HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH**

X460X998\$ 313-2640

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MINEYEN

DISTRICT

			9 ;	INSP	ECTOR <u>Alm</u>
Jac	k Fyock Septic Servi	ice	IS PERMIT	TED TO INSTALL	XALTER
ADDRESS					
SUBDIVISION Cha	arles Sharp Property	<u>/LОТ13</u>	ROAD _3965	Sharp Road	
PROPERTY OWNER _		Richard a	and Lori Savoca	a	
ADDRESS					
SEPTIC TANK CAPAC	OMS 4 GALLONS		•	• .	
180SQUAF	RE FEET PER BEDROOM				
LINEAR FEET OF TRE	ENCH REQUIRED 180	. ·			
der ori LOCATION - Sta	ench to be 2 feet wind the first below of the first trench the first trench the fine as seen when	riginal grade. eet of stone be 220 feet up the facing the lot	Effective area low distribution right lot li	a begins at 3 on pipe. ne and 110 fe	.5 feet below et off the same
NOTES - No	vard the right lot 1 trench to exceed 10	0 feet in length	n. Provide 6"	- 8" diamete	r cleanout and
cap	o to grade or above	on septic tank.	OK 2/24/94 SKS		
		· · · ·	•		
PLANS APROVED BY	Mark Rifkin			REVISED DA	тв12/21/93
COVER NO WORK UNTIL	INSPECTED AND APPROVED				
NEITHER THE HOWARD	COUNTY COUNCIL NOR THE HEAL	TH DEPARTMENT IS RESPO	NSIBLE FOR THE SUCCE	SSFUL OPERATION OF	ANY SYSTEM
NOTE: CLEANOUT REC ACCEPTABLE.	QUIRED EVERY 70 FEET OF SEW	/ER LINE AND/OR AT 90°	SWEEPS IN LINES FROM	M HOUSE TO DRAIN	FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF	SEPTIC SYSTEMS (I.E. TANK, DIS	STRIBUTION BOX TRENCHE	ES) TO BE 100 FEET FF	ROM WELL (UNLESS (OTHERWISE SPECIFICALLY

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

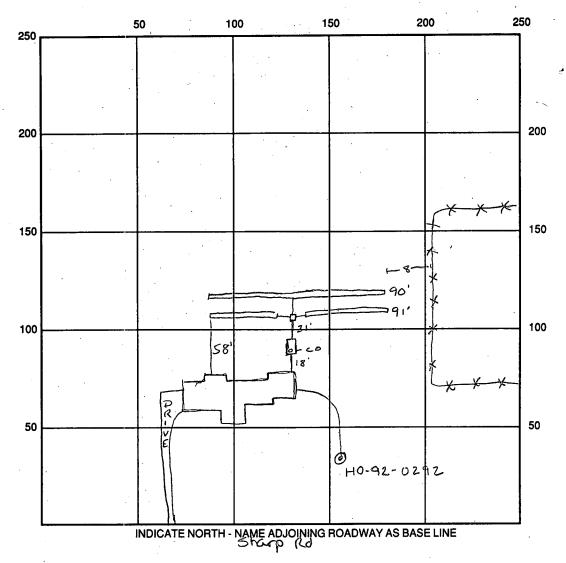
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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



SEPTIC TANK LEVEL 1250 gal	CLEANOUTS #1 OK
DISTRIBUTION BOX LEVEL Or baffle	is in
DRAIN FIELD/TITLE DEPTH 7-7/12 FT.	TRENCH WIDTH 2' FT. INLET DEPTH 3-31/2 FT.
EFFECTIVE GRAVEL DEPTH 4 FT.	TOTAL LENGTH 291 = FT. 181 linear feet
	ONE SIDEWALL/BOTTOMAREA 5 4 3 SQ. FT.
DRYWALL INSIDE DIAMETER FT.	EFFECTIVE DEPTH BELOW INLET FT.
ABSORBENT AREASQ. FT	
REMARKS: 7/14/94 Trenches 15	2 DK to junish felling uf stone OK to
Cover all work ALMI	
7/14/94 WPT OK ALM	
DATE SYSTEM APPROVED 7/14/94	INSPECTOR Amy Mc Millon

