

LAYOUT 11/19/02 3PM INSP 4 11/26/02 pm
 INSP 2 11/24/02 2 PM INSP 5 11/27/02 pm
 INSP 3 11/25/02 1-2 INSP 6 12/02/02 11-12ish then
 ISSUE DATE: 11/19/2002 12/3/02 F/U Amt to B.B. Overlook

(31/w)
 418-984-5211

APPROVAL DATE: 12/19/2003

**PERMIT
INDEXED**

P 518000
 A 56600-Q

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

05-432604

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

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

SUBDIVISION: High Forest Estates LOT NUMBER: 17 aka old #66

ADDRESS: 15012 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: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 2.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 2.5 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box approximately 13 feet downhill of the highest corner easement stake and 13 feet from the lot line (as shown on the building permit plan). Run trenches on contour toward the house.
NOTES:	Trenches should be 9' center-to-center. *Septic tank specifications apply to all lots in subdivision as agreed by builder.

PLANS APPROVED: Brian Baker OK 7/17/02 (SO) DATE: 6/12/2002

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

2/24/04 800146985 - PORCH + DECKS

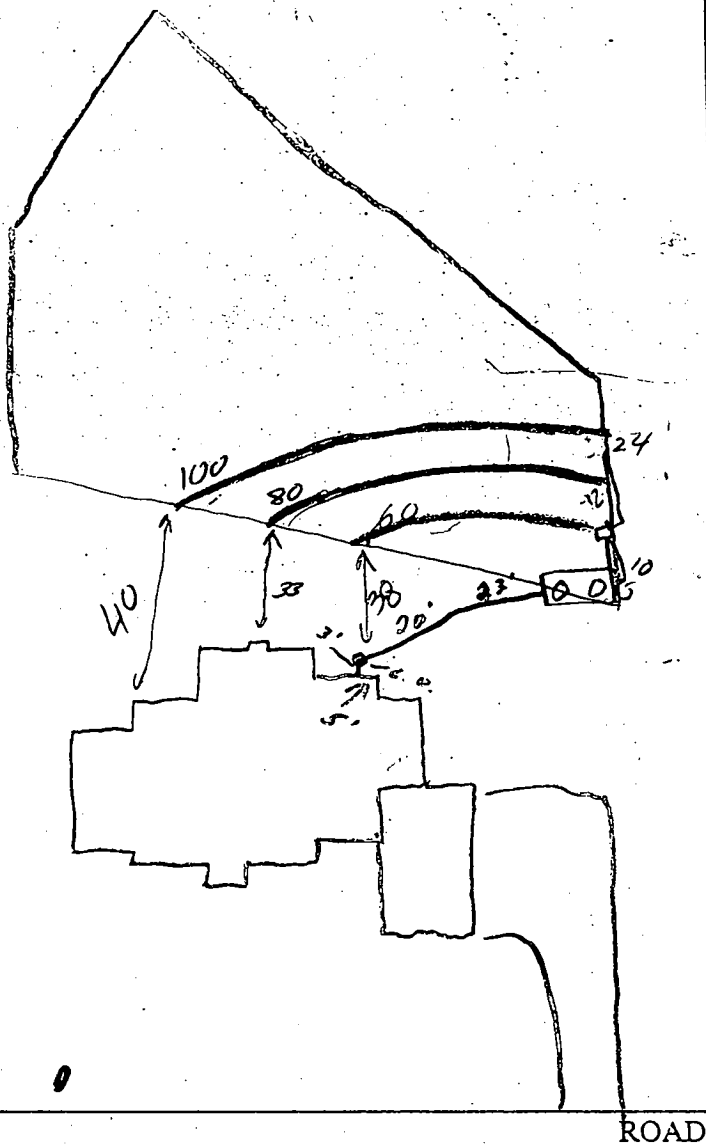
A56600-Q



PLAN
SCALE: 1" = 30'

B
ENGINEER
ENG
8480
PHONE: 410
BUILDER:
716
CC

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	2 1/2	6
NUMBER OF TRENCHES		3
TOTAL LENGTH		240
ABSORPTION AREA		1,680 sq ft
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		N/A

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	
SEPTIC TANK 2 LEVEL _____	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	N/A
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 11/19/02 lot staked, contours appear accurate. Layout per B.P. (SD)

INSTALLATION 11/21/02 Builder came out of house lower than B.P. OK to move tank further to right of SRA & builder will have to grade to 3' of cover. OK for 1st trench to be 3' invert (SD)

