

LAYOUT 11/19/02 3 PM INSP 4 11/26/02 pm  
 INSP 2 11/20/02 1:30 PM INSP 5 11/27/02 pm  
 INSP 3 11/25/02 1-2 INSP 6 3/12/03 12 pm pump test  
 ISSUE DATE: 11/19/2002

P 518000  
 A 56600-P

APPROVAL DATE: 3/12/03

**PERMIT  
INDEXED**

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

**05-432790**

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: High Forest Estates LOT NUMBER: 16

ADDRESS: 15016 Oak Ridge Court PROPERTY OWNER: High Forest Estates

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

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 approximately 10 feet from the middle upper easement stake (as shown on the building permit plan). Run trenches on contour in both directions. Highest trench may have an inlet at 3' if gravity cannot be made to 2.5'.
NOTES:	*Septic tank specifications apply to all lots in subdivision as agreed by builder.*

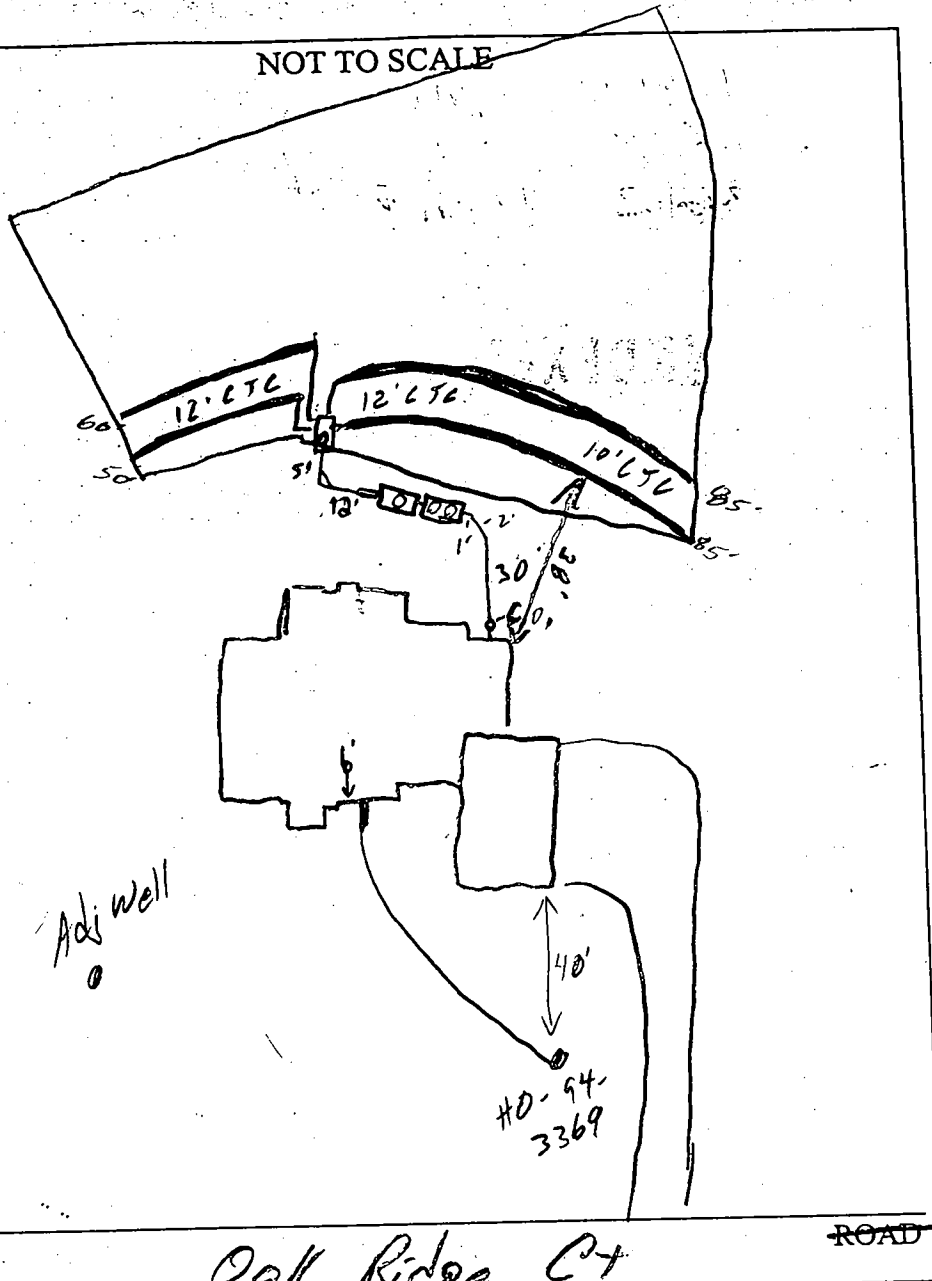
PLANS APPROVED: Brian Baker OK 7/16/02 (SC) DATE: 06/11/2002

