

10/25/00
30
10 AM

04-350812

RPS# 350812

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514615
A 41279

ISSUE DATE 10/27/2000

APPROVAL DATE 10/30/00

INDEXED

Jenkins Brothers IS PERMITTED TO INSTALL X ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 410-461-9282

SUBDIVISION Sharp Farm LOT NUMBER 26 ADDRESS 3913 Sharp Road

PROPERTY OWNER Steve & Nancy Putman PROPERTY OWNER'S ADDRESS c/o 3718 Appleby Court

SEPTIC TANK CAPACITY 1250 GALLONS **BUILDING PERMIT SIGNED** Wood, MD 21738

PUMP CHAMBER CAPACITY GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 7-11-05 800154760-BARN

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box slightly above the high edge of the platted sewage disposal easement, at a location that is both 100' from the drilled well and approximately 115' from the front lot line and 80' from the right lot line. Run trenches along contour toward right-front portion of property. 5/8/00 OK RN

PLANS APPROVED Craig Williams DATE 3-16-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

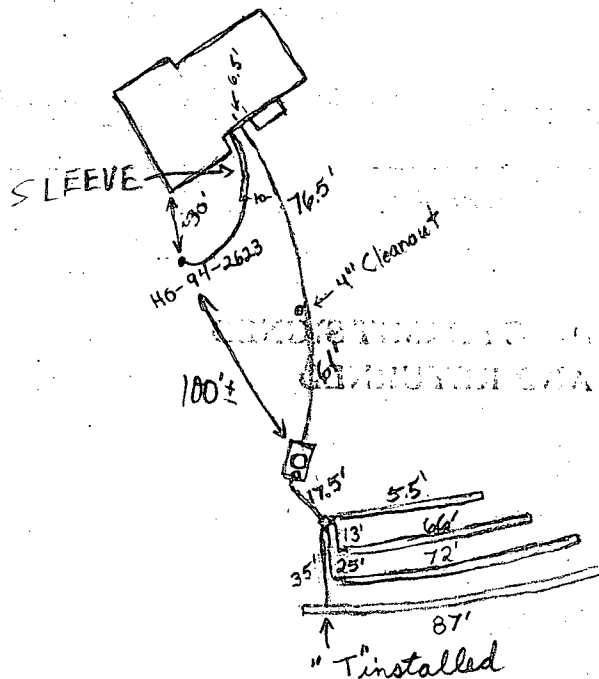
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BLOG. PERMIT SIGNED
AND RETURNED 10/10/01
800132746. deck

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

P514615

NOT TO SCALE



Sharp Road

TRENCH DATA

TRENCH WIDTH 3.0'
TRENCH INLET DEPTH 2.5'
TRENCH BOTTOM DEPTH 4.5'
DEPTH OF STONE 2.0'
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 280'
ABSORBENT AREA 840 sq. ft.
DISTRIBUTION BOX LEVEL Yes
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 10/30/00 House connection made. Everything satisfactory.
O.K. to cover. (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 10/30/00

Howard County Health Department

To: File:

Because of complications
(high water table in the
approved septic easement)

THIS LOT ~~(MUST BE~~
~~RE-TESTED PRIOR~~
~~TO BUILDING PERMIT~~
~~APPROVAL.~~

From: ALM

Date: 8/4/97

HD-170

RETEST
SUCCESSFUL
NO CHANGE IN
ALBY NEEDED
11/25/2000
CW

1/25/2000
7/1/00

APPLICATION

PERCOLATION TESTING

A 41279

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

NO FEE
NO TEST

(WATER TABLE ISSUES
DISCOVERED WITH ADJACENT
SEPTIC AREA) (CW)

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER STEVEN C. PUTMAN

ADDRESS 13093 WEST CIRCLE, BRYANTOWN, MD 20617 PHONE 301-274-9591

PROPERTY LOCATION:

SUBDIVISION SHARP FARMS LOT NO. 26

ROAD AND DESCRIPTION ON SHARP RD. PROPERTY HAS LARGE BARN
ON IT LABELED "SHARP FARMS PRODUCE"

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

Steven C. Putman
(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

A 41279

COUNTY #

SOIL PROFILE

0'

CLAY

3'

SANDY

LOAM

12'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/25/00	VIS	HOLE IN CENTER OF EASEMENT			OK 3-12'		
	SEE	SEPARATE SHEET SHOWING TESTS OF 9/28/88					
		FOR PREVIOUS TEST DETAIL.					

REMARKS CONCERN WAS RAISED ABOUT POTENTIAL HIGH WATER TABLE DUE TO

TYPE OF SOIL FINDING ON ADJACENT LOT. BUT NO INDICATION OF PROBLEM
IN RE-EVALUATION CONDUCTED 1/25/00TESTED BY CW. [Signature] ALSO PRESENT SHARP, PUTMANTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3INLET DEPTH 2 1/2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 210

