

LAYOUT 2/23/04 Am INSP 4 7/6/04 - 12 PM PAJ  
INSP 2 3/01/04 Am INSP 5 \_\_\_\_\_  
INSP 3 3/2/04 INSP 6 \_\_\_\_\_

ISSUE DATE: 2/20/2004  
APPROVAL DATE: 7/6/04

P 520066  
A 56600-0

# PERMIT INDEXED

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

**05-432782**

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION: High Forest Estates LOT NUMBER: 15

ADDRESS: 15020 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: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 235 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box close to the top of the middle of the easement. Run trenches on contour in both directions.
NOTES:	

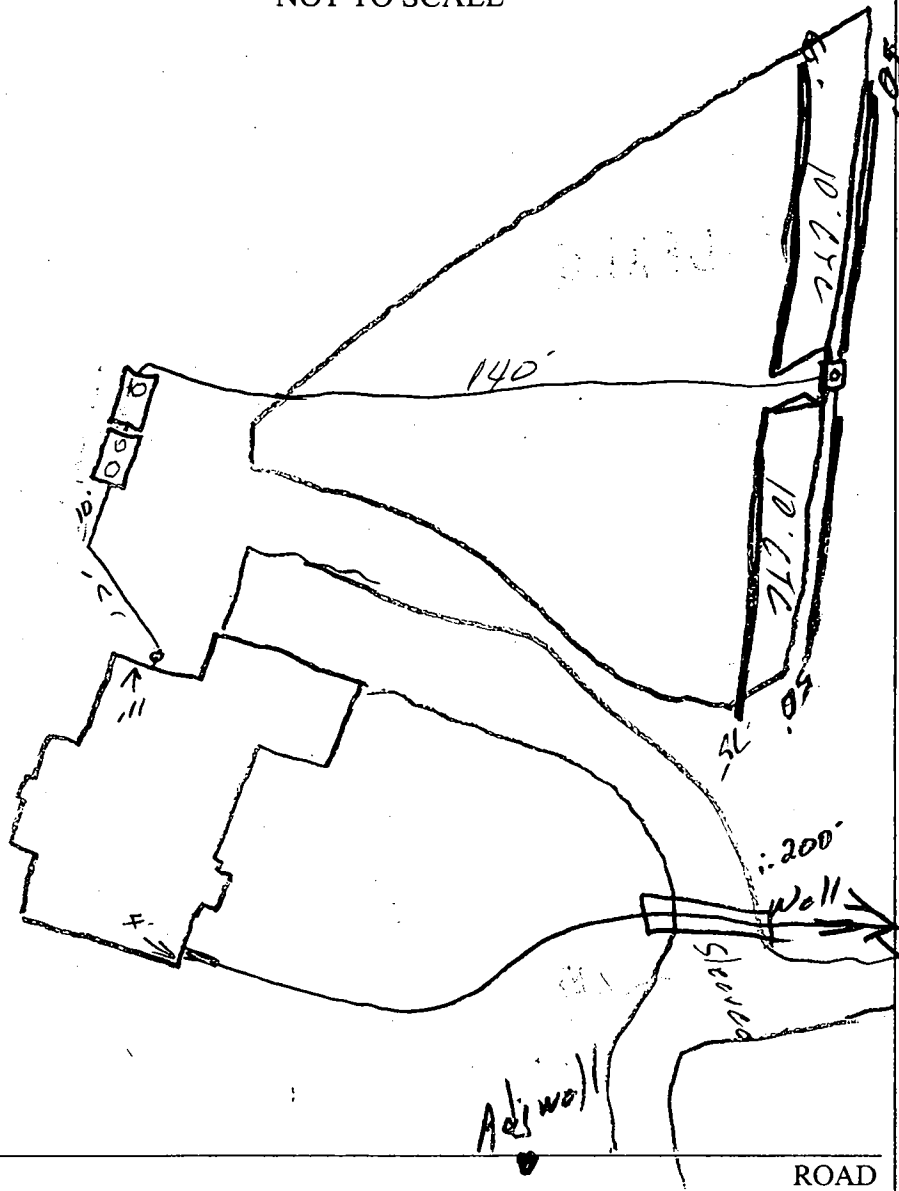
PLANS APPROVED: Brian Baker OK MR DATE: 10/27/03

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**

A 56600-0

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2.5	4.5
NUMBER OF TRENCHES		4
TOTAL LENGTH		235'
ABSORPTION AREA		705 <del>sq</del>
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	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
6" PORT LOC	---
WATERTIGHT TEST <input type="checkbox"/>	
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	---
MANHOLE LOC	Back
6" PORT LOC	---
WATERTIGHT TEST <input checked="" type="checkbox"/>	

