

7/30/01  
ASAP

8/1/01 WPI/CO.  
before 1:00

RPS 3437 94

ISSUE DATE: 7/30/2001

APPROVAL DATE: 8/1/01

# PERMIT INDEXED

P 515963

A 514298

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Sharp Farms LOT NUMBER: 5

ADDRESS: 3805 Shady Lane PROPERTY OWNER: M/M Philip Deming

SEPTIC TANK CAPACITY (GALLONS): 1000 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 100' from the left lot line and 85' off the front lot line. Run (3) trenches on contour toward front of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER 6/15/01 OK BB DATE: 6/13/01

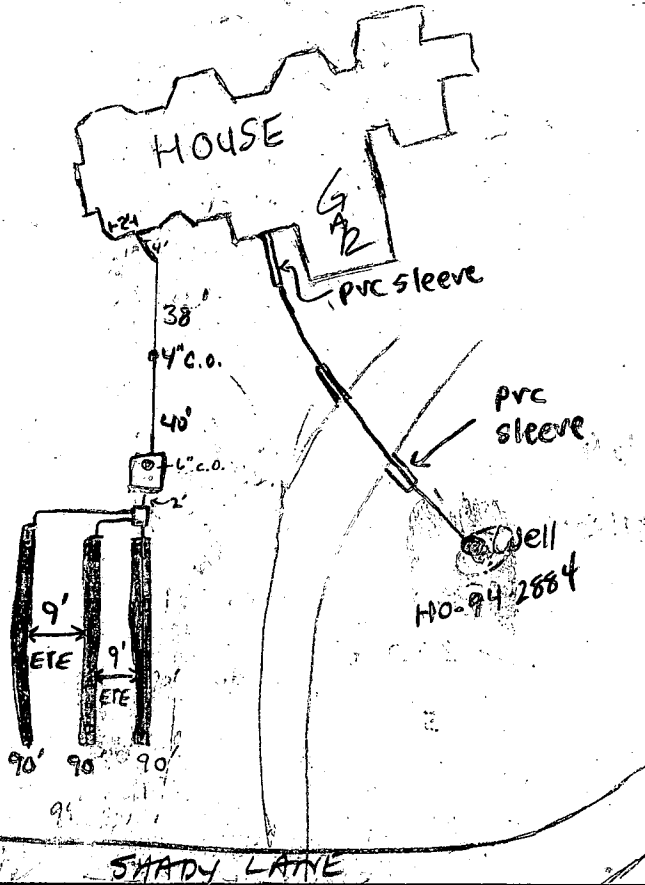
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

7514298

NOT TO SCALE

INDEXED



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 2 1/2'  
 TRENCH BOTTOM DEPTH 4 1/2'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 280 ft  
 ABSORBENT AREA 840 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS <sup>Baffles in</sup> GALLONS  
 MANHOLE RISER N.A.  
 6 INCH INSPECTION PORT yes

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS NA  
 MANHOLE RISER NA  
 ALARM NA  
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 1/30/01 per contractor use is a 4 bdrmm<sup>s</sup> Specs changed accordingly

7-31-01 Topo not per plan ok to start 3x90' trenches KG/MR

INSPECTION COMMENTS: 8-1-01 OKAY TO COVER SEWER TRENCH AREA

WELL TRENCH LINE (KG)

INSPECTOR Goodey, J.

DATE SYSTEM APPROVED 8-1-01

**B00132480**

MEK

Building Address **3805 Shady Lane**  
**Glenwood, MD 21738**

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 68A02 Subdivision WOODHILL

Section N/A Area N/A Lot 5

Tax Map 21 Parcel 200 Grid 17

Zoning RR-200 Map Coordinates 9D10 Lot size

Property Owner's Name **Mr. & Mrs. Philip Deming**

Address **3840 Ivory Rd.**

City **Glenelg** State **MD** Zip Code **21737**

Home Phone **(410) 489-7162** Work Phone

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

Phone Fax

Existing Use **vacant lot**

Proposed Use **single family dwelling**

Estimated Construction Cost \$ **500,000.**

Contractor Company **Crosen Homes, Inc.**

Contact Person **Donald O. Crosen**

Description of Work **one story single family dwelling, 3 BR, 3-1/2 baths, 3 car gar. combination of glass & screened-in porch and unfinished walkout basement**

Address **3825 Shady Lane**

City **Glenwood** State **MD** Zip Code **21738**

License No. 1352501 Bldg. Reg # **858**

Phone **(410) 442-8262** Fax **(410) 489-5242**

Occupant or Tenant **Mr. & Mrs. Philip Deming**

Contact Name **Donald O. Crosen**

Engineer or Architect Company **Clark Finefrock & Sackett**

Contact Person **Brian**

Address **3825 Shady Lane**

Address **XX 7135 Minstrel Way**

City **Glenwood** State **MD** Zip Code **21738**

City **Columbia** State **MD** Zip Code **21045**

Phone **(410) 442-8262** Fax **(410) 489-5242**

Phone Fax

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor:	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 THERETO, (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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

*Donald O. Crosen*  
Applicant's Signature

*Donald O. Crosen*  
Print Name **Donald O. Crosen, Pres. Agent for Philip Deming**

Title/Company \_\_\_\_\_ Date \_\_\_\_\_  
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<b>50809</b>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25.00</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ	<u>6/13/07</u>	<i>M. Refka</i>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>94700</u>
				Validation # <u>39083</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by <i>[Signature]</i>

S 51°42'20" E 59.01' S 51°20'30" E 182.57'

