INSP 2 8/23/04-2PM INSP 5		
INSP 3 INSP 6		
ISSUE DATE:	DEDMIT	520408
APPROVAL DATE: 8/24/04	NDEXED A	34800
ON CITE OF	WALL OF DIODOGAL GROWING	

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

South Carroll Ba	ackhoe	IS PER	MITTED TO	INSTALL 🛛	ALTER
ADDRESS: 4410 S	Salem Bottom Road,	21157	PHONE NUMBE	ER: <u>410-</u> 8	375-4197
SUBDIVISION: Nic	holas Sharp Property		LOT NUMBER:	9	
ADDRESS: 3710 Sh	arp Road	PROPE	RTY OWNER:	C. Knudsen F	Builders, LLC
SEPTIC TANK CAPAC	ITY (GALLONS):	1500	OUTLET BAFFI	LE FILTER RE	QUIRED 🗌
PUMP CHAMBER CAP	ACITY (GALLONS):	n/a	COMPARTMEN	TED TANK RI	EQUIRED 🛚
NUMBER OF BEDROO	MS:	_5			
SQUARE FEET PER BE	EDROOM:	210			
LINEAR FEET OF TRE	NCH REQUIRED:	147	HOUSE SERVE	D BY PUBLIC	WATER
TRENCHES:	Trench to be 3.0 feet wide 8.0 feet below original gra 4.0 feet of stone below dis	ade. Effective a			
LOCATION:	Place the distribution box	at the highest e	levation in the SDA	Α.	
NOTES:					
PLANS APPROVED:	Kevin Bell R	Reviewed by:		DATE:	3/9/04

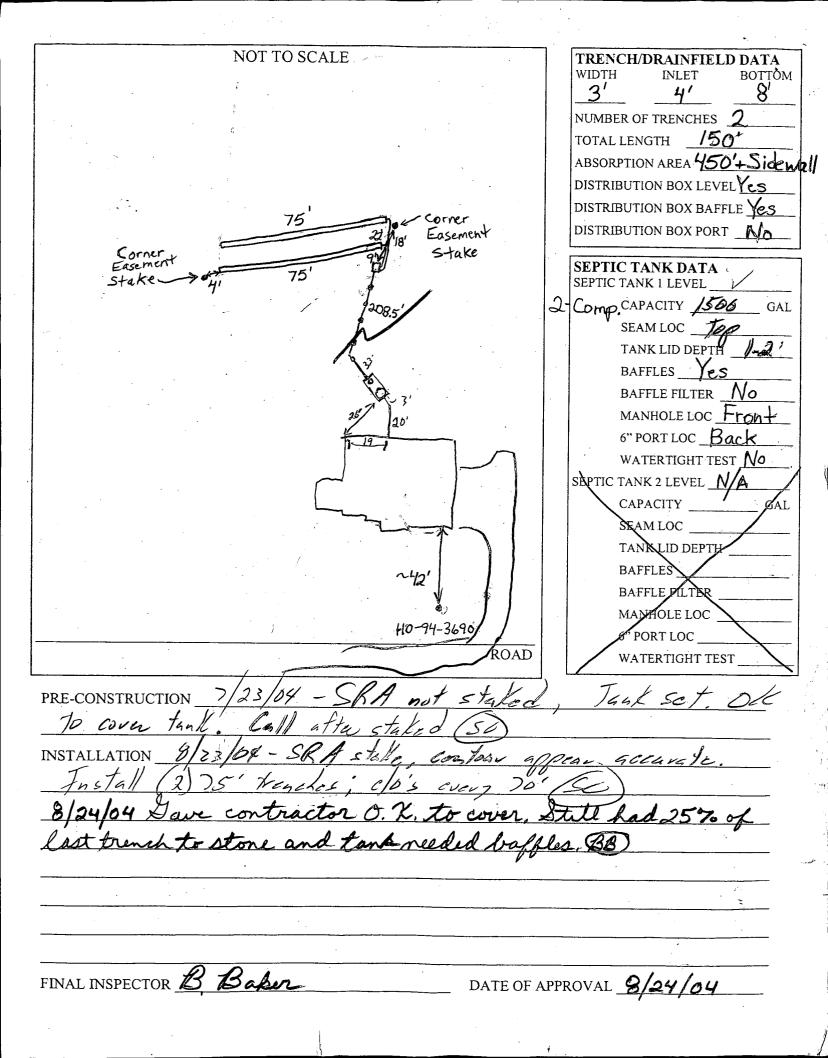
NOTES: PERMIT VOID AFTER 2 YEARS

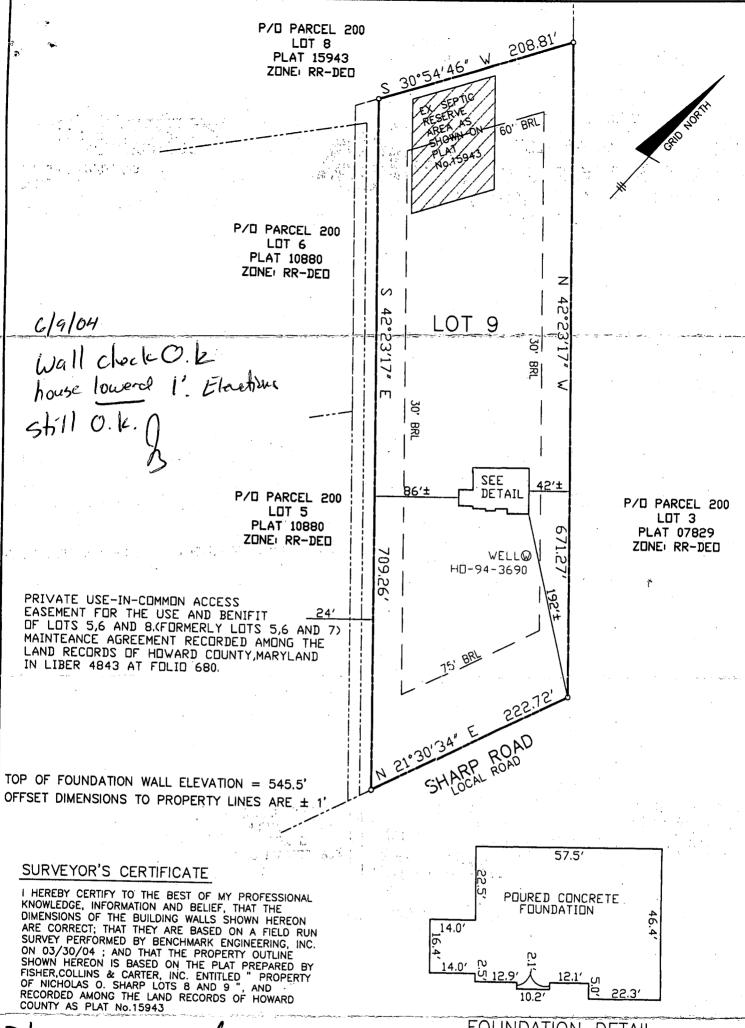
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM.





DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR MD REG. No. 10978

ROR BENCHMARK ENGINEERING, INC.
MD REG. No. 351

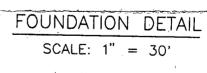
RECORD PLAT No. 15943 FEMA FIRM No. 240044 0020 B

> 12/04/86 **BENCHMARK**

ZONE:

DATED:

ENGINEERS & LAND SURVEYORS & PLANNERS ENGINEERING, INC.



WALL CHECK

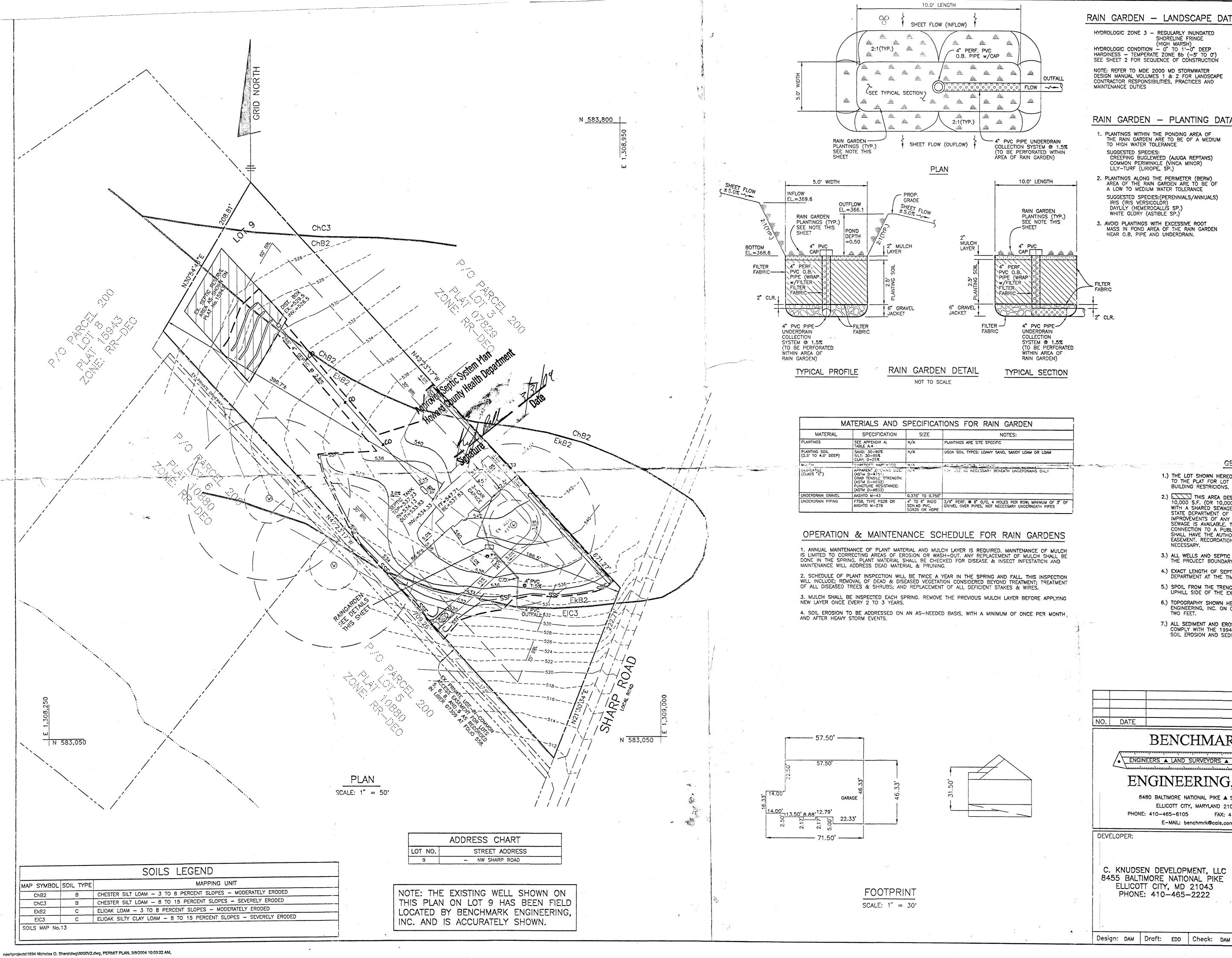
PROPERTY OF MCHOLAS O. SHARP LOTS 8 AND 9

LOT No. 9

3710 SHARP ROAD

4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND SCALE: 1'' = 100' DATE: 03/30/04

\tsa\voiT\engineer\projects\1094 Nicholas O. Sharp\dwg\8588B09.dwg, wallcheck, 3/31/2004 11:50:21 AM, EWF, 1:1

