

PERMIT

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

P 514602

A 41283

ISSUE DATE 10-19-2000

APPROVAL DATE 11/1/00

INDEXED

Walter King Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5305 King's Court, Frederick, MD 21703 PHONE 301-662-6990

SUBDIVISION Sharp Farms LOT NUMBER 32 ADDRESS 3945 Sharp Road

PROPERTY OWNER Kevin & K. Kerwin PROPERTY OWNER'S ADDRESS 4058 Hobbs Hill Road

SEPTIC TANK CAPACITY 1500 GALLONS Glenelg, MD 21737

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 300

**BUILDING PERMIT SIGNED
AND RETURNED**4-5-01 - BOD 127194 - ALCO PANE TANK
6/9/01 - BOD 130723 - DECKTRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below distribution box.LOCATION: Starting from the lot corner at the end of the flagstem driveway, place the
distribution box 160 feet down the 382.78' lot line and 75' off this same lot line.
Run trenches on contour to left side of lot.

PREFERRED LAYOUT: 80', 100', 120'

I f contour allows, keep trenches 7' edge to edge (10' center to center)
to preserve future septic repair area for 2 complete repairs

PLANS APPROVED Mark Rifkin OK SRK 8/13/00 DATE 7/24/2000

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 ACCEPTABLENOTE: 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 PERMITNEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEMPERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

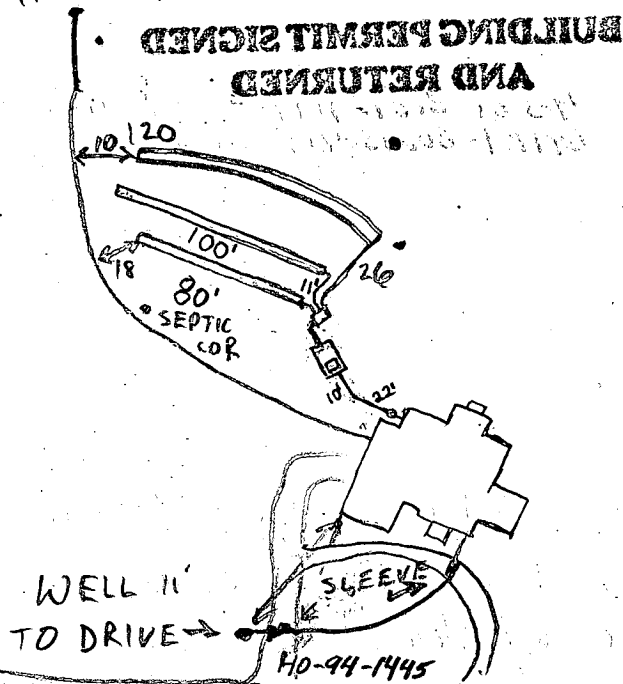
A41283

NOT TO SCALE

Sharp Road

FIELD
HYDRANT

BUILDING PERMIT SIGNED
AND RETURNED



TRENCH DATA

TRENCH WIDTH 3.0'
TRENCH INLET DEPTH 3
TRENCH BOTTOM DEPTH 5
DEPTH OF STONE 2
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 300
ABSORBENT AREA 900
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT No
~~PUMP CHAMBER DATA N/A~~
~~PUMP CHAMBER GALLONS~~
~~MANHOLE RISER~~
~~ALARM~~
~~PUMP PERFORMANCE TEST~~

PRE-CONSTRUCTION INSPECTION: _____

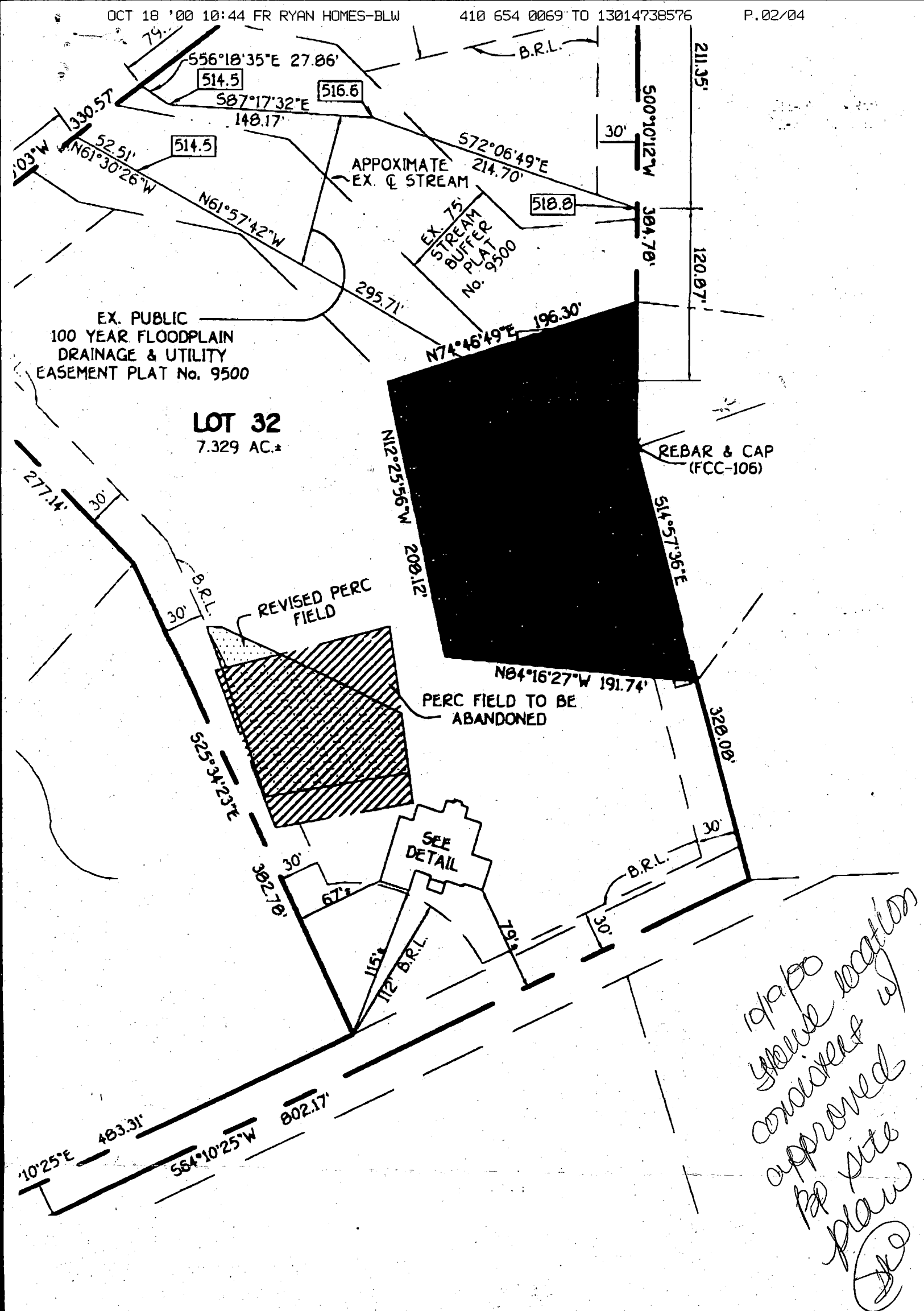
INSPECTION COMMENTS: 10/30/00 House connection made. Finishing 100' trench. BB
11/1/00 OK TO COVER (MR)

