

LAYOUT 3/27/03 11 AM INSP 4 5/20/03 12
 INSP 2 4/2/03 2:30 PM INSP 5 5/21/03 12
 INSP 3 4/4/03 3:30 INSP 6 _____

ISSUE DATE: 3/21/2003

P 518586

APPROVAL DATE: 5/21/03

A 56600-V

**PERMIT
INDEXED**

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

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: 23
 ADDRESS: 15177 Sapling Ridge Drive 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: 240 HOUSE SERVED BY PUBLIC WATER

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 2.0 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 trenches on contour.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 5/22/02 (SO) DATE: 7/22/2002

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 0-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

8-21-03 BOD 143826 - FINISH BASEMENT
 12-6-04 BOD 13181 - POOL ADD.

AS 6600-V

Top S.T.
475.9

Total linear feet of trench required **240 feet**
Width of trench (es) **3 feet**
Depth of trench (es) **4 feet**
Depth of stone required below distribution **2 feet**

Approved Septic System Plan
Howard County Health Department

Steve H. King 7/22/02
Signature Date

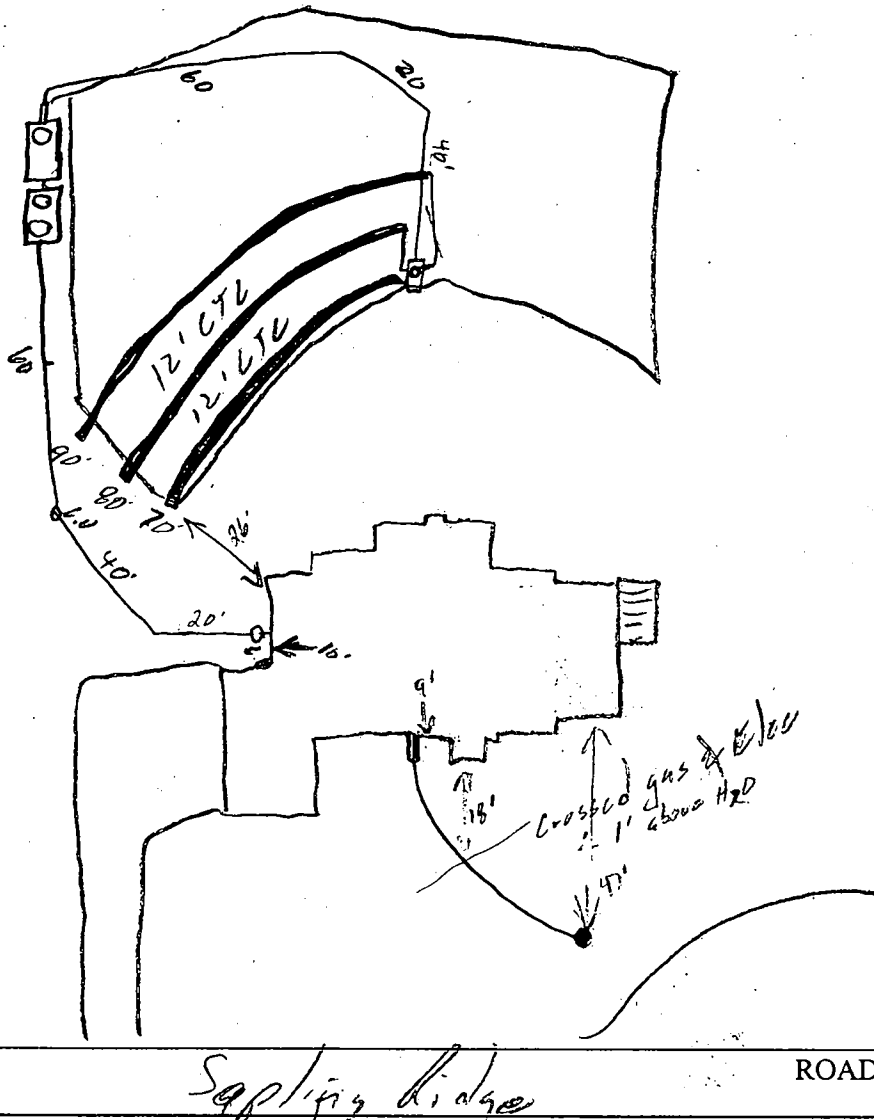
LEGEND

- 470 EXISTING CONTOURS AS SHOWN ON F-98-167
- 472 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



PLAN
SCALE: 1" = 30'