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

**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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 56600-P

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	2.5	4.5
NUMBER OF TRENCHES		4
TOTAL LENGTH		280'
ABSORPTION AREA		
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	1.5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	FFB
6" PORT LOC	—
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	—
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—

PRE-CONSTRUCTION 11/19/02 Lot staked, contour on left side does not appear as curve, pull these trenches closer to upper SRA. A possible 60'

INSTALLATION 11/21/02 Builder came out w/ house even 1.5-2' lower. Needs pump tank (SD) 11/25/02 Two tanks set. OK to cover (SD)

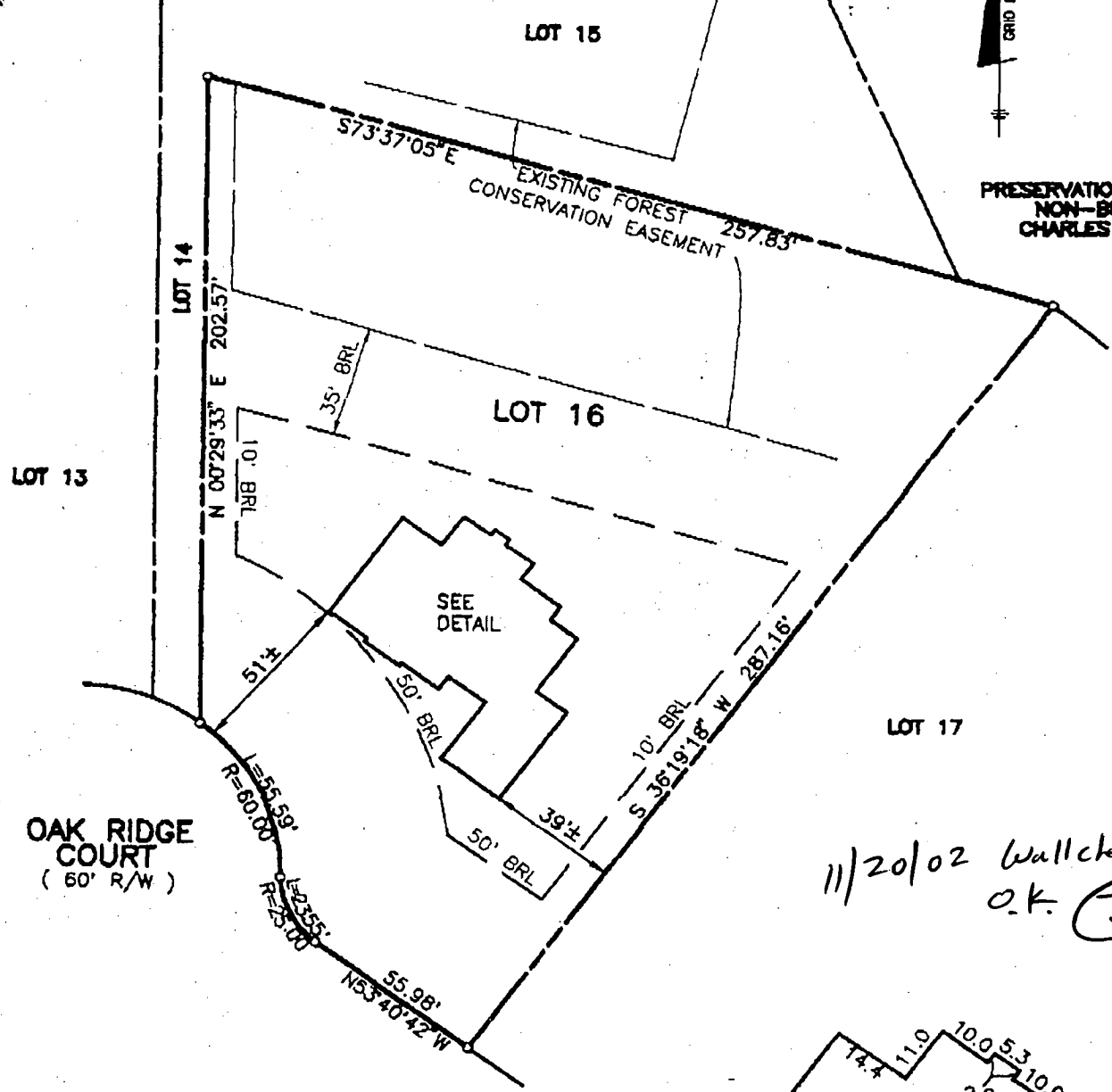
11/26/02-T/C w/ KURT (FOGLES)-NO TIME FOR INSP. TODAY GAVE PERMISSION TO COVER SOME WORK BUT SOME SYSTEM VISIBLE FOR FOLLOW UP/FINAL INSP.