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

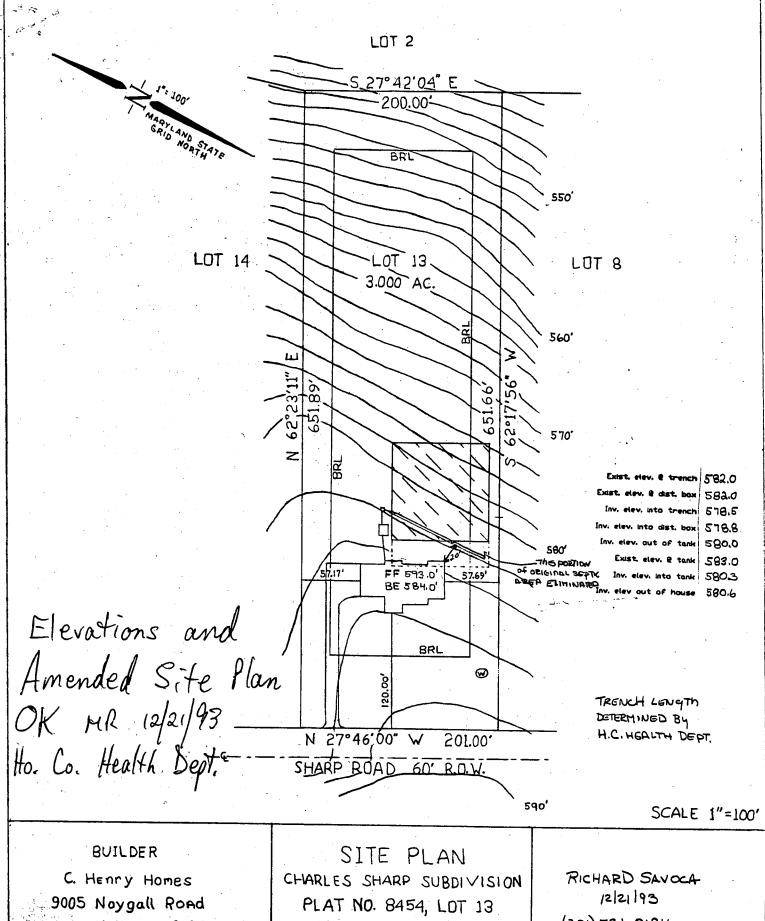
DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

100

5/6/2

SERIAL NUMBER

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)	GRADING/SEDIMENT CO	NTROL YE	S DNO	
3765 SHARP RUAD	DESCRIPTION OF WORK	AUTHORIZED		SDP#
GLENIGED MD 31738	NEW SING	E Fam	Residen	ice,
LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO	With LNF	ward ?	Frime, Bascone	nt 1200
SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.	A bearly h	3 1114	mage	Tallus
OWNER NAME AND ADDRESS LOPI JAVOCA PHONE NO.	SIZE OF BLDG.	FRONT	ر ر DEPTH	HEIGHT
9900 CLEARY LANG, Mitchelluille 30731-0124	3610 56 M	851	54'8"	30'
OCCUPANT'S NAME AND ADDRESS PHONE NO.	TYPE OF BLDG. B. ROOMS 7	AREA	VOLUME	ROOF
	ROOMS BATHS			
ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.	FIREPLACES			
NA	FOOTINGS		FOUNDATION	S. WALLS
CONTRACTOR'S NAME AND ADDRESS PHONE NO				
A A A A A A A A A A A A A A A A A A A	WATERWELL SEWER/SEPTIC			OF HEAT, AC
9005 NAYGAIL RY BART MO (410) 296	I have carefully examined and and that is doing this work,	read this application	on and know the san	THE YES.
EXISTING USE PROPOSED USE	Laws of Maryland will be co Department of Inspections, an	mplied with, wheth	er specified or not	and I will notify the
VALUAT COT NEW SINGE FAMILY	the inspections called for else until such inspections have be	where in the applic	ation; and that no wo	ork will be covered up
EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE	Bulder	SIGNATU	RE	32-92
W/S CODE FOR OFFICE US	TITLE			DATE
FOR OFFICE 0S	FUNCTION	DATE	SIGNATUI	RE APPROVAL
DISTRICT IN FEET FROM RAW LINE TO FRONT BUILDING LINE	ZONING/PLANNING	1	- SIGNATOR	I
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)	SHA			:
TO SIDE BUILDING LINE	SEDIMENT/GRADING	5		
DISTANCE IN FEET, REAR YD. REQUIRING SET BACK (CORNER LOT ONLY)	BUILDING OFFICIAL	4		
BACK (CORNER LOT ONLY) SDP #	WATER & SEWER	\		
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY	HEALTH DEPT.	12/9/93	Contr	Wha
CAUTION To begin can truction before a particular truction.	FIRE PROTECTION		1 1	
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law	STORM WATER MGM	48		
Use and occupancy permit must be applied for two weeks before it will be issued.				in the second
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.	APPE	OVED		DATE
LP-69-591	Distribution of Copies: White - Building Official Green - Planning & Zoning	Pink -	v - Engineering - Health Dept. - S.H.A.	



