

LAYOUT 9/3/02 2:30pm INSP 4 9/16/02 11am 9/30/02 2-3 PM  
 INSP 2 9/5/02 2-3 INSP 5 9/17/02 1:45 ~~12/12/02 1:30 CANCELLED~~  
 INSP 3 9/9/02 2-3 INSP 6 9/19/02 11:01am 12/13/02 1:00

ISSUE DATE: 8/21/2002 P 517431  
 APPROVAL DATE: 12/13/02 A 56600-D

# PERMIT INDEXED

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

**05-432669**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: High Forest Estates LOT NUMBER: 4

ADDRESS: 15005 Oak Ridge Court PROPERTY OWNER: Big Branch Overlook LLC

SEPTIC TANK CAPACITY (GALLONS): 1500 ← OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 100' from the well and 25' from the front lot line. Run (3) trenches on contour to left side of lot as shown on plan.
NOTES:	***PUMPED SEPTIC SYSTEM*** At time of layout inspection, dig confirmation test hole as shown on site plan.

PLANS APPROVED: MER OK SRK 8/21/02 DATE: 6/14/02

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  
 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**

**BUILDING PERMIT SIGNED AND RETURNED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

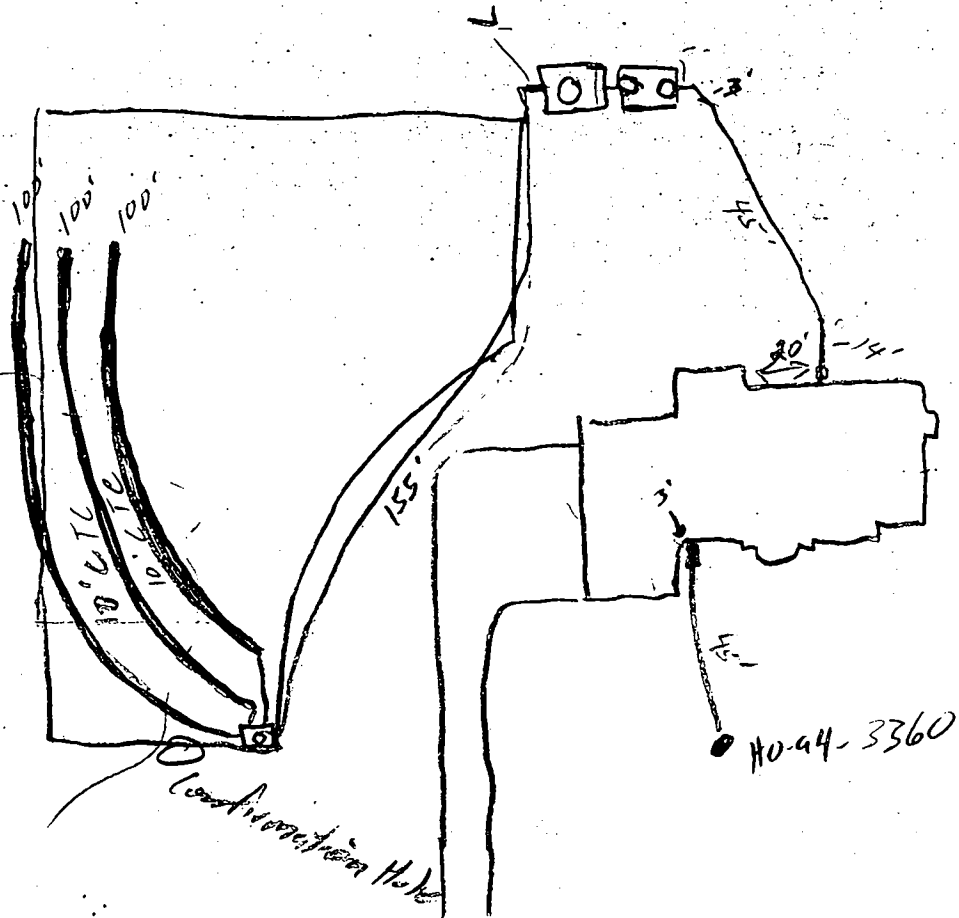
12-31-03 B00145621-PORCH

756600-D

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		3
TOTAL LENGTH		300'
ABSORPTION AREA		900 <del>ft</del>
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.0'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	F&B
6" PORT LOC	
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL ✓	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.0'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—