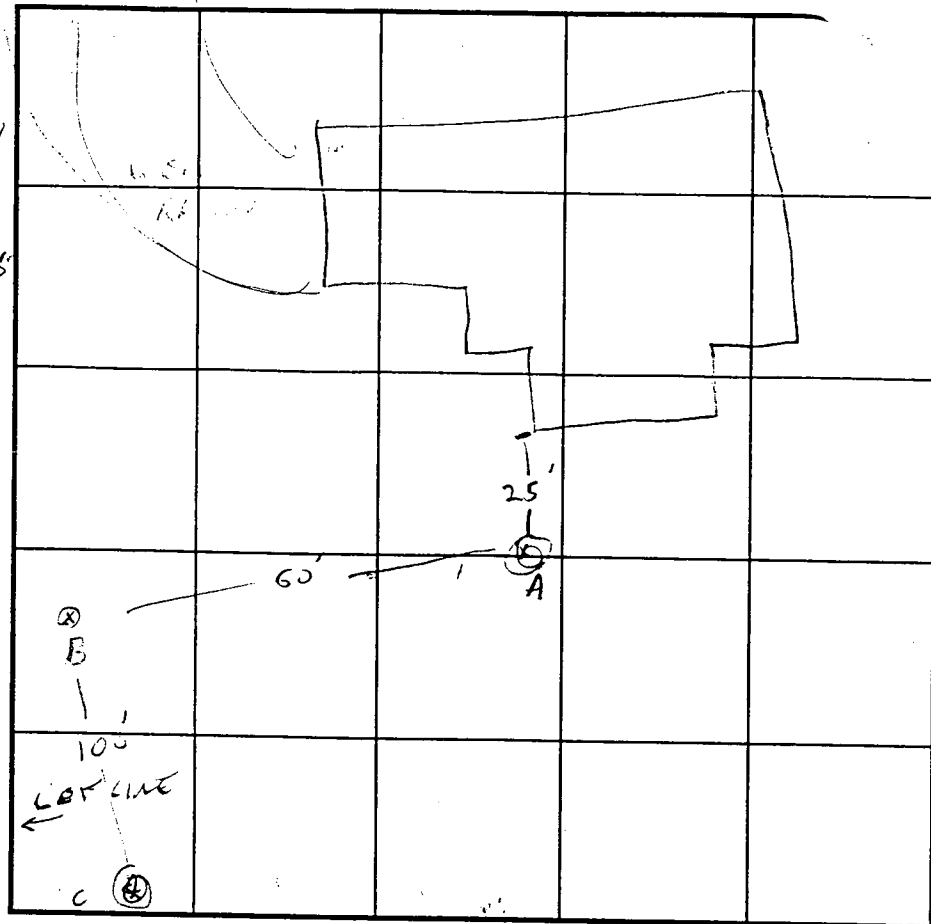
A

MUST LOOKED
FINE SILVER
MOTTLED + BARNED
BELOW 6'
SEEPAGE
BELOW 7' OR 8'

118

$N \rightarrow$

116



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

240' TRENCH

APPLICATION

A 41279

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 4thP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 3/24/88TO: 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. SHARPADDRESS 3779 SHARP ROAD, GLENWOOD MD. 21738 PHONE 489-4630

PROPERTY LOCATION:

SUBDIVISION SHARP FARMS, LOTS 1-16 LOT NO. 26 on Final
10ROAD AND DESCRIPTION N.W. OF INTERSECTION BETWEEN SHARP ROAD
AND SHADY LANESIZE OF LOT 8.70 AC. ± TYPE BLDG. S.F.D. - 4 BEDROOM
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 _____

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

(A-41279)

10

SOIL PROFILE

BELOW-T. SOIL
+ CLAY

SANDY
LOAM

BA 8M

① per stake

② 8' 5" 5' stake

③ per stake

④ 42' 5' stake

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SHARK P RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/18/88	1A	3'	9:36	9:39	9:39	9:42	3m
	1B	4 1/2'	9:37	9:39	9:39	9:41	2m
	2A	3'	LOAM				
	Visual 2B	11'					
	3A	4'	9:43	9:45	9:45	9:50	5m
	3B	12'		Visual	LOAM		
	4A	3'	9:44	9:46	9:46	9:52	6m
	4B	11'		Visual	LOAM		
1/25/00	5	VISUAL RETEST IN CENTER OF PLATTED SEPTIC AREA					
		SOILS SHOW NO SIGN OF WETNESS TO 11'					

REMARKS

TESTS PER STAKE HOLD-FOR

TYPE OF SOIL

" IN OPEN

OR AS NOTED

CERTIFIED HOLES

TESTED BY

C. B. A.

ALSO PRESENT:

WOODY
SKIPPER



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
April 2, 1996

Mr. Don Crosen (301) 854-6655
Crosen Homes, Inc.
3775 Shady Lane
Glenwood, MD 21738

RE: Building Permit #63863
Sharp Farms - Lot 27
3921 Sharp Road

Dear Mr. Crosen:

This is to confirm that the above referenced building permit application was approved subject to revisions in the septic system location, as discussed by telephone on April 1, 1996.

The disposal trenches are to be installed approximately 50' higher on the lot than shown on the submitted site plan. A rough copy of the revised location and suggested elevation adjustments has been enclosed.

The adjustment was by mutual agreement to resolve concerns about distance from the house and possible water table limitations at the low side of the property. Copies of the proposed adjustments have been forwarded to your site engineer and your septic contractor.

No plan revision is requested at this time, but will be required prior to occupancy approval. The wall check drawing, which ordinarily shows just the "as built" house location, can serve the purpose, provided it also shows the new septic location and a revised septic easement. This has been discussed with your engineer.

Thank you for your cooperation in this matter. If you have any questions about this matter please call 313-2640.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Management

CW:vr

Enclosure

cc: Susan McConnell
Joey Ecker
Licenses & Permits
Jack Fyock Septic Service
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

COPY OF L6TT6A
PERMIT TO ADDITIONAL LOT
KEEP IN FILE OF LOT 26
UNTIL SEPTIC
SYSTEM IS
CONSTRUCTED

(W)

Plan
OK 7/9/96



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 19, 2000

Steven Putman
13093 West Circle
Bryantown, Md. 20617

Re: Sewage disposal area evaluation
Lot 26 Sharp Farm

Dear Mr. Putman,

This is to advise that a percolation test date of Tuesday, January 25th at 10:00 am has tentatively been set for the above referenced property. No fee would be assessed for this voluntary retest; you would need to arrange for the services of a backhoe to perform the necessary excavations at appropriate locations.


