

APPROVED
14 OCT 85
RH P 35075
A 33645

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

05-380987

INDEXED

ELLICOTT CITY

DISTRICT

5TH

DATE 2/28/85

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 23775 Triadelphia Road, Glenelg, Maryland PHONE 988-9270

SUBDIVISION The Heritage ROAD 4136 ~~4132~~ Sharp Road LOT 64

PROPERTY OWNER Richard A. Lewis

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 212 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 1 1/2 feet of stone below distribution pipe. LOCATION: Start first trench 100 feet from front lot line and 15 feet from left lot line as seen when facing the property from Sharp Road. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before gravel

BUILDING PERMIT SIGNED AND RETURNED

6-30-03 BOD142616-1 STORY ADDITION
4-8-04 BOD147330-EG POOL

PLANS APPROVED BY Craig Williams DATE 8/6/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

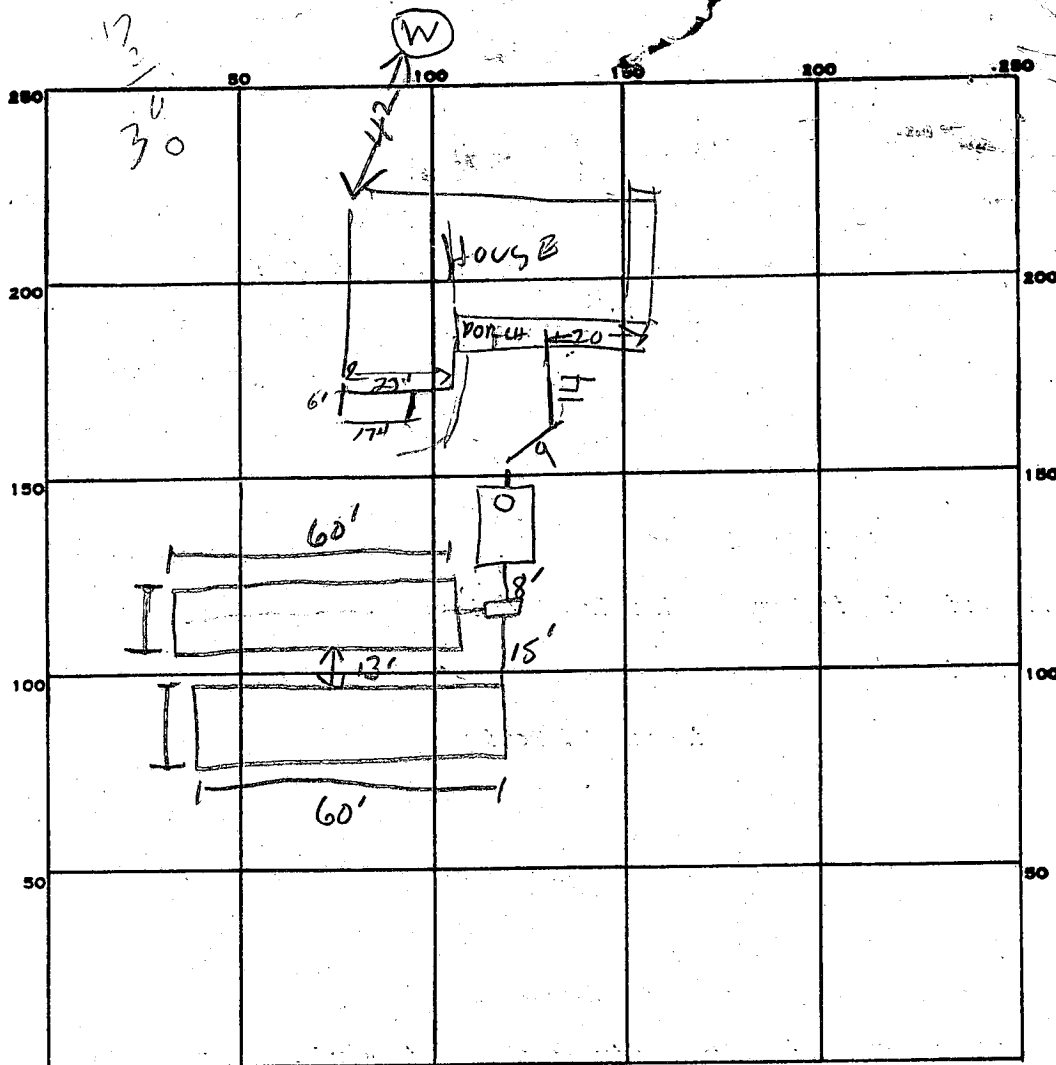
PERMIT VOID AFTER THREE YEARS.