Perry Hall MD. 21234 (410) 529-2862

HOWARD COUNTY, MARYLAND

(301) 731-0124

APPLICATION

SEWAGE DISPOSAL TESTING

- DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DATE Jan 2, 1985

e e		the state of the s			
				•	
	Y HEALTH OFFICER ITY, MARYLAND				
			;		
I, HEREBY, A	PPLY FOR THE NECESSARY TEST I		_	•	
PROPERTY OWNER	Charles A	. Sharp x	ichard and L	egi SAVOCA	
ADDRESS _	3779 Sharp R	d Glenwood,	Md 21738 PHON	ue 489 - 4630	
PROPERTY LOCATIO	N:			4 LOT 13	
SUBDIVISION	Par. 45 maps	2)	LOT NO.	F-88-1	25
	TION Northwest	•	Lelphia Ro	600 NE	1
of	Sharp Rd	, (3/65 5	hARP Road) 7	
SIZE OF LOT	3ac		TYPE BLDG.	Residence	
				(NUMBER OF BEDROOMS	;)
			•		1.5
THE SYSTEM INS	TALLED UNDER THIS APPLICAT	TON IS ACCEPTABLE ONLY U	ITIL PUBLIC FACILITIES BEC	COME AVAILABLE. I FULLY UNDERS	TAND THE
FEE CONNECTED	WITH THE FILING OF THIS PE	RC TEST APPLICATION IS NON	-REFLINDARI E LINDER ANY	CIRCUMSTANCES. I ALSO AGREE TO	O COMPLY
			1 1	2 1	
WITH ALL M.O.S.I	H.A. REQUIREMENTS IN TESTI	NG THIS LOT.	who a	- Sry	
			(SIGNATURE C	OF APPLICANT)	4
APPROVED BY		FOR	,	DATE	
				UNIC	······································
REJECTED BY		FOR		DATE	
٠					
HOLD PENDING FURT	THER TESTS		-314 11 -	DATE	
REASONS FOR REJEC	CTION OR HOLDING	16/25 Pore	OK Hold	for Plant R	14851
·			i i i	DG. PERMIT SIGNED	,
			AN	ID, RETURNED 12/9/9	3
	· · · · · · · · · · · · · · · · · · ·			eual# 57652 -	
				SFD-46m	

THIS IS NOT A PERMIT

SOIL PROFILE

NOTE OF THE STATE OF THE STATE

	ROADWAY AS BASE LINE	

			DDE	-WET	TEST .	TEST - 1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
,		State of					,
	atter of		lo.				,
,	and the said	الد ا	Mark .				12.5
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	3	·					
							
