

LAYOUT 3/12/03 1 pm INSP 4 _____
 INSP 2 3/14/03 3 PM INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 1/27/2003
 APPROVAL DATE: 7/11/03

**PERMIT
INDEXED**

P 518521
 A 56600-K

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

05-432731

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: High Forest Estates LOT NUMBER: 11

ADDRESS: 15033 Oak Ridge Court PROPERTY OWNER: Big Branch Overlook, LLC

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

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 280 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install the distribution box as shown on the approved building permit plan.
NOTES:	Outlet baffle filter required with manhole access. Install a 50/50/100/100' trenches with 10' center to center.

PLANS APPROVED: John Boris *OK 1/8/03* (Signature) DATE: 8/09/2002

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
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A56600-K

NOT TO SCALE

86/96/112

86' 96' 112'

10' CTC
10' CTC

20'

HO-94-3365

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		294'
ABSORPTION AREA		882 ^{sq}
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	N/A
BAFFLES	<input type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 3/12/03 SRA Staked, lot drops off ^{Area will probably be unusable} more than shown.

Install 80'/95'/105' Trenches 10' CTC. Will be 5' out by tank (SO)

INSTALLATION 3/14/03 OK to cover work completed. Needs house conn. (SO) 7/11/03 House Conn Made (SO)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

7/11/03

EXISTING FOREST CONSERVATION EASEMENT

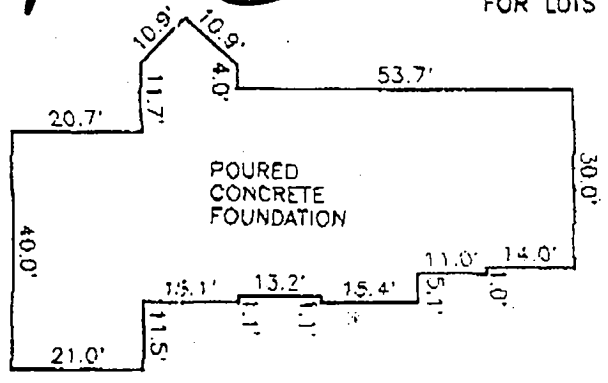
WASHINGTON SUBURBAN SANITARY COMMISSION
145/168



EXISTING FOREST CONSERVATION EASEMENT

1/27/03
House location
consistent with
approved B.P.
plan. **BB**

24' PRIVATE USE-IN-COMMON
INGRESS AND EGRESS EASEMENT
FOR LOTS 9 THRU 12



FOUNDATION DETAIL

SCALE: 1" = 30'

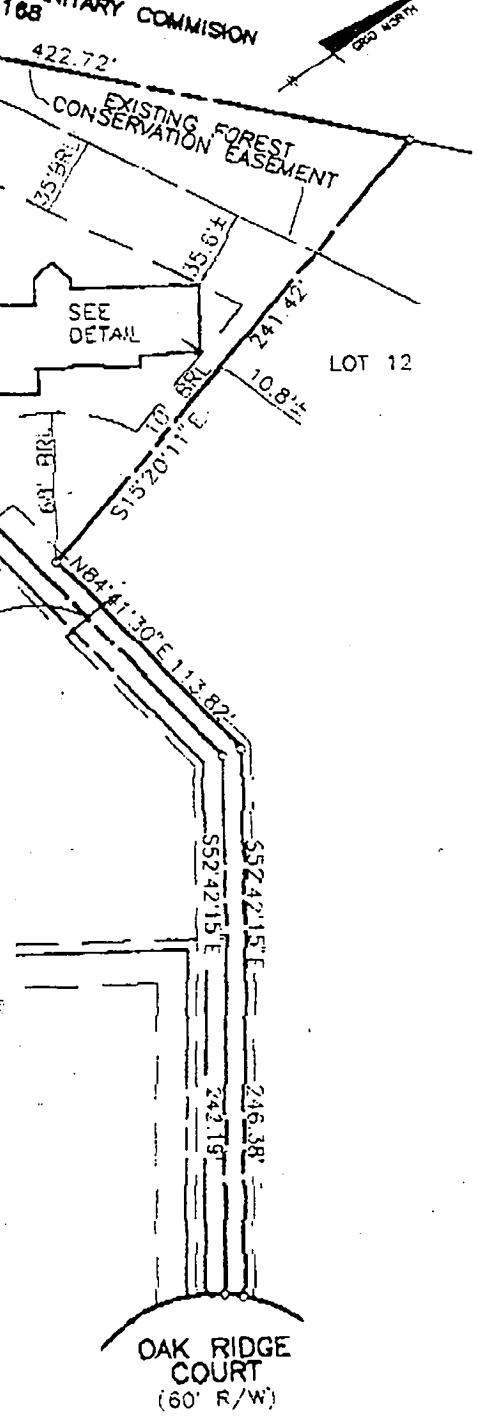
TOP OF FOUNDATION WALL ELEVATION = **447.3'**
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

