

LAYOUT 10/4/02 12 noon INSP 4 12/21/02 10-11 am
 INSP 2 10/7/02 2-3 INSP 5 _____
 INSP 3 12/26/02 2:00 INSP 6 _____

ISSUE DATE: 9/27/2002

P 517 938

APPROVAL DATE: 12/27/02

A 56600-N

**PERMIT
INDEXED**

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

05-432774

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: 14

ADDRESS: 15022 ~~15024~~ Oak Ridge Court PROPERTY OWNER: Big Branch Overlook, LLC

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

PUMP CHAMBER CAPACITY (GALLONS): 1500 ↑ COMPARTMENTED TANK REQUIRED }

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER
 (220 IS OK.)

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 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run three trenches on contour (40', 80' & 100')
NOTES:	Tanks to be adjusted during septic installation so as not to have greater than 3' of cover.

PLANS APPROVED: Steven R. Krieg OK 7/10/02 (SG) DATE: 6/06/2002

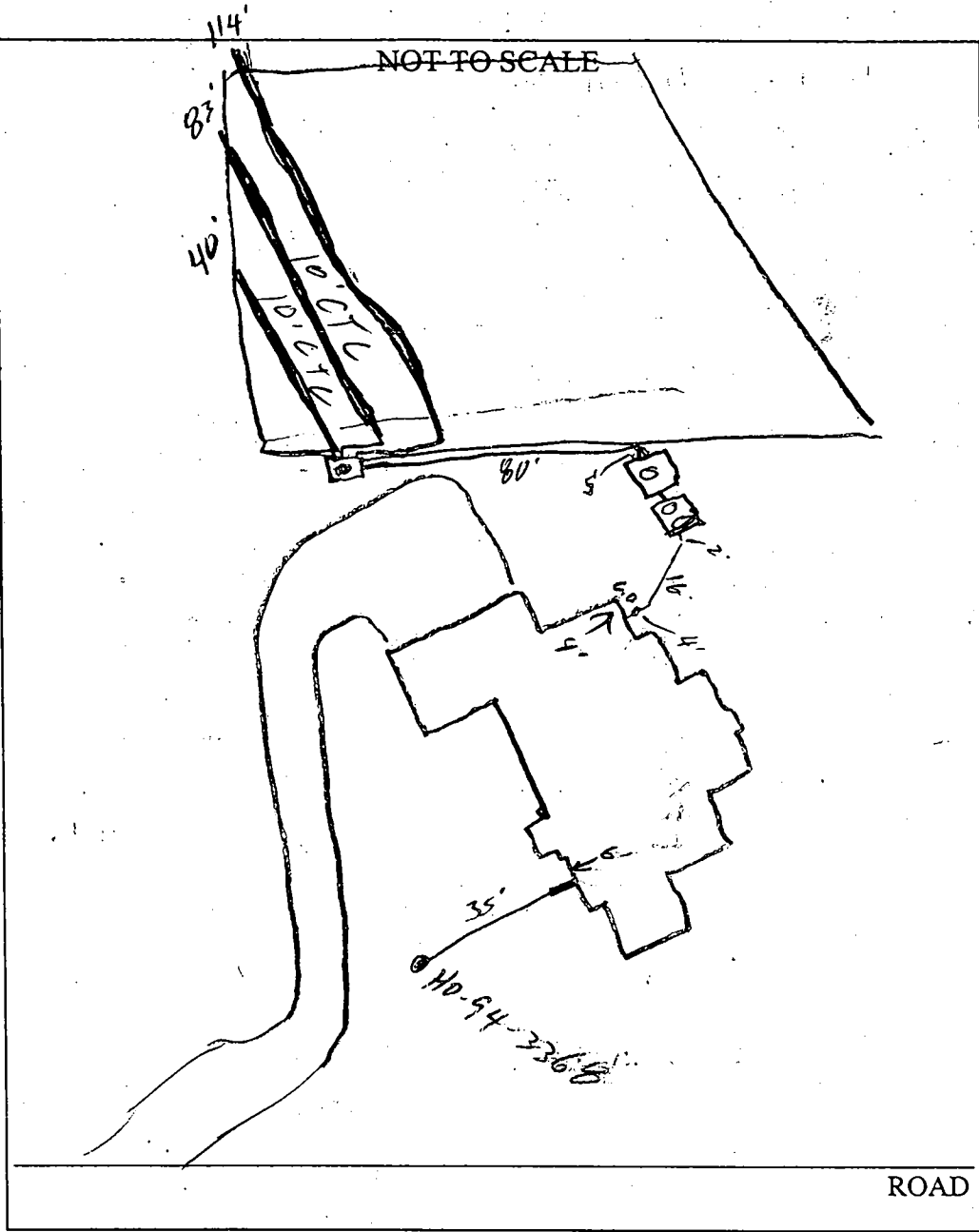
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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

BUILDING PERMIT SIGNED AND RETURNED

3/18/04 800 146 840-DEEK

A526600-N



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		3
TOTAL LENGTH		237'
ABSORPTION AREA		711 sq. ft.
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