The purpose of testing is to confirm soil conditions in the previously established sewage disposal area and make any necessary adjustments to that area. While installing the septic system on the adjoining Lot 27, a water table problem was discovered which required relocation of that lot's septic system to higher ground.

Following our conversation on this topic, Chuck Sharp, developer of the property, contacted me to suggest that successful confirmation testing had previously been performed in the area in question. My best recollection on that point is that he likely performed the re-evaluation on his own, but without confirming evaluation witnessed by this office.

Accordingly it is recommended that we proceed with the re-evaluation as scheduled. Better to test more often than necessary than not enough.

Please contact me to confirm acceptance of the scheduled test date or to discuss any additional questions you may have regarding this matter.

Yours truly,


Craig Williams, Sanitarian

cc: Chuck Sharp

TEST HOLE AT
CENTRE OF
LOW EDGE OF
RECORDED PAVEMENT
CHECKS OUT OK TO 12'
1/25/2000

C 1 07684

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

13(A41379)

ST/CO USE ONLY

DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
3 21 00
15 20

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2623
28 29 30 31 32 33 34 35 36 37OWNER PUTMAN STEVE
last name first name
STREET OR RFD SHARP RD TOWN GLENFLO
SUBDIVISION SHARP FARM SECTION LOT 26

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

FROM TO

check
if water
bearingOB
Slate0 20
20 200

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 31

NO. OF POUNDS 2945

GALLONS OF WATER 186

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 61 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

63

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

C 2

DEPTH (nearest ft.)

1 2 3 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
H 61 200

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED

yes

Y

no

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

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. 1 MS D 095

Justin Harver

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D 095

Justin Harver

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

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

8

METHOD USED TO
MEASURE PUMPING RATE

Barometer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 21 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 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 29CAPACITY:
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)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

Diagram showing well location on lot with distances to structures and boundaries.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2423
Location of property (road) SHARP RD.
Subdivision SHARP FARM Lot 26 Block Plat Sec.
Well Driller AUSTIN GARVER Owner STUE PUTMAN

Depth of well 200
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 21

I. High rate pumping -- reservoir drawdown

Time pump started 12:30 Pumping rate 8 gpm
Total time 3 hrs to reach pumping water level 21 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

3/ Bags Cement

B 1	1470	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0 - 94 - 2623 <small>70 fill in this form completely 79</small>
Date Received (APA)		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>OWNER INFORMATION</p> <p>8 MM DD YY 13 POTMAN STEVEN</p> <p>15 Last Name Owner First Name 34</p> <p>36 13093 WEST CIRCLE</p> <p>55 Street or RFD</p> <p>57 BRYANOWN MD 20617</p> <p>70 Town 72 State 74 Zip 76</p> </div> <div style="width:45%;"> <p>LOCATION OF WELL</p> <p>B 3 HOWARD</p> <p>8 COUNTY 21</p> <p>SHARP FARMS</p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>44</u> LOT <u>26</u></p> <p>46 48 50</p> <p>GLENELG</p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>4</u> M I</p> <p>73 76 77 78</p> </div> </div>		
<p>DRILLER INFORMATION</p> <p>AUSTIN GARVER MS D 095</p> <p>Driller's Name 76 License No. 81</p> <p>Keyser-Lawa Well Drilling Inc.</p> <p>Firm Name</p> <p>9125-B Bellet rd Frederick, Md 21024</p> <p>Address</p> <p>Austin Lawa 3/7/00</p> <p>Signature Date</p>		<p>SHARP RD</p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 250 37</p> <p>DISTANCE FROM ROAD FT</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP: _____ BLK: _____ PARCEL _____</p>		
<p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 800 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20</p>		<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> GEO-THERMAL</p>		
<p>APPROXIMATE DEPTH OF WELL <u>400</u> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH</p> <p>NEAREST INCH</p>		<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>HOWARD 13 (A41279)</p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S →</p> <p>DATE ISSUED 03/16/00 Q. Will 3/15/00</p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID 795 000 EAST GRID 0852 000</p> <p>50 55 57 63</p>		
<p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTARY DRIVE-POINT</p> <p>other _____</p>		<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. WELL</p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E 520</p> <p>N 795</p> <p>000 000</p>		
<p>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52</p>		<p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p>SHARP RD 4 mi GLENELG</p> <p>250'</p> <p>SHARP RD</p>		
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER 54 63</p> <p>PERMIT No. H0 - 94 - 2623</p> <p>70 71 72 73 74 75 76 77 78 79</p>				
<p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</p>				

SEWAGE
 QUERED BY
 ID MENTAL
 SAL. IMPROVEMENTS
 TED UNTIL
 JEMENTS
 NECTION
 HEALTH
 NT
 IE PRIVATE
 MODIFIED
 SARY/
 DWELVING.
 WELL
 AC. ±

SHARP

LOT 2
 DRAIN ONE
 LANTON HILL FARM
 PLAN 125685

574' 156" 11" W. 405'

100 YEAR FLOODPLAIN
 AND UTILITY EASEMENT
 108' 125'

LOT 26
 7070 AC

LOT 27
 315 AC

LOCAL SITE OK AS STOKED
 666.5 TO 106.110' FROM
 517' C. A. 100' 100'
 3/16/05
 of well

Superior Road

B.R.L.