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	21	41
NUMBER OF TRENCHES		3
TOTAL LENGTH		240
ABSORPTION AREA		720
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	2-3'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	F&B
6" PORT LOC	—
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL ✓	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2-3'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Back
6" PORT LOC	✓
WATERTIGHT TEST	✓

PRE-CONSTRUCTION 3/27/03 SRA Staked, contour accurate, little bit of fill on left corner of SRA. Install 70'/90'/90' trenches on left side of SRA on contour (SO)

INSTALLATION 4/2/03 Trenches installed, tanks set. OK to cover (SO)

4/4/03 OK to cover all work. Pump & Alarm tests needed (SO)

5/20/03 - Alarm Functional, Pump didn't work (SO)

5/21/03 - Pump test OK (SO)

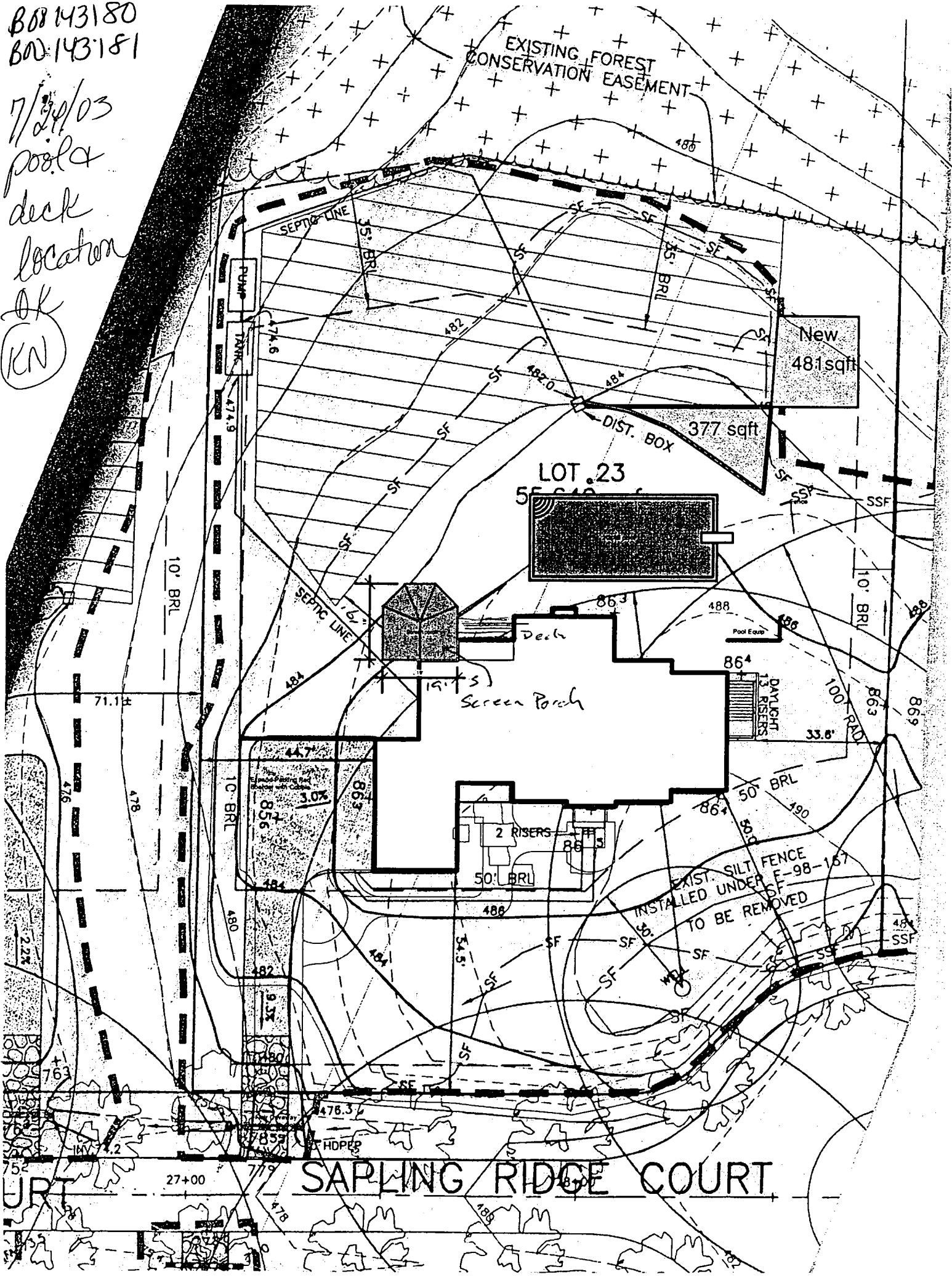
FINAL INSPECTOR [Signature] DATE OF APPROVAL 5/21/03