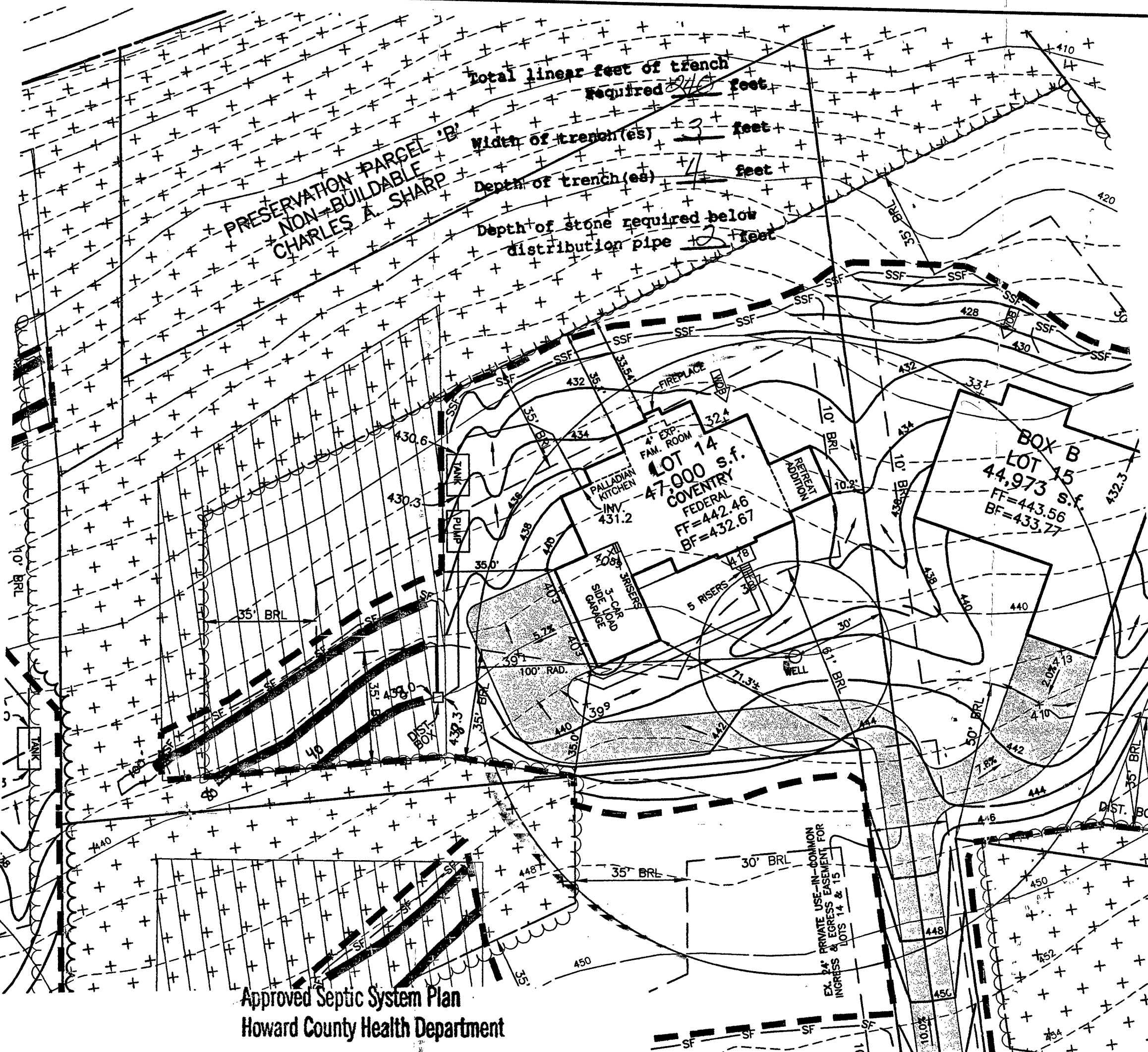
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
6" PORT LOC	—
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION 10/4/02 Lot staked, contours accurate. Layout per B.P.
 Try to extend 80' & 100' trench 10' OK to relocate tanks so as not to be
 INSTALLATION 5' deep (SD)
 10/7/02 OK to cover all work. Pump & Alarm
 test needed (SD) 12/26/02 Alarm waked. Pump didn't work (SD)
 12/27/02 Pump test OK (SD)

RETURNED TO
 AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 12/27/02



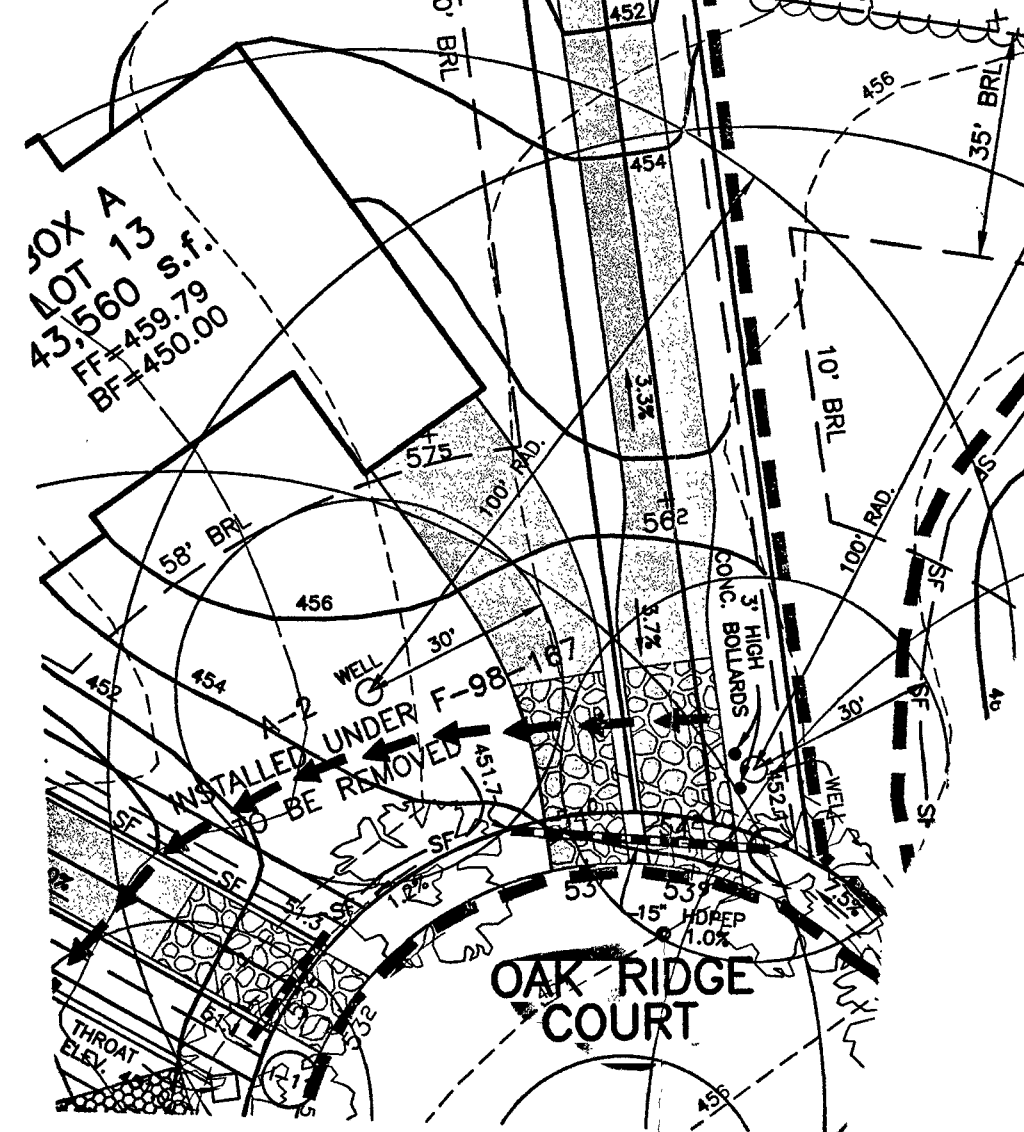
Approved Septic System Plan
 Howard County Health Department

