05-380944

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/16/86

APPROVAL DATE: 12/30/86

PERMIT

P 38254

A 22409

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

William H. Smith, Jr. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: PO Box 330, Forest Hill, 21050 PHONE NUMBER: 879-7641

SUBDIVISION: The Heritage LOT NUMBER: 60

ADDRESS: 4120 Sharp Road PROPERTY OWNER: Donald Braun

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: _____

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:	See original permit

PLANS APPROVED: C. Williams DATE: 8/6/86

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

P 38254

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

BUILDING PERMIT SIGNED AND RETURNED
4/4/2002 B00135218 FAMILY RM, DECK, REMODEL KITCHEN

BUILDING PERMIT SIGNED AND RETURNED 8-14-02
B00138003-DECK

12/30 AN

PERMIT

38252

SEWAGE DISPOSAL SYSTEM

A 22409

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 12/16/88

DATE SYSTEM APPROVED _____

INSPECTOR _____

William H. Smith, Jr. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7661

SUBDIVISION The Heritage ROAD 4120 Sharp Road LOT 60

PROPERTY OWNER W - 465 - 1090 Donald Brian BRAUN

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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Point 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 150 feet from the front lot line and 35 feet from the left lot line as seen when facing the property from Sharp Road. Run trench(s) along contour toward front of property.

NOTE - NO TRENCH TO EXCEED 120 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE ON ABOVE OF SEPTIC TANK. e/sw

PLANS APPROVED BY C. Williams DATE 8/05/88

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 IS REQUIRED EVERY 70 FEET OF SEWER LINE AND FOR AT OF SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEM O.K., TANK DISTRIBUTION BOX, TRENCHES TO BE 100 FEET FROM WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED.

NOTE: IF DRY TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 12 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.

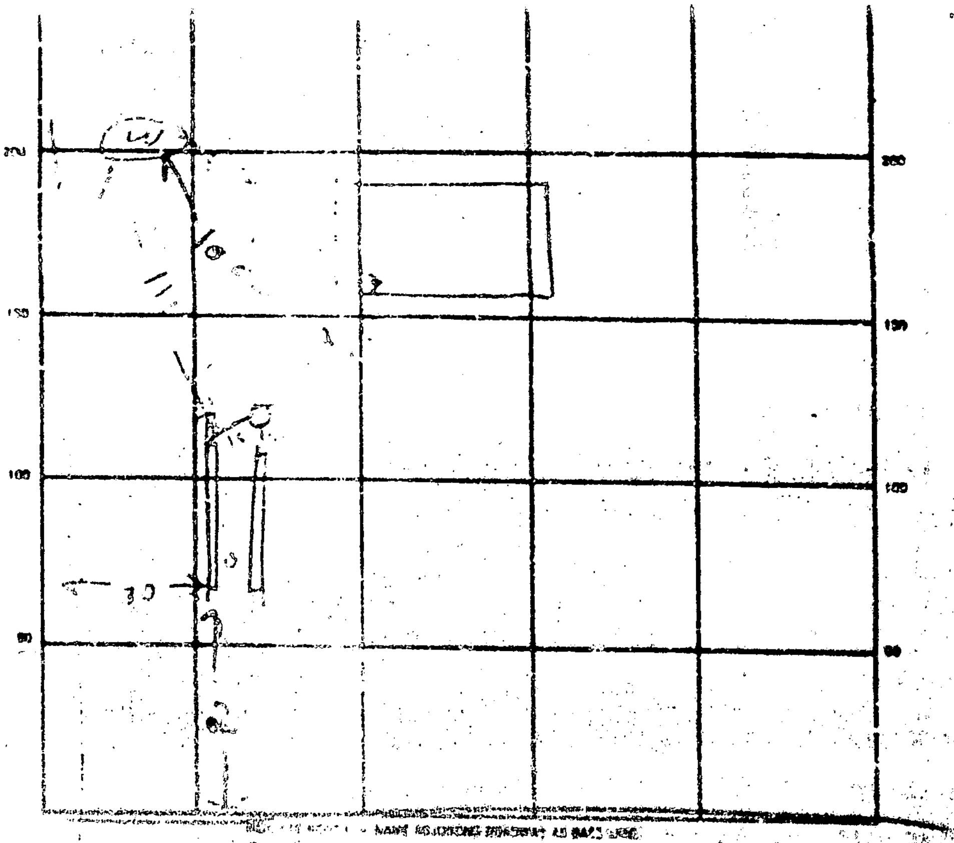
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTABLE. IF TOP OF SEPTIC TANK IS DEEPER THAN 2 FEET MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-3733 FOR INSPECTION OF SEPTIC SYSTEMS.