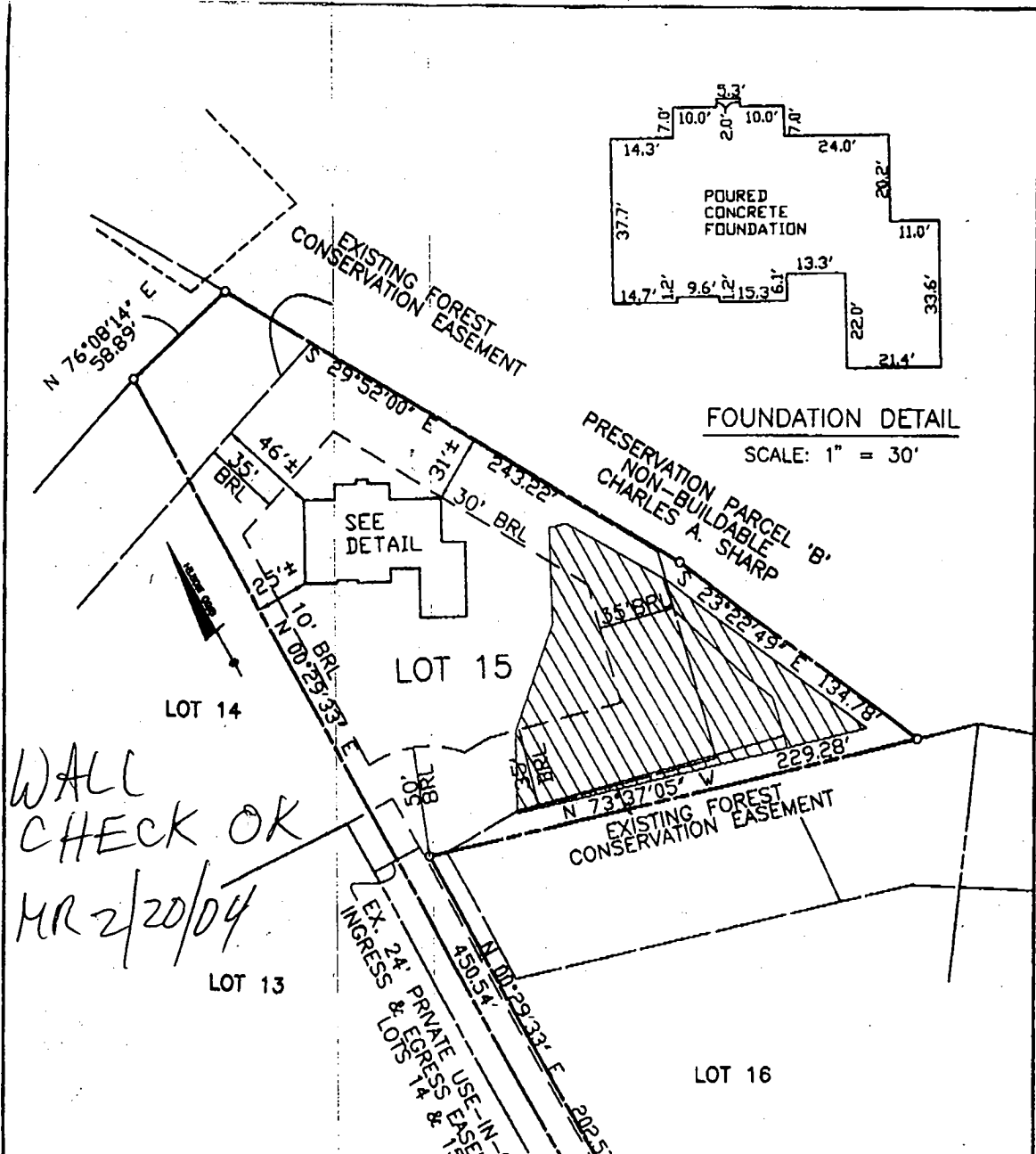
PRE-CONSTRUCTION 2/23/04 - SRA staked w/out areas deleted & added  
 Contour accurate. Set D.B. 1.5' higher than stakes & in the  
 INSTALLATION middle. OK to pressure line up the middle of SRA  
 to avoid hill to driveway. Trenches per SP (SC)  
 3/1/04 - Trenches installed, OK to cover (SC)  
 3/2/04 - Tanks set, fill ground tanks will need to be  
 cut down to max of 3' (SC)  
 7/6/04 - Pump & Alarm tests OK (SC)

FINAL INSPECTOR

*[Signature]*

DATE OF APPROVAL

7/6/04



WALL  
CHECK OK  
MR 2/20/04

**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 01/29/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, PC, INC. ENTITLED "HIGH FOREST ESTATES LOTS 1 THROUGH 50", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13980