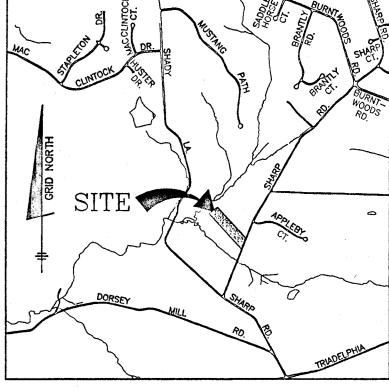


RAIN GARDEN - LANDSCAPE DATA

NOTE: REFER TO MDE 2000 MD STORMWATER
DESIGN MANUAL VOLUMES 1 & 2 FOR LANDSCAPE
CONTRACTOR RESPONSIBILITIES, PRACTICES AND

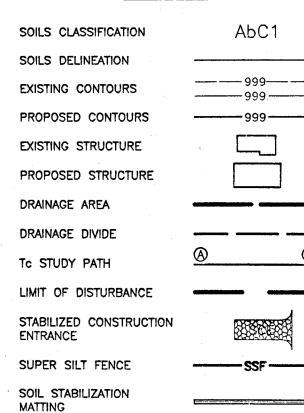
RAIN GARDEN - PLANTING DATA

- 1. PLANTINGS WITHIN THE PONDING AREA OF THE RAIN GARDEN ARE TO BE OF A MEDIUM
- SUGGESTED SPECIES: (PERENNIALS/ANNUALS)



VICINITY MAP SCALE: 1"= 2000'

LEGEND



GENERAL NOTES

- 1.) THE LOT SHOWN HEREON WAS RECORDED ON PLAT No.15943. REFER TO TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICIONS.
- 2.) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 S.F. (OR 10,000 S.F. PER LOT FOR SHARED DRAIN FIELDS ASSOCIATED WITH A SHARED SEWAGE DISPOSAL SYSTEM) AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL.

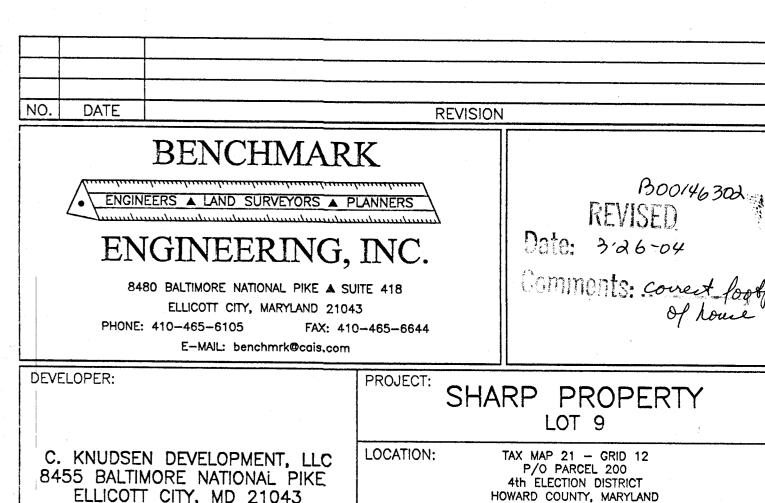
 IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC

 SEWAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON

 CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER

 SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE

 SASSMENT RECORDATION OF A MODIFIED STATEMENT SHALL NOT DE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE
- 3.) ALL WELLS AND SEPTIC SYSTEMS ON ADJACENT PROPERTIES, WITHIN 100' OF THE PROJECT BOUNDARY, HAVE BEEN SHOWN ON THE PLANS.
- 4.) EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
- 5.) SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION.
- 6.) TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN, PERFORMED BY BENCHMARK ENGINEERING, INC. ON OR ABOUTSEPTEMBER, 2003. CONTOUR INTERVAL IS
- 7.) ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.



SCALE:

