

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

shady lane

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one on s.t., manhole on st

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3X 70 FT. → 210

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 630 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 9/2/97 FINAL INSPECTION - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 9/2/97

INSPECTOR *[Signature]*

Fill out in duplicate.
Make \$15.00 check payable:
Howard County Health Dept. - Sanitation

APPLICATION

A 19079

P _____

STATE OF MARYLAND
HOWARD COUNTY HEALTH
ENVIRONMENTAL HEALTH
P. O. BOX 476, ELLICOTT CITY, MD
TELEPHONE: 468-8000, EXT. 356

*Having sediment
After heavy rains
black & gold-clear
up after rain goes
away*

ENVIRONMENTAL HYGIENE
DISTRICT 4
DATE 10-15-73

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 FRANCES E. SHARP
Lawton T. Sharp Lawton J. Sharp

ADDRESS 3779 Sharp Road Glenwood Md PHONE 489-4630
21738 BLDG. PERMIT SIGNED

PROPERTY LOCATION: AND RETURNED 7-25-97
SUBDIVISION Serial # B00107045-
LOT NO. SFD-3B1A

ROAD AND DESCRIPTION site directly behind existing two dwellings at the above address
(1 mile south of Gledelg High School) (3675 Shady Lane)

SIZE OF LOT House be added to 187 Acre Farm TYPE BLDG. 2 Bedroom Single Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Robert V. J. Sharp

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold for plot and location of
holes by reg. engineer after lot has
been surveyed.

THIS IS NOT A PERMIT

Fill out in duplicate.
Make \$15.00 check payable:
Howard County Health Dept. - Sanitation

APPLICATION

A 19079

P _____

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21738 BLDG. PERMIT SIGNED

PROPERTY LOCATION: AND RETURNED 7-25-97
SUBDIVISION Serial # 200107045-
LOT NO. SED-3B1A

ROAD AND DESCRIPTION site directly behind existing two dwellings at the above address
(1/2 mile south of Glegely High School) (3675 Shady Lane)

SIZE OF LOT House be added to 187 Acre Farm TYPE BLDG. 2 Bedroom Single Dwelling
NUMBER OF BEDROOMS

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THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

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APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

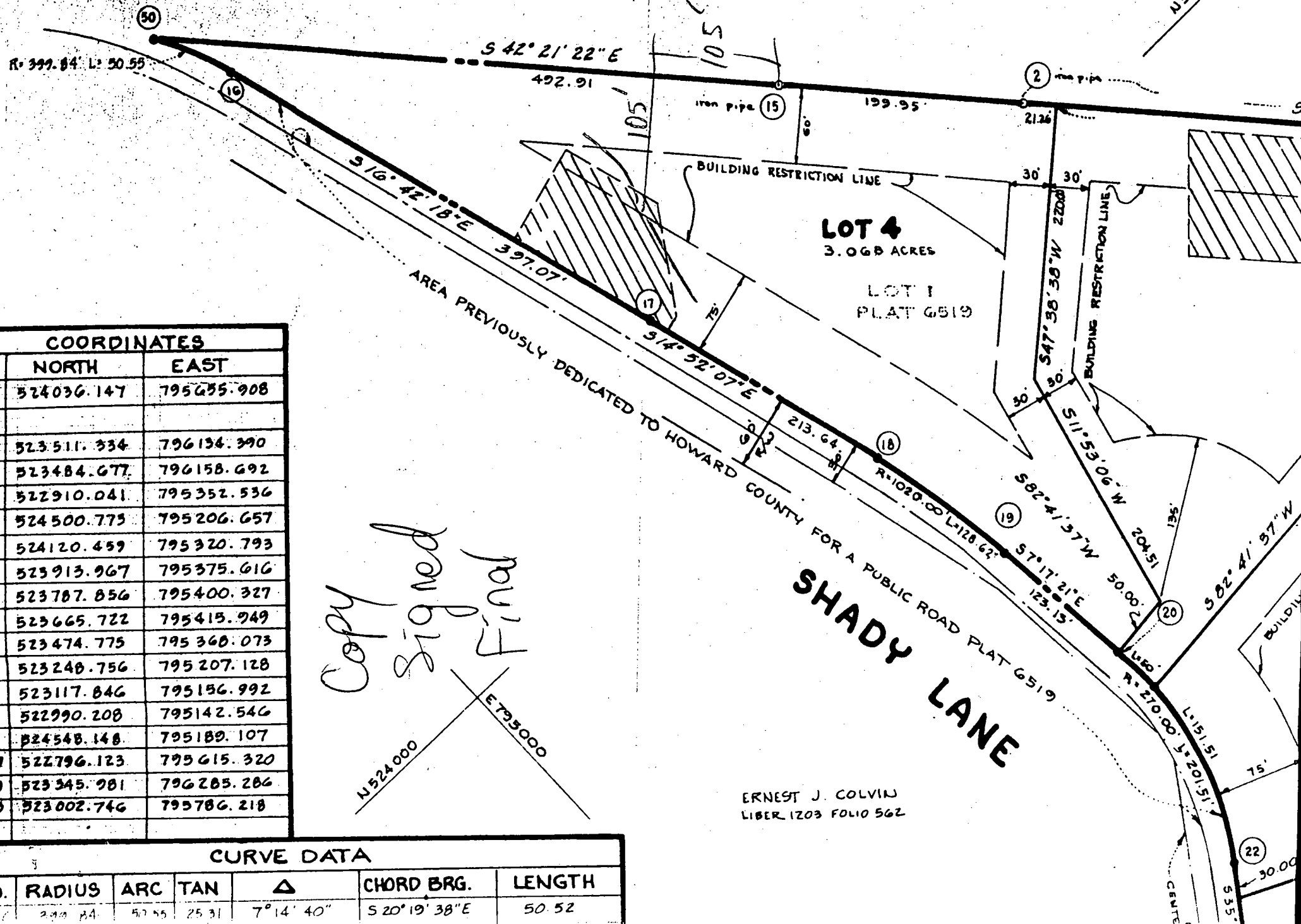
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold for plot and location of
holes by reg. engineer after lot has
been surveyed.