Out Ridge Ct

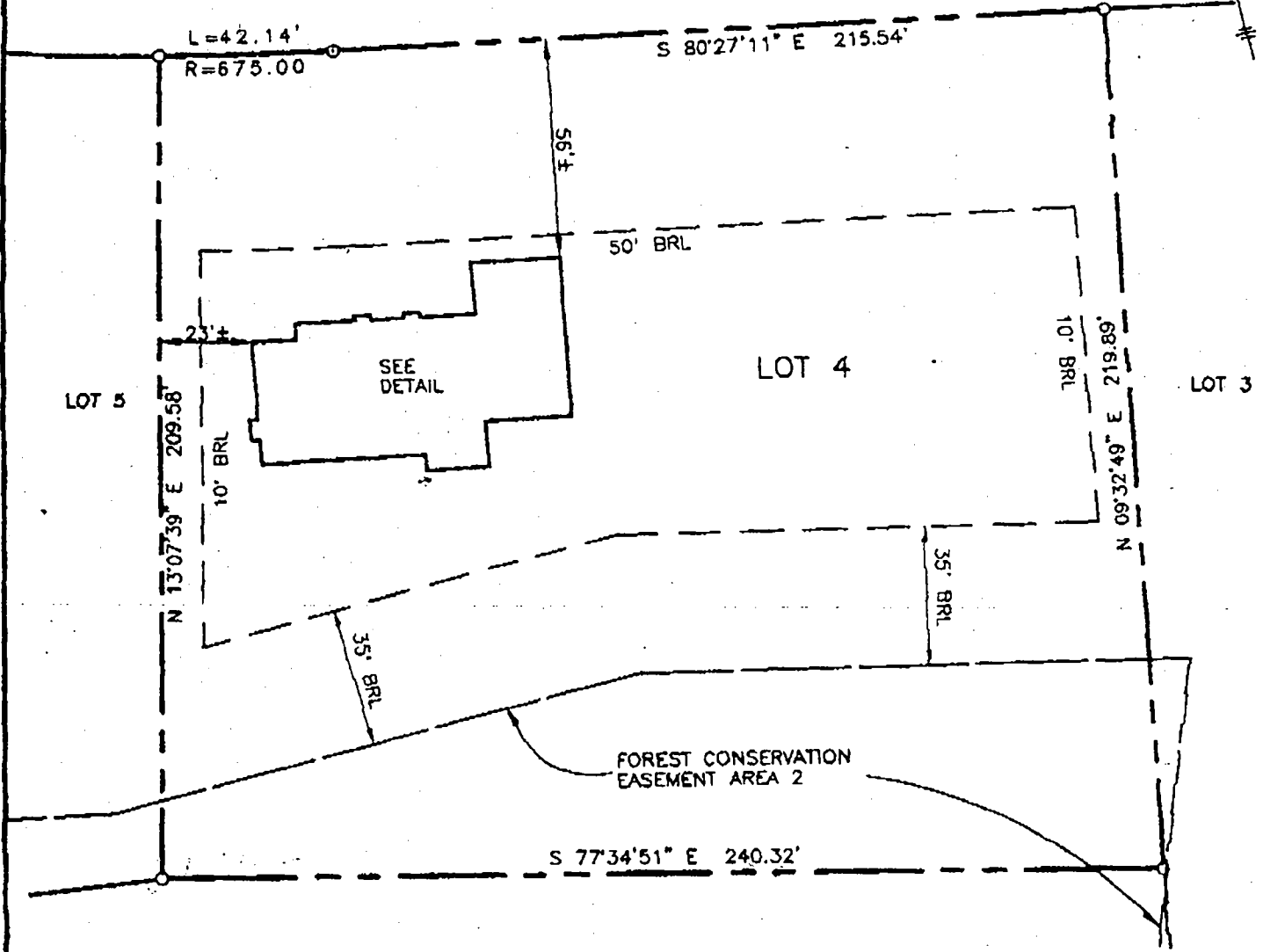
PRE-CONSTRUCTION 9/3/02 Confirmation hole dug, same profile as holes 20C&D to 11.5' No notice. Ly dirt pile on SF A must be removed (SO) 9/5/02 Not cleared (SO) 9/9/02 No one here (SO) 9/17/02 No one here - Subbed out to Dean Watt (KN) 9/19/02 Trenches installed, tanks set OK to cover (SO) 9/30/02 Tanks moved, reset - Pump by Alvin tests needed (SO) 12/13/02 Pump & Alvin OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 12/13/02

8/21/02 -  
Wall Check  
OK SRN

GRID NORTH

OAK RIDGE COURT  
( 40' R/W )

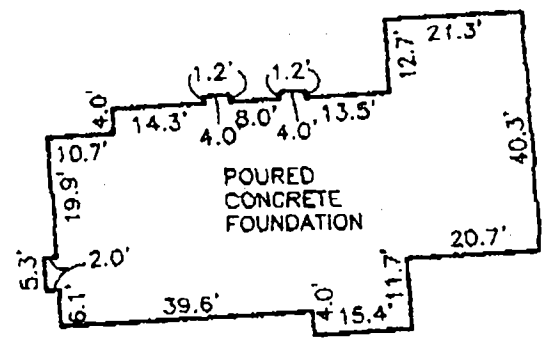


TOP OF FOUNDATION WALL ELEVATION = 468.8'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 07/12/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, P.C. INC. ENTITLED "HIGH FOREST ESTATES LOTS 1 THROUGH 50", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13960.

*Handwritten signature*



FOUNDATION DETAIL

SCALE: 1" = 30'

DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 13960  
FEMA FIRM No. 240044 0025 B  
ZONE: C  
DATED: 12/04/88

**BENCHMARK**  
**ENGINEERING, INC.**

BASED BULTEME REGIONAL, POB A SUITE 410  
BELLGATE CITY, MARYLAND 21043  
PHONE: 410-482-8123 A Fax 410-482-8844  
www.benchmarkinc.com