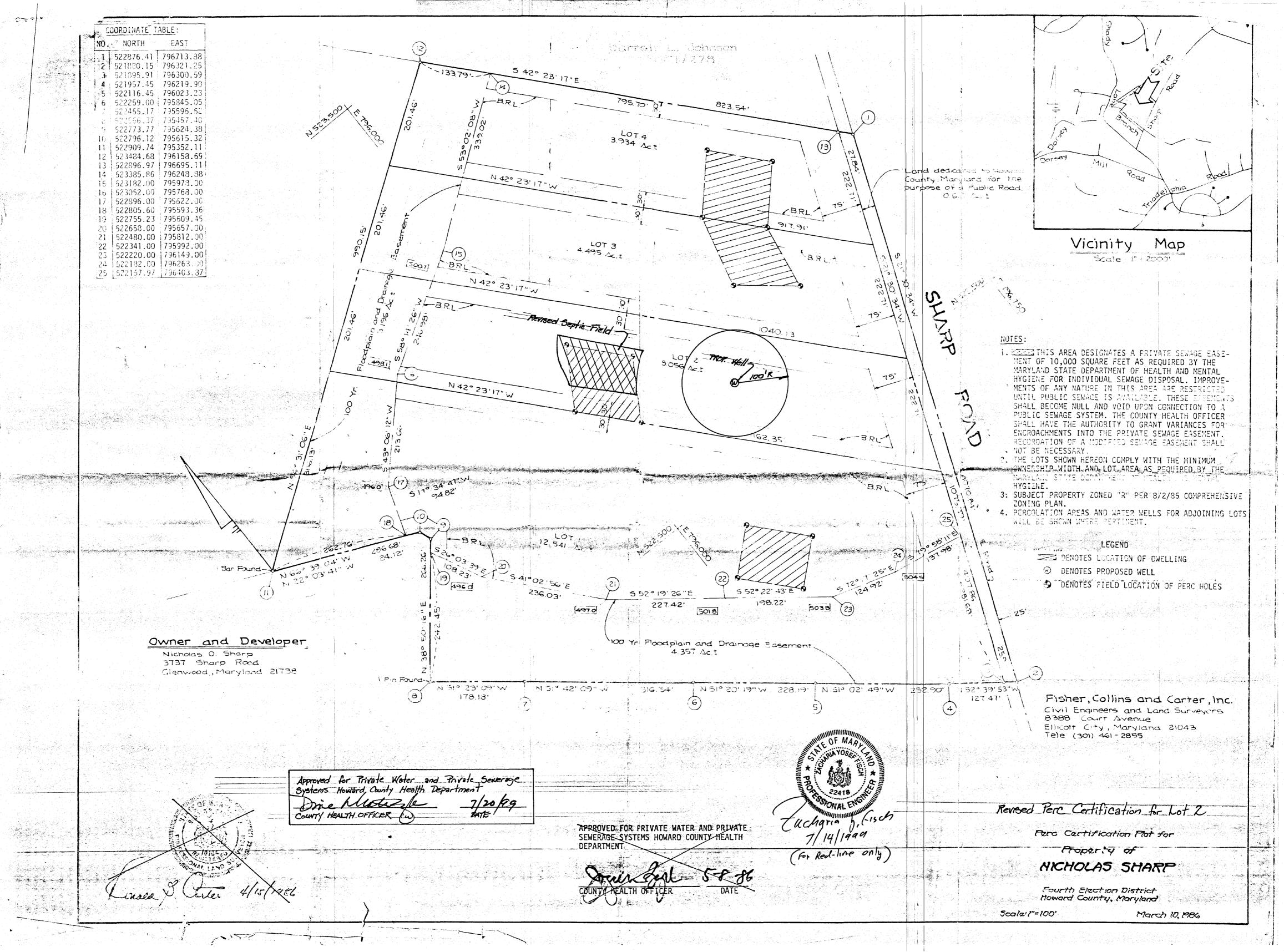
AS SHOWN

PERMIT PLAN

00 01 000

PROJECT NO.

DRAWING 1 OF 1



Jul 13 04 11:23e

HO CO ENV HEALTH

14103132648

p. 1

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

	We . Com also Yeartal	letion of the Well Pump.	Prices Adapter, and Spreaks.	gi <u>e s</u>
MOTE That	• • • • • • • • • • • • • • • • • • • •			I METERIA
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inspection. No a	AGLE TO THE COASIER AT	Code (NSPC, as amended	locally) and CONIAR 26.04.44	ı D Wett
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	Shill Dil	Tac Telephone	# 410 175 2127	
Company Name				٠.
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Subdivision:	Vichols Sharp			
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			quired by NSPC 1990 Section 37	•
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Safety rope, if	nacq' stracped to lazin	e of well casing with eye bo	- Lid 1997	
		بيرفي سمين		
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The water su	bbly line in redriced to	De at least terms. If this o	septic tank, pump chambers, see tannot be accomplished, contact	IVI OTTICE IOI
distribution b	WY UNDERSTON AND A	walke teacise days		
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M	.5 41		11-23-04	
Jary	The second section of the section of	responsible for installation	date	
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	Eng Hooleh De	pariment Use Only - Not to	pe completed by tostalist	(00)
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Date Lasp. R	Distant adamse and	water supply line as least 36'	below grade	-
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			above misnes grade	
·	445	AT SERVICE OF THE STREET		
	Adequate grout of	served below pittess adapter		

THE NOTICE PARTY OF THE PARTY O	c 1 14181 SEQUENCE NO.	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
DATE PROVIDED TO THE CONTROL OF THE	(THIS NUMBER IS TO BE PUNCHED	FILL IN THIS FORM COMPLETELY	COUNTY A34800
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DESCRIPTION TO PROME	STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)	PUMPING TEST 3
NO. OF BAGS WIND, OF POWNS 1 TO 32 ACRONS THE POWNS TO BE CALLON SO THAT TO BE THE STATE OF THE SURFER FUNDING BATE (gal, per min) 2 TO MEASURE PUMPING RATE (gal, per min) 2 TO MEASURE PUMPING RATE (gal, per min) 3 TO MEASURE PUMPING RATE (gal, per min) 4 TO MEASURE PUMPING RATE (ga	DESCRIPTION (Use FEET check if water		8 9
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MAIN CASINE to premior total deprement of the plant of the properties of the plant	Enay Mica Rock 62 280 v	tunes \	
Delow PUSTIC OTHER Age Age		(appropriate) STEEL CONCRETE	WHEN PUMPING 3.5 ft.
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OTHER CASING (if used) diameter depends from the diameter depends from			C centrifugal R rotary O (describe below)
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E ELECTRIC LOG OBTAINED 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. DRILLERS LIC. NO. I M D D G GRAVEL PACK [F WELL DRILLED IN BY DRILLER) DRILLERS SIGNATURE ON APPLICATION) LIC. NO. I D LIC	WHEN THIS WELL WAS COMPLETED	S C3	foot)
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CAPTIONED PERMIT, AND THAT THE INFORMATION, PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. I M D D GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. I D T (E.R.O.S.) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG THAN TWO DISTANCES (MEASUREMENTS TO WELL) THAN TWO DISTANCES (MEASUREMENTS TO WELL) TO 70 70 72 TELESCOPE TELESCOPE LOG THAN TWO DISTANCES (MEASUREMENTS TO WELL) THAN TWO DISTANCES (MEASUREMENTS TO WELL) THAN TWO DISTANCES (MEASUREMENTS TO WELL) TO 70 THAN TWO DISTANCES (MEASUREMENTS TO WELL) TO 70 TO 72 TELESCOPE THAN TWO DISTANCES (MEASUREMENTS TO WELL)	I HERBBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION!" AND	N DIAMETER (NEAREST	BUILDING SEPTIC TANKS, AND FOR
DRILLERS LIC. NO. I M S D S Y GRAVEL PACK F WELL DRILLED DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. I D I GRAVEL PACK F WELL DRILLED INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG 74 75 76 TELESCOPE LOG 74 75 76	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY	56 60	THAN TWO DISTANCES
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1	· · · · · · · · · · · · · · · · · · ·	GRAVEL PACK	301/2
LIC. NO. I D I (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG 74 75 76.		WAS FLOWING WELL INSERT F IN BOX 68 68	Wall 170.
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG 70 72 TELESCOPE LOG TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE		(NOT TO BE FILLED IN BY DRILLER)	
responsible for sitework if different from permittee) TELESCOPE LOG			
		TELESCOPE LOG	

