

11/21/86
AM

APPROVED
11/21/86
RIT
P 38008

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

A 34798

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X992X2330

461-9933

ELLICOTT CITY

DISTRICT 4th

DATE

INDEXED

Cornwell Plumbing & Heating

IS PERMITTED TO INSTALL X 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 X

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.

OK

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.

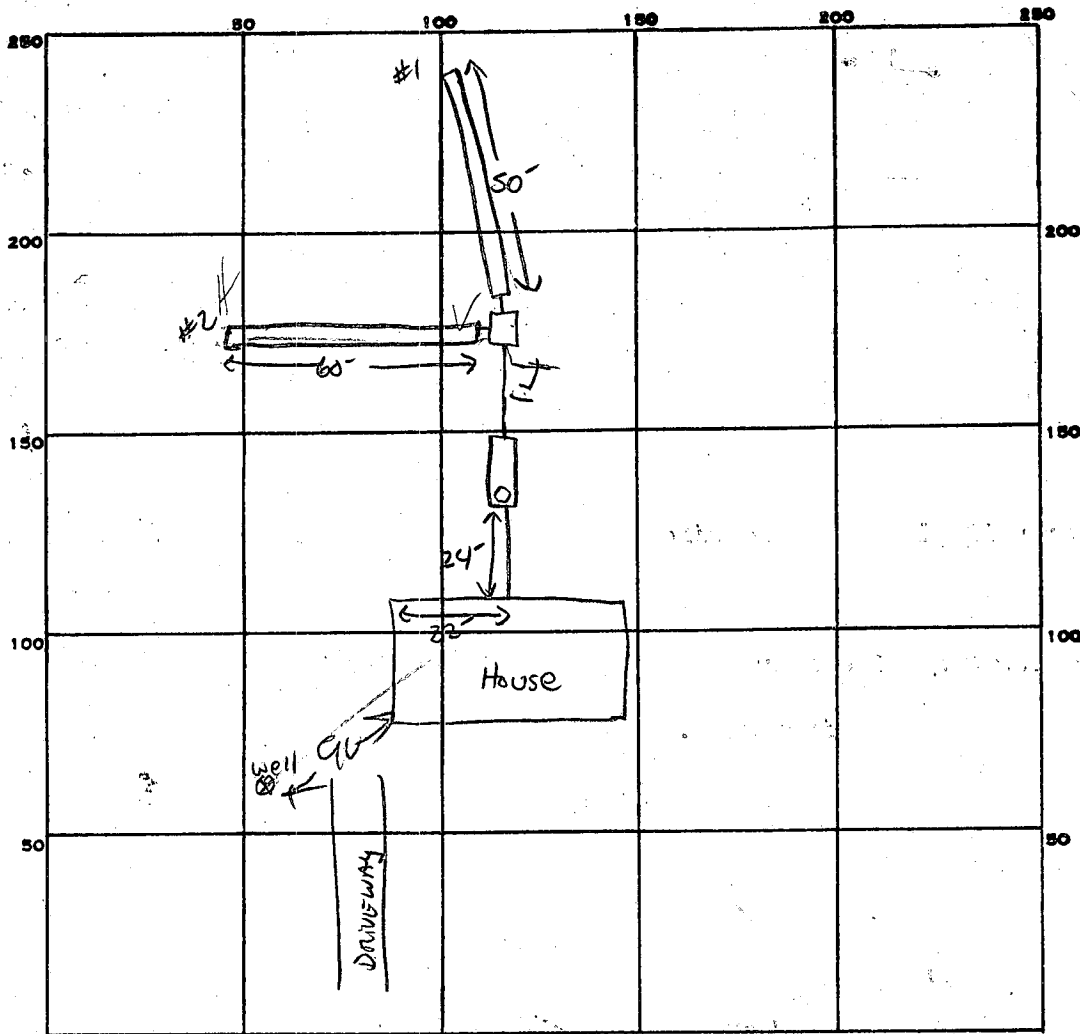
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34798



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHARP Rd.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒ 1000

CLEANOUTS ☒ ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH ^① 9 ^② 9-11 BEING AGAINST GRADE FT. TRENCH WIDTH ^① 2 ^② FT.