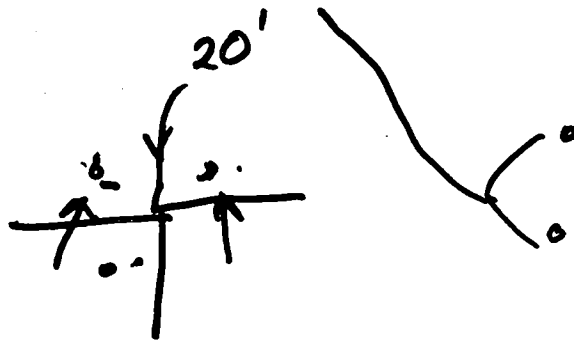
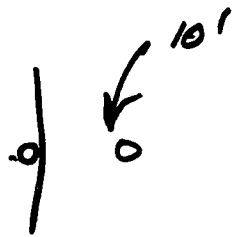
SURVEYOR'S CERTIFICATE

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 11/16/02; 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

High Forest - Lot 11
15033 Oak Ridge Ct.

Dr. M. L. Llanos
Benchmark





JAB 4

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

200157841

Building Address 15033 Oak Ridge Rd
Towson MD 21030
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10011 Subdivision High Road East
Section _____ Area _____ Lot 11
Tax Map 27 Parcel 147 Grid 10
Zoning RC-20 Map Coordinates _____ Lot size 50440

Property Owner's Name Big Branch Creek LLC
Address 1164 Columbia City Rd #220
City Chesapeake State MD Zip Code 21046

Home Phone _____ Work Phone 410-872-9105
Applicant's Name & Mailing Address, (if other than stated hereon):
1164 Columbia City Rd
Towson MD 21046
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Residential Home
Estimated Construction Cost \$ 200,000
Description of Work 3 1/2 bath
bed room
garage

Contractor Company Big Branch Creek LLC
Contact Person Chris Smith
Address 1164 Columbia City Rd #220
City Chesapeake State MD Zip Code 21046
License No. 666
Phone 410-872-9105 Fax 410-872-9141

Occupant or Tenant Big Branch Creek LLC
Contact Name Chris Smith
Address 1164 Columbia City Rd #220
City Chesapeake State MD Zip Code 21046
Phone 410-872-9105 Fax 410-872-9141

Engineer or Architect Company _____
Contact Person _____
Address 1180 East West Rd #118
City Chesapeake State MD Zip Code 21046
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: 51'8" 75'8 1/2"
2nd floor: 51' 75'8 1/2"
Basement: 51'8" 75'8 1/2"
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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 THEREIN, (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 _____
Title/Company _____

Print Name _____
Date _____

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

AGENCY			DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ					Front: _____	Filing fee: \$ _____
State Highways					Rear: _____	Permit fee: \$ _____
Building Official					Side: _____	Excise tax: \$ _____
Dev. Engineering DPZ					Side St. _____	Add'l per. fee: \$ _____
Health			8/9/02	[Signature]	All minimum setbacks met?	TOTAL FEES: \$ _____
Fire Protection					YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Is Sediment Control approval required prior to issuance?					Is Entrance Permit required?	Balance due: \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>					Historic District?	Validation # _____
ONE STOP SHOP <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies					Lot Coverage for NewTown Zone _____	
White: Building Official					SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ						
Yellow: DED, DPZ						
Pink: Health						
Gold: SHA						

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: Edge Well Drilling Telephone #: 410-795-9170
Lyonsville MD 21789

(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# MSD009

*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: Tall Brothers Telephone #: _____
Subdivision: High Forest Estates Lot #: 11 Well Tag #: HO 94-3365
Site Address: 15033 Oak Ridge Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 75B07422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 15 GPM NSF/WSC approved: yes Conduit min 1 1/2" B.G.: yes
Depth of well encountered at time of pump installation: 200 (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 17.3.4
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: N/A

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.