11/25/02 Tank 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 LEAVE SOME SYSTEM VISIBLE FOR FOLLOW UP/FINAL INSP. TOMM. (SRK)

11/27/02 House conn complete, OK to cover (SD) 12-2-02 Not ready for insp - flat tire. (K) 12/3/02 OK to cover & backfill JB

FINAL INSPECTOR J. [Signature] DATE OF APPROVAL 12/19/02

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

LOT 15

S 50°18'26" E 140.77'

S 62°06'22" E
28.55'

GRD NORTH

LOT 16

LOT 17

EXISTING FOREST
CONSERVATION EASEMENT

LOT 18

OAK RIDGE COURT
(50' R/W)

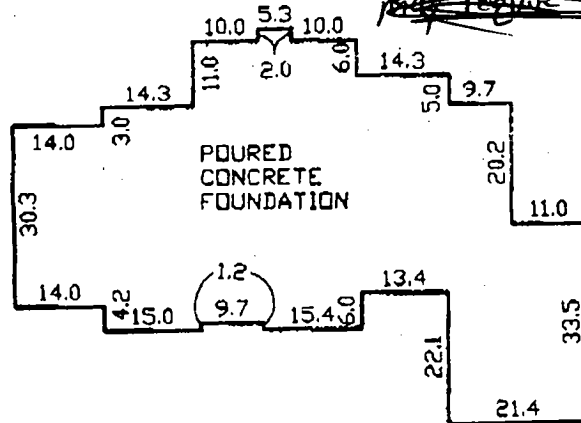
*11/20/02 wall check
O.K. JB,
house ~~found to be~~
~~properly founded~~*

TOP OF FOUNDATION WALL ELEVATION = 471.3'
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 10/02/02; 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

David M. Harris



FOUNDATION DETAIL

SCALE: 1" = 30'

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 (MED Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Eagle Well Drilling Telephone #: 410-795-5620
Address: 530 Obrecht Rd
Sykesville MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

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

Name of Property Owner: Tail Brothers Telephone #:
Subdivision: High Forest Estates Lot #: 6477 Well Tag #: 94-3310
Site Address: 15012 Oak Ridge Ct 17

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: YES
Model #: 75B07 Model #: N/A Screened, vented well cap: YES
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: YES
Well Yield: 2 GPM NSF/WSC approved: YES Conduit min 1 1/2" B.G.: YES
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at well 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 1-31-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/31/03 Date Insp. Approved: 1/31/03 Inspector: (50) SRK
Inspection Data: Pitless adapter/watertight & water supply line at least 30" 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 not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14457

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 A 56600-9

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED MM 5 28 82

Depth of Well 300 (TO NEAREST FOOT)

6/12/01 OK BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3370

OWNER Toll Brothers STREET OR RFD Oak Ridge Ct. TOWN Genelev SUBDIVISION High Forest Estates SECTION LOT 17

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 20, NO. OF POUNDS 15840, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 65.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 06, Total depth of main casing 100.

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), CIRCLE APPROPRIATE LETTER (A, E, P).

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...

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

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 06, PUMPING RATE 2.4, METHOD USED TO MEASURE PUMPING RATE 192L, WATER LEVEL BEFORE PUMPING 49 ft, WHEN PUMPING 24 ft.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43, CASING HEIGHT 49 above, LAND SURFACE 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)

No Survey stakes

B 1	9770	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3370 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 03/01/02

1011 Brothers
Last Name Owner First Name

14203 Howard RD
Street or RFD

Dayton Md 21036
Town State Zip

LOCATION OF WELL

Howard COUNTY

High Forest Estates SUBDIVISION

SECTION LOT 17

Glencly NEAREST TOWN

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

DRILLER INFORMATION

Allen Compton M SO 009
Driller's Name License No.

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. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

20 DISTANCE FROM ROAD ENTER FT OR MI

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 →

DATE ISSUED 03/13/02 CO SIGNATURE K. Gudek EXP. DATE 03/13/03

NORTH GRID 511 EAST GRID 0794

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

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 DEEPEAN 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-94-3370

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

WELL SITE OR AS
10/30/01
proposed

EDGEBROOK
LOT 16
43,688 s.f.
FF=488.75
BF=488.00

BOX A
LOT 17
45,813 s.f.
FF=473.75
BF=483.00

PYLMONT
LOT 18
44,127 s.f.
FF=473.75
BF=483.97

DAY RIDGE COURT

BOX B
LOT

B 1 5929

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

410-94-2850 fill in this form completely

4513679 please print or type

Date Received (APA)

