

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

* Time expired for F.C.O.P. Compliance

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Charles Sharp Property LOT 5 ROAD 13941 Triadelphia Road

PROPERTY OWNER Bageant Homes, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

**BUILDING PERMIT SIGNED
AND RETURNED**

11-27-02 800189547-IG POOL
11-24-03 800145174-SUBROOM

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 170 feet up the left lot line (446.00') and 80 feet from that same lot line when facing the lot from Triadelphia Road. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY Amy McMillen

DATE 09/16/94

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**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

Needs
House
2/22 Connection

2/21 P.C.O.
2/22 P.C.O.
P 5057PB

A 34731

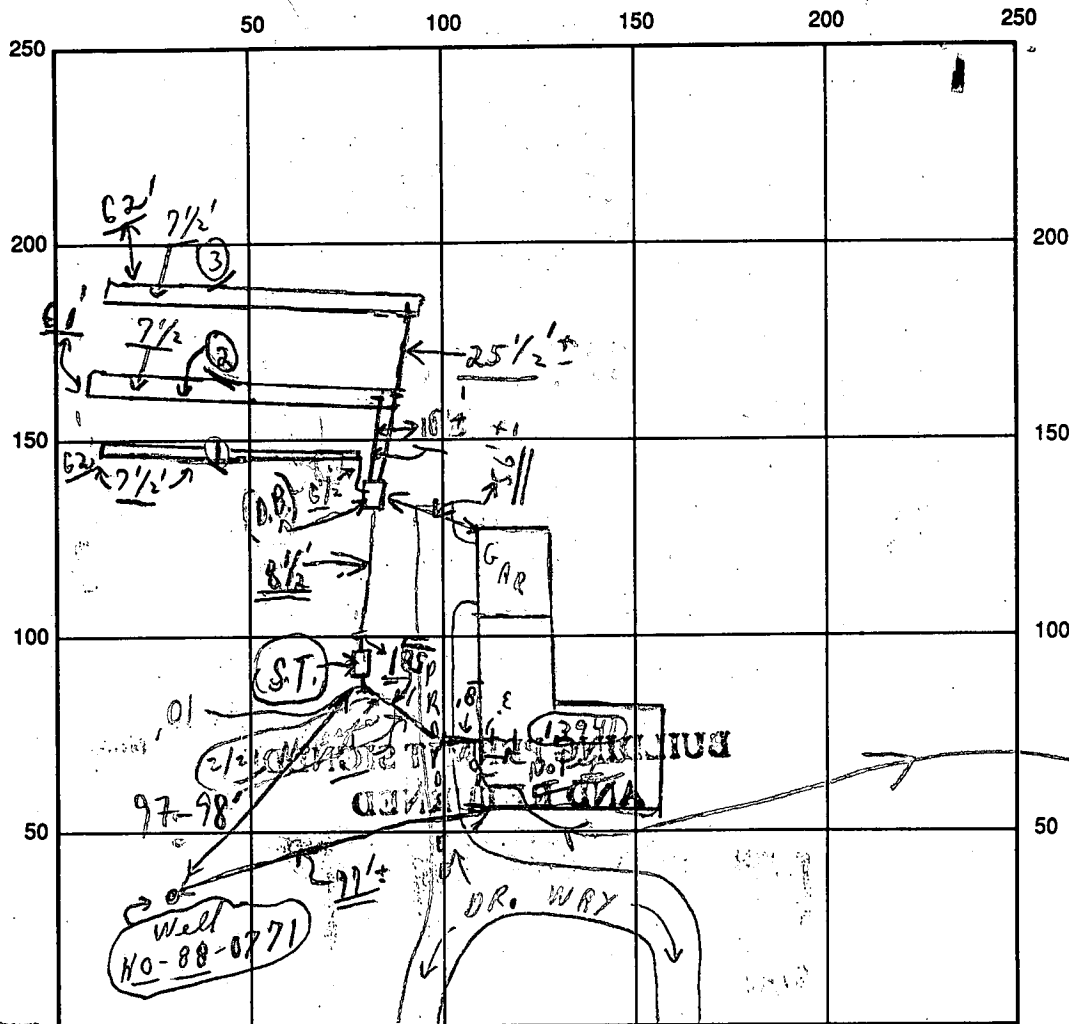
DISTRICT 4th

DATE 2/13/95

DATE SYSTEM APPROVED 5/23/95

INSPECTOR confirmed
by P Henderson
(building
inspector)
by phone
OKS

A 34731



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK Triadelphia Road S.T. (Glenady) C.O. near house