Allen Compton 3/11/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 2/14/03 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & water supply line at least 50" 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 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14452 SEQUENCE NO. (MDE USE ONLY)

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.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A 56600-K

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 8 17 02

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3365

OWNER TOLL Brothers TOLL Brothers STREET OR RFD OAK RIDGE Ct. TOWN Glenelg SUBDIVISION HIGH FOREST ESTATES SECTION LOT 11

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown sand & shale, Gray Limestone, Limestone, Gray Limestone, White, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 60

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 80

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION 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.

DRILLER'S LIC. NO. M 50009 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

DEPTH (nearest ft.) 80 200

DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 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 CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE 199L WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 38 ft. TYPE OF PUMP USED (for test) (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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (±) above LAND SURFACE (−) below 02 (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 PLAT

WS1682-H

B 1	9781	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3365 <small>fill in this form completely</small>
-----	------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 03/01/02
8 MM DD YY 13

Joll Brothers
15 Last Name Owner First Name 34

14203 Howard Rd
36 Street or RFD 55

Dayton Md 21036
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

High Forest Estates
23 SUBDIVISION 42

SECTION 44 LOT 11
44 46 48 50

Glencly
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I I
73 76 77 78

DRILLER INFORMATION

Allen Compton M SD 009
76 Driller's Name 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)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Oak Ridge CT
11 NEAR WHAT ROAD 30

350
34 DISTANCE FROM ROAD 37 ENTER FT OR MI 38 39

TAX MAP: 27 BLK: 11 PARCEL 147

WELL INFORMATION

APPROX. PUMPING RATE 5
8 (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED 500
14 (GAL. PER DAY) 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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) A 560600K
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 03/13/02 Karin Jandits 03/13/02
43 MM DD YY 48 SIGNATURE EXP DATE

NORTH GRID 511 000 EAST GRID 794 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE 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

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) _____

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-94-3365
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 794
000

N 511
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

3-13-02 Well site
Staked by engineer,
No inspection (K6)

PHILMONT SUBURBAN SANITARY COMMISSION
7457 T68



B 1 09716

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 2750

fill in this form completely

Date Received (APA) 071400

OWNER INFORMATION

8 Karfonte, 13 Chuck, 15 Last Name, Owner, First Name, 34, 36 10 Mellon Ave., Street or RFD, 55, 57 Catonsville Md, 21228, 70 State, 72 Zip, 76

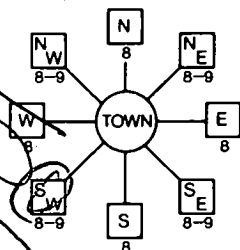
B 3 LOCATION OF WELL

8 Howard, 21 COUNTY, High Forest Estates, 23 SUBDIVISION, 42, SECTION 44 46, LOT 11, 48 50, 52 Dayton, 71, MILES FROM TOWN (enter 0 if in town) 4 1/2, 73 M, 76 77 78

DRILLER INFORMATION

76 Joseph L Mayre, 81 License No. MS D 024, 76, 81, Firm Name, Joseph L Mayre Well Drilling, Address, 5512 Ridge Rd Mt. Airy 21771, Signature, Date 7/13/2000

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



34 Oak Ridge Ct., 37, 38 39, 34 325 37, 38 39, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD, ENTER FT OR MI, TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

1 APPROX. PUMPING RATE 5, 12, 2 (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED 500, 14, 20 (GAL. PER DAY)

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., STATE SIGNATURE, INSERT S, DATE ISSUED 07 2000, CO SIGNATURE, EXP. DATE 7/19/01, NORTH GRID 510 000, EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 300, 24, 28 FEET

APPROXIMATE DIAMETER OF WELL 6, NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (for Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT, other

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 DEEPEMED AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

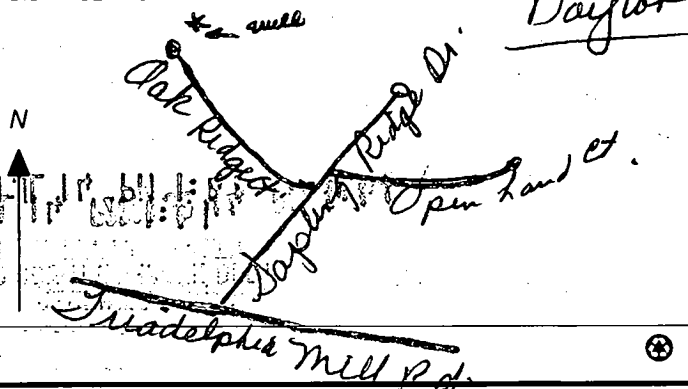
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790, N 510, 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

