

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 7/11/2024 **ONSITE SEWAGE DISPOSAL SYSTEM** P 58045
 APPROVAL DATE: 7/29/2024 **PERMIT: REPAIR** A Repair
 PROPERTY ADDRESS: 3310 Sharp Road
 SUBDIVISION: Burntwoods - sec 3 LOT: 13 TAX ID: 04-313151
 CONTRACTOR: Hatfield's Equipment EMAIL: Ken@harfieldsequipment.com
 CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction PHONE: 410-984-4880

PROPERTY OWNER: Albert & Marie Nagle EMAIL: dmdonagle@gmail.com
 OWNER ADDRESS: Same as above PHONE: 443-864-3535

SEPTIC TANK SIZE: Existing PUMP SIZE: n/a PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM: GRAVITY LPD BEDROOMS: 4 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>90</u>	INLET DEPTH: <u>3.5</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>10</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6</u>
LOCATION:	SYSTEM STAKED BY INSTALLER AND VERIFIED BY APPROVING AUTHORITY DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install system per approved design plans. Pump and collapse ex. drywell's	

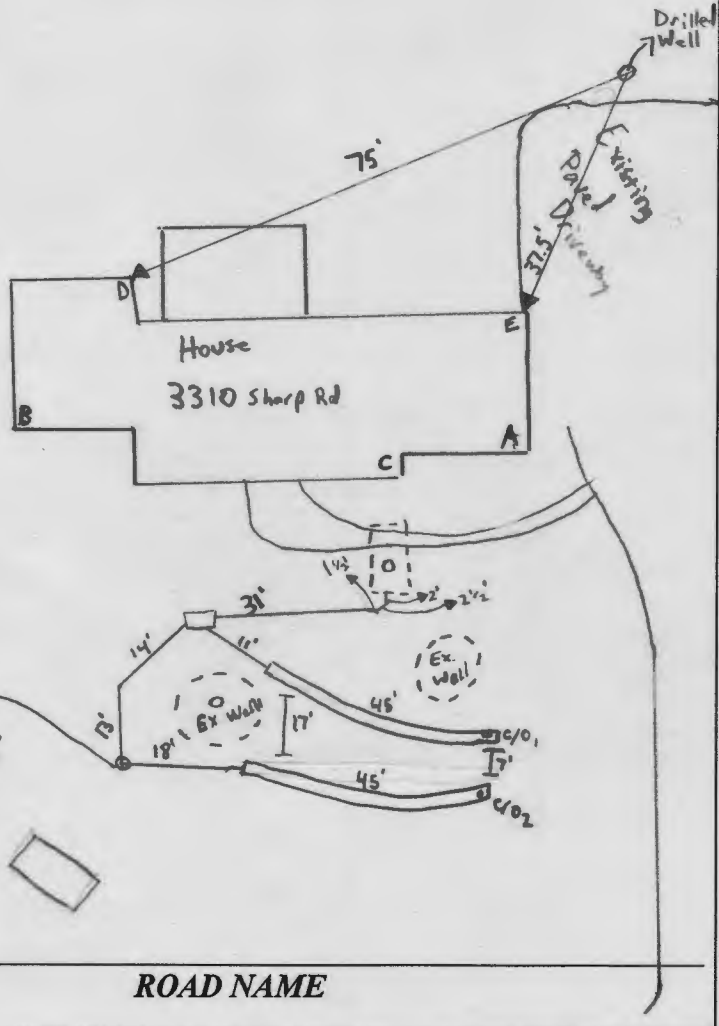
ISSUED BY: Kevin M. Wolf, L.E.H.S. ISSUE DATE: 7/3/2024 EXPIRATION DATE: 7/3/2025

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E n/a
- NOTE: THE HCHD DOES NOT WARRANT ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 410-313-1771 TO SCHEDULE INSPECTIONS.**

D-box - B: 40'
 D-box - C: 39'
 C/O₁ - A: 70.5'
 C/O₁ - B: 93'
 C/O₂ - A
 C/O₂ - B

~~NO FEE GATE~~
 Roughly 1' 30"



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	10'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	90	
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL	Yes	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	Yes	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	_____
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____
PUMP/SEPTIC TANK LEVEL	_____
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

ROAD NAME _____

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Todd Tracey
 SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:
7/3/2024 Plans approved after several revisions (Kmm)