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. { 62', 4', 62' } TOTAL LENGTH 185 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/SECTION AREA 740 SQ. FT.

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

ABSORBENT AREA 740 SQ. FT.

REMARKS: (P.M.) 2/21/95 Partial job to finish trench & cover - except ends; no pipe in from house to Tank; chd (Hold for a call) - 2/22/95 Partial job to continue on (2) trenches and cover from house to D.B. chd 2/22/95 Later - Final extent (Needs house connection, 3 1/2' no pipe!!) under deck; see above chd. 2/21/95 H.W. P.I. chd 2/22/95 H.W. P.I. chd

DATE SYSTEM APPROVED 5 / 23 / 95 INSPECTOR Donna Kim Soe (SRK)
3/3/95 HOUSE CONN COVERED; CONFIRMATION NEEDED MR

APPLICATION

1-14-85
complete

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 34731

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 Bageant Homes, Inc
ADDRESS 3779 Sharp Rd Glenwood, MD 21738 PHONE 489-4630 ⁵³¹⁻⁶²⁷⁴

PROPERTY LOCATION:

SUBDIVISION Par 45 map 2 LOT NO. LOT 5
#3 F-88-01

ROAD AND DESCRIPTION Northwest side Triadelphia Rd, 600' NE of
Sharp Rd (13941 Triadelphia Road)

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.

(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. J.R.H.

BLDG. PERMIT SIGNED

AND RETURNED

9/16/84

Serial # 56399

SFD-4 Berman

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

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PROPERTY OWNER Charles A. Sharp

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

PROPERTY LOCATION:

SUBDIVISION Par. 45, map 2, LOT NO. # 3

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

SIZE OF LOT 3 ac TYPE BLDG. Residence
(NUMBER OF BEDROOMS)

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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

Lat 9 206

ON LINE HOLE

654

HOLE ELEVATION

② = HIGH
① = LOW

SOIL PROFILE

BROWN CLAY

BROWN & PINKISH SAND
SILT LOAM

ON LINE HOLE

Lat 4

Lat 2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TRIDELPHIA RD

BROWN CLAY

PINKISH BROWN SAND
SILT LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/4/85	1 S	5 1/2	1136	1139	1139	1144	5
	1 V	14	LOOK	S OK			
	2 S	5	1146	1210	little pear		
	2 V	14	LOOK	OK	BELOW 6 FT		
	HIGH ①L 3	5' = ON LINE HOLE	test good	looks uniform from 4'	SEE PERC SHEET FOR DATA		
	LOW ①L 4	"	"	"	"	"	"
	3 M	7	1223	1229	1229	1239	10

5
10
7
11
33
8.25
4/33

(X = 12 min)

REMARKS

TYPE OF SOIL

TESTED BY

R. HODGES & SABLE

CHPUSHARP OWNER

ALSO PRESENT

N. COLLINS BACKHOE

C1 0205 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER A-34731ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

070689

22 245 26
(TO NEAREST FOOT)

40-88-0771

OWNER CRASEN Development Co.
STREET OR RFD last name first name TOWN Glenview
SUBDIVISION Charles Sharp Sub SECTION LOT 5

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

SANDSTONE

0 69

GRAY MICA
ROCK

69 245

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 19 NO. OF POUNDS 1222

GALLONS OF WATER 98

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
TOP BOTTOM
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

SF

6

75

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inch depth (feet)
from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHER

C2

E
A
C
H
S
C
R
E
E
N

DEPTH (nearest ft.)