Ex. 100-Year Floodplain and Drainage & Utility Easement

5  
139291.11 SF  
3.1977 AC

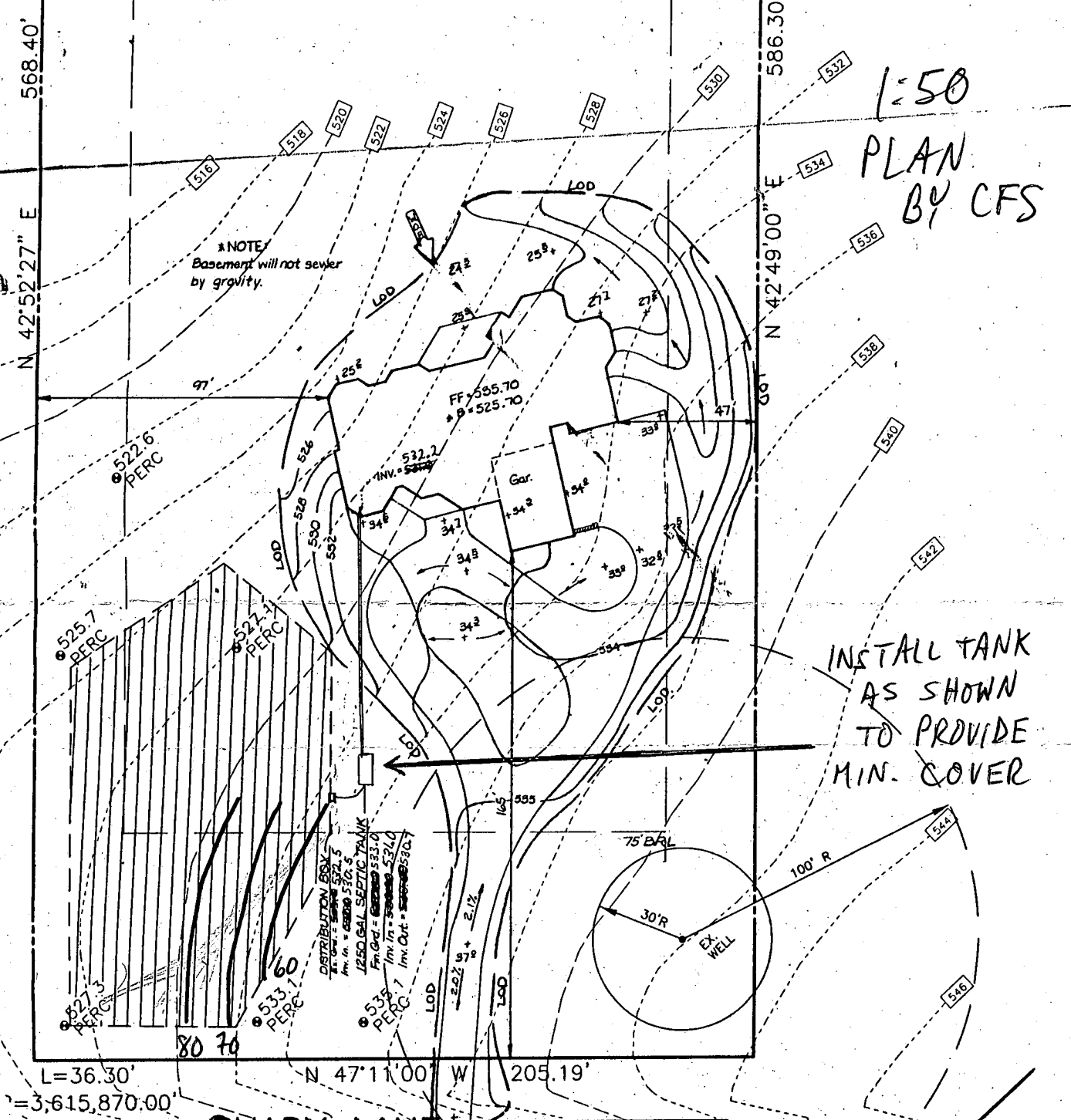
EL. 501.84

EL. 439.02

Total linear feet of trench required 210 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 4.5 feet  
Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

*Mark Riffin* 6/3/01  
Signature Date



1:50  
PLAN  
BY CFS

INSTALL TANK  
AS SHOWN  
TO PROVIDE  
MIN. COVER

SHADY LANE

8/1/01  
before 1200

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Willoughby PLUMB Telephone #: 410-781-7051  
Address: 6203 PATRICK BL  
SPRESVILLE, MD 21784

Check circle one:  Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Chris Willoughby License # 6992

\*A Licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: CROSEN HOMES Telephone #: 410-942-8212  
Subdivision: SHADE HILLS Lot #: 2 Well Tag #: EO 94-2889  
Site Address: 3705 SHADE LAKE  
SENIORWOOD MD 21783

Submersible Pump Data  
Make: JACUZZI Pitless Adapter Make: HARVARD Well Cap and Electric Conduit  
Model #: \_\_\_\_\_ Models: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM Depth: 42" (36" min) Screened, vented well cap:   
Well Yield: 15 GPM NSF approved: \_\_\_\_\_ Cap secured to casing:   
Depth of well encountered at time of pump installation: 20 (feet) Conduit min 1 1/2" E.G.:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Conduit secured to well cap:

Torque wrench or Cable guards are required - must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house:  
Type: CRISTLINE House Connection  
PIL: 1 1/2 (160 psi min) PVC sleeved to undisturbed soil at wall penetration:   
Depth of supply line: 36" (36" min) Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby Date: 7/31/01

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 8-1-01 Date Insp. Approved: 8-1-01 (RB)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate ground observed below pitless adapter

C1 08070 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.  
COUNTY NUMBER **13** AS14298

ST/CO USE ONLY  
DATE Received  
12/11/2000

DATE WELL COMPLETED  
MM 12 8 2000

Depth of Well  
22 220' 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-2884

OWNER: Crosen Homes Inc.  
STREET OR RFD: Shady Lane TOWN: Glenwood  
SUBDIVISION: Sharp Farms SECTION: \_\_\_\_\_ LOT: 5

**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		check if water bearing
	FROM	TO	
Sand	0	22	
Gray Mica Rock	22	220	✓

