

10/18/94. noon

PERMIT

04-350847

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50380C

A 41281

DISTRICT 4th

DATE 4/2/94

DATE SYSTEM APPROVED 10/18/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XX461-9933X 313-2640

INDEXED

Jack Fyock Septic Services

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS PHONE 988-9270

SUBDIVISION Sharp Farms LOT 29 ROAD 3933 Sharp Road

PROPERTY OWNER Aboul & Patricia Karzai

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

180
4
720
180
41720

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start trenches 270 feet down right property line being 557 feet in length and in 130 feet from right property line when facing lot from Sharp Road. Run trenches in both directions.

Notes - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/24/94 DKS

PLANS APPROVED BY C. B. Streaker/Amy McMillen

REVISED DATE 04/28/94

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, 90° ELBOWS NOT ACCEPTABLE.

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 4/9/03 BOO 14/149 SUN ROOM

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

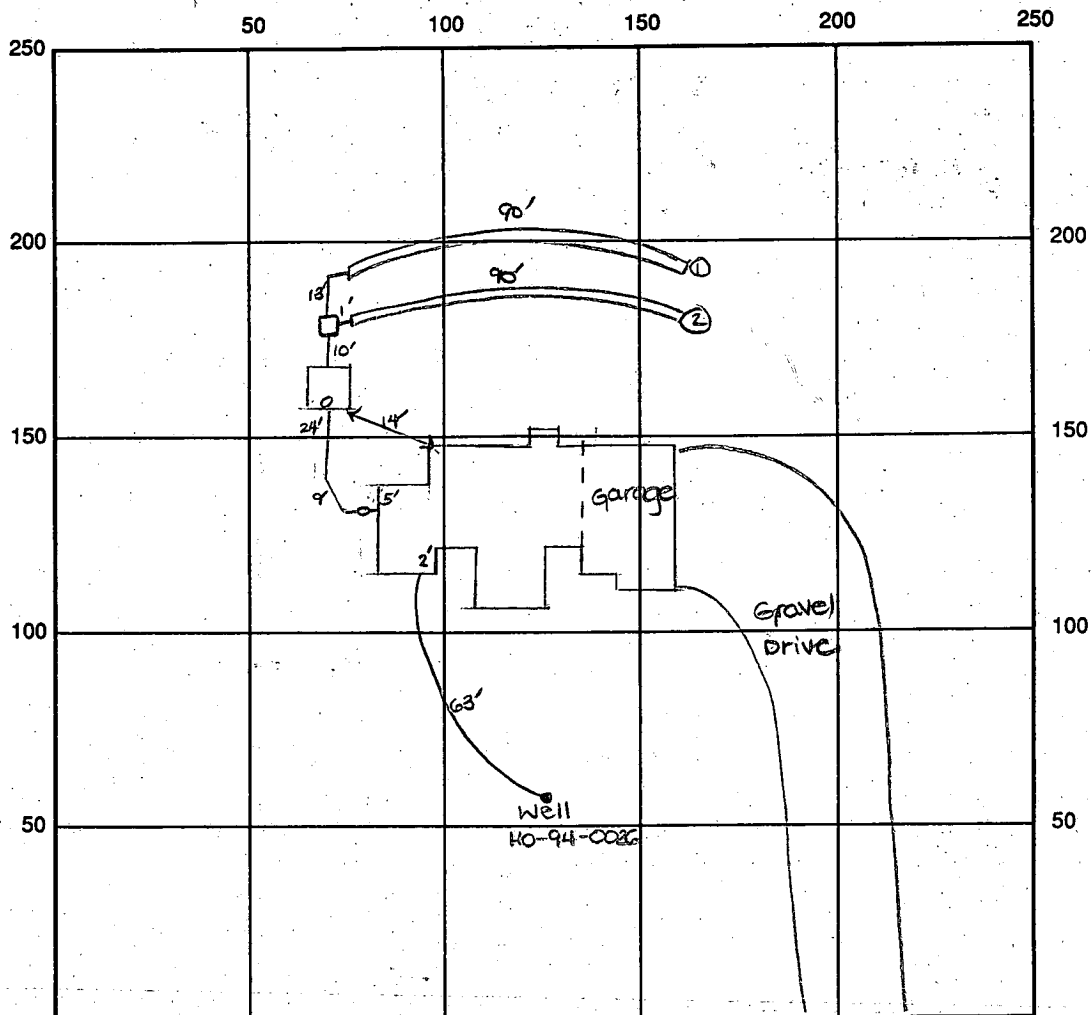
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

**BUILDING PERMIT SIGNED
AND RETURNED**

A 41281



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sharp Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ① 90 ② 90 FT.