TGMM. (SRK) 11/27/02 OK to cover all work. Pump & Alarm tests needed (SD) 3/12/03 Pump & Alarm test functional (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 3/12/03



PRESERVATION PARCEL 'B'  
NON-BUILDABLE  
CHARLES A. SHARP



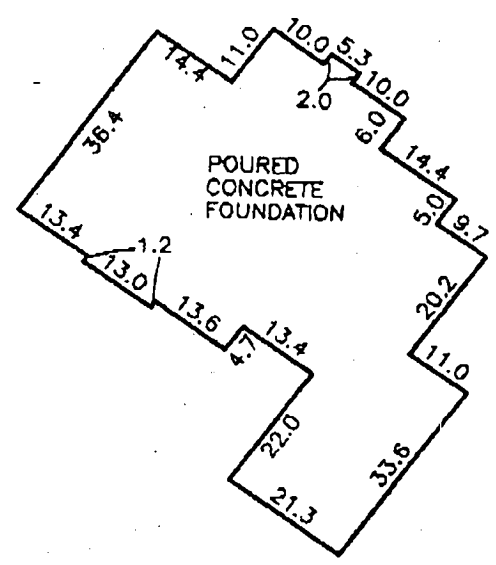
OAK RIDGE COURT  
(60' R/W)

11/20/02 Wall check  
O.K. (JB)

TOP OF FOUNDATION WALL ELEVATION = 466.6'  
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 09/05/02 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M.MOCHI GROUP, INC. ENTITLED "HIGH FOREST ESTATES", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.13960



**FOUNDATION DETAIL**  
SCALE: 1" = 30'

*David M. Harris*  
DAVID M. HARRIS

ENGINE  
EN  
848  
PHONE:  
BUILDER:

SCALE: 1" = 30'  
PLAN



EXISTING FOREST CONSERVATION EASEMENT  
Depth of stone required below  
required bottom of trench 2.0 feet  
Depth of trench(es) 4.5 feet  
Width of trench (each) 3.0 feet  
Total linear feet of trench required 280 feet

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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sylvestre md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the final 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: Tou Brothers Telephone #: \_\_\_\_\_  
Subdivision: High Forest Estates Lot # 16/65 Well Tag #: HO-3369  
Site Address: 15016 Oak Ridge Ct