**GROUTING RECORD** (yes  no   
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS 10 NO. OF POUNDS 940  
GALLONS OF WATER 60  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 23 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** Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 26  
60 61 63 64 66 70

**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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **Y** **N**

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

**C 2** DEPTH (nearest ft.)  
1 2 3 4 5 6 7 8 9 11 15 17 21  
E 10 24 220  
A 23 24 26 30 32 36  
C 38 39 41 45 47 51  
R  
E  
N  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN (NEAREST INCH)  
56 \_\_\_\_\_ 60 \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

**C 3** **PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15  
METHOD USED TO MEASURE PUMPING RATE: Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 45 ft.  
WHEN PUMPING 51 ft.  
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 INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
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) 31 \_\_\_\_\_ 35  
PUMP HORSE POWER 37 \_\_\_\_\_ 41  
PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } 2 (nearest foot)  
50 51

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

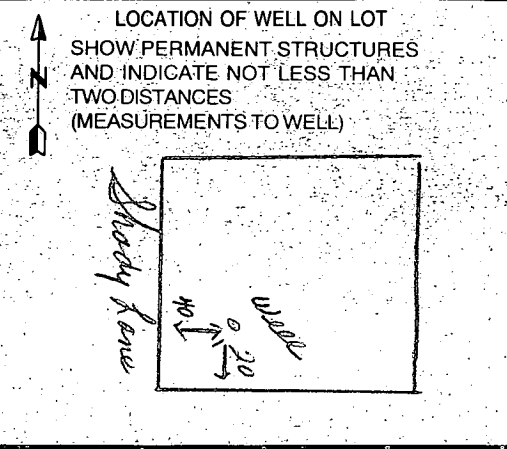
DRILLERS LIC. NO. MS DO 24  
Joseph L. Mearns  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS DO 22  
Joseph L. Mearns

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 \_\_\_\_\_ 68

MDE 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







<b>B 1</b> <u>03782</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <u>W514640</u> please print or type	STATE PERMIT NUMBER <u>HO-94-2884</u> <small>fill in this form completely</small>
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

**B 3** Howard LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Sharp Farm 42

SECTION \_\_\_\_\_ LOT 5

52 NEAREST TOWN Glennwood 71

MILES FROM TOWN (enter 0 if in town) 2.40 M 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne License No. MSDZY

Company Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy Md 21771

Signature Joseph L. Mayne Date 11/9/2000

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**B 4** 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Shady Lane 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 35 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 11 PARCEL 198

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST/OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A514298 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 11/30/2000 Bruce Baker 11/30/2001

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 522 000 EAST GRID 796 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

**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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

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

E 796

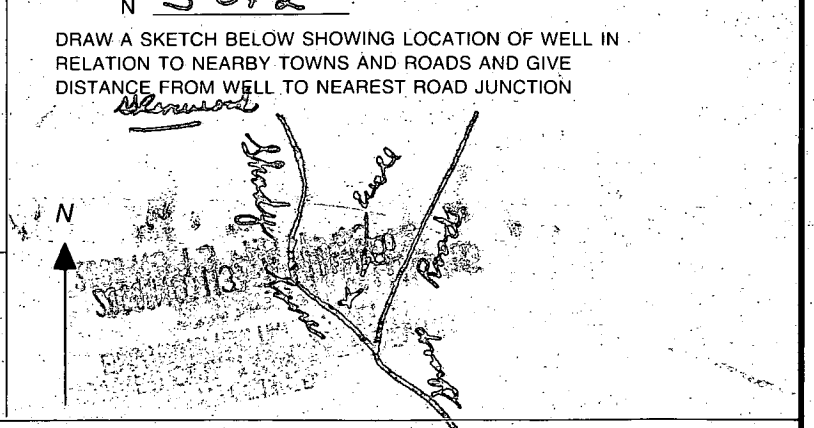
N 522

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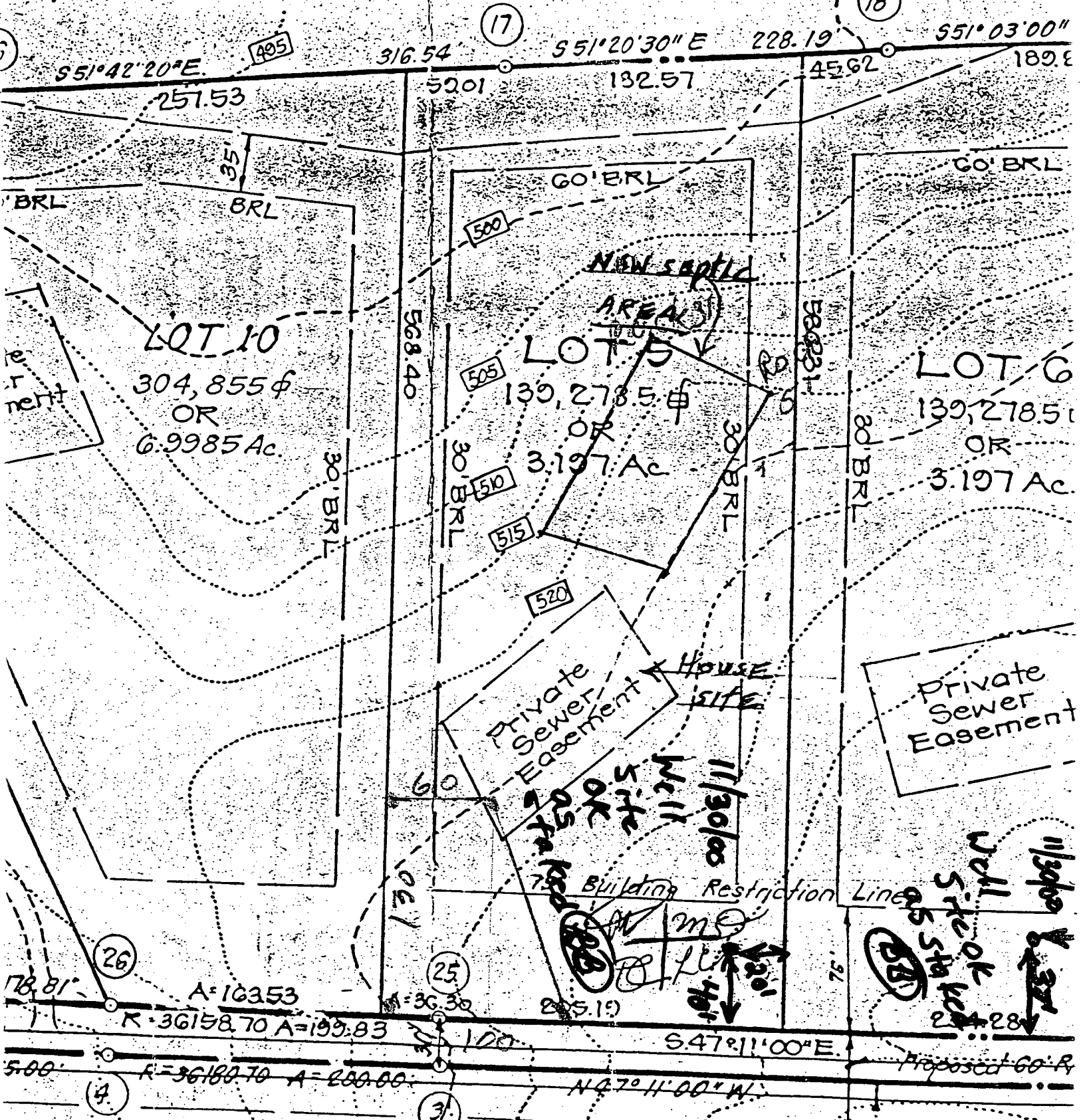
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_