Page,	4	of	
Date	5-	9-	03

NO INSPECTION

Review	
	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3690	
Fortion of monometry (monod)	PROAD
	LotBlock // Plat Sec.
Well Driller JOSEAN MAYNE	Owner NICK SHALP
Depth of well	ground
I. High rate pumping reservoir drawdown	
Time pump started /0.50 Total time /5 m to reach pumping wa	Pumping rate 20 AMM ater level 53 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

			_	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill \$	(if used)	(gallons per
tervals	<u> </u>	gallon bucket		minute)
11:05	53	3		20
11:20	53	3		20
11:35	53	3		20
11:50	5-3	3		26
12:05	5-3 5-3	3		20
12:20	53	3		26
12:35	53	3		28
12.50	53	3		20
1:05	53	3	,	20
1:30	53	3		20
1=35	1-3	3		20
1:50	53	3		20
2:05	53	3		20
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B 1 5115 SEQUENCE NO. STATE OF I	MARYLAND STATE PERMIT NUMBER
APPLICATION FOR PE	
4/7/03 5/8615 please	e type 70 fill in this form completely 79
Date Received (APA)	B 3 LOCATION OF WELL
OWNER INFORMATION 8 MM (100 VY 13	8 COUNTY 21
Sharp Merk	Micholas Sharp Property
15 Last Name Owner First Name 34	23 SUBDIVISION 42
3654 Sharp Rd Street or RED 55	SECTION LOT LOT LA
Street or RFD 21738	Hlassind
57 Town 70 State 72 Zip 76	52 NEAREST TOWN 71
DRILLER INFORMATION	MILES FROM TOWN (enter 0 if in town)
Priller's Name 76 License No. 81	73 76 77 78 B 4
Driffer's Name 76 License No. 81	1 2 Riverty From
Film Name	TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30
55/2 Ridge Rd. Int Biry Md. 21771	ON WHICH SIDE OF ROAD NORTH
Address	(CIRCLE APPROPRIATE BOX)
Signature 1/03	W TOWN E 34 / 00 37 SOUTH
B 2 WELL INFORMATION	B DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	8-9 S B-9 TAX MAP: 2/ BLK: // PARCEL 200
(GAL PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER
	HEALTH DEPARTMENT APPROVAL
OOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION	10 marco 1 34800
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	COUNTY NAME COUNTY NO.
22 INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE INSERT S
P PUBLIC WATER SUPPLY WELL	DATE 155/5/03 hull 1/5/10-5/5/04
T TEST OBSERVATION MONITORING	43 MM DD YY 48 CO SIGNATURE EXP DATE
G GEO-THERMAL	NORTH 523 000 EAST 96 000 57 63
(E) 900 main/a	
APPROXIMATE DEPTH OF WELL 1 300 JEET	SHOW MAJOR FEATURES OF BOX & LOCATE WELL
24 28	WITH AN X SOURCES OF DRILLING WATER
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH	1. well
METHOD OF DDILLING (contrary)	2.
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN	3.
30 AIR-ROLary. AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER
AREVerse-ROTary DRive-POINT	FROM THE MAP HERE
other	- 79%
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	N 52 7 3
THIS WELL WILL REPLACE A WELL THAT WILL BE	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
39 S AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS	Blenwood
D. THIS WELL WILL DEEPEN AN EXISTING WELL	The state of the s
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	1 N 3/1
(IF AVAILABLE) 41	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	The state of the s
APPROP. PERMIT NUMBER	EV 13
Un all sign	3
PERMIT No	Total Control of the
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	❸
HOLD DIFFERENCE ANTHORNES GROUND DOL DE TANTE STEET IN TRECORD AT	

in 10

COORDINATE TABLE NORTH

240 922 279 720 725623.575 769 527455 177

N 577 544 4174

250 522704 120

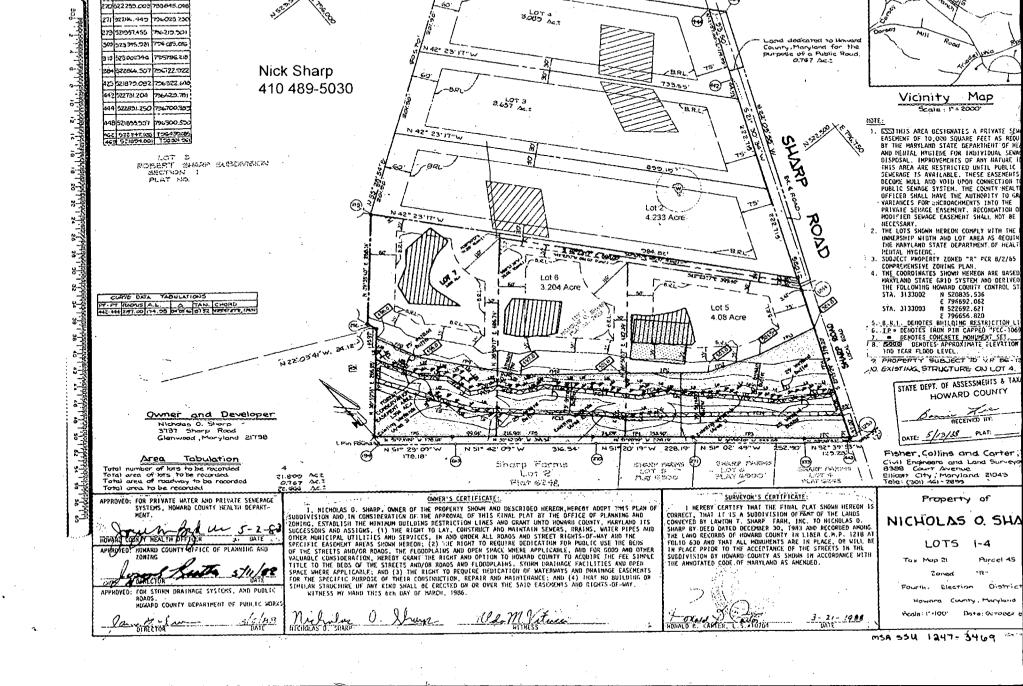
EAST'

