5/21/99
1:00

01-350855

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511475

A 41282

DISTRICT

DATE 3/24/99

DATE SYSTEM APPROVED 5/25/99

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Sharp Farms LOT 30 ROAD 3939 Sharp Road

PROPERTY OWNER Mitchell

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS ~~DOUBLE TANK~~

BUILDING PERMIT SIGNED AND RETURNED
41204 6001492421 - DETACHED GARAGE

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start trenches in 80 feet from rear lot line (382'+ in length) and 170 feet from right lot line being 483' in length when facing lot from Sharp Road. Run trenches on contour toward the rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/5/99 DKS

PLANS APROVED BY C. B. Streaker/Amy McMillen DATE 12/21/98

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)

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.

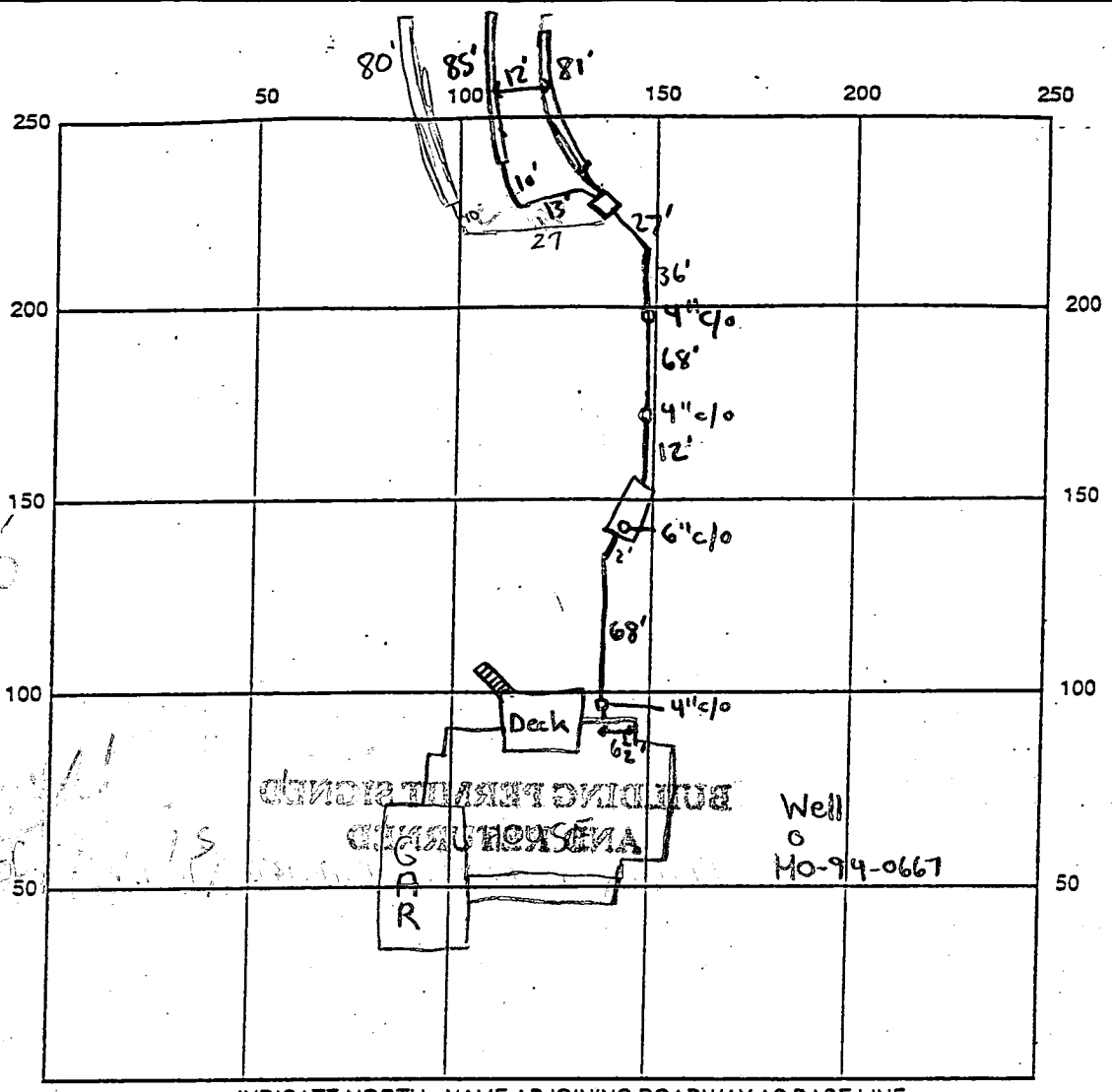
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(5-90)

41282



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SHARP ROAD

SEPTIC TANK LEVEL 1500 gallon top seam CLEANOUTS 4"@house, 6"@ST, 2-4" between tank & box

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 4½ FT. TRENCH WIDTH 3 FT. INLET DEPTH 2½ FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 224 FT.