INSPECTOR

M. Ripkin

DATE SYSTEM APPROVED

11/1/00



EX. PUBLIC
100 YEAR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT PLAT No. 9500

LOT 32
7.329 AC.

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 557.50
B. BASEMENT ELEVATION: 546.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 544.60
D. INVERT IN AT SEPTIC TANK: 543.80
E. INVERT OUT AT SEPTIC TANK: 543.50
F. PROPOSED GRADE OVER SEPTIC TANK: 547.00
G. INVERT AT DISTRIBUTION BOX: 543.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 546.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

Total linear feet of trench required 300 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Signature

Date

PLAN BY
FCC

1:60

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00124960	
Building Address <u>2945 Sharp Rd.</u> <u>Glenwood, Md 21725</u>			Property Owner's Name <u>Kevin + Katherine Kerwin</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>4058 Hobbs Hill Rd.</u>		
Census Tract <u>6051.01</u> Subdivision <u>Sharp Farms</u>			City <u>Glenady</u> State <u>Md</u> Zip Code <u>21737</u>		
Section <u>N/A</u> Area <u>N/A</u> Lot <u>32</u>			Home Phone <u>410-554-5549</u> Work Phone <u>410-654-0501</u>		
Tax Map <u>21</u> Parcel <u>198</u> Grid <u>12</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>BP, Inc. - Pot Cig Co.</u> <u>3603 Resnick Rd.</u> <u>Wilmington, Del 19804</u>		
Zoning <u>RR-DED</u> Map Coordinates <u>9E10</u> Lot size <u>7.32</u>			Phone <u>410-554-5549</u> Fax <u>410-554-2213</u>		
Existing Use <u>Variant Lot</u>			Contractor Company <u>Cornell</u>		
Proposed Use <u>SFD</u>			Contact Person <u>Kevin Kerwin</u>		
Estimated Construction Cost \$ <u>250,000</u>			Address _____		
Description of Work <u>Const SFD - Highgrove / Marlon</u> <u>Conservatory, Guest Suite, Family Rm, Ext - 2 story full</u> <u>Real P.R. 5 BR, 1 LB, 3 Bathing C.</u> <u>(5 BR) out of P.R. Full 1/2 bath See plan</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant _____			License No. _____ Phone _____ Fax _____		
Contact Name _____			Engineer or Architect Company <u>Barry Poller, Center</u>		
Address _____			Contact Person _____		
City _____ State _____ Zip Code _____			Address <u>10273 Baltimore National Pike</u>		
Phone _____ Fax _____			City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21042</u>		
Phone _____ Fax _____			Phone <u>410-461-2455</u> Fax _____		
BUILDING DESCRIPTION - <u>COMMERCIAL</u>			BUILDING DESCRIPTION - <u>RESIDENTIAL</u>		
Building Characteristics		Utilities	Building Characteristics		Utilities
Height: _____	No. of stories: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Use group: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	2nd floor: _____	Basement: _____
Construction type: _____ Reinforced Concrete _____ Structural Steel _____	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"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>

"GUEST SUITE" DOES NOT INCLUDE KITCHEN

APPROVED 7/24/00 M. REIKEN

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~XXXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt #
Date 10-18-00

Name of Installer N.W. King Plmb. & Htg. Inc.

Telephone 301-602-1090

License Number 2217

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Merla Verwin Telephone 410-489-5349

Subdivision Sharp Farms Lot # 32 Well Tag # HO-99-1995

Site Address 3045 Sharp Farm Rd, Glenwood, MD 21738

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make HA-Lite
3. Model # 5SP4D02H
4. Capacity 5 GPM

Motor

1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make Boshart
2. Model # P-100-4
3. Depth 42"

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 _____

Tank

1. Capacity 80 Gal.
2. Pressure relief valve? YES

Piping

1. Type 100 PSI Plastic
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth 200 ft.
2. Yield 6 GPM
3. Static water level 32 ft.
4. Will water supply be disinfected by installer? YES

2-PC CAP & CONDUIT OK
TAG OK MR 10/1/00
3-4' COVER

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: David L. [Signature]

Date: 10-18-00

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

HD-215

OLD FORM ACCEPTED THIS TIME

INSTALLER SAID HE NEVER GOT NEW FORMS - (SRK)