*David J. Harris*  
DAVID J. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 13980  
FEMA FIRM No. 240044 0025 B  
ZONE: C  
DATED: 12/04/88

**BENCHMARK  
ENGINEERING, INC.**

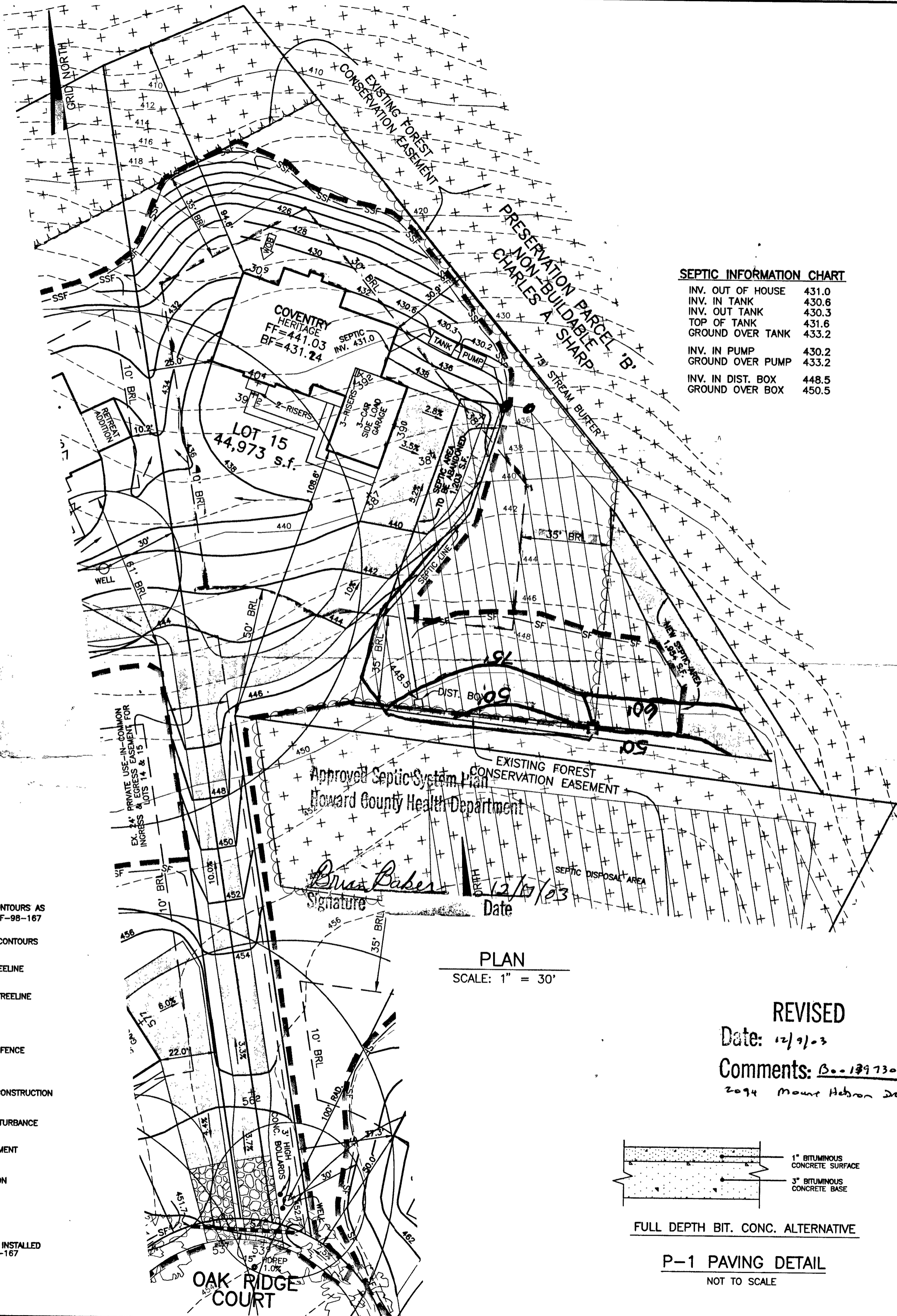
2000 PLOTTING SERVICE FEE & DATE 110  
BLADYR, MD, 21040  
PHONE 410-480-8700 & FAX 410-480-0944