BUILDING PERMIT DIVISION
AND RETURNED

BOB 143180
BOB 143181

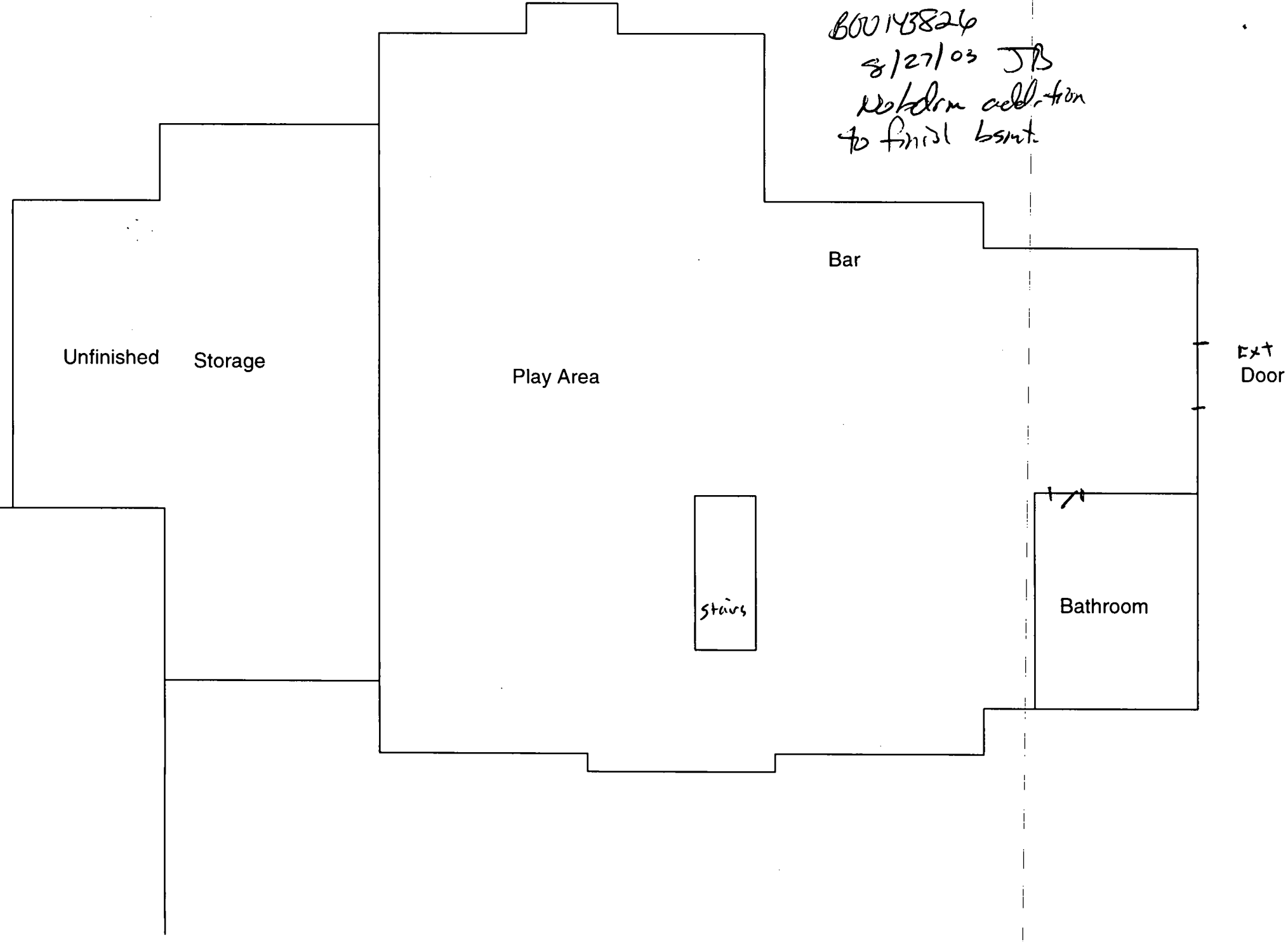
7/30/03
pool &
deck
location

OK
KN



SAPLING RIDGE COURT

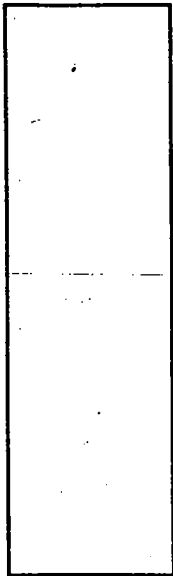
600143826
8/27/03 JB
Workroom addition
to finish bsmt.