LEGEND

- EXISTING CONTOURS AS SHOWN ON F-98-167
- PROPOSED CONTOURS
- EXISTING TREELINE
- PROPOSED TREELINE
- SILT FENCE
- SUPER SILT FENCE
- EARTH DIKE
- STABILIZED CONSTRUCTION ENTRANCE
- LIMIT OF DISTURBANCE
- SEPTIC EASEMENT
- WELL LOCATION
- STREET TREE INSTALLED UNDER F-98-167

Steve R. Kreeg 4/6/02
 Signature Date

PLAN
 SCALE: 1" = 30'



Check well distance

C1. 14455 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.

COUNTY NUMBER 13 A56600N

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 5 13 02

DATE WELL COMPLETED 5 13 02 DEPTH OF WELL 22 300' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3368

OWNER Toll Brothers STREET OR RFD OAK RIDGE CT TOWN Glenelg SUBDIVISION HIGH FOREST ESTATS SECTION LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Limestone, Brown, Limestone, White, Limestone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 48 NO. OF POUNDS 1692

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 62

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A, E, P

DEPTH (nearest ft.) table with columns 1-6 and rows A, C, H, S, C, R, E, N

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

PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 7. WATER LEVEL (distance from land surface) BEFORE PUMPING 52 ft. WHEN PUMPING 70 ft.

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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

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 stakes

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Orchest Rd
Sylkesville, 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 #: msd009

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: HIGH FOREST ESTATES Lot #: 14/63 Well Tag #: HO-94-3368
Site Address: 15024 Oak Ridge Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Cards Make: Campbell Two piece watertight cap: YED
Model #: 10SB07 Model #: _____ Screened, vented well cap: YED
Pump Capacity: 7 GPM Depth: 42 (36" min) Cap secured to casing: YED
Well Yield: 7 GPM NSF approved: YED Conduit min 1 1/2" B.G.: YED
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: YED
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: _____

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

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
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: _____
Inspection Data: Pitless adapter and 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 installed inside of well casing _____
Correct well mg attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grom observed below pitless adapter _____

W5116852-K

B 1	9772	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3368 fill in this form completely
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Date Received (APA) 03/01/02

OWNER INFORMATION

15 Last Name: Toll Brothers Owner First Name: Toll Brothers 34

36 Street or RFD: 14203 Howard RD 55

57 Town: Dayton md 21036 70 State: MD 72 Zip: 21036 76

B 3 **LOCATION OF WELL**

8 COUNTY: Howard 21

23 SUBDIVISION: High Forest Estates 42

SECTION: 44 LOT: 14 48 50

52 NEAREST TOWN: Glencly 71

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

DRILLER INFORMATION

Driller's Name: Allen Compton M S D 009 76 License No.: 81

Firm Name: Eagles well Drilling

Address: 580 Obrecht RD

Signature: Allen Compton Date: 2-27-02

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD: Oak Ridge CT. 30

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

TAX MAP: 27 BLK: 11 PARCEL: 147

B 2 **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)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER-HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard (13) COUNTY NO.: A56600N

STATE SIGNATURE: _____ INSERT S → 41

DATE ISSUED: 03/13/02 43 MM DD YY 48 CO SIGNATURE: Karin J... EXP/DATE: 03/13/03

NORTH GRID: 511 0 0 0 EAST GRID: 0794 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

-
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 798 4

N 511 ←

000 000 (X)

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)

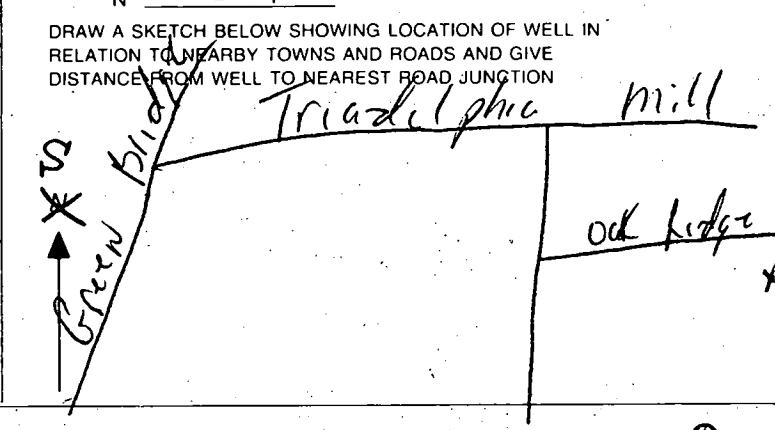
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) 41 _____ 52