EX. BARN

525

512

546

527

705

906

702

10.00'
 1.59'

FROM: HoCo EnvHealth

**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: Steve Putman Telephone #: 410 489-4229
Address: 3913 Sharp Rd.
Glenwood, MD 21738 Homeowner installed

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Homeowner Installed License # _____

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Steve Putman Telephone #: 410 489-4229
Subdivision: Sharp Farms Lot #: 36 Well Tag #: HO-94-2623
Site Address: 3913 Sharp Rd

Submersible Pump Data

Make: Elatec
Model #: 2222
Pump Capacity 10 GPM
Well Yield: 16.7 GPM

Pitless Adapter

Make: Elatec
Model #: _____
Depth: 49" (36" min)
NSF approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☒
Screened, vented well cap: ☒
Cap secured to casing: ☒
Conduit min 18" B.G.: ☒
Conduit secured to well cap: ☒

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, other - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: Poly Pipe (Black)
PSI: (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at well penetration: ☒
Approximate length of sleeve: 18'
Sleeve caulked and sealed properly: ☒

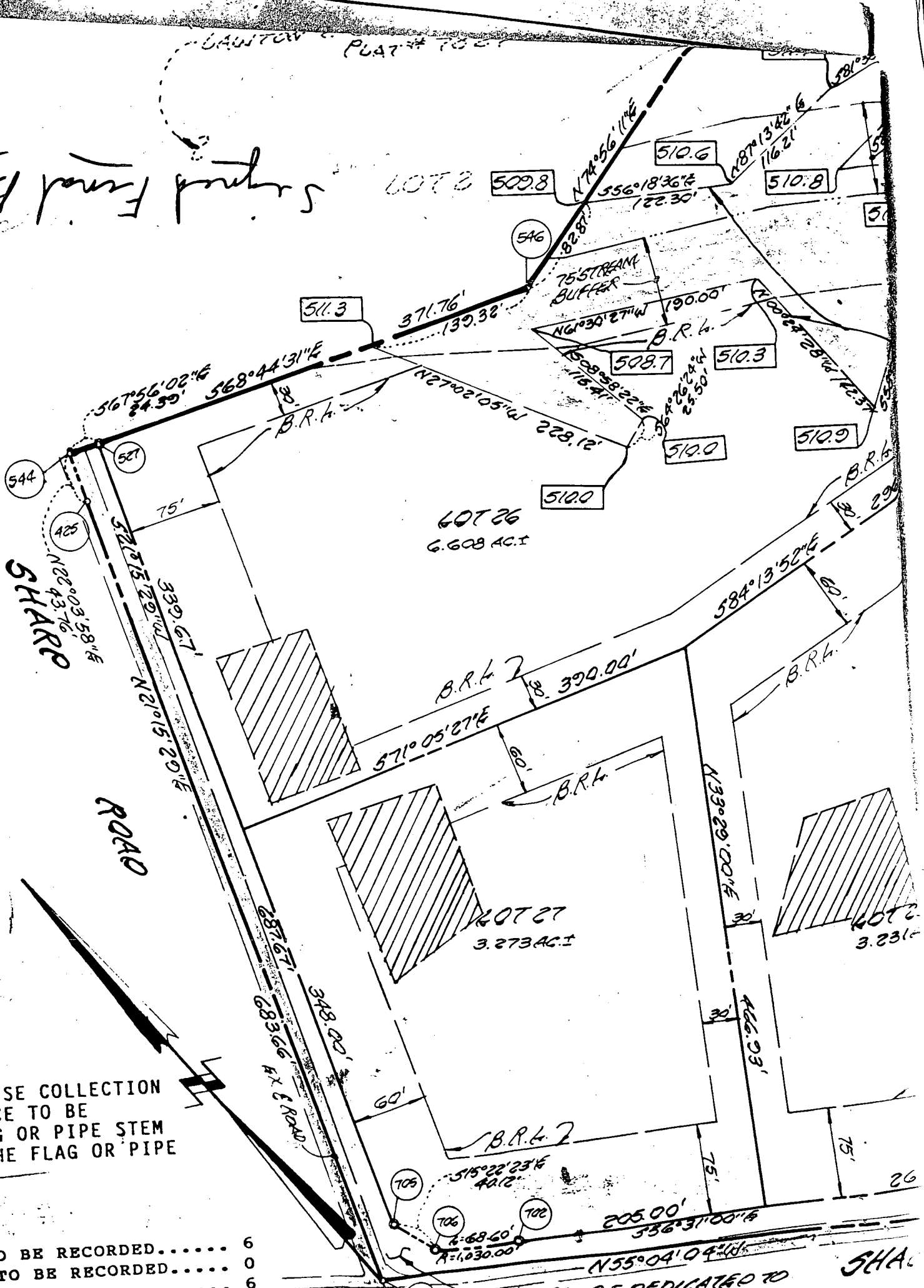
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Steve Putman
date: 1-18-01

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

Date Insp. Requested: 11/1/00 Date Insp. Approved: 11/1/00 Inspector: MR SRU
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ☒
Correct well tag attached properly and casing 8" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

