

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX 313-2640

INDEXED

P 50049B

A 49795

DISTRICT 4th

DATE 5/27/94

DATE SYSTEM APPROVED 5/9/94

INSPECTOR C.B.D.

01-348966

Jack Fyock Septic Service IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21037 PHONE , 988-9270

SUBDIVISION Charles Sharp Sub. LOT 14 ROAD 3955 Sharp Road

PROPERTY OWNER Mr. and Mrs. Timothy McWethy

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

225 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 180 feet up the right (651.89') lot line and 90 feet off the same lot line as seen when facing the 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 MR 3/18/94

PLANS APPROVED BY C. Williams/Mark Rifkin REVISED DATE 03/02/94

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)

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

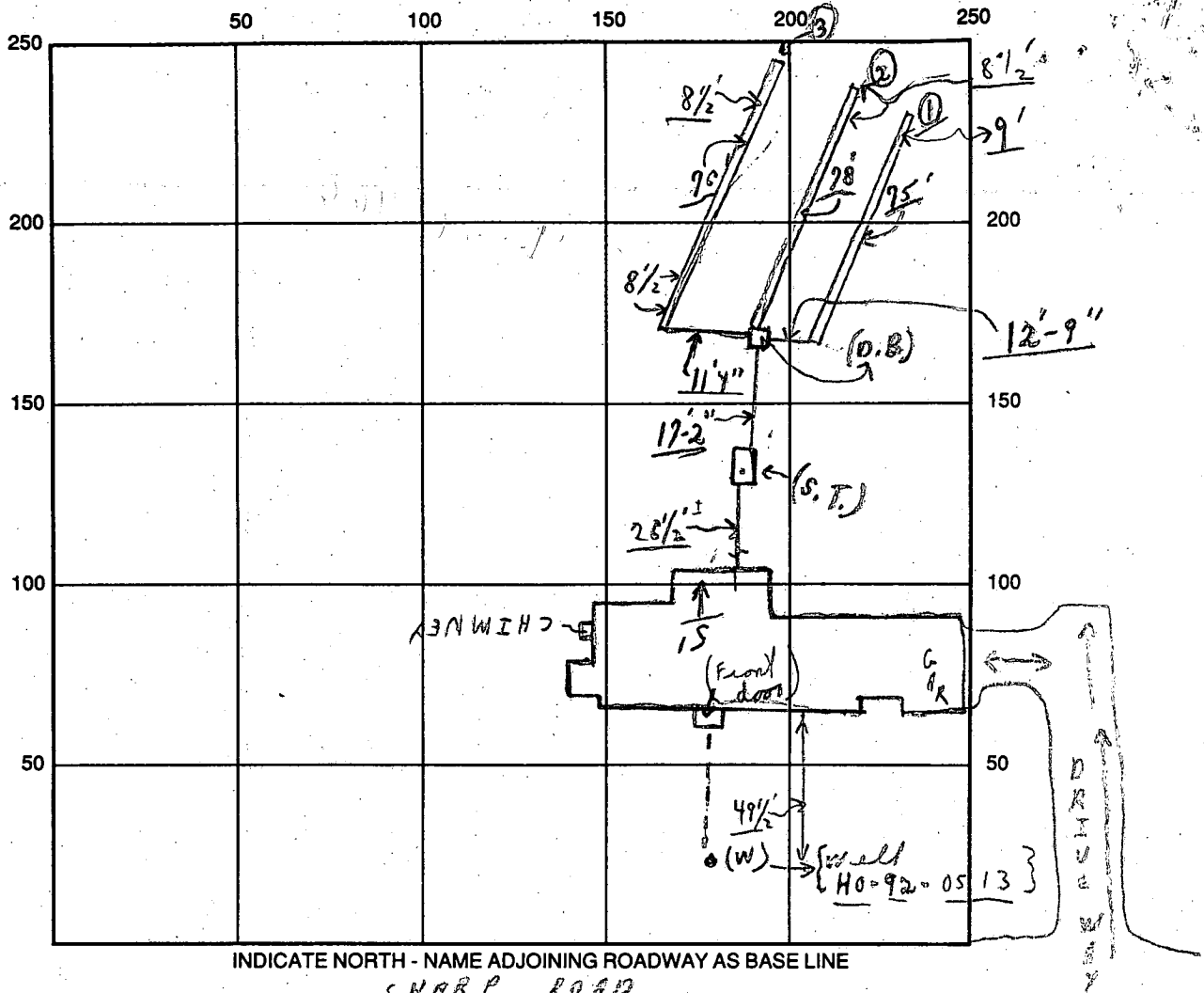
PERMIT VOID AFTER TWO YEARS

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

A 49795



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
SHARP ROAD

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 8 1/2 ^{+ average} FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.
(① 75, ② 78, ③ 76')