1 HO 93 245
2
3

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

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 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.
to nearest gal.) 10METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 115

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

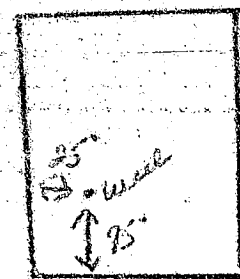
CASING HEIGHT (circle appropriate box

and enter casing height)

LAND SURFACE

(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)

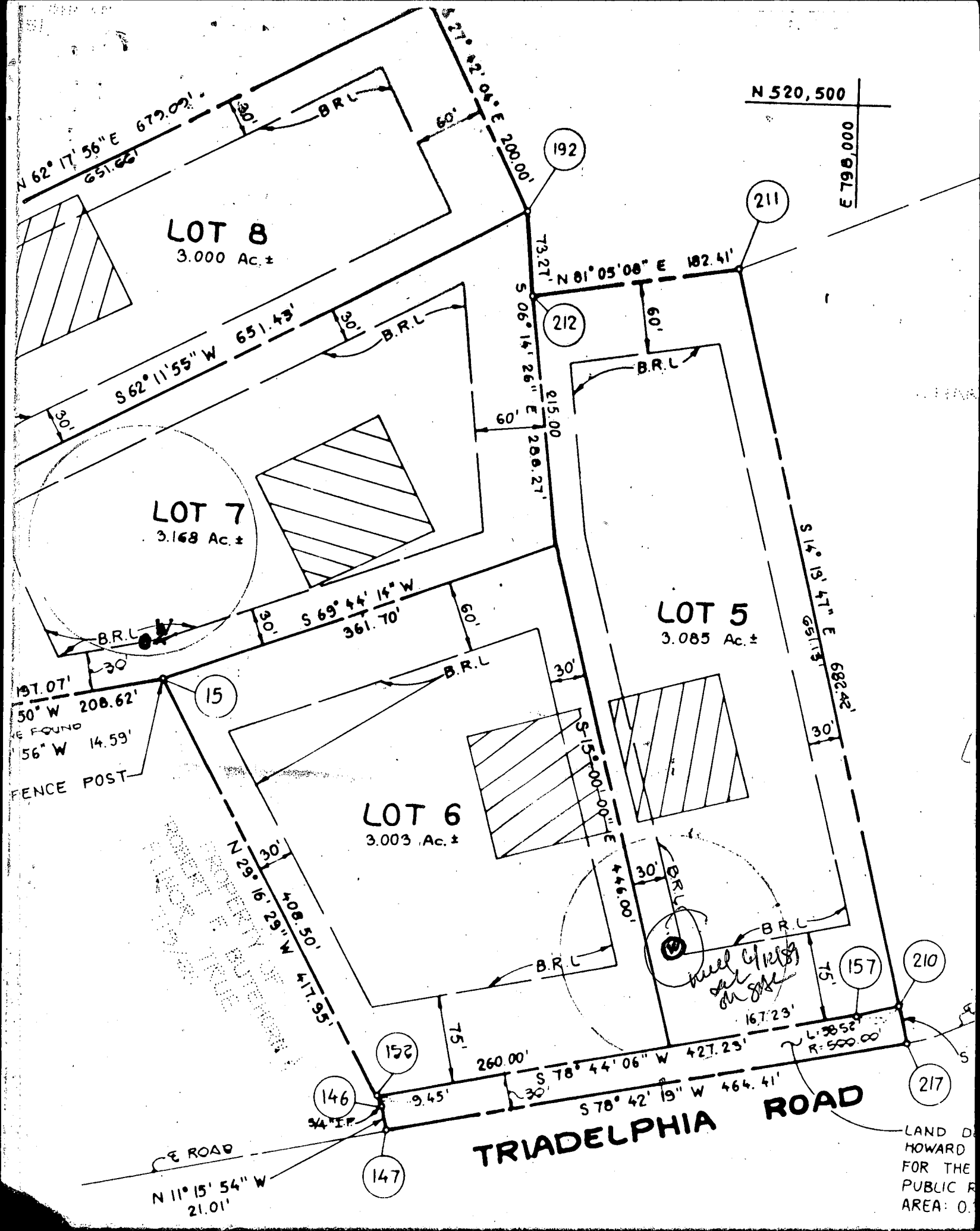
COUNTY

Well Permit No. HO - 88-0771
Location of property (road) TRIAD/Philadelphia Rd.
Subdivision CHARLES SHARP SUB. Lot 5 Block Plat Sec.
Well Driller JOSEPH MAYNE Owner CROSEN DEVELOPMENT

Depth of well 245
Distance of measuring point (M.P.) above ground 1 1/2
Static water level (S.W.L.) below M.P. 25

Time pump started 7:00 Pumping rate 20 gpm
~~Total time~~ 15 min. ~~to reach pumping water level~~ 115 ~~ft. below M.P.~~

HD-224



LOT 5
3.085 AC

574

576

578

580

582

S 15°00'00" E
446.00'
LIMIT OF DISTURBANCE

LIMIT OF DISTURBANCE
27,897 SQ. FT.

R=500.00'
L=38.51'

TRIADELPHIA ROAD

Approved Septic System Plan
Howard County Health Department

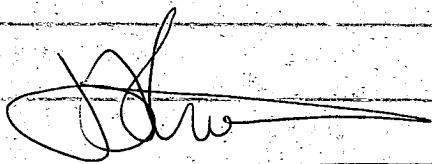
Amy McMillan 9-16-9
Signature Date

PLAN

SCALE: 1"=50'

11/20/00

We will have a septic system in place within the next 60 days with a capacity of 2000 gallons or more.



Agreed 2000 gal S.T
+ 65-75' trench

11/21/00 Rand Folkman

