

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/20/89

APPROVAL DATE: 9/20/89

PERMIT

P 44010

A 22270

TAX ID # 05380383

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

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 410-988-9270

SUBDIVISION: The Heritage LOT NUMBER: 10

ADDRESS: 4127 Sharp Road PROPERTY OWNER: Brehm

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

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 UNLESS SPECIFICALLY AUTHORIZED

**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**

PH010

TAX ID # 05-380383

6/19/88

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
481-9933

INDEXED

P 44010

A 22270

DISTRICT 5th

DATE 4/28/89

DATE SYSTEM APPROVED 6/20/89

INSPECTOR R.H.

Jack Fvock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION The Heritage ROAD 4136 Sharp Road LOT 10

PROPERTY OWNER Richard Lewis PHONE: 442-5565

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DUAL PUMP SYSTEM - TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 330 feet from the front lot line and 115 feet from the right lot line as seen when facing the lot from Sharp Road. Run trenches along level ground toward right front line. MAINTAIN 80 FEET FROM WELL.

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

PLANS APPROVED BY Sid Abel Updated DATE 11/10/88

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

NOTE: ALL PARTS OF SEPTIC SYSTEMS (E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC 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.

*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

22270

BUILD

AND RETURNED

3-2305 800/52-713-FAMILY ROOM

C1 2335 SEQUENCE NO. (OEP USE ONLY)
STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A22270**

DATE RECEIVED: [] [] [] [] [] []
 DATE WELL COMPLETED: **08/31/55**
 DEPTH (TO NEAREST FOOT): **305**
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-87-1077**

OWNER: **SHANNON AGATHA**
 STREET OR RFD: **SHARP RD** TOWN: **CLENELG**
 SUBDIVISION: **THE HERITAGE** SECTION: [] LOT: **10**

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	
Top Soil	0	2	
Sandy	2	90	✓
Micka	90	100	
Shred Stone	100	105	✓
Micka	105	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL:
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS: **25** NO. OF POUNDS: **1000**
 GALLONS OF WATER: [] [] [] [] [] []
 DEPTH OF GROUT SEAL (to nearest foot):
 From [] [] [] [] [] [] ft. to [] [] [] [] [] [] ft.
 (enter 0 if from surface) or (circle)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.):
 1 **H0** 2 **72** 3 **305**
 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 []

PUMPING TEST
 HOURS PUMPED (nearest hour): **1**
 PUMPING RATE (gal. per min. to nearest gal.): **2**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface):
 BEFORE PUMPING: **15**
 WHEN PUMPING: **20**
 TYPE OF PUMP USED (for test):
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

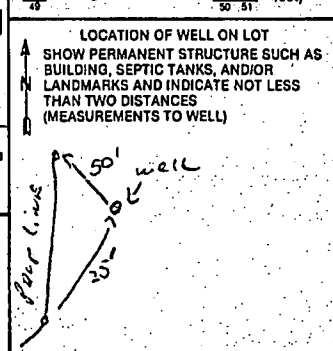
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **(NO)**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED: []
 PLACE (A.C.J.P.R.S.T.O) IN BOX (SEE ABOVE): []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon): [] [] [] [] [] []
 PUMP HORSE POWER: [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.): [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height):
 (+) Above } LAND SURFACE (nearest foot): **104**
 (-) below }

