

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X-31-8883~~ 313-2640

P 57036

A 34730

DISTRICT 4th

DATE 7-19-96

DATE SYSTEM APPROVED 9/4/96

INSPECTOR st

B.W.T.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 11974 Route 216, Fulton, MD 20759 PHONE 498-6138

SUBDIVISION Charles Sharp Property LOT 4 ROAD 14220 Triadelphia Road

PROPERTY OWNER Tom and Cecelia Lawson

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 305 feet up the left (65') lot line and 130 feet off the same lot line as seen when facing the lot from Triadelphia Road. Run trenches on contour toward the left line.

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 Sid Abel/Mark Rifkin REVISED _____ DATE 6/12/96

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

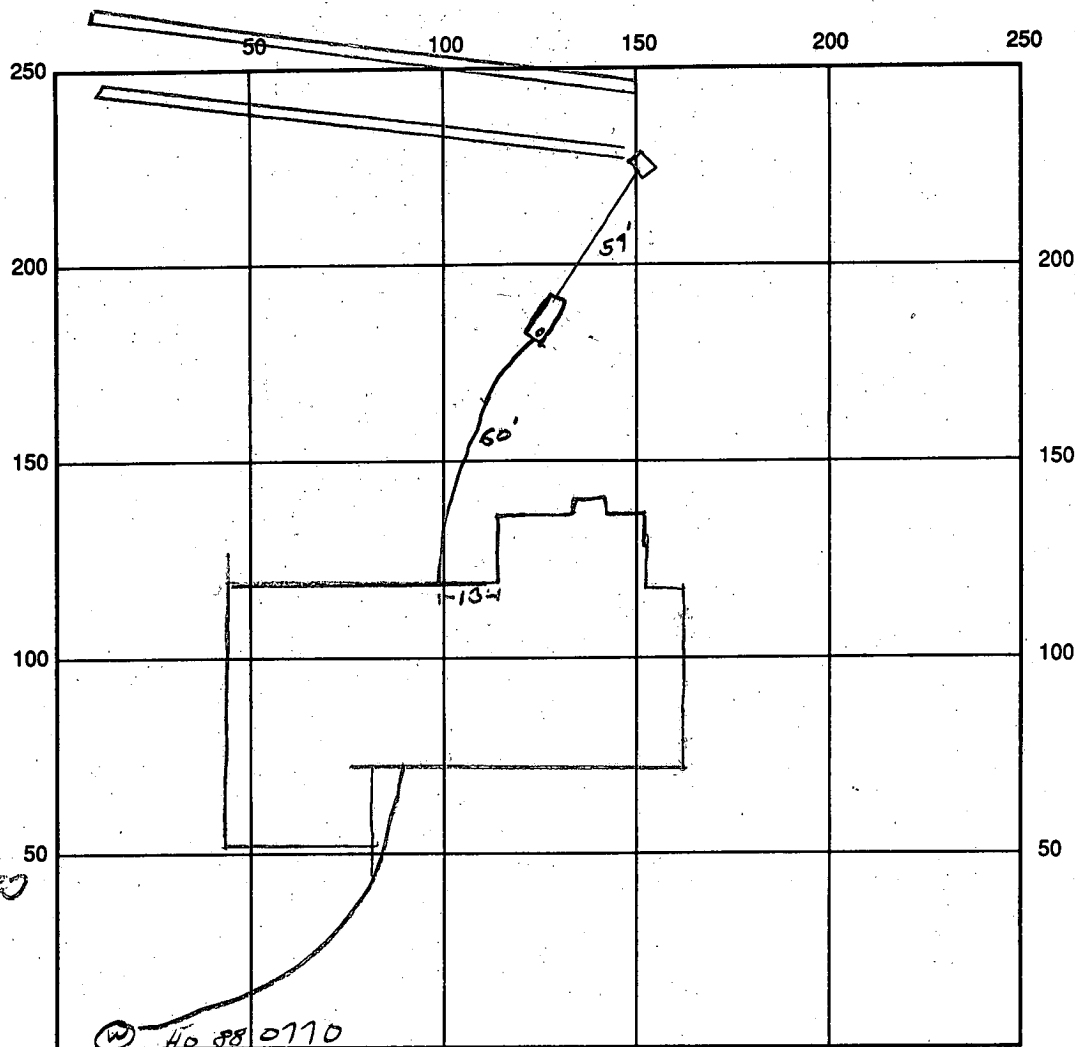
PERMIT VOID AFTER TWO YEARS

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-34730



W.P.I.
9/3/96
NEEDS SEALED
CAP. OK TO
COVER ~~ff~~

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
TRIADOLPHIA ROAD

SEPTIC TANK LEVEL OK CLEANOUTS 10N TANK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{1}{105} \times 2$ FT. = 210