ER - 3-1[illegible]



SEPTIC TANK LEVEL 2" [illegible] CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH [illegible] FT. [illegible] WIDTH [illegible] FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH [illegible] FT. TOTAL LENGTH [illegible] TOTAL [illegible] FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA TOTAL 740 SQ. FT.

DRYWELL INSIDE DIAMETER ____ FT EFFECTIVE DEPTH BELOW INLET ____ FT.

ABSORBENT AREA ____ SQ. FT.

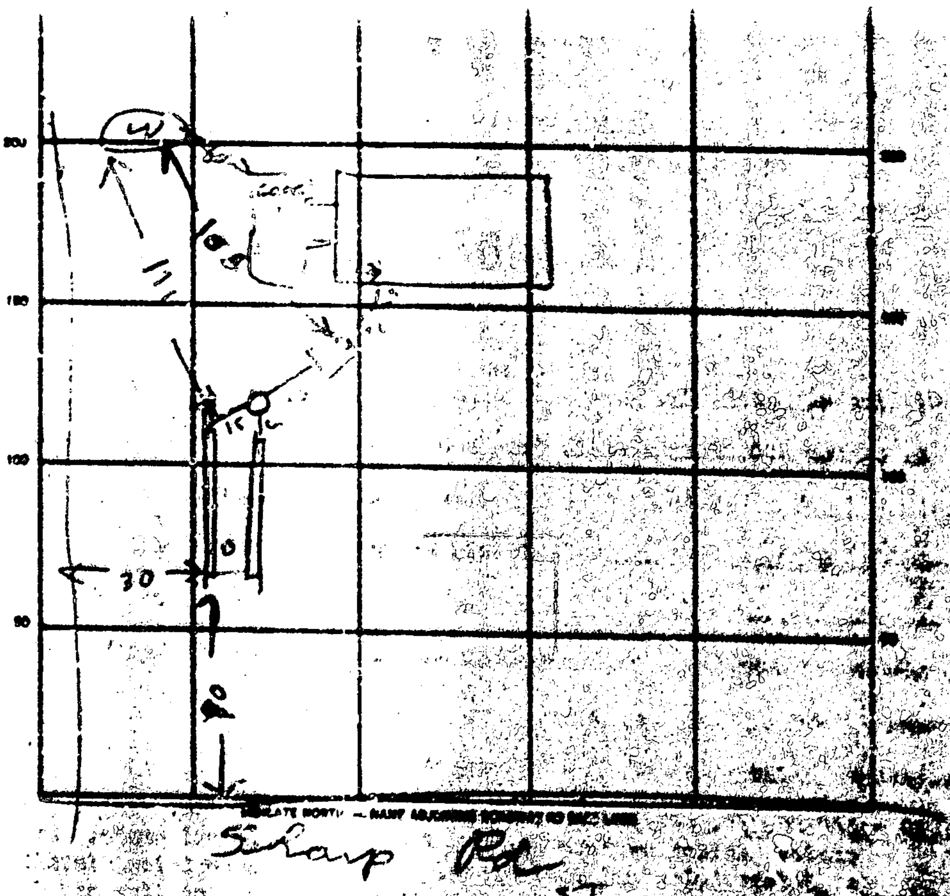
REMARKS 12-29-86 [illegible]

12/30/[illegible] TRENCHES [illegible] [illegible] OK

12/30/[illegible] 2:45PM STONE [illegible] BH 740 SQ FT INSTALLED

720 [illegible]

DATE SYSTEM APPROVED 11/3/[illegible] INSPECTOR Raymond Hodges



INDICATE NORTH — NAME ADJOINING ROADWAY [illegible]

SEPTIC TANK LEVEL 2c 1250 CLEANOUTS ST OK

DISTRIBUTION BOX, LEVEL OK

DRAIN FIELD/TILE FIELD, DEPTH ① 8 ② 8 FT. TRENCH WIDTH ① 3 ② 3 FT. INLET DEPTH [illegible]

EFFECTIVE GRAVEL DEPTH ① 5 ② 5 FT. TOTAL LENGTH ① 74 ② 74 TOTAL 148

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA TOTAL 740 SQ.FT.

