12/15/93 12:00 postponed to 12/21/93 9:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-308697

P 49817

A REPAIR

DISTRICT

DATE 1/6/94

DATE SYSTEM APPROVED 12/23/93

INSPECTOR RPP

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

ARNOLD Septic & Backhoe

Jenkins Brothers IS PERMITTED TO INSTALL X ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland 21784 PHONE ~~461-9282~~ 489-5188 795-9273

SUBDIVISION Burntwoods LOT 10 ROAD 3317 Sharp Court

PROPERTY OWNER Graham

ADDRESS 3317 Sharp Court
Glenwood, Maryland 21738

SEPTIC TANK CAPACITY 1250 existing GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 75

2 estimates on Standard Test Suggested
New Trench System (alt. & Bell Rm Valve to Dry)
$= \frac{840}{3} = 280$ LF Standard Trench
Three of the Dry. $= \frac{500}{3} = 167$ LF Standard Trench

125
× 4
500 Bedrooms

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair. 12/14/93
Dry well full of water to above Lid. — Soil Type Elioak (maybe near Glenville Soil)
Need Test for water table & depth of Clay app in Elioak Soil. RPP 12/15/93 Use Area Near Test Hole B
Install one >75' Long, 2' wide, 11 Ft deep Trench. Inlet @ 4'. Replace Baffle in existing
Septic Tank. OK to Use Exist Dry well as Pump Chamber Keep pump on Block above chamber bottom.
Single Pump OK if one day's capacity (600 gal) remains above high water alarm. 12/20/93
Maintain 100 Ft From Neighbors well.

PLANS APROVED BY ~~There was~~ No way to get gravity Flow From existing SvT or Dry well because DATE
of limited Area and water table Problems in spot Lower than existing System.
COVER NO WORK UNTIL INSPECTED AND APPROVED would have required, RPP 12/23/93

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)

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

PERMIT VOID AFTER TWO YEARS

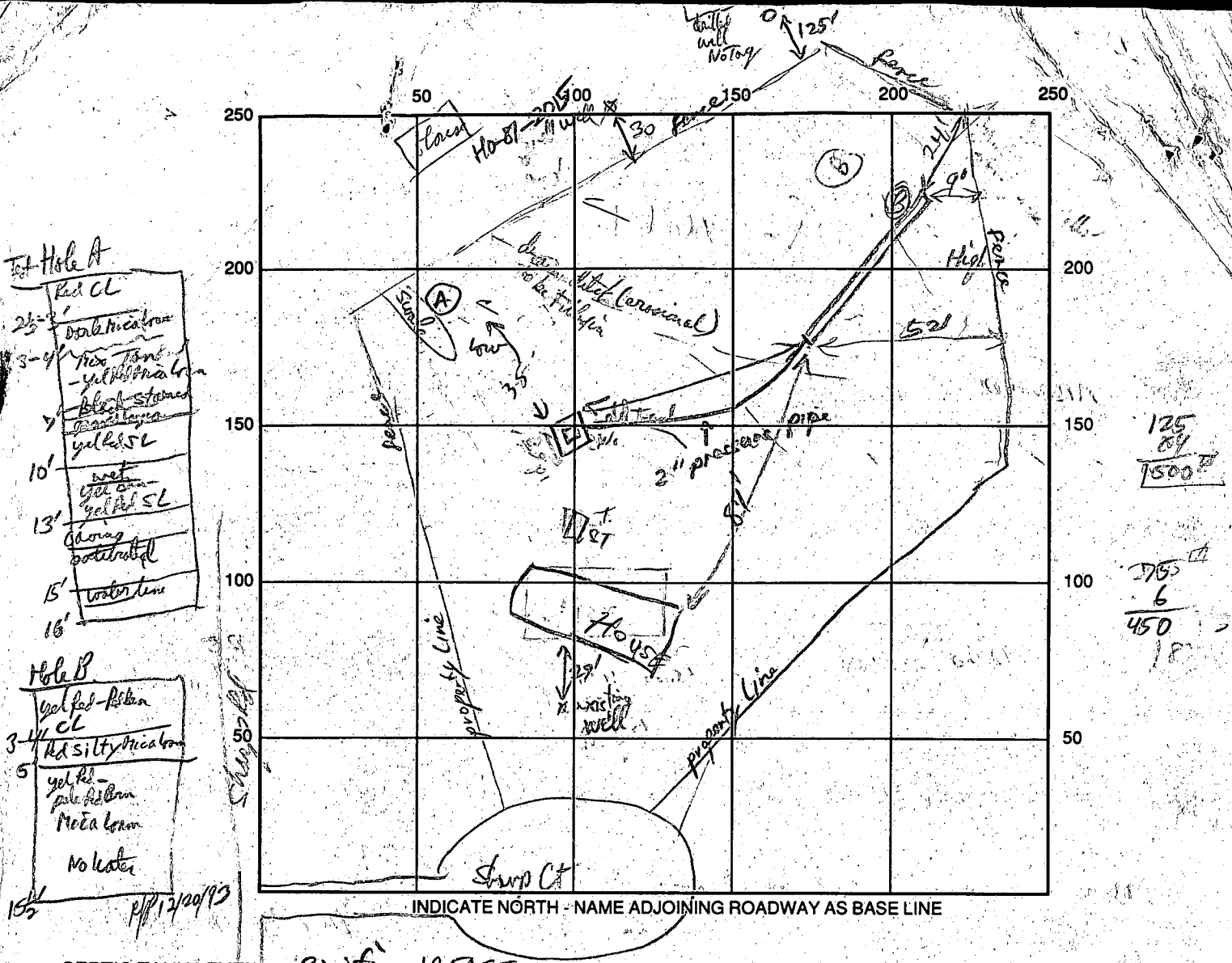
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