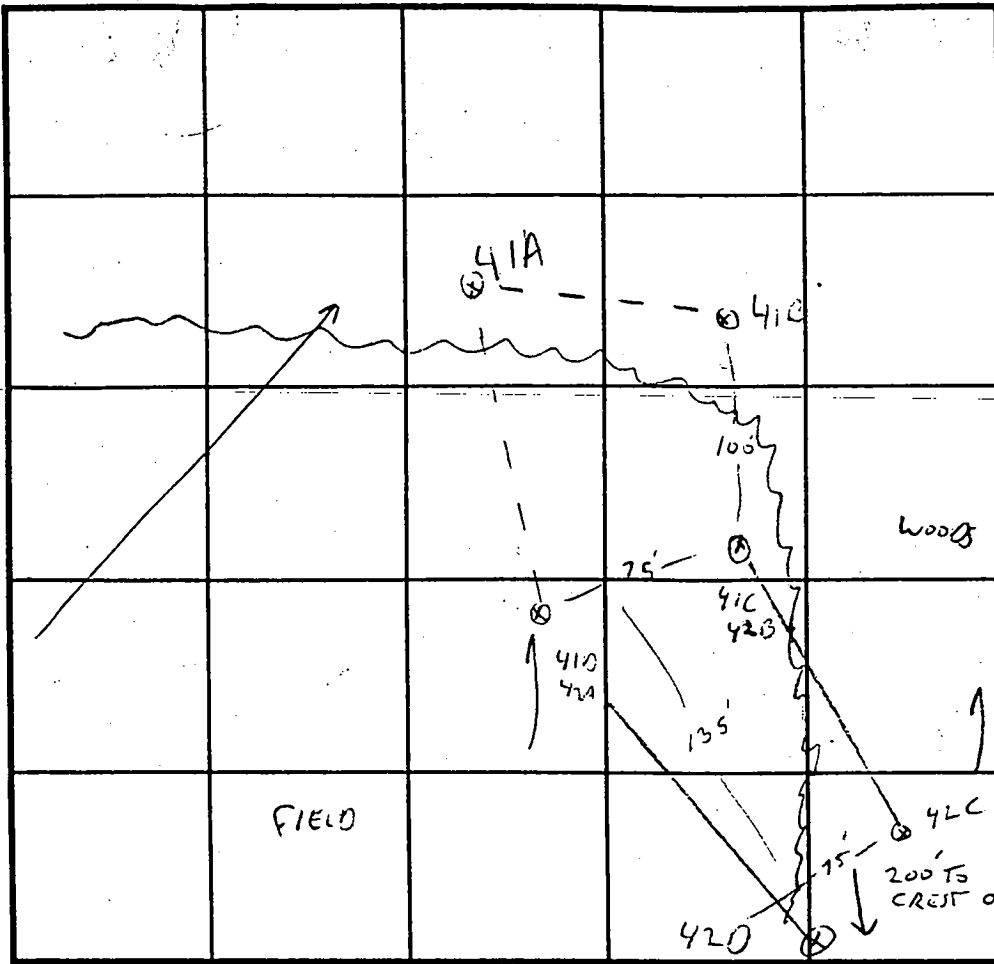
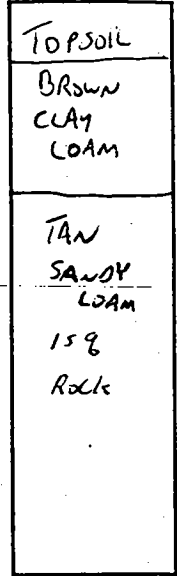
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COUNTY #

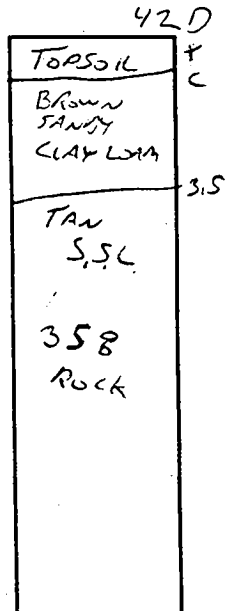
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/96	42B/41C	3 / 12.5	11:17	11:19	11:19	11:22	3 MIN
		6.5	11:17	11:19	11:19	11:22	3 MIN
	41B	2.5 / 12V	11:25	11:28	11:28	11:33	5 MIN
		6.5 12V	11:25	11:27	11:27	11:30	3 MIN
	42A	3 / 12.5	11:50	11:51	11:51	11:53	2 MIN
	42D	4.5 / 12	12:56	12:59	12:59	12:46	7 MIN
	42C	3 / 12	12:04	12:08	12:08	12:14	6 MIN

