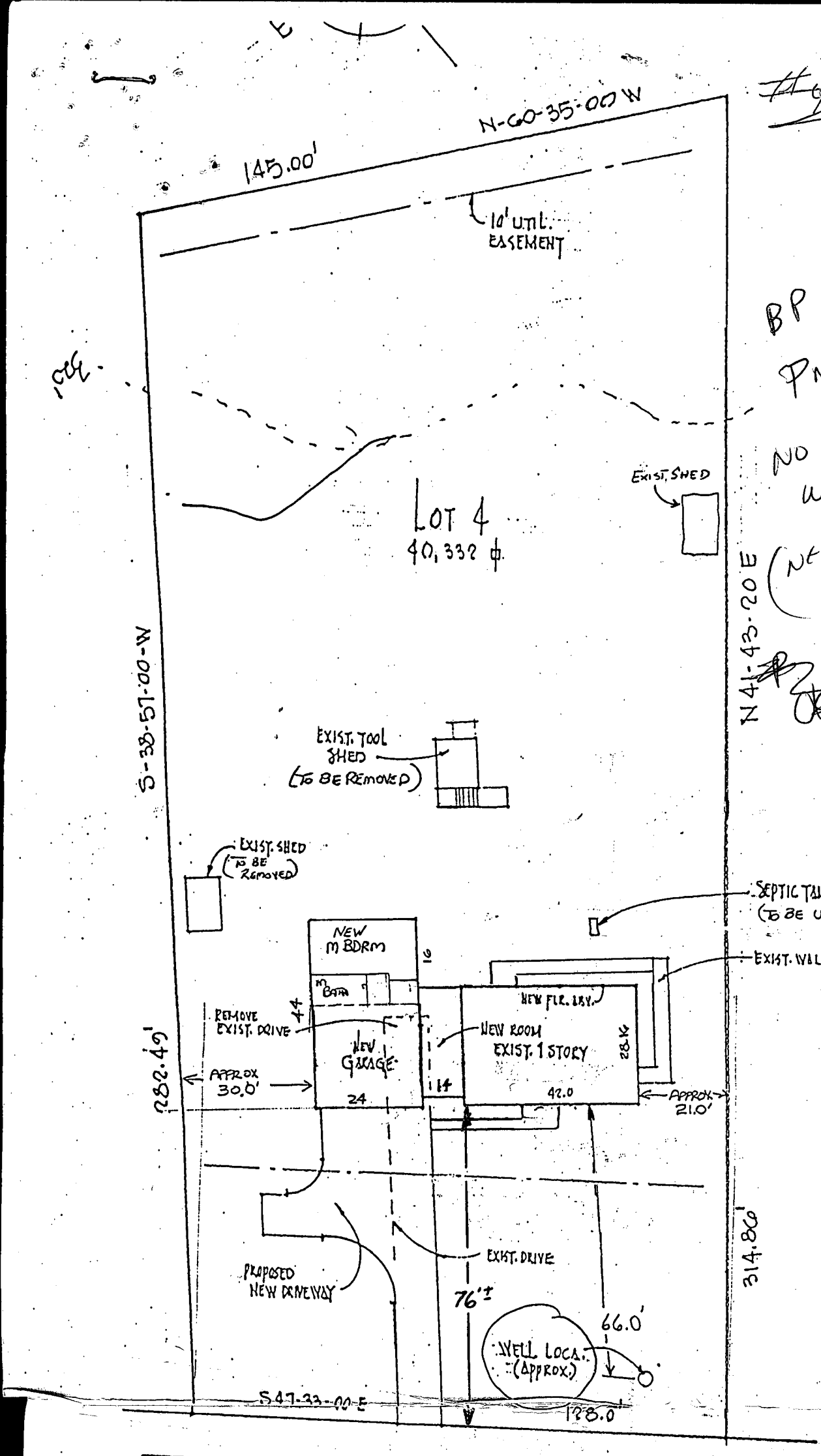


4/21/94
Proposed addition does no impact to existing well or septic
Amy McMillen

SHARP RD.