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

APPROX. PERMIT NUMBER: _____ G _____

PERMIT No. HO-94-3368 70 71 72 73 74 75 76 77 78 79

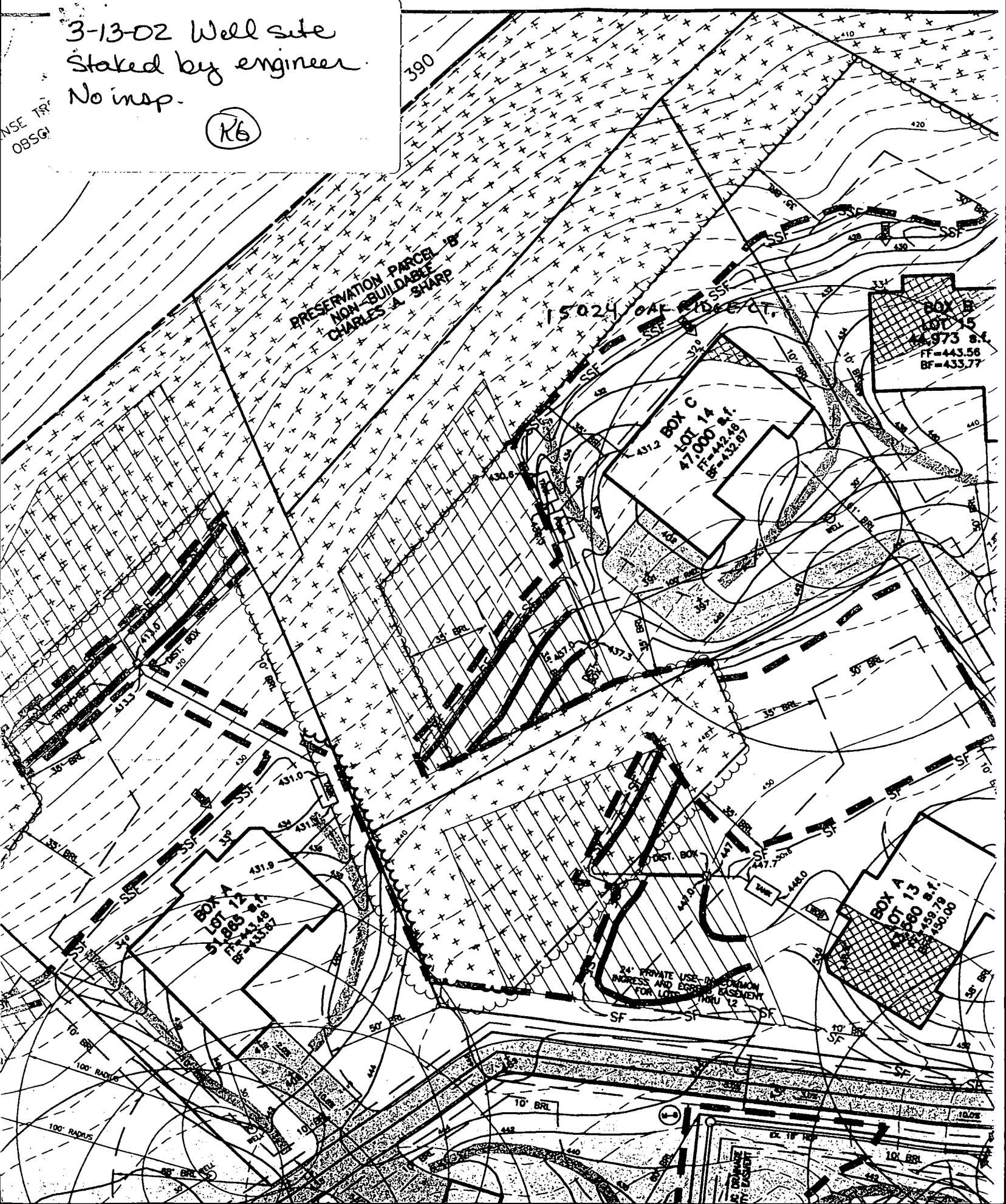
SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.

3-13-02 Well site
Staked by engineer
No map.

(R6)

INSE TRP
OBSG



PRESERVATION PARCEL B
NON-BUILDABLE
CHARLES A SHARP

15024 OAK RIDGE CT.

BOX C
LOT 14
47,000 s.f.
BF=42.19
BF=432.67

BOX B
LOT 15
44,973 s.f.
FF=443.56
BF=433.77

BOX A
LOT 12
51,088 s.f.
BF=43.19
BF=433.87

BOX 4
LOT 13
43,580 s.f.
BF=43.79
BF=430.00

24' PRIVATE USE-ON ADDRESS AND EGRESS COMMON FOR LOT 12 EASEMENT FOR LOT 12

100' RADIUS
100' RADIUS

(R6)