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: OK TO COVER TO DIST BOX, 9/3/96 ~~ff~~

9/4/96 OK TO STONE TRENCHES, LEAVE ENDS OPEN UNLESS RAIN
CONTINUES. ~~ff~~

DATE SYSTEM APPROVED 9/4/96 INSPECTOR AL. H. Bump

APPLICATION

PERCOLATION TESTING

A 56543

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4-4-96

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 Charles Sharp Tom & Cecelia Lawson

ADDRESS 3779 Sharp Rd Monrovia PHONE 410-489-4630

AGENT OR PROSPECTIVE BUYER Tom Lawson

ADDRESS 12698 Rt 216 Highland Md 20777 PHONE 410-531-6270

PROPERTY LOCATION:

SUBDIVISION Charles Sharp Subd. LOT NO. (4)

ROAD AND DESCRIPTION lots 1 to 4

14220 Triadelphia Rd Monrovia, Md 21737

TAX MAP 21 PARCEL # 45

SIZE OF LOT 3.001 TYPE BLDG. single family plat # 7827 recorded 5-13-88

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]

APPROVED BY _____ FOR _____ DATE S.F.D. 4 B.R.M.S

DISAPPROVED BY _____ FOR _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 4/23/96 HOLD FOR PLAT, PERC OK MR