EFFECTIVE GRAVEL DEPTH 4 ⁺ FT. TOTAL LENGTH (229) FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 916 SQ. FT.

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

ABSORBENT AREA 916 ⁺ SQ. FT.

REMARKS: 5/9/94 (NOON) OK FOR STONE IN - 3 TRENCHES - OK TO FINISH
MATERIAL ON SITE - FINAL - CRJ (ONE STOP)

5/9 No. W. P. I. {Muddy Water all around camp} CRJ

DATE SYSTEM APPROVED 5/9/94 INSPECTOR Charles B. Strecker

APPLICATION

PERCOLATION TESTING

A 49795

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

PREVIOUS OK
ADJUSTMENT TO
PLATTED SEPTIC AREA
ORIGINAL TEST RECORDS
NOT LOCATED.
(CW)

DISTRICT _____

DATE 12/30/93

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 CHARLES SHARP Mr. & Mrs. Timothy M. Wethy

ADDRESS 3975 SHARP RD. GLENWOOD MD. PHONE 489-596-7569

AGENT OR PROSPECTIVE BUYER CROSEN HOMES INC.

ADDRESS 3775 SHADY LN GLENWOOD MD. PHONE 854-6655

PROPERTY LOCATION:

SUBDIVISION CHARLES SHARP SUBDIVISION LOT NO. 14

ROAD AND DESCRIPTION 3955 OFF SHARP RD.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 AC. + TYPE BLDG. _____

BLDG. PERMIT SIGNED

AND RETURNED 3/6/94

Serial 52592-SFD

(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. Daniel D. L.

(SIGNATURE OF APPLICANT)