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

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/18/94 Final - OK to cover all work. DKS

DATE SYSTEM APPROVED 10/18/94

INSPECTOR

Sonny K. Joe

APPLICATION

A 41281

SEWAGE DISPOSAL TESTING

P _____

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. 356

DISTRICT 4th

DATE 3/24/88

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 CHARLES A. SHARP About + Patricia KARZAI

ADDRESS 3779 SHARP ROAD, GLENWOOD, MD. 21738 PHONE 301-953-1358
489-4630

PROPERTY LOCATION:

SUBDIVISION SHARP FARMS, LOTS 1-16 LOT NO. 28 on Final
12

ROAD AND DESCRIPTION N.W. OF INTERSECTION BETWEEN SHARP ROAD
AND SHADY LANE

SIZE OF LOT 4.00 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 _____

BLDG. PERMIT SIGNED
AND RETURNED 04/28/88

SHARP # 53549

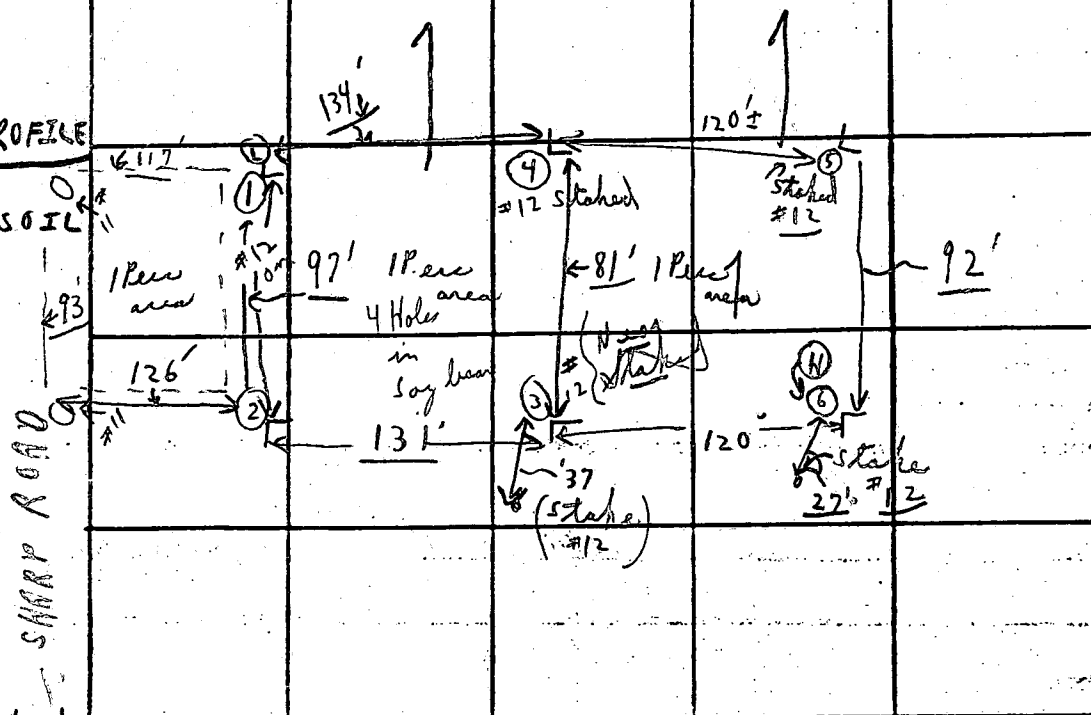
SFD - 4Brm

THIS IS NOT A PERMIT

#12

SOIL PROFILE

BELOW - T. SOIL
+ CLAY



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

SHARP ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28/88	1A	3'	12:35	12:39	12:39	12:43	4m
	1B	1'	:	:	:	:	
	2A	3 1/2'	(1/2 mmi below 12:45)				
	2B	12'	V. susp				
	3A	3'	12:45	12:47	12:47	12:50	3mm
	3B	12'	:	:	V. susp	L. oam	
	4A	2'	12:51	12:52	12:52	12:54	2m
	4B	13'	:	:	L. OA;	:	
	5A	2 1/2'	12:55	12:56	12:56	12:58	2m
	5B	11 1/2'	:	L. OAM	:	:	
	6A	2'	12:59	1:00	1:00	1:02	2m
	6B	5'	12:59	1:00	1:00	1:02	2m