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

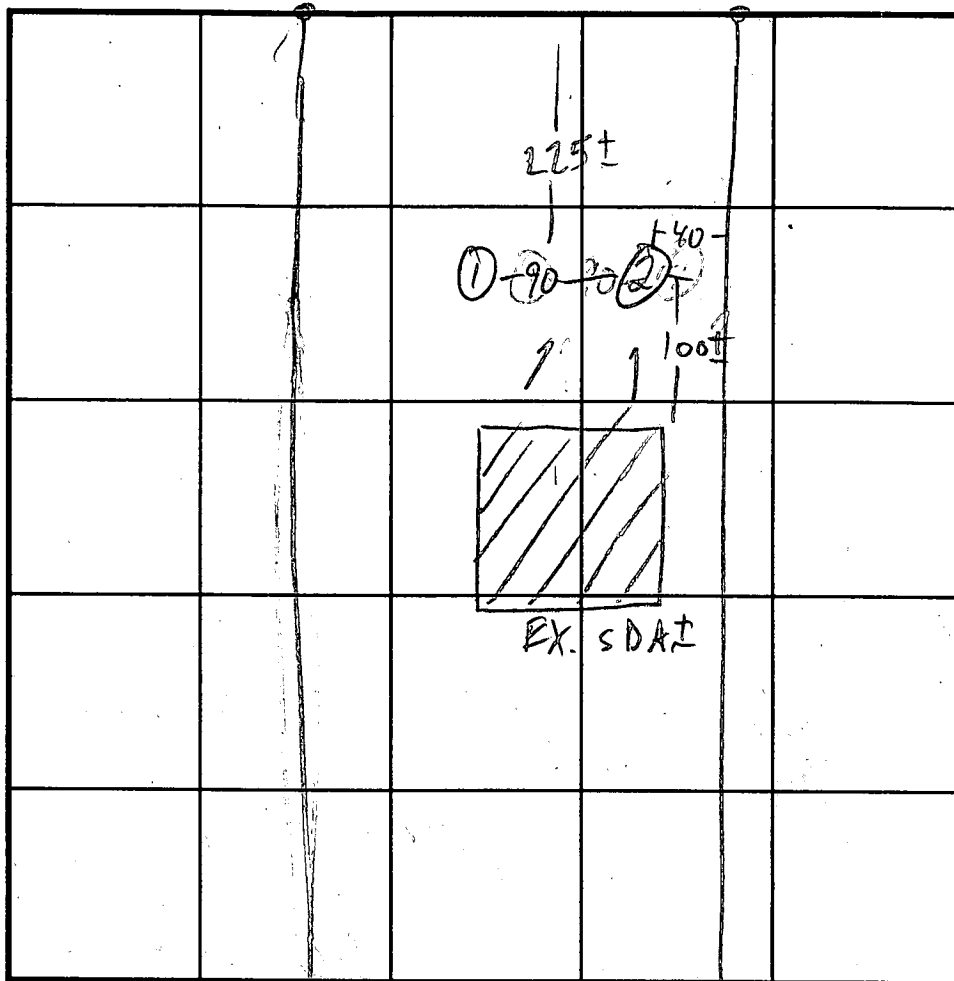
A56543

COUNTY #

SOIL PROFILE

0' ①
red orge
brn
yel
cl lm
5
brn
pink
yel
sa lm
5-20
small
frags

②
brn
sa
cl lm
3
tan
yel
sa lm
5-10%
frags



SOIL PROFILE



TRIA RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1 S	6	11:43	11:46	11:46	11:51	5
	1 V	11 1/2	OK - see profile				
	2 S	4	11:51	11:58	11:58	12:11	13
	2 V	12 1/2	OK - see profile				

REMARKS EX. SDA NOT DISCERNIBLE DUE TO PREV. AG. USE

TYPE OF SOIL

TESTED BY

M. Riffkin

ALSO PRESENT

B.W. T. Lawson Bldr.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

9

TRENCH WIDTH

2 C. Sharp

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

210

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 34730

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 Par. 45, map 21 LOT NO. #2 LOT 4 FINAL PLAT F-87-59

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

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.

Charles A. Sharp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

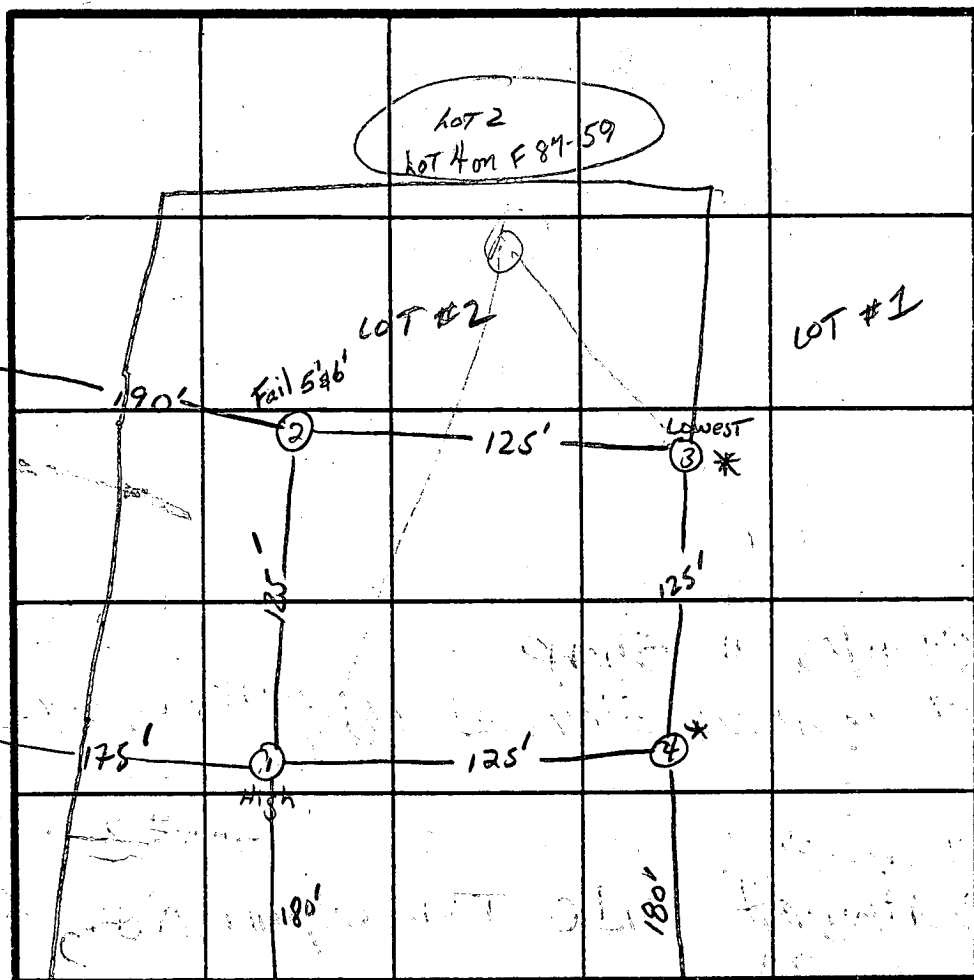
REASONS FOR REJECTION OR HOLDING 1/14/85 perc. OK, hold for Certified PLAT. SA/RH