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BP # 64045
Signed
A 33645

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LITHIUM Rch. SHAR R R 17

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒ 2000

CLEANOUTS ☒ ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 4.5' FT. TRENCH WIDTH 7' FT.

BUILDING PERMIT SIGNED AND RETURNED

GRAVEL DEPTH 18 IN. TOTAL LENGTH 120' FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 840 ϕ

120
7
840
212
840

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS 3-4-85 OK TO COVER all work - System first design; Call when house connection made for final inspection SHAR 10/15/85 - SEWER CONNECTION OK R/H

DATE SYSTEM APPROVED

10/15/85

INSPECTOR

Raymond [Signature]

C1 2881		SEQUENCE NO. (OEP 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.			
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER A33645			
DATE Received		DATE WELL COMPLETED		Depth of Well				PERMIT NO. FROM "PERMIT TO DRILL WELL"			
8 13		15 20		22 26 (TO NEAREST FOOT)				28 29 30 31 32 33 34 35 36 37			
OWNER		LEWIS		RICHARD							
STREET OR RFD		last name SHARP RD		first name				TOWN GLENELL			
SUBDIVISION		THE HERITAGE		SECTION				LOT 64			
WELL LOG Not required for driven wells				GROUTING RECORD				C 3			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N				PUMPING TEST			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL				HOURS PUMPED (nearest hour)			
CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC				NO. OF BAGS 12 NO. OF POUNDS 1200				PUMPING RATE (gal. per min. to nearest gal.)			
GALLONS OF WATER 12				DEPTH OF GROUT SEAL (to nearest foot)				METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE			
from 48 52 54 58 ft. to 50 ft.				(enter 0 if from surface)				WATER LEVEL (distance from land surface)			
OVERBURDEN 0 9				CASING RECORD				BEFORE PUMPING			
BROWN SHALE 9 47				casing types insert appropriate code below				WHEN PUMPING			
GRAY ROCK 47 200 X				STEEL <input type="checkbox"/> ST CONCRETE <input type="checkbox"/> CO PLASTIC <input type="checkbox"/> PL OTHER <input type="checkbox"/> OT				TYPE OF PUMP USED (for test)			
				MAIN Casing TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)				A air P piston T turbine			
				ST 6 50				C centrifugal R rotary O other (describe below)			
				OTHER CASING (if used) diameter inch depth (feet) from to				J jet S submersible			
				EACH CASING				PUMP INSTALLED			
				screen type or open hole insert appropriate code below				DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
				STEEL <input type="checkbox"/> ST BRASS <input type="checkbox"/> BR BRONZE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> PL OTHER <input type="checkbox"/> OT				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE			
				C 2				TYPE OF PUMP INSTALLED			
				DEPTH (nearest ft.)				PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:			
				1 HO 50 200				CAPACITY:			
				2				GALLONS PER MINUTE			
				3				(to nearest gallon)			
				4				PUMP HORSE POWER			
				5				PUMP COLUMN LENGTH			
				6				(nearest ft.)			
				7				CASING HEIGHT (circle appropriate box and enter casing height)			
				8				+ above			
				9				- below			
				10				LAND SURFACE			
				11				(nearest foot)			
				12							
				13							
				14							
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Page 1 of 1
Date 9/17/84

Well Permit No. HO - 81-0699
Location of property (road) SHARP RD
Subdivision THE HERITAGE Lot 64 Block Plat Sec.
Well Driller WARR Owner RICHARD LEWIS

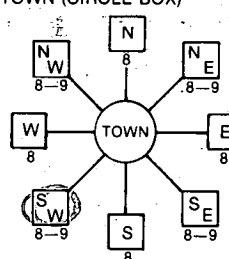
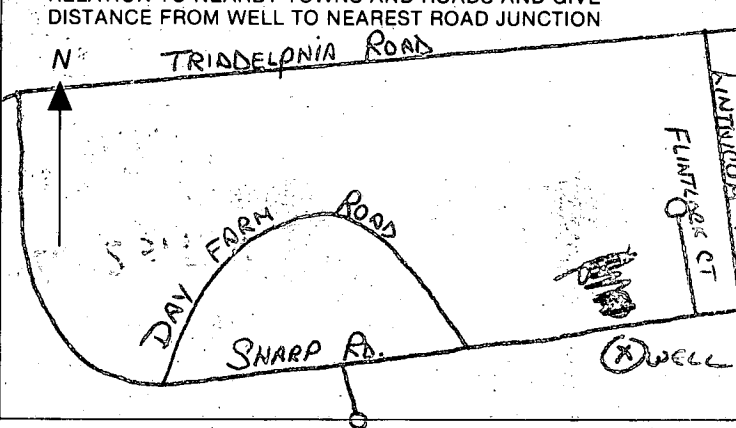
Depth of well 200'
Distance of measuring point (M.P.) above ground 19"
Static water level (S.W.L.) below M.P. 12' 5"