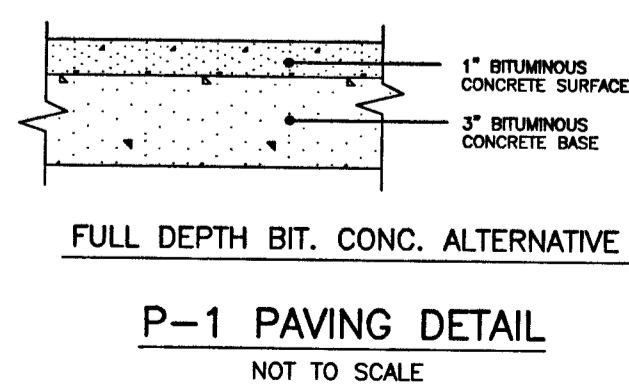
HO-94-1973  
WELL  
L=1606'  
R=60.00'  
**OAK RIDGE COURT**  
(60' R/W)

TOP OF FOUNDATION WALL ELEVATION = 439.9'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

WALL CHECK  
**HIGH FOREST ESTATES**  
LOTS 1 THROUGH 50  
LOT No. 15  
15020 OAK RIDGE COURT  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 80' DATE: 01/29/04



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

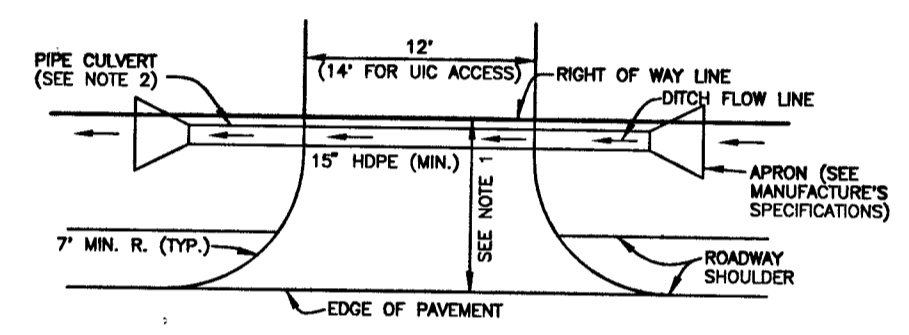


**NOTES:**

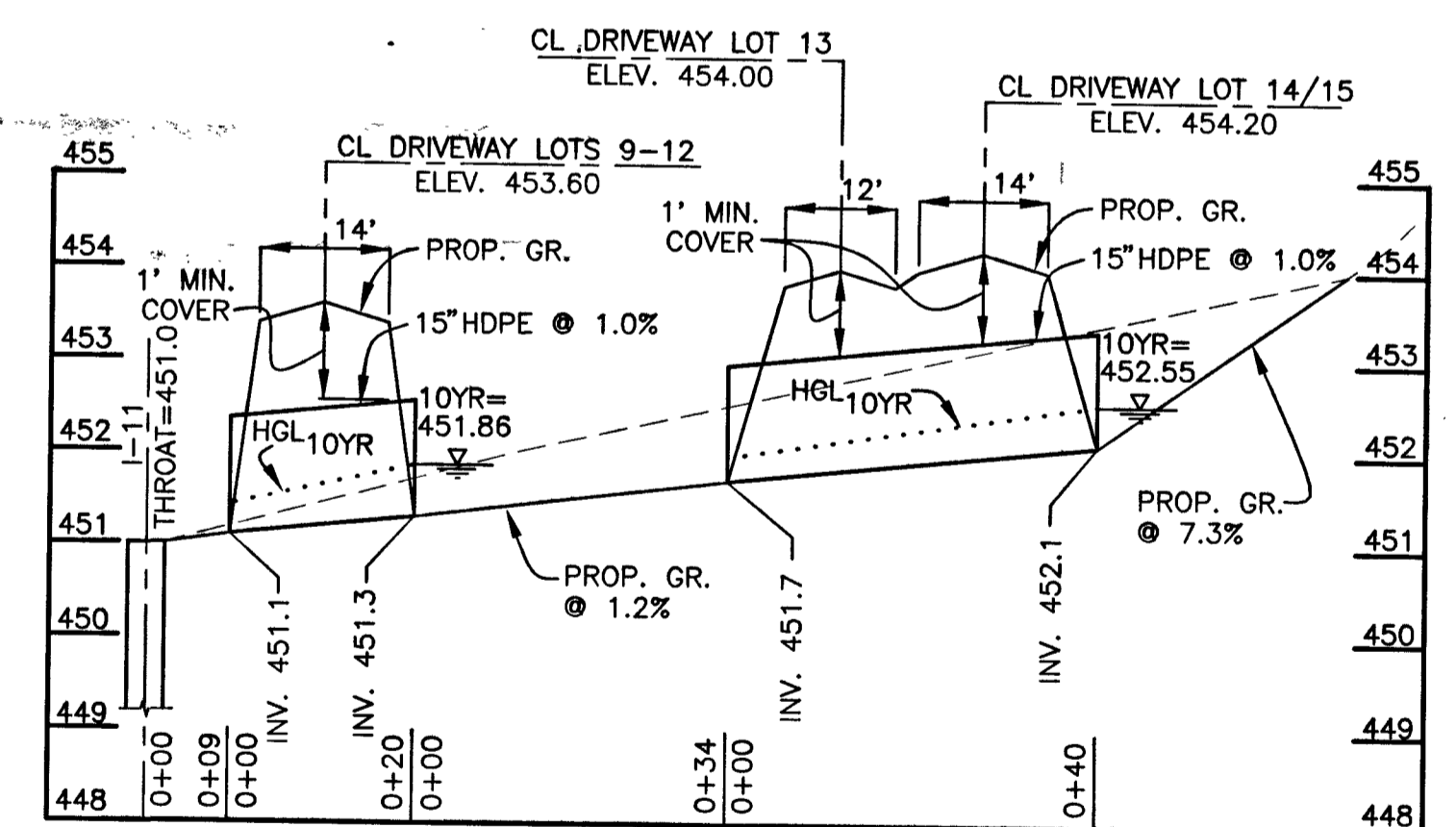
- THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13960. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
- SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-01-176 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
- SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
- STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-98-167.
- THE EXISTING WELL (TAG NO. HO-94-1973) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