THIS IS NOT A PERMIT

SOIL PROFILE

3.5' BROWN CLAY-LOAM

14' SANDY SILT LOAM BROWN



* online holes Lot 1+2

CL center line Rd.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CL — TRIADOLPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/14/85	15 1V	5.5' 14'	12:17 LOOKS OK TO	12:24 14'	12:24 UNIFORM SOIL	12:34 5'-14'	10min
1/14/85	(25) 2V	5' LOOKS OK TO	12:32 14' - UNIFORM SOIL	12:50 5'-14'	NO MOVEMENT - TOO SLOW		
	(2M)	6'	1:21	1:46	2:29	LITTLE PERC.	
	2D 2VD	7' 16'	2:41 LOOKS OK TO	2:47 16'	2:47	3:00	13min
}	3 S V	5 14	1:43 UNIFORM SOIL	1:50 6'-14'	1:50 OK TO	2:02 14	12
	4 S V	5 14	1:30 UNIFORM SOIL	1:38 5'-14'	1:33 OK TO	1:41 14	7

13
10
12
8
43
11
4/43

X = 14 min

copied by MR tested by SA, RH

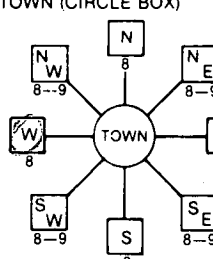
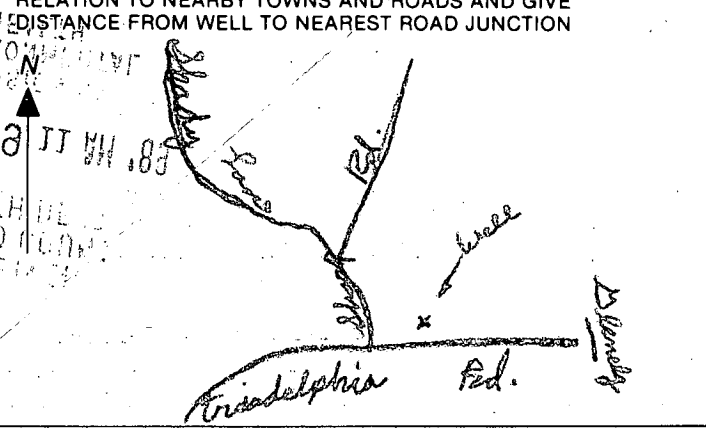
REMARKS