SITE PLAN 1" = 30'

#3077



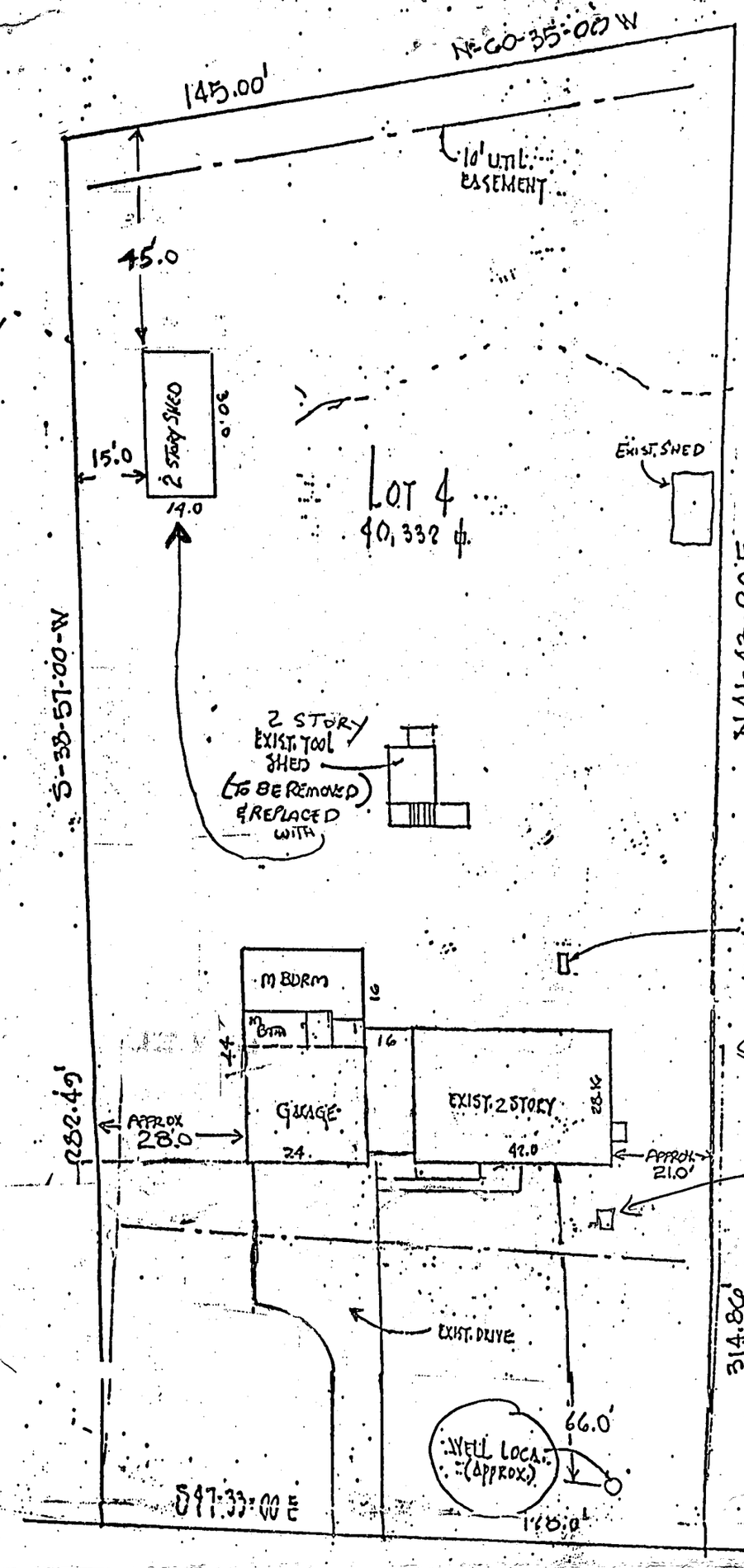
BP 53623
PREVIEWED OK

NO IMPACT TO WELL & SEPTIC
(NEW HOUSE CONNECTION INVOLVED)

4/19/94
CWellman

SITE PLAN 1" = 30'

#3020 SHARP ROAD
GLENWOOD, MD
LOT 4 SECTION 3 ROBERT H. DILL PROPERTY
4TH ELECTION DISTRICT HOWARD COUNTY



7/16/96
MET OWNER @ SITE. HE AGREED TO FILL WELL W/ CEMENT @ TIME OF NEW SHED CONSTRUCTION. OK TO ALLOW PIT STRUCTURE TO REMAIN & DRILLED WELL IN PIT

OK TO SIGN
MR

SHARP RD.