High rate pumping -- reservoir drawdown

Time pump started	<u>0830</u>	Pumping rate	<u>14.28</u>
Total time	<u>30</u>	to reach pumping water level	<u>140</u> ft. below M.P.

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

[illegible]

B 1 0176 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-81-0699 <small>fill in this form completely</small>
Date Received 9/17/84 082884 OWNER INFORMATION LEWIS, RICHARD 434 SOUTHWICKNAM RD BALTIMORE MD 21229	B 3 LOCATION OF WELL HOWARD THE HERITAGE SECTION 44 46 LOT 48 50 GLENELG MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION SANDY B. COCHRAN G. EDGAR MARK SONS' CORP. 12047 FALLS ROAD - COCKEYVILLE, MD 21030 SANDY B. COCHRAN 8/24/84	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  SHARP ROAD NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 240 240 DISTANCE FROM ROAD ENTER FT or MI FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A33645 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 090784 CO SIGNATURE 3/4/85 NORTH GRID 518000 EAST GRID 08000000	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 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. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 510 LOCATION OF BOX & LOCATE WELL WITH AN X 50' CASING 2' ABOVE GROUND 38' OPEN ACCORDING TO DRILLER 12 BAGS CEMENT 9/17/84 Cochran	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 66 WRITE INITIALS IN BOX PERMIT No. H0-81-0699 SPECIAL CONDITIONS		

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33645

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 3/12/84

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 WALGROW JOINT-VENTURE

ADDRESS _____ PHONE RHETT REALTY, INC

465-4920

PROPERTY LOCATION:

SUBDIVISION THE HERITAGE LOT NO. 64, sec. 1, area 2

4132 ROAD AND DESCRIPTION SHARP ROAD

SIZE OF LOT 1.01 ± TYPE BLDG. 3 or 4 BEDRM.

(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. Nikol B Dillon

(SIGNATURE OF APPLICANT)

APPROVED BY T. Shuman FOR tile field only DATE 7/3/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