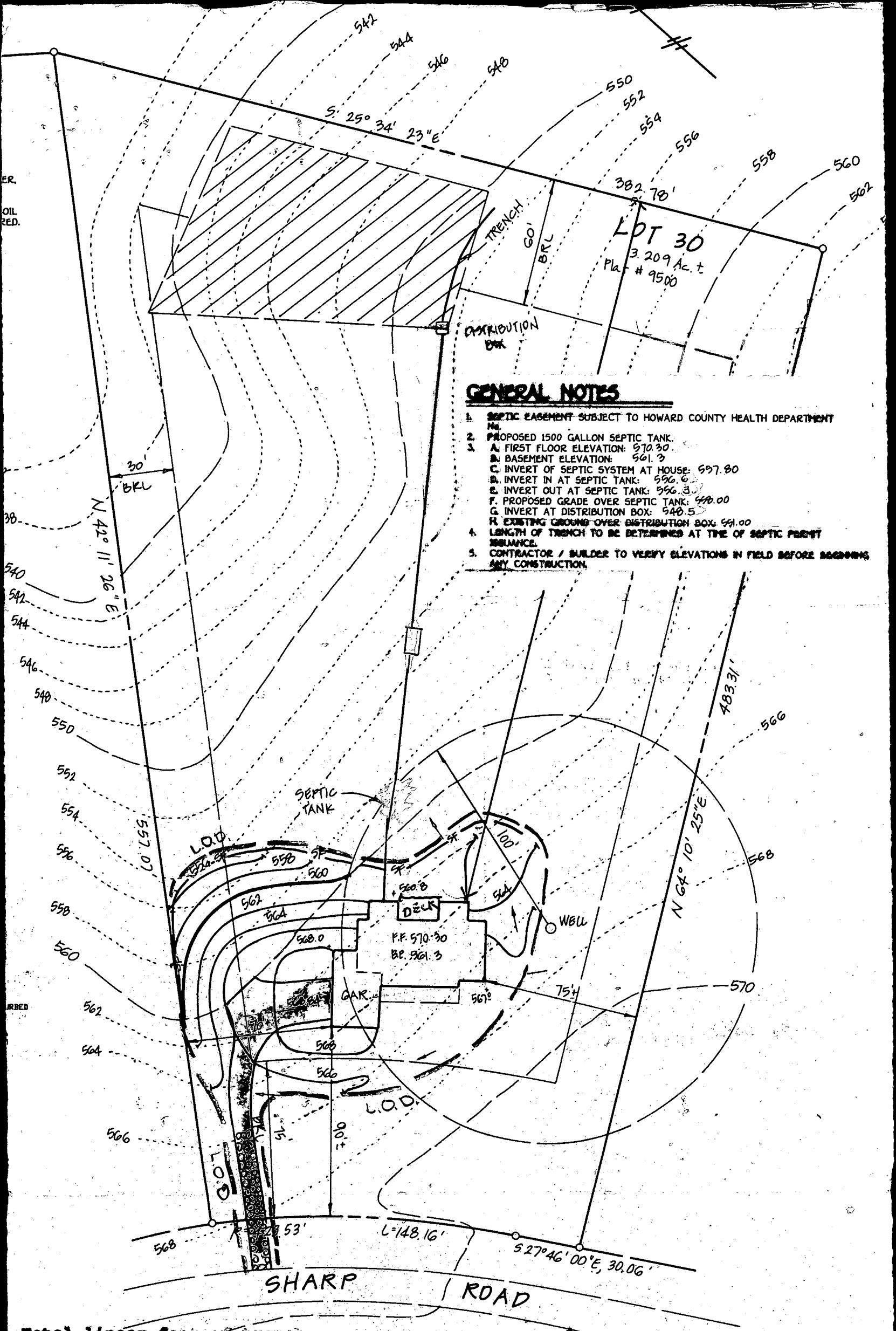
NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/21/99 - House connection made, OK TO CONTINUE WORK (COVER FROM HOUSE TO BOX) SRH 5/25/99 OK to cover all work final ✗

DATE SYSTEM APPROVED 5/25/99 INSPECTOR A. McMullen



Total linear feet of trench required 240 **feet**

Width of trench(es) 3.0 **feet**

Depth of trench(es) 4.5 **feet**

Depth of stone required below distribution pipe 2.0 **feet**

Approved Septic System Plan
Howard County Health Department

Signature

12/21/98
Date

APPLICATION

A 41282

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. 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~~ Michelle

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

PROPERTY LOCATION:

SUBDIVISION SHARP FARMS, LOTS 1-16 LOT NO. ~~13~~ 30 on Final

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

~~3770~~ 3939 SHADY LANE

BLDG. PERMIT SIGNED AND RETURNED ~~12-21-88~~

SIZE OF LOT 3.21 Ac.± TYPE BLDG. S.F.D. - 4 BEDROOM

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE Sewage # B7011545

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

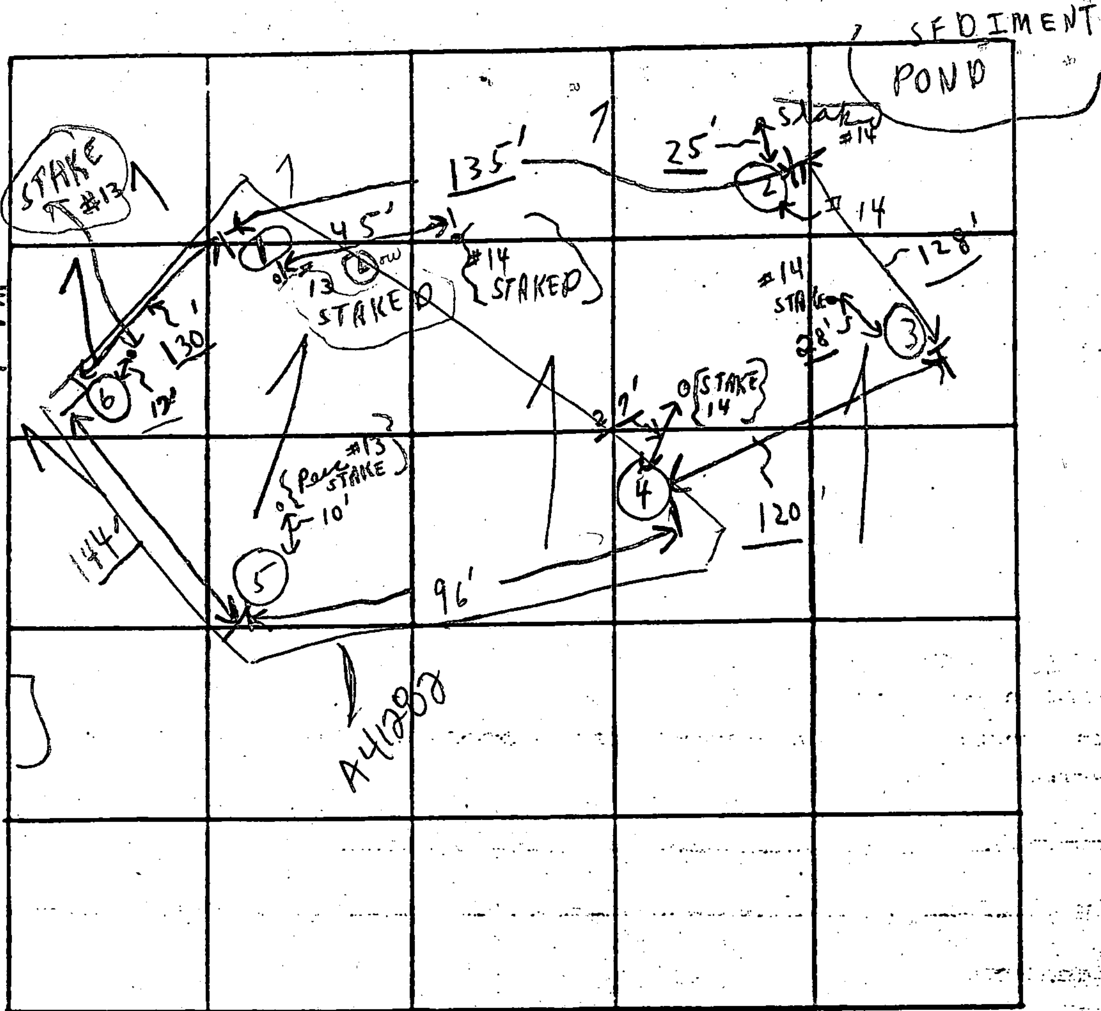
(A- 41282)

#13

SOIL PROFILE
BELOW-T. SOIL
+ CLAY

LOAM

PERC AREA
2 LOTS
ADJ
13 & 14



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SHARP ROAD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/28/88	1A	3½'	1:10	1:13	1:13	1:17	4m
	1B	12'			Visual	LOAM	
	2A	2'	1:12	1:14	1:14	1:16	2m
	2B	11'					
	3A	2'	1:27	1:29	1:29	1:31	2m
	3B	4'	1:28	1:30	1:30	1:32	2m
	4A	3½'		Visual		Loam	
	4B	11'		↓			
	5A	2½'	1:38	1:40	1:40	1:43	3m
	5B	4'	1:37	1:38	1:38	1:40	2m
	6A	2½'	1:45	NEAR 1:47 AT	1:47	1:50	3 min
	6B	10' TESTS; PER STAKES				Loam	