**DRIVEWAY CULVERT NOTES:**

- DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT-OF-WAY USING STANDARD PAVING SECTION P-1 AS SHOWN ON HO.CO.STD. R-201 OR AN ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
- DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
- ALL DRIVEWAY CULVERT PIPES ARE TO BE 15" HDPE OR GREATER TO PREVENT BLOCKING. HDPE APRONS ARE TO BE INSTALLED AT EACH END OF THE CULVERT AND SIZED PER MANUFACTURER'S SPECIFICATIONS. IF A LARGER PIPE IS REQUIRED THE DITCH INVERT CAN BE LOWERED TO PROVIDE A MINIMUM DITCH GRADIENT OF 0.5% AND THE CLEARANCE SHOWN.
- SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL AS APPROVED BY D.P.W.
- TIE-IN GRADE OF DRIVEWAY SHALL NOT EXCEED 14%.
- SEE HOWARD COUNTY STANDARD DETAIL R-6.08 FOR ADDITIONAL INFORMATION.



**DRIVEWAY CULVERT**  
NOT TO SCALE



**BENCHMARK ENGINEERS, LAND SURVEYORS, PLANNERS**  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

**BUILDER:** TOLL BROTHERS, INC.  
7164 COLUMBIA GATEWAY DRIVE  
SUITE 230  
COLUMBIA, MARYLAND 21046  
410-872-9105

<b>PROJECT:</b> HIGH FOREST ESTATES LOT 15	
<b>LOCATION:</b> 15020 OAK RIDGE COURT TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
<b>TITLE:</b> PLOT PLAN	
<b>HOUSE TYPE:</b> COVENTRY	
<b>DATE:</b> DECEMBER 4, 2003	<b>PROJECT NO.:</b> 1362
<b>SCALE:</b> AS SHOWN	<b>DRAWING:</b> 1 OF 1

**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: Foales Well Drilling Telephone #: 410-795-5670  
Address: 5800 Obrecht Rd  
Sylva, N.C. 28781

(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 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: Tall Brothers Telephone #: \_\_\_\_\_  
Subdivision: High Forest Lot #: 64 Well Tag #: HO-44-1973  
Site Address: 15000 Oak Ridge Ct


<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Cantall</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7580542</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

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

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: 6-25-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/3/04 

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 tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

C 1 9356

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY

DATE RECEIVED 12-31-98

DATE WELL COMPLETED 12-21-98

DEPTH OF WELL 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1973

OWNER HIGHLAND OIL CMC, STREET OR RFD OAK RIDGE CT, TOWN DAYTON, SUBDIVISION RAINBOW BIRCHWOOD OVERLOOK, SECTION, LOT 15

WELL LOG High Forest Est. GROUTING RECORD

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)

Table with columns: FEET (FROM, TO), check if water bearing. Rows: Sand (0-36), Gray mica Rock (36-200)

WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

(enter 0 if from surface)

CASING RECORD

ST STEEL CO CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE ST

Nominal diameter top (main) casing (nearest inch)! 6

Total depth of main casing (nearest foot) 40

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

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE

PL PLASTIC OT OTHER

DEPTH (nearest ft.)

710, 38, 200

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.

DRILLERS LIC. NO. 1 MS DO 24

DRILLERS SIGNATURE Joseph E. Marpe

LIC. NO. 1 D

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 54 ft.

WHEN PUMPING 57 ft.