IS OBJECTING TO REPAIR REQ'MENT 11/20/00

T/C W/OWNER: OFFICE

WINDOWS 7-8' OFF BSMT.

FLOOR - UNSUITABLE FOR

USE ^{2 BEDROOMS} ~~AS~~ ~~REPAIR~~

REQ'MENT RESCINDED



NO INCR. IN FLOW



~~OK~~ signed
\$25 repair fee

OK P514654

Building Address 14230 Tradephia Rd
Glenelg md 21737

Suite/Apt. # SDP/WP/Petition #

Census Tract 1111 Subdivision Chas. Sharp

Section Area Lot 5

Tax Map 11 Parcel 11 Grid 1A

Zoning 87-12 Map Coordinates 9E11 Lot size

Property Owner's Name RAND + Karen FOLKMAN

Address 14230 Tradephia Rd

City Glenelg State md Zip Code 21737

Home Phone 410 442 2727 Work Phone

Applicant's Name & Mailing Address, (if other than stated hereon):
410-765-0738

Phone Fax

Existing Use basement SF Home

Proposed Use Finish Basement for son

Estimated Construction Cost \$ 18500

Description of Work Finish Basement
w/ BTH rm + offices + Entertainment
area (Home Base)

Contractor Company My Favorite Contractor

Contact Person Rusty Moyer

Address 3712 Old Millford mill

City Balto State md Zip Code 21244

License No. 68435

Phone 410 922 6822 Fax 410 922 6822

Occupant or Tenant RAND + Karen Folkman

Contact Name Same

Address 14230 Tradephia Rd

City Glenelg State md Zip Cod 21737

Phone 410 442 2727 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

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 ☐
NEPA #13D
NEPA #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 THERE TO; (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.