THIS IS NOT A PERMIT

JUSTICE TRACT JOINT VENTURE
LIBER 756 FOLIO 634



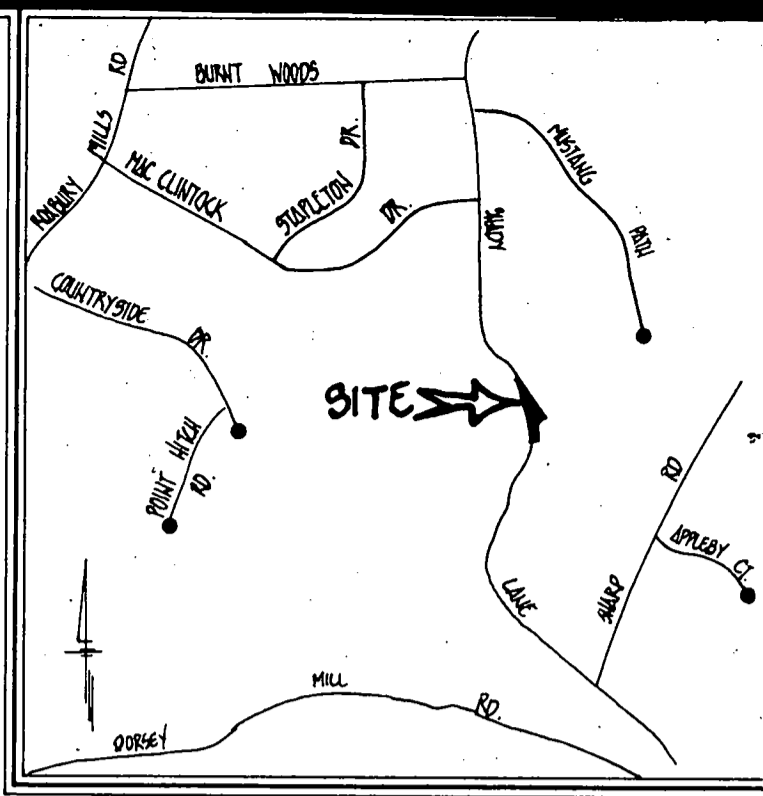
COORDINATES		
No.	NORTH	EAST
2	524036.147	795655.908
3	523511.334	796134.390
4	523484.677	796158.692
5	522910.041	795352.536
16	524500.775	795206.657
17	524120.459	795320.793
18	523913.967	795375.616
19	523787.856	795400.327
20	523665.722	795415.949
22	523474.775	795368.073
23	523248.756	795207.128
24	523117.846	795156.992
25	522990.208	795142.546
50	524548.148	795189.107
259	522796.123	795615.320
309	523345.981	796285.286
315	523002.746	795786.218