CONTROL PANEL DATA	
CONTROL PANEL HEIGHT	_____ (MIN 30")
INSPECTION DATE	_____
INSPECTION: PASS/FAIL (CIRCLE ONE)	_____

INSTALLATION NOTES:
7/29/2024 Installer on site. Existing dry wells pumped and collapsed. Trench lengths at 45'. Beginning of trenches are 17' apart and the end of the trenches are 7' apart. Stone is OK - Installer showed receipts. Stone was double washed. D-box lid was cracked. Installer called to get a replacement lid. He will send picture of the replacement. D-box was level and speed levelers were calibrated by installer. Trench inlet depth at 3.5'. OK to backfill. Installer is adding a riser and a 2" baffle to the existing septic tank. (SAB)

FINAL INSPECTOR Matt Burns DATE OF APPROVAL 7/29/2024

S.W. BARRICK - BARRICK QUARRY

PH: (301) 845-6341

11609 Legore Bridge Road * Woodsboro, MD 21798

Scale:1

TKT: 1957217

Cust#: KENHAT

7/29/2024

HATFIELDS EQUIP & DEDICATION SVSC, 7:30:10AM

Job#: SHARP 3310 SHARP RD

3310 SHARP ROAD GLENWOOD

TRK#: 731C - R. JACKSON TRUCKING (JAC

* P. T.

Zone#: J-10 - BARRICK DELIVERY ZONE Gross: 68980

P.O.#: * Tare: 26520

Proj#: Net: 42460

Mat'l#: 22W-DBL WSHED AASHTO #: STONE TONS: 21.23

	Loads	Tons
Job/Daily:	1	21.23
Job/Total:	1	21.23

Directions:

OS NATHAN 443-398-4526

WEIGHMASTER: Samantha SullivanWe exercise No Control Over Delivery of Our Products & We Won't
be Held Liable for Any Damage to Person or Property.*Material Safety Data Information Available Upon Request.*

S.W. BARRICK - BARRICK QUARRY

PH: (301) 845-6341

11609 Legore Bridge Road * Woodsboro, MD 21798

Scale:1

TKT: 1957255

Cust#: **KENHAT**

7/29/2024

HATFIELDS EQUIP & DEDICATION SVSC, 8:43:44AM

Job#: **SHARP 3310 SHARP RD**

3310 SHARP ROAD GLENWOOD

TRK#: 780A - SLICK TRUCKING

* P. T.

Zone#: **J-10 - BARRICK DELIVERY ZONE** Gross: 68840

P.O.#: * Tare: 25320

Proj#: Net: 43520

Mat'l#: **22W-DBL WSHED AASHTO #2 STONE** TONS: 21.76

	Loads	Tons
Job/Daily:	2	42.99
Job/Total:	2	42.99

Directions:

OS NATHAN 443-398-4526

WEIGHMASTER: Samantha Sullivan

We exercise No Control Over Delivery of Our Products & We Won't be Held Liable for Any Damage to Person or Property.

Material Safety Data Information Available Upon Request.

Have A Great Day. Please Drive Safely!

S.W. BARRICK - BARRICK QUARRY

PH: (301) 845-6341

11609 Legore Bridge Road * Woodsboro, MD 21798

Scale:1

TKT: 1957286

Cust#: KENHAT

7/29/2024

HATFIELDS EQUIP & DEDICATION SVSC, 1 9:50:37AM

Job#: SHARP 3310 SHARP RD

3310 SHARP ROAD GLENWOOD

TRK#: 731C - R. JACKSON TRUCKING (JAC

* P. T.

Zone#: J-10 - BARRICK DELIVERY ZONE Gross: 69680

P.O.#: * Tare: 26520

Proj#: Net: 43160

Mat'l#: 22W-DBL WSHED AASHTO #2 STONE TONS: 21.58

	Loads	Tons
Job/Daily:	3	64.57
Job/Total:	3	64.57

Directions:

OS NATHAN 443-398-4526

WEIGHMASTER: Samantha Sullivan

We exercise No Control Over Delivery of Our Products & We Won't
be Held Liable for Any Damage to Person or Property.

Material Safety Data Information Available Upon Request.