GRAVEL DEPTH ^① 4.5 ^② 4.5 IN. TOTAL LENGTH ^① 50 ^② 60 FT. TOTAL 110'

NUMBER OF TRENCHES 2 ONE SIDEWALL TOTAL BOTTOM AREA 494 (4718 REQUIRED)

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS 1/2/86 OK TO ADD STONE TO BOTH TRENCHES; NOTE TRENCH #2 HAS BEEN DUG

AGAINST GRADE BOTTOM VARIES 9-11" BELOW GRADE 4.5" STONE TO BE MAINTAINED AND

TO BE LEVEL THROUGHOUT TRENCH. S. ABEL 11/21/86 7:00 PM - ADD 2" STONE

OVER PIPE FINISH CONNECTING TANK TO BOX

11/21/86 3 PM - STONE & PAPER PUT OVER PIPE & PIPE TO BOX
CONNECTED BID

DATE SYSTEM APPROVED 11/21/86 INSPECTOR Raymond Dodge

APPLICATION

3/4/85
9:30 AM

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 5-6-85

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. Hodger

BLDG. PERMIT SIGNED
AND RETURNED 9-10-85 S. Allen
BP # 72745

THIS IS NOT A PERMIT

SOIL PROFILE

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 _____

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
Tex 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 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 _____

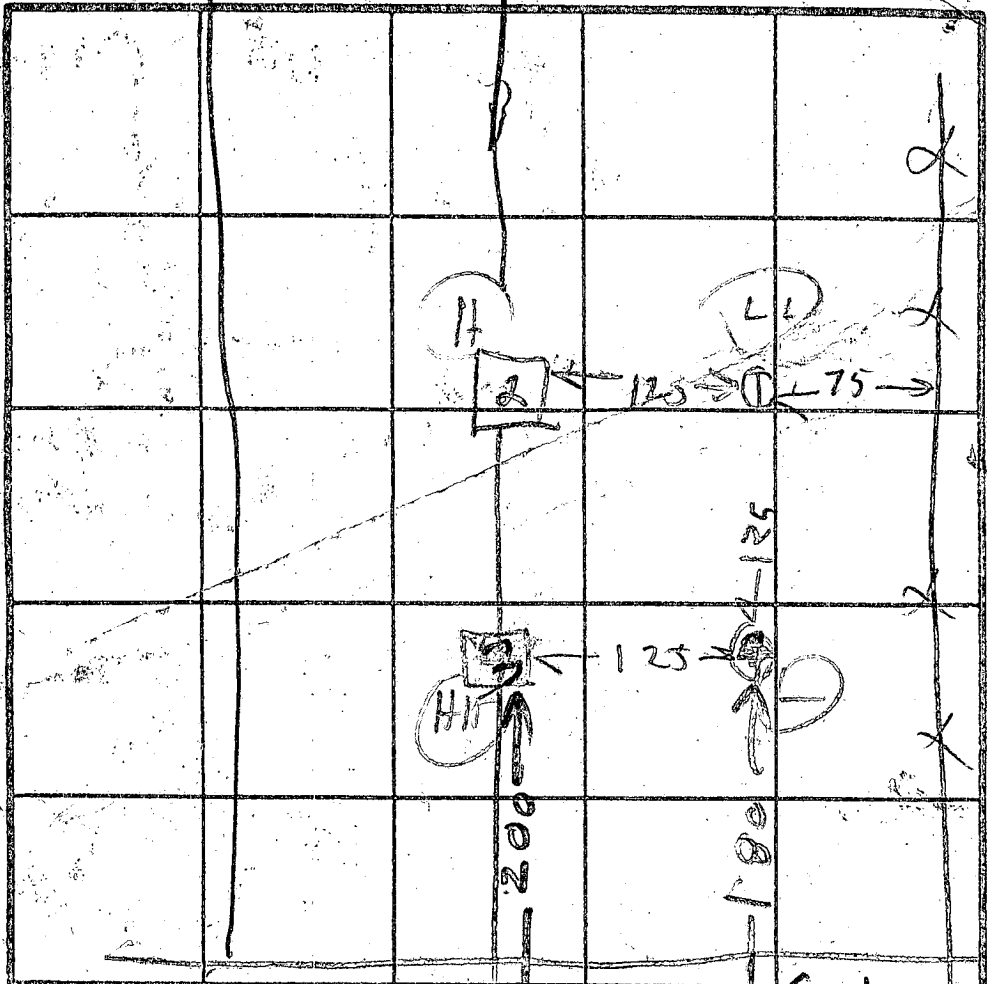
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

2081

SOIL PROFILE

RED CLAY
RED SAND LOAM
BROWN SANDY LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SHARP RD

ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/4/85	1 S	5	1038	1052	1058	1117	9
	1 V	13 1/2	LOOKS UP				
	* 2 S	5	1040	1043	1043	1047	4
	2 V	13 1/2	LOOKS UP				
	* 3 S	4 1/2	1049	1056	1056	1116	10
	3 V	14	LOOKS UP				
3/4/85	4 S	4 1/2	1046	1103	1103	1136	little
	4 V	14	LOOKS UP	DOUBTFUL			piece
3/4/85	4 M	6	1238	1232	1232	1237	5