Signed Final Plat



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PLANNING 6685 K

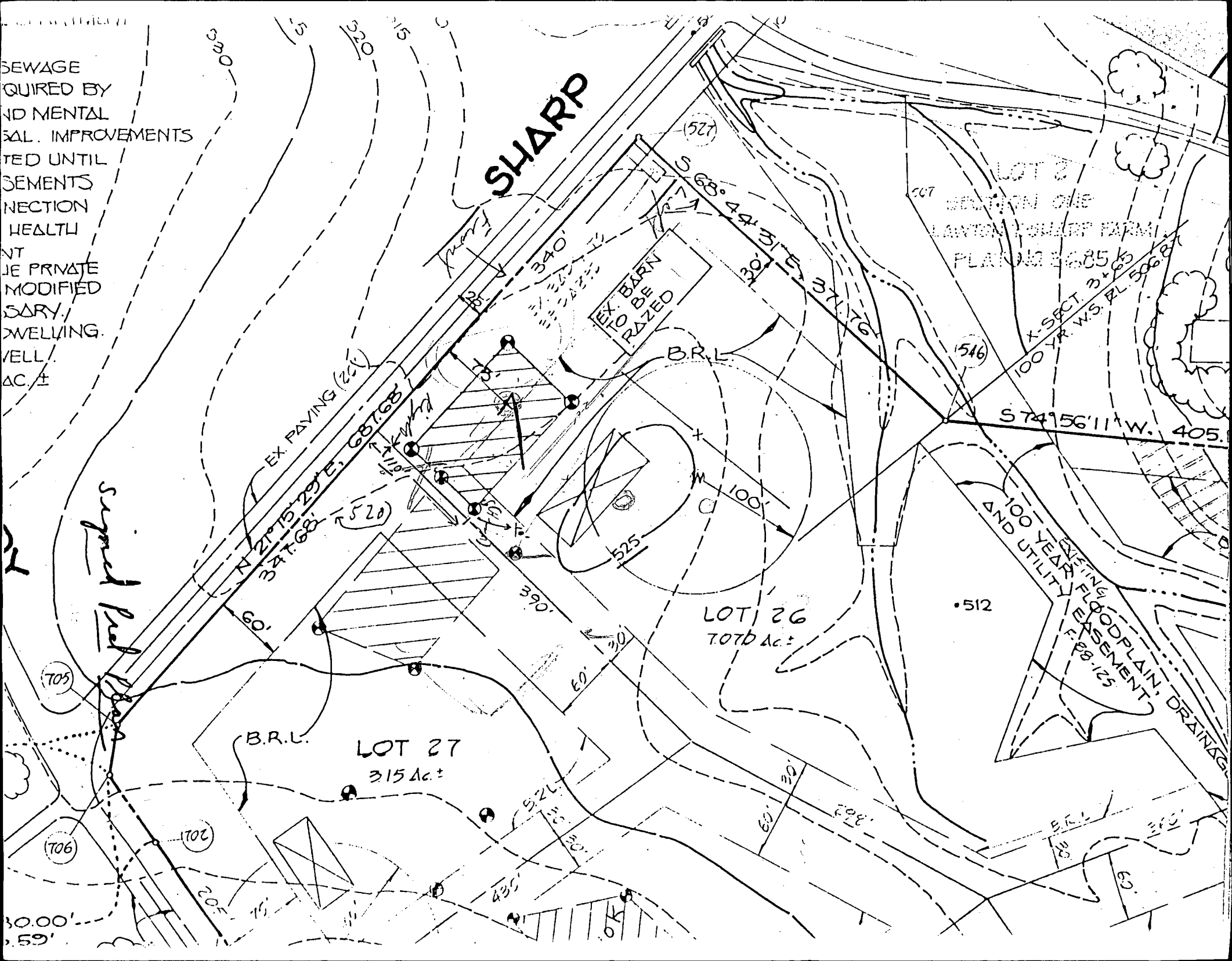
S 74° 56' 11" W. 405.1

100 YEAR FLOODPLAIN
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AND UTILITY
EASEMENT

LOT 26
7.070 Ac. ±

LOT 27
3.15 Ac. ±

Superior Road

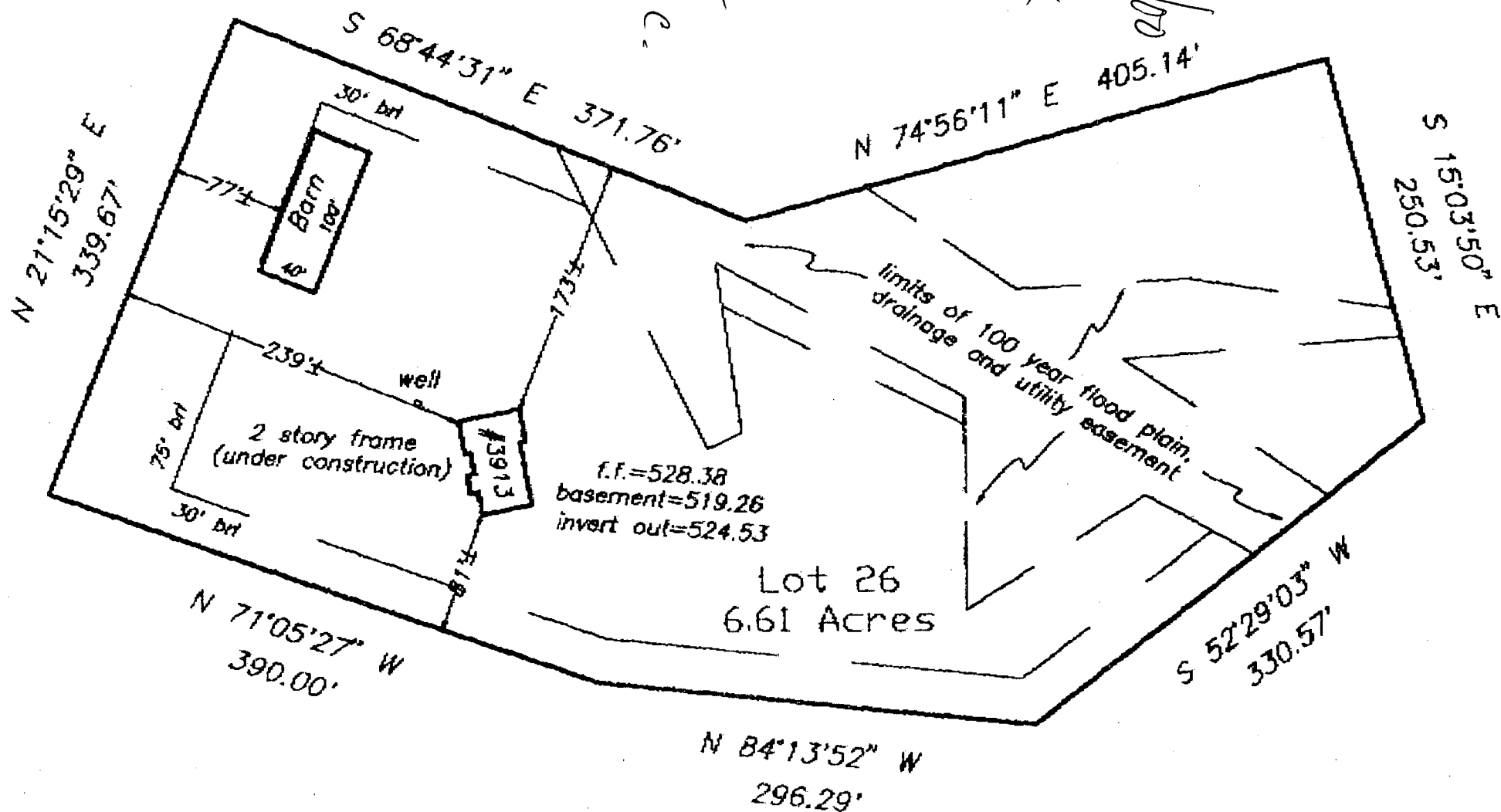


NOTES:

as obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
 Information is subject to the interpretation of the originator.
 Unshown or unrecorded encroachments or overlaps,
 not guaranteed by this location.

ALL
 CHECK OK
 w/BPSITE
 PLAN
 1:100
 BY NTT
 ASSOC.
 (102)
 12/27/00

ad



Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 1/2 feet

Depth of stone required below distribution pipe 2 feet

THIS PLAN IS SLIGHTLY OUT OF 100 SCALE

CHARLES SHARP SUBDIVISION (LOTS 9-11) AND LOT 2-SECTION 1, LAWTON T. SHARP FARM (A RESUBDIVISION OF LOT 1-SECTION 1, LAWTON T. SHARP FARM) PLAT # 7327

HOUSE IN IN 524.5
S.T. IN IN 522.0
HOUSE IN IN 522.5
S.T. IN IN 521.0
EX. GRADE 525.0
D.B. IN IN 518.5
EX. GRADE 521.0
D.B. IN IN 518.5

FE ELEV 518.0
FE ELEV 524.5

LOT 261

House

well

Septic

Drainage

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330.67'

571°05'27"E

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00123275