Received from Todd at
Hatfield's







4/7/66
Ready

4/7/66 - Approved - JHK

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 3/23/66

P 11615

A 09011

R. W. Dubin IS PERMITTED TO INSTALL ALTER

ADDRESS Rt. 1 - Brookeville, Md. PHONE SP 4-9615

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Burnt Wood ROAD Sharp Rd. LOT 13, Blk. A,
Sec. 3, Pt. 2

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

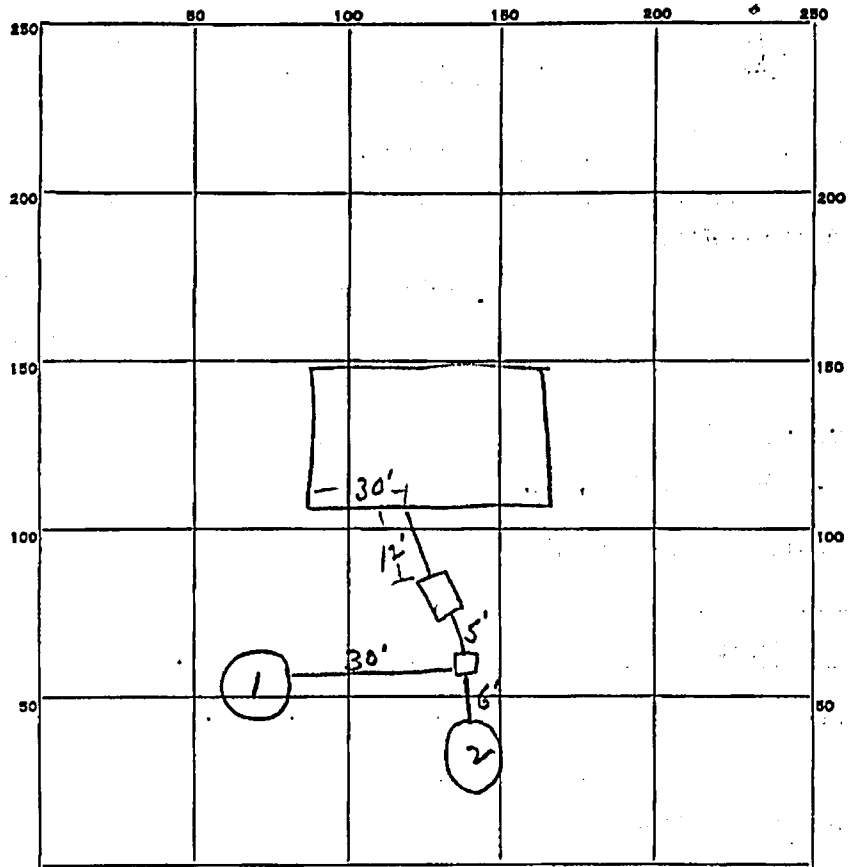
SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 100 sq. ft. sidewall area below inlet pipe per bedroom.

Inlet pipe must be 5 ft. below grade.

Place dry well about 40 ft. from front lot line and about 60 ft. from right side as seen when facing lot from Shady Lane. (Sharp Rd.)



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK Sharp Rd

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER #1 - 10 FT. DEPTH BELOW INLET #1 - 8 FT.
#2 - 10 FT. #2 - 8 FT.

ABSORBENT AREA 502 SQ. FT.

APPLICATION

SEWAGE DISPOSAL TESTING

A 09011

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 3

DATE 9/1/984

Septic Tank - 3 bedrooms - 750 gal
4 " - 1000 gal
5 " - 1500 gal.

Dry Well - 100 sq ft sidewalk area below inlet pipe per bedroom.
Inlet pipe must be 5 ft below grade.

Place Dry Well about 40 ft from front lot line and about 6 ft from
right side of sewer when facing lot from Shady Lane.
TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS 212 Crownwood Road, E.G., Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Burnt Wood LOT NO. 13, Blk. A, ^{SEC 2} 2

ROAD AND DESCRIPTION Shady Lane Sharp Rd

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 165' x 245' TYPE BLDG. test per bedroom
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.

WR-W4
2-65

RECEIVED

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT **A09011**

WATER **B3 BKA**

WELL DESCRIPTION

WELL LOG **See?**

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from ___ to ___

DIAM.
(inches)

FEET
from ___ to ___

Sand

75 ft casing

Prifer rock

well 118 ft

well from 25 ft

Permit Number **FOLLOW 242**

Owner **John R. Doremy**

Address **Blensly Ind.**

Subdivision **Brentwood**

Section **Block A Lot 13**

PUMPING TEST

Hours Pumped **1**

Type of Pump Used **Diaphragm**

Pumping Rate _____

Gallons per Minute **6.1**

WATER LEVEL

Distance from land surface to water:

Before Pumping **75** Ft.