TYPE OF PUMP USED (for test)

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 OR NO) 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

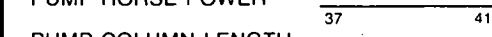
CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE 2 (nearest foot)

- below

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1	<b>0380</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-1973</b> <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
**Highland Development CMC**

15 Last Name Owner First Name 34

36 **P.O. Box 228** Street or RFD 55

57 **Clarksville** 70 **MD** 72 **21029** 76

**LOCATION OF WELL**

B 3 **Howard** 8 COUNTY 21

**Big Branch Overlook** 23 SUBDIVISION 42

SECTION **2** 44 46 LOT **87** 48 50

**Dayton** 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **3** M 73 76 77 78

**DRILLER INFORMATION**

**Joseph L. Mayne** MS D 024  
76 License No. 81

**Joseph L. Mayne Well Drilling**  
Firm Name

**5512 Ridge Rd. Mt. Airy, Md.**  
Address

**Joseph L. Mayne** 11/1/98  
Signature Date

**Oak Ridge Ct.**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 N  
WEST  W EAST  E  
SOUTH  S

34 **20** 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: **27** BLK: **6** PARCEL: **141**

**WELL INFORMATION**

B 2 1 2

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

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

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

**Howard** 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **11 30 98** **11 30 99**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **510** 0 0 0 EAST GRID **796** 0 0 0  
50 55 57 63

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

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** 24 FEET 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**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)**

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D THIS WELL WILL DEEPEAN 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 \_\_\_\_\_ GAP \_\_\_\_\_

54 **HO 94 1973** 63  
PERMIT No. 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **12-21-98**

SOURCES OF DRILLING WATER

- Well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790** ← .000  
N **510** ← .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

# APPLICATION

PERCOLATION TESTING

A 57577

P. \_\_\_\_\_

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

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. 35 104

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 \_\_\_\_\_

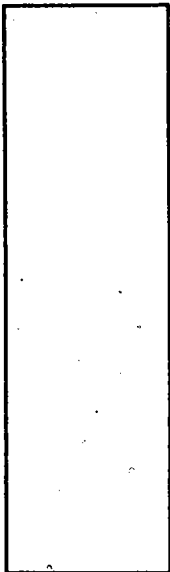
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

A57577

COUNTY #

SOIL PROFILE



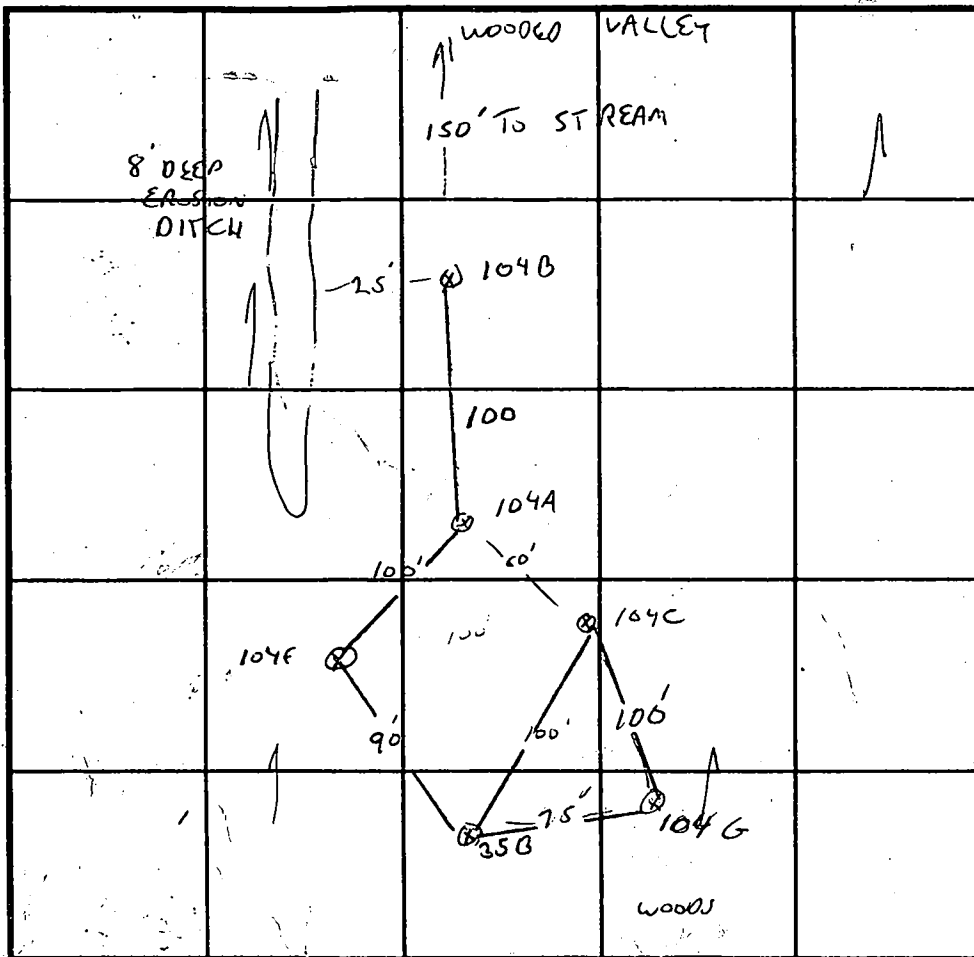
1040, A

TOP SOIL
Brown SANDY SILT LOAM
GREY SANDY LOAM
2.5' 8 Rock

HARD

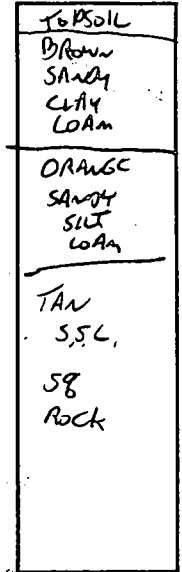
104C

SIMILAR TO D HARD AT +9'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/86	104E	3/12 v	2:06	2:08	2:08	2:12	2 MIN
		8 vuk					
	1040	3/11 v	2:11	2:14	2:14	2:19	5 MIN
		7	2:25	3:40	3:40	3:45	5 MIN
	104C	VISUAL	OK TO 9'				
	104A	3.5/12 v	2:20	2:22	2:22	2:25	3 MIN
		8 vuk					
	104B	3.5/11	2:27	2:28	2:28	2:31	3 MIN
		7	2:31	2:33	2:33	2:35	2 MIN
3/18/97	104G	3/11	3:42	3:44	3:44	3:46	2 MIN

REMARKS LOT 164 SHALLOW SYSTEM

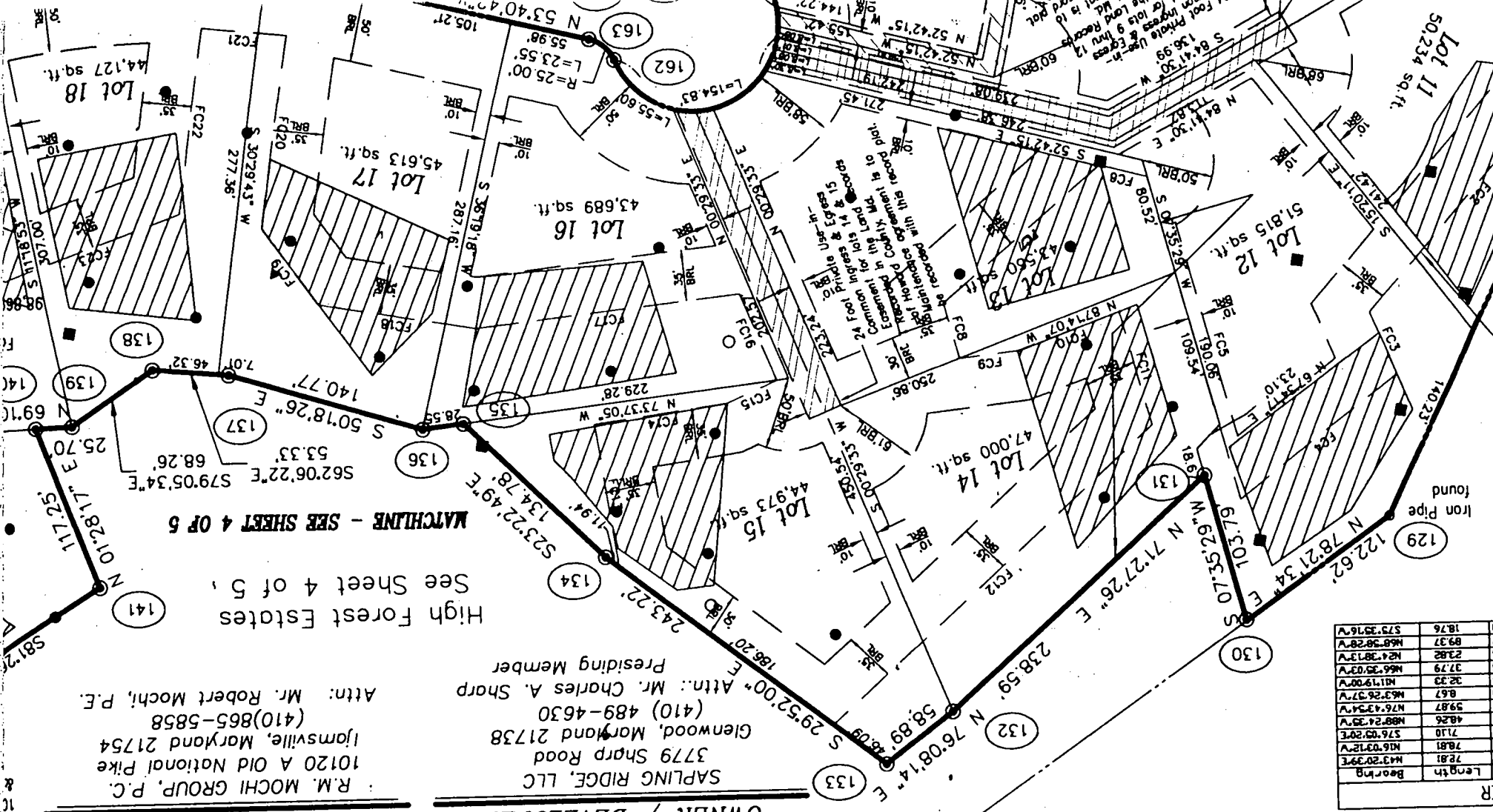
TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT KIM MAISTE C. SHARO