PERMIT No. HO-94-2884



PART OF LIBER 707 FOLIO 410



Howard County  
construction.

HOWARD  
= 244

10,400

& Existing

# APPLICATION

11/22/00  
10:00  
#27-5

## PERCOLATION TESTING

A 514298

Purpose -  
relocation of originally  
approved SOA

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT 10/16/00

DATE 10/16/00

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 DONALD O. GROSEN

ADDRESS 3825 Shady Ln. Glenwood MD PHONE 410-442-8262

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PROPERTY LOCATION:

SUBDIVISION SHARP FARMS LOT NO. Lot # 5

ROAD AND DESCRIPTION Sharp Rd & Shady Lane Glenwood MD

TAX MAP 21 PARCEL # 45

SIZE OF LOT 3.197 AC. TYPE BLDG. SINGLE Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Donald O. Grose  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

COUNTY #

SOIL PROFILE

0' ① ⑥

Or Brown  
Cl. Loam

4'-4.5'

Or Br  
Si Loam

9.0'

Small Rock  
Pieces  
~50% Rock

11.0'

~30%  
Rock

13'

②  
Red Br  
Cl Loam

3.5'

Tan  
Si Sa  
Loam

~40%  
Rock

13'

③  
Red Br  
Cl Loam

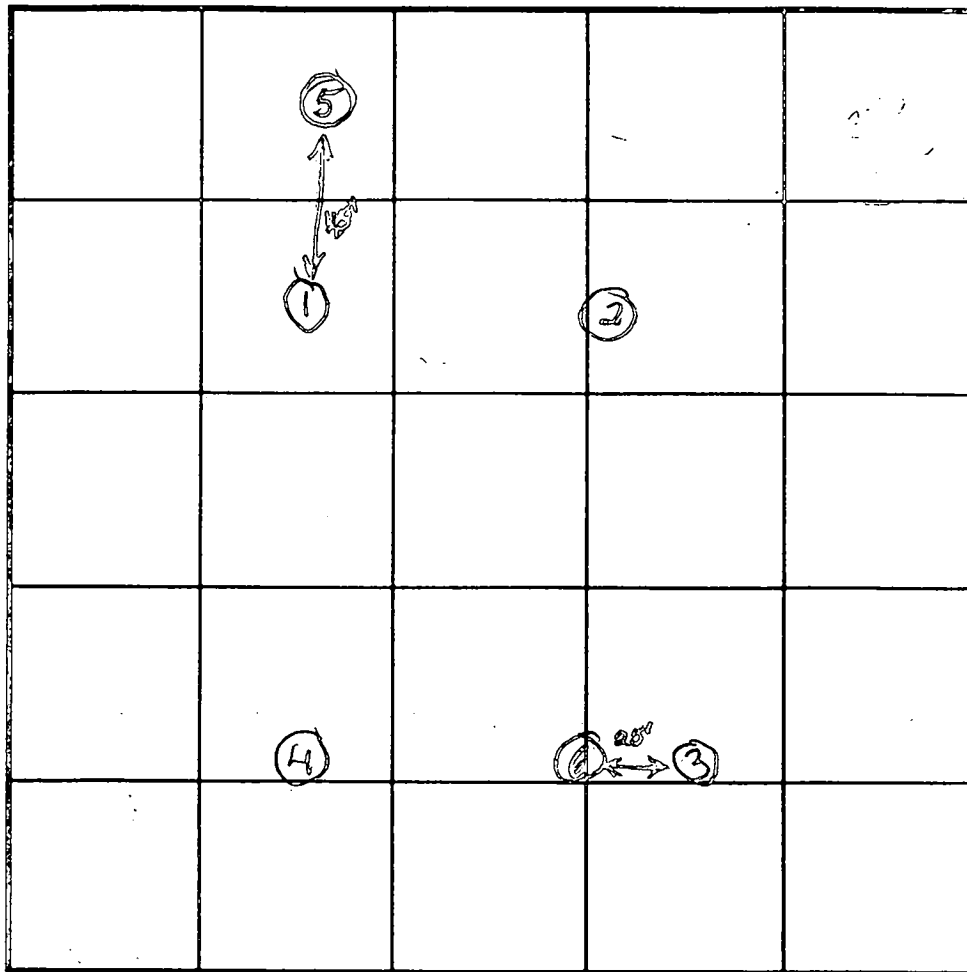
4.5'

Lt Or Br  
Si Sa Loam

5.5'

Heavy  
Shale  
>50%  
In spots,  
~45%  
Rock  
Avg.

