

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-347838

P 510225

A 34854

DISTRICT 4th

DATE 6-25-98

DATE SYSTEM APPROVED 7-1-98

INSPECTOR km

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~261-1001X~~ 410-313-2640

INDEXED

T & R Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P. O. Box 345, Savage, Maryland 20763 PHONE 301-725-2392

SUBDIVISION Sharp Farms LOT 1 ROAD 3949 Sharp Road

PROPERTY OWNER Francis & Barbara Gallagher

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 175.00' lot line and the 688.32' lot line, place the distribution box 275 feet down the 688.32' lot line and 65 feet off this same lot line. Run trenches on contour in both directions.

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

PLANS APPROVED BY Donna K. Soe DATE 02/24/98

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 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

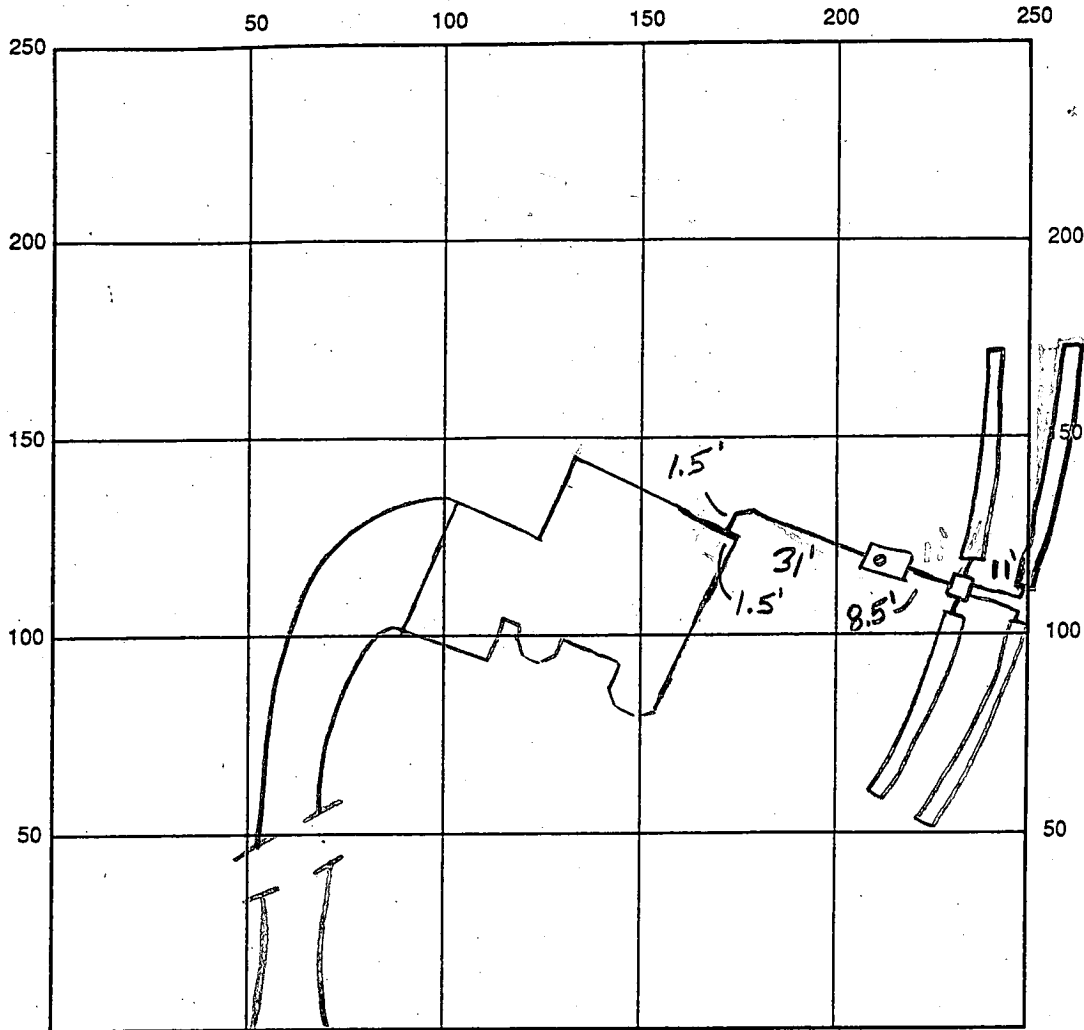
PERMIT VOID AFTER TWO YEARS

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

A 34854



HD-88-0268

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Sharp Rd.

SEPTIC TANK LEVEL OK, 1250 mid-seam (cemented) CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 70 x 4 FT. → 280

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

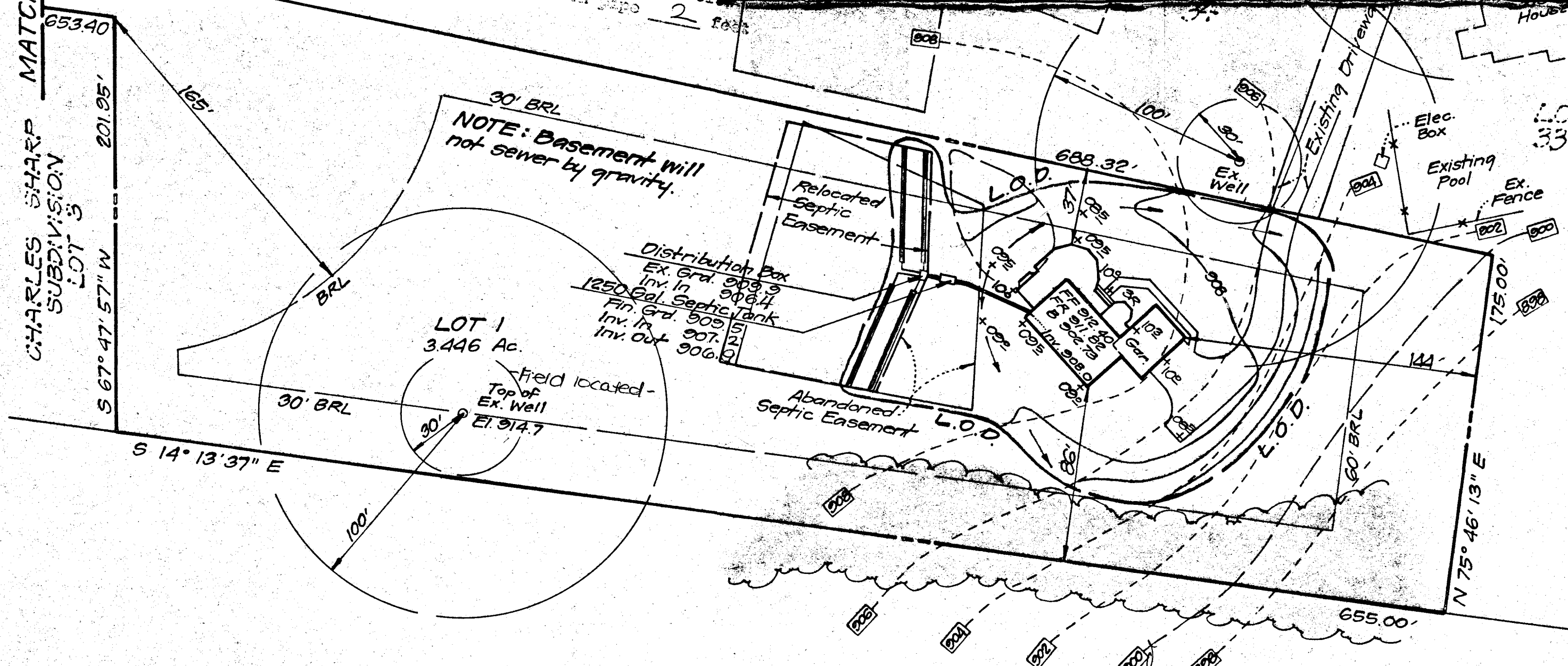
DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 6-30-98 installer mistakenly installed 1250 mid-seamed tank
will hydraulically cement tank to seal, has house connection, OK
to cover all work will leave tank open for inspection tomorrow,
Box according to Specs per installer (Tim) (RM)
7-1-98 tank hydraulically cemented at mid-seam (RM)