Copy signed and filed

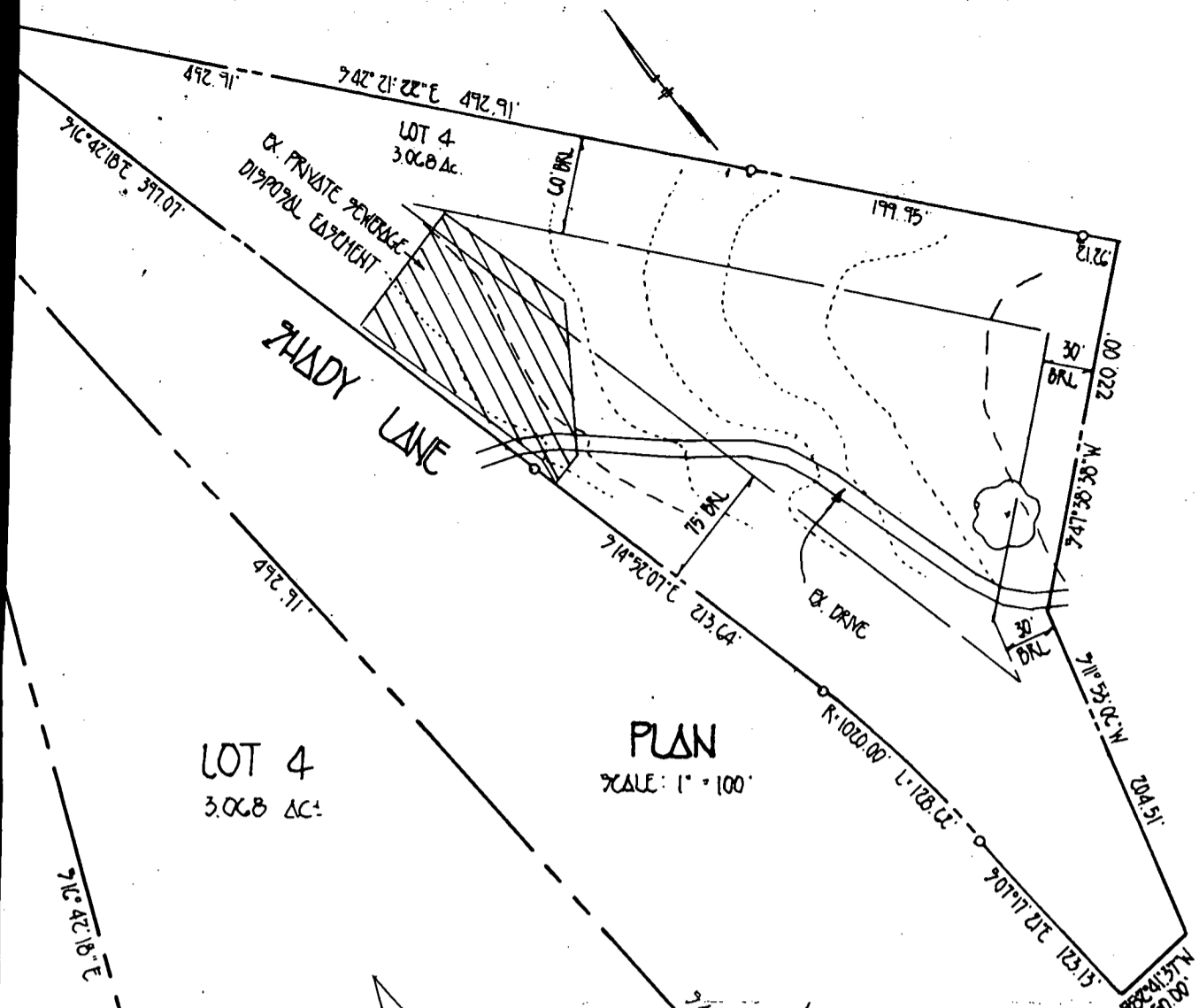
CURVE DATA

NO.	RADIUS	ARC	TAN	Δ	CHORD BRG.	LENGTH
50	299.84	50.55	25.31	$7^{\circ} 14' 40''$	$S 20^{\circ} 19' 38'' E$	50.52