3A–3B: 12 Day

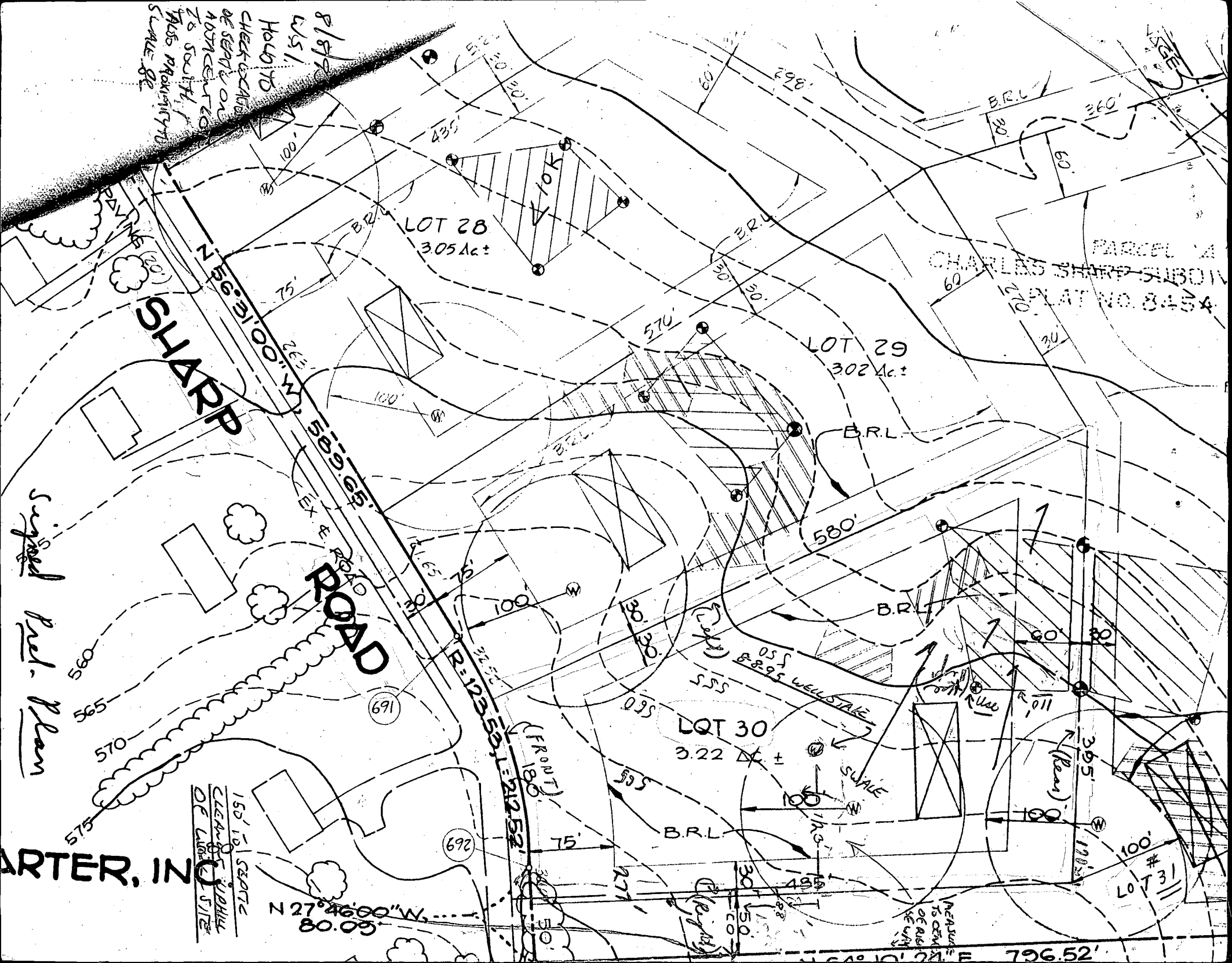
5A–5B: 11 Day

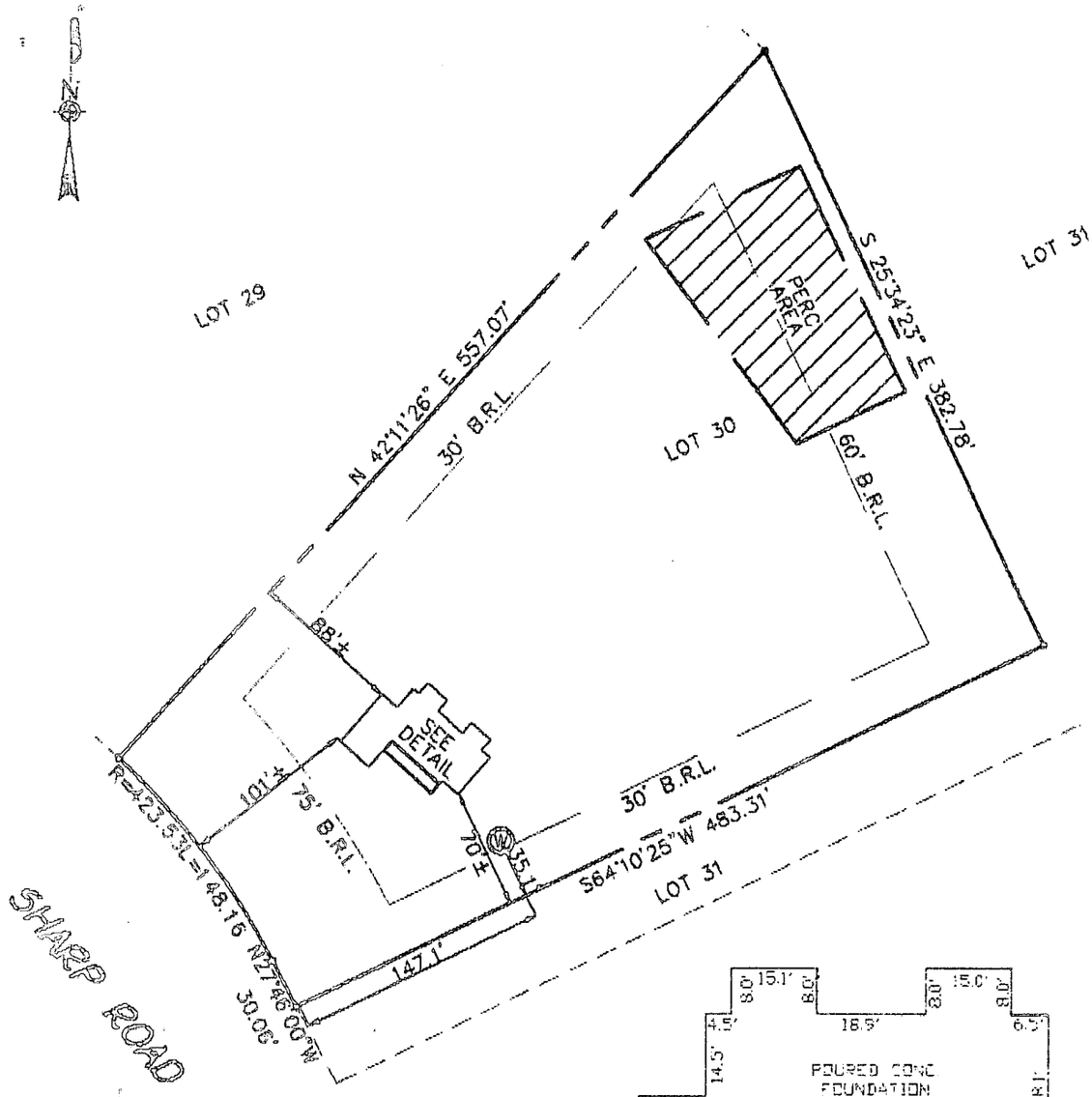
REMARKS — TESTS IN OPEN

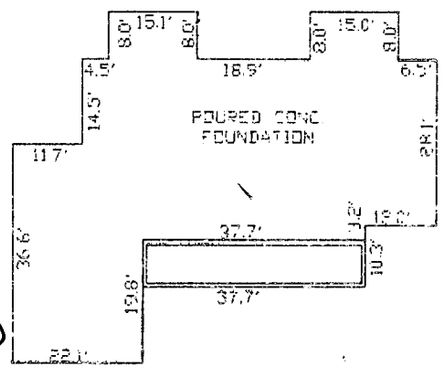
TYPE OF SOIL some small stone @ 8'

TESTED BY C.B.S.

ALSO PRESENT: Wendy [illegible], C. [illegible]


SHARP ROAD
N 56°31'00" W, 589.65'
R=1235.52'
N 27°46'00" W, 80.09'
LOT 28
3.05 Ac ±
LOT 29
3.02 Ac ±
LOT 30
3.22 Ac ±
LOT 31
CHARLES SHARP SUBDIV
PLAT NO. 8454
B.R.L.
EX. 4' ROAD
SCALE
Signed Prel. Plan
ARTER, INC.





DETAIL
1"=30'

WALL CHECK
OK, HOUSE MOVED BACK AND TO THE RIGHT,
BOT WELL IS 35'± TO HOUSE LOCATION
MR 4/21/99

UILDING RESTRICTION LINE
OUNDATION ELEV. 568.95'±

LOT 30
SHARP FARMS
LOTS 17 – 31
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAN
PLAT REF: 9500

LLINS & CARTER, INC.
CONSULTANTS & LAND SURVEYORS
FFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ICOTT CITY MARYLAND 21042
(410) 461 - 2855