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Concell L. Johnson

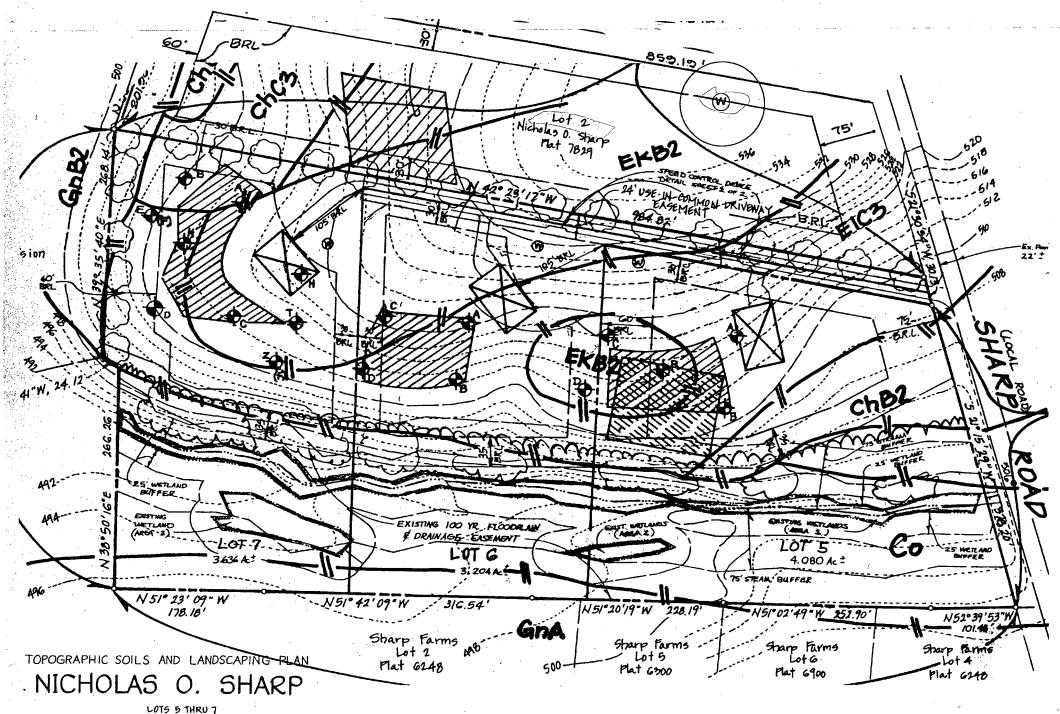
1021/278

(v)

420

-Ba

TLAT-C.M.P. NO



(A RESUBDIVISION OF LOT 1 THAT WE TEZY)

TAX MAP 21 ZONED: "KK-200"
FOURTH ELECTION DISTRICT

PARCEL(5): 45
HOWARD COUNTY, MARYLAND
DATE: JANUARY, 1998



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34800

HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES**

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

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 LOCATION SIZE OF LOT 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 HOLD PENDING FURTHER TESTS

HIS IS NOT A PERMIT

SOIL PROFILE INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

	3 3		PRE-	WET	TECT	17.0000	
DATE	TEST NO.	DEPTH	START		START	1" DROP STOP	TIME
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<i>\</i> .	7		• •					, , ,	1
Α	1								

TYPE OF SOIL

TESTED BY ____

_ ALSO PRESENT

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGI

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

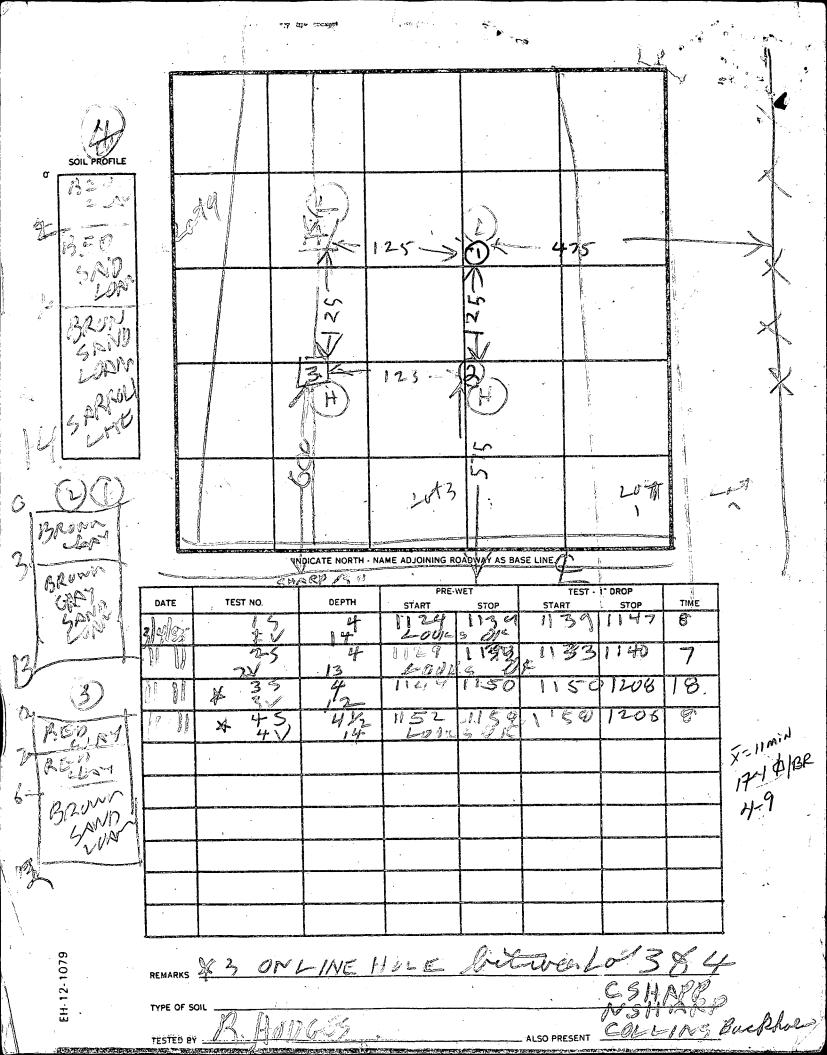
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