When Pumping **85** Ft.

APPEARANCE OF WATER

Clear **Partly** Cloudy _____

Taste **None** _____

Odor **None** _____

Height of Casing Above Land

Surface **2** Ft.

PUMP INSTALLED

Type _____

Capacity _____

Gallons per Minute _____

Gallons per Hour _____

Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B15002766

Building Address: 3910 SHARP RD
 City: Clementon State: MD Zip Code: 21748
 Suite/Apt. # _____ SDP/WF/BA #: _____
 Census Tract: _____ Subdivision: Burwood
 Section: 1 Area: _____ Lot: 4613
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential
 Proposed Use: Same
 Estimated Construction Cost: \$ 9,000
 Description of Work: Install a 20' by 10' 9" vinyl Pergola

Occupant or Tenant: DAW MORAN CURRIS
 Was tenant space previously occupied? Yes No
 Contact Name: DA
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhome
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: 2 nd floor:
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
<u>Construction type:</u>	No. of Bedrooms:
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

Property Owner's Name: DAW MORAN
 Address: 3910 SHARP RD
 City: Clementon State: MD Zip Code: 21748
 Phone: 410 964 7924 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: PHILIP MORAN
 Address: 1405 RIDGE RD
 City: MILLHORTON State: MD Zip Code: 21104
 Phone: 410 964 7906 Fax: _____
 Email: landc@tialog.com

Contractor Company: LMD ART INC
 Contact Person: PHILIP MORAN
 Address: 1405 RIDGE RD
 City: MILLHORTON State: MD Zip Code: 21104
 License No.: 71010
 Phone: 410 964 7906 Fax: _____
 Email: landc@tialog.com

Engineer/Architect Company: STEVENS WORKS
 Responsible Design Prof.: _____
 Address: 3200 DUN SMITH DR
 City: LEEDS, VIRGINIA Zip Code: 22404
 Phone: 477 481 1044 Fax: _____
 Email: stevensworks@comcast.net

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Grading Permit Number:</u>	
<u>Building Shell Permit Number:</u>	

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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

DAW MORAN
Applicant's Signature

PHILIP MORAN
Print Name

DISC 11/15/66-Approved-JHK

PERMIT

SEWAGE DISPOSAL SYSTEM

P. 12319

A. 09010

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 11/14/66

INDEXED

R. A. Jones

IS PERMITTED TO INSTALL ALTER

ADDRESS Burnt Woods Rd., Glenelg, Md. PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Burnt Wood ROAD 3306 Sharp LOT 14, Blk. A, Sec. 3 Pt. 2

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS Van Hoffman 442-1143

SPECIFICATIONS - 5 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

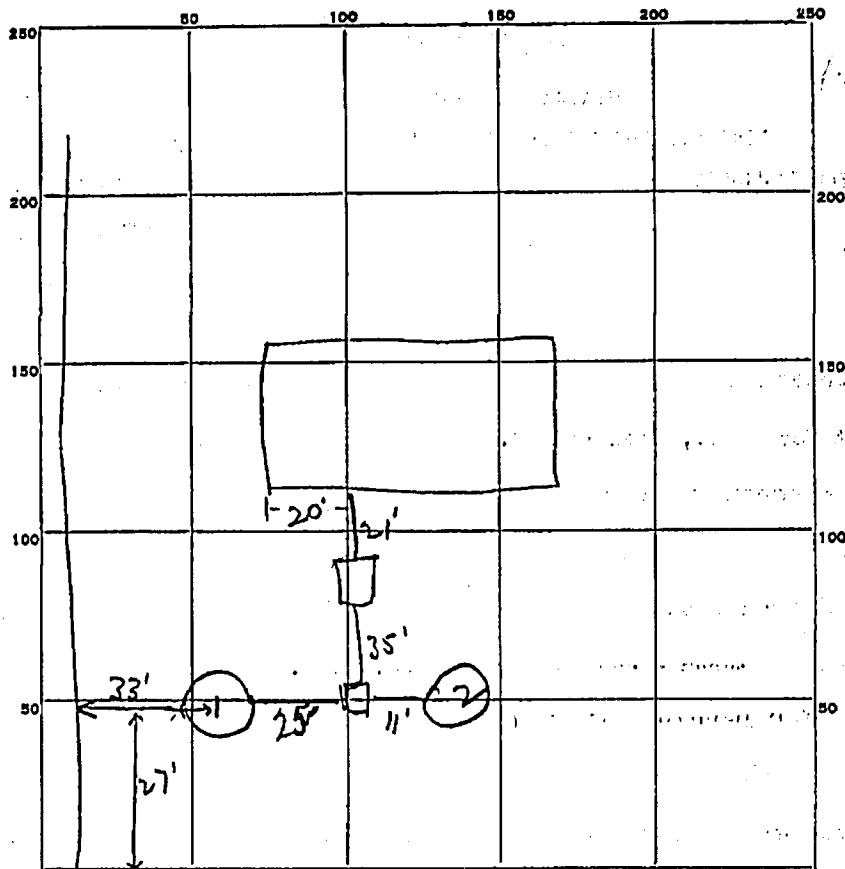
SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry wells - 156 sq. ft. sidewall area per bedroom and inlet pipe no deeper than 5 ft. below grade. (Use 2 dry wells if necessary)