Submersible Pump Data

Make: Grundfos  
Model #: 75A05  
Pump Capacity: 7 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: Corbett  
Model #: \_\_\_\_\_  
Depth: 42 (36" min)  
NSF approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y  
Screened, vented well cap: Y  
Cap secured to casing: Y  
Conduit min. 1 1/2" E.C.: Y  
Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 25 (feet)  
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 N/A

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Y  
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly: Y

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: 12/14/02 (50)

- 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 1 1/2" 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

BB

C1 14456

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 A56600-P

ST/GO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 5/28/02

Depth of Well 22 275' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3369

OWNER TOLL Brothers Toll Brothers STREET OR RFD Oak Ridge Court TOWN Glenelg SUBDIVISION HIGH Forest Estates SECTION LOT 16

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), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0 to 61 ft).

CASING RECORD: casing types insert (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (65).

OTHER CASING (if used) diameter and depth from to.

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

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. M Sp 009, DRILLERS SIGNATURE, LIC. NO. 1 D 1

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, 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

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (45 ft before, 80 ft when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (01).

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

W516852-L

B 1	<b>9771</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-3369</b> <small>fill in this form completely</small>
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Date Received (APA) 03/01/02

**OWNER INFORMATION**

8 MM 01 OD 02 Y 02 13

15 Last Name 1211 Brothers Owner First Name 34

36 Street or RFD 14203 Howard RD 55

57 Town Douyton Md 21036 70 State 72 Zip 76

**LOCATION OF WELL**

B 3

8 COUNTY Howard 21

23 SUBDIVISION High Forest Estates 42

SECTION 44 46 LOT 16 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 SD 009 76 License No. 81

Firm Name Eagles Well Drilling

Address 580 Obrecht RD

Signature Allen Compton Date 2-27-02

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

B 4

11 Oak Ridge CT. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 27 BLK: 11 PARCEL 147

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**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 COUNTY NAME 13 COUNTY NO.

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

DATE ISSUED 03/13/02 K. Guedes 03/13/02

43 MM 03 DD 13 YY 02 48 CO SIGNATURE EXP. DATE

NORTH GRID 511 000 EAST GRID 0794 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 794

N 511

000 000

5/28/02  
No Insp.  
BB

**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)**

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

PERMIT No. HO-94-3369

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

(K6)

PRESERVATION PARCEL "B"  
NON-BUILDABLE  
CHARLES A. SHARP

75' STREAM BUFFER



B 1	<b>5928</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W515677</i> please print or type	STATE PERMIT NUMBER <b>HO - 94 - 2849</b> <small>fill in this form completely</small>
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD, YY *11 13*

15 Last Name *Kankrota* 34 Owner *Chuck* First Name

56 Street or RFD *155 Holly Ave* 55

57 Town *Waverly Md* 70 State *MD* 72 Zip *21778* 76

**LOCATION OF WELL**

B 3 *Howard* 8 COUNTY 21

23 SUBDIVISION *High Forest Estates* 42

SECTION *44* 46 LOT *16* 48 50

52 NEAREST TOWN *Dayton* 71

MILES FROM TOWN (enter 0 if in town) *4 1/2* M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name *Frank & Maryn* 86 License No. *M S D 094* 81

Firm Name *Frank & Maryn Well Drilling*

Address *5512 Oak Ridge Rd Mt. Airy 21771*

Signature *Frank & Maryn* 7/14/00 Date

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

1 2 *Oak Ridge Ct.* 30

11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 *NO* 37

DISTANCE FROM ROAD *40* Ft. ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) *5* 8 *500* 12

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

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

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

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

*Howard CO* 56600P COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED *9/7/00* 43 MM DD YY 48 CO SIGNATURE *Frank & Maryn* 41 EXP. DATE *9/7/01*

NORTH GRID 50 *000* 55 EAST GRID 57 *000* 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