REMARKS

[TESTS { ^{NOT} PER } STAKE]

TYPE OF SOIL

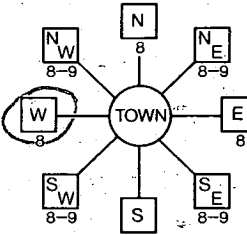
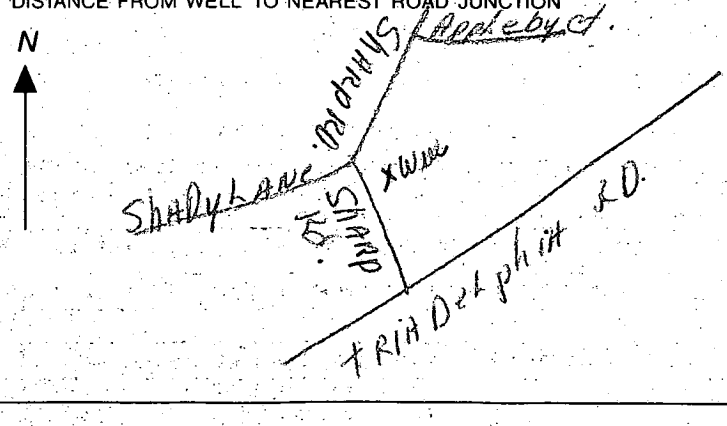
TESTED BY

C.B. ~~2~~

ALSO PRESENT:

W O O D Y
F Y O C K
S K I P P Y

11' Dry
LOAM

B 1 02662 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0026 <small>70 fill in this form completely 79</small>
Date Received (APA) 020794 OWNER INFORMATION 8 SHARP 13 CHARLES 15 Last Name 21 Owner 27 First Name 34 36 3779 SHARP ROAD 55 57 GLENNWOOD 70 State 72 MD 74 21738 76 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 HOWARD 2 8 COUNTY 21 23 SUBDIVISION SHARP FARMS 42 SECTION 44 46 LOT 29 50 GLENNWOOD 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 MI 76 77 78
DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 80 24 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy 2171 Signature Joseph L. Mayne 2/7/94 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD SHARP RD. 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW DISTANCE FROM ROAD 95 34 37 ENTER FT or MI FF 38 39
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A41281 STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED 021094 Ch. Well 2/10/95 CO SIGNATURE _____ NORTH GRID 520000 50 55 EAST GRID 0796000 57 63 EXP. DATE _____
APPROXIMATE DEPTH OF WELL 220 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		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 7906 N 5200 000 000
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTARY 37 AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT <input type="radio"/> other _____		2/15/94, NOON 42 casing 38 open 12 bags loc. OK grow + OK 2/15/94 x 845 FULL
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
Not to be filled in by driller. (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 63 FORCE CW 67 68 WRITE INITIALS IN BOX PERMIT No. H0-94-0026 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

See Attached
Well Location

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt #
Date

10/18/94

Name of Installer

ROBERT L. FEELER, CO. INC.

Telephone

781-4655

License Number

2122

Certified Well Pump Installer ☒

Well Driller ☐

Registered Plumber ☒

Name of Property Owner

CHARLES HENRY HOMES

Telephone

795-1405

Subdivision

DILL

Lot #

29

Well Tag #

HO-94-0026

Site Address

3933 SHARP ROAD

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make

AEROMOTOR

3. Model #

75-8

4. Capacity

8 GPM

5. Pump exceeds well capacity Yes ☐ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

1. Horsepower

1/2

2. RPM

3456

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make

HAERMAN

2. Model #

VT-800

3. Depth

42" +

Tank WX-203 CAPTIVE AIR

1. Capacity

32 GPM

2. Pressure relief valve? ☐

10/18/94

4.5' below grade

1.54 above grade

OK to cover. DKS

Piping

1. Type

Poly

2. Size

1/2"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line

42" +

Well data

1. Depth

165 ft.