25' Wetlands Buffer

1/30/01 D11 used
30' off front property
line to maintain 15'
off driveway

Concord

BOX C
LOT 14
47,000 s.f.
FF=442.45
BF=432.97

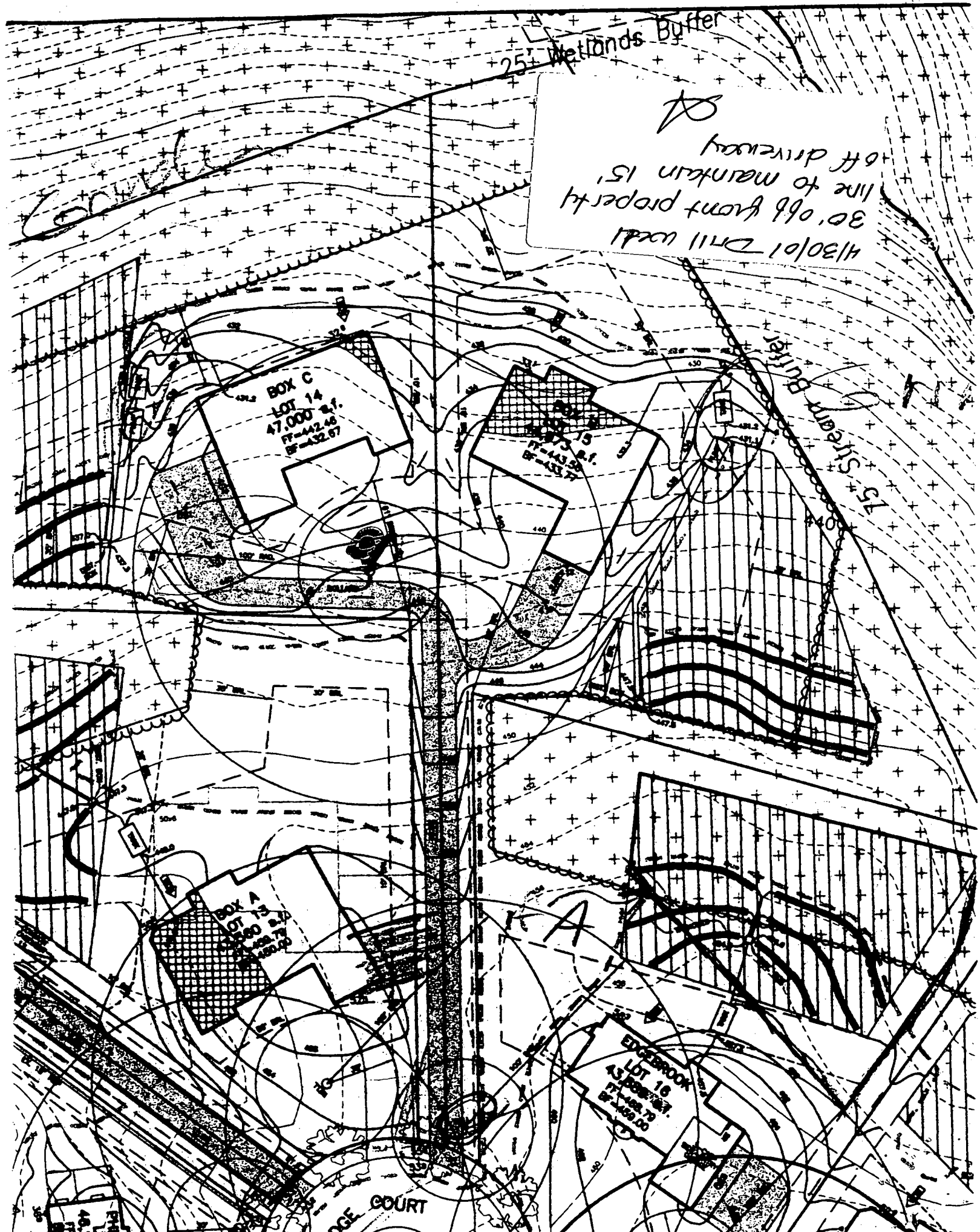
LOT 15
FF=433.51
BF=433.77

BOX A
LOT 13
42,000 s.f.
FF=432.75
BF=432.00

EDGEBROOK
LOT 16
45,000 s.f.
FF=432.75
BF=432.00

75' Stream Buffer

BRIDGE COURT



B 1 5928	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 10513679 please print or type	STATE PERMIT NUMBER 110-94-2848 fill in this form completely
-----------------	-----------------------------	--	--

Date Received (APA) _____

OWNER INFORMATION

8 MM DD 13
Karlonta St Chuck
15 Last Name Owner First Name 34
10 Miller Ave
36 Street or RFD 55
Baltimore Md 21228
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21
High Forest Estates
23 SUBDIVISION 42
SECTION _____ LOT 14
44 46 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
73 76 77 78

DRILLER INFORMATION

Joseph M. Mayne M SD 024
76 License No. 81
Joseph M. Mayne Well Drilling
Firm Name
5518 Ridge Rd Mt. Airy Md 21771
Address
Joseph M. Mayne 7/14/00
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Oak Ridge Ct.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 240 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

Howard CO A56600W
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 9/7/00
43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE 9/7/00
NORTH GRID 510 0 0 0 EAST GRID 790 0 0 0
50 55 57 63

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

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

METHOD OF DRILLING (circle one)

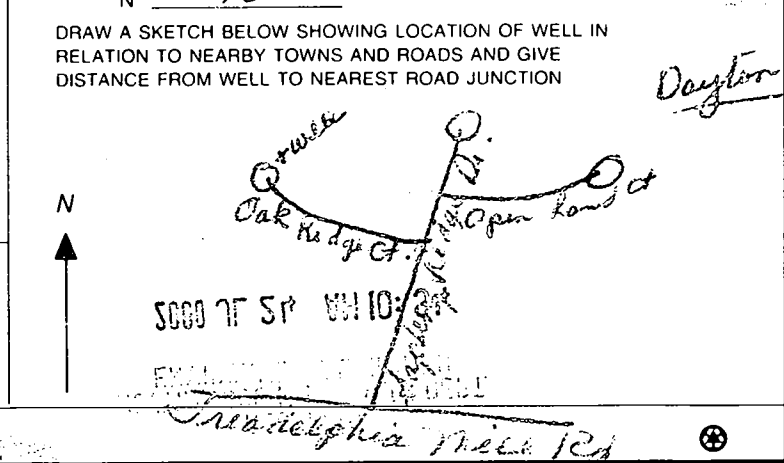
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

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
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 _____ G _____
PERMIT No 110-94-2848
70 71 72 73 74 75 76 77 78 79



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. 33

ROAD AND DESCRIPTION HOWARD ROAD 3,000 ± FROM INTERSECTION OF TRIADDELPHIA 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 _____