DATE SYSTEM APPROVED 7-1-98

INSPECTOR Kim White



4. Total Limit of Disturbed Area = 27,512 sq ft or 0.63 Ac.

JAMES J. PATTERSON ET AL.

Approved
by DKS
2/24/98

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 Minstrel Way • Columbia, Md. 21045 • (410) 381-7500 Balt • (301) 621-8100 Wash.		
DESIGNED BAL	SITE DEVELOPMENT PLAN LOT 1 CHARLES SHARP SUBDIVISION FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND For: FRANK and BARBARA GALLAGHER 9840 Lyon Avenue Laurel, Maryland 20723	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 OF 1
CHECKED <i>Jme</i>		JOB NO
DATE 1-28-98		FILE NO 97-169X

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 34854

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 Charles A. Sharp

ADDRESS 3779 Sharp Rd Glenwood, Md 21738 PHONE 489-4630

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #10

ROAD AND DESCRIPTION Northwest side Triadelphia Rd, 600' NE of
Sharp Road

SIZE OF LOT 3a 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.

Charles A. 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

EH-12-1079

7/1/98
anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933-(410)313-2640

7.1.98
P.A. 3' below grade
casing 1' above grade
needs electrical conduit
cap should be secure

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Name of Installer T&R Plumbing And Heating

License Number 7079

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner _____

Subdivision Sharps Farm

Lot # 1

Telephone _____

Well Tag # HO-88-0768

Site Address 3949 Sharp Rd., Glenwood, MD 21738

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

2. Make Jacuzzi

3. Model # _____

4. Capacity 5 GPM

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 _____

Motor

1. Horsepower 3/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 X

Pitless Adapter

1. Make Harvard

2. Model # _____

3. Depth 4'

Tank

1. Capacity 300 gal. Equi.

2. Pressure relief valve? YES

Piping

1. Type Crestlon

2. Size 1"

3. NSF and/or BOCA Code approved YES

4. Depth of supply line 4'

Well data

1. Depth 365 ft.

2. Yield 1.2 GPM

3. Static water level 50 ft.

4. Will water supply be disinfected by installer? no

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: _____

Date: 6/25/98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 0206 SEQUENCE NO. (DENV USE ONLY)
1 2 3 4 5 6
(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 A-34654

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER WILSON last name first name TOWN CLARK
STREET OR RFD 101st St
SUBDIVISION Chesapeake Shores Sub SECTION 1 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 TO Check
if water
bearing

SAND Stone 0 54
Gravelly Sand 54 315

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box) ☒ Y ☐ N
TYPE OF GROUTING MATERIAL
CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 30 NO. OF POUNDS 2820
GALLONS OF WATER 180
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 35 ft.
(enter 0 if from surface)

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

MAIN CASING TYPE
SI
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 60

OTHER CASING (if used)
diameter inch from to
EACH CASING

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

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 102

METHOD USED TO MEASURE PUMPING RATE Run test

WATER LEVEL (distance from land surface) BEFORE PUMPING 12

WHEN PUMPING 252

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: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

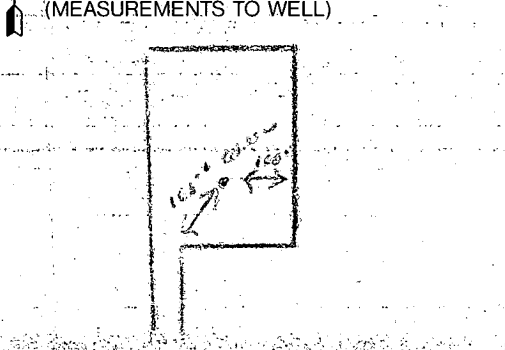
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 2 (nearest foot)