DRYWELL INSIDE DIAMETER ______ FT. EFFECTIVE DEPTH BELOW INLET ______ FT.

ABSORBENT AREA ______ SQ.FT.

REMARKS 12-29-86 Not ready [illegible]
12/30/86 12:00 TRENCHES DUG ADD STONE OK
12/30/86 2:45PM STONE ADDED OK 740 SQ FT INSTALLED
720 SQ FT REQUIRED

DATE SYSTEM APPROVED 12/30/86 INSPECTOR [signature]

Preliminary

A 12649

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 335

DISTRICT 6

DATE 10/27/25

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 Stratford Land Development Co. DONALD BRAND

ADDRESS _____ PHONE _____

PROPERTY LOCATION

SUBDIVISION Stratford Run The Heritage LOT NO. 60

ROAD AND DESCRIPTION 4120 Stone Rd.

SIZE OF LOT _____ TYPE BLDG. 2 car 4
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 Ted Yob - Schneider

APPROVED BY Robert Mottefield FOR Grayfield DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING B.P. 71806

WELL PERMIT SIGNED AND RETURNED 2-27-26

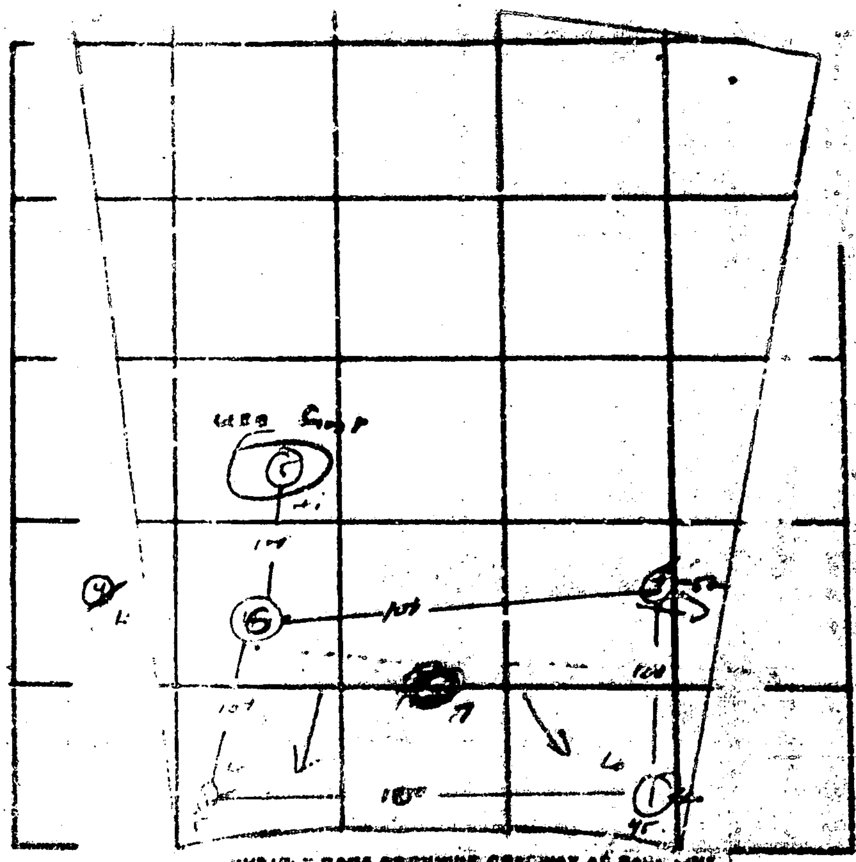
THIS IS NOT A PERMIT

Lot 84 60

(1, 2)
0 brown sandy loam
12

(3) (4) (6)
0 red (dark) clay / loam and rock
12

(5)
0 red clay / loam
12



NAME BEGINNING ROADWAY AT BASE LINE Sharp Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/13	1	2	0	5	5	18	13
	1A	6	0	5	5	14	9
	1B	12	dry	—	—	—	—
	2	2	2	[illegible]	6	11	5
	2A	6	2	10	10	23	13
	2B	12	water	[illegible]	[illegible]	—	—
	3	12	red. clay / few pieces of rock		[illegible]		
	4A / 4B	8	water @ 8'				
	5	2	0	6	[illegible]	[illegible]	10
	5A	6	0	4	4	8	4
	5B	12	0	[illegible]	[illegible]	10	[illegible]
	[illegible]	12	wet		dry		
5/28	7	2	2:[illegible]	2:27	2:[illegible]		
	7B	2	2:[illegible]	2:21	2:21	2:28	7
	3A	2	2:[illegible]	2:[illegible]	2:33	2:44	11
	3B	2	2:[illegible]	2:34	2:34	2:45	11

REMARKS 1B - [illegible] slated, sides caved

TYPE OF SOIL

TESTED BY R.M. ALSO PRESENT:

IN COLS. 3-4 ON ALL CARDS

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER A22409

DATE Received

DATE WELL COMPLETED 7/1/86

Depth of Well 245 (to nearest foot)

PERMIT NO. FROM "PERMIT" TO DRILL WELL: HO-81-0304

OWNER BRAUN (last name) JANET & DONALD (first name)

STREET OR RFD SHARP RD

SUBDIVISION THE HERITAGE TOWN GLENELG

SECTION LOT 60

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 FROM	FEET TO	Check if water bearing
Brown shale	0	33	
Gray mica rock	33	245	

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 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. 236

Joseph L. Morgan

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 776

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CC CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	46

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 BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN — DEPTH (nearest ft.)

Type	From	To
HO	55	245

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 62

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING | LOG INDICATOR (E.R.G.S.) | OTHER DATA (WG)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 23

WHEN PUMPING 46

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 (CIRCLE) (YES or NO) YES 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.)

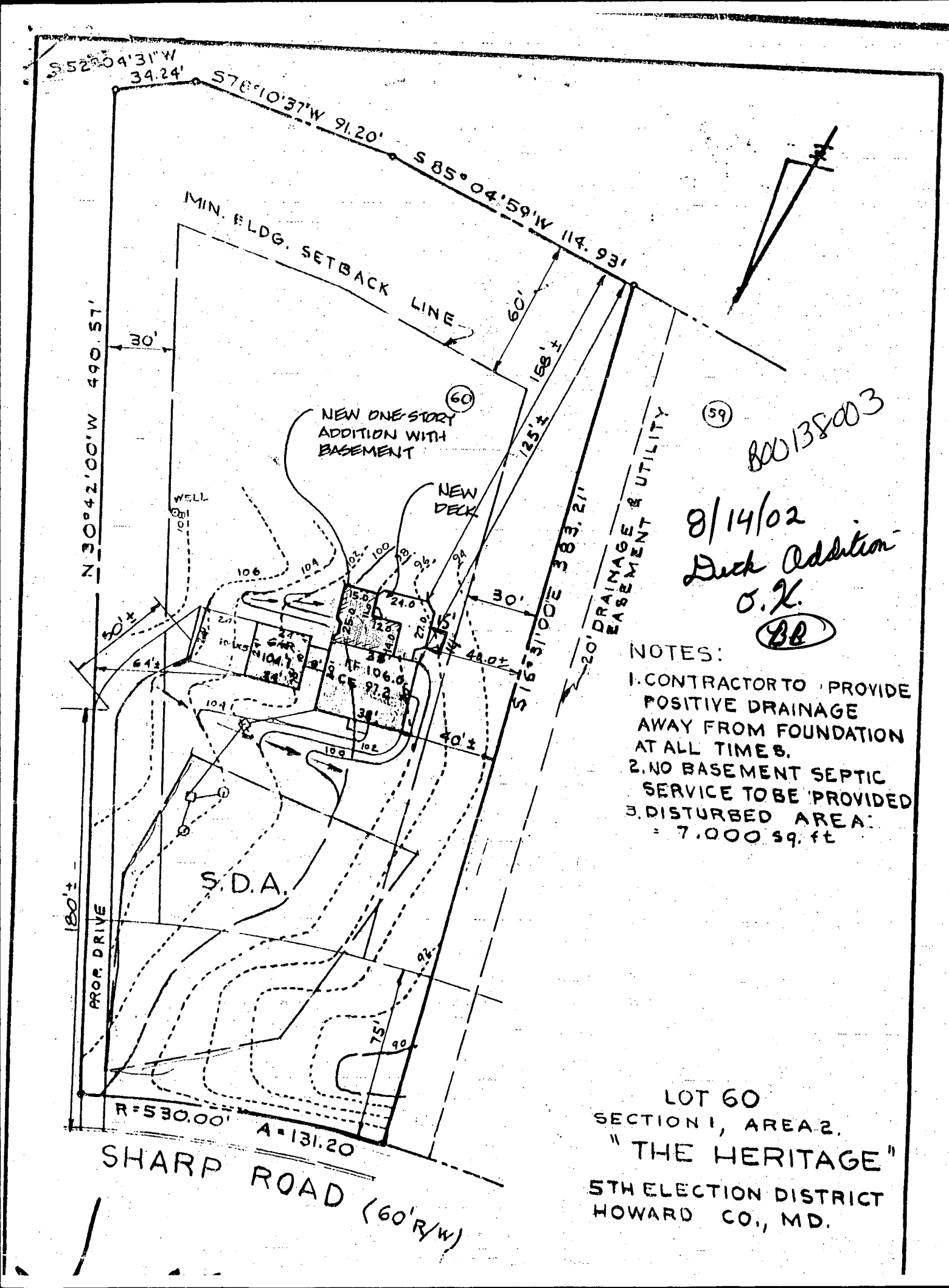
CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE 1 (nearest foot)