- Well*
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E *490* 000

N *510* 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)**

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 DEEPEM AN EXISTING WELL

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

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

*Dayton*

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

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

PERMIT No *HO-94-2849* 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

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

B 1	<b>5928</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W513699</i> please print or type	STATE PERMIT NUMBER <b>HO-94-2849</b> <small>fill in this form completely</small>
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
 15 Karfonta Last Name      34 Chuck Owner First Name  
 36 10 Mellor Ave. Street or RFD  
 57 Catonville Md 21228 Town State Zip

**LOCATION OF WELL**

B 3 Howard COUNTY  
High Forest Estates SUBDIVISION  
 SECTION     LOT 16  
Dayton NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne License No. MSD024  
 Firm Name Joseph L. Mayne Well Drilling  
 Address 5512 Ridge Rd Mt. Airy 21771  
 Signature Joseph L. Mayne Date 7/14/00

**WELL INFORMATION**

B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

Oak Ridge Ct. NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 40 FT.  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**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 CO COUNTY NAME      56600 P COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 9/7/00 A. McNeil 9/7/01  
 CO SIGNATURE      EXP. DATE  
 NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 FEET  
 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
 1. Well  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

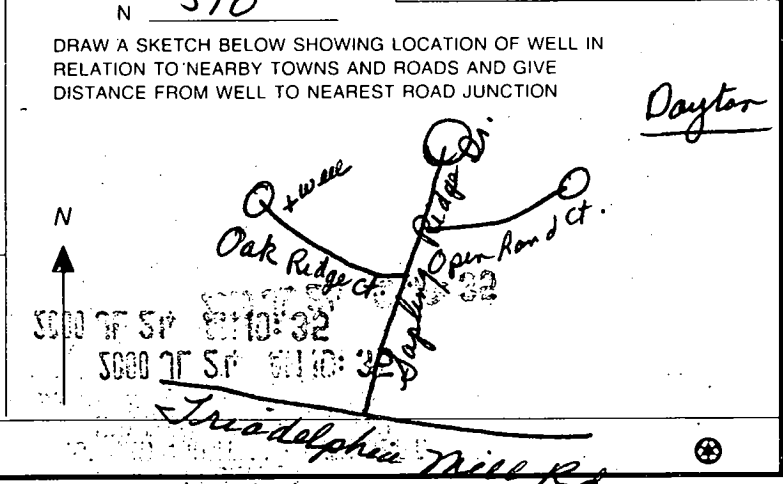
WRITE THE BOX NUMBER FROM THE MAP HERE

E 790  
 N 510

**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) \_\_\_\_\_



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

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 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 \_\_\_\_\_  
 PERMIT No. HO-94-2849

**SPECIAL CONDITIONS**

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

# 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:

'B DIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. R 35

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 \_\_\_\_\_

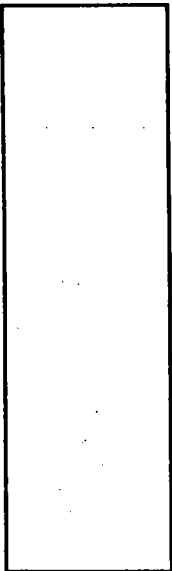
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