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM





Length	Bearing
78.81	N43°20'39"E
71.10	N16°03'12"E
48.26	N76°03'20"E
59.87	N88°24'39"E
6.67	N76°43'24"E
32.33	N63°26'37"E
111.19	N41°19'00"E
23.82	N66°39'03"E
23.82	N24°28'13"E
89.37	N48°58'28"E
18.76	S73°39'16"E

**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

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

BMM44459 BB

Building Address 15720 Oak Ridge Ct.  
Dorhan, MD, 21030 C-7001  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605101 Subdivision High Forest  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 15  
 Tax Map 27 Parcel 147 Grid 10  
RCDEO  
 Zoning \_\_\_\_\_ Map Coordinates 1303 Lot size \_\_\_\_\_

Property Owner's Name Big Branch Outlook, LLC  
 Address 7164 Columbia Gateway Dr. #230  
 City Columbia State MD Zip Code 21046  
 Home Phone \_\_\_\_\_ Work Phone 413 535 9296  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Nathan Brandenburg  
410-535-9297  
 Phone \_\_\_\_\_ Fax 413 535 9296

Existing Use VACANT LOT  
 Proposed Use Residential Home  
 Estimated Construction Cost \$ 200,000  
 Description of Work CONCRETE, 2 STORY,  
SIDE ENTRY GARAGE, 4132, 412 1/2  
Full Basement

Contractor Company Big Branch Outlook, LLC  
 Contact Person Nathan Brandenburg  
 Address 7164 Columbia Gateway Dr. #230  
 City Columbia State MD Zip Code 21046  
 License No. 7673  
 Phone 413 535 9296 Fax - 9297

Occupant or Tenant Big Branch Outlook, LLC  
 Contact Name Nathan Brandenburg  
 Address 7164 Columbia Gateway Dr. #230  
 City Columbia State MD Zip Code 21046  
 Phone 413 535 9296 Fax - 9297

Engineer or Architect Company Benjamin Eng.  
 Contact Person Dave Thompson  
 Address 8456 Park Nett. Pkce #418  
 City Ellicott City State MD Zip Code 21041  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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
1st floor: <u>60'8"</u> Depth <u>74'8"</u> Width	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>60'8"</u> Depth <u>74'8"</u> Width	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>60'8"</u> Depth <u>74'8"</u> Width	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Nathan Brandenburg  
 Applicant's Signature  
CM/Tool Builders  
 Title/Company

Nathan Brandenburg  
 Print Name  
10/18/03  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

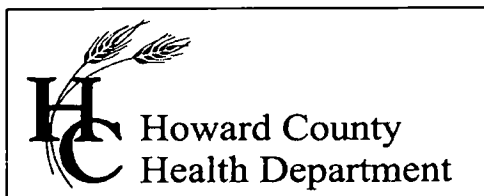
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>10/27/03</u>	<u>Brian Baker</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for New/Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 59775

Filing fee \$ 100  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Add'l per. fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 1147016  
 Validation # \_\_\_\_\_  
 Accepted by [Signature]



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

July 12, 2004

Big Branch Overlook, LLC  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

443-  
**SENT VIA FACSIMILE 410-535-9297**

RE: High Forest, Lot # 15  
15020 Oak Ridge Court  
Dayton, MD 21036  
BP # B00144459  
Well Permit # HO-94-1973

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 7/6/2004. Final approval of the well line connection to the dwelling was approved on 3/3/2004.**

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

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1973. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Sample: 7/01/2004 & 7/09/2004  
Date of Well Completion: 12/21/1998

Respectfully,

Stuart F. Oster, R. S.  
Well and Septic Program

Sfo/sjn

cc: Building Inspector's Office  
Community Services Program  
File