ENE	Р	7,	
DISTRICT	4	. 1 1	
DATE	Jan	2	1985

O: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND				
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRU	JCT (OR RECONSTRUC	T) A SEWAGE DISPOSAL S	YSTEM.	
PROPERTY OWNER NICHOLOGY O Sha	20	, , , , , , , , , , , , , , , , , , ,		
ADDRESS 3737 Sharp Rd Glance	vood, Md	21738 PHONE _		
SUBDIVISION NICHOLOS Sharp (Pro	prised	PARCELYS	Alb Na	W LOT AZ
ROAD AND DESCRIPTION Wast Side Sharp Rd,	1200 \$1	with of	Shady 1	anc
SIZE OF LOT 3 ac		TYPE BLDG.	Regidence NUMBER OF BE	DROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABL	E ONLY UNTIL PUB	LIC FACILITIES BECOM	E AVAILABLE, I FULLY	UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATI	ON IS NON-REFUND	DABLE UNDER ANY CIR	CUMSTANCES. ALSO	AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	\mathcal{N}	ICK SHA	ep !	
		(SIGNATURE OF A	PPLICANT)	
APPROVED BY	FOR	· · ·	OATE	····
REJECTED BY	FOR		CATE	
HOLD PENDING FURTHER TESTS			DATE	
REASONS FOR REJECTION OR HOLDING				

HIS IS NOT A PERMIT



FILE INQUIRY FORM

Property Address: 3710 Sharp Rd (Nicholas Shap Pag	
of 9 - Called Benchmark about Keusel tout point of the time of told them they still went to show Clean	-ou
Let 9 - Called Benchmark Aut Reusel fortput of the time of told them they still would to show your every FO' from task to D-Box told them I wouldn't talk then up to that Out to have it is the final mylor BB) 3/	31/0



TELEPHONE: (410) 465-2222 FAX: (410) 465-2231

्र Knudsen _{s son}

8455 BALTIMORE NAT'L PI

MAR 2-62004

LICENSES & PERMITS DIVISION

RASAP 3/27/04

March 26, 2004

Ms. Avis Corbin Howard County Department of Inspections, Licenses & Permits 3430 Courthouse Drive Ellicott City, MD 21043

Dear Avis:

Attached please find a plot plan for 3710 Sharp Road, Building Permit #B00146302, which reflects the correct footprint for the house which is to be built, not that which was previously substituted.