Applicant's Signature
MY FAVORITE CONTRACTOR

Print Name
RUSTY MOYE

Date
10/27/00

Title/Company

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

Dev. Engineering DPZ

Health

Fire Protection

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 New Town Zone

SDP/Red-line approval date

PROPERTY ID# 20508

Filing fee \$ 115

Permit fee \$

Excise tax \$

Sub-total paid \$

Add'l permit fee \$

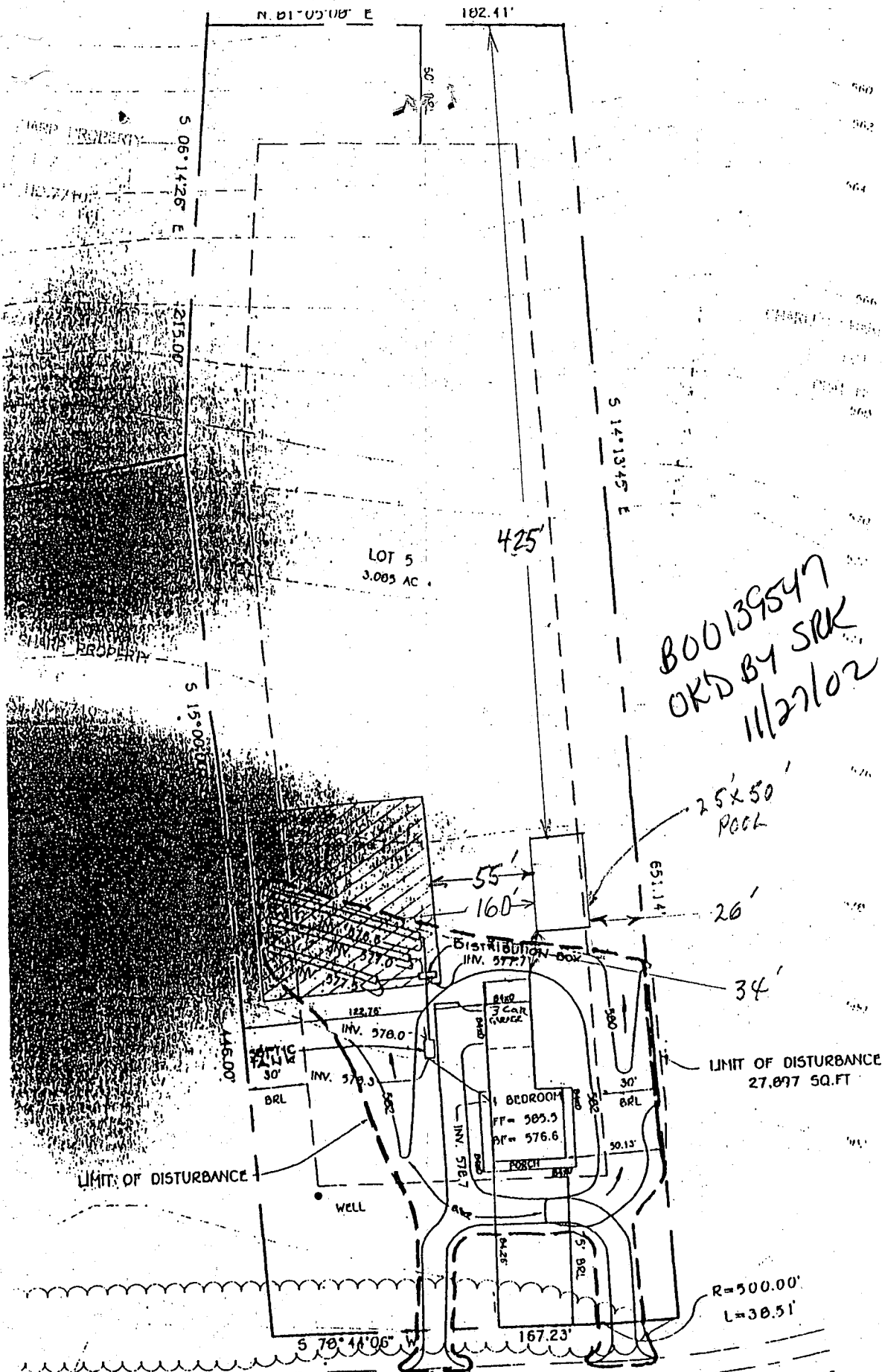
TOTAL FEES \$ 115

Balance due \$

Check #

Validation # 29819

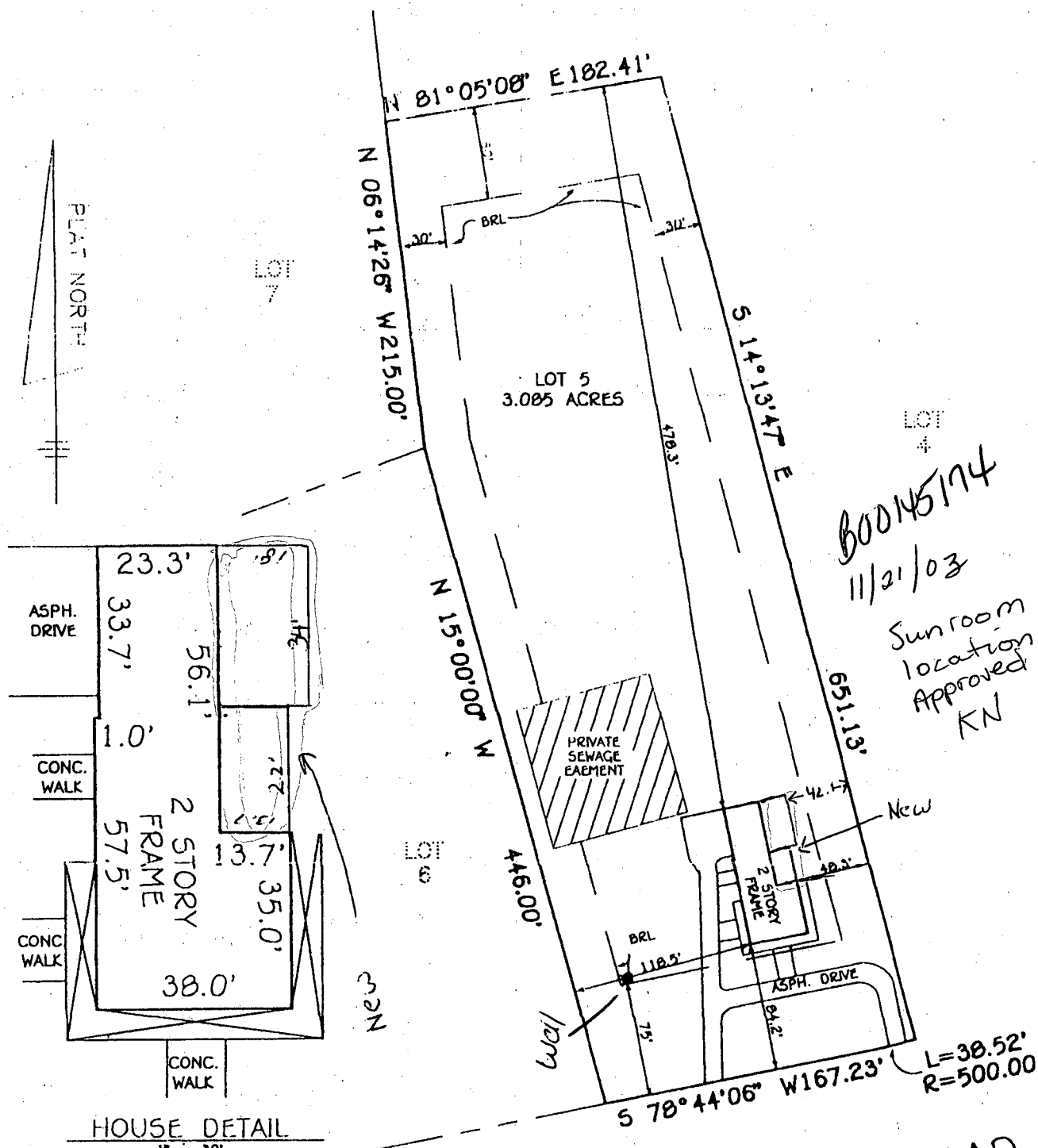
Accepted by



TRIADPHILIA ROAD
FOLKMAN

SCALE 1"=75'

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE LOT CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE