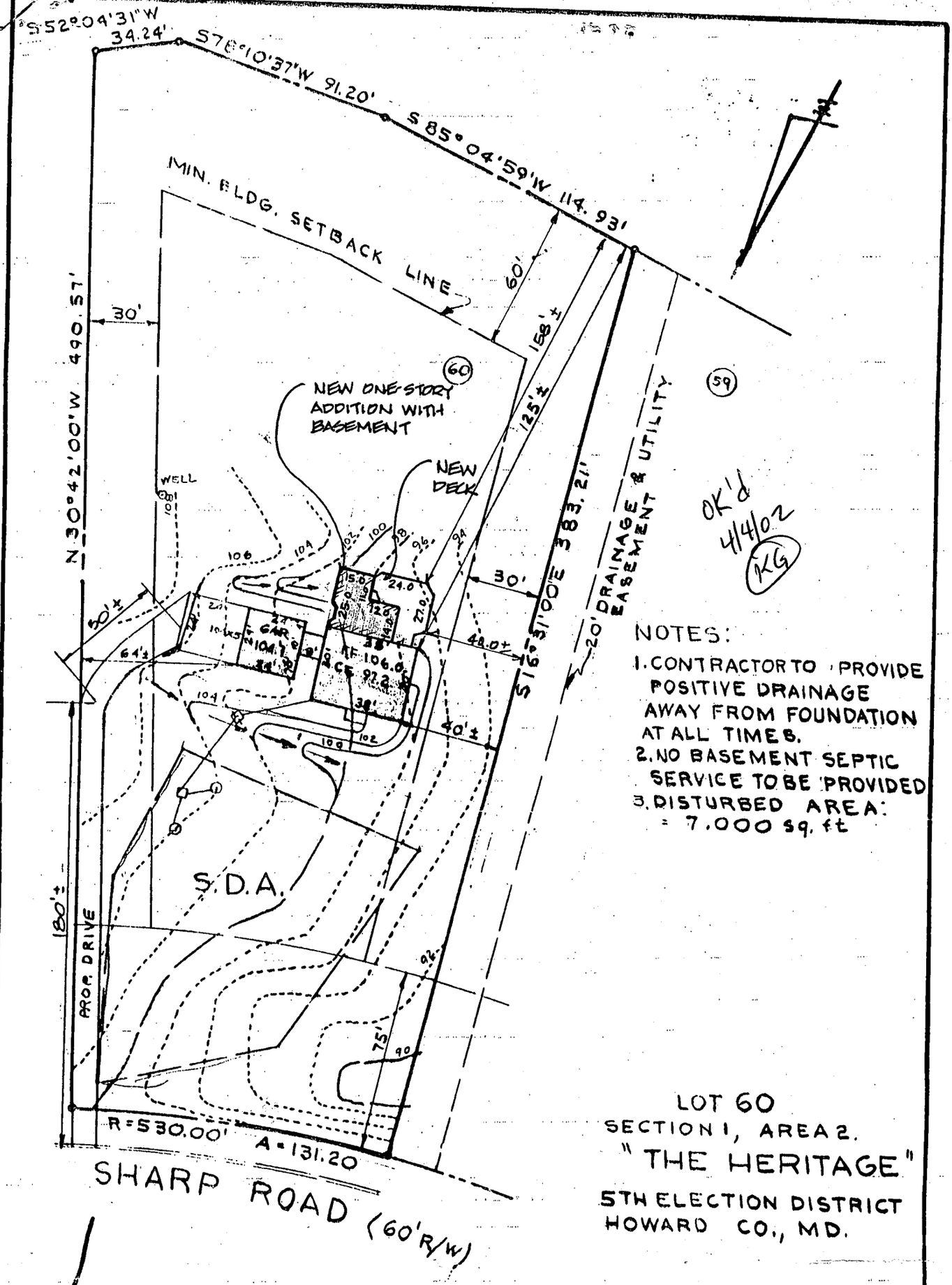
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

SHARP RD.