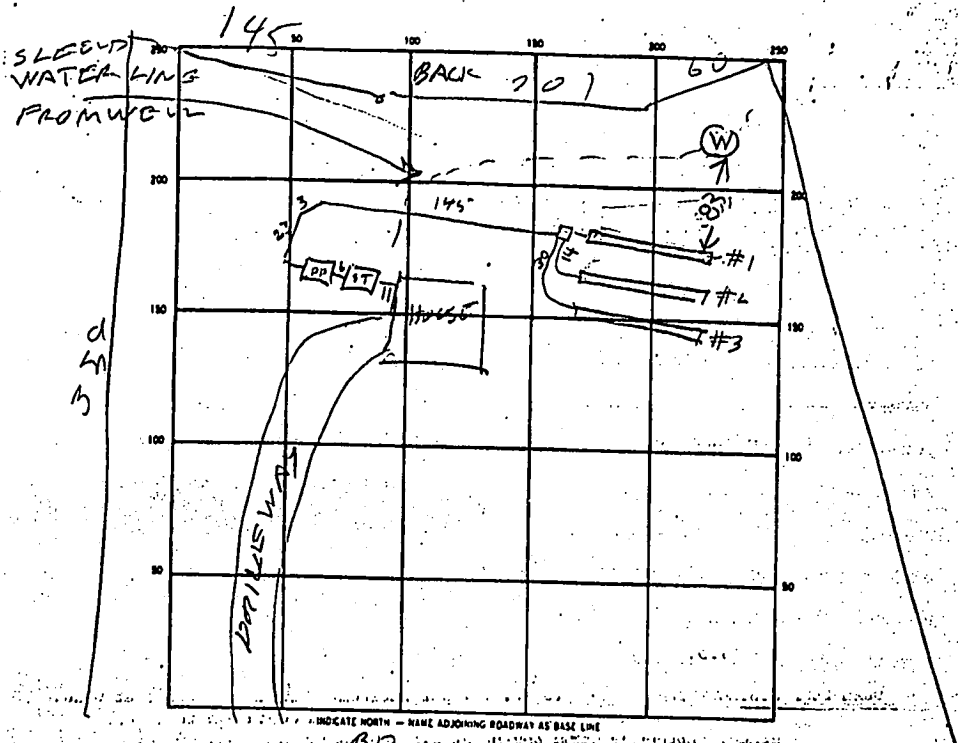
CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. **273**
Ralph Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for all work if different from permittee)

SLOT SIZE: [] [] [] [] [] []
 DIAMETER OF SCREEN: [] [] [] [] [] [] (NEAREST INCH)
 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.) [] [] [] [] [] []
 WQ [] [] [] [] [] []
 TELESCOPE CASING [] [] [] [] [] []
 LOG INDICATOR [] [] [] [] [] []
 OTHER DATA [] [] [] [] [] []





SEPTIC TANK LEVEL OK 2000 CLEANOUTS MANHOLE / MANHOLE
 PUMP PP OK 1000
 DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 4-5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH

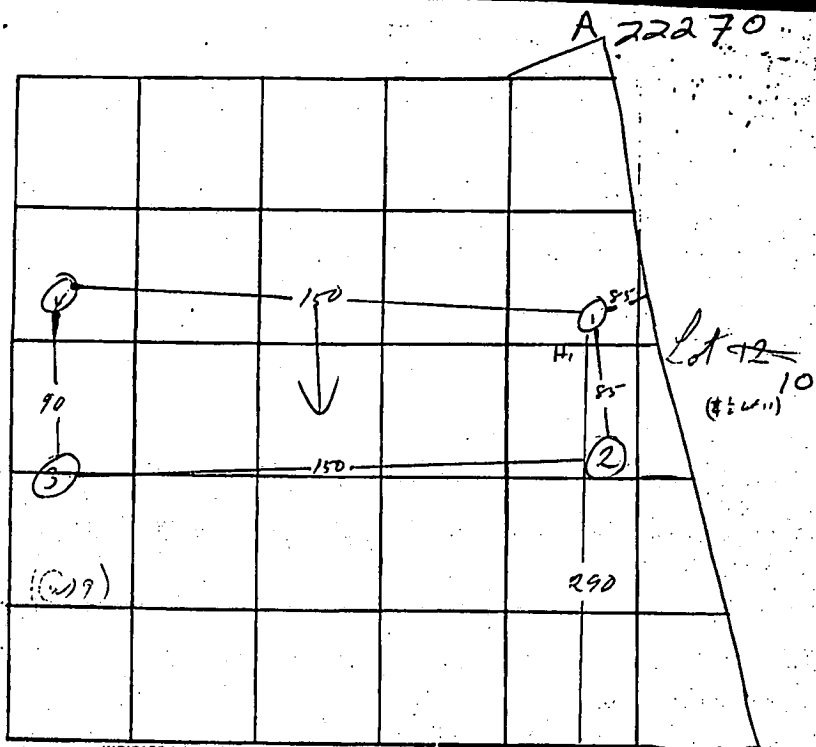
1 1/2	2	3	TOTAL
9.5	9.5	12.5	FT 29.5

 NUMBER OF TRENCHES 3 ONE-SIDE WALL/BOTTOM AREA 8.25 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 6/20/89 - OK TO COVER OUTSIDE
WORK CALL FOR INSPECTION OF DUNE PUMPS WHEN
INSTALLED R/H

NO RECORD OF FINAL INSP REQUEST AS OF 8/21/95
PUMPS PRESUMED FUNCTIONAL - INDEX AS APPROVED (CW)

DATE SYSTEM APPROVED 6/20/89 INSPECTOR R HODGES (CW)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4136 Shang Rd.