P 49817



SEPTIC TANK LEVEL existing 125ST. CLEANOUTS _____

DISTRIBUTION BOX LEVEL NA - pump direct to Trench From Dry well to Trench via 2"x4" reducer. (Ferrco)

DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 385 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Drilling hole in Top of Dry well for Manhole - 12/20/93 P/P

Drainage Swale on Both sides of Existing system and seasonal water table restrict gravity repair. Most of Repair Area would require 9' deep inlet to get gravity. OK to grade fill Trench 12/20/93 using Ferrco 2"by 4" connector, OK to cover Trench + pressure pipe. pump check OK 6" on-off pump float Measurement = approx 120 gal dose OK. New Manhole in center of old dry well Now used as S.D. Drum chamber. Pump sets on concrete 6" slab in Drywell. Pump Alarm OK (Inside beside Electric Panel) R/P 12/22/93

DATE SYSTEM APPROVED 12/23/93 INSPECTOR R/P Hartley

Ferrco 2" press → 4" gravity line

10/29/76 afternoon please

File INDEXED

10/29/76 Partial CBO

P 24316

A 09014

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY ELLICOTT CITY

DISTRICT 3

DATE 10/22/76

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS Ten Oaks Road, Dayton, Md. PHONE 988-9270

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Burnt Wood ROAD Sharp Court LOT 10, Blk. A, Sec. 3 part 2

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 120 sq. ft. sidewall area below inlet pipe per bedroom. Inlet pipe to be 5 ft. below grade. Max. depth to be 11 ft. Place dry well about 120 ft. down left side line and about 70 ft. from left side line as seen when facing lot from Sharp Court.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