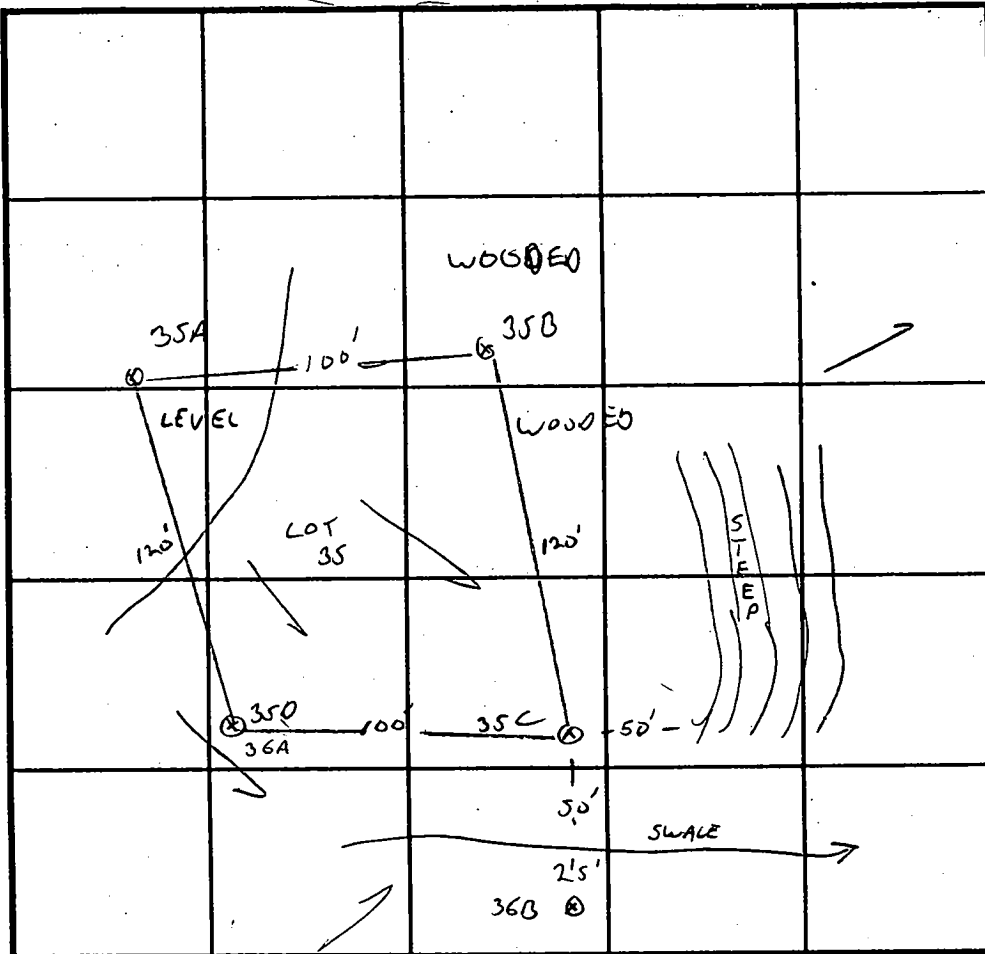
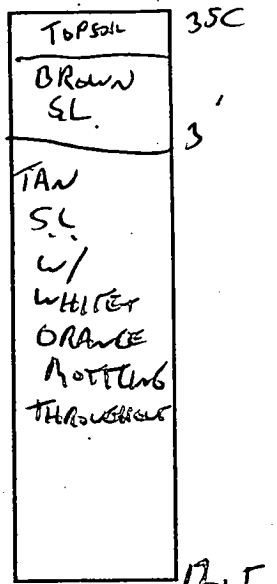
# THIS IS NOT A PERMIT

A 57577  
COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

35B  
TOPSOIL  
CLAY LOAM  
ORANGE SANDY LOAM  
GREY LOAMY SAND

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/96	35C	3.5 / 12.5V	3:24	3:27	3:27	3:32	5 MIN
	3	6.5	3:23	3:25	3:25	3:30	5 MIN
	35D / 36A	2.5 / 12V	3:31	3:45	3:45	4:05	20 MIN
		8 VOK					
	35B	2.5 / 11V	3:43	3:45	3:45	3:50	5 MIN
		7 VOK	12:28				
12/6/96	35A	3 / 12V	11:14	11:18	11:18	11:24	6 MIN
		7:	12:28	12:29	12:29	12:31	2 MIN

REMARKS LOT 35  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY G. SAVAGE ALSO PRESENT C. SHARP  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