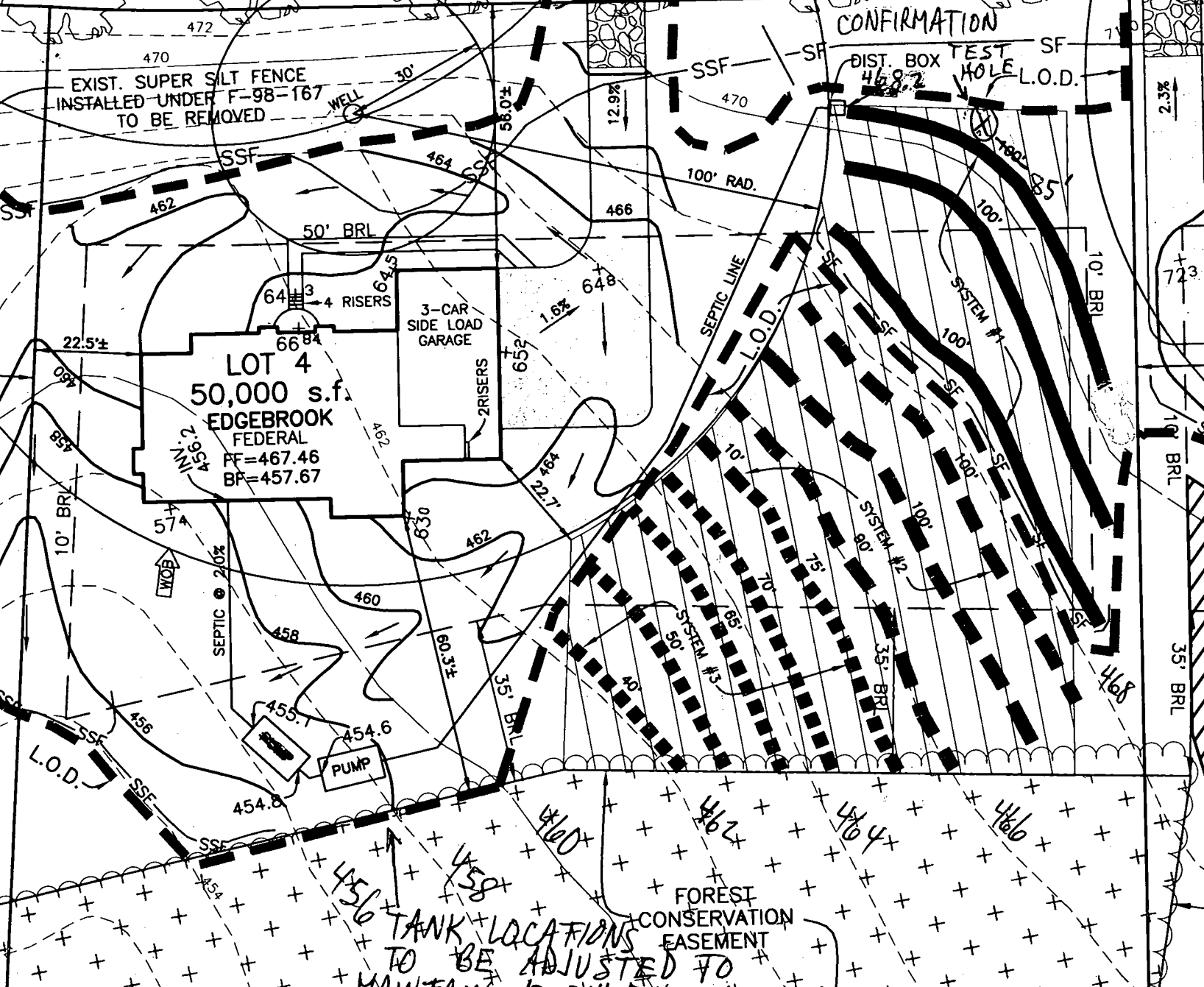
**WALL CHECK**  
**HIGH FOREST ESTATES**  
**LOTS 1 THROUGH 50**

LOT No. **4** Tull -  
15005 OAK RIDGE COURT 53

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 40' DATE: 07/12/02

# OAK RIDGE COURT



LOT 4  
50,000 s.f.  
EDGEBROOK  
FEDERAL  
PF=467.46  
BF=457.67

3-CAR  
SIDE LOAD  
GARAGE

PUMP

TANK LOCATIONS  
TO BE ADJUSTED TO  
MAINTAIN 18-36" FINISHED COVER

PLAN BY BENCHMARK

PRESERVATION PARCEL 'A'  
BUILDABLE

Approved Septic System Plan  
Howard County Health Department

Total linear feet of trench  
required 300 feet  
285' acceptable

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below  
distribution pipe 2.0 feet

PLAN

SCALE: 1" = 30'

*Mark Kiffin* 6/14/02  
Signature Date

SRK

OF INSPECTIONS, LICENSES AND PERMITS  
2430 CAPITAL HOUSE DRIVE  
HOWARD COUNTY, CITY MD 21043  
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
7300134935

Building Address: 15005 Oak Ridge Ct  
1026

Property Owner's Name: BIG BRANCH OVERLOOK LLC  
Address: 164 Columbia Gateway Dr #320

Site/Plot #: SDP/NP/Petition #:  
Consist. Tract: RESID. Subdivision: HIGH FOREST ESTATES  
Section: N1/4 Lot: 4  
T & M Map: Z-7 Parcel: L Grid: 6  
Zoning: R2D3 Map Coordin. S: 9113 Lot size: 50,000

City: Columbia State: MD Zip Code: 21046  
Home Phone: N/A Work Phone: 410-872-9105  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone: Fax:

Existing Use: RESIDENTIAL  
Proposed Use: FULL BUILDOUT  
Estimated Construction Cost: \$ 200,000

Contractor Company: BIG BRANCH OVERLOOK LLC  
Contact Person: LEE RUSTAD  
Address: 164 COLUMBIA GATEWAY DR #320

Description of Work: EDGE BROOK, SBR, 3 1/2 BATH,  
FULL BUILDOUT W/ FOUNDATION, 2 STORY,  
FULL BUILDOUT 3 CAR GARAGE

City: Columbia State: MD Zip Code: 21046  
License No.: 1631  
Phone: 410 872-9105 Fax: 410 872-9141

Occupant: [unclear]  
Contact: [unclear]

Engineer or Architect Company: [unclear]  
Contact Person: [unclear]

Address: 15005 OAK RIDGE CT #1026  
City: Columbia State: MD Zip Code: 21046  
Phone: 410-872-9111

Address: 164 COLUMBIA GATEWAY DR #320  
City: COLUMBIA State: MD Zip Code: 21043  
Phone: 410-872-9105 Fax: 410-872-9141

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: [unclear]	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
# of stories: [unclear]	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Cross area, sq. ft. per floor: [unclear]	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: [unclear]	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular: <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>
	Full <input type="checkbox"/> Partial <input type="checkbox"/>
	Other Suppression: <input type="checkbox"/>
	# of Heads: [unclear]

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth: [unclear] Width: [unclear]	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: [unclear]	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: [unclear]	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: [unclear]	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	NFPA #13D <input type="checkbox"/>
No. of Bedrooms: 5	NFPA #13R <input type="checkbox"/>
Multi-family dwellings:	Other: [unclear]
No. of efficiency units: [unclear]	
No. of 1 BR units: [unclear]	
No. of 2 BR units: [unclear]	
No. of 3 BR units: [unclear]	
Other Structure: [unclear]	
Dimensions: [unclear]	
Footings: [unclear]	
Roof: [unclear]	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 THEREON; (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.