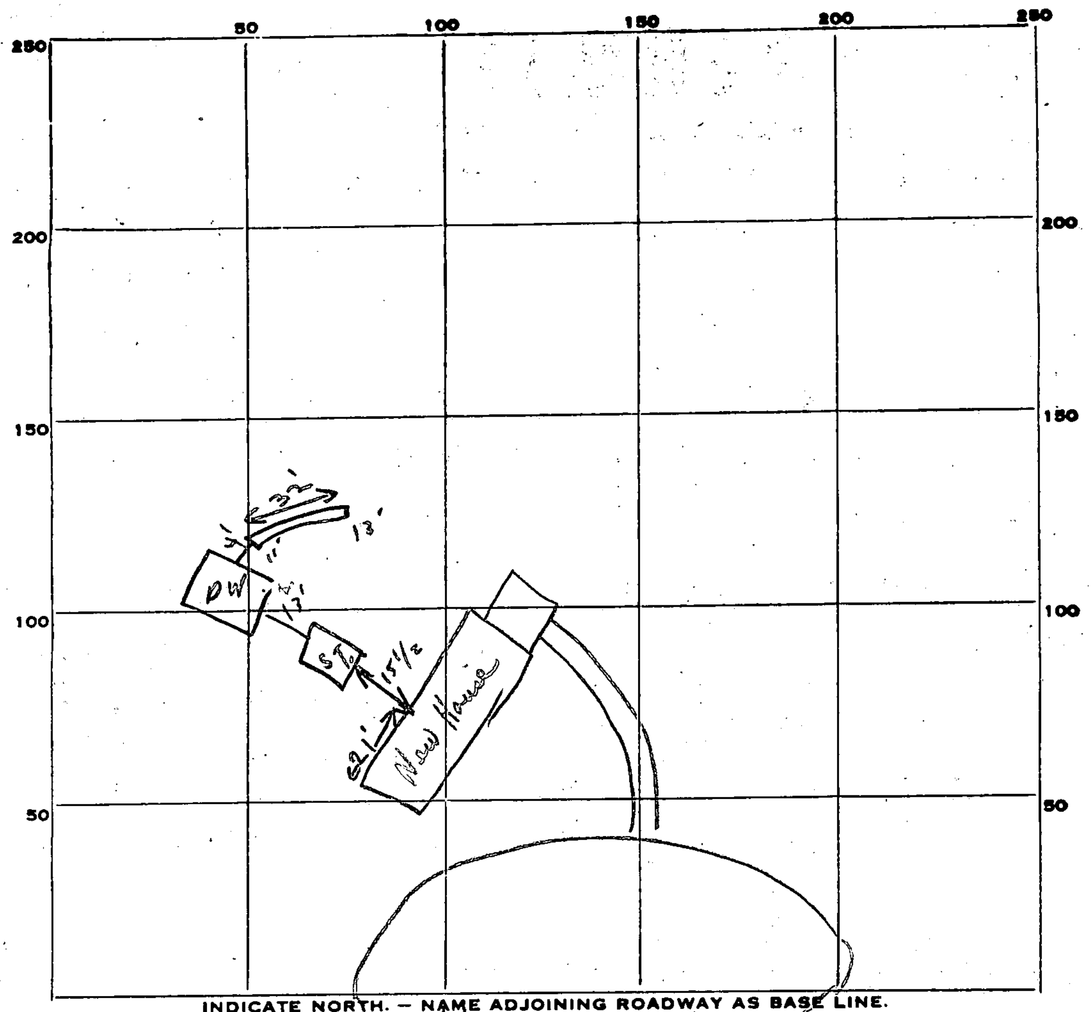
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6" IN DIA., CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Fletcher & Torre DATE 9/24/64 & 3/20/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 09014



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

Sharp Court

Sharp Rd.

PERMIT CARD N seen

SEPTIC TANK, LEVEL ok CLEANOUTS S.T. ok | D.W ok

DISTRIBUTION BOX, LEVEL

Trench ~~TILE FIELD~~, DEPTH 11'-13' FT. TRENCH WIDTH — FT.

GRAVEL DEPTH 6+' ~~IN.~~ TOTAL LENGTH 32± FT. ① 192

NUMBER OF TRENCHES 32 TOTAL BOTTOM AREA —

SEEPAGE PITS, outside perimeter ~~INSIDE DIAMETER~~ 48' FT. DEPTH BELOW INLET 6.5± FT. ② 312