SITE PLAN 1" = 30'

3920 SHARP ROAD

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0012707

2001 MAR -5 AM 6:39

Building Address 3920 SIMPLY LOOP

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6051 Subdivision [illegible]

Section N/A Area N/A Lot 4

Tax Map 21 Parcel 111 Grid 17

Zoning RRDEP Map Coordinates 9E11 Lot size

Property Owner's Name TOM VOLKER

Address 3920 SIMPLY LOOP

City _____ State MD Zip Code _____

Home Phone 410-442-1007 Work Phone SAME

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use STORAGE GARAGE + HOME

Estimated Construction Cost $ 22,000.00

Description of Work PREFABRICATED RESIDENTIAL 2 CAR GARAGE ONE STORY 26x30 WITH 2x6 WALLS

Contractor Company A.J. DELUCA CONTRACTORS INC.

Contact Person TONY DELUCA

Address 5615 PINEWOOD HILL RD

City FREDERICK State MD Zip Code 21704

License No. 21195

Phone 410-694-0016 Fax 410-662-4617

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
__X__ Private

Sewage Disposal:
____ Public
__X__ Private

Electric Yes ☐ No ☑
Gas Yes ☐ No ☑

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ NFPA #13D
_____ NFPA #13R
_____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

ANTHONY J. DELUCA
Print Name

PRESIDENT
Title/Company

MARCH 1, 2001
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	3/7/01	[signature]
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

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CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