PROFESSIONAL LAND SURVEYOR DATE
REG. #

HOUSE LO
DRAWI

FOUNDATION LOCA
FINAL LOCATION:
BOUNDARY SURVE

SCALE: 1"=100'
DATE: 3/5/99
DRAWN BY: T.P.E.
CHECKED BY: M.P.L.
PROJECT No.: 61305

STATE OF MARYLAND
WELL COMPLETION REPORT

C 1 | 2824 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER: A-41282

ST/CO USE ONLY DATE Received	DATE WELL COMPLETED	Depth of Well (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
72795	090795	200	HO-94-0657

OWNER: MENOIS (last name) MATTHEW (first name)
STREET OR RFD: SHARP ROAD TOWN: GLENELG
SUBDIVISION: SHARP FARMS SECTION: ______ LOT: 30

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
Sand	0	28	
Gray Mica Rock	28	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no N (circled: 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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 24

Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y (circled) / no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT CM (circled) / BENTONITE CLAY BC

NO. OF BAGS: 10 NO. OF POUNDS: 940
GALLONS OF WATER: 60

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 27 ft. (BOTTOM) (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	31

OTHER CASING (if used) — diameter inch; depth (feet) from / to: (blank)

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	Type	DEPTH (nearest ft.) from	to
1	HO	30	200
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___
DIAMETER OF SCREEN ______ (NEAREST INCH)

GRAVEL PACK from ______ to ______
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING; (E.R.O.S.) — LOG INDICATOR; W Q — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 12
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 36 ft.
WHEN PUMPING: 59 ft.

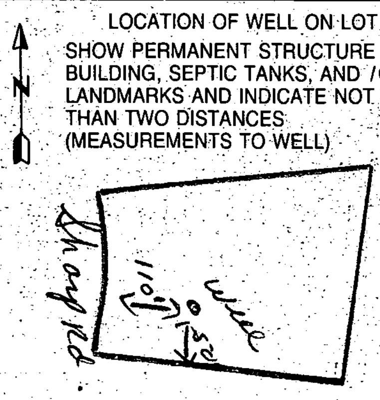
TYPE OF PUMP USED (for test): A air; P piston; T turbine; C centrifugal; R rotary; O other (describe below); J jet; S submersible (circled)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): NO (circled)

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 29: ______
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 (circled) / − 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)



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1. 5521 — SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0667
fill in this form completely

Date Received (APA): 7/27/95

OWNER INFORMATION
Last Name: MENDIS — First Name: MATTHEW
Street or RFD: 2848 SHANANDALE DR.
Town: SILVER SPRING — State: MD — Zip: 20904

DRILLER INFORMATION
MSD/MGD/MWD: 24
Driller's Name: Joseph L. Mayne
License No.: 80
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge RD. Mt. Airy MD 21771
Signature: Joseph L. Mayne — Date: 7/25/95

LOCATION OF WELL
B 3
COUNTY: HOWARD
SUBDIVISION: SHARP FARMS
SECTION: — LOT: 30
NEAREST TOWN: GLENELG
MILES FROM TOWN (enter 0 if in town): 1/2 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD: SHARP RD.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, 32, EAST E, SOUTH S
DISTANCE FROM ROAD: 180
ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION
B 2
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD — COUNTY NO.: A-41282
STATE SIGNATURE _____ INSERT S
DATE ISSUED: 8/29/95 — CO. SIGNATURE: Glen L. Savage — EXP. DATE: 8/29/96
NORTH GRID: 52000 — EAST GRID: 7900

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) — JETTED — Jetted & DRIVEN
30 37 AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other: _____

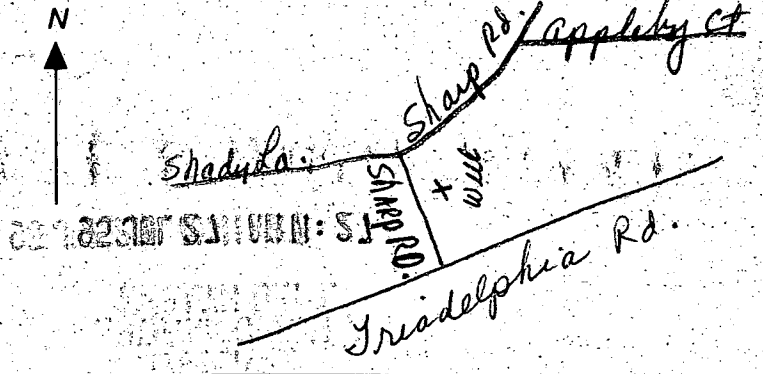
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 7907
N 520
000 000

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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: GAP

FORCE 65 WRITE INITIALS IN BOX — PERMIT No. HO-94-0667

SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

Helen Smoot

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933
315-2640 313-2648 Fax

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer THOMPSON'S P & H

Telephone 465-8818

License Number 1801
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Scott Bazler & Mr. Chow
Subdivision Sharp Farm Lot # 30 Telephone ____
Site Address 3939 Sharp Rd Well Tag # ____

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Hydro Pac
3. Model # 3FT34-3
4. Capacity 5 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 ½
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make VIC-1 Hydro
2. Model # ____
3. Depth 200 LB

Tank
1. Capacity ✓ 42 Gal
2. Pressure relief valve? ✓

Piping
1. Type Plastic
2. Size 1" 160 LB
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 3

Well data
1. Depth 200 ft.
2. Yield 15 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? Owner

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.