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	and the second						

REMARKS			f Jean	1554 - 15 - 15 - 15 - 15 - 15 - 15 - 15				
,					,		•	
TYPE OF SOIL			 			·····		
TECTED BY	**	•			A1	SO PRESENT		
TESTED BY					<u> </u>	.30 FILESENT		

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

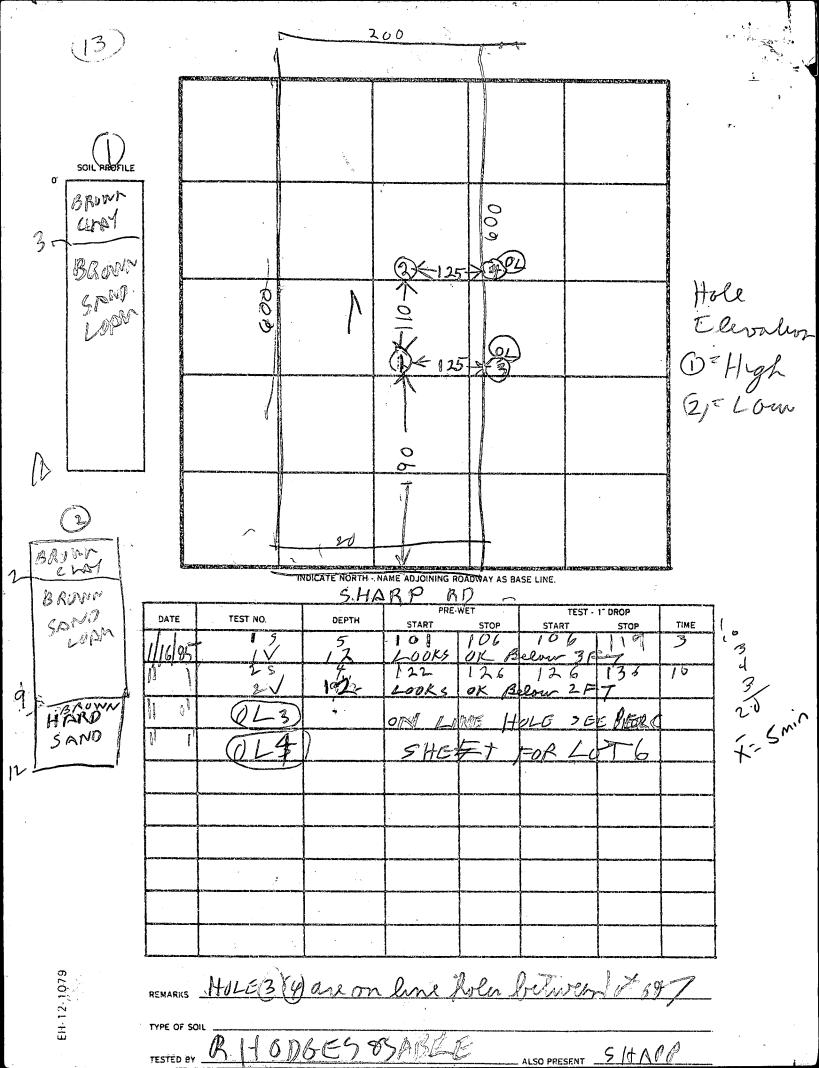
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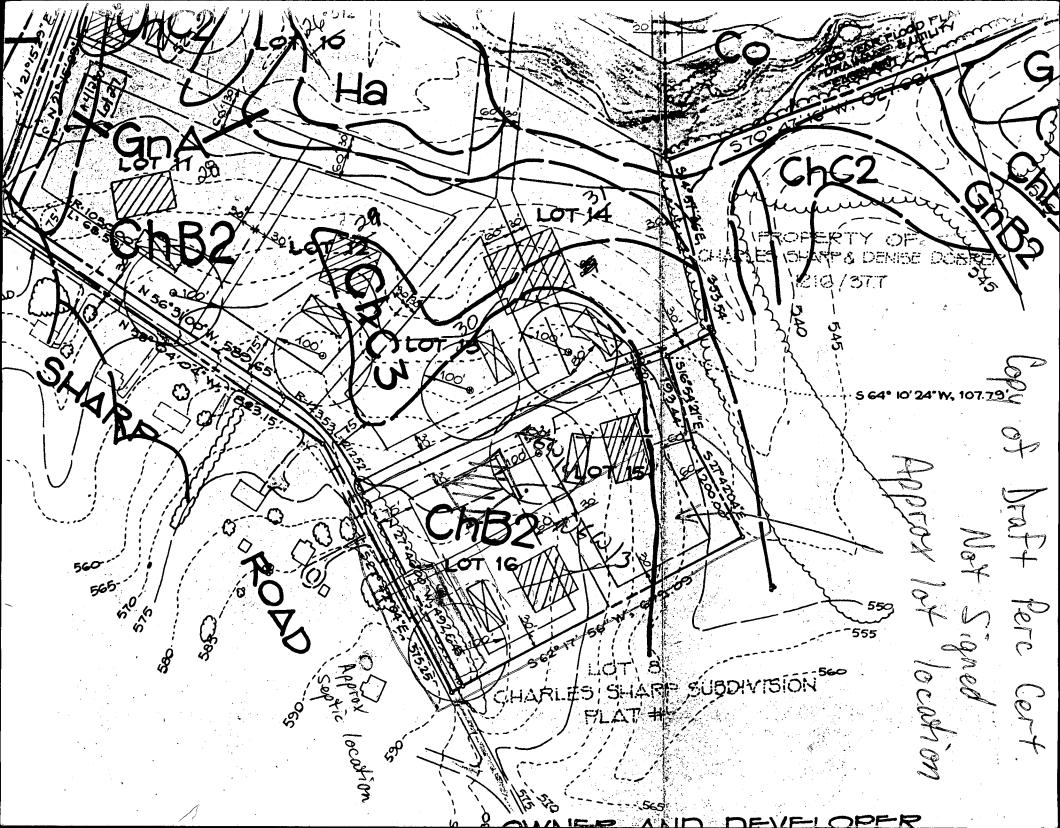
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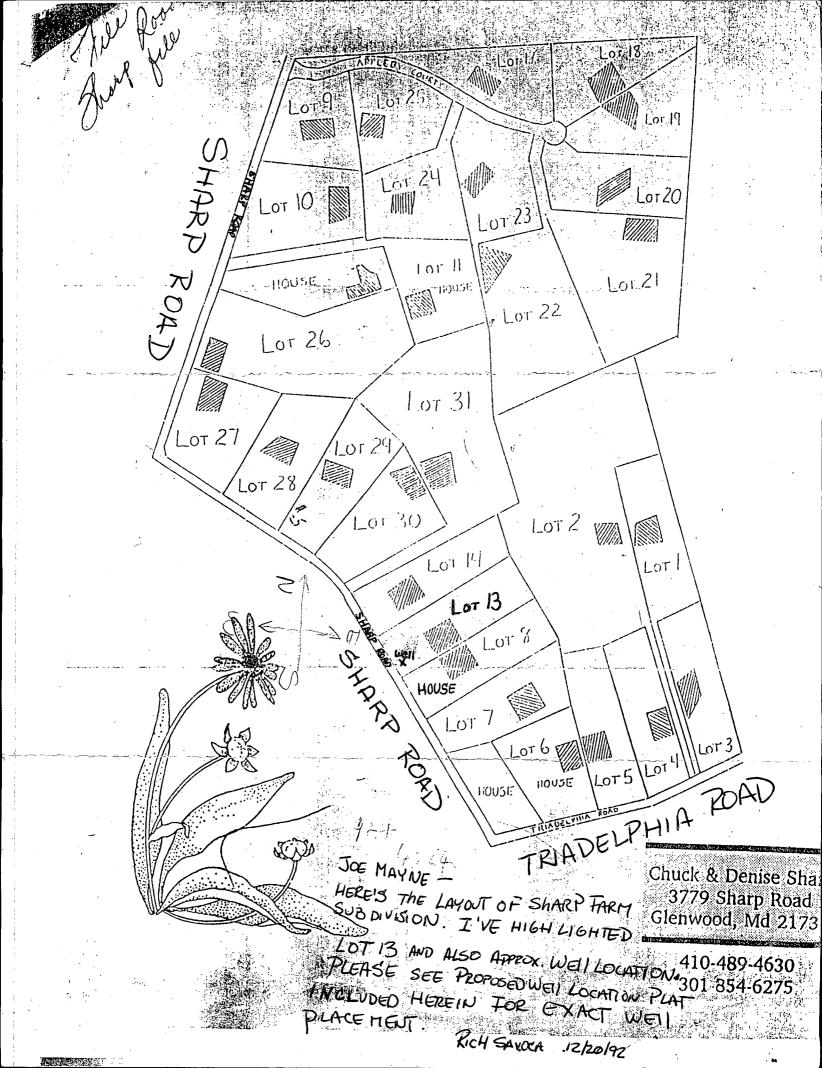
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 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 Charles A. Sharp
ADDRESS 3779 Sharp Rd Glenward, Md 21738 PHONE 489-4630
PROPERTY LOCATION:
SUBDIVISION Par. 45 map 21 LOT NO. #7
ROAD AND DESCRIPTION Northwest Side Triadelphia Rd 600 NE
of Sharp Rd.
SIZE OF LOT
(NUMBER OF BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THI
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPL'
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.
(SIGNATURE OF APPLICANT)
APPROVED BY
REJECTED BY DATE
HOLD PENDING FURTHER TESTSDATE
REASONS FOR REJECTION OR HOLDING