13'



SOIL PROFILE

0' ④

Red Br  
Cl Loam

4'

Red Br  
Si Sa  
Loam  
~30% Rock

7'

Rock  
Pieces  
~50%  
Shale

10.5'

~30%  
Rock

13'

⑤

Similar  
to Other  
Holes

8.0'

>50%  
Rock

11.5'

Hard Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Sharp Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
11/30/00	1	4.75'/13'V	10:22	10:34	10:34	11:04	20 ✓	
	2	4'/13'V	10:24	10:26	10:26	10:30	4 ✓	
	3	4.5'/13'V	10:44	10:46	10:46	10:54	8 ✓	
	4	5.0'/13'V	10:57	10:59	10:59	11:02	3 ✓	
	3	7.0'	11:10	11:11	11:11	11:12	1 (F) ✓	
	1	6.0'	11:16	11:18	11:18	11:20	2 (F) ✓	
	3	7.0'	11:23:30	11:24:45	11:24:45	11:26:30	1:45 (F) ✓	
	5	Percs too quickly in shale ←						(F) ✓
	6	>50% Rock - See Profile →						(F) ✓
		- Similar to ① - See Profile →						OK ✓

REMARKS PASSING holes - 1, 2, 4 & 6

TYPE OF SOIL

TESTED BY B. Baker

ALSO PRESENT Jack Fyock, Don

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ FT/BEDROOM 240

6/14/01 Changed trench depth to 2.5' - 4.5' (30)

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34857

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4

DATE 1/22/85

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 Don Crozen

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

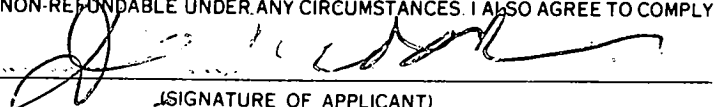
PROPERTY LOCATION:

SUBDIVISION Sharp Farms Parcel A (Plat 5336) LOT NO. 5 <sup>NEW LOT ON</sup> F 87-05  
8 7-2-86

ROAD AND DESCRIPTION West side Sharp Rd at Shady Lane

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.

  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

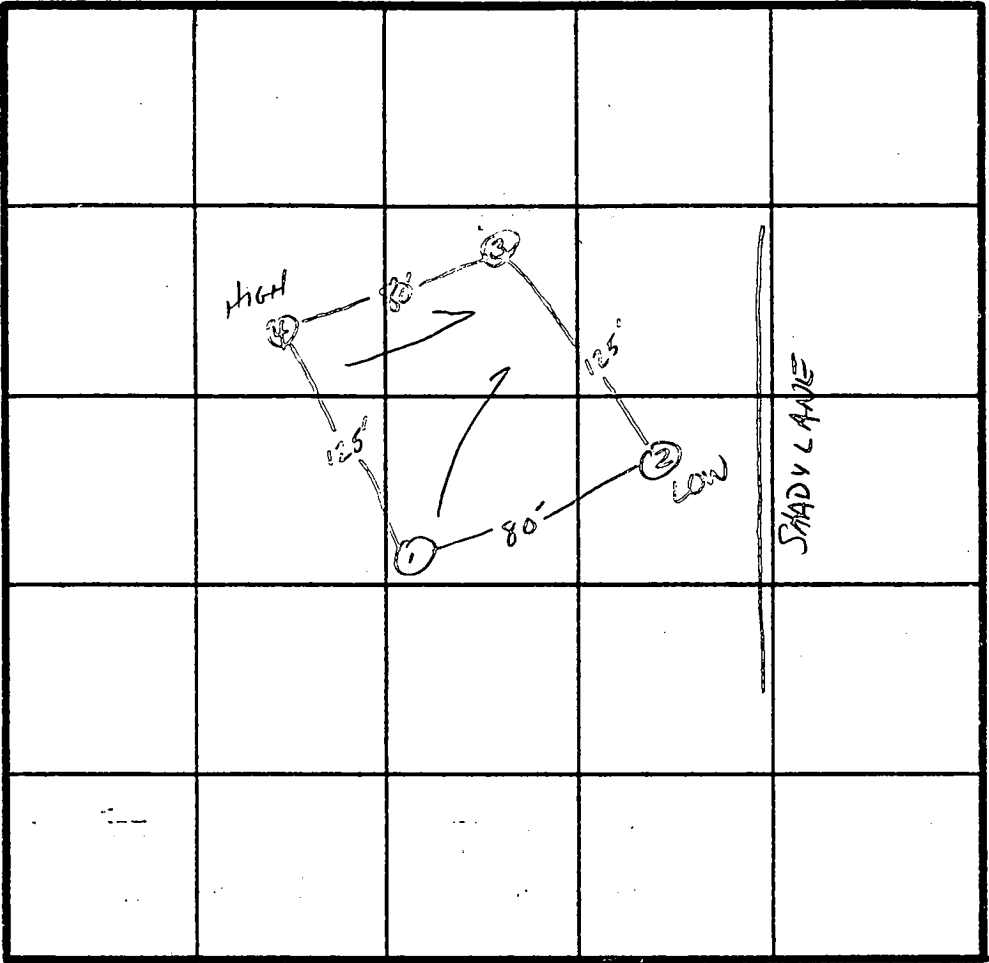
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 3-6-85 perc. Satisfactory - Hold for certified  
hole location, house and well size. Same