C 1 05164

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN C.O.S. 3-6 ON ALL CARDS)COUNTY
NUMBER

A 41283

ST/CO USE ONLY

DATE Received

3-30-98

DATE WELL COMPLETED

03 18 98

Depth of Well

22 160 26

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1445OWNER Chase Carl
STREET OR RFD Sharp Road TOWN Glenn
SUBDIVISION Sharp Farms SECTION 32 LOT 32

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BCNO. OF BAGS 15 NO. OF BOUNDS 15GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

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

CASING RECORD

casing
types
insert
appropriate
code
belowSTEEL ☒ ST CONCRETE ☒ CO
PLASTIC ☒ PL OTHER ☒ OTMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST660EACH
CASING

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)STEEL ☒ ST BRASS ☒ BR OPEN
HOLE ☒ HO
BRONZE ☒ PL PLASTIC ☒ PL OTHER ☒ OTNUMBER OF UNSUCCESSFUL WELLS: 0

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
WELLI 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

MW D 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

MW D 386

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

C 2

DEPTH (nearest ft.)

1 160 58 160
8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN(NEAREST
INCH)

from to

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70
TELESCOPE
CASING

72

LOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

15METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

35 ft.

WHEN PUMPING

43 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 WILL INSTALL PUMP
(CIRCLE) (YES or NO)

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 29

CAPACITY
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

☐ below2 (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

B 1 2430	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1445 <small>70 fill in this form completely 79</small>
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3:6 ON ALL CARDS)		B 3 Howard LOCATION OF WELL CC#	
Date Received (ARA) 2/28/98 DD YY 13		8 COUNTY 21	
OWNER INFORMATION RN 7360		23 SUBDIVISION 42	
15 Last Name Chase Owner First Name Carl 34		SECTION 44 46 LOT 32 48 50	
36 Street or RFD 7415 Hickory Log Circle 55		52 NEAREST TOWN Glenelg 71	
57 Town 70 State 72 Zip 76		MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
DRILLER INFORMATION George F. Easterday M W D 040		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
Driller's Name 76 License No. 81		11 Sharp Road 30	
Firm Name E. Franklin Easterday, Inc.		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
Address 9265 Brown Church Rd., MT. Airy, Md. 21771		34 2000 37	
Signature George F. Easterday Date 1/27/98		DISTANCE FROM ROAD ENTER FT OR MI 38 39	
B 2 1 2 WELL INFORMATION		TAX MAP: 21 BLK: 1B PARCEL 19B	
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		COUNTY NAME Howard COUNTY NO. A-41283	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		STATE SIGNATURE Kimberly Minto INSERT S 41	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		DATE ISSUED 2/26/98 DD YY 48	
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		CO SIGNATURE Kimberly Minto EXP. DATE 2/26/99	
22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		NORTH GRID 520 50 55 EAST GRID 797 57 63	
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SOURCES OF DRILLING WATER	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28		1. wells	
APPROXIMATE DIAMETER OF WELL 6 INCH 24 28		2.	
METHOD OF DRILLING (circle one)		3.	
BORED (or Augered) JETTED Jetted & DRIVEN		WRITE THE BOX NUMBER FROM THE MAP HERE	
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		E 797	
37 CABLE REVerse-ROTARY DRIVE-POINT		N 520	
other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		MAP 9 E11	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		39	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52	
<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		Not to be filled in by driller (MDE OR COUNTY USE ONLY)	
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL		APPROX. PERMIT NUMBER 54 G.A.P. 63	
FORCE KM WRITE INITIALS IN BOX HO-94-1445 PERMIT No. HO-94-1445		SPECIAL CONDITIONS	
67 68		NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	

TO
RC

2/26/98
P.M.
Perkins
(no fee)

APPLICATION

PERCOLATION TESTING

A 41283

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sharp Farms LOT NO. 32

ROAD AND DESCRIPTION Sharp Road

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.

(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 41283
COUNTY #

SOIL PROFILE

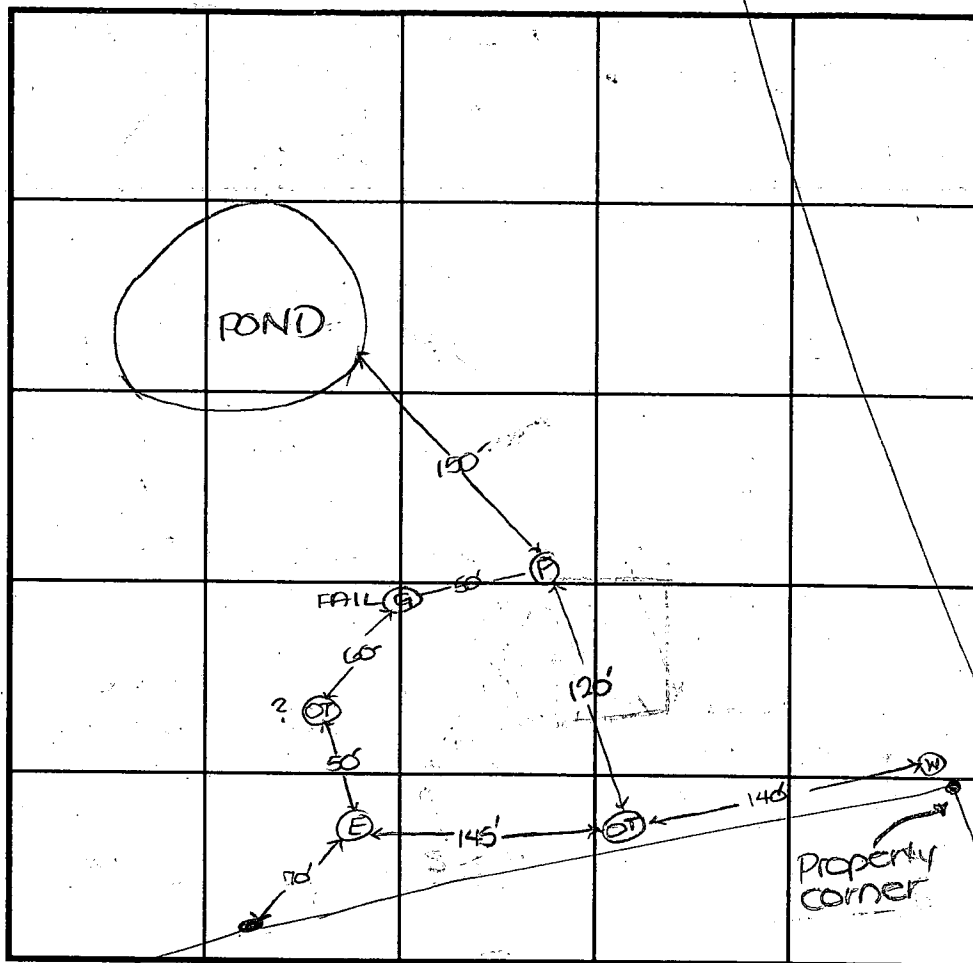
0' (E)
1' top soil
org brn
cl m
2.5' 4' org brn
sa l m
10.5' 15%+
shale
fraggs