REMARKS LOT 42 NOT PER PLAN

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT C SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

X

the parties
Lots 1-44 & Parcel A
Plats 9581 - 9589

173

Charles A. Sharp, Presiding Member

Date

Lot 33

Lot 32

835.50'

S 40°20'53" W

Conc. Monument found

Wetlands

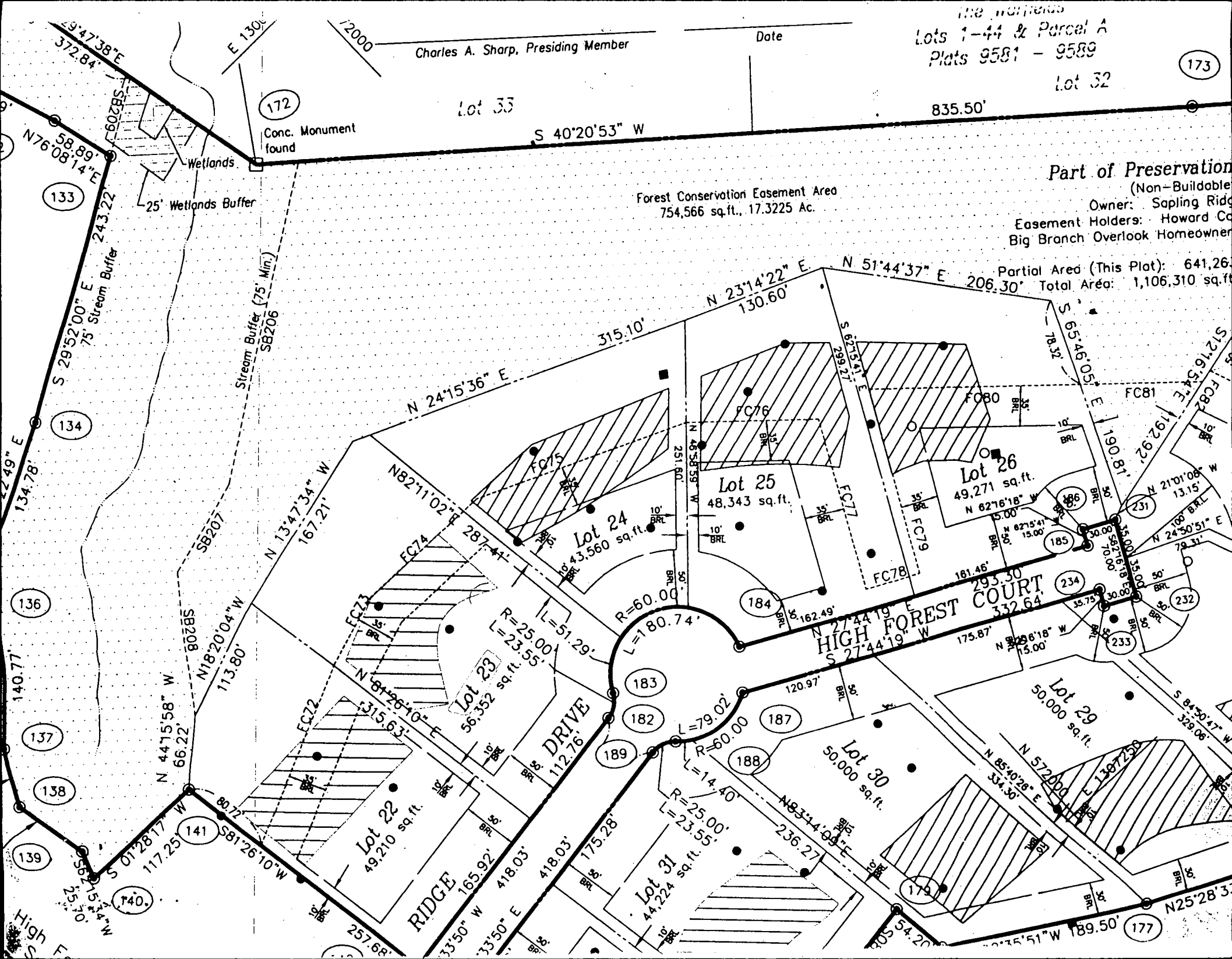
25' Wetlands Buffer

Forest Conservation Easement Area
754,566 sq.ft., 17.3225 Ac.