8 MM DD YY 13

15 Last Name Owner First Name 34

30 Street or RFD 55

57 Town 70 State 72 Zip 76

OWNER INFORMATION

DRILLER INFORMATION

Driller's Name 76 License No. 81

Firm Name

Address

Signature Date

WELL INFORMATION APPROX PUMPING RATE (GAL PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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)

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

APPROX. PERMIT NUMBER PERMIT No. 410-94-2850

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

8 COUNTY 21

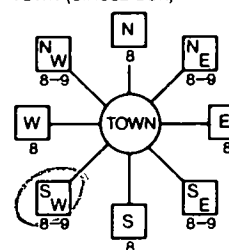
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

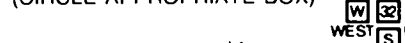
MILES FROM TOWN (enter 0 if in town)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 40 37 DISTANCE FROM ROAD ENTER FT OR MI

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A566009

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED 9/7/00

CO SIGNATURE EXP. DATE

NORTH GRID 510 000 EAST GRID 790 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

2.

3.

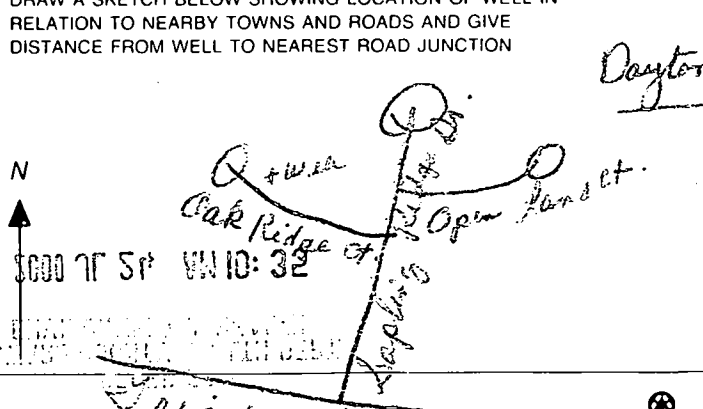
WRITE THE BOX NUMBER FROM THE MAP HERE

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



B 1	5929	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-2850 <small>fill in this form completely</small>
1 2 3 6			W513699 please print or type	

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Karfonta Last Name Chuck Owner First Name 34
 36 10 Mellor Ave. Street or RFD 55
 57 Catonsville Town 70 Md State 72 21228 Zip 76

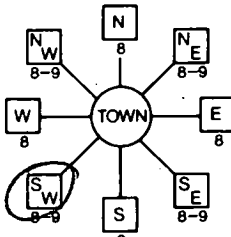
LOCATION OF WELL


B 3 Howard COUNTY 21
High Forest est. SUBDIVISION 42
 SECTION 44 LOT 17
Dayton NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne License No. M S D 024 76 81
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy 21771
 Signature Joseph L. Mayne Date 7/14/00

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


11 Oak Ridge Ct. NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 40 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 **WELL INFORMATION**

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 CO COUNTY NAME A56600Q COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 9/7/00 J. M. Mayne 9/7/01
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 510 000 EAST GRID 790 000
 50 55 57 63

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

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 790 000
 N 510 000

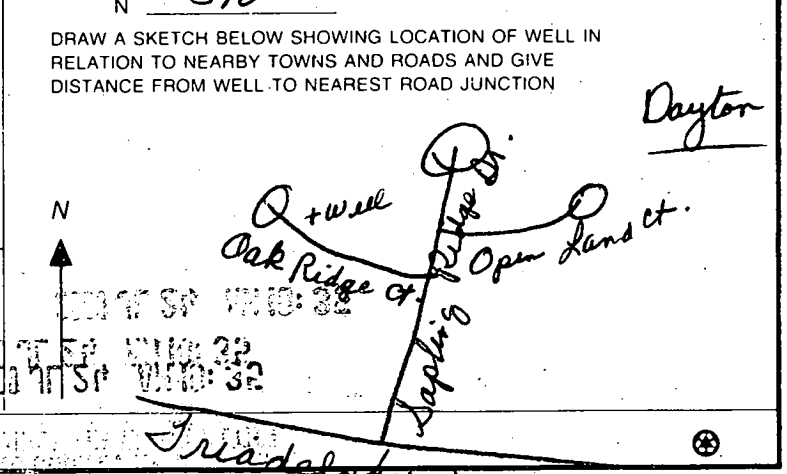
METHOD OF DRILLING (circle one)

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)