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Building Address <u>3913 Sharp RD</u> <u>Glenwood MD 21738</u> Suite/Apt. #: <u>N/A</u> SDP/NWP/Petition #: <u>N/A</u> Census Tract <u>66460</u> Subdivision <u>Sharp Farm</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>26</u> Tax Map <u>21</u> Parcel <u>19E</u> Grid <u>17</u> Zoning <u>RR-DEC</u> Map Coordinates <u>9E10</u> Lot size	Property Owner's Name <u>Steve & Nancy Putman</u> Address <u>963218 Appleby CT</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>3018545082</u> Work Phone <u>4104892747</u> Applicant's Name & Mailing Address, (if other than stated herein): Phone <u>Some a 5 Exoner</u>
--	--

Existing Use <u>Vacant lot</u> Proposed Use <u>Single family dwelling</u> Estimated Construction Cost \$ <u>200,000.00</u> Description of Work <u>new house</u> <u>unfinished basement w/RT, 2 1/2 baths;</u> <u>4 Bedrooms, attached 2 car garage, deck</u>	Contractor Company <u>Shor Da General Contr</u> Contact Person <u>David Putman</u> Address <u>3718 Appleby CT</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> License No. <u>XXXXXXXXXX</u> Fax Phone <u>410 4892747</u>
---	--

Occupant or Tenant Contact Name Address City State Zip Code Phone Fax	Engineer or Architect Company Contact Person Address City State Zip Code Phone Fax
---	--

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: 34' 66' 2nd floor: Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms 4 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: <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Propane Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