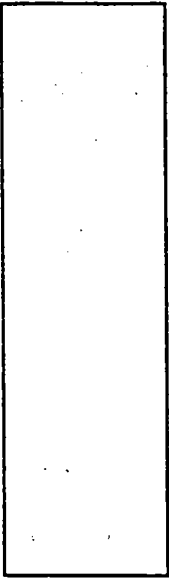
REASONS FOR REJECTION OR HOLDING _____

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

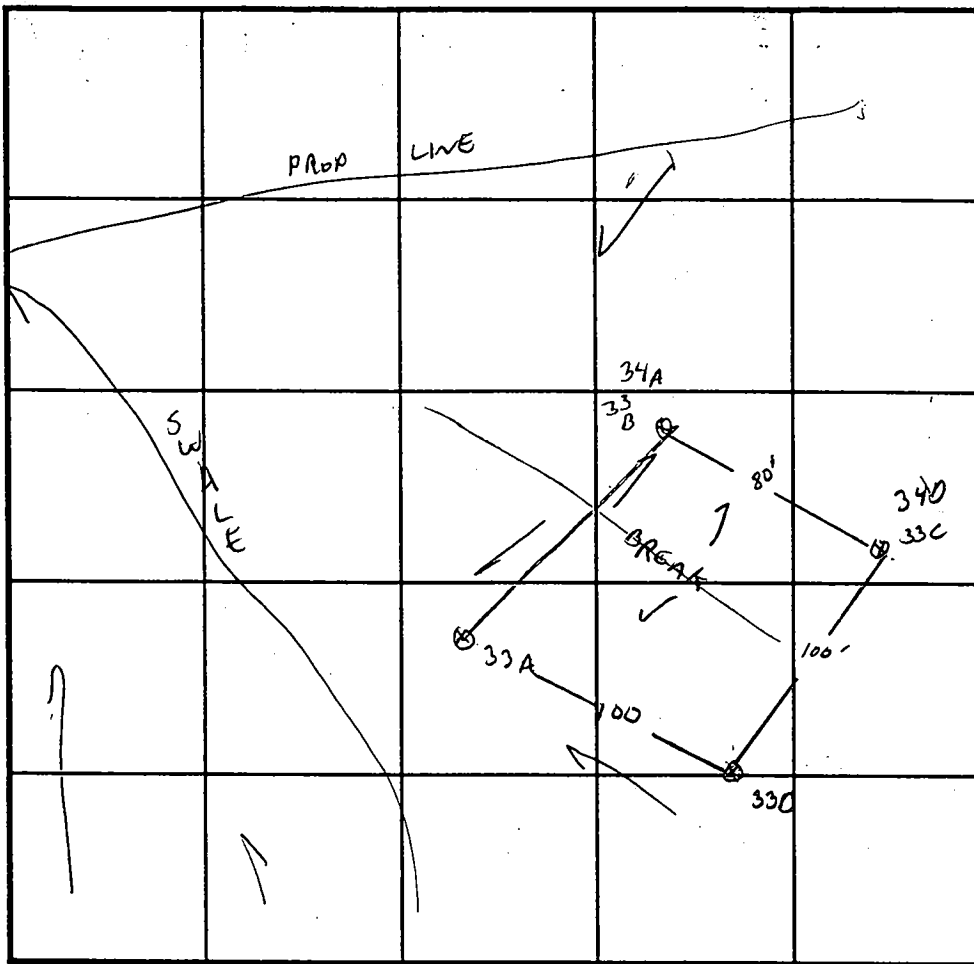
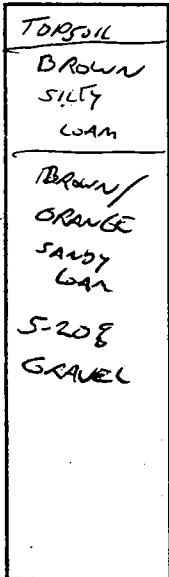
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

SOIL PROFILE

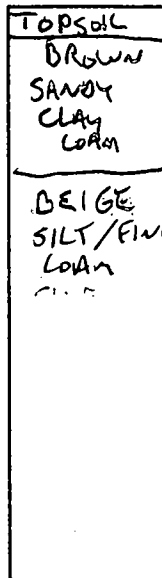


33C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



33A
33 D
SIMILAR
5.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/5/96	33A	3 / 11V	3:28	3:32	3:32	3:40	2 MW
		7 vol					
	330	3 / 11V	3:28	3:32	3:32	3:34	2 MW
		7 vol	11:11				
	330 340	3 / 11.5	11:39	11:48	11:48	12:15	22 MW
		7 vol					
	33B/34A	4 / 12V	11:36	11:37	11:37	11:42	5 MW
		8	11:36	11:38	11:38	11:40	2 MW