TYPE OF SOIL

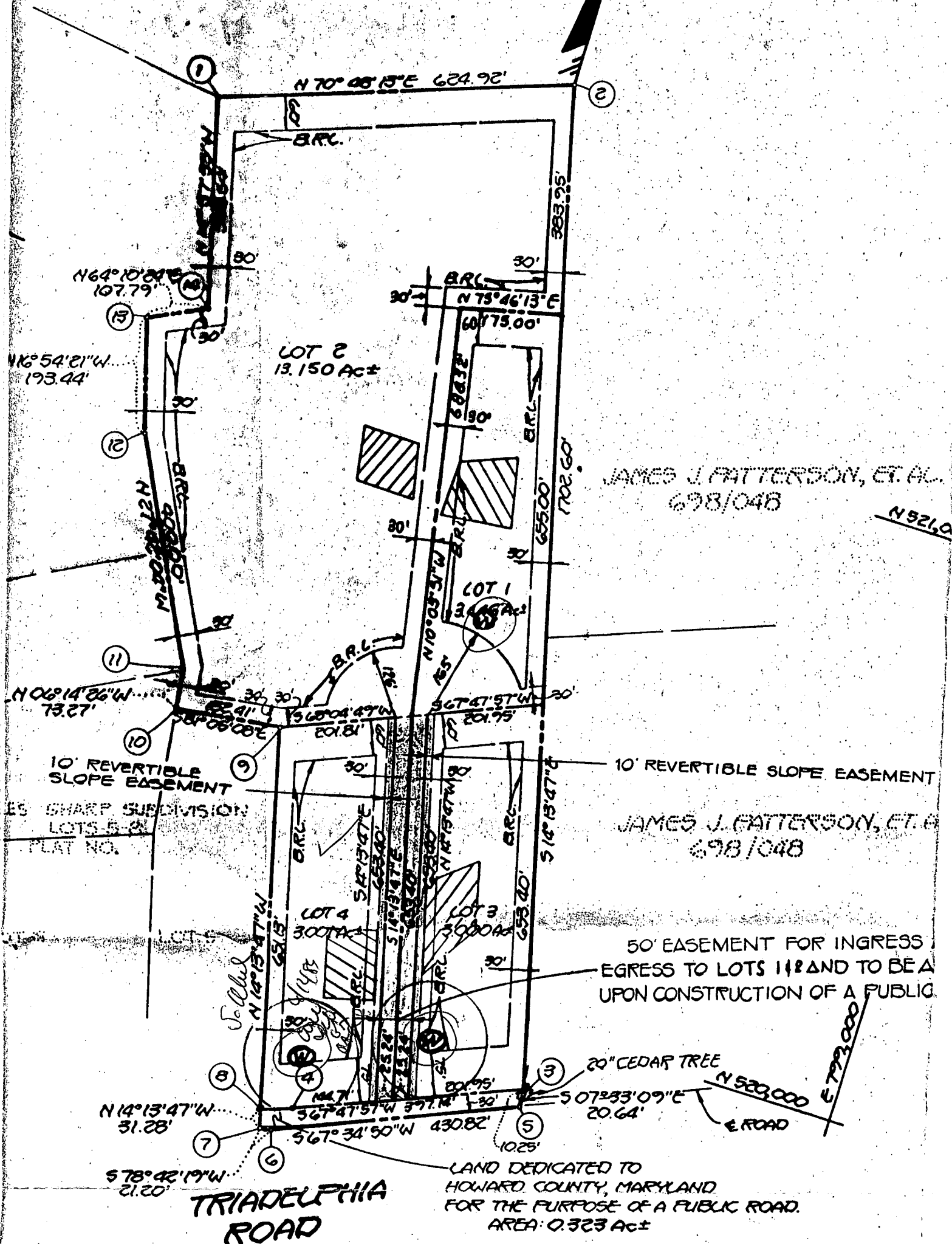
TESTED BY

Charles Sharp

ALSO PRESENT NORMAN CURRIE - EXCAVATOR

B 1	5681	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">HO-98-0770</div> <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">052489</div>		LOCATION OF WELL COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">CHARLES SHARP SUB</div> SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLENWELG</div> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> MI		
OWNER INFORMATION Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">CROSEN</div> Owner First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Development Co</div> Street or RFD <div style="border: 1px solid black; padding: 2px; display: inline-block;">3775 SHADY LAKE</div> Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLENWOOD</div> State <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD</div> Zip <div style="border: 1px solid black; padding: 2px; display: inline-block;">21238</div>				
DRILLER INFORMATION Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. MAYNE</div> License No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">238</div> Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne Well Drilling</div> Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 RIDGERD. Mt. Airy 2171</div> Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne</div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">5/22/89</div>				
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input 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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">A-34730</div> STATE SIGNATURE _____ DATE ISSUED _____ CO SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block;">Clara Williams</div> EXP. DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">12/16/89</div> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">519000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0498000</div>		
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">200</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH		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 HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;">498 8</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">528 19</div>		
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> 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 checked="" 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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">G A P</div> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">C W</div> WRITE INITIALS IN BOX PERMIT NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">HO-98-0770</div>				
SPECIAL CONDITIONS				