X Fence 7min
158 ft/hr
4.5-9

REMARKS * ONLINE HOLE BETWEEN LOT 1 & 2

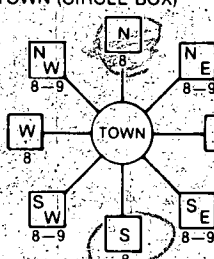
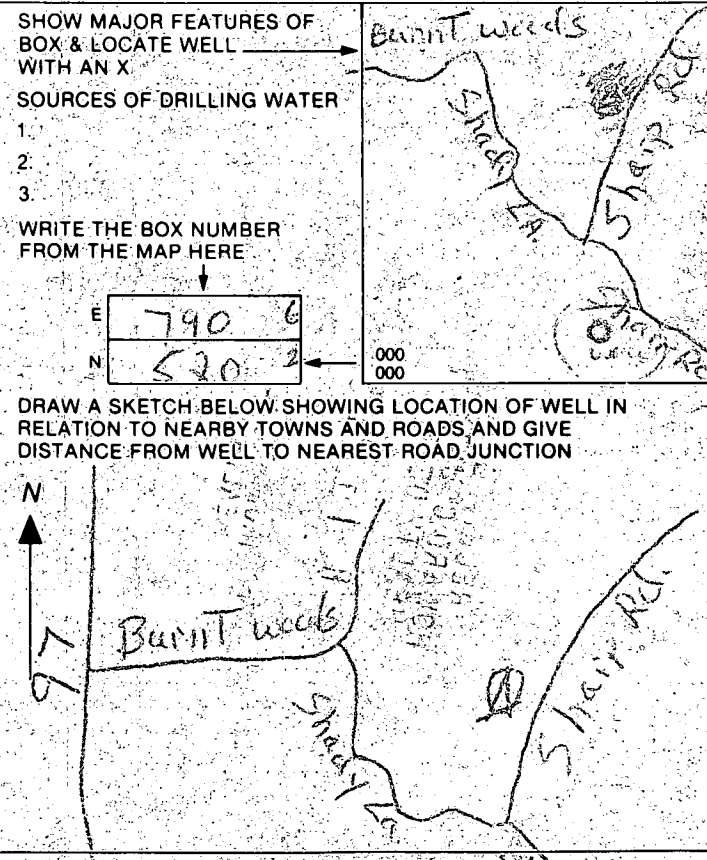
TYPE OF SOIL

TESTED BY

RH

CHAMP
NSHARP
COLLINS Burkholder

EH-12-1079

B 1 1791 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-1616 fill in this form completely
Date Received 8 5 13 OWNER INFORMATION 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
DRILLER INFORMATION Driller's Name 77 License No. 80 Firm Name Address Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S 41 DATE ISSUED 08/01/86 CO SIGNATURE EXP. DATE NORTH GRID 50 55 EAST GRID 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 790 6 N 520 2 .000 .000	
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY 37 AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

8/23/86

grout already done
when arrived

these
values

{ 95' casing
30' open hole

8 bags cement
w/ 30'

8 bags cement

location

30' not cemented
w/ 93' casing

{ 81' off road & 153'
down from corner

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

see notes on
site plan

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

AUG 28 1 10 PM '86

ENVIRONMENTAL
HEALTH

H₂O sample taken 11:30 AM
(#9844)

C1 5247	SEQUENCE NO. (OEP USE ONLY)	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 A-37344-W

DATE Received 7 8 86	DATE WELL COMPLETED 8 28 86	Depth of Well 22 250 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-81-1616
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OWNER last name SHARP first name NICHOLAS	TOWN GLENWATON
STREET OR RFD NICHOLAS SHARP PROP	
SUBDIVISION	SECTION LOT 4

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 TO	Check if water bearing
Brown soil	0 85	
Shale	85 90	
black rock	90 135	✓
black & gray rock	125 250	✓

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 48	NO. OF POUNDS 752
GALLONS OF WATER 48	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft.	to 30 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		
ST	6	75
Nominal diameter top (main) casing (nearest inch)		
Total depth of main casing (nearest foot)		

OTHER CASING (if used)	
diameter inch	depth (feet) from to

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

C2		
DEPTH (nearest ft.)		
HO	75	250
EACH SCREEN		
23 24	26 30	32 36
38 39	41 45	47 51
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
56	60	

GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T 70	(E.R.O.S.) 72	WQ 74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 5 1/2		
PUMPING RATE (gal. per min. to nearest gal.) 7 1/2		
METHOD USED TO MEASURE PUMPING RATE 1 gal		
WATER LEVEL (distance from land surface) BEFORE PUMPING 3.5		
WHEN PUMPING 120		
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 YES 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) 31 35	
PUMP HORSE POWER 37 41	
PUMP COLUMN LENGTH (nearest ft.) 43 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE (nearest foot) 50 51	

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 10.17.13 "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. 2570
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)	