REMARKS LOT 33, SW CORNER OF PROP. NEG0

TYPE OF SOIL R. DEMIT 531-5539

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP, R. DEMIT

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

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. 34

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 _____

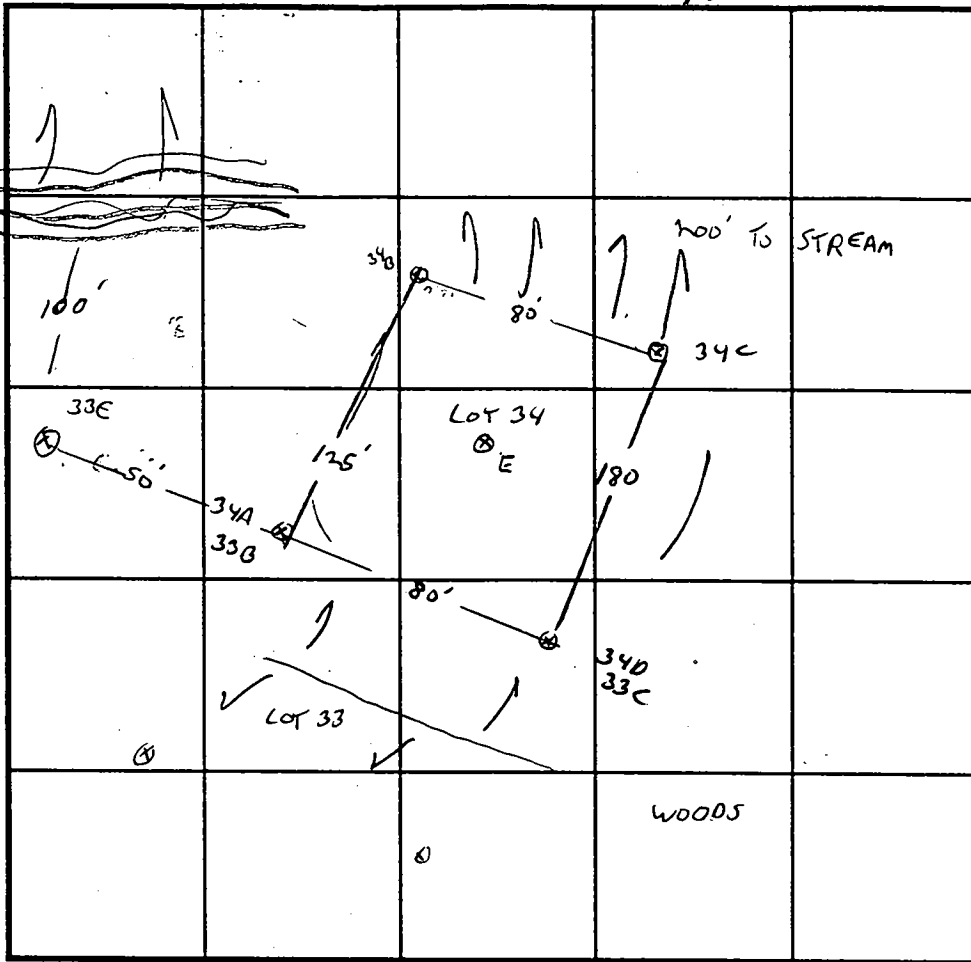
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

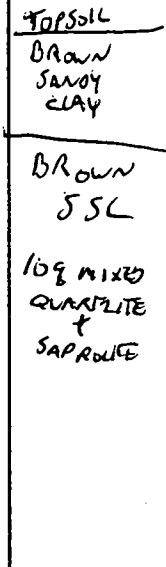
A 57577

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/6/96	34A	4/12V	SEE	LOT 33	PROFILE		5 MIN
		8'					2 MIN
	34D	3/11.5V					22 MIN
		7 volts					
	✓ 34C	3/12V	12:00	12:01	12:01	12:03	2 MIN
		8'	12:06	12:07	12:07	12:09	2 MIN
	✓ 34B	4/12V	12:14	12:16	12:16	12:18	2 MIN
	✓ 13	8V ok					
	✓ 34E	12V ok					
3/18/97	33E	3/12V	2:36	2:37	2:37	2:40	3 MIN

REMARKS LOT 34, SW PORTION OF PROPERTY

TYPE OF SOIL _____

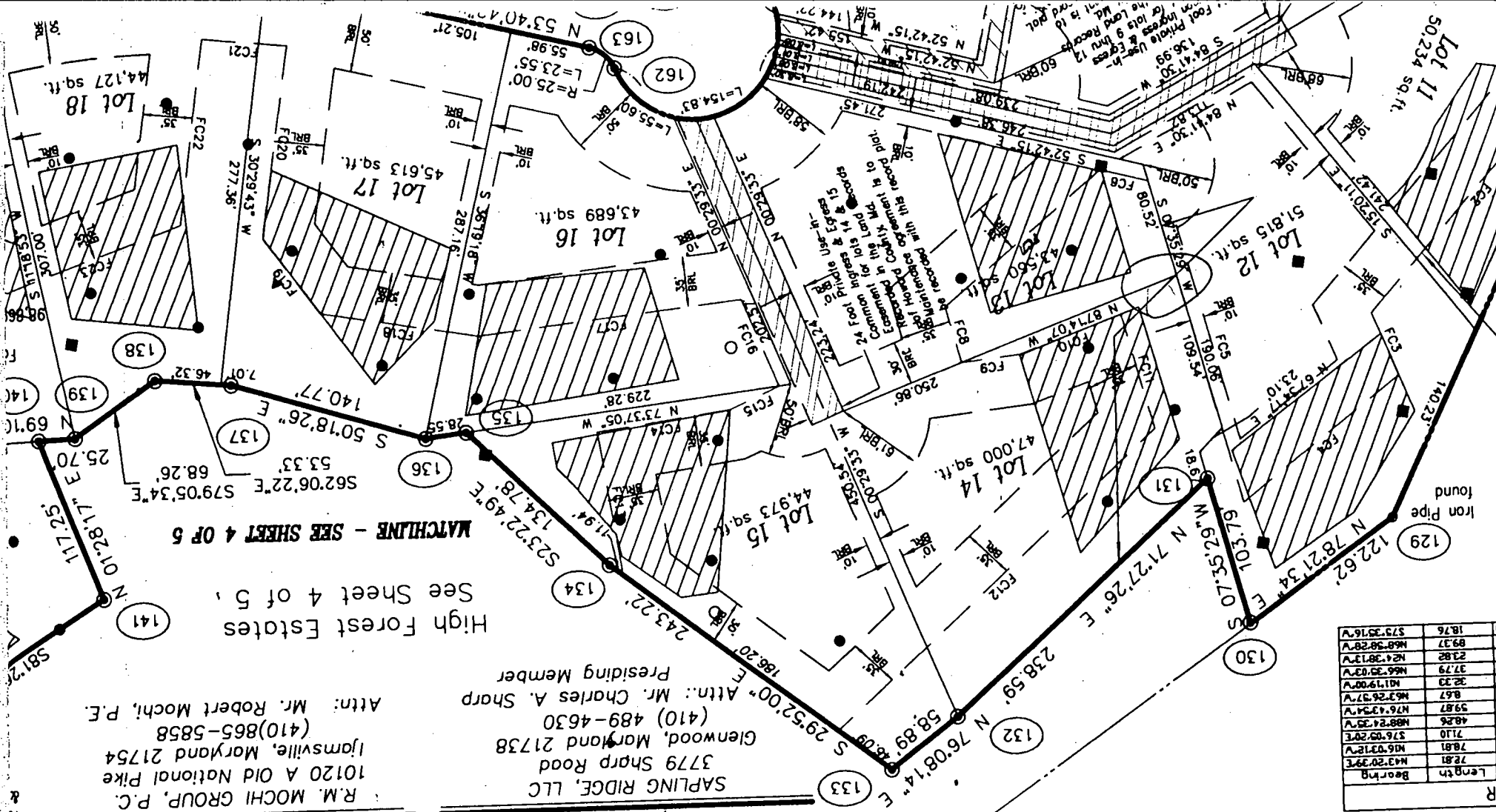
TESTED BY G. SAVAGE ALSO PRESENT R. DEWITT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