(F)

0' top soil
1' org brn
cl m
3' tan
sa l m
12' 20%
sapr
sh

(G)

0' top soil
1' org brn
cl m
4.5' pale
org brn
sa l m
w/ > 50%
fraggs
7' REFUSAL



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Sharp Road

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-26-08	E	10.5'D	Visual	—	—	—	OK
	F	12.0'D	Visual	—	—	—	OK
	G	7.0'D	Refusal	—	—	—	FAIL

REMARKS Well site OK as stated (OT = old test hole)

TYPE OF SOIL

TESTED BY D. See ALSO PRESENT C. Sharp, C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH 3

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT/BEDROOM 180

LOT 11

CHARLES SHARP SUBDIVISION
(LOT 9-11)
AND LOT 2
SECTION 1, LAWTON T. SHARP FARM
PLAT No. 9520

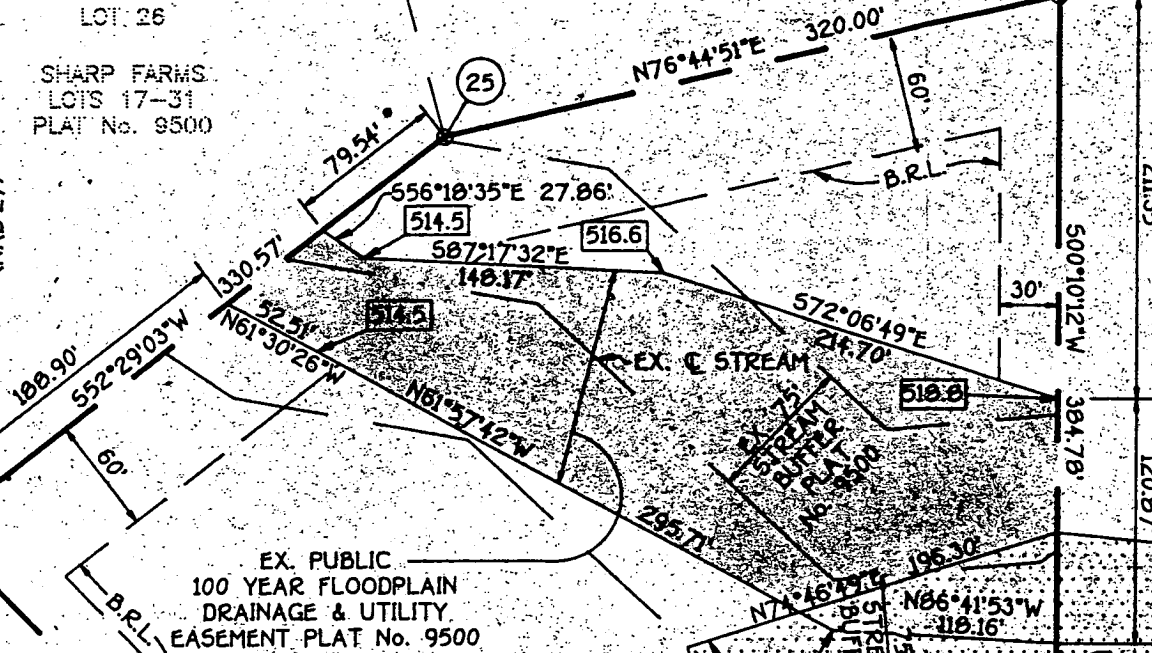
LOT 26

SHARP FARMS
LOTS 17-31
PLAT No. 9500

MARYLAND STATE



GRID NORTH
(NAD27)



EX. PUBLIC
100 YEAR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT PLAT No. 9500

LOT 32
7.329 AC.

LOT 31
SHARP FARMS
PLAT No. 9500

EXISTING PRIVATE
POND EASEMENT
(PLAT No. 9500)

PRIVATE POND
EASEMENT

KIM
HERE IS THE
FIELD LOCATION
OF PERC HOUS
FOR SHARP FARMS
I DON'T HAVE THE
FIELD NOTES FROM YOUR
OFFICE. CAN YOU PLEASE
CALL ME WHEN YOU GET
ADVANCE

THANKS
CHUCK ORAC
410-461-2835

FARMS
9500

LOT 30

MATC

N64°10'25"E 483.31'
S64°10'25"W 802.17'
S64°10'25"W 796.52'

LOT 14

APPLICATION

A 41283

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

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

PROPERTY LOCATION:

SUBDIVISION SHARP FARMS, LOTS 1-16 LOT NO. 31 on Final
14

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

SIZE OF LOT 6.19 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

- 41202

41202

#14

IL TRUFFEE

LOW-T. SOIL
SOIL PROFILE

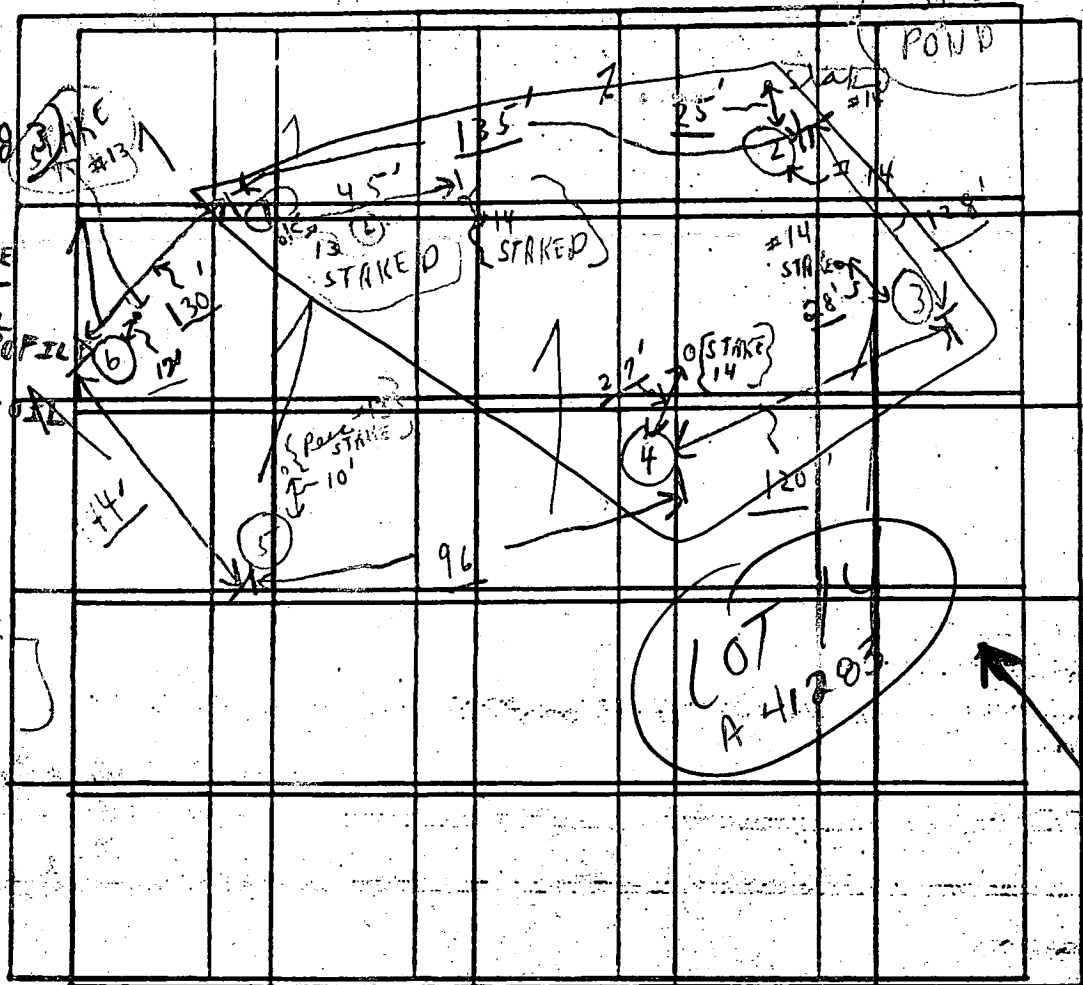
BELOW-T. SOIL
CLAY

PERC AREA

LOTS

ADJ

(13 + 14)



INDICATE NORTH - NAME ADJOINING ROADWAY - FREE LINE.
SHARP ROAD

DATE	DATE	TEST NO.	TEST NO.	DEPTH	DEPTH	PRE-WET	WET	TEST	TEST	ORP	DROP	TIME	TIME
9/22/88	9/28/88	1A		3 1/2'		1:10	1:13	1:13	1:19			4	
		1B		12'									
		2A		2'		4:13	4:14	4:14	4:19			2	
		2B		11'									
		3A		2'		1:27	1:29	1:29	1:31			2	
		3B		4'		1:28	1:30	1:30	1:32			2	
		4A		3 1/2'									
		4B		11'									
		5A		2 1/2'		1:38	1:40	1:40	1:43			3	
		5B		4'		1:37	1:38	1:38	1:40			2	

REMARKS 6A 2 1/2' NEARLY AT 1:47 1:50 3 min
6B 10' TESTS S P E R T A I L S ; 10 min

TESTS IN OPEN some small stone @ 8'

TESTED BY C. D. M. ALSO PRESENT: { }
{ }
{ }
{ }

MARYLAND STATE
GRID NORTH
(NAD'27)

LOT 26
SHARP FARMS
LOTS 17-31
PLAT No. 9500

LOT 32
7.329 AC.