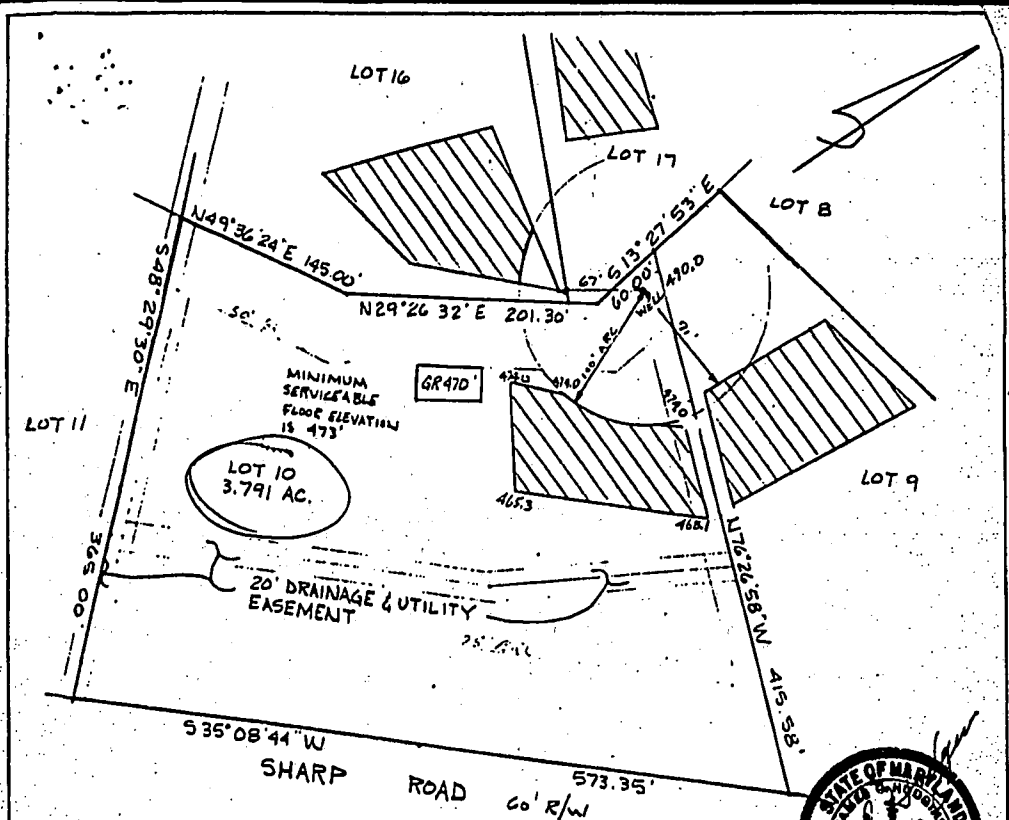
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7	1	4	2 ⁴⁶	2 ⁴²	2 ⁴³	2 ⁵²	3
	1A	12	2 ⁴⁴	2 ⁴⁸	2 ⁴⁸	2 ⁵²	9
	2	4	2 ⁵²	3 ⁰³	3 ⁰³	3 ⁰⁹	6
	2A	12	2 ⁵²	3 ⁰⁰	3 ⁰⁰	3 ⁰⁵	6
	3	4	3 ¹²	3 ³³	3 ³³	3 ³²	9
	3A	12	3 ¹²	3 ²⁴	3 ²⁴	3 ³³	9
	4	12	U _r		dry		

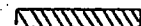
RR #22486

REMARKS _____

TYPE OF SOIL _____

TESTED BY R.M. ALSO PRESENT: _____



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene 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.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