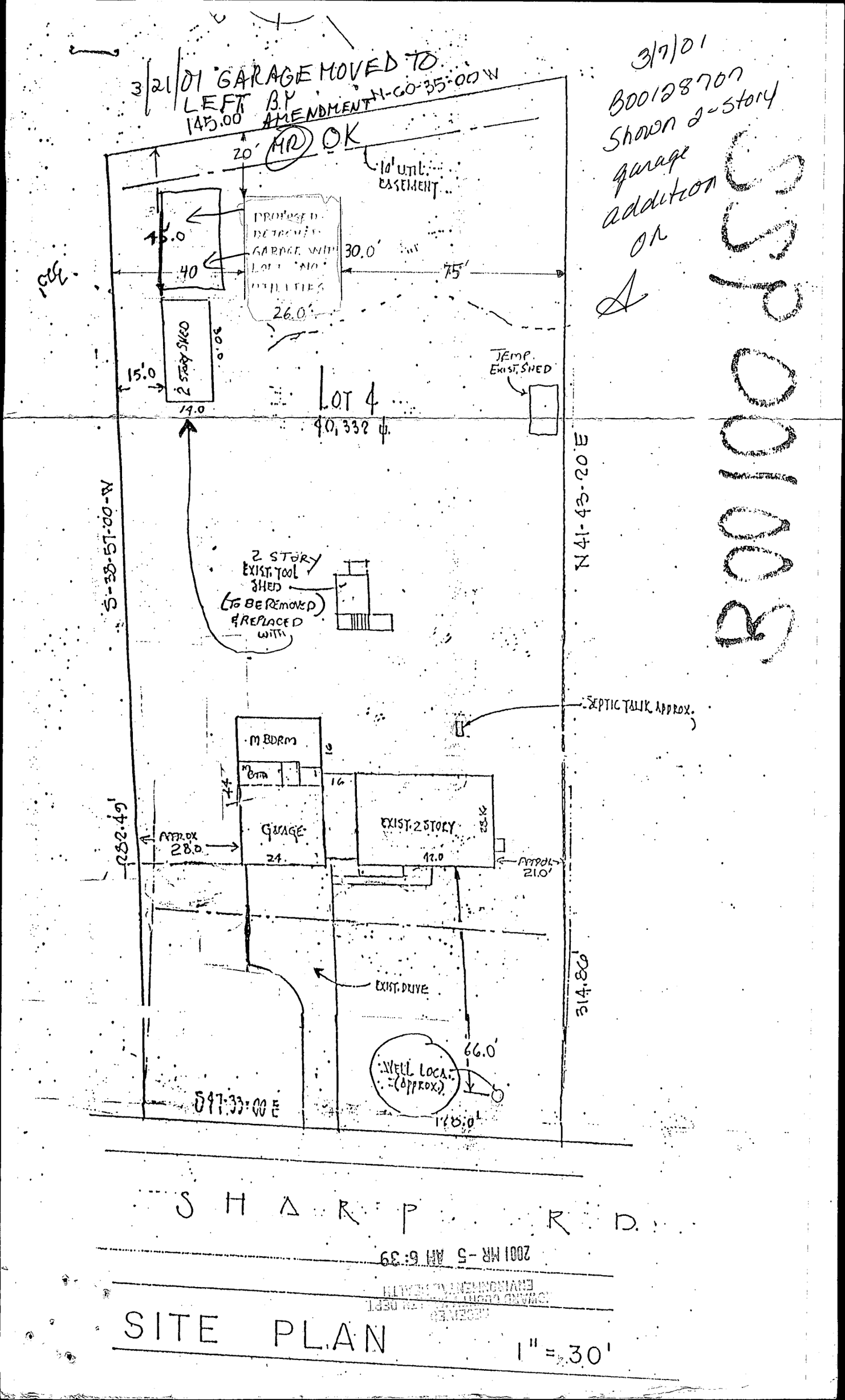
PROPERTY ID#: 1-5010

Filing fee	$
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	#
Validation	#

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

a:\permit.frm

Rev. 10/15/98



3/7/01
B00128707
shown 2-story
garage
addition
on
A

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SITE PLAN 1" = 30'

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- ★ COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- ★ WELL OWNER
- ★ MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/4/01 (month/day/year)

★ PERMIT NUMBER OF ABANDONED WELL (if any)

★ PERMIT NUMBER OF REPLACEMENT WELL: HO-88-1665

★ PERSON ABANDONING WELL: Tom Venezia

WELL DRILLERS LICENSE NUMBER: _____

CIRCLE: MWD/MSD/MGD

★ OWNER'S NAME: Tom Venezia

★ WELL LOCATION: 3920 Sharp Road

COUNTY: Howard

NEAREST TOWN: Glenwood

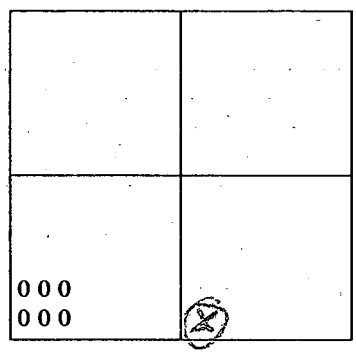
TAX MAP 21 BLOCK _____ PARCEL 107

SUBDIVISION: Bill

SECTION: _____ LOT: 4

MARYLAND GRID COORDINATES

BOX NUMBER E 116 N 521 <——



SHOW WELL LOCATION BY X WITHIN BOX

★ TYPE OF WELL BEING ABANDONED:

X DRILLED _____ JETTED
_____ BORED/AUGUERED _____ HAND DUG
_____ OTHER (specify) _____

★ USE CODE:

X DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION

★ TYPE OF CASING:

X STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify)
_____

★ SIZE OF CASING: 6 INCHES IN DIAMETER

★ DEPTH OF WELL: 60± FEET DEEP

★ WAS ANY CASING REMOVED? ___ YES X NO
if yes, length removed, in feet: _____

★ WAS CASING RIPPED OR PERFORATED? ___ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
clean brick	60	40
6000 psi concrete mix	40	5
Pit to remain	5	0

Mark E. Giffin 989 San MWD/MSD/MGD 4/4/01

SIGNATURE ~~MASTER WELL DRILLER~~ OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

DENV 828 JULY 1993

4) WELL DRILLER/SUPERVISING SANITARIAN