Applicant's Signature: [Signature]  
Title/Company: [unclear]

Print Name: LEE RUSTAD  
Date: 2/19/02

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

OK  
11-8-02  
Revised  
12/16/02

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

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogle Well Drilling Telephone #: 410-795-5670  
Address: 582 Obrecht Rd  
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License #: MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: High Forest Estates Lot #: 5314 Well Tag #: HO-94-3360  
Site Address: 15025 Oak Ridge Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Candell Two piece watertight cap: yes  
Model #: 75607 Model #: \_\_\_\_\_ Screened, vented well cap: yes  
Pump Capacity: 7 GPM Depth: 42 (36" min) Cap secured to casing: yes  
Well Yield: 10 GPM NSP/WSC approved: yes Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 300' (feet) Conduit secured to well cap: yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing: NA

Piping to house House Connection  
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min) Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 11-8-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 12/12/02 Date Insp. Approved: 12/12/02 Inspector: (SD) SRK  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 3" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

C1 **14447** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **(13) A56600-D**

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 4 26 02

Depth of Well  
 22 300 26  
 (TO NEAREST FOOT)  
 OK SRX  
 6/11/02

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**HO-94-3360**  
 28 29 30 31 32 33 34 35 36 37

OWNER TOLL Brothers Toll Brothers  
 STREET OR RFD Oak Ridge Ct. TOWN Glenn  
 SUBDIVISION High Forest Estates SECTION \_\_\_\_\_ LOT 4

**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		check if water bearing
	FROM	TO	
Brown mica-shale	0	75	
Gray Limestone	75	90	
BRAND	90	91	4B
Gray Limestone	91	260	
White	260	261	✓
Gray Limestone	261	300	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS <sup>45 46</sup> 25 NO. OF POUNDS <sup>45 46</sup> 2350  
 GALLONS OF WATER 150  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 76 ft.  
 48 TOP 52 54 BOTTOM 58 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below 4  
 **ST** STEEL  **CO** CONCRETE  
 **PL** PLASTIC  **OT** OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 80  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below HO  
 **ST** STEEL  **BR** BRASS  **HO** HOLE  
 **PL** PLASTIC  **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  YES  NO

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.

DRILLERS LIC. NO. MSD 009  
Allen Conner  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D

**C 2** DEPTH (nearest ft.)  
HO 80 300  
 T 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
 E 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36  
 A 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51  
 C 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68  
 H 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86  
 S 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
 R E E S L O T S I Z E 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_  
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 03  
 PUMPING RATE (gal. per min.) 10  
 METHOD USED TO MEASURE PUMPING RATE 196L  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 43 ft.  
 WHEN PUMPING 92 ft.  
 TYPE OF PUMP USED (for test) 5  
 **A** air  **P** piston  **T** turbine  
 **C** centrifugal  **R** rotary  **O** other (describe below)  
 **J** jet  **S** submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) 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 29  
 CAPACITY: 10  
 GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.)  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below } 02 (nearest foot)  
 49 50 51

**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)

NO Survey States





W51682-A

B 1	9774	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-3360</b> <small>fill in this form completely</small>
-----	------	--------------------------------	---	---

Date Received (APA) 03/01/02

**OWNER INFORMATION**

8 MM DD YY 13  
1011 Brothers

15 Last Name Owner First Name 34

36 14203 Howard RD

57 Douyton Md 21036

70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard

8 COUNTY High Forest Estates

23 SUBDIVISION Glencly

SECTION 4 LOT 4

44 46 48 50

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 M I

73 76 77 78

**DRILLER INFORMATION**

Allen Compton M S D 009

Driller's Name 76 License No. 81

Fogles Well Drilling

Firm Name

580 Obrecht RD

Address

Allen Compton 2-27-02

Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

B 4

1 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Oak Ridge Ct.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37

DISTANCE FROM ROAD ENTER FT OR MI FT

38 39

TAX MAP: 27 BLK: 11 PARCEL 147

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A 56600-D

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 03/13/02 Karen Hadek 03/13/03

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 511 000 EAST GRID 0795 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST TOWN

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 GABLE REVERSE-ROTary DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. HO-94-3360

70 71 72 73 74 75 76 77 78 79

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 795

N 511

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Green Bridge

Triadelphia mill

Oak Ridge Ct.

**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 09709

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho - 94 - 2744

W513688 please print or type

fill in this form completely

Date Received (APA) 0714 00

OWNER INFORMATION

KAR FONTA C Huck 10 Mellor Ave. Catonsville Md 21228

LOCATION OF WELL

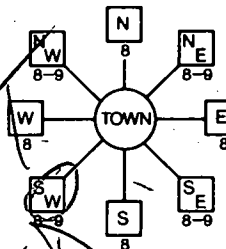
Howard High Forest Estates Dayton

DRILLER INFORMATION

Joseph L. Mayne MSD 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

MILES FROM TOWN (enter 0 if in town) 4 1/2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Oak Ridge Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25 DISTANCE FROM ROAD FT

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. DATE ISSUED 7/21/00 EXP. DATE 7/20/01

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE Reverse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well 40/01
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 N 510

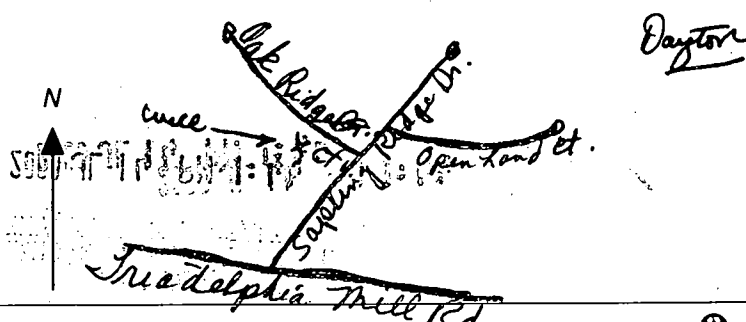
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