2. Yield

15 GPM

3. Static water level

ft.

4. Will water supply be disinfected by installer? ☒

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant:

Robert L. Feeler

Date:

10/18/94

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21020
(410) 232-7742

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Charles Henry Homes, Inc.
Attn: David Byrnes
9005 Naygall Road
Baltimore, Maryland 21234

REPORT DATE: Dec 13, 1994

County Howard

Lab Number 94-5534

Sample iced Yes
Residual Cl_2 <0.1 mg/L

cc: County Health Dept. Yes

Property Sampled: U&C: 3933 Sharp Road

Station Sampled: Laundryroom tap

Date/Time Sampled: Dec 12, 1994 10:00 am

Owner, Telephone No.: Karzai

Subdivision Name: Sharp Farms

Building Permit No.: 53549

Well Number: HO-94-0026

Tax Map #:

Parcel #:

Sampler: E. Hause #94-312

Lot Number: 29

Observation: Satisfactory

RESULTS OF ANALYSIS:

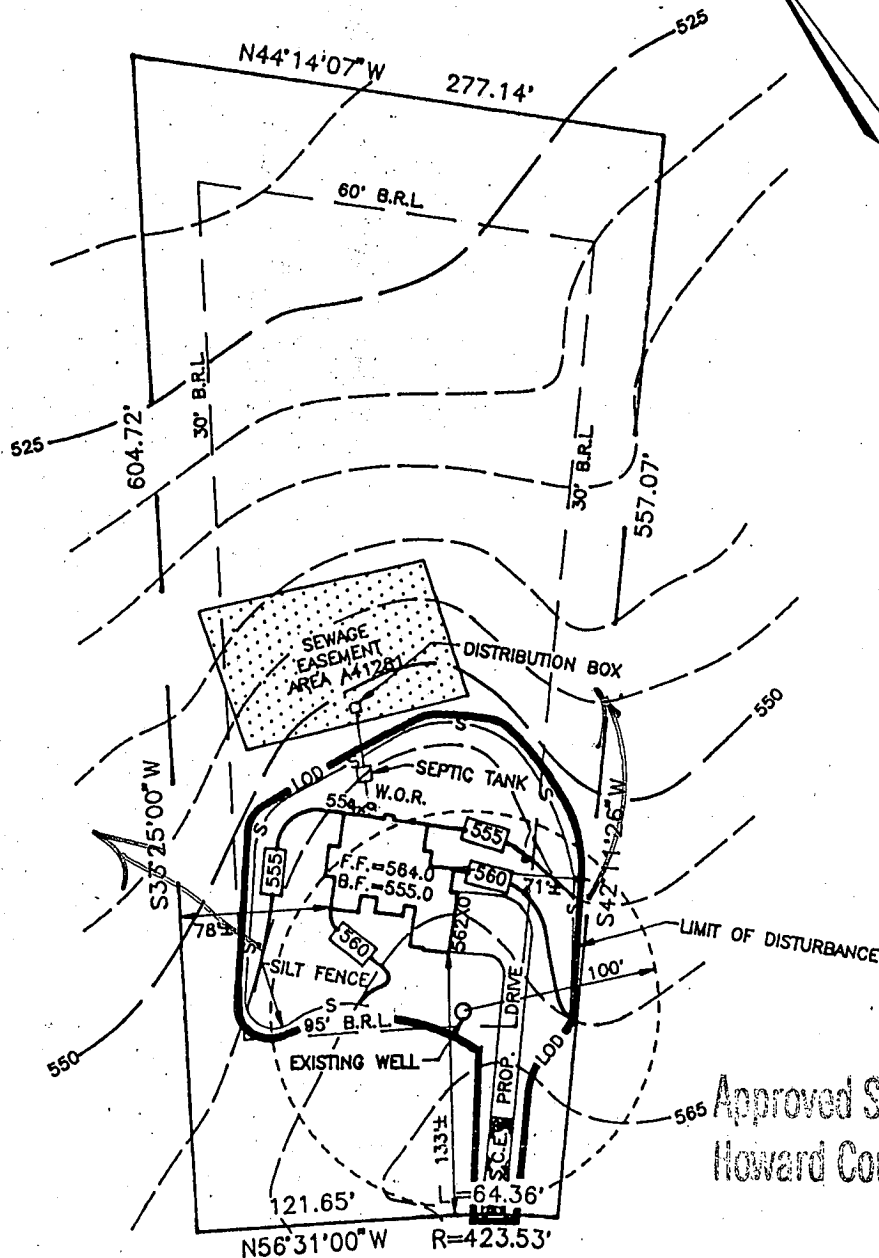
Parameter	Result	Method	MCL	
Nitrate	✓ 5.1 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	✓ <1.0 NTU	EPA 180.1	10.0 NTU	Pass
pH	✓ 5.4 Units	EPA 150.1	6.5-8.5 Units	
Sand	✓ Negative		Negative	
Total Coliform	✓ Absent	ONPG-MMC MUG	Absent	Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was **SAFE** for drinking purposes.