## THIS IS NOT A PERMIT

① ②  
SOIL PROFILE

0'	AP
1'	RED BROWN CLAY LOAM 40% SAPROLITE
3'	BROWN SAND LOAM 10-20% SAPROLITE
11'	SAPROLITE 30-40%
13.5'	



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

②

0'	AP
1'	BROWN CLAY LOAM 40% SAPROLITE
3'	GREY BROWN SILTY SAND 10-20% SAPROLITE
12.5'	

③

0'	AP
1'	BROWN CLAY LOAM 40% SAPROLITE
4'	BROWN SAND LOAM 20-30% SAPROLITE
12.5'	

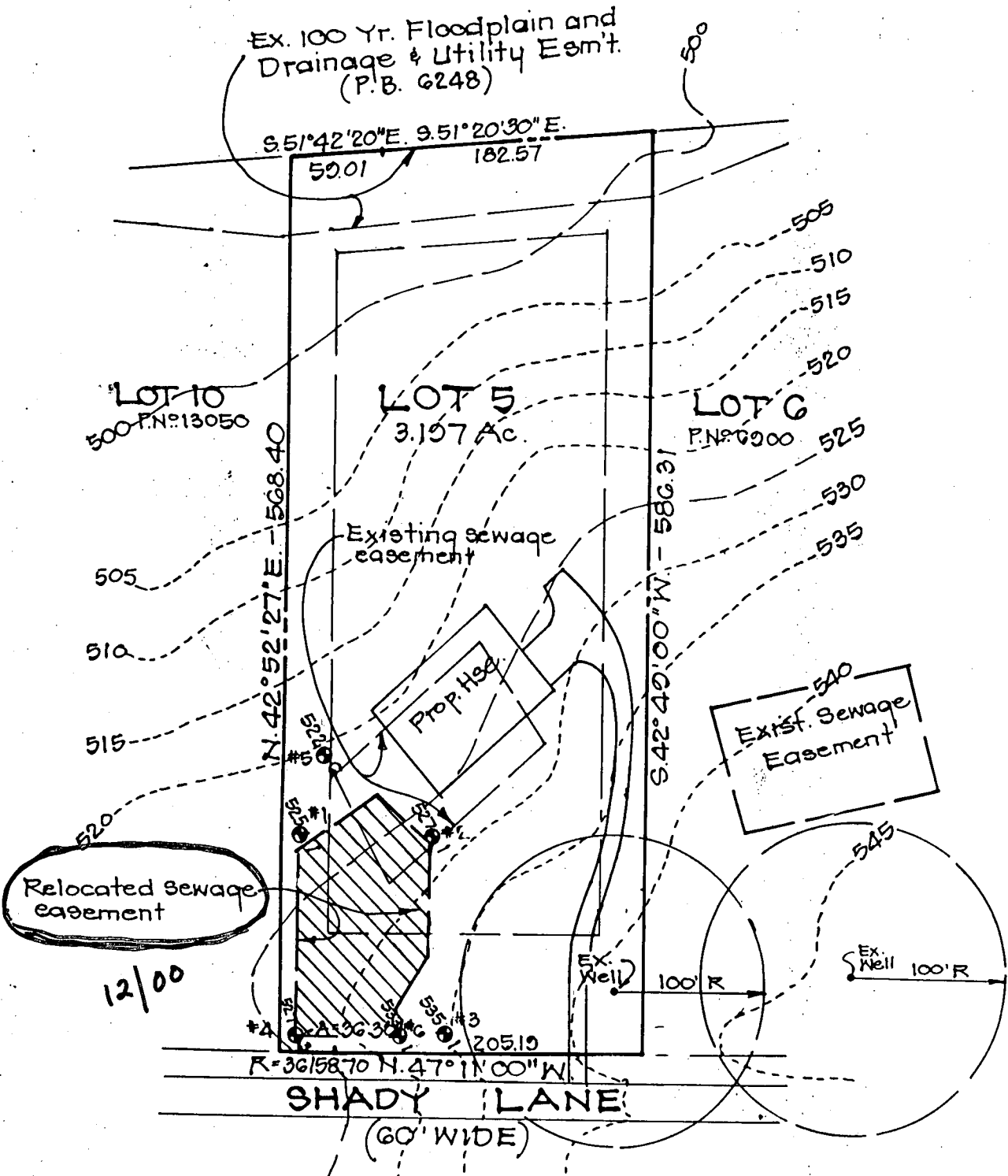
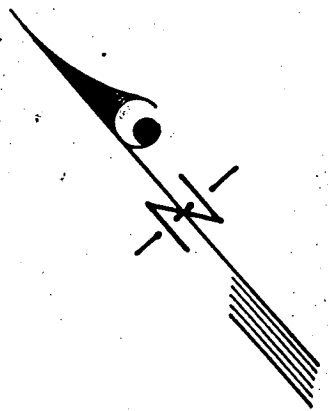
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/15/53	15 1V	4.5' 13.5'	10:53	10:54	10:54	10:58	4min	
			UNIFORM SOIL STRUCTURE BELOW 3'					
	25 2V	3.5' 12.5'	10:59	11:01	11:01	11:04	3min	
			UNIFORM SOIL STRUCTURE BELOW 3'					
	35 3V	4' 12.5'	11:05	11:13	11:13	11:35	22min	
			VARYING SOIL STRUCTURE SEE PROFILE					
	45 4V	4' 12'	11:17	11:21	11:21	11:29	8min	
			VARYING SOIL STRUCTURE SEE PROFILE					

REMARKS \_\_\_\_\_

TYPE OF SOIL Glenelg / LATERAL ASSOCIATION

TESTED BY SI Abel ALSO PRESENT CHUCK SHARP COLLINS - BACKFIRE

PERCOLATION CERTIFICATION  
 PLAT  
 LOT 5  
**SHARP FARM**  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 (P. NO. 6200)



**////** This Area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The county Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The Lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.  
 Percolation areas and water wells for adjoining lots have been shown where pertinent.