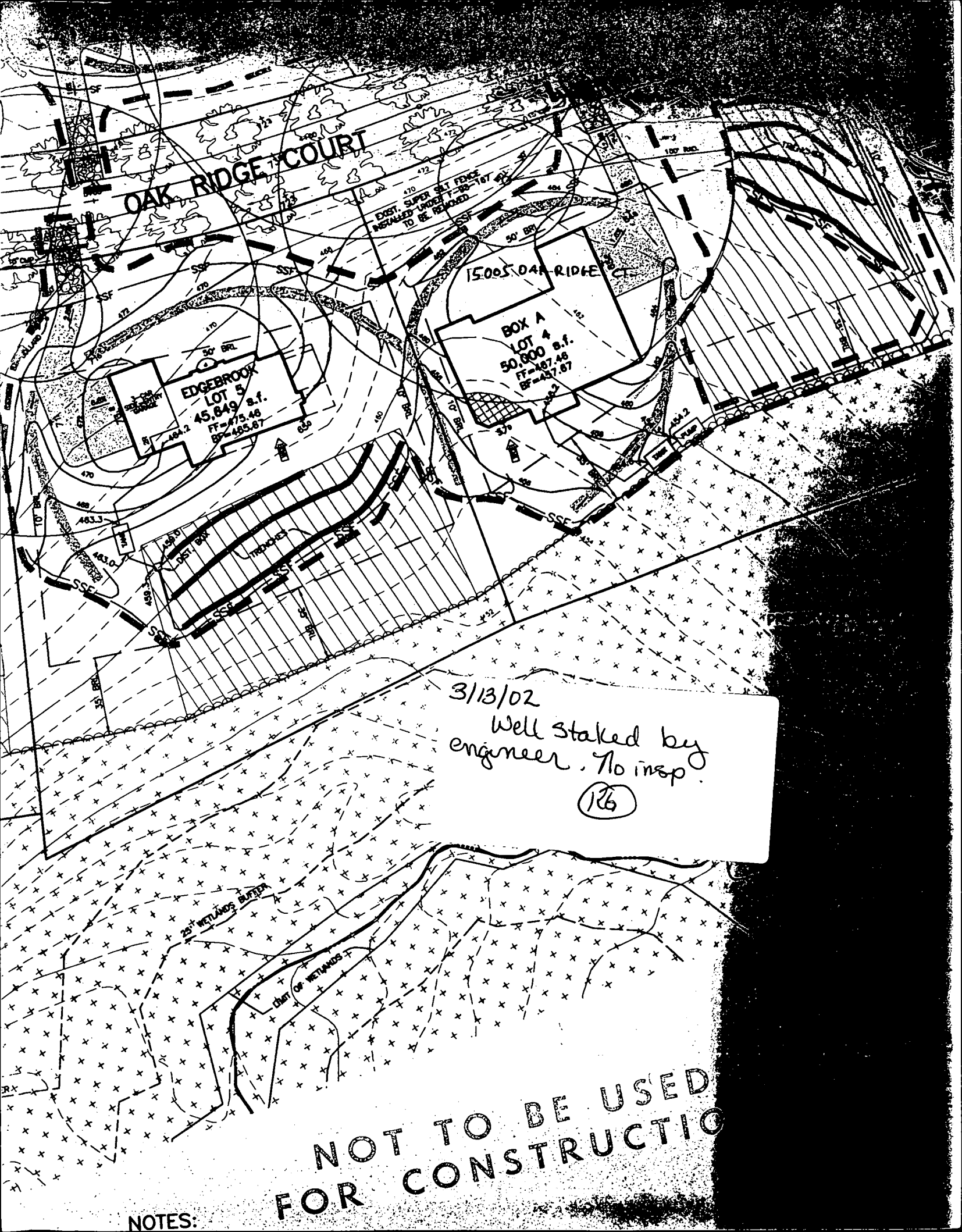
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. HO-94-2744

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





OAK RIDGE COURT

EAST SUPER SET FENCE  
INSTALLED UNDER T-20-167  
TO BE REMOVED

15005 OAK RIDGE CT

BOX A  
LOT 4  
50,000 s.f.  
FF=487.45  
BF=451.67

EDGEBROOK  
LOT 5  
45,849 s.f.  
FF=475.46  
BF=455.67

3/13/02  
Well staked by  
engineer. No insp.

(126)

25' WETLANDS BUFFER

CHART OF WETLANDS

NOT TO BE USED  
FOR CONSTRUCTION

NOTES:

# APPLICATION

PERCOLATION TESTING

A 57577

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 C. M. C. CONSTRUCTION, INC.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION:

SUBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 28

ROAD AND DESCRIPTION HOWARD ROAD 3,000 ± FROM INTERSECTION OF TRIADELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 40,000 - 50,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING  
(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

A57577

COUNTY #

SOIL PROFILE

510

0' TOPSOIL  
 DUNE BROWN SANDY SILT LOAM  
 2.5' ORANGE SANDY CLAY LOAM  
 5' DULL BROWNISH GREY FINE SANDY LOAM BLACK+ORANGE MOTTLES IRON ISOLATION WAVY PATTERNS BELOW 5.5'  
 10' WATER

2.5

5

10

28C, B

TOPSOIL  
 BURNT ORANGE SILTY CLAY  
 TAN S.S.C. MOTTLES CLAY TO 9+ S.C. TO 9 OPPOSITE SIDES OF LINE  
 WET CAUSING AT 8'  
 WATER 10'4"