Place dry wall between 30 and 50 ft. from front lot line and between 40 and 100 ft. from left side as seen when facing lot from Sharp Rd.

MAXIMUM DEPTH PERMITTED 14' below original grade.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

Sharp Rd

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER #1 - 15 FT. DEPTH BELOW INLET #1 - 9'

outside

ABSORBENT AREA 846 SQ. FT.

APPLICATION

A 09010

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3DATE 9/9/64156
4
624

Septic Tank - 3 bedrooms - 750 gal

dry - well 4' - 1000 gal.
5' - 1500 gal.
1250 galLeaching Bed - 156 sq ft bottom area per bedroom and inlet pipe
than 3' below grade. ~~in~~ ^{inlet pipe} (use 2 dig wells if necessary)Place Leaching Bed between 30 and 50 ft from front lot line and
between 40 and 100 ft from left side and back when facing lot from Sharp Rd.TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.PROPERTY OWNER Burnt Woods Development Co., Inc.ADDRESS 212 Crownwood Road, E. C., Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Burnt Wood LOT NO. 14; Blk. A, Sect. 2 ^{or 3 parts}ROAD AND DESCRIPTION Shady Lane Sharp Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 165' x 245' TYPE BLDG. test per bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.APPROVED BY M. A. Wakefield, Jr. FOR Leaching Bed DATE 9/12/64

WR-W-4
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

RECEIVED
STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES 13

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing.

70 ft of sand and 15
of sand rock and flint

FEET

from ___ to ___

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

DIAM.
(Inches)

5/5/8

FEET

from ___ to ___

70

Permit Number Ho 67 n 35
Owner Carrol Rohm
Address Dayton MD.
Subdivision Burntwood
Section Lot 14

PUMPING TEST

Hours Pumped 5 Hours

Type of Pump Used Sand

Pumping Rate 7

Gallons per Minute 10

WATER LEVEL

(Distance from land surface to water)

Before Pumping 25 ft Ft.

When Pumping 35 Ft.

APPEARANCE OF WATER

Clear Cloudy

Taste ok

Odor non

Height of Casing Above Land

Surface 1 ft Ft.

PUMP INSTALLED

Type non

Capacity

Gallons per Minute _____

Gallons per Hour _____

Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

LOT, 14

NORTH

WR-W-4,
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

A 09010

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___
clay	0-19
quicksand	19-56
sandstone	56-66

Steel

DIAM. (inches)	FEET from ___ to ___
6 1/4	0-62

Permit Number H067W157
Owner Francis D. Jones
Address Burrill Wood Rd.
Subdivision Burrillwood
Section _____ Lot 14

PUMPING TEST

Hours Pumped 2
Type of Pump Used Builder
Pumping Rate _____
Gallons per Minute 20

WATER LEVEL

(Distance from land surface to water)

Before Pumping 33 Ft.
When Pumping 45 Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste good
Odor 11/17/62

Height of Casing Above Land

Surface 2 Ft.