Part of Preservation
(Non-Buildable)

Owner: Sapling Ridge
Easement Holders: Howard Co
Big Branch Overlook Homeowners

Partial Area (This Plat): 641.26
Total Area: 1,106,310 sq.ft.



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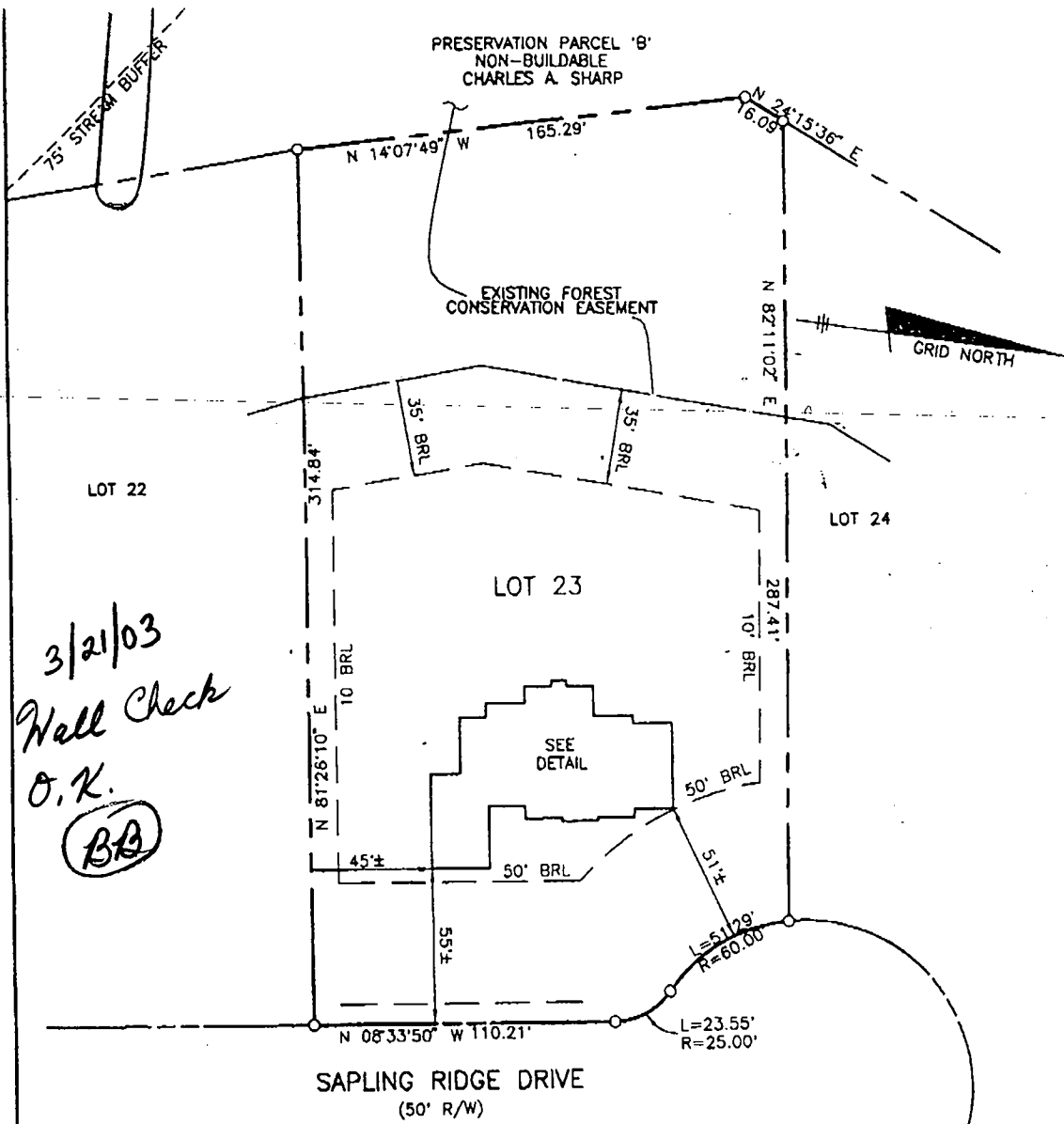
Lot 22
49,210 sq.ft.
Lot 23
56,352 sq.ft.
Lot 24
43,560 sq.ft.
Lot 25
48,343 sq.ft.
Lot 26
49,271 sq.ft.
Lot 27
50,000 sq.ft.
Lot 28
50,000 sq.ft.
Lot 29
50,000 sq.ft.
Lot 30
50,000 sq.ft.
Lot 31
44,224 sq.ft.