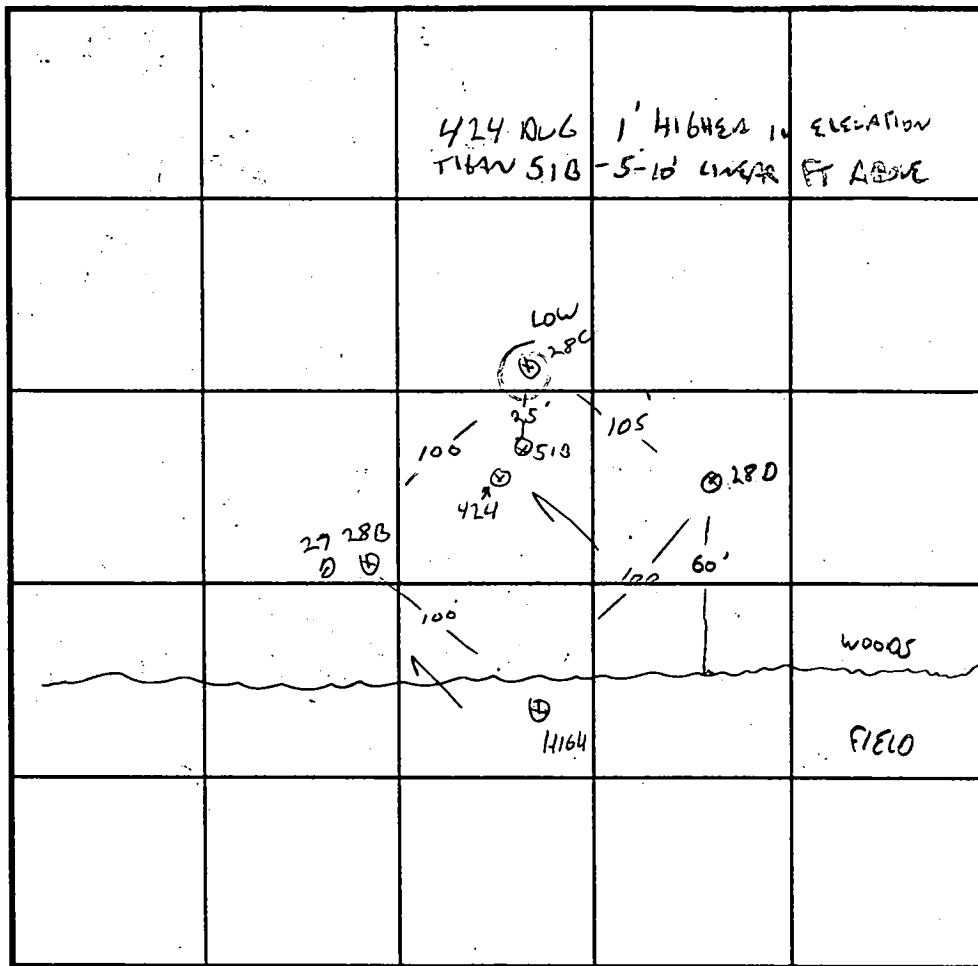
9

28A

TOPSOIL  
 BROWN CLAY LOAM  
 LIGHT BROWN S.S.C.

6

10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

280

0' TOPSOIL  
 BURNT ORANGE SANDY CLAY LOAM  
 4' BROWN MICACEOUS SILT LOAM  
 ORANGE MOTTLES BLACK STRIPS LOW CHROMA BANES TOWARD BOTTOM. HOLE OPEN ALL NIGHT  
 12' DRY

4'

12



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-17-96	28D	4/12 v	11:21	11:26	11:26	11:28	2 MIN
		8 v	11:34				
	28C	2/10.5 v	11:34	11:38	11:38	11:46	8 MIN
			11				
	28B/27	3/10.5	5:00 AM 12:52	2:15 12:53	12:53	12:55	2 MIN
		8	11:48	12:02	12:02	12:18	
	28A	3.5/10	11:56	12:02	12:15	12:15	17 MIN
		8 v ok					
5/1/97	51B						
4/24/98	424	12 v	H <sub>2</sub> O AT	12'	OPEN SEVERAL HOURS		OK

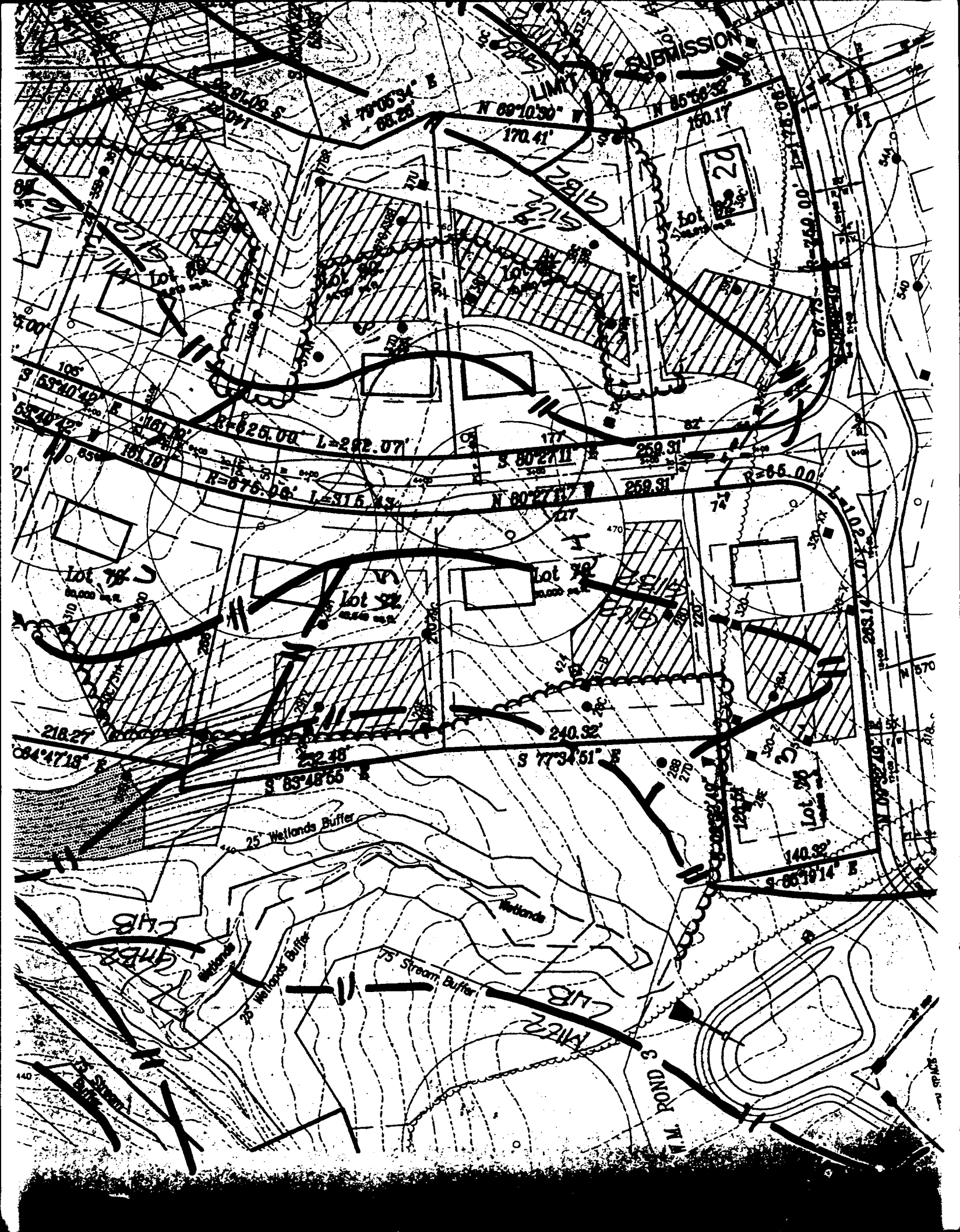
REMARKS LOT 28, S.E. CORNER OF PROPERTY, WATER TABLE?