Heather R. Beam

Heather R. Beam

3.05 Ac



Approved Septic System Plan
Howard County Health Department

SHARP ROAD

Amy M. Miller 4/28/94
Signature Date

SEPTIC INFORMATION

NOTE

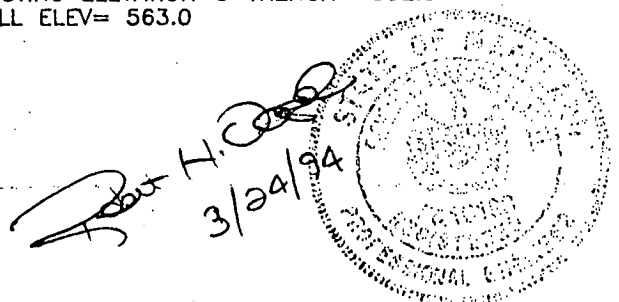
- *PERC FIELD & WELL LOCATION ARE FROM HEALTH DEPARTMENT RECORDS.
- *TOPOGRAPHY SHOWN HEREON OBTAINED FROM HEALTH DEPARTMENT RECORDS.

PREPARED FOR:
CHARLES HENRY HOMES, INC.
9005 NAYGALL ROAD
BALTIMORE, MARYLAND 21234

F.F.= 564.0
B.F.= 555.0
INVERT OUT OF HOUSE= 553.0
INVERT INTO SEPTIC TANK= 552.6
INVERT OUT OF SEPTIC TANK= 552.3
EXISTING ELEV @ SEPTIC TANK= 555.8
INVERT INTO DISTRIBUTION BOX= 551.5
EXISTING ELEV @ DISTRIBUTION BOX= 552.5
INVERT INTO TRENCH= 549.5
EXISTING ELEVATION @ TRENCH= 552.5
WELL ELEV= 563.0

MARKS-VOGEL ASSOCIATES, INC.