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3/21/03
Wall Check
O.K.
BA

TOP OF FOUNDATION WALL ELEVATION = 486.7'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

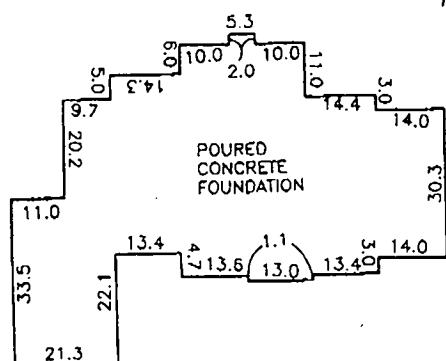
SURVEYOR'S CERTIFICATE

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 11/08/02; 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. 13961

David M. Harris
DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 13961
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/04/86

BENCHMARK
ENGINEERING, INC.

8400 BALTIMORE FEDERAL PIKE - SUITE 410
LAUREY CITY, MARYLAND 21043
PHONE 410-486-8108 A Fax 410-486-8944
email Benchmark@bca.com



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK
HIGH FOREST ESTATES
LOTS 1 THROUGH 50
LOT No. 23

15177 SAPLING RIDGE DRIVE

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 11/05/02

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: 380 Obercht Rd
Sylersville 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): Aileen 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 #: 23 Well Tag #: HO-94-3351
Site Address: 15177 Seeping Ridge Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Conceal Two piece watertight cap: Y
Model #: 75A07 422 Model#: _____ Screened, vented well cap: Y
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: Y
Well Yield: _____ GPM NSF approved: Y Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: Y
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: N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: Y
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) 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.

Signature of company representative responsible for installation: [Signature] date: 5-6-03

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

Date Insp. Requested: 3/31/03 Date Insp. Approved: 4/2/03 (50) SRK
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 - **14438** SEQUENCE NO. (MDE USE ONLY)

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

ST/CO USE ONLY
 DATE Received
 MM. DD. YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 4 15 02

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

Depth of Well
 22 300 26
 (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **13** A 56600-V

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-94-3351
 28 29 30 31 32 33 34 35 36 37

OWNER TOLL Brothers Toll Brothers

STREET OR RFD SAPLING RIDGE DRIVE TOWN Glenn Dale

SUBDIVISION H.K.H. Forest Estates SECTION 8 LOT 23

WELL LOG
 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)	FEET		check if water bearing
	FROM	TO	
Brown mica shale	0	56	
Gray Limestone	56	70	
Brown	70	71	✓
Gray Limestone	71	90	
Brown	90	91	✓
Gray Limestone	91	145	
Brown	145	146	✓
Limestone	146	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 45 15 NO. OF POUNDS 45 1470

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP ft. to 45 BOTTOM ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE ST CO PL OT

Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70

Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2 DEPTH (nearest ft.)

1 HO 60 300

E A C H S R E E N

8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) 56 60
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **Y** **N**

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 009
Allen Compton
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03
 8 9

PUMPING RATE (gal. per min.) 12
 11 15

METHOD USED TO MEASURE PUMPING RATE 194L

WATER LEVEL (distance from land surface)
 BEFORE PUMPING 52 ft.
 17 20
 WHEN PUMPING 52 ft.
 22 25

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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 02 (nearest foot)
 49 50 51

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

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

DRILLER

DENV-CR00

B 1	9761	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3351
Date Received (APA) 02/28/02			fill in this form completely	

OWNER INFORMATION

Date Received (APA) **02/28/02**

Toll 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 **44** LOT **23**

Glendys
NEAREST TOWN

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

DRILLER INFORMATION

Allen Compton MS D 009
Driller's Name License No.