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)



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. 1028

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Page 1 of 1
 Date 7/27/89

Review OK 8/14/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 58-0768
 Location of property (road) TRIANGLE/PHIA RD.
 Subdivision CHARLES SHARP SUB. Lot 1 Block Plat Sec.
 Well Driller Joseph MAYNE Owner CROSEN Development

Depth of well 365'
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 12'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.
 Total time 45 min. to reach pumping water level 254 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	168	4		15
7:30	258	4		15
7:45	254	50		1.2
8:00	254	50		1.2
8:15	254	50		1.2
8:30	254	50		1.2
8:45	254	50		1.2
9:00	254	50		1.2
9:15	254	50		1.2
9:30	253	50		1.2
9:45	253	50		1.2
10:00	254	50		1.2
10:15	254	50		1.2
10:30	253	50		1.2
10:45	253	50		1.2
11:00	253	50		1.2
11:15	253	50		1.2
11:30	253	50		1.2
11:45	253	50		1.2
12:00	253	50		1.2
12:15	253	50		1.2
12:30	253	50		1.2
12:45	253	50		1.2
1:00	253	50		1.2

B 1 5685

SEQUENCE NO.
(DP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0768

fill in this form completely

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

please print or type

Date Received (APA)

052489

OWNER INFORMATION

CROSEN Development Co

3775 SHADY LANE

GLENWOOD MD 21238

DRILLER INFORMATION

Joseph L. Mayne 238

Joseph L. Mayne Well Drilling

5512 Ridge Rd, Mt. Airy 21771

Joseph L. Mayne 5/22/89

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- ☒ BORED (or Augered) ☐ JETTED ☐ Jetted & ☐ DRIVEN
- ☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)
- ☐ CABLE ☐ REVERSE-ROTARY ☐ Drive-POINT
- other _____

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE ☒ WRITE INITIALS IN BOX PERMIT NO. 40-88-0768

SPECIAL CONDITIONS

LOCATION OF WELL

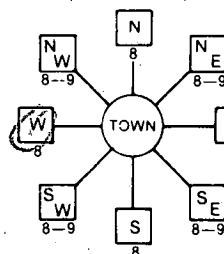
HOWARD

CHARLES SHARP SUB.

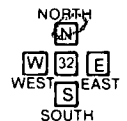
SECTION _____ LOT 1

GLENELG

MILES FROM TOWN (enter 0 if in town) 1 MI

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

Triadelphia Road

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 825 FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A. 34854

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 06/16/89

NORTH GRID 520000 EAST GRID 0498000

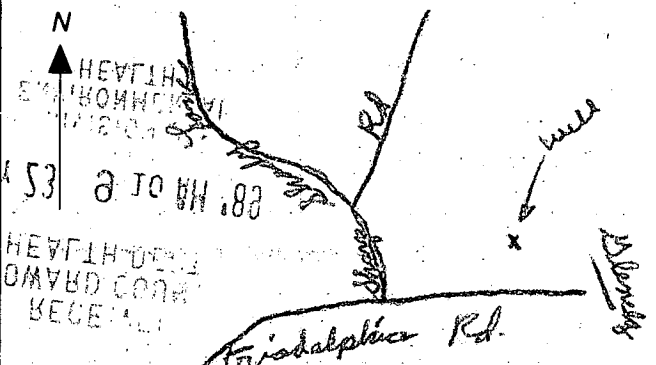
SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

3.

WRITE THE BOX NUMBER
FROM THE MAP HEREE 498 8
N 520 0DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

PROPERTY OF
CHARLES ALAN SHARP
1013/459