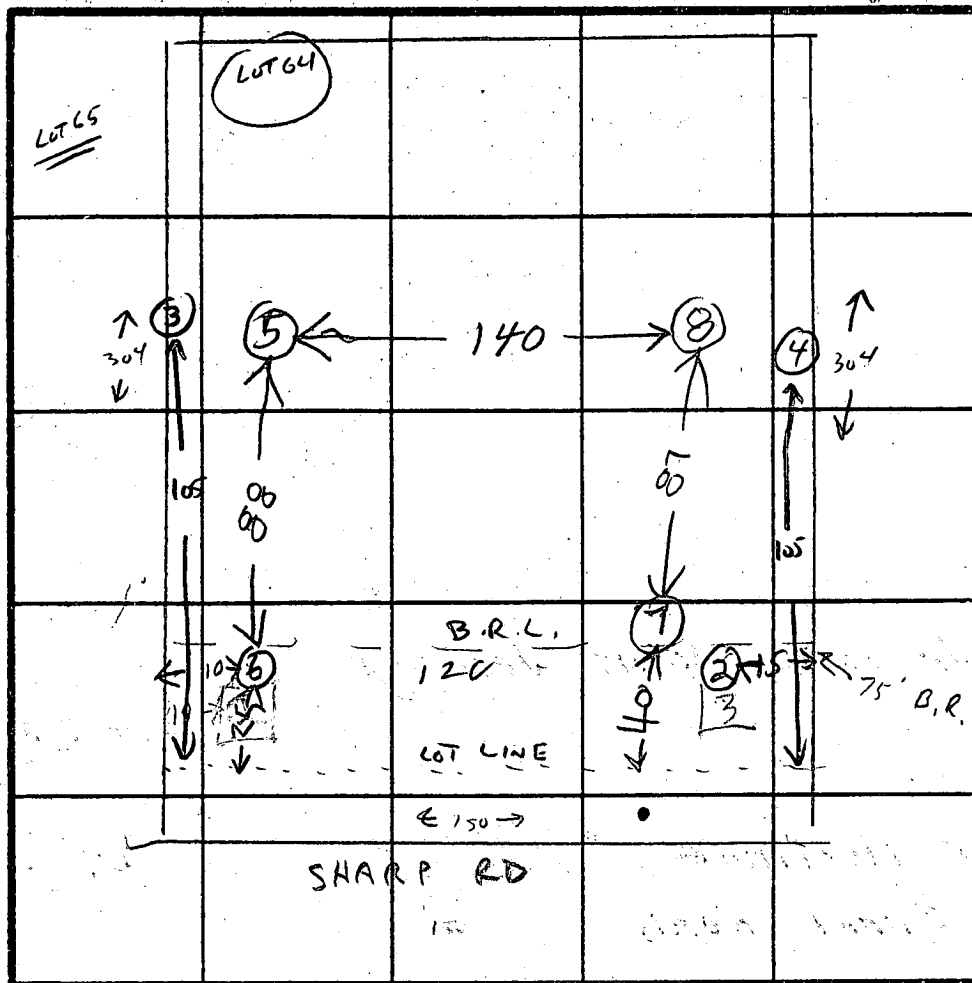
REASONS FOR REJECTION OR HOLDING 6/28/84 - HOLD FOR REVIEW WITH FS UNDERGROUND

WATER RA 7/3/84 FS held for Review
OK Tile Field not necessary for system first

THIS IS NOT A PERMIT

← 150 →

SOIL PROFILE



HOLE
ELEVATION
⑤⑦⑧ = HIGH
⑥ = LOW
LOT ALMOST
LEVEL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-25-84	③	WATER	AT 8 1/2'		VISUAL ONLY	CW	
5-25-84	④	WATER	AT 10 1/2'		VISUAL ONLY	CW	
	②	WATER	AT 9 FT		VISUAL " "	CW	
6/20/84	5S	4	2 20	2 30	2 30	13	
	5V	12	WATER	12 FT	SOIL OK BELOW 2F		
	6S	3 1/2	2 31	2 47	2 47	3 15	28
	6D	6 1/2	2 32	2 46	2 40	2 47	7
	6V	12	DRY LOOK OK	OK BELOW	3 FT		
	7S	4	3 02	3 03	3 03	3 04	1
	7V	11 1/2	ALL SAND				
	8S	4	3 45	3 47	3 47	3 50	3
	8V	13	WATER	12 FT	SOIL OK BELOW 3 F		