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 FLETER 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) 988-9221

License number 3853

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Nicholas A. Sharp Telephone

Subdivision Nicholas Sharp Property Lot # 4 Well tag # - -

Site Address Sharp RD

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make MC Donald
3. Model #
4. Capacity 10 GPM

Motor

1. Horsepower
2. RPM
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make
2. Model #
3. Depth

5. Pump exceeds well capacity Yes ☐ No ☐
6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other

Tank

1. Capacity
2. Pressure relief valve?

Piping

1. Type
2. Size
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data

1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

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

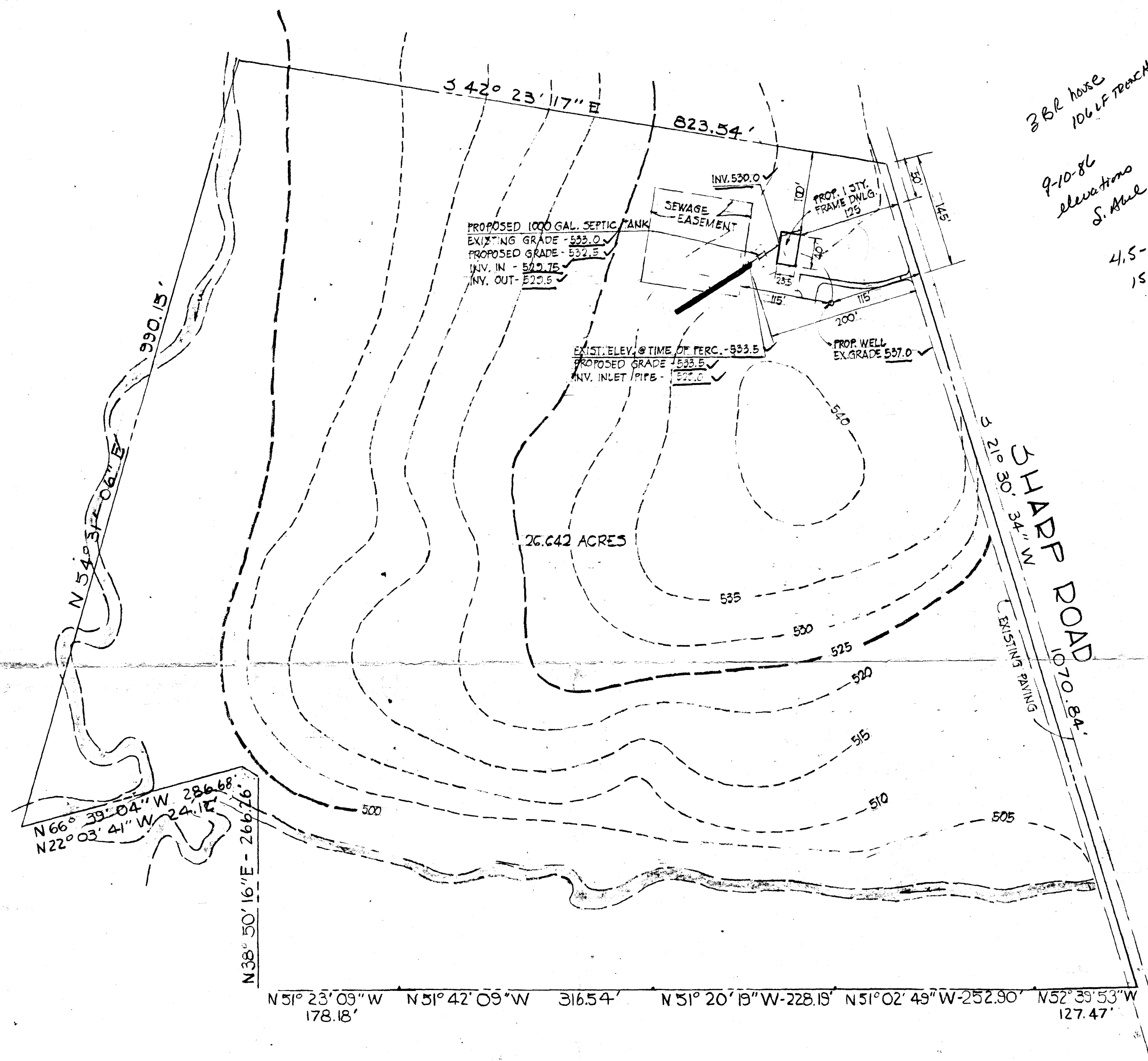
Date: 11/7/86

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 Pulley adaptor & bench
to House

Pressure tank not yet installed GP



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

FISHER, COLLINS
& CARTER, INC.
CONSULTING ENGINEERS
8326 COURT AVENUE
ELLICOTT CITY, MD. 21043