Fogles Well Drilling
Firm Name

580 Obrecht Rd.
Address

Allen Compton 2-27-02
Signature Date

B 4

3 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Seppling Ridge Ok.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

30 DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: **27** BLK. **11** PARCEL **147**

B 2

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

A 56600V COUNTY NO

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **03/13/02** **Karen Hooley** **03/13/02**
CO SIGNATURE EXP DATE

NORTH GRID **511 000** EAST GRID **0795 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 **785**

N **511**

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROP. PERMIT NUMBER _____

PERMIT No. **HO-94-3351**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROVISION AND SEDIMENT CONTROL BY THE
DATE

REQUIREMENTS
DATE

ACCORDING TO THIS PLAN
RESPONSIBLE PERSONNEL
ATTENDANCE AT A SEDIMENT
CONTROL ON-SITE INSPECTION

DATE

15177 SAILING RIDGE DR

PRESTON BUILDING
CHARLES A. STARR

Well staked
by engineer
No Insp
8-12-02
(KG)



B 1 **5906** SEQUENCE NO: (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO - 94 - 2824**

1 2 3 6 70 79

please print or type fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Karata Owner
15 Last Name
Chock First Name 34
36 **10 Yellow Ave.** Street or RFD 55
Cotonsville Town 70 **MD** State 72 **21228** Zip 76

DRILLER INFORMATION

Driller's Name **Joseph & Mayne** License No. **MSD024** 76 81
Firm Name **Joseph & Mayne Well Drilling**
Address **5512 Ridge Rd Mt. Airy 21111**
Signature **Joseph & Mayne** Date **8/14/01**

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

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
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) _____ 52

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

APPROP. PERMIT NUMBER _____ G _____ 5000 71 51 5000 31
PERMIT No. **HO - 94 - 2824** 70 71 72 73 74.75 76 77 78 79

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

LOCATION OF WELL

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **Southern Ridge Dr.** NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **20** 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39
TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **08/17/01** CO SIGNATURE **C. W. White** 8/16/01 EXP. DATE
43 MM DD YY 48
NORTH GRID **510** 0 0 0 EAST GRID **0790** 0 0 0
50 55 57 63

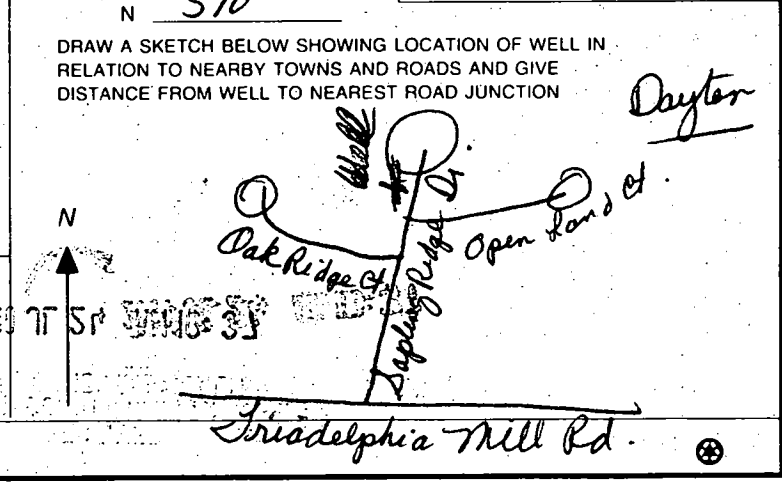
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. **Well**
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**
N **510**

000
000



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. _____

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

Plumb
pp
12/15/04

November 30, 2004

Stewart Rom
15177 Sapling Ridge Road
Dayton MD, 21036
410-531-8662

Avis L. Corbin
Chief of Licenses and Permits Division
Howard County
Department of Inspections

Dear Ms. Corbin,

We have been delayed in starting two construction projects at our home I would like your approval to extend the permits so I can start the construction of the basement within the next 90 days and the pool within the next few days weather permitting.

Pool - Permit B00143181

We would also like to make a few modifications to the pool design and would like to amend the permit at this time as well.

We would like to add a spa to the design of the pool and have adjusted the size of the pool to accommodate the spa within the original approved area of construction. I have attached a new plan showing the changes. I would like to request the permit be amended to reflect the addition of the spa and the revised pool size to be 21' X 42' with the depth to be of 3.5' to 8.5'.

The pool still remains a minimum of 20' from the revised reserve septic field as shown on the plans originally approved with this permit.

I will be happy to walk this through any department required to expedite the process. Or if the amendment will require delays I can pull a new permit if you request me to.

Our contractor hopes to start the pool within the next few days please advise me if you see any reason we should not proceed.

Basement - Permit B00143826

We have not made any changes to the basement plan.

Best Regards,

Stewart Rom
Stewart Rom

I can be reach on my cell at 443-756-6534 if you have any question.

12/6/04 Health
Dept. Approval
for pool adjustment
Kacie Korman

RECEIVED

DEC 01 2004

LICENSES & PERMITS
DIVISION

CR 1309
CR 81809

25.00
+
25.00

50.00

DP
cc: Health
Dept