ABSORBENT AREA 504± SQ. FT. ③ = ① + ②

REMARKS 10/29/76 ① Note trench curved 32'± long

② Gravel to 5'-6' of top in trench + paper in

DATE SYSTEM APPROVED 10/29/76 INSPECTOR C. Streaker

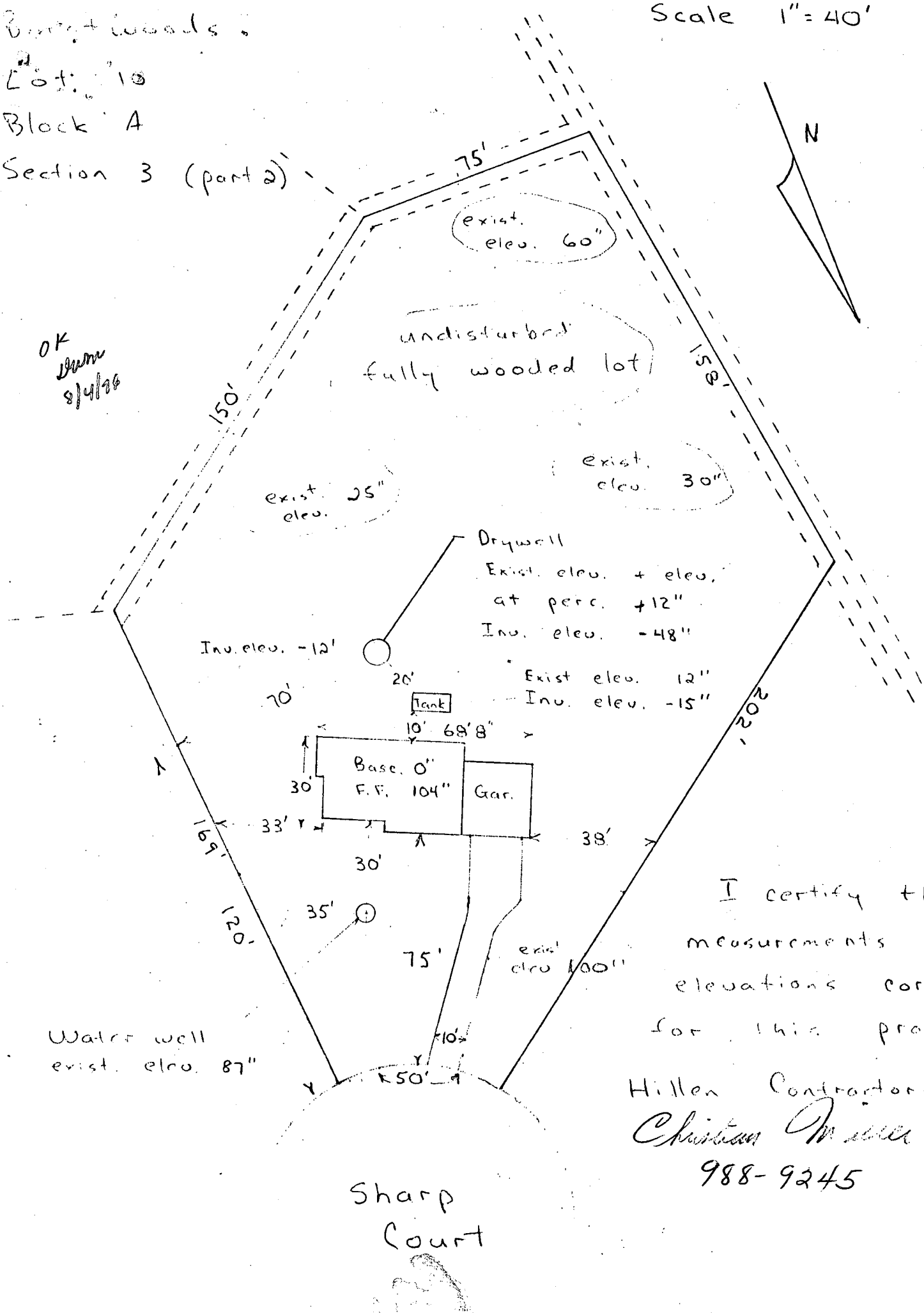
Brentwoods

Lot: 10

Block A

Section 3 (part 2)

Scale 1" = 40'