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 _____

PERMIT No. HO-94-2850
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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:

SUBDIVISION C. M. C. CONSTRUCTION PROPERTY LOT NO. 36 75176

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 _____

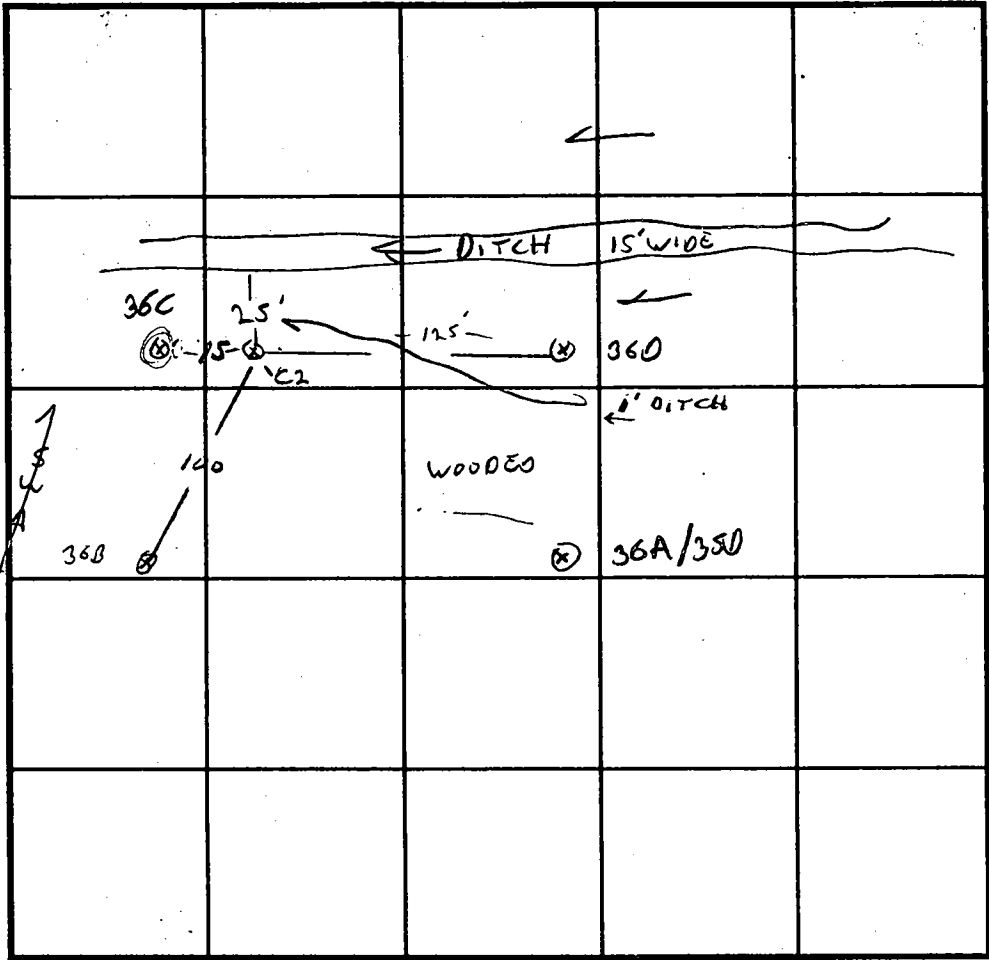
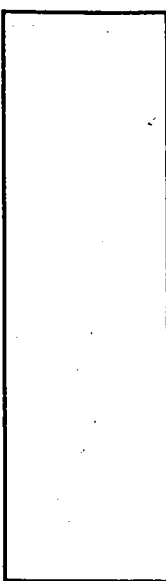
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

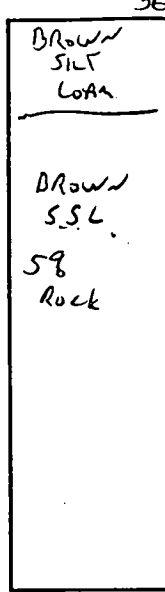
THIS IS NOT A PERMIT

A 57577
COUNTY #

SOIL PROFILE



SOIL PROFILE



36B
TOPSOIL
BROWNISH ORANGE S.S.L.