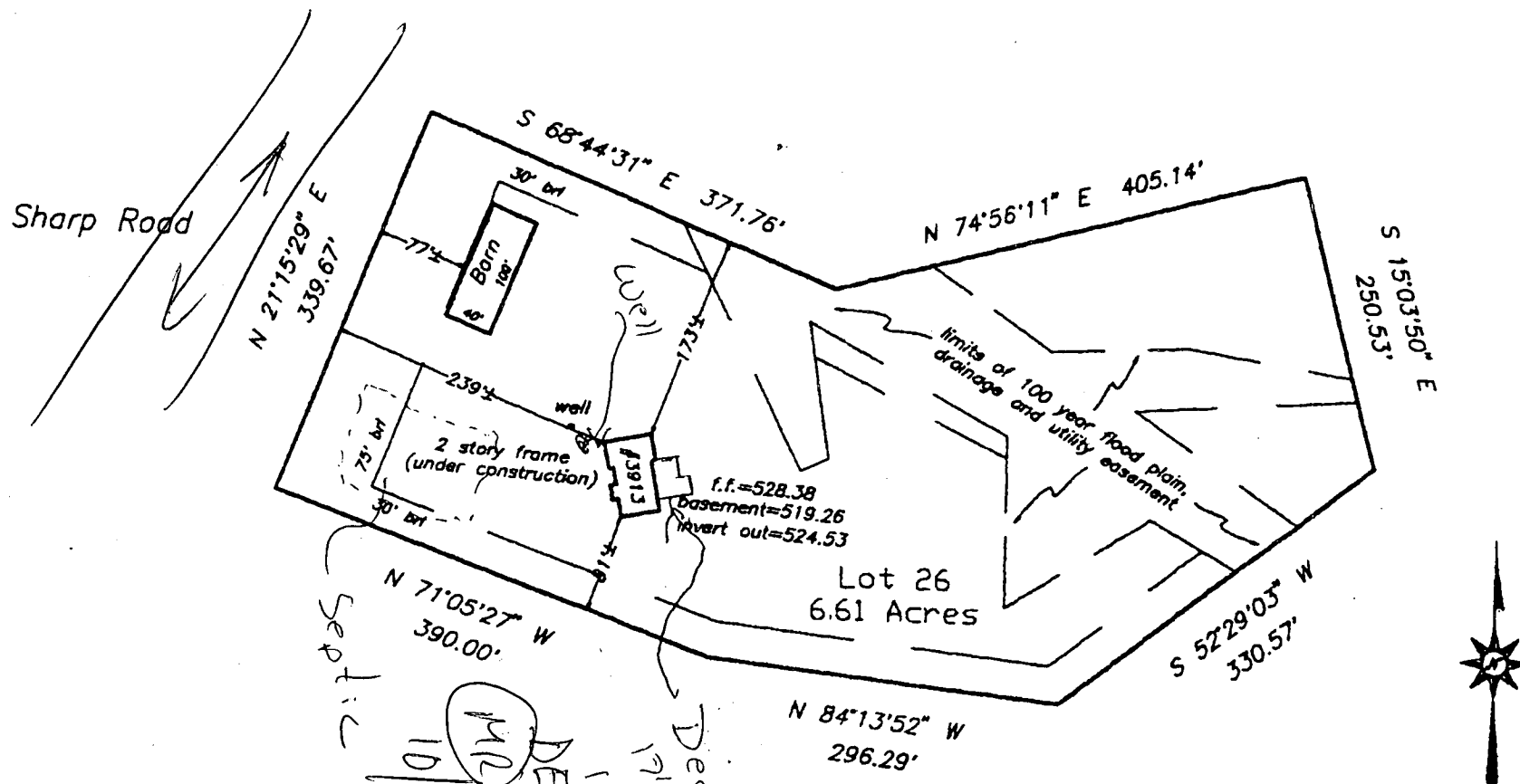
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Sharon Putman</u> Title/Company <u>3/31/00</u>	Print Name <u>Sharon Putman</u> Date <u>3/31/00</u>
--	--

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection <input checked="" type="checkbox"/> Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	SIGNATURE APPROVAL <u>4/10/00</u> <u>Mark E. Riffe</u> DPZ SETBACK INFORMATION Front: <u>15' Min</u> Rear: <u>75' Min (15' Min)</u> Side: <u>30' Min</u> Side St.: <u>14'</u> All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date Accepted by <u>[Signature]</u>	PROPERTY ID# <u>45317</u> Filing fee \$ <u>25</u> Permit fee \$ <u>25</u> Examine tax \$ <u>25</u> Sub-total paid \$ <u>75</u> Add'l permit fee \$ <u>0</u> TOTAL FEES \$ <u>75</u> Balance due \$ <u>0</u> Check \$ <u>0</u> Validation \$ <u>0</u> Rev. 10/15/98
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- NOTES:
- 1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
 - 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
 - 3) NTT, Inc. does not certify to unknown or unrecorded encroachments or overlaps.
 - 4) Property markers not found, or guaranteed by this location.
 - 5) Setback distance accuracy: 1'±.



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 20 of 45 Community Panel # 240044-0020 B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as Lot 26

3913 Sharp Road
recorded in the Land Records of Howard County, Maryland in Plat Bk. 9500 Liber Folio for the purpose of locating the improvements thereon.



LOCATION DRAWING
3913 Sharp Road
Sharp Farms
4th election district
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Ph. (410)442-2031
Fax No. (410)442-1315

Scale: 1" = 150'
Date: September 15, 2000
Field by: JLM
Drawn by: JLM

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00132746</u>
Building Address <u>3913 Sharp Rd</u> <u>Glennville Md 21738</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____ Census Tract <u>1840</u> Subdivision <u>Sharp Farm</u> Section _____ Area _____ Lot <u>26</u> Tax Map <u>21</u> Parcel <u>198</u> Grid <u>17</u> Zoning <u>RRPDEU</u> Map Coordinates <u>9E10</u> Lot size _____	Property Owner's Name <u>Steve & Nancy Richmond</u> Address <u>3913 Sharp Rd</u> City <u>Calumet</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>410-489-4229</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>Perfect Finish Remodeling</u> <u>4335 Roxbury Mill Rd</u> <u>Brookville Md 20833</u> Phone <u>410-489-9792</u> Fax <u>301-459-1748</u>	
Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Deck</u> Estimated Construction Cost \$ <u>2000</u> Description of Work <u>Deck to house</u> <u>2 level 17'6" x 12 + 10 x 14</u> <u>Slabs from 10 x 14</u>	Contractor Company <u>Perfect Finish Remodeling</u> Contact Person <u>John Kems</u> Address <u>4335 Roxbury Mill Rd</u> City <u>Brookville</u> State <u>MD</u> Zip Code <u>20833</u> License No. <u>35232</u> Phone <u>410-489-9792</u> Fax <u>301-459-1748</u>	
Occupant or Tenant _____ Contact Name <u>Cummins</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ 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 _____ 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: _____ <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>[Signature]</u> Applicant's Signature <u>Resident Perfect Finish</u> Title/Company	<u>John Kems</u> Print Name <u>10-5/81</u> Date
--	--