PROPERTY OF
CHARLES ALAN SHARP
10/19/1959



JAMES J. PATTERSON, ET AL.
698/048

N 52.10

10' REVERTIBLE SLOPE EASEMENT

JAMES J. PATTERSON, ET AL.
698/048

50' EASEMENT FOR INGRESS
EGRESS TO LOTS 1 & 2 AND TO BE A
UPON CONSTRUCTION OF A PUBLIC

TRIADELPHIA
ROAD

LAND DEDICATED TO
HOWARD COUNTY, MARYLAND
FOR THE PURPOSE OF A PUBLIC ROAD.
AREA: 0.323 Ac±

E 793.000

N 52.000

E ROAD

C 1		0204		SEQUENCE NO. (DENY USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)						FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER	
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		40-88-0770	
OWNER		last name		first name		TOWN		LOT	
STREET OR RFD						Cleno 16		4	
SUBDIVISION		SECTION		LOT					
WELL LOG		GROUTING RECORD		C 3		PUMPING TEST			
Not required for driven wells		WELL HAS BEEN GROUTED		yes no		HOURS PUMPED (nearest hour)		3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		(Circle Appropriate Box)		Y N		PUMPING RATE (gal. per min. to nearest gal.)		12	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		CEMENT BENTONITE CLAY		METHOD USED TO MEASURE PUMPING RATE		Bucket	
FEET		CM BC		NO. OF BAGS NO. OF POUNDS		WATER LEVEL (distance from land surface)		BEFORE PUMPING	
FROM TO		45 46		10 140		25		WHEN PUMPING	
SAND stone		48 52		GALLONS OF WATER		25		TYPE OF PUMP USED (for test)	
67		54 58		60		27		A air P piston T turbine	
67/165		60 64		DEPTH OF GROUT SEAL (to nearest foot)		27		C centrifugal R rotary O other (describe below)	
		66 70		from ft. to ft.		27		J jet S submersible	
Gray mica Rock				Casing types insert appropriate code below					
				ST CO PL OT					
				STEEL CONCRETE PLASTIC OTHER					
				MAIN CASING TYPE					
				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 type or open hole					
				insert appropriate code below					
				ST BR HO					
				STEEL BRASS OPEN HOLE					
				PL BRONZE PLASTIC OTHER					
				C 2					
				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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
				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.					
				DRILLERS SIGNATURE					
				(MUST MATCH SIGNATURE ON APPLICATION)					
				SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					
				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 LOG OTHER DATA					
				CASING INDICATOR					
				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)					
				50'					
				40'					
				COUNTY					

Well Permit No. HO - 88-0770
Location of property (road) TRIAD/Philadelphia Rd.
Subdivision CHARLES SHARP SUB. Lot 4 Block Plat Sec.
Well Driller JOSEPH MAYNE Owner CROSEN Development

Depth of well 165
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 25'

Time pump started 10:46 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 67 ft below M.P.

HD-224

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt #
Date 7/17/96

Name of Installer BWT INC

Telephone 498-6138

License Number _____

Certified Well Pump Installer ☒ Well Driller _____ Registered Plumber _____

Name of Property Owner Tom Lawson Telephone 531 6270

Subdivision Sharp Farms Lot # 4 Well Tag # _____

Site Address 14220 Triadelphia Rd

Pump

1. Type

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

2. Make Shurway

3. Model # _____

4. Capacity 8 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 1/2

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make Harvit

2. Model # _____

3. Depth 42"

Tank

1. Capacity _____

2. Pressure relief valve? ☒

Piping

1. Type Cold Jet

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line 42"