\* NOTE: All wells and Septic Easements within 100 feet of property boundaries have been shown.

APPROVED: for Private Water and Private Sewage Systems.

Copy of Approved Perc. Plat

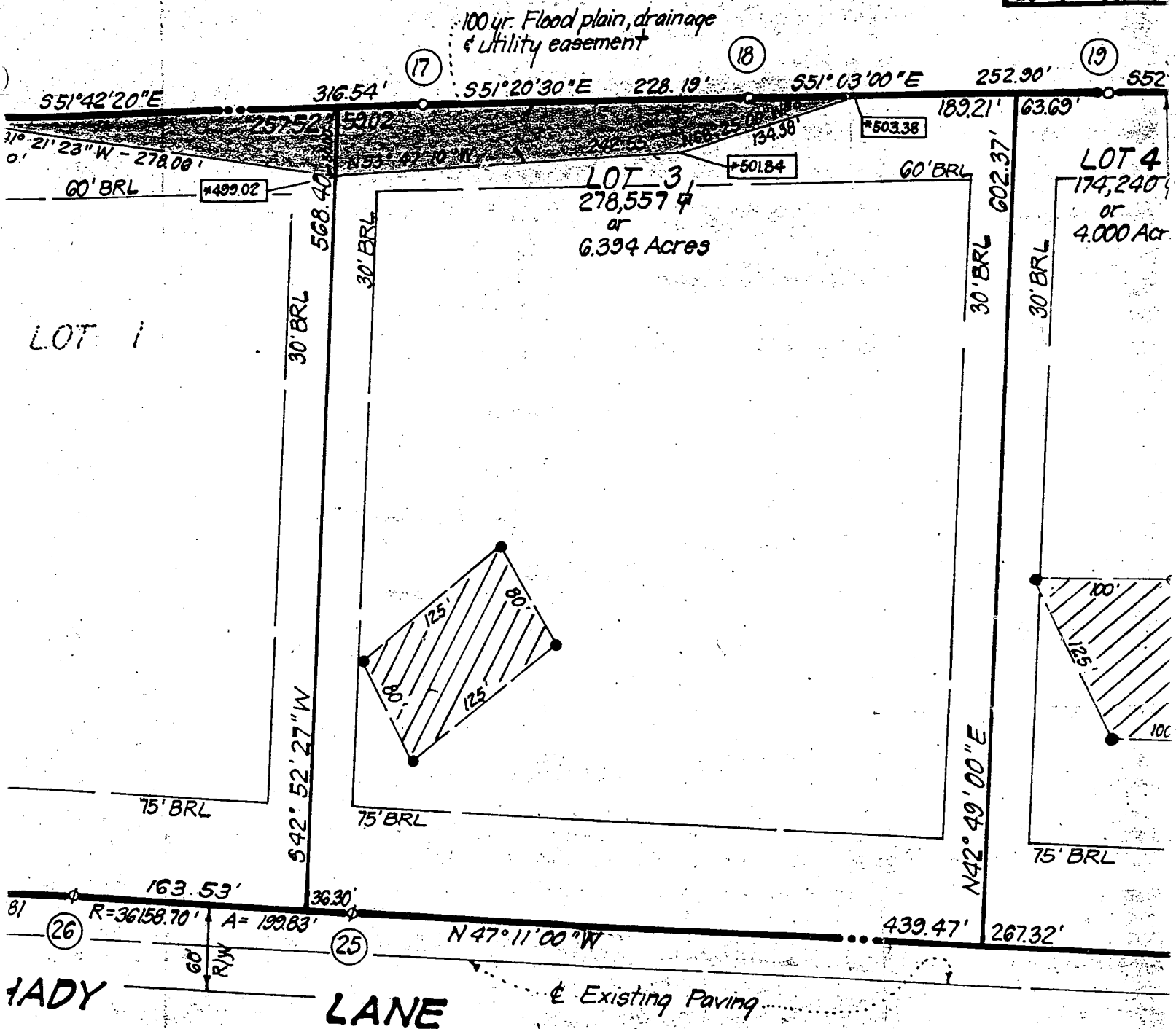
COUNTY HEALTH OFFICER *BB* DATE

PC 514298

<b>CLARK, FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MARYLAND 21045 TELEPHONE: BALT. (410)381-7500 • WASH. (301)621-8100	DRAWN BY: <i>JD</i>	DATE: 12-11-00	SCALE: 1" = 100'
	CHECKED BY:	JOB NO.: 96-075	FILE NO.: 96-075-L
	DESIGNED BY: <i>JD</i>		

20	421895.5
22	421304.3
23	421296.1
24	421732.6
25	421852.9
26	421989.1
27	422111.4
28	422769
12	422990
29	422909

LAWTON T SHARP FARM INC.  
PART OF LIBER 707 FOLIO 419

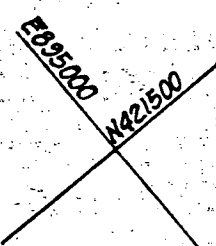


VIN HOWARD  
F. 277

3 plat comply with minimum ownership width & lot area as State Dept. of Health Regulations.  
3 a 10,000 sq. ft. private sewage easement as required Vid. State Dept. of Health for individual sewage disposal: denotes the true positions of approved percolation tests; ements in this area is restricted until a public sewage system able. This easement to be extinguished upon connection blic sewage system.

NOTES:

1. 4"x4"
2. Iron Pin
3. Tax M.
4. All coo. the Ho.
5. Subjeci Compre



NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440020B, Panel 20 of 45, dated December 4, 1986.