C 1 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER /\ 3 4 7 3 5
ST/CO USE ONLY DATE Received DATE WELL COMPLET	<u> </u>	PERMIT NO. FROM "PERMIT TO DRILL WELL"
0WNER SAVOCA	22 G G G 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
O	2	GLENIELG
SUBDIVISION SHARP FARM	SECTION	LOT
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check if water	CEMENT BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS SHOW	PUMPING RATE (gal. per min. 1 15
SAND Stone 0 59	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE BUC NET
	from from to 52 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING
	casing <u>CASING RECORD</u>	17 20
Corny Michina 59 365 V	types insert appropriate STEEL CONCRETE	WHEN PUMPING 22 7 25
	code below PL OT	TYPE OF PUMP USED (for test) A air P piston T turbine
	PLASTIC OTHER	27 27 27 27 other
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary (describe below)
	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70	27
	C OTHER CASING (if used) C diameter depth (feet) H inch from to	PUMP INSTALLED
		DRILLER WILL INSTALL PUMP YES (NO
	N T	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
2 Augusta 300, 300'	(appropriate code STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
2 dry walks 301, 300.	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
filled in won	C 2	PUMP COLUMN LENGTH
Camera de la Maria	DERTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
The state of the s	A 88 9 11 15 17 21	and enter casing height)
matera	S 23 24 26 30 32 36	LAND SURFACE. (nearest
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED		49 FOCATION OF WELL ONLOT
WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 123(NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN INCH) from to	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR, 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONTITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-	GRAVEL PACK L	
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	F WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	Correct
DRILLERS IDENT, NO.	OEP USE ONLY	10, w/R
DRILLERS SIGNATURE	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	MAN X Mayne
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	151 VC
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	3/4/93
responsible for sitework it different from permittee)	COUNTY	25 A A A A A A A A A A A A A A A A A A A

. ... Page of 05/93

Review OKMR 3/4/3

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92 02 92	
Location of property (road) 5/4	ARP RP
Subdivision SHARP FARM	Lot 3 Block Plat Sec.
Well Driller J. MAYNE	Owner RICHARD SAVOCA
Depth of well 365	LORI SAVOCA
Distance of measuring point (M.P.)	
Static water level (S.W.L.) below	M.P. 30'
I. High rate pumping reservoir drawd	iown
Time pump started $7:30$	Pumping rate Bappy,
Total time 45 Min. to reach pump	ping water level 295 (ft. below M.P.