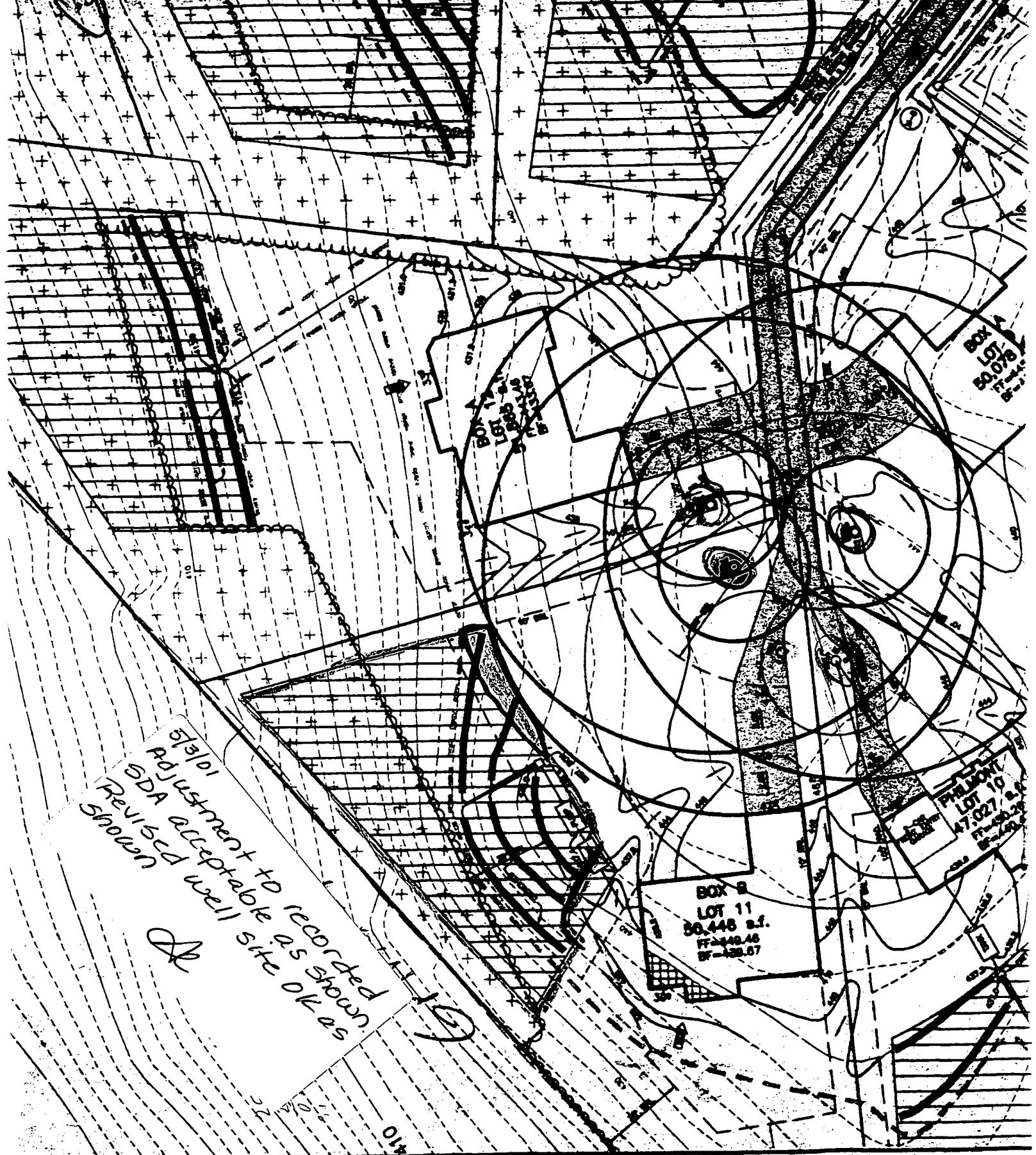


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54, G A P, 63, PERMIT NO. HO - 94 - 2750, 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



5/13/01
Adjustment to recorded
BDA acceptable as shown.
Revised well site OK as
shown

BOX 11
LOT 11
80,448 s.f.
FF-448.46
BF-438.67

PALMONT
LOT 10
47,027 s.f.
FF-470.27
BF-460.27

BOX 10
LOT 10
80,078 s.f.
FF-438.67
BF-438.67

BOX 11
LOT 11
80,448 s.f.
FF-448.46
BF-438.67

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 410-989-4630

PROPERTY LOCATION:

BDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. ~~107~~ 109

ROAD AND DESCRIPTION HOWARD ROAD 3,000'± FROM INTERSECTION
TRIDELPHIA 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. Charles A Sharp
(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

COUNTY #

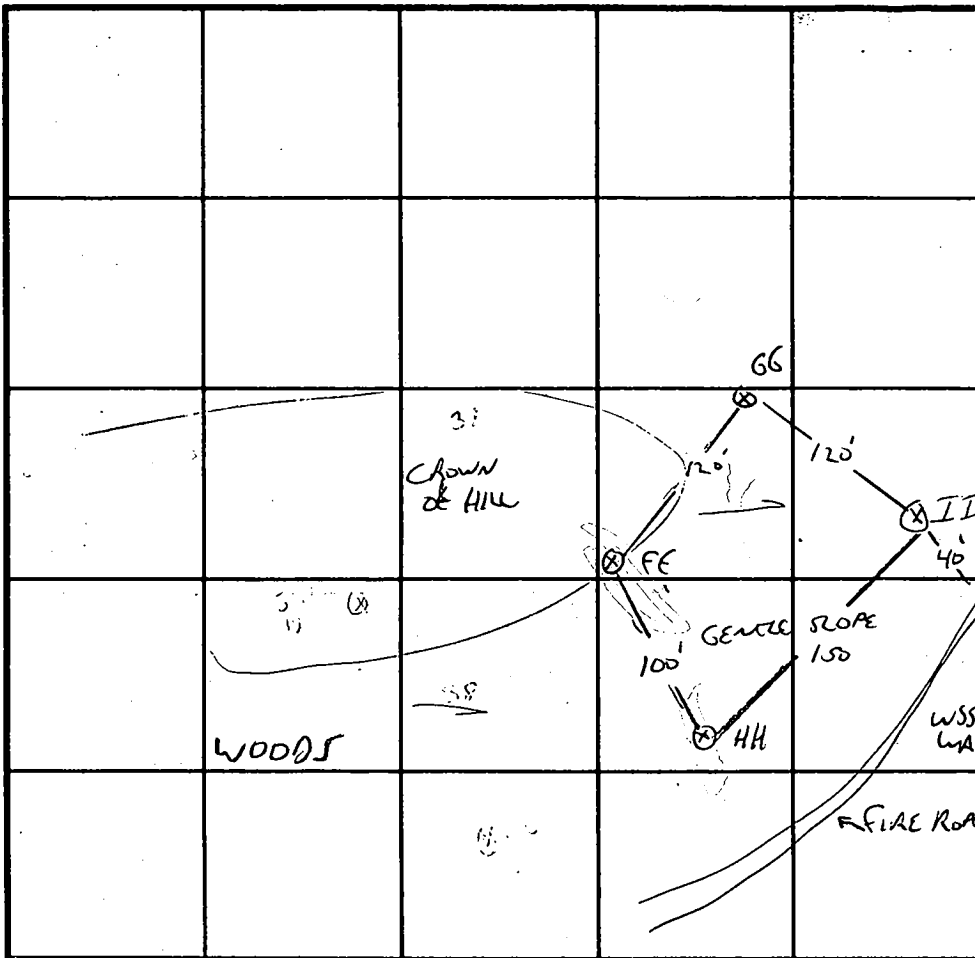
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

TYPICAL

0'

LEAVES
LIGHT BROWN
CLAY LOAM

TAN
SCL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/77	518EE	3.5 / 11V	3:13	3:17	3:17	3:22	SMW
	GG		3:13	3:16	3:16	3:22	SMW
	HH	3.5 / 11V	3:24	3:25	3:25	3:27	2MW
	II	6	3:17	3:19	3:19	3:22	3MW
		3.5 / 11V	3:32	3:34	3:34	3:35	1MW

REMARKS: 107, SW PORTION OF PROPERTY - RAIN

TYPE OF SOIL

TESTED BY: G. SAVAGE ALSO PRESENT: C. SHARP, R. DEWITT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

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

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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. 106