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development DPZ			Front _____	_____
State Highways			Rear _____	_____
Building Official			Side _____	_____
Dev. Engineering DPZ			Side St _____	_____
Health			All minimum setbacks met? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	_____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	_____
Distribution of Copies: White: Building Official Green: LDD: DPZ Yellow: DED: DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	

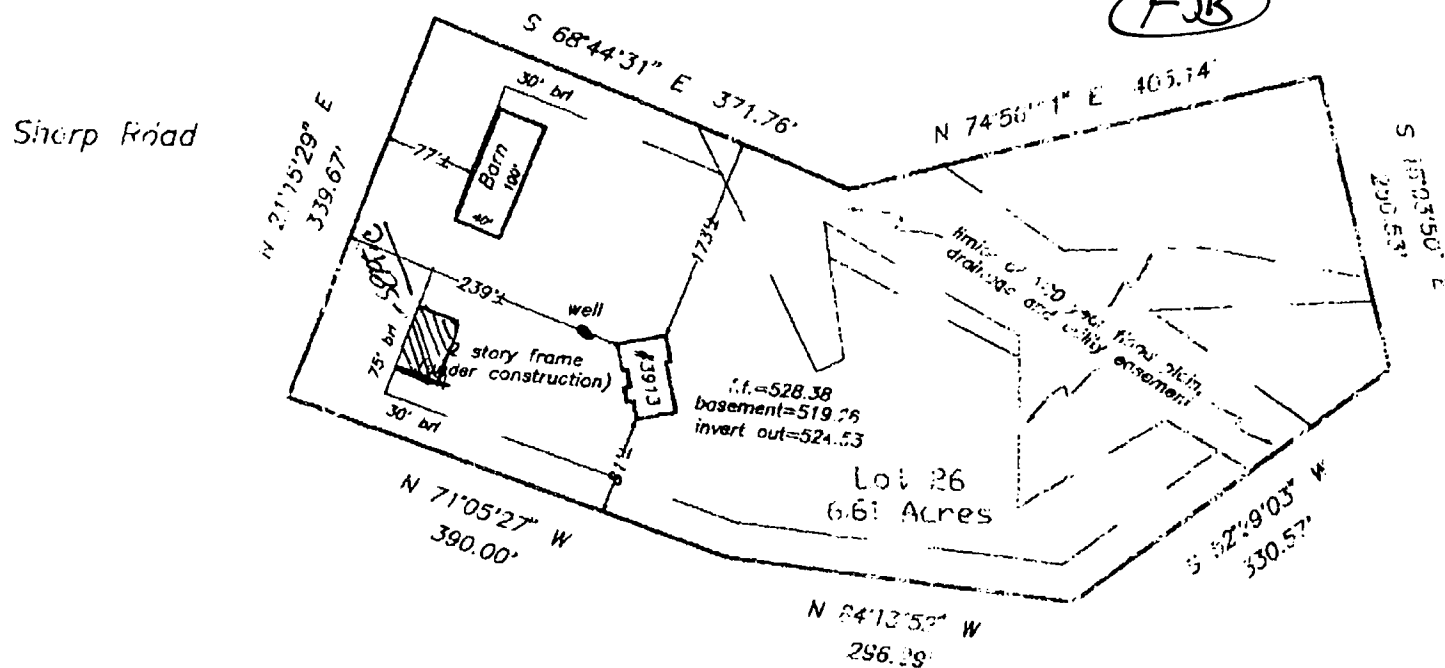
1-Forms/PERMIT-FRM Rev. 5/17/00

Wed or Thurs 1-3 Walkthru

NOTES:

- 1) B.U.L. information, if shown, was obtained from existing record plot or local agencies and is not guaranteed by NTL, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTL, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distances accurate. *1/2*

KJB

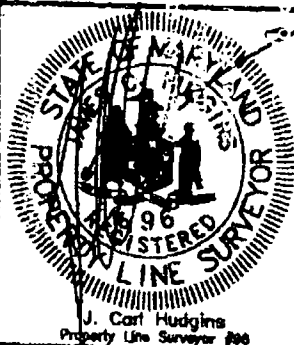


Subject property is shown in Zone C
of the National Flood Insurance Program
Standard Insurance Rate Map of Howard
County, Maryland Panel # 20 of 45
Community Panel # 240044-0020 =
Effective date: December 4, 1968

This is to certify that I have surveyed the property shown hereon,
being known as Lot 26

recorded in the Land Records of Howard County, Maryland
in Plat Bk. 9500 Liber Folio
for the purpose of locating the improvements thereon.

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- 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.



LOCATION DRAWING
3913 Sharp Road
Sharp Farms
4th election district
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.

16205 Old Frederick Road
Mt. Airy, Maryland 21771
Ph. (410)442-2031
Fax No. (410)442-1315

Scale:	1" = 150'
Date:	September 19, 2000
Field by:	JLM
Drawn by:	JLM
Drawing #	Misc4879ex