REMARKS WATER TABLE INSPECTION ONLY THIS DATE. KETTERMAN PRESENT 5-25-84CW

TYPE OF SOIL

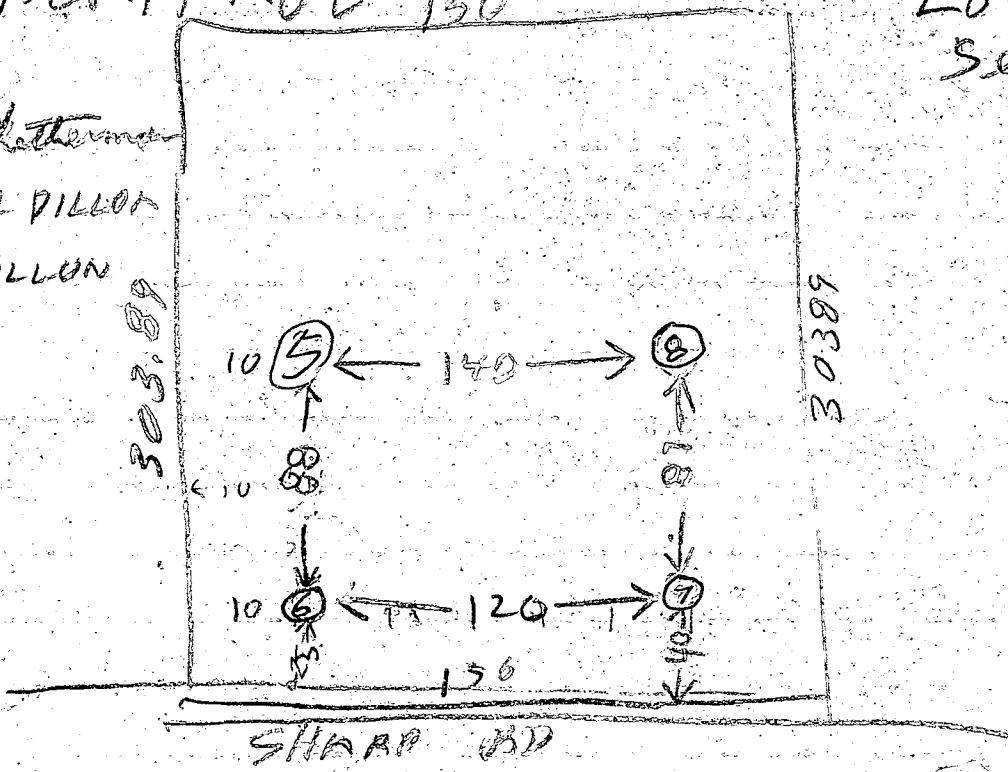
TESTED BY 6/20/84 BH

ALSO PRESENT 6/20/84 DILLON REALTOR OKETTERMAN

12
90
58
THE HERITAGE AGE 130

could not find apples
Lot 64
Sect 1 Area 2

Present of Katherine
MICHAEL DILLON
JIM DILLON



6/28/04	5S	4	220	230	232	243	13
	5V	12	WATER 12FT LOOKS OK BELOW 2FT				
	6S	3 1/2	231	247	247	2515	28
	6D	6 1/2	232	240	240	247	7
	7S	4	302	303	313	304	1
	7V	11 1/2	ALL SAND Dry				
	8S	4	345	347	347	350	3