LOT 31
SHARP FARMS
PLAT No. 9500

Signed
Final

LOT 29

SHARP FARMS
PLAT No. 9500

OK to
remove
this area
from sewage
easement

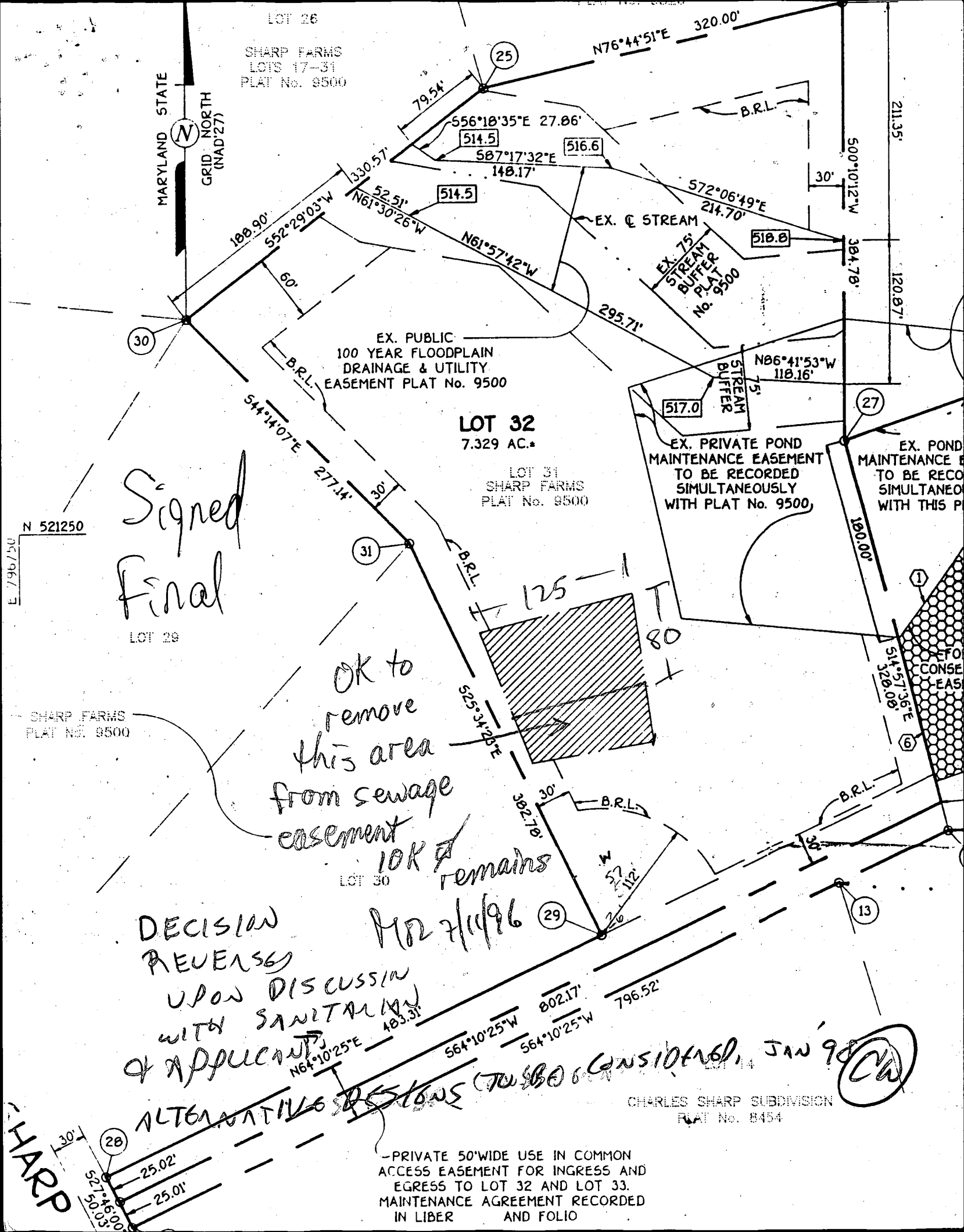
OK & remains

DECISION
REVERSED
UPON DISCUSSION
WITH SANITARY
& APPLICANT

ALTERNATIVE DESIGN (TO BE CONSIDERED), JAN 98

CHARLES SHARP SUBDIVISION
PLAT No. 8454

-PRIVATE 50'WIDE USE IN COMMON
ACCESS EASEMENT FOR INGRESS AND
EGRESS TO LOT 32 AND LOT 33.
MAINTENANCE AGREEMENT RECORDED
IN LIBER AND FOLIO



LOT 26
SHARP FARMS
LOTS 17-31
PLAT No. 9500

EX. PUBLIC
100 YEAR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT PLAT No. 9500

SECTION 1, AND LOT 2
LAWTON T. SHARP FARM
PLAT No. 9520

LOT 32
7.329 AC.

LOT 29
SHARP FARMS
PLAT No. 9500

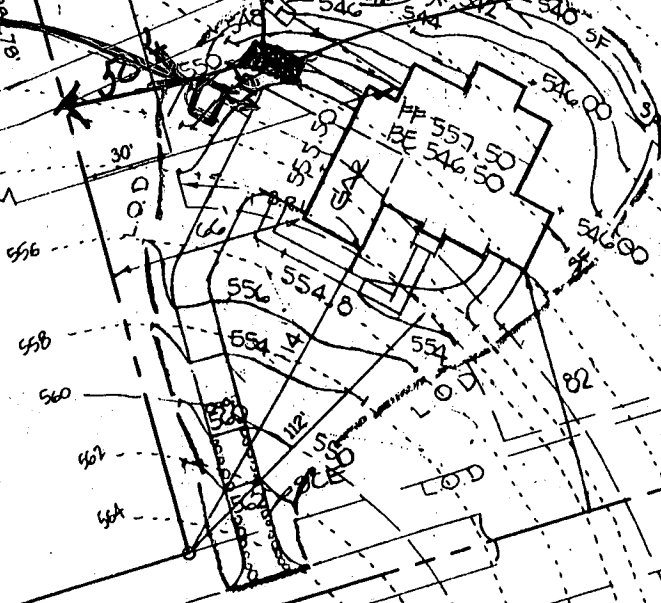
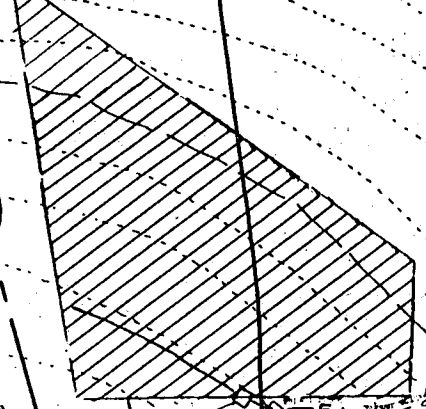
EXISTING PRIVATE
POND EASEMENT
(PLAT No. 9500)