TAN S.S.L.
10% SHALE FRAGS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/96	360	2.5 / 12V	2:55	3:01	3:01	3:13	12 MIN
		8 Volts					
	36B	3 / 11V	3:17	3:20	3:20	3:27	7 MIN
		6	3:17	3:19	3:19	3:21	2 MIN
	36C2 36C	MOVED HIGH 2.5	ON SLOPE SEE LOT				6 MIN
	X 36C	TOO EAST	AT 7'				
	X						
	36A	3 / 12V					6 MIN
	7						2 MIN

REMARKS LOT 36 VARIES FROM PLAN

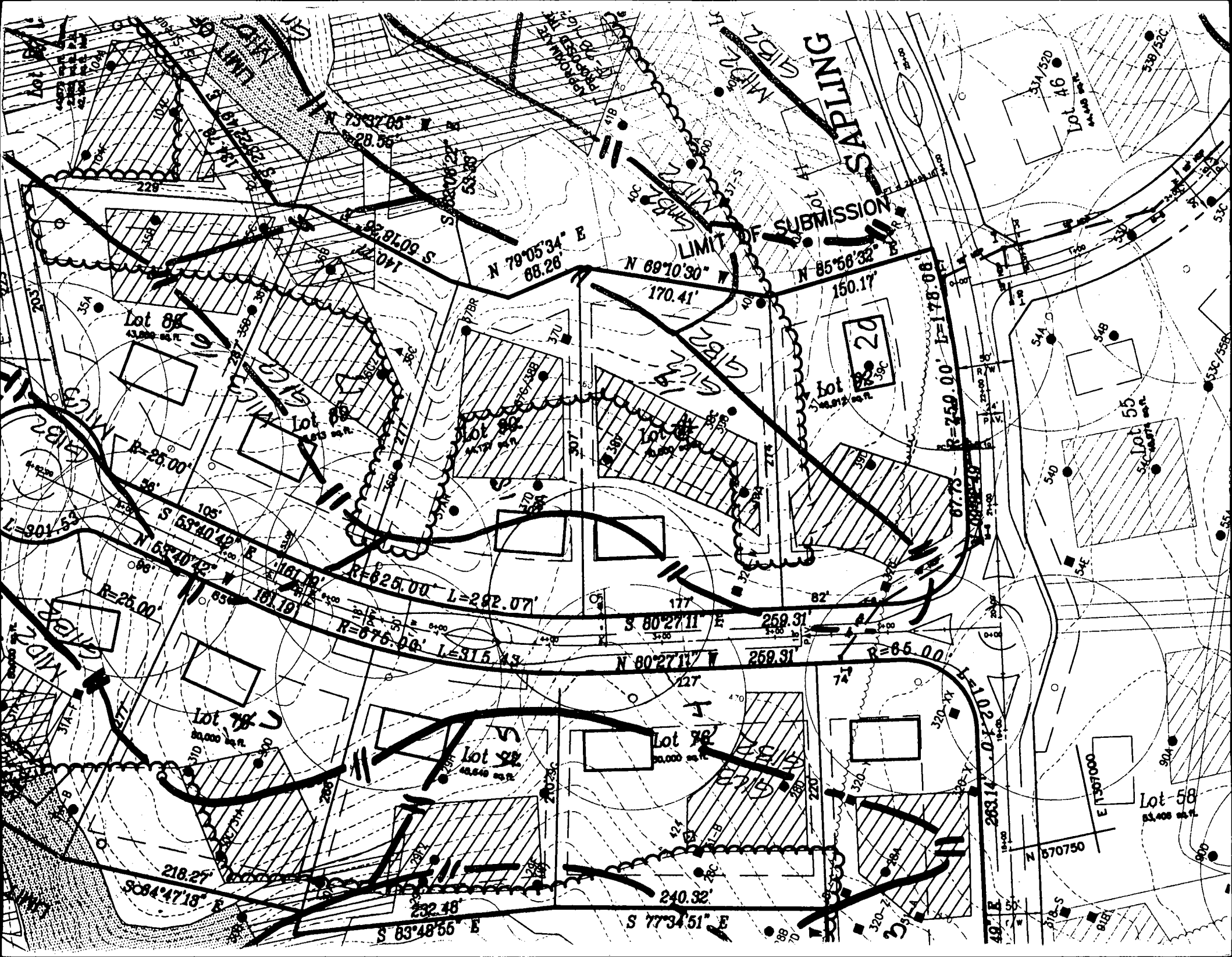
TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

X



LIMIT OF SUBMISSION

Lot 88
43,000 sq. ft.

lot 89
54,012 sq. ft.

lot 98
80,000 sq. ft.

lot 92
40,640 sq. ft.

lot 90
80,000 sq. ft.

Lot 58
51,408 sq. ft.