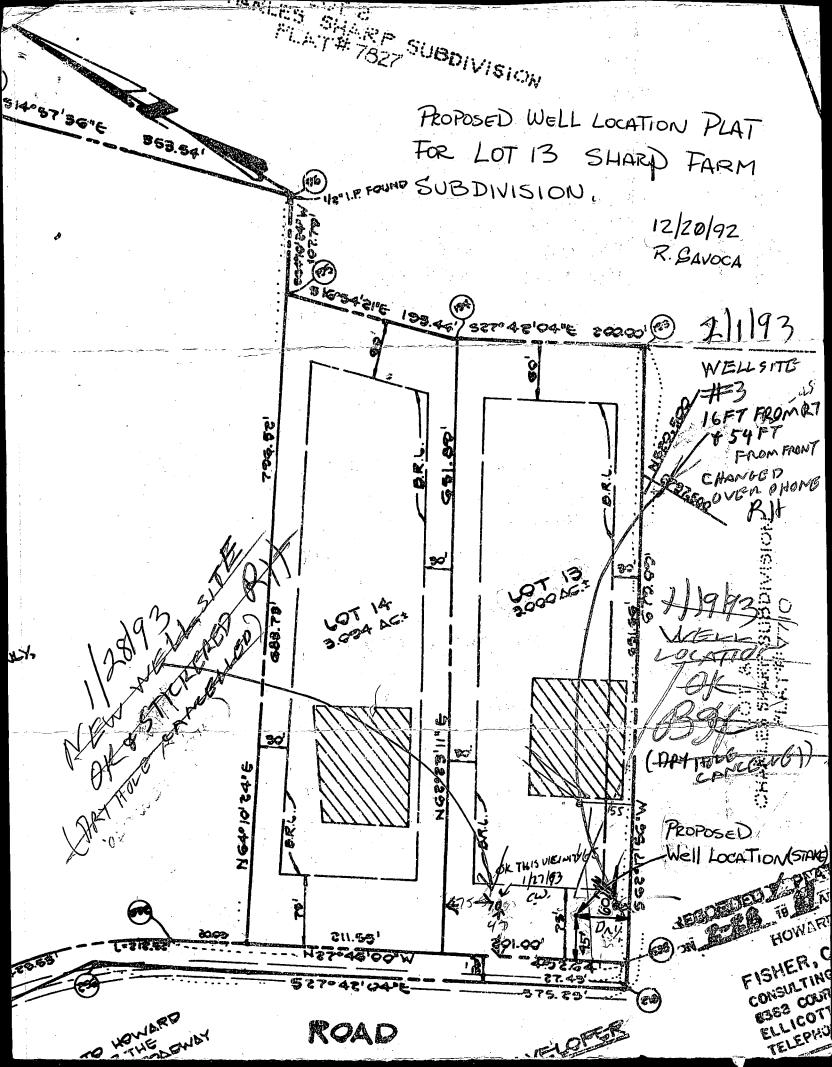
II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 51	(if used)	(gallons per
tervals		gallon bucket		minute)
7:45	131'	5 sec.		12
8:00	205	5		12
8:15	295	5		12
8:30	293	60		:/-
8:45	292	60		/
9:00	292	60		1
9:15	292	60		1
9:30	292	60		/
9:45	292	60		1
10:00	291	60		
10:15	291	60		
10:30	290	Ceo		
10:45	289	60		1
11:00	288	50		1.2
11:15	287	50		1.2
11:35	287	50		1.2
11:0/5°	287	50		1.2
12:00	287	50		1.2
12:15	287	50		1.2
12:30	287	50		1.2-1.5-
12:45	286	50		1.2
1:00	285	50		1.5
1:15	285	50		1.3
1:30	284	50		1,2
	284	50		1. 2

HD-224 1:45 284

50

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SPECIAL GONDITIONS