APPROVED BY CB [Signature] FOR Revised Perseus area DATE 12/20/93

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

COUNTY #

SOIL PROFILE

0' #(A) Hole

0 7

7 1/2 15

Sandy
Loam

ORY

To 15'
Bottom

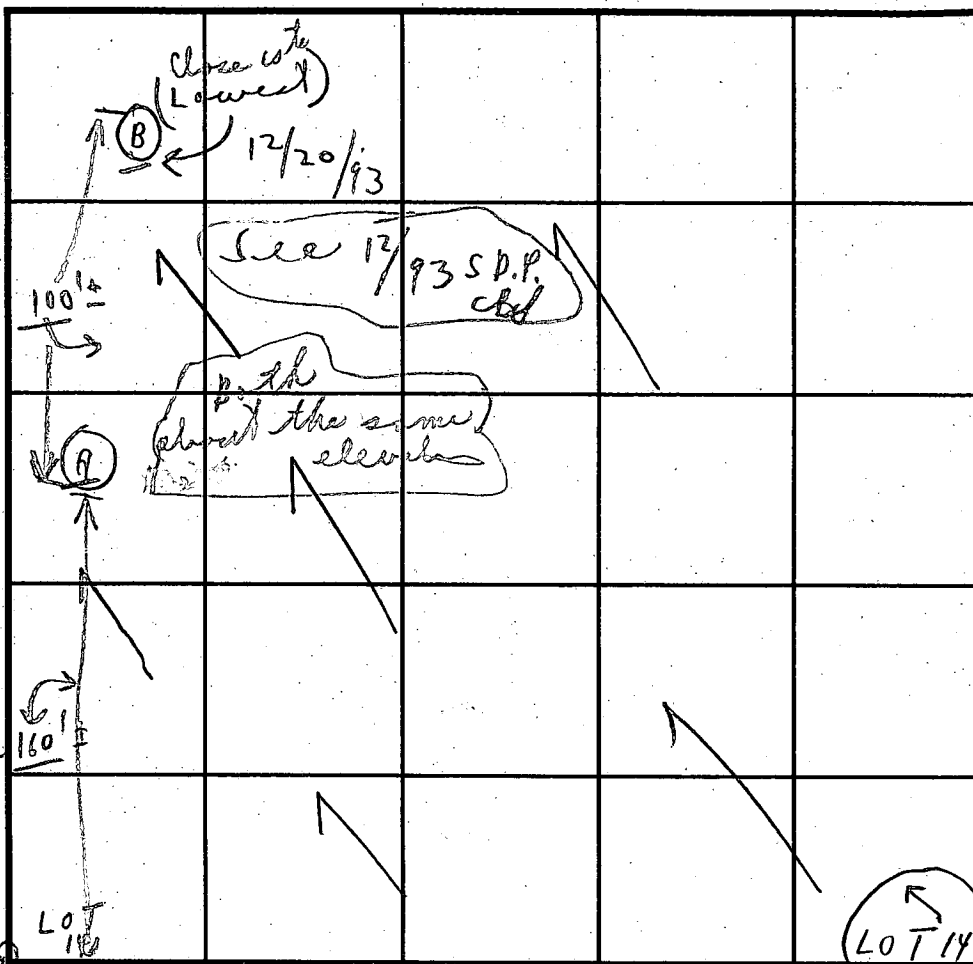
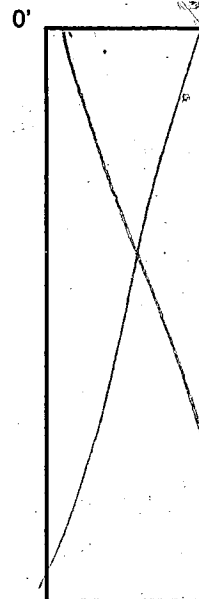
#(B) Hole

0 to 4 17

4' 6' 13'

Sandy
Loam
DRY
No 13.
Bottom

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

"SHARP" "ROAD"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/20/93	(1)	7 1/2'	1:42	1:44	1:44	1:49	5 min
Monday		15'	0' - 7 1/2' 7 1/2' - 15'	clay sandy	Loam	below	clay
(P.M.)	(K)	4'	1:50	1:52	1:52	1:54	2 min
		13'	0' - 4' 4' - 13'	'clay Sandy	Loam		
[12/20/93]	(2) holes only						

REMARKS Tests in open field { ① Mr. Croen }
TYPE OF SOIL Loam below clay { ② Mr. C. Shaw }
TESTED BY C. R. B. ALSO PRESENT { J. F. Goolsby }
(Holes A, B, 2, 3, 4)
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 ↑ to 18 TRENCH WIDTH 2
INLET DEPTH 4.5 MAXIMUM BOTTOM DEPTH 8.5 SQ. FT./BEDROOM 240

APPLICATION

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: 992-2330

A 34736

P _____

DISTRICT 4

DATE Jan 2, 1985

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 Rd Glenwood, Md 21738 PHONE 489-4630

PROPERTY LOCATION:

SUBDIVISION Par. 45, Map 21 LOT NO. #8 LOT 14 F-88-125

ROAD AND DESCRIPTION Northwest Side Triadelphia Rd, 600' NE of
Sharp Rd

SIZE OF LOT 3 ac. TYPE BLDG. Residence
(NUMBER OF BEDROOMS)

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.

Charles A. Sharp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-16-85 Perc OK, hold for certified PLAT. SAGE/R. HODGES

THIS IS NOT A PERMIT

SOIL PROFILE

BROWN
CLAY

Reddish
Brown
Sandy
Silt
Loam

BROWN CLAY
BROWN SANDY LOAM

Brown CLAY
Silty LOAM
Reddish Brown SANDY LOAM

shale at
Bottom

③
BROWN
CLAY
BROWN
SANDY
LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SHARP Rel.