Lot 107

Lot 46

Lot 55

Lot 85

Lot 86

Lot 87

Lot 88

Lot 89

Lot 90

Lot 91

Lot 92

Lot 93

Lot 94

Lot 95

Lot 96

Lot 97

Lot 98

Lot 99

Lot 100

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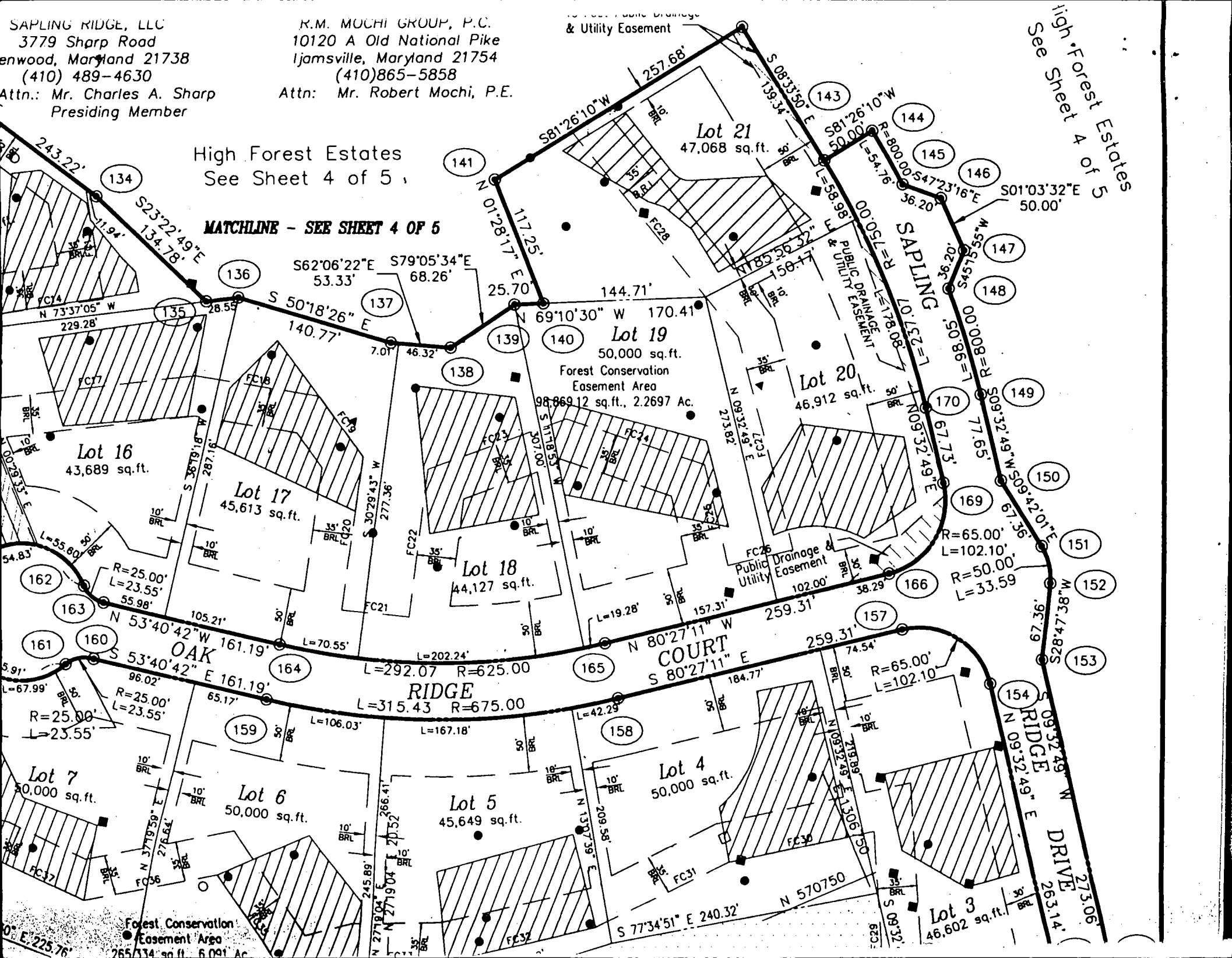
Lot

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

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

High Forest Estates
See Sheet 4 of 5

MATCHLINE - SEE SHEET 4 OF 5



High Forest Estates
See Sheet 4 of 5

SAPLING RIDGE DRIVE
273.06'
263.14'

Forest Conservation
Easement Area
265,134 sq. ft. 6,091 Ac

