

LAYOUT 6/5/02 10-11 INSP 4 8/2/02 FLU 1100
 INSP 2 7/30/02 10-11 INSP 5 _____
 INSP 3 7/31/02 layout 10-11 INSP 6 _____

ISSUE DATE: 5/6/2002

APPROVAL DATE: 8/7/02

**PERMIT
INDEXED**

P 516965

A 56600-X

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

05-432898

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: 25

ADDRESS: 15001 High Forest Court PROPERTY OWNER: KENNETH ROCHE
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: 180

LINEAR FEET OF TRENCH REQUIRED: 240 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: | Starting from the left front lot corner, place the distribution box 125' down the left lot line and 60' off the left lot line. Run trenches on contour in either direction. |
| NOTES: | Confirmation test hole to be dug at time of layout inspection at location shown on plan. |

PLANS APPROVED: MER OK 3/18/02 (SO) DATE: 3/6/02

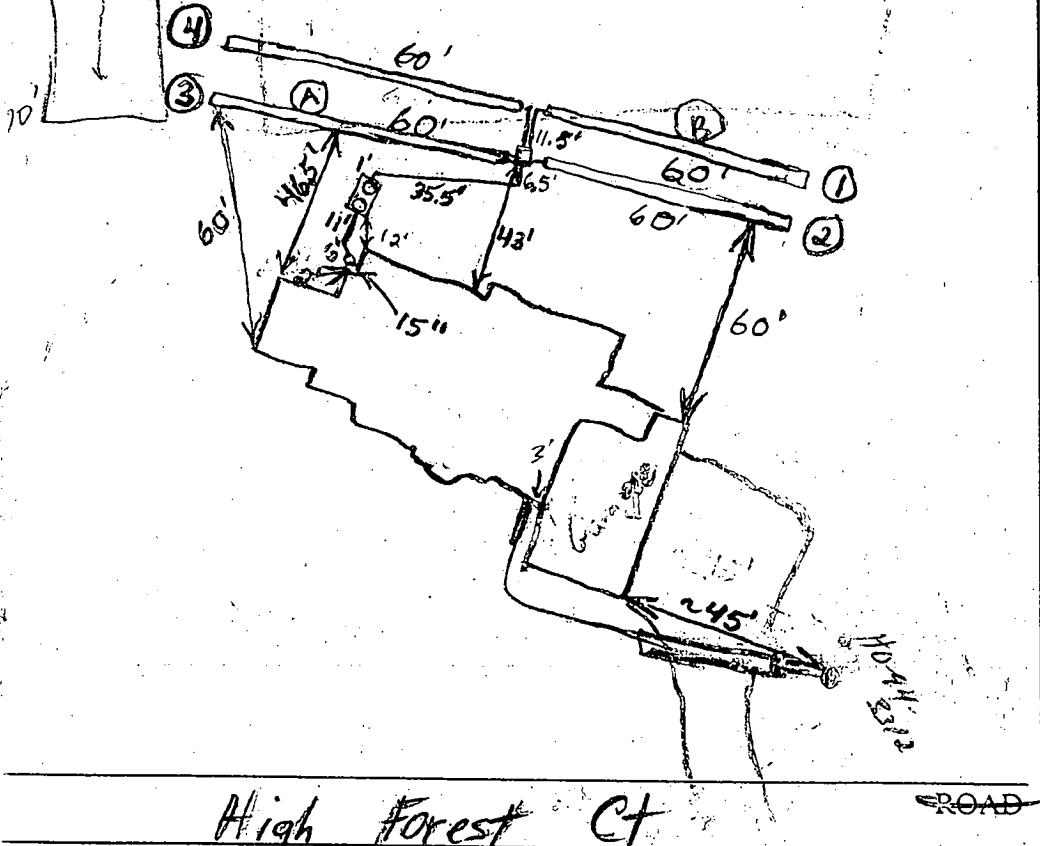
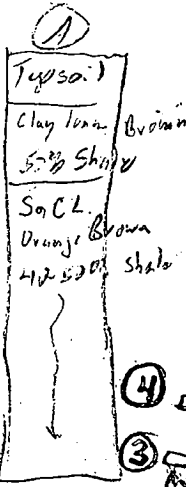
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