ERNEST J. COLVIN
LIBER 1203 FOLIO 562



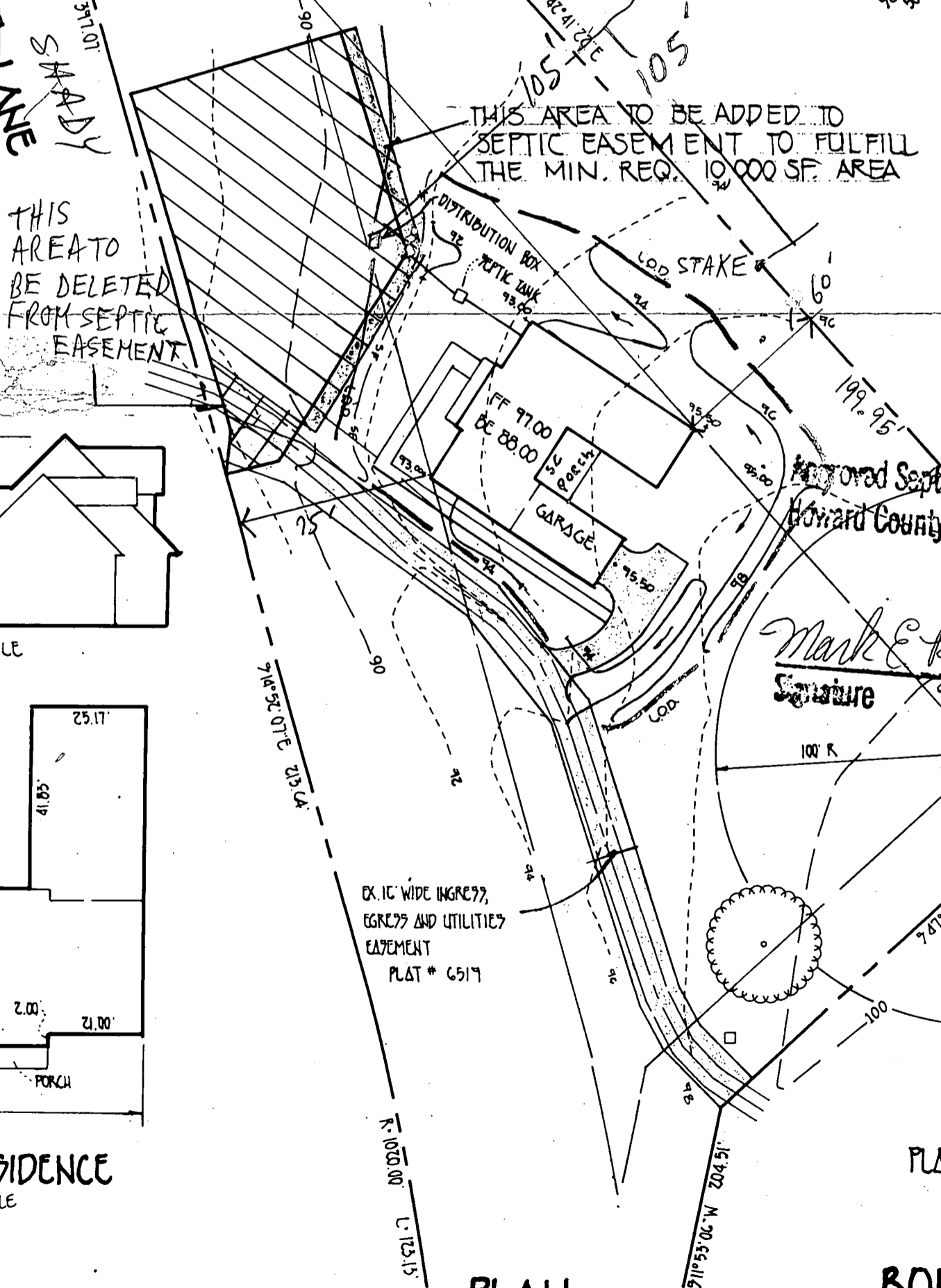
VICINITY MAP
SCALE: 1"=2000'



PLAN
SCALE: 1" = 100'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 97.00
B. BASEMENT ELEVATION: 88.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 89.8
D. INVERT IN AT SEPTIC TANK: 89.3
E. INVERT OUT AT SEPTIC TANK: 89.0
F. PROPOSED GRADE OVER SEPTIC TANK: 93.0
G. INVERT AT DISTRIBUTION BOX: 87
H. EXISTING GROUND OVER DISTRIBUTION BOX: 91.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



PLAN
SCALE: 1" = 50'

BY COPY OF THIS PLAN, THE HEALTH DEPT. ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE EASEMENT.

Approved Septic System Plan
Howard County Health Department

Mark E. R. [Signature]
Signature

7/25/97
DATE
SHORT LINE SEGMENT OF 21.26'

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT
LOT 4
ROBERT SHARP SUBDIVISION

TAX MAP 21
4TH ELECTION DIST.
SCALE: AS SHOWN
PARCEL 193:
HOWARD COUNTY, MARYLAND
DATE: JULY, 1997.