OK
8/4/16

I certify these measurements and elevations correct for this property

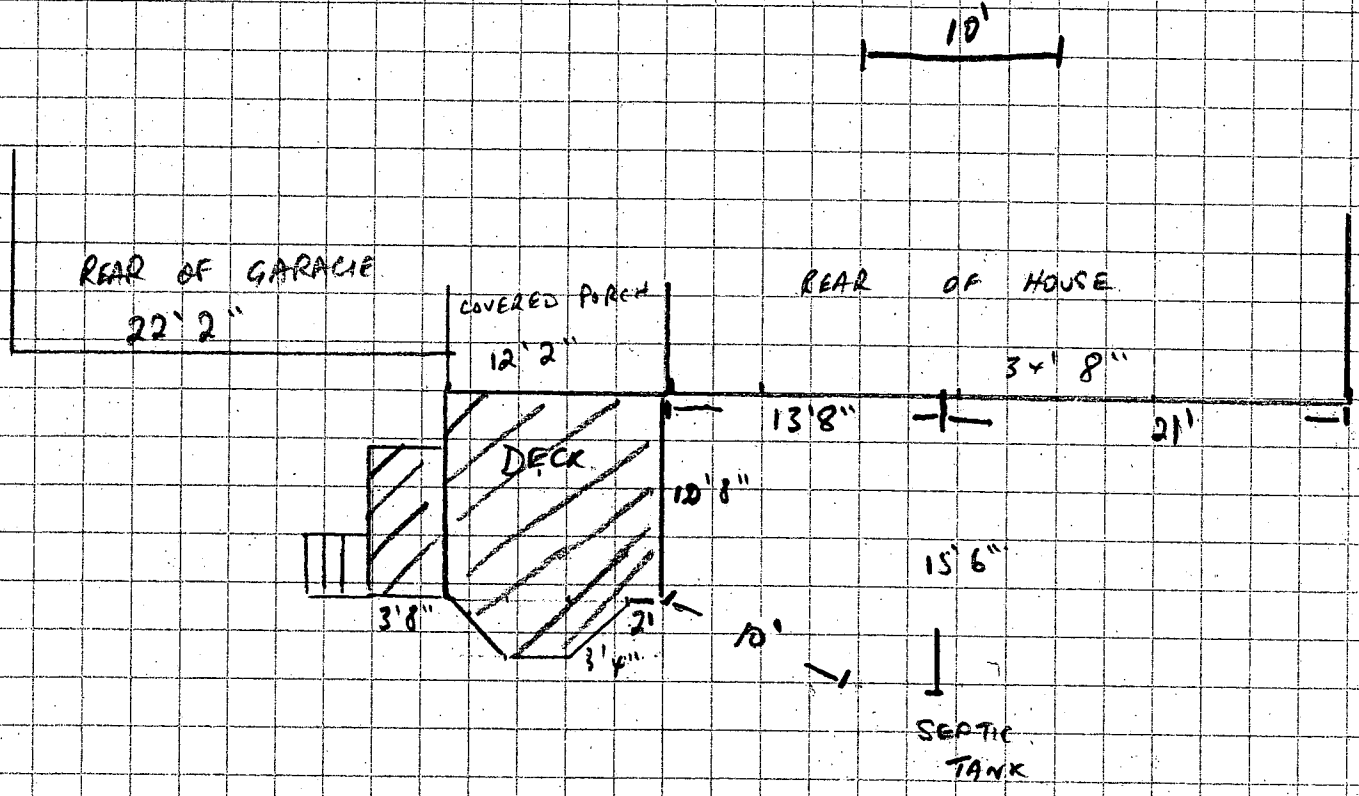
Hillen Contractors Inc

Christian Hillen

988-9245

well in front yard

PROPOSED DECK: 3317 SHARP COURT



6/1/04

PROPOSED DECK LOCATION > 10' TO SEPTIC TANK

No well or septic issues

B00148446 OK

Kacie Norman

DNR 214 8/71

C 1 | 8770 | SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 10/25/76 (15–20)

DEPTH OF WELL 175 (22 (TO NEAREST FOOT) 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1660 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 209

OWNER Seldon Samuel (LAST NAME / FIRST NAME)

STREET OR RFD 10001 Colbridge Drive POST OFFICE Glenwood, Md. 21738

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Clay	0	20	
Sandy Soil	20	50	
Hard Rock	50	175	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] (44) NO [N] (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT [C M] (45–46) BENTONITE CLAY [B C] (45 46)

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48–52) FT. TO 50 (54–58) FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE [S T] (60 61)

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 (63–64)

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50 (66–70)

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

[S T] STEEL [B R] BRASS OR BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (1 2 3 (SEQ. NO.) 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

		FROM	TO
1	H O (8–9)	50 (11–15)	175 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (56–60) (NEAREST INCH)

GRAVEL PACK FROM _____ TO _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING | (E.R.O.S.) (72) LOG INDICATOR | W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 (8–9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5 (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 35 (17–20) (NEAREST FOOT)

WHEN PUMPING 170 (22–25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

[A] AIR (27) [P] PISTON (27) [T] TURBINE (27)

[C] CENTRIFUGAL (27) [R] ROTARY (27) [O] OTHER (DESCRIBE BELOW) (27)

[J] JET (27) [S] SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31–35)

PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (NEAREST FOOT) (43–47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE / [−] BELOW LAND SURFACE 2 (49–50) (NEAREST FOOT) (51)

LOCATION OF WELL ON LOT

N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

[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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Howard Dillon

SIGNATURE _____

HEALTH

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 03148446

Building Address 3317 Sharp Court
Glenwood, MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6044.02 Subdivision Burnwood

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 9F7 Lot size _____

Property Owner's Name Michelle & Ian Tomkinson

Address 3317 Sharp Ct

City Glenwood State MD Zip Code 21738

Home Phone 410-489-2795 Work Phone 410-313-5520

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ HOE

Estimated Construction Cost $ _____

Description of Work add deck 12 x 14 (angular) w/ steps

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

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 4

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
✓ Private

Sewage Disposal:
____ Public
✓ 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.

Michelle Tomkinson
Applicant's Signature

Michelle Tomkinson
Print Name

Title/Company

OWNER

Date 5/26/04

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	5/26/04	
Dev. Engineering, DPZ		
Health	5/26/04	Kacie Mercer
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

6/1/04 received drainage plans from Kacie Mercer

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 _____

PROPERTY ID#: 62214

Filing fee $	_____
Permit fee	$ 50
Excise tax	$ _____
Add'l per. fee	$ 5
TOTAL FEES	$ 55
Sub-total paid	$ _____
Balance due	$ _____
Check	# 4-98
Validation	# 47...

Accepted by _____

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

T:\forms\PERMIT.FRM

Rev. 5/17/00