4/5/01 Tank
Propane O.K. Installed
Location O.K. Issued.
But was in Permit
Before (BB)

DISTRIBUTION BOX
SEPTIC TANK
INV. OF SEPTIC SYSTEM
AT HOUSE

100'

100'



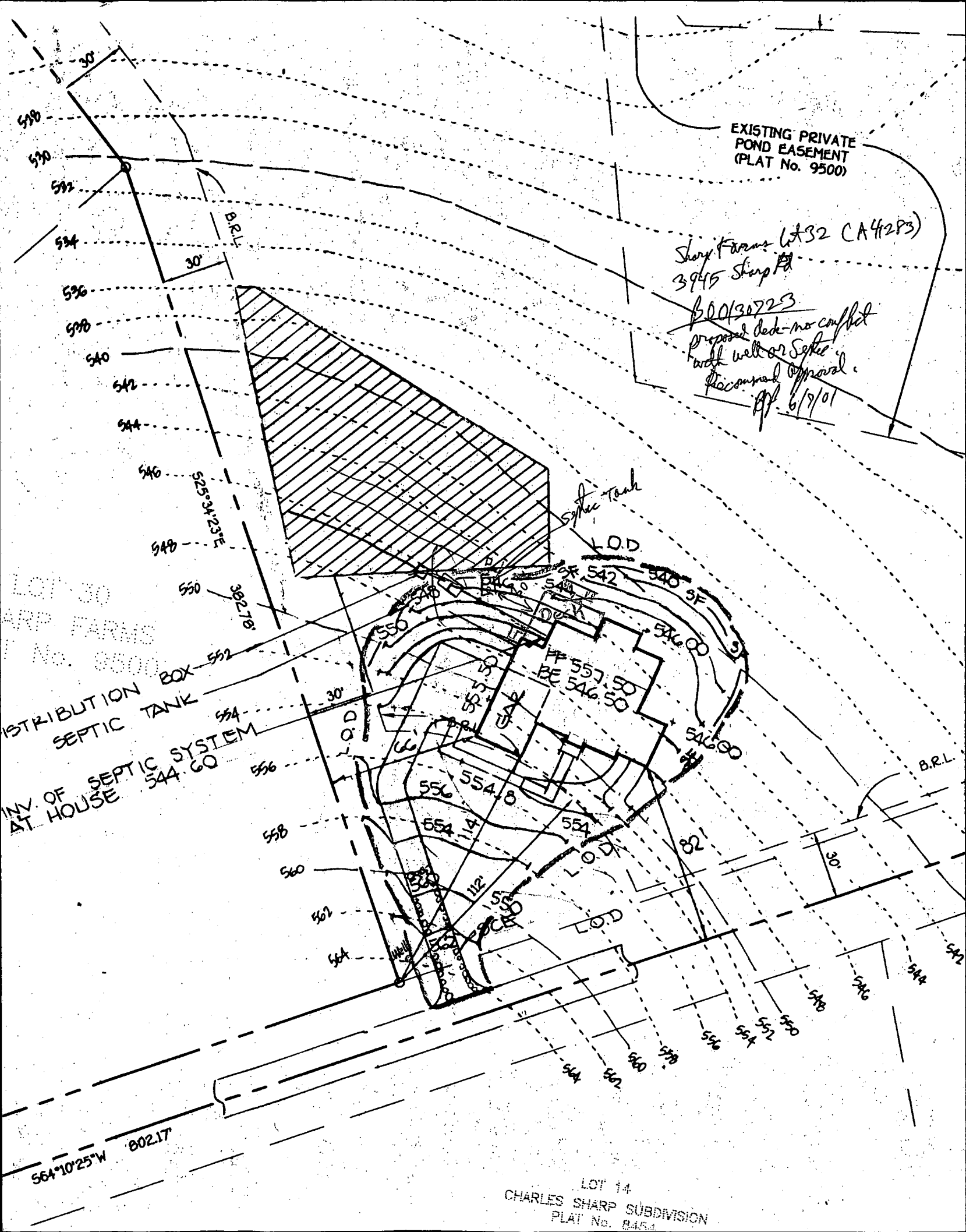
EXISTING PRIVATE
POND EASEMENT
(PLAT No. 9500)

Sharp Farms Lot 32 CA41283
3945 Sharp Rd

B.O.O./30723
proposed deck - no conflict
with well or septic
discussed approval
6/7/01