	8V	13	WATER 12FT BUT LOOKS OK BELOW 3FT				
6/28/04	6M	12	DRY LOOKS OK BELOW 3FT				

HOLE ELEVATION
① ④ ③ HIGH
② LOW
ALMOST LEVEL
AREA

Hinkle
997-8151
531-2407

997-3611
997-169



4132 Sharp Rd

N35° 08' 44" E

Lot 64

The Heritage

I certify these elevations are true to the best of my knowledge

Richard H. Jarvis

Elevation ok
2/28/85 C. Williams

Building Restriction

Exist. Elev. 154.3

well. &

S54° 51' 16" E 303.89

S54° 51' 56" E 303.89

Distance well to Septic tank 105'

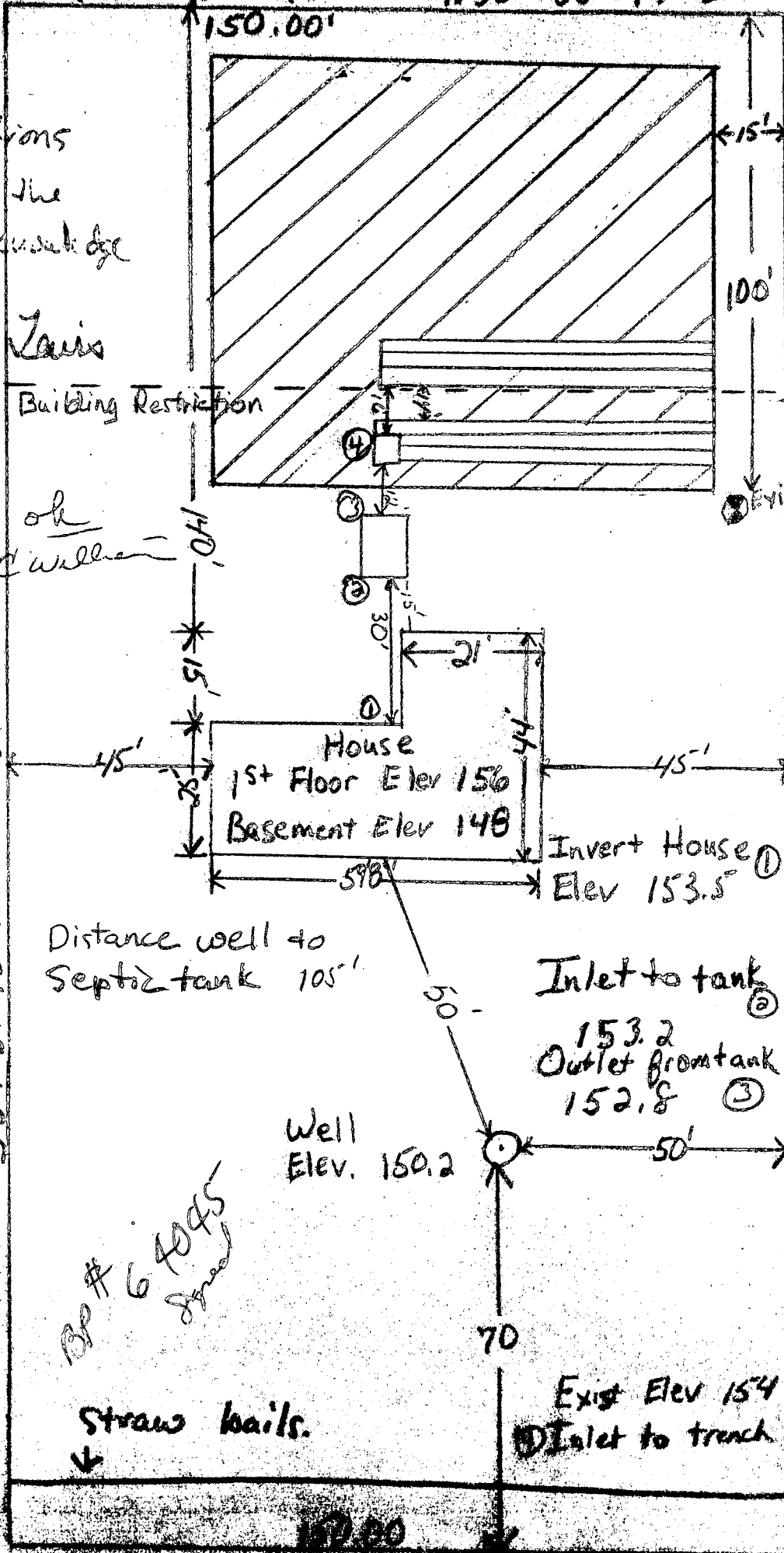
Inlet to tank
153.2
Outlet from tank
152.8