TYPE OF SOIL EVALUATE AS WET SEASON TEST DUE TO HIGH RAINFALL / WATER TABLE

TESTED BY G. SAVAGE, KIM ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



SUBMISSION

LIMIT

20

N 79°05'34" E  
68.25'

N 69°10'30" W  
170.41'

N 85°58'32" E  
160.17'

R=625.00 L=292.07'

R=675.00 L=316.43'

R=65.00

lot 78

lot 82

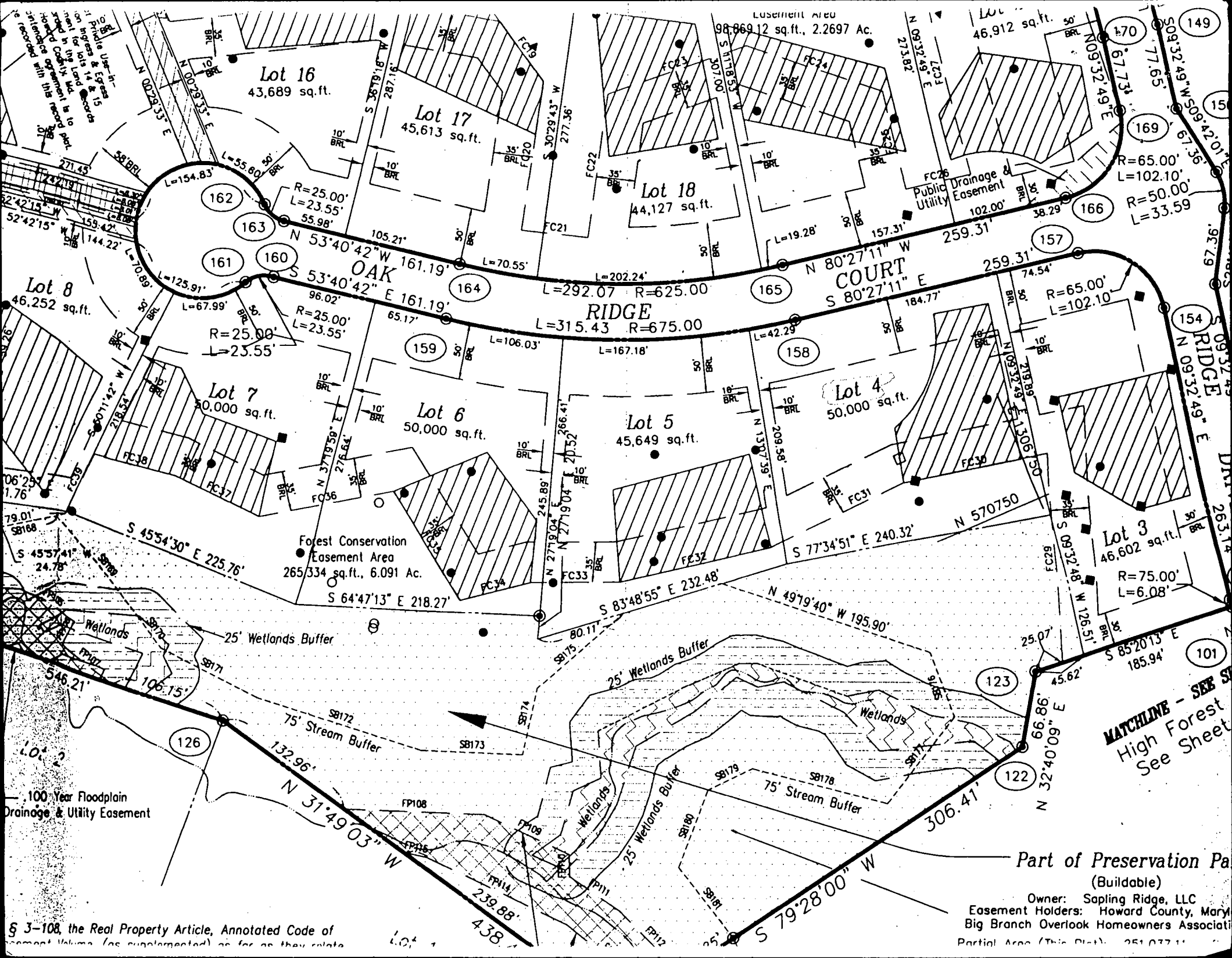
lot 79

lot 80

25' Wetlands Buffer

75' Stream Buffer

N.A. POND 3



Use in-  
 15  
 14  
 13  
 12  
 11  
 10  
 9  
 8  
 7  
 6  
 5  
 4  
 3  
 2  
 1

Lot 8  
 46,252 sq. ft.

Lot 16  
 43,689 sq. ft.

Lot 17  
 45,613 sq. ft.

Lot 18  
 44,127 sq. ft.

Lot 7  
 50,000 sq. ft.

Lot 6  
 50,000 sq. ft.