[illegible]

C CENTER
LINE

WT 2

LOT 2

$$\begin{array}{r} 26 \\ 24 \\ \hline 50 \end{array}$$

$X = 15 \text{ min}$
Increased
To 18 min
225 ϕ

REMARKS

TYPE OF SOIL

TESTED BY

S. Abel R. Hodges

ALSO PRESENT C. SHARP

N. collins

5/9/94 ✓ covered with Muddy water casing
HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

5/9/94
NO INSPECTION
C.B.D.
MUD
5/9/94

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # -0-
Date 4/27/94

Name of Installer GREG C. FRYFOGLE PLUMBING Telephone 526-0003

License Number 9081

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner TIM MCWETHY Telephone 596-7569
Subdivision SHARP FARM Lot # 14 Well Tag # _____
Site Address 3955 SHARP RD.

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

2. Make JACUZZI

3. Model # SANDHANDLER

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes X No _____

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

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

Motor

1. Horsepower 3/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 X

Pitless Adapter

1. Make HARVARD

2. Model # PT800

3. Depth 12"

Tank

1. Capacity WK 203

2. Pressure relief valve? YES

Piping

1. Type 160# WELL PIPE

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line MIN 42"

Well data

1. Depth 225 ft.

2. Yield 4 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? NO

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: Greg C Fryfogel

Date: 4/29/94

5/9/94 NO
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

5/9/94 NO inspection see above - MUD & WATER BY C.B.D. CASING

C1	8784	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
					COUNTY NUMBER	A=49995	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED 07/14/94		Depth of Well 22 320 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-92-0513	
ST/CO USE ONLY DATE Received							

OWNER	CROSEN TUNES INC.			
STREET OR RFD	last name	SHARP ROAD	first name	TOWN
SUBDIVISION	C. SHARP S/D	SECTION	LOT	14

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 TO	Check if water bearing
SAND Stone	0 58	
GRAY MICHA ROCK	58 320	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS 16	NO. OF POUNDS 1504
GALLONS OF WATER 46	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0	ft. to 53
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	ST CO	
	STEEL CONCRETE	
	PL OT	
PLASTIC OTHER		
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	63
OTHER CASING (if used)		
diameter depth (feet)		
inch from to		

EACH CASING	SCREEN RECORD	
	screen type or open hole	ST BR HO
	insert appropriate code below	STEEL BRASS OPEN BRONZE HOLE PLASTIC OTHER
C2		DEPTH (nearest ft.)
H0		61 320
23 24		26 30 32 36
38 39		41 45 47 51

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
THEREBY 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 PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS IDENT. NO. 24	
DRILLERS SIGNATURE Joseph L. Maupre	
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	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	
LOG INDICATOR	
OTHER DATA	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 4		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 55		
WHEN PUMPING 23.5		
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 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)	
LAND SURFACE	
(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)	
See Attached Well Location	