NICHOLAS O. SHARP  
PLAT No. 7829

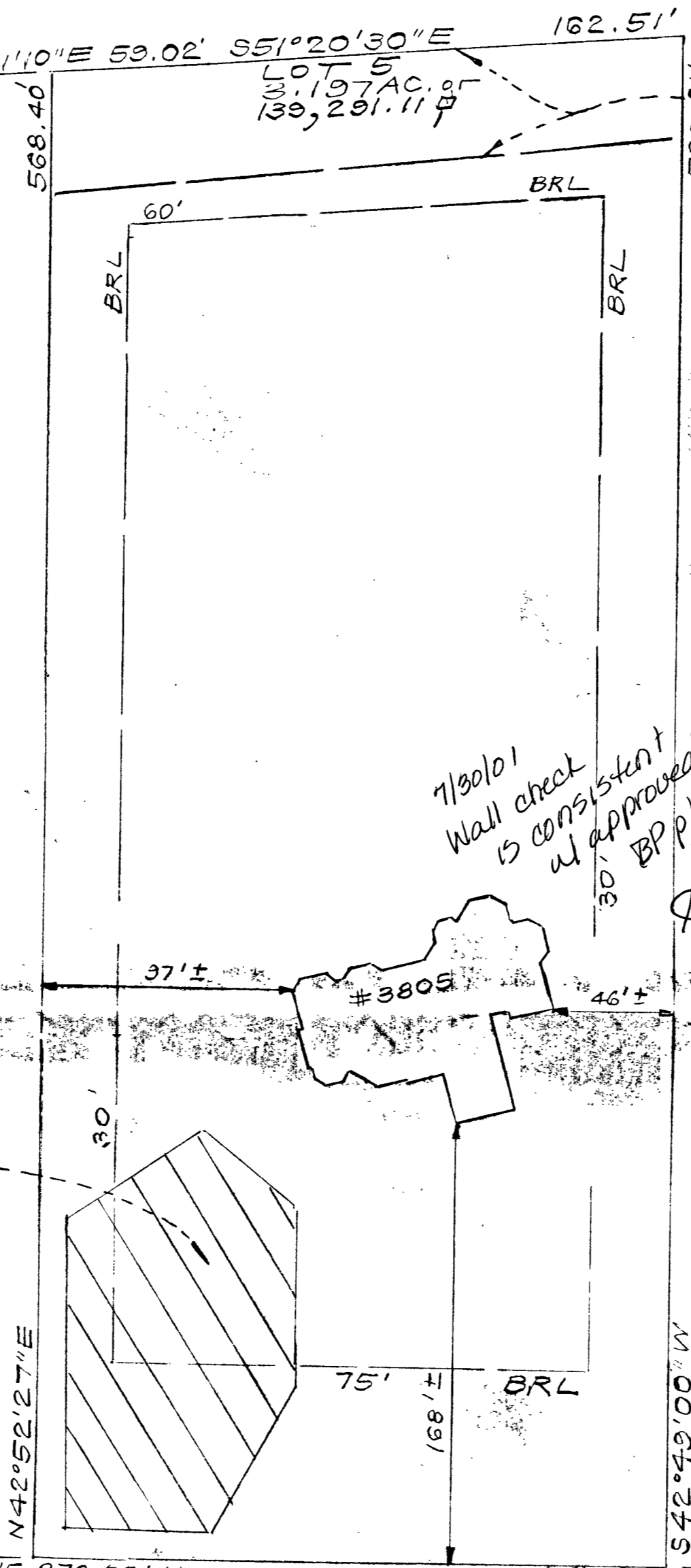
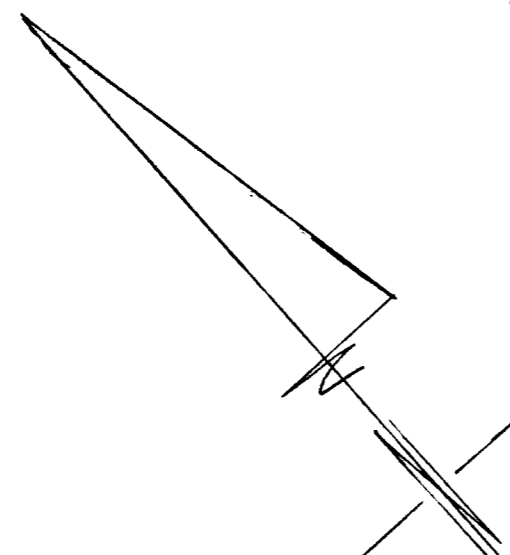
Wall Check: 7-27-01  
Top of Wall Elev.: 533.9

LOT 5  
PLAT 13050

LOT 5  
3.197 AC. ±  
139,291.11 ±

LOT 6

Ex. 100 Year Floodplain and Drainage & Utility Easement Plat No. 6248



7/30/01  
Wall check is consistent w/ approved BP plan

Private Sewage Easement Modification As Accepted By The Howard County Health Dept.

CONSUMER INFORMATION

- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

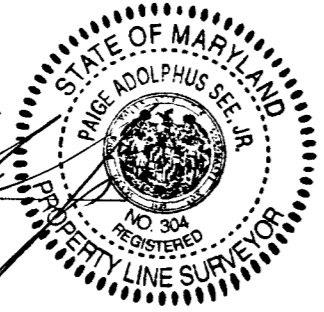
SCALE: 1" = 30'

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

7-30-01  
DATE

*Raymond S. Sackett*



NOTES:  
1. The setback distance accuracy = 1'.

Plat Reference: PLAT 6900

<b>CLARK · FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS · PLANNERS · SURVEYORS		SCALE 1" = 50'
7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		DRAWING
DESIGNED	LOCATION DRAWING 3805 SHADY LANE LOT 5 SHARP FARMS LOTS 5 AND 6 ARESLIBDIVISION OF LOT 3 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO.
DRAWN KWC		FILE NO. 96-075-0
CHECKED PAS		
DATE 7-30-01		