00  
442.45  
442.67

Stream

*de*

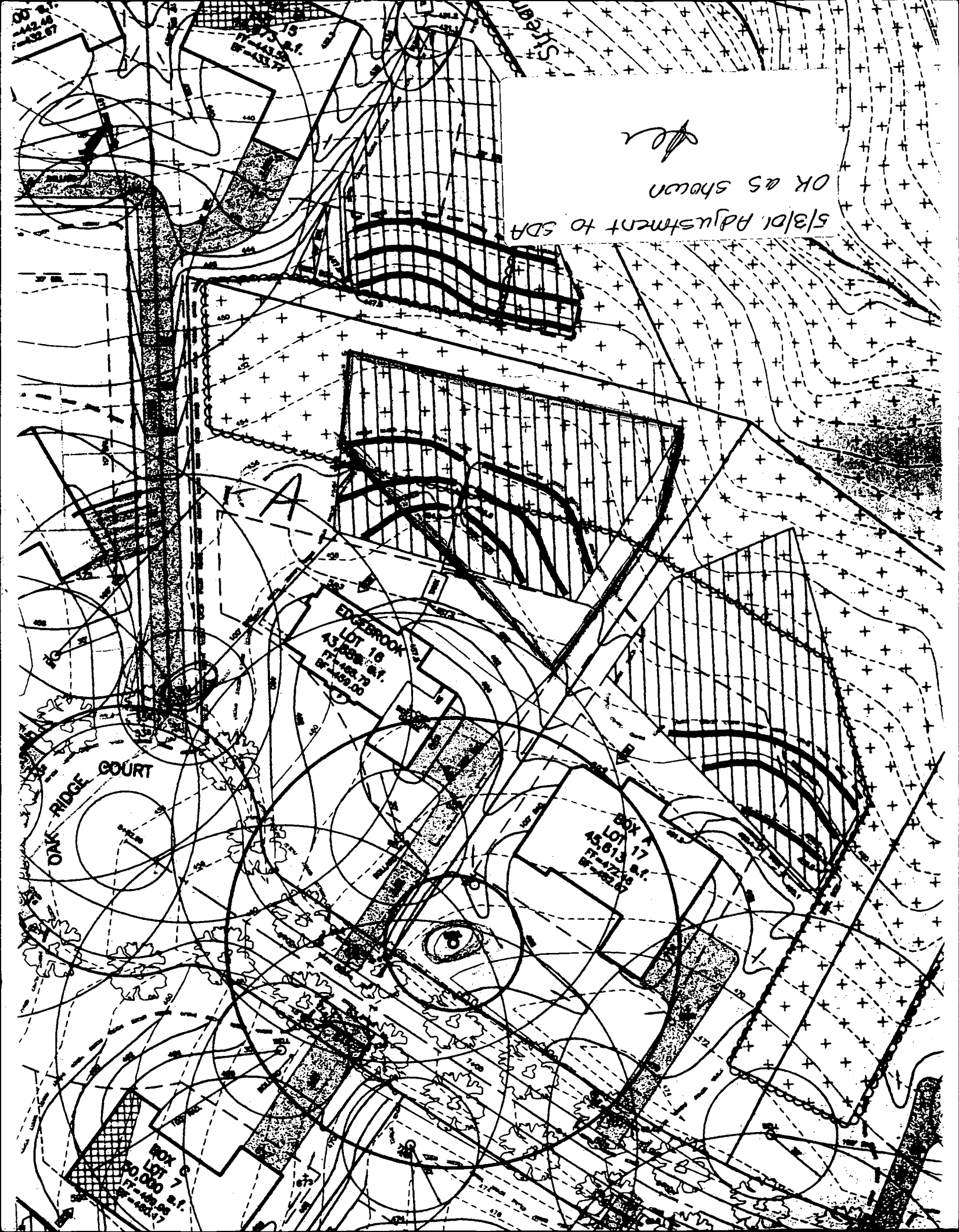
5/3/01 Adjustment to SDA  
OK as shown

EDGEBROOK  
LOT 19  
45,898 s.f.  
BT-458,73  
BT-458,00

BOX K  
LOT 17  
45,613 s.f.  
BT-472,18  
BT-462,10

OAK RIDGE COURT

BOX J  
LOT 16  
45,000 s.f.  
BT-468,25  
BT-468,17





# BULK PARCEL L (F-98-167)