3/31/04
Reisel Plan ok w/ Health Dept.
Still weel cleanats every 70/

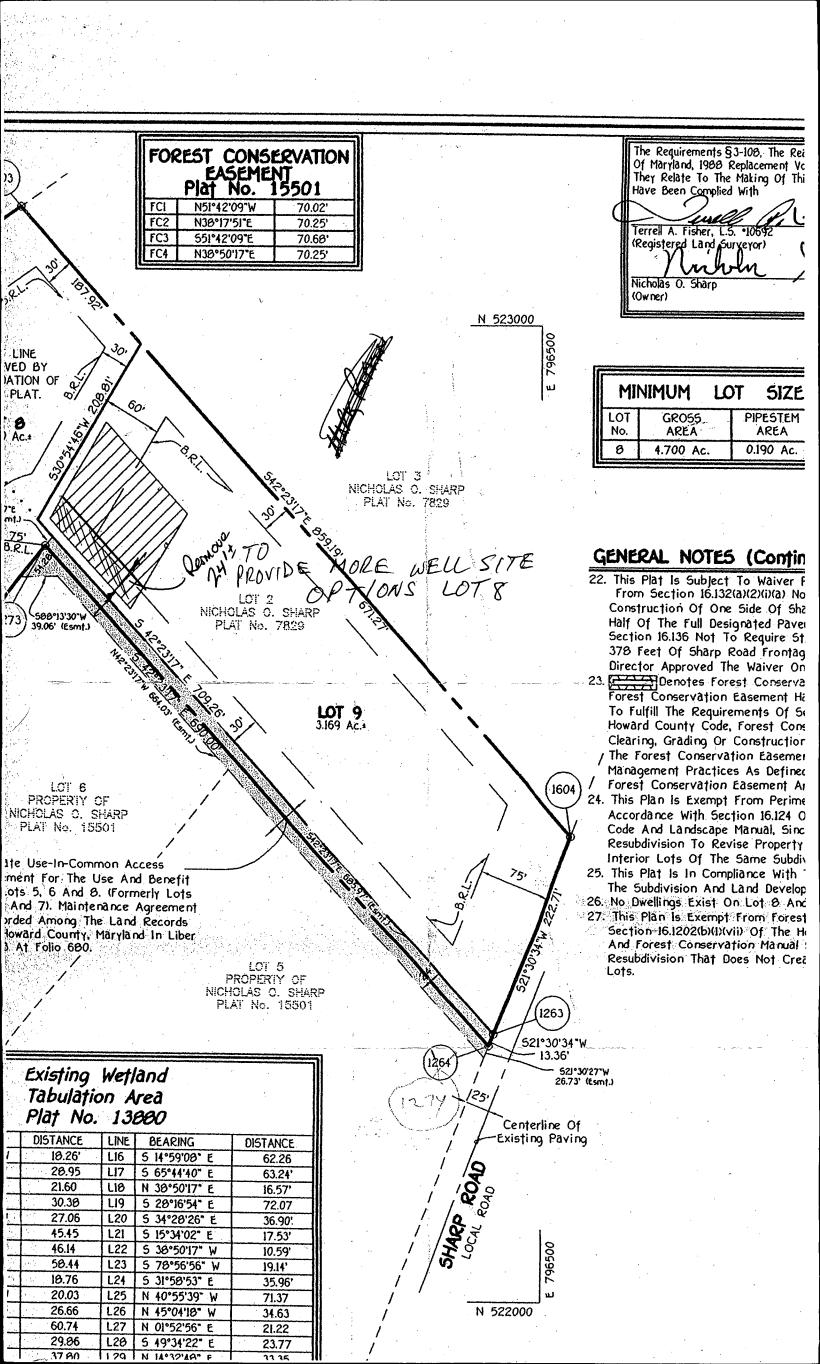
Yours very truly,

C. Knudsen Builders LLC

Christian S. Knudsen, Jr.

Presiding Member

CSKJR/dz



INP131C DISPLAY PERMIT INFORMATION (ALL TYPES)

BUILDING OFFICE A NBR B00146302 INIT JFW

NXT B00146303

PARCEL 200 SECT.; ZONE RR C. KNUDSEN BUILDERS

MAP COORDINATES: 9D9

FILE: SDP:

CTRACT 604002 . 8455 BALTIMORE NATIONAL PIKE

ELLICOTT CITY , MD 21043

WORK 410 465 - 2222 HOME

APPLIC CHRISTIAN KNUDSEN

SUITE/APT:

TYPE OF IMPROVEMENT: NEW USE: SFD EXISTING USE....: VACANT LOT G-8738

PROPOSED USE....: CUSTOM SFD

PROPOSED WORK...:

PERMIT DATES....: APP: 02/20/04 ISS: CMP: EXP: CURRENT STATUS...: P REV IND: RNW: PROJECT #:

PF2=FWD PF3=PRJ-NO PF4=INSP-HIST PF5=APPRVLS PF7=LICNSE PF9=NEXT PF12=EXIT

PLAN REVIEW APPROVAL BUILDING 03/23/04 INP3PPC PERMIT NBR: B00146302 ADDRESS: 00003710 SHARP RD APPLC DT GLENWOOD ,MD 21738 02/20/04 PROJECT NBR: PERMIT CATEGORY: IMPR = NEW USE = SFD CLASS = ...DEPARTMENT. RECEIVED .ACTION. DUE DATE ASSGN TO STAT P/T REV ENVIR. HEALTH 02/23/04 03/09/04 03/09/04 (KB A P COMMENTS: PERMIT COMMENT CODES: X PERC APPLICATION NBR 34800 APPROVED BY SEPTIC TNK CAPACITY 01500 (GAL) APPROVED; DT BEDROOMS - The State of the Sta LIVE SQ FT 0 COMMENTS NEED CLEANOUTS EVERY 70'. REVISED PLAN RCVD 3/2/04

ENTER=UPDATE PF5=VIEW PERMIT PF8=COMMENTS PF9=BLOCK UPD PF11=RTN PF12=EXIT

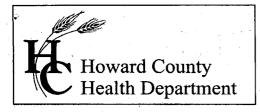
AND SECTION OF THE PROPERTY OF

INP13BC	DISPLAY PERMIT INFORMAT	ION BUILDING === NBR B00146302	OFFICE A INIT JFW
=======LOT CHARAC	TERISTICS=========	==BUILDING CHARACTER	ISTICS===
AREA OF LOT 0		BUILDING HEIGHT (FT)	000
AREA DISTURBED 0		NUMBER OF STORIES	2 , ,
ENTRANCE PERMIT		USE GROUP	
STATE CERTIFIED		TYPE OF CONSTRUCTION	Γ
=========OCCUPANT IN	FORMATION==========	MODULAR BLDG. (Y/N)	
NAME SAME AS OWNER		MOBILE HOME (Y/N)	· · · · · ·
ADDRESS		SEWAGE DISPOSAL TYPE	S
CITY/ST/ZIP	00000 - 0000	WATER SUPPLY TYPE	W
PHONE		HEATING FUEL	G
=======ENGINEER OR A	RCHITECT======	SPRINKLERS	
•		NBR OF TANKS	o o
	•	GROSS SQFT	0
00000		O.GROSS SQFT(.8)	0
-		O.GROSS SQFT(.4)	0
	EST.	COST OF CONSTR. \$	100000

PF1=BWD PF2=FWD PF3=PRJ# PF4=INSP-HIST PF5=APPR PF7=LIC PF11=HELP PF12=EXIT

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Y4 . . . *



7178 Columbia Gateway Drive, Columbia Maryland 21046 (410) 313-1771 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 23, 2004

C. Knudsen Builders, LLC 8455 Baltimore National Pike Ellicott City, Maryland 21043

SENT VIA FACSIMILE 410-465-2231

RE: Nicholas Sharp Property, Lot 9 3710 Sharp Road Glenwood, MD 21738 BP#: B00146302 Well Permit # HO-94-3690

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 8/24/2004. Final approval of the well line connection to the dwelling was approved on 8/30/2004.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3690. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples:

11/22/2004

5/09/2003

Date of Well Completion:

Stuart F. Oster, R. S.

pproving Authorit

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File>