Well Elev. 150.2

BP # 64045
Street

Straw bails.

Exist Elev 154 at Pub
Inlet to trench 151



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin:0;">HOWARD COUNTY</h2> <h2 style="margin:0;">PERMIT APPLICATION</h2>	PERMIT NUMBER B 00120743
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Building Address <u>4136 SHARP ROAD</u> <u>GLENELEGG MD 21737</u> Suite/Apt. #: _____ SDF/WP/Petition #: _____ Census Tract _____ Subdivision <u>The Heritage</u> Section _____ Area _____ Lot <u>64</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>9F11</u> Lot size _____ Existing Use <u>Residence SFD</u> Proposed Use <u>Residence</u> Estimated Construction Cost \$ <u>7,500.00</u> Description of Work <u>Extension of existing</u> <u>garage 1st floor addition</u> <u>Slab on grade water garage for</u> <u>Storage Area.</u> Occupant or Tenant <u>Storage Area.</u> Contact Name <u>6817</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Property Owner's Name <u>THOMAS R. SMITH</u> Address <u>4136 SHARP ROAD</u> City <u>GLENELEGG</u> State <u>MD</u> Zip Code <u>21737</u> Home Phone <u>410-442-2875</u> Work Phone <u>301-850-2714</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ Contractor Company <u>HILLICKET, Inc</u> Contact Person <u>KEVIN J. MONTGOMERY</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: <u>Cathedral</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Thomas R. Smith</u> Applicant's Signature <u>OWNER</u> Title/Company	<u>THOMAS R. SMITH</u> Print Name <u>Oct 6, 1999</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection	DATE <u>10/6/99</u> <u>10/8/99</u>	SIGNATURE APPROVAL <u>[Signature]</u> <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>43396</u> Filing fee \$ <u>35</u> Permit fee \$ <u>35</u> Excise tax \$ <u>82</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>152</u> Balance due \$ _____ Check # <u>471</u> Validation # _____
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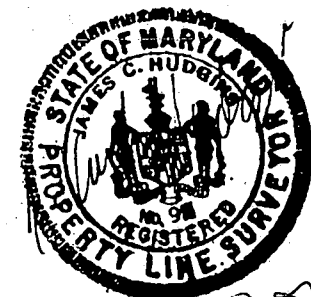
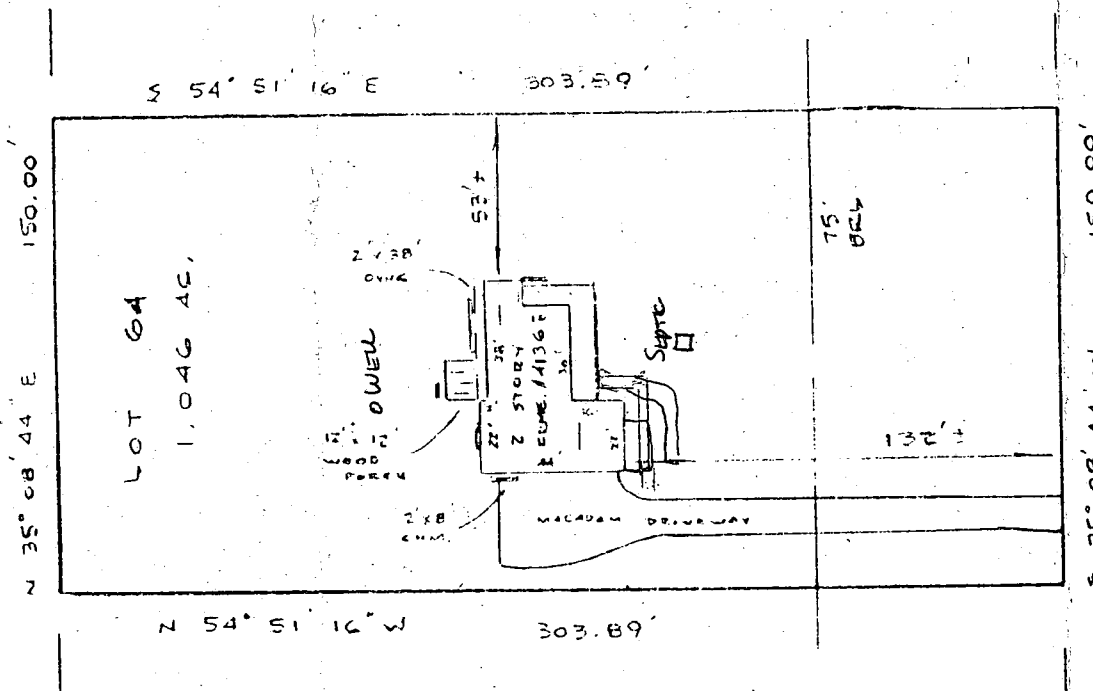
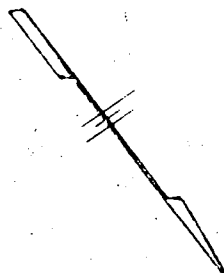
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