X

Length	Bearing
78.81	N43°20'39"E
71.10	S76°09'20"E
48.86	N88°24'35"W
59.87	N76°43'54"W
8.67	N63°26'27"W
32.23	N01°19'00"W
37.79	N66°33'03"W
23.82	N24°28'13"W
89.37	N48°08'28"W
18.76	S75°29'16"W



ENGINEER / SURVEYOR

R.M. MOCHI GROUP, P.C.
 10120 A Old National Pike
 Ijamsville, Maryland 21754
 (410)865-5858
 Attn: Mr. Robert Mochi, P.E.

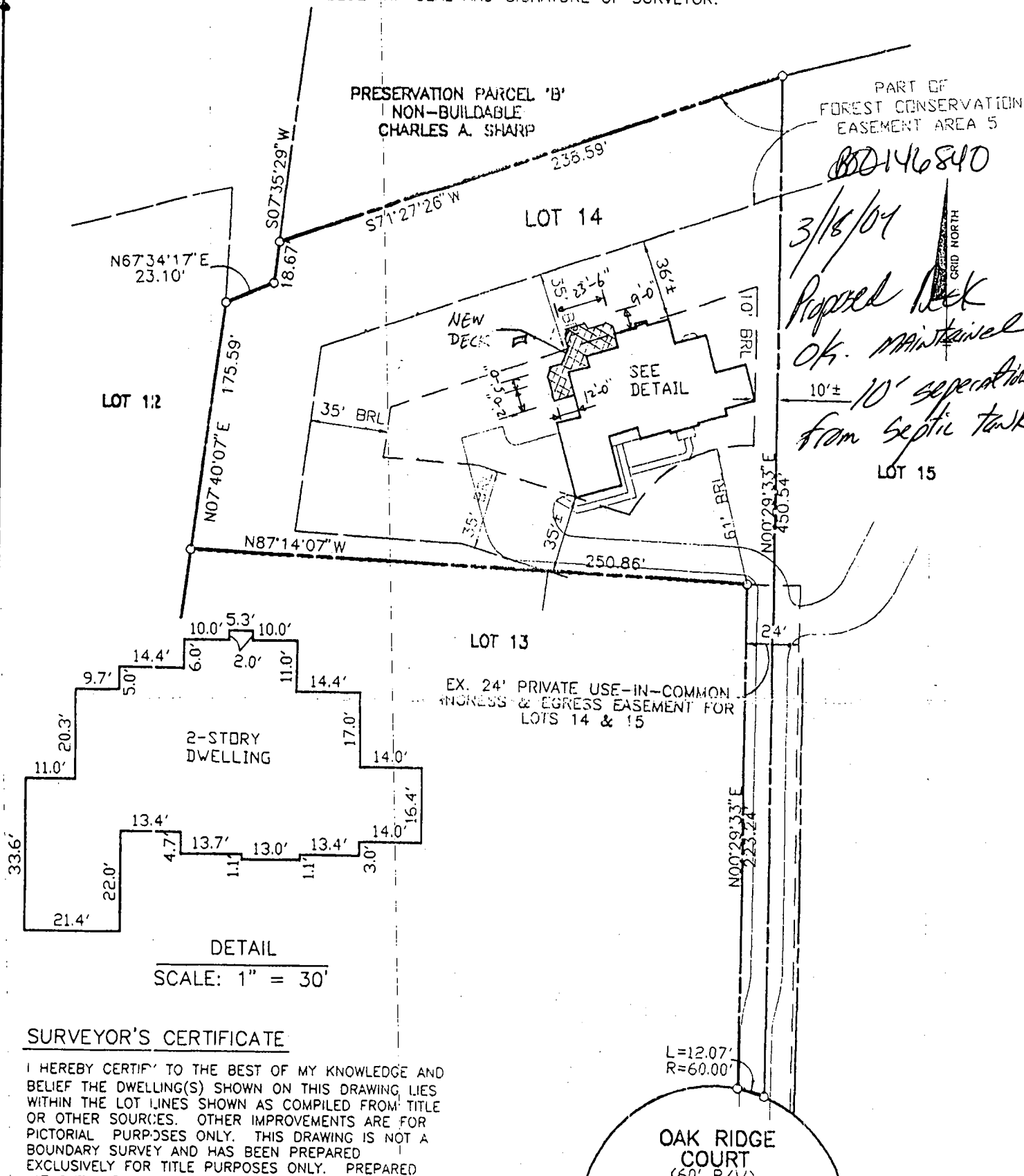
OWNER / DEVELOPER

SAPLING RIDGE, LLC
 3779 Sharp Road
 Glenwood, Maryland 21738
 (410) 489-4630
 Attn: Mr. Charles A. Sharp
 Presiding Member

High Forest Estates
 See Sheet 4 of 5,
 MATCHLINE - SEE SHEET 4 OF 5

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.



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.

Donald M. Harris
 REG. No. 10978

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

BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.
 8400 BALTIMORE NATIONAL PIKE & SUITE 418
 ELIJAH CITY, MARYLAND 21043
 phone: 410-413-8106 & fax: 410-463-6644
 email: Benchmark@coils.com



LOCATION DRAWING
 HIGH FOREST ESTATES

LOT No. 14

15024 OAK RIDGE COURT
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 12/09/02

2/11/02