Well data

1. Depth 124 ft.

2. Yield 12 GPM

3. Static water level 50 ft.

4. Will water supply be disinfected by installer? ☒

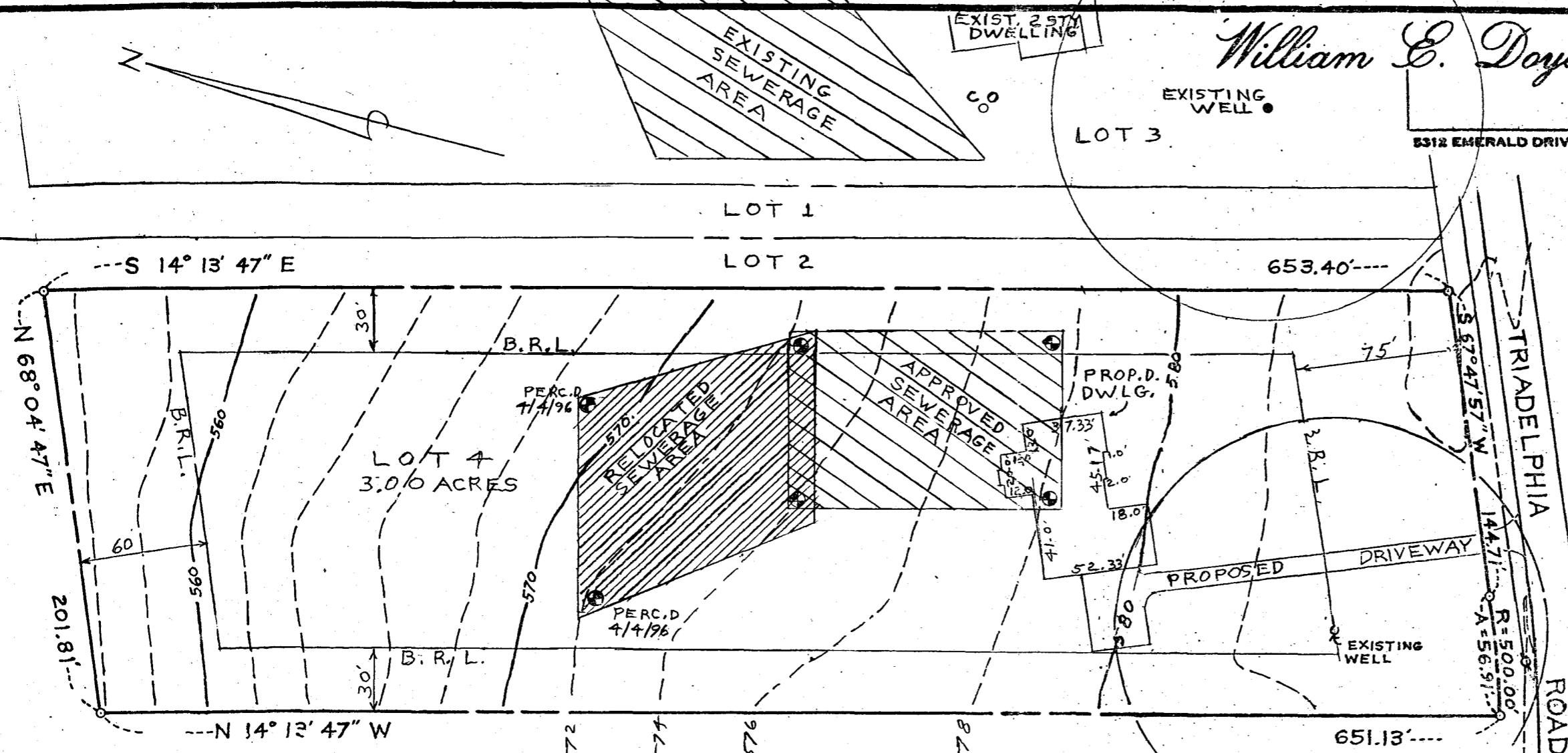
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Brian W. Thompson

Date: 7/17/96

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



William E. Doyle R.L.S. Inc.

LAND SURVEYOR 8440
5312 EMERALD DRIVE BYKESVILLE, MARYLAND 21784 PHONE (301) 793-2210

APPLICATION # A56543
TAX MAP 21, PARCEL 45

PERCOLATION
CERTIFICATION PLAT
14220 TRIADDELPHIA ROAD, LOT 4
CHARLES SHARP SUBDIVISION
PLAT NO. 7827
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1" = 60'

FIELD RUN TOPOGRAPHY BY,
WILLIAM E. DOYLE R.L.S. INC.

DRAWN: MAY 24, 1996
REVISED: JULY 19, 1996



I CERTIFY THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY.

signed *William E. Doyle*

FILE NO. 932-2

Legend: This area designates a private sewerage easement as required by the Maryland Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus:

The lots shown hereon comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: FOR PRIVATE WATER AND
PRIVATE SEWERAGE SYSTEMS
John W. Foster 7-24-96
HOWARD COUNTY HEALTH DEPARTMENT
HOWARD COUNTY HEALTH OFFICER DATE

THE PURPOSE OF THIS PLAT IS TO
ABANDON THIS: EXISTING
SEWERAGE AREA, AND TO BE
REPLACED WITH THIS: NEW SEWERAGE AREA.