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

APPROVED: For Private Water and Private Sewage Systems

Joyce M. Bond, M.D., P.E. 7-30-85
County Health Officer Date

PERCOLATION TEST PLAT

LOT TEN

THE HERITAGE

SECTION 1 AREA 2

5th Election District

Howard County, Maryland

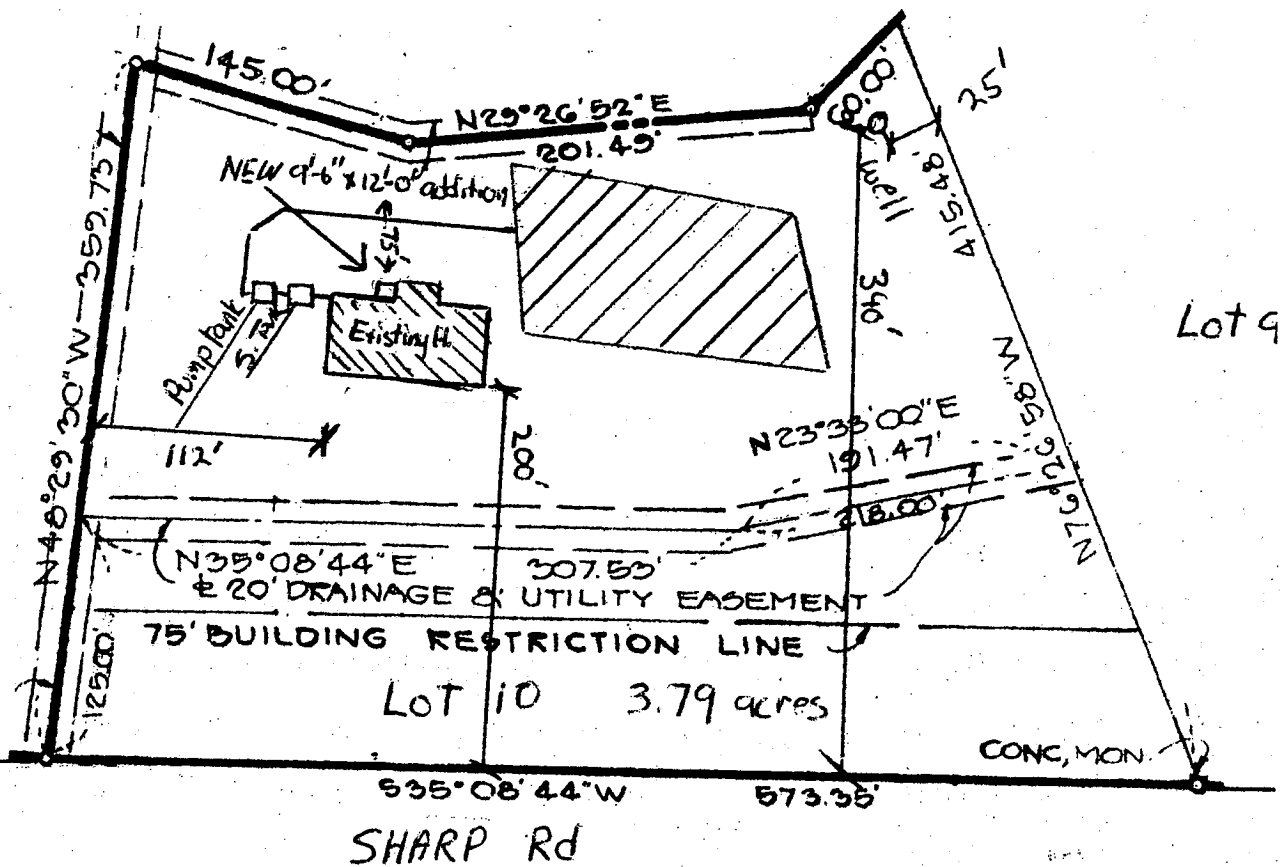
Scale 1"=100'

Date 7/29/85

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 7031

Lot 11

Lot 9



scale 1" = 100'

APPROVED

WALK-THRU BUILDING PERMIT

BP# 602152773 A# 22270

APP. SAN KJB DATE: 3/23/05

DESC. OF WORK: extension of

family room

Metropolitan Construction

MR. & MRS. Brehm

4127 Sharp Rd (lot 10)