B 1	9439	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-1231 <small>fill in this form completely</small>
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Date Received (APA) **7-3-97**

OWNER INFORMATION

8 MM DD YY 13
Crosen **Homer** **Doe**
15 Last Name Owner First Name 34

36 **3775 Shady Lane**
Street or RFD 55

57 **Glennwood Md. 21738**
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **ROBERT SHARP SUB.** 42

SECTION **1** LOT **4**
44 46 48 50

52 NEAREST TOWN **Glennwood** 71

DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** MS **D024** License No. 81

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy, Md. 21771**

Signature **Joseph L.** Date **6/2/97**

MILES FROM TOWN (enter 0 if in town) **2** M I I
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **Shady Lane** 30
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **125** 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP **21** BLK: **13** PARCEL

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard **A19079**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **7-9-97** **Kim Maisto** **7-9-98**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **524** 0:0 0 EAST GRID **796** 0:0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G A P _____ 63

FORCE **KM** WRITE INITIALS IN BOX PERMIT No. **H0-94-1231**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

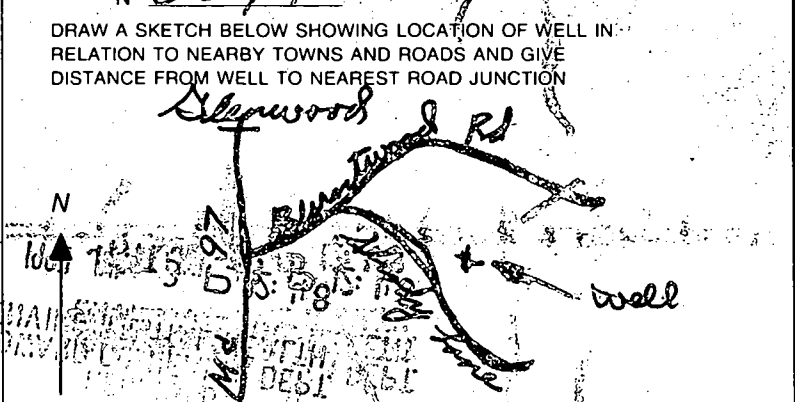
- WELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **796**

N **524**

000
000



C1 9518

SEQUENCE NO. (MDE 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 A 19079

DATE RECEIVED 07/21/97

DATE WELL COMPLETED 07/17/97

DEPTH OF WELL 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1231

OWNER: Croser Homes, last name: Shady Lane, first name: Robert Sharp, TOWN: Glenwood, SECTION: , LOT: 4

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-18), Gray Mica Rock (18-280).

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)

NO. OF BAGS 7, NO. OF POUNDS 658, GALLONS OF WATER 42, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 20 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 280

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

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 2, WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER 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...

TYPE: MWD/MSD/MGD 024, DRILLERS LIC. NO. [Signature], DRILLERS SIGNATURE [Signature], LIC. NO. []

DEPTH (nearest ft.) HO 21 280, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN [] (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

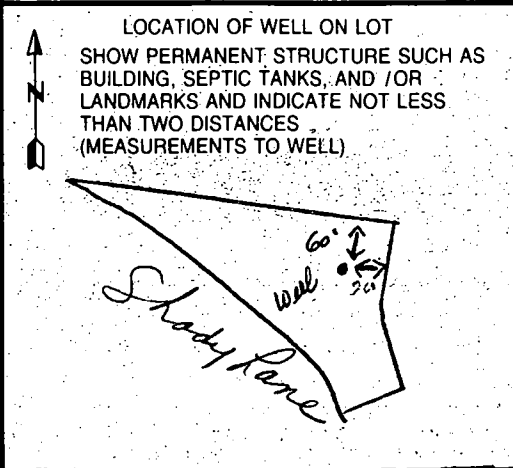
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST C 3

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 008.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft., WHEN PUMPING 72 ft., TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES/NO) YES (N)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below) LAND SURFACE (nearest foot)



9/3/97
Anytime

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 _____

Name of Installer Gaske Plumbing
4615 Benson Ave. Balt. 21227
License Number 3189

Telephone (410) 247-6963

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision Robert Sharp Lot # 4 Well Tag # HO-94-1231
Site Address 3675 Shady Lane

Pump

Motor

Pitless Adapter

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM

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

- 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

Piping

Well data

- 1. Capacity _____
- 2. Pressure relief valve? _____

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

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

9/3/97
well line P.A. 4' b.g.
well casing 8" a.g.
EPC cap installed
OK to cover (DLS)

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: _____

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