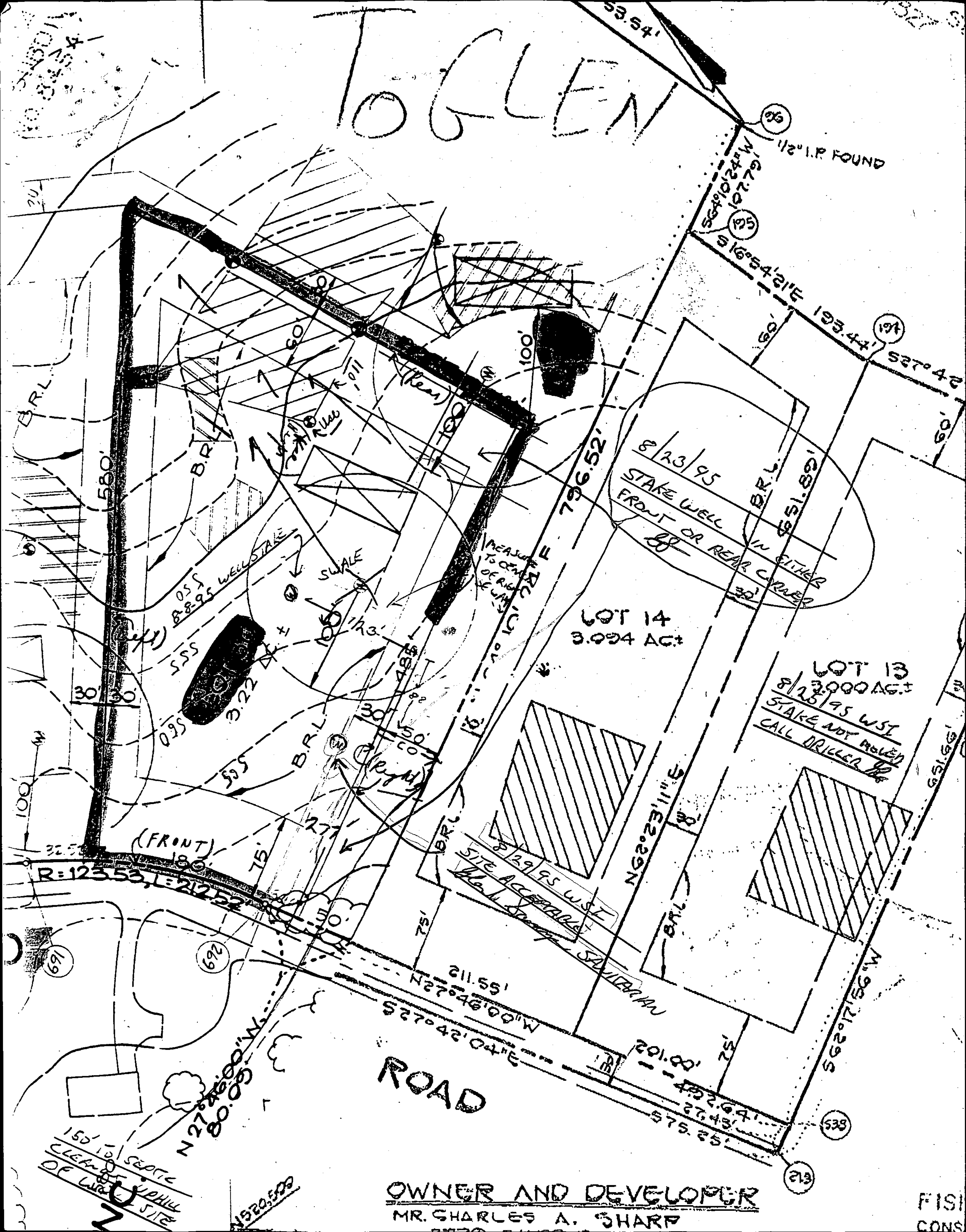
WPI on 5/21/99 -SRM

Signature of Applicant: T. Thompson

Date: 9-2-99

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

HD-215



TO GLEN
53.54'
1/2" I.P. FOUND
S64°10'24"W 107.79'
S16°54'21"E 193.44'
S27°42'
LOT 14
3.094 AC±
LOT 13
3.000 AC±
796.52'
651.89'
651.66'
N62°23'11"E
S62°17'56"W
8/23/95
STAKE WELL IN EITHER FRONT OR REAR CORNER
8/25/95 WSI
STAKE NOT MOVED CALL DRILLER
8-8-95 WELL STAKE
8/29/95 WSI
SITE ACCEPTABLE
MEASURE TO CENTER OF RIGHT OF WAY
SWALE
(FRONT)
(Rear)
(Left)
(Right)
B.R.L.
R=123.53, L=212.52
211.55'
N27°46'00"W
S27°42'04"E
201.00'
452.64'
27.43'
575.25'
N27°46'00"W 80.00'
ROAD
150' TO SEPTIC CLEAR & UPHILL OF WELL SITE
OWNER AND DEVELOPER
MR. CHARLES A. SHARP