Lot 5  
 45,649 sq. ft.

Lot 4  
 50,000 sq. ft.

Lot 3  
 46,602 sq. ft.

Forest Conservation  
 Easement Area  
 265,334 sq. ft., 6.091 Ac.

Wetlands

25' Wetlands Buffer

25' Wetlands Buffer

Wetlands

25' Wetlands Buffer

75' Stream Buffer

100 Year Floodplain  
 Drainage & Utility Easement

**MATCHLINE - SEE SHEET**  
 High Forest  
 See Sheet

**Part of Preservation Pa**  
 (Buildable)

Owner: Sapling Ridge, LLC  
 Easement Holders: Howard County, Maryland  
 Big Branch Overlook Homeowners Association  
 Partial Area (This Plat): 251,077 sq. ft.

§ 3-108, the Real Property Article, Annotated Code of Maryland, (as supplemented) as far as they relate

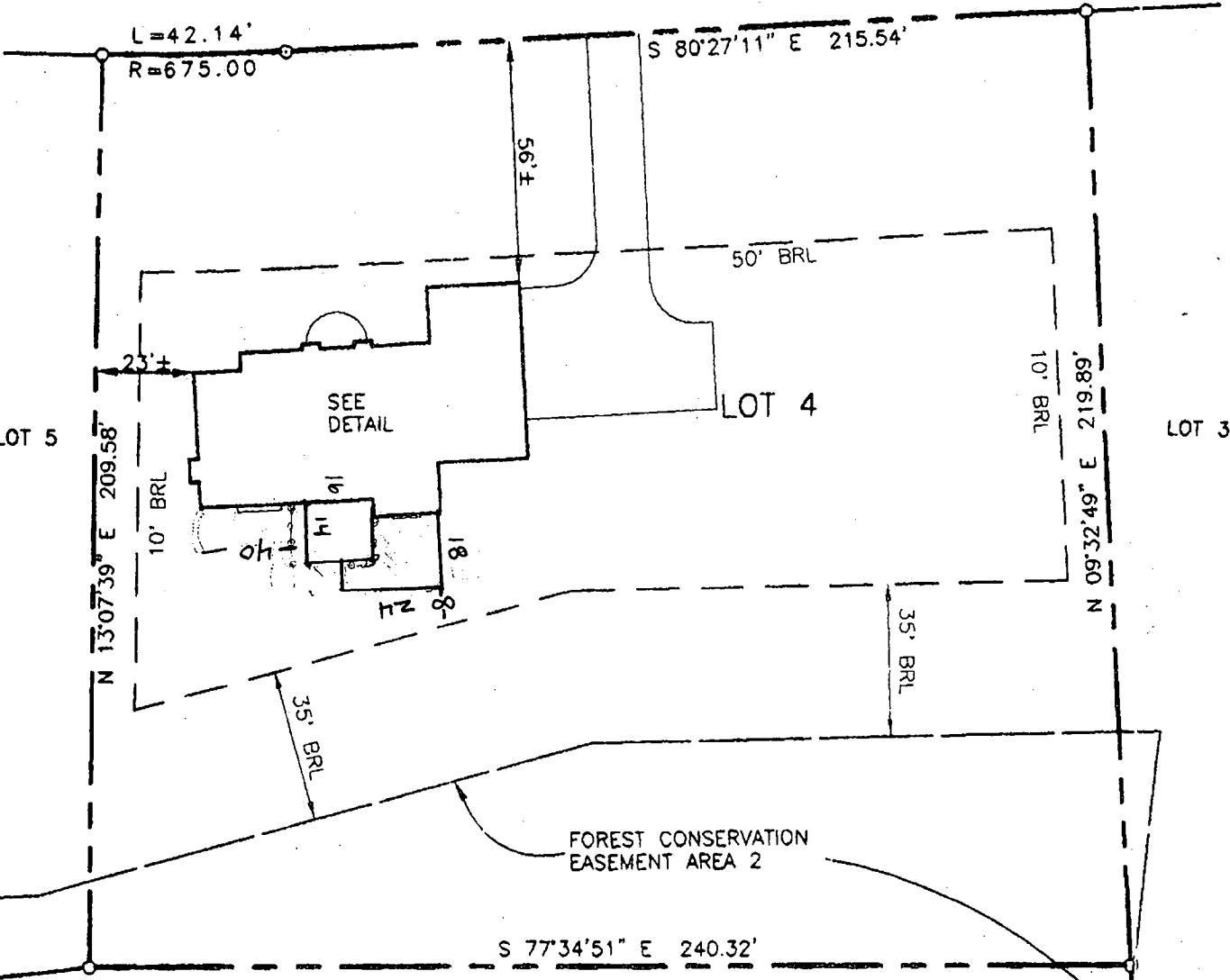
B00145621

12/31/03 Deck loc. > 10' from S.T. of (K)

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.

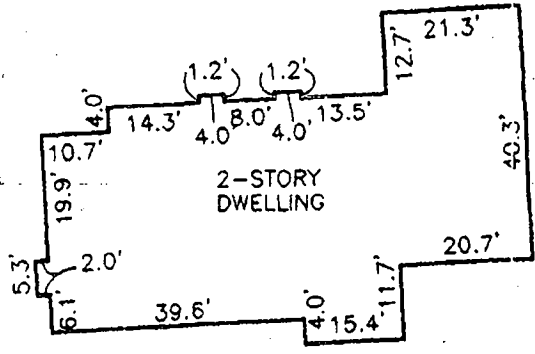
OAK RIDGE COURT  
(40' R/W)



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

*David M. Harris*  
REG. No. 10978



DETAIL  
SCALE: 1"=30'

RECORD PLAT No. 13960  
FEMA FIRM No. 240044 0025 B  
ZONE: C  
DATED: 12/4/86



**BENCHMARK**  
ENGINEERING, INC.

LOCATION DRAWING  
**HIGH FOREST ESTATES**  
LOTS 1 THROUGH 50  
LOT No. 4

15005 OAK RIDGE COURT  
5TH ELECTION DISTRICT