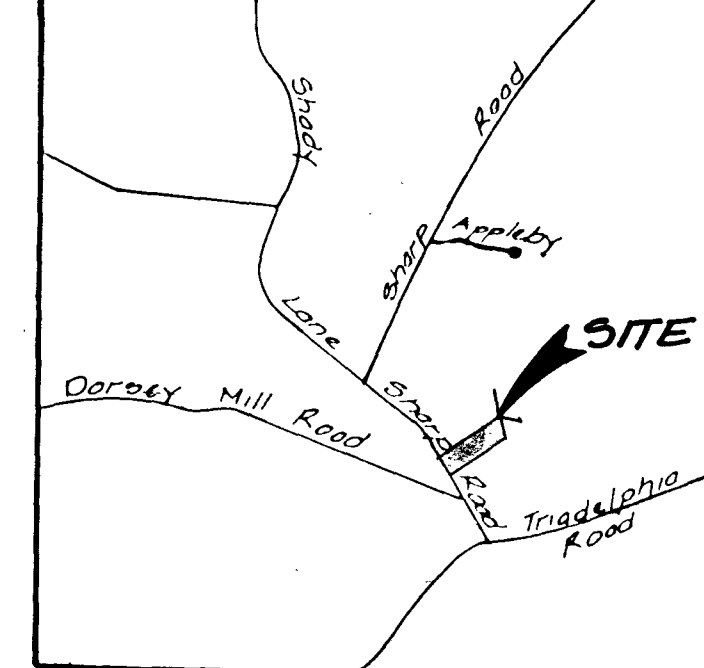
B 1		08705	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H0-92-0513 <small>fill in this form completely</small>	
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>							
Date Received (APA) 122293				B 3 LOCATION OF WELL			
OWNER INFORMATION				1 2 HOWARD			
8 13 CROSEN HOMES INC				8 21 CHARLES SHARP SUB.			
15 34 3775 SHADY LAKE				23 42 SECTION LOT 14			
38 55 GLENWOOD				44 46 48 50 GLENELG			
57 70 72 76 Town State Zip				52 71 NEAREST TOWN			
DRILLER INFORMATION				MILES FROM TOWN (enter 0 if in town) 2 MI			
Driller's Name Joseph L. Mayne				77 80 License No.			
Firm Name Joseph L. Mayne Well Drilling				B 4			
Address 3512 Ridge Rd. Mt. Airy 21771				1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
Signature Joseph L. Mayne 12/22/93				11 30 NEAR WHAT ROAD SHARP RD			
B 2 WELL INFORMATION				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
APPROX. PUMPING RATE (GAL. PER MIN.) 5				NORTH WEST EAST SOUTH			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				34 37 DISTANCE FROM ROAD 40			
USE FOR WATER (CIRCLE APPROPRIATE BOX)				ENTER FT or MI FT			
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				HOWARD A# 49795			
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				COUNTY NAME COUNTY NO.			
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)				STATE SIGNATURE Charles B. Shick 1/10/95			
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				DATE ISSUED 01/10/94 CO SIGNATURE EXP. DATE			
APPROXIMATE DEPTH OF WELL 220 FEET				NORTH GRID 520000 EAST GRID 0792000			
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
METHOD OF DRILLING (circle one)				SOURCES OF DRILLING WATER			
B ORED (or Augered) J ETTED J etted & D RIVEN				1. WELL			
A IR-ROtary A IR-PERcussion R OTARY (Hydraulic Rotary)				2.			
C ABLE R EVERSE-ROtary D RIve-POINT				3.			
other				WRITE THE BOX NUMBER FROM THE MAP HERE			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				E 790 2			
N THIS WELL WILL NOT REPLACE AN EXISTING WELL				N 530 2			
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				000 000			
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
D THIS WELL WILL DEEPEIN AN EXISTING WELL				Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)				Sketch 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)				Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.			
APPROX. PERMIT NUMBER GAP				Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.			
FORCE CIV WRITE INITIALS IN BOX PERMIT No. H0-92-0513				Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.			
SPECIAL CONDITIONS				Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.			

GENERAL NOTES

1. Existing topography was field run by CLARK • FINEFROCK & SACKETT, INC. on Nov. 23, 1993
2. Reference record plat Number
3. Length of trenches to be determined at time of permit issuance.
4. Bench Mark (B.M.) top well Assumed Elev. = 200.0, Lot 8

LEGEND

Contour Interval	2 Ft
Existing Contour	190
Proposed Contour	190
Spot Elevation	+195
Direction of Drainage	→
Existing Trees to be Saved	→
Walkout Basement	W.B.