SHARP ROAD
(60' R/W)

08/89
proposed garage
addition as
shown - should not
impact ex well/septic &

Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of HOWARD
County, Maryland. Panel # 21 of 4
Community Panel # 240044-0031
Effective Date: DEC. 4, 1986

This is to certify that I have surveyed the property
known as LOT 64
4136 SHARP ROAD
sheet of recorded PLAT NO. 3775 among the
Land Records of HOWARD County, Maryland for the
purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
NOT TO BE USED TO ESTABLISH PROPERTY LINES.



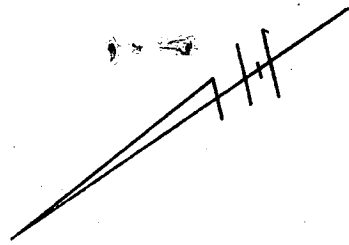
J. Carl Hudgins PLS#96

LOCATION SURVEY

4136 SHARP ROAD
THE HERITAGE
5th ELECTION DISTRICT
HOWARD COUNTY, MD.

NTT ASSOCIATES, INC.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Phone 442-2031

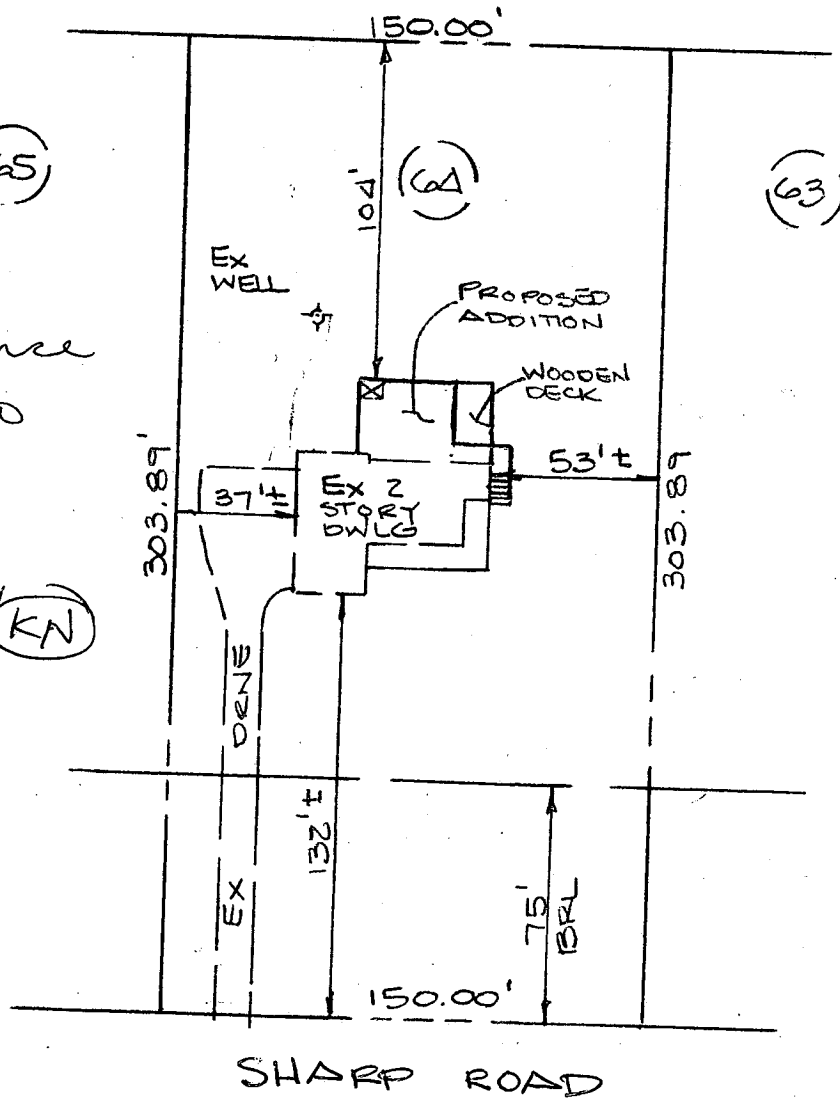
Scale	1" = 60'
Date	APRIL 17 1989
Field By	JLM
Drawn By	JLM
Drawing #	P 7585



6/30/03
25' distance
from well to
addition
approved

SRK (KN)

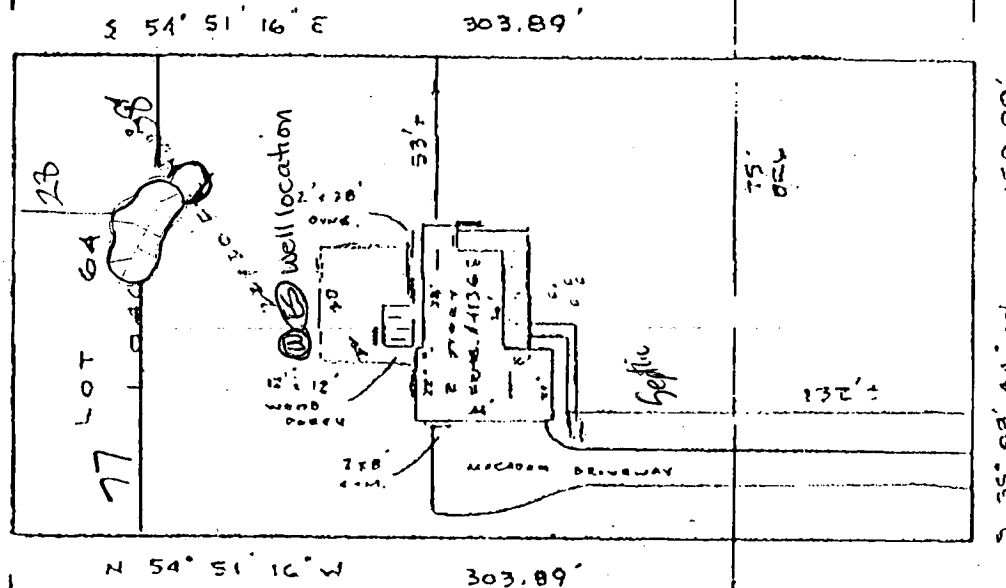
BOU 142616



4136 SHARP ROAD
5th ELECT DIST. HOWARD CO.
SCALE 1"=60' 6/23/03

600147330

Pool water
OK no effect
on well or
septic (RB)



SHARP ROAD
(60' R/W)

Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of HOWARD
County, Maryland. Panel # 21014
Community Panel # 240044-0021
Effective Date: DEC. 4, 1986

This is to certify that I have surveyed the property
known as LOT 64
4136 SHARP ROAD
sheet of recorded PLAT No. 3775 among the
and Records of HOWARD County, Maryland for the
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J. Carl Hudgins PL#96

LOCATION SURVEY

4136 SHARP ROAD

THE HERITAGE

51st ELECTION DISTRICT
HOWARD COUNTY, MD.

NTI ASSOCIATES, INC.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Phone 442-2031

Scale	1" = 60'
Date	APRIL 17 1987
Field By	JCM
Drawn By	JCM
Drawing #	P 7585