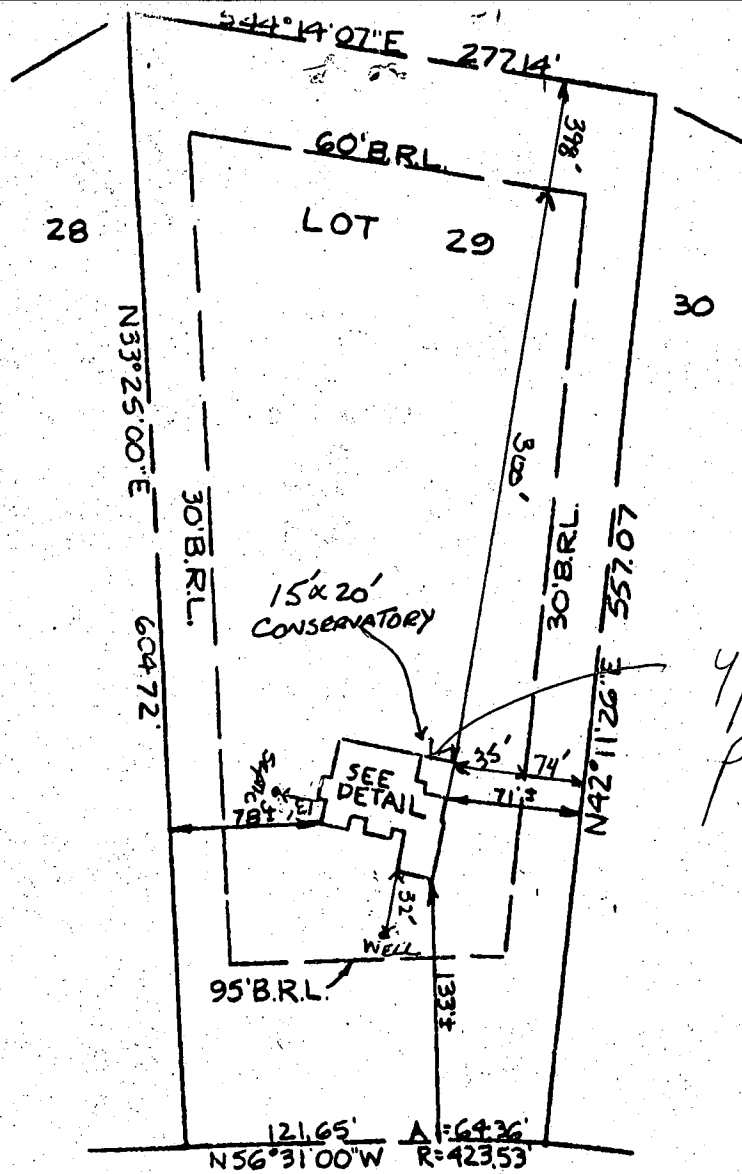
CONSULTING ENGINEERS-SURVEYORS-PLANNERS
3691 PARK AVE #101 ELLICOTT CITY, MD. 21043
TELEPHONE (410) 461-5828 FAX (410) 465-3966



PLOT PLAN

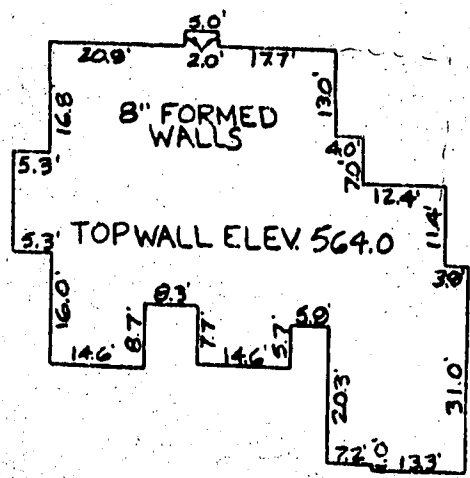
FOR
LOT 29 SHARP FARMS
KARZAI RESIDENCE
HOWARD COUNTY, MARYLAND

SCALE 1"=100'
DRAWN BY D.G.H.
CHECKED BY R.H.V.
DATE MARCH, 1994
W. O. #

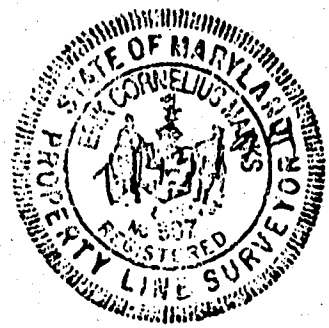


4/9/03-
 proposed
 conservatory ok (SRK)

SHARP ROAD
 SCALE 1" = 100'



DETAIL
 1" = 30'



FLOOD CERTIFICATION

SUBJECT PROPERTY IS SHOWN IN ZONE C AS SHOWN ON
 COMMUNITY PANEL 240214-0014B EFFECTIVE DATE DEC 4 1996
 THIS PLAT IS NOT INTENDED TO BE USED FOR THE PURPOSE
 OF ESTABLISHING PROPERTY LINES OR POINTS AND WAS
 PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT

RECORD REFERENCES	LOCATION SURVEY WALL OF CHECK	MARKS-VOGEL ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELIJACOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3968
LIBER/FOLIO _____	3033 SHARP ROAD	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <div data-bbox="908 2414 1288 2497" data-label="Text"> <p><i>Erik C. Marks</i></p> </div> <div data-bbox="850 2483 1181 2538" data-label="Text"> <p>ERIK C. MARKS R.P.L.S. #807</p> </div>
PLAT BOOK _____	HOWARD COUNTY	
PLAT NO./FOLIO <u>2500</u>	MARYLAND	
SCALE <u>AS SHOWN</u>		
DATE <u>7-12-24</u>		