LOT 30
SHARP FARMS
No. 8500

DISTRIBUTION BOX
SEPTIC TANK
INV. OF SEPTIC SYSTEM
AT HOUSE 544.60

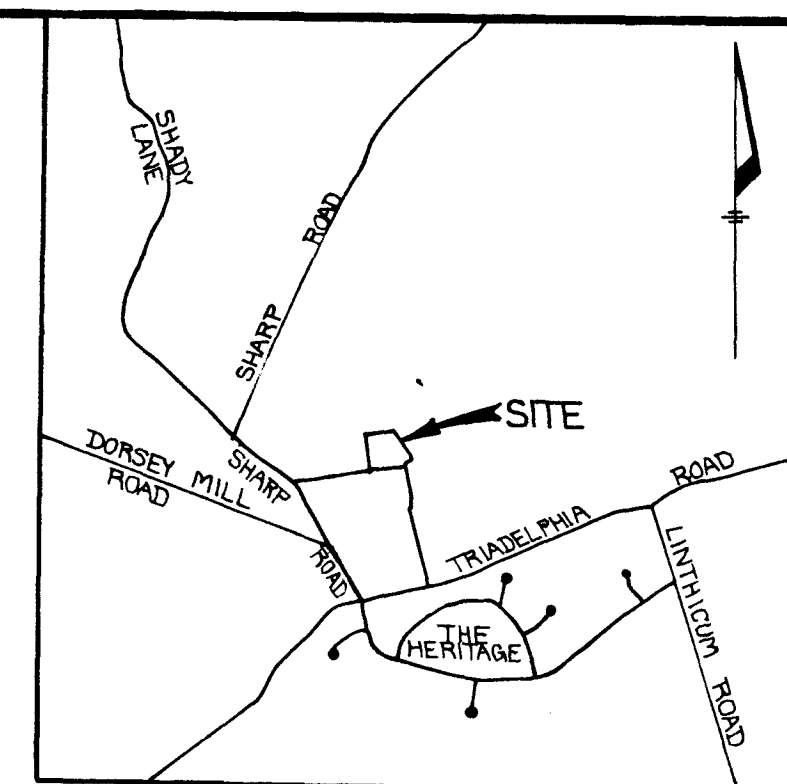


LOT 14
CHARLES SHARP SUBDIVISION
PLAT No. 8454

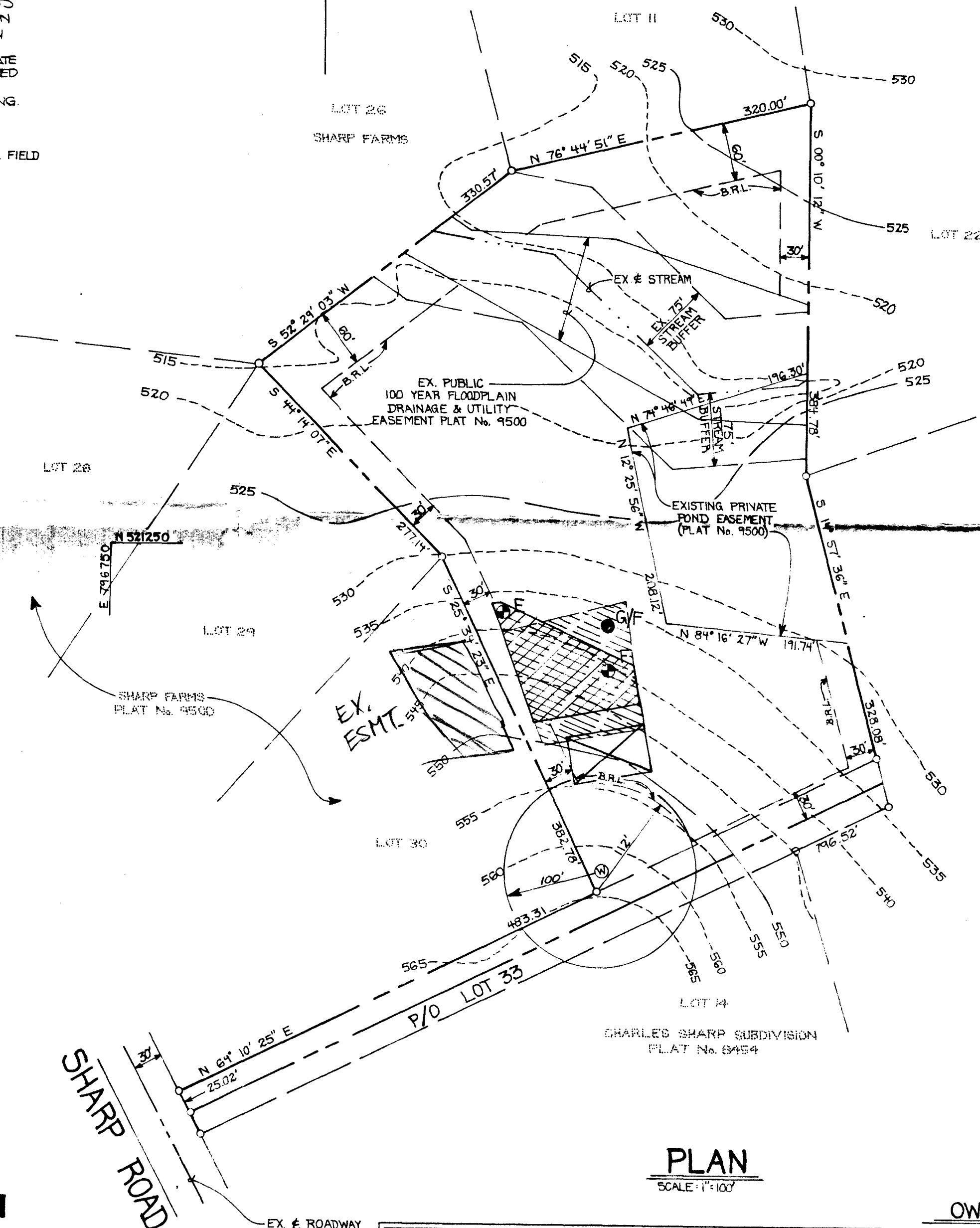
GENERAL NOTES

1. TOTAL AREA OF LOT 329 AC. ±
2. PRIVATE WATER AND SEWER TO BE UTILIZED.
3. THE LOTS HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA REQUIREMENTS SPECIFIED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
4. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
5. X DENOTES LOCATION OF PROPOSED DWELLING.
6. @ DENOTES LOCATION OF WELL.

7. [Symbol] - DENOTES PREVIOUSLY APPROVED PERC. FIELD



VICINITY MAP
SCALE: 1" = 200'



PLAN

SCALE: 1" = 100'

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS &
LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK
10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
410-461-2855

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT.
James M. Boyd 5/6/98
COUNTY HEALTH OFFICER DATE

OWNER

MR. CARLTON CHASE
7415 HICKORY LOG CIRCLE
COLUMBIA, MD. 21045
TEL. 410-720-6346

PERCOLATION TEST CERTIFICATION PLAN SHARP FARMS LOT 32

TAX MAP: 21 P. 198
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SHEET 1 OF 1 DATE: APRIL 20, 1998