GENERAL NOTES:

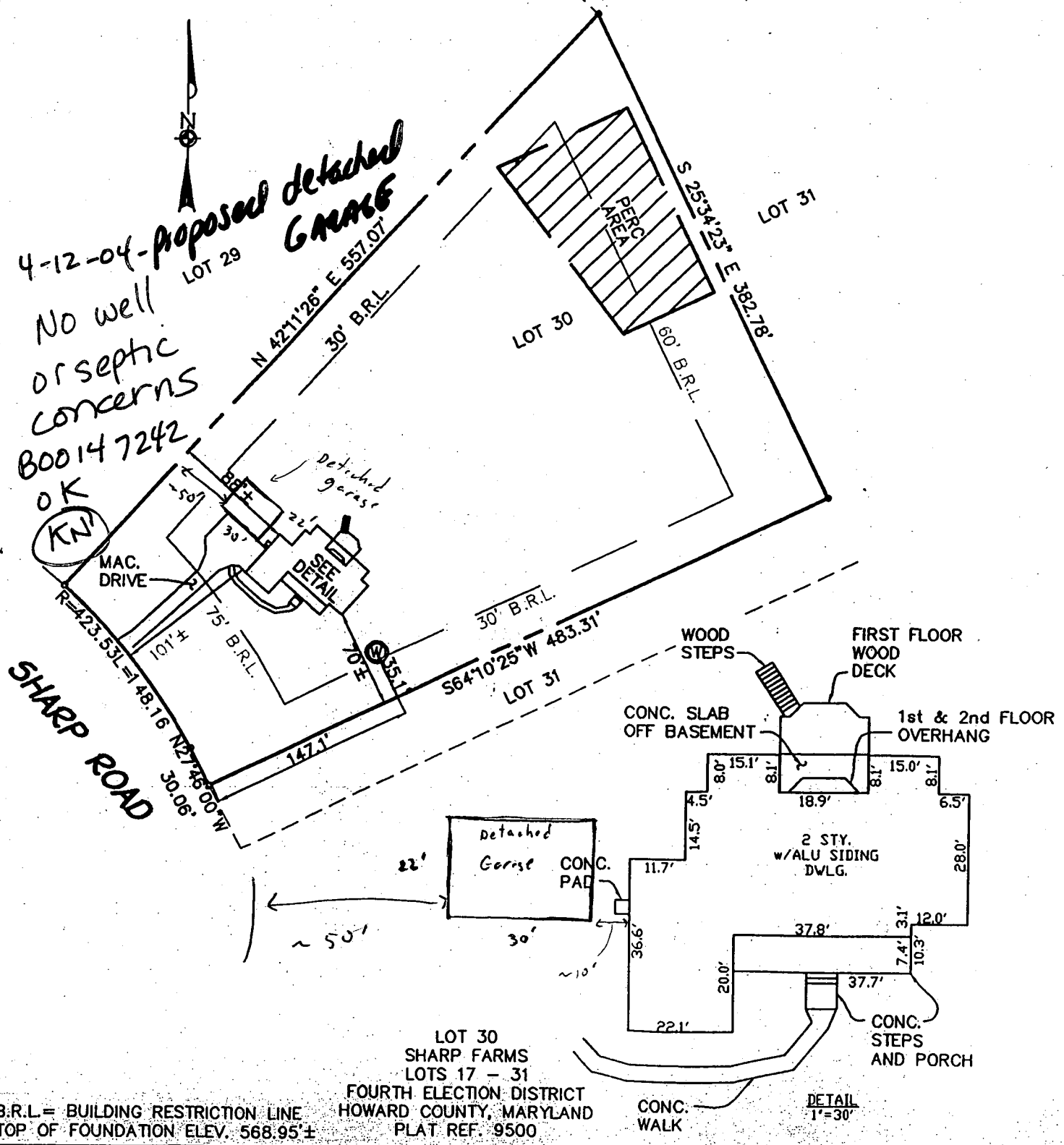
1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No.240044 0020 B, EFFECTIVE DATE: DEC. 4, 1986

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

4-12-04 - Proposed detached Garage

No well or septic concerns B00147242 OK KN



DETAIL
1"=30'

LOT 30
SHARP FARMS
LOTS 17 – 31
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 9500

B.R.L.= BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 568.95'±

STATE OF MARYLAND

HOUSE LOCATION