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 _____

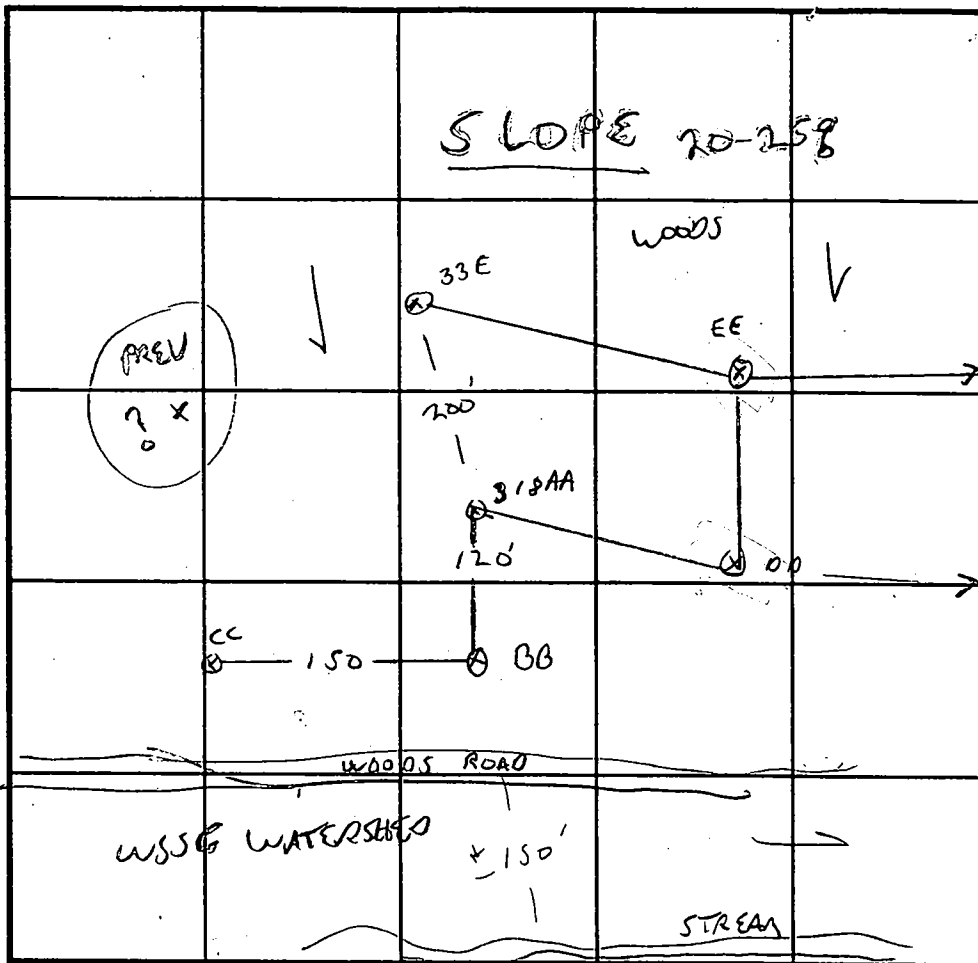
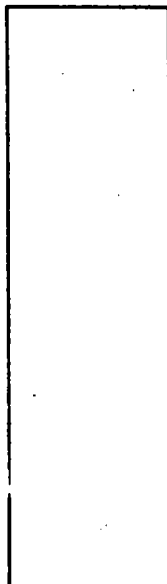
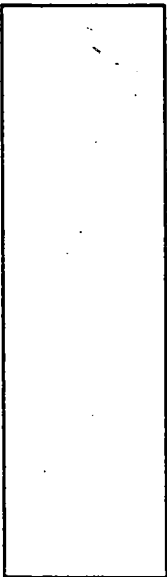
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

AA TYPICAL

0'	TOPSOIL
	Brown
	SANDY
	LOAM
3'	TAN
	SILT
	CL
	SIMILAR,
	TOG
	SHALE
12'	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/97	318 AA	3.5 / 12	2:44	2:46	2:46	2:48	2MIN
	BB	7 / 12	2:46	2:47	2:47	2:49	2MIN
		3.5	2:47	2:53	2:53	3:00	7MIN
	CC	3.5 / 10	2:50	2:53	2:53	2:56	3AW
3/20/97		7	2:49	2:50	2:50	2:51	1MIN
	DD	3.5 / 11	3:03	3:03:30	3:03	3:04	1MIN
3/20/97		7.5	2:38	2:42	2:42	2:47	5MIN
	EE	3 / 10	3:03	3:04	3:04	3:08	4MIN

REMARKS CHECK SLOPE DO 30% SHALE, EE SIMILAR LOT 106

TYPE OF SOIL _____
 TESTED BY G. SAVAGE ALSO PRESENT C. SHARR, R. DEMET
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