HEALTH


S 52°04'31" W 34.24'
S 78°10'37" W 91.20'
S 85°04'59" W 114.93'
MIN. BLDG. SETBACK LINE
N 30°42'00" W 490.57'
30'
60'
168'±
125'±
60
59
NEW ONE-STORY ADDITION WITH BASEMENT
NEW DECK
WELL
S 16°31'00" E 383.21'
20' DRAINAGE & UTILITY EASEMENT
30'
40'±
61'±
48.0'±
15'
S.D.A.
180'±
PROP. DRIVE
R=530.00'
A=131.20
SHARP ROAD (60' R/W)
800138003
8/14/02
Deck Addition
O.K.
BB
NOTES:
1. CONTRACTOR TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
2. NO BASEMENT SEPTIC SERVICE TO BE PROVIDED
3. DISTURBED AREA: = 7,000 sq. ft
LOT 60
SECTION 1, AREA 2.
"THE HERITAGE"
5TH ELECTION DISTRICT
HOWARD CO., MD.



NOTES:

1. CONTRACTOR TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
2. NO BASEMENT SEPTIC SERVICE TO BE PROVIDED
3. DISTURBED AREA: = 7,000 sq. ft

LOT 60
SECTION 1, AREA 2.
"THE HERITAGE"
5TH ELECTION DISTRICT
HOWARD CO., MD.

J.W.M.K

7·14·86

James W. McKee, MD Reg. 9012 Date

STATE OF MARYLAND
JAMES W. McKEE
No. 9012
REGISTERED
PROFESSIONAL LAND SURVEYOR

SITE PLAN
SHARP ROAD

scale: 1"=50'

date: 7·14·86

job no.: CC·199

drawn: MM

designed: MM

McKEE & ASSOCIATES, INC.

CIVIL ENGINEERS - LAND SURVEYORS
SHAWAN PLACE
5 SHAWAN ROAD HUNT VALLEY, MD 21030
301-252-5820

— Call contractor 5

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 B0013518 KL

Building Address 4130 Sharp Road
Glenelg MD. 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6070 Subdivision Heritage

Section — Area — Lot 60

J.W. Tax Map 21 Parcel 184 Grid 24

Zoning RR-DEO Map Coordinates 9F11 Lot size

Property Owner's Name Dan & Janet Brown

Address 4130 Sharp Road

City Glenelg State MD Zip Code 21737

Home Phone 410-442-2628 Work Phone —

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

Phone Fax

Existing Use Single Family Dwelling

Proposed Use Same w/ Addn'l

Estimated Construction Cost $ 40,000

Description of Work Add new Breakfast and Family Room and adjoining Deck, Remodel Kitchen, unfinished basement w/Bath

Contractor Company C.H.I. Contractors

Contact Person John Cochran

Address 14661 MUSTANG PATH

City Glenwood State MD Zip Code 21738

License No. 71948

Phone 410-489-5111 Fax 410-489-3500

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company Time - Dimensions

Contact Person _____

Address 3137 Basford Rd

City Frederick State MD Zip Code _____

Phone 301 874-5053 Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	24'	67'
2nd floor:	28'	40'
Basement:	35'	40'

Finished Basement ☑ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private

Sewage Disposal:
____ Public
✓ Private

Electric Yes ☑ No ☐
Gas Yes ☐ No ☑

Heating System:
Electric ☑ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ 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 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.

John Cochran
Applicant's Signature

John Cochran
Print Name

C.H.I. Contractors
Title/Company

4/3/02
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	4/4/02	Karen Broder
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone: _____
SDP/Red-line approval date _____

PROPERTY ID#: 54161

Filing fee	$ 25
Permit fee	
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 14165
Validation	# 47422

Accepted by JW

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM

Rev. 5/17/00