PUMP INSTALLED

Type none
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH

APPROVED
7/29/85
RH
P 35823

A REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

04-31447

INDEXED

ELLICOTT CITY

DISTRICT _____

DATE 7/29/85

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____

PHONE

988-9270

SUBDIVISION

BURNY WOODS
SUBDIVISION

ROAD

14024 Castlebar Drive

LOT _____

PROPERTY OWNER

Elzey

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____

NO X

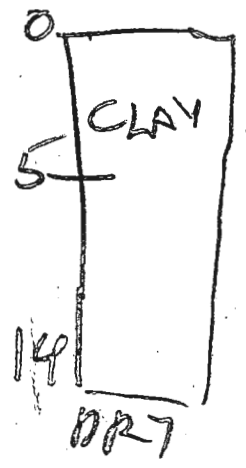
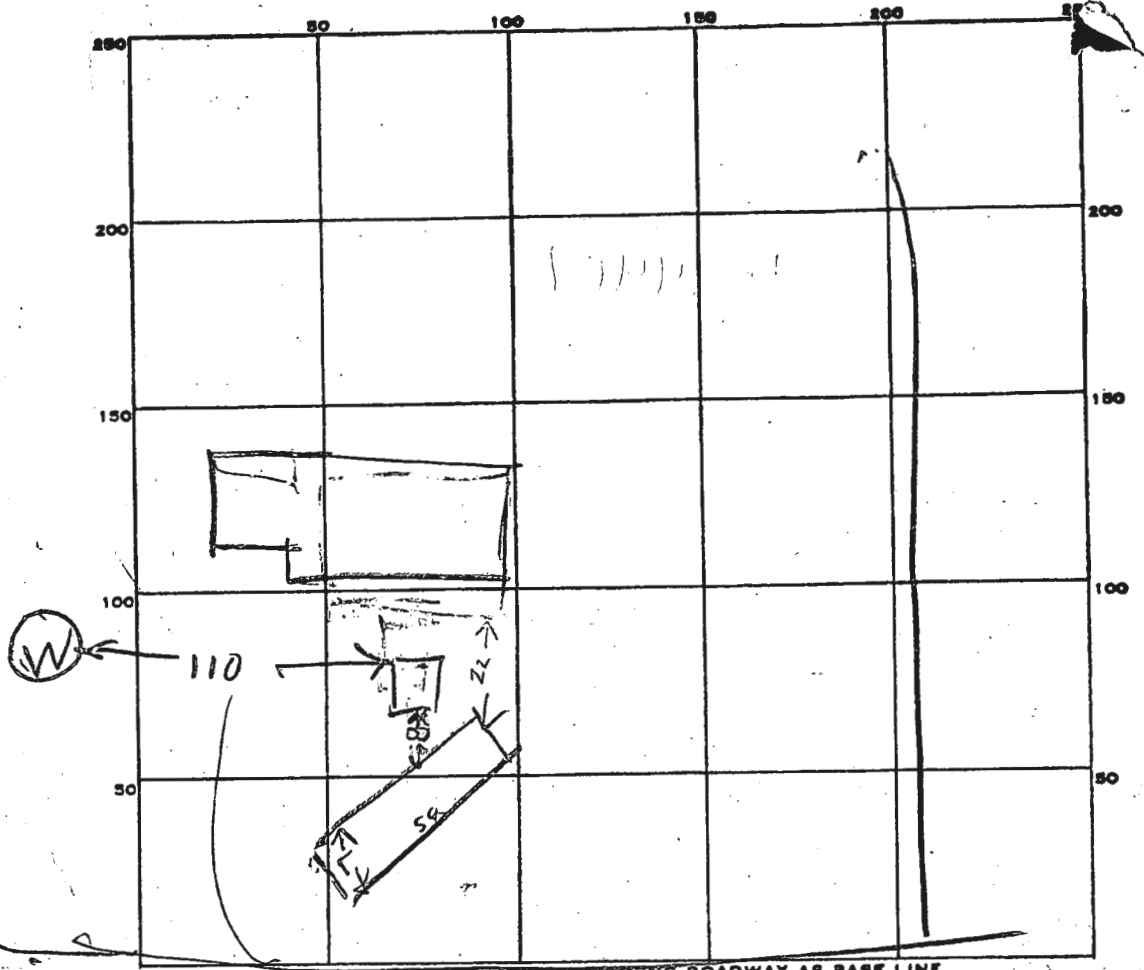
SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

7/29/85 - OK FOR LEACH BED 400 SQ FT
2 FT STONE 7 FT DEEP IN FRONT YARD

SHARP RD



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

CATTLEBAR DR

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

FREE FIELD, DEPTH 7 FT. TRENCH WIDTH 6.5-7 FT.

GRAVEL DEPTH 2 FT IN. TOTAL LENGTH 58 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 392-392

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

154