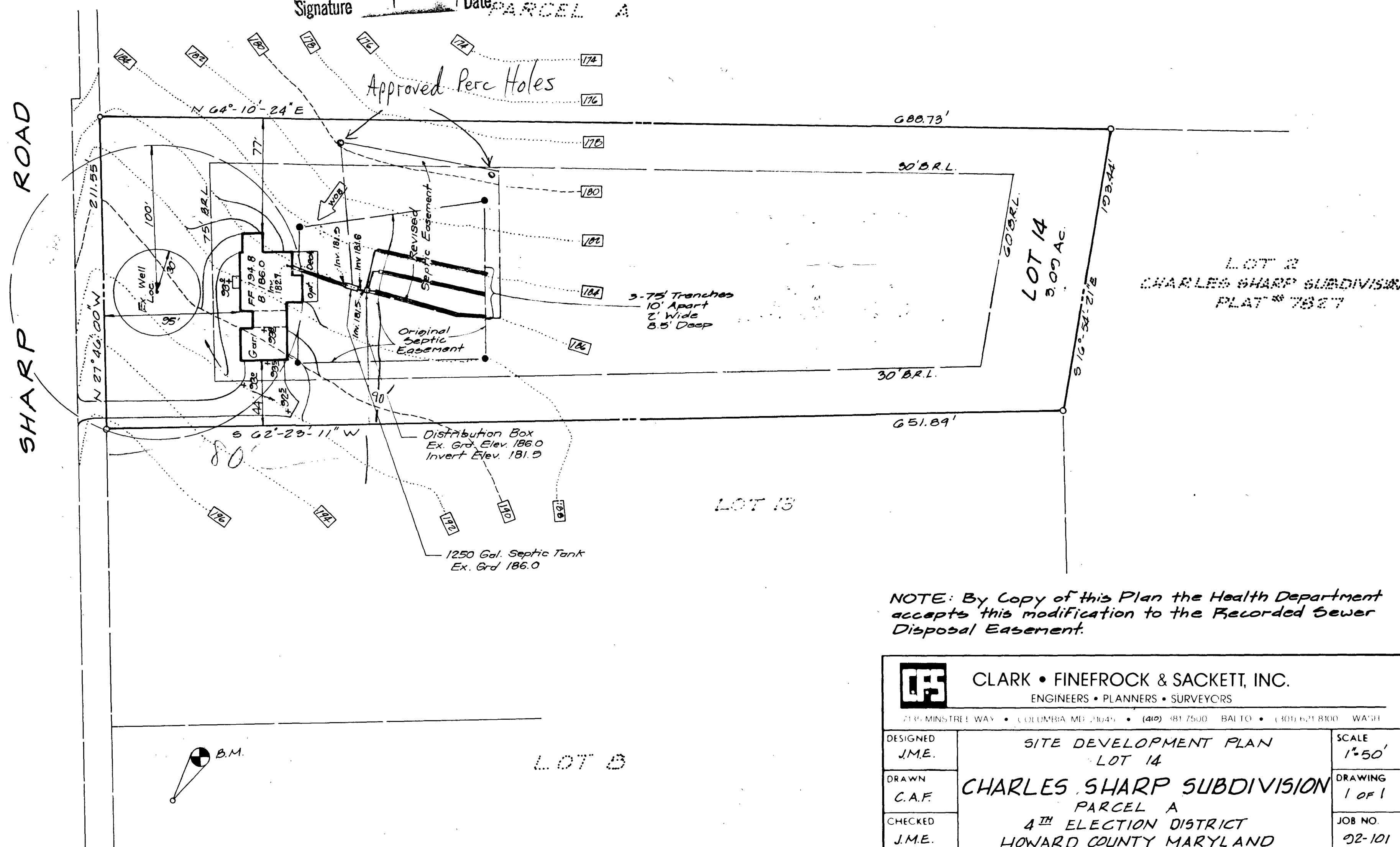


VICINITY MAP
Scale: 1" = 1200'


Approved Septic System Plan + SDA Revision
Howard County Health Department

Mark E. Elkin 3/2/94
Signature Date

PARCEL A



NOTE: By Copy of this Plan the Health Department accepts this modification to the Recorded Sewer Disposal Easement.

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 2115 MINISTREE WAY • COLUMBIA, MD. 21045 • (410) 381-7500 • BALTO. • (301) 621-8100 • WASH.		
DESIGNED J.M.E.	SITE DEVELOPMENT PLAN LOT 14	SCALE 1" = 50'
DRAWN C.A.F.	CHARLES SHARP SUBDIVISION	DRAWING 1 OF 1
CHECKED J.M.E.	PARCEL A 4 TH ELECTION DISTRICT HOWARD COUNTY MARYLAND	JOB NO. 92-101
DATE Feb. 2, 1994	FOR: CROBEN HOMES 3775 Shady Lane, Glenwood, Maryland 21738	FILE NO. 92-