4/2/03 800141003 DECK

A-56600-X-15

NOT TO SCALE



High Forest Ct

| TRENCH/DRAINFIELD DATA | | |
|-----------------------------|-------|--------|
| WIDTH | INLET | BOTTOM |
| 3.0 | 25 | 45 |
| NUMBER OF TRENCHES 4 | | |
| TOTAL LENGTH 240' | | |
| ABSORPTION AREA 720 sq ft | | |
| DISTRIBUTION BOX LEVEL Yes | | |
| DISTRIBUTION BOX BAFFLE Yes | | |
| DISTRIBUTION BOX PORT No | | |

| SEPTIC TANK DATA | |
|-------------------------|-------------|
| SEPTIC TANK 1 LEVEL | |
| CAPACITY | 1500 GAL |
| SEAM LOC | Top |
| TANK LID DEPTH | |
| BAFFLES | Yes |
| BAFFLE FILTER | Yes |
| MANHOLE LOC | Front, Back |
| 6" PORT LOC | No |
| WATERTIGHT TEST | No |
| SEPTIC TANK 2 LEVEL N/A | |
| CAPACITY | GAL |
| SEAM LOC | |
| TANK LID DEPTH | |
| BAFFLES | |
| BAFFLE FILTER | |
| MANHOLE LOC | |
| 6" PORT LOC | |
| WATERTIGHT TEST | |

PRE-CONSTRUCTION 6/5/02 Confirmation hole dug. Grading around house goes into SRA. Spoke to Greg w/ Toll Bros, fill must be moved to original grade. DIG ADD'L

INSTALLATION TEST HOLE @ LOC (B); INSTALL TRENCH ACCORDINGLY IF OK (MR)/SO

7/30/02 Tank set, install (A) 60's on contour, lot staked (SC)

8/2/02 Two bottom trenches still need papers O.K. to cover after paper put on gravel. Everything else O.K. Was test hole B ever dug? Trenches 1 and 2 did have some rock but wasn't able to determine severity since both trenches were gravelled and trench 2 only had ends open. (RB)

8/7/02 Test hole B was never dug according to SO. (RB)

FINAL INSPECTOR B. Baker, M. Ritkin DATE OF APPROVAL 8/7/02

Building Address 15001 HIGH FOREST COURT
PAYTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: F 98167

Census Tract W0510 Subdivision HIGH FOREST ESTATES

Section W Area _____ Lot 25

Tax Map 27 Parcel 1417 Grid 41

Zoning RCD1 Map Coordinates 1362 Lot size 48,343

Property Owner's Name BIG BRANCH OVERLOOK LLC

Address 7164 COLUMBIA GATEWAY DR. SUITE 230

City COLUMBIA State MD Zip Code 21046

Home Phone N/A Work Phone 410-872-9105

Applicant's Name & Mailing Address, (if other than stated hereon):
N/A

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use RESIDENTIAL HOME

Estimated Construction Cost \$ 200,000

Description of Work EDGEPROOK, 4BR, 3 1/2 BATHS,
OPT. 031 RETREAT ADUT., OPT. 533 GREENHOUSE,
OPT. 044 GRAND MASTER SUITE

Contractor Company BIG BRANCH OVERLOOK, LLC

Contact Person GREG SHARARD

Address 7164 COLUMBIA GATEWAY DR SUITE 230

City COLUMBIA State MD Zip Code 21046

License No. 663

Phone 410-872-9105 Fax 410-872-9141

Occupant or Tenant BIG BRANCH OVERLOOK LLC

Contact Name GREG SHARARD

Address 7164 COLUMBIA GATEWAY DR. SUITE 230

City COLUMBIA State MD Zip Code 21046

Phone 410-872-9105 Fax 410-872-9141

Engineer or Architect Company BENCHMARK ENGIN.

Contact Person DAVE THOMPSON 465-6105

Address 8480 BALT. NAT'L PIKE SUITE 418

City ELLICOTT CITY State MD Zip Code 21046

Phone 410-872-9105 Fax 410-872-9141

| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|--|--|---|---|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private | 1st floor: <u>51' 8"</u> <u>89' 8 1/2"</u> 2nd floor: <u>36' 2"</u> <u>75' 8 1/2"</u> Basement: <u>52'</u> <u>89' 8 1/2"</u> | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Living area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/> | Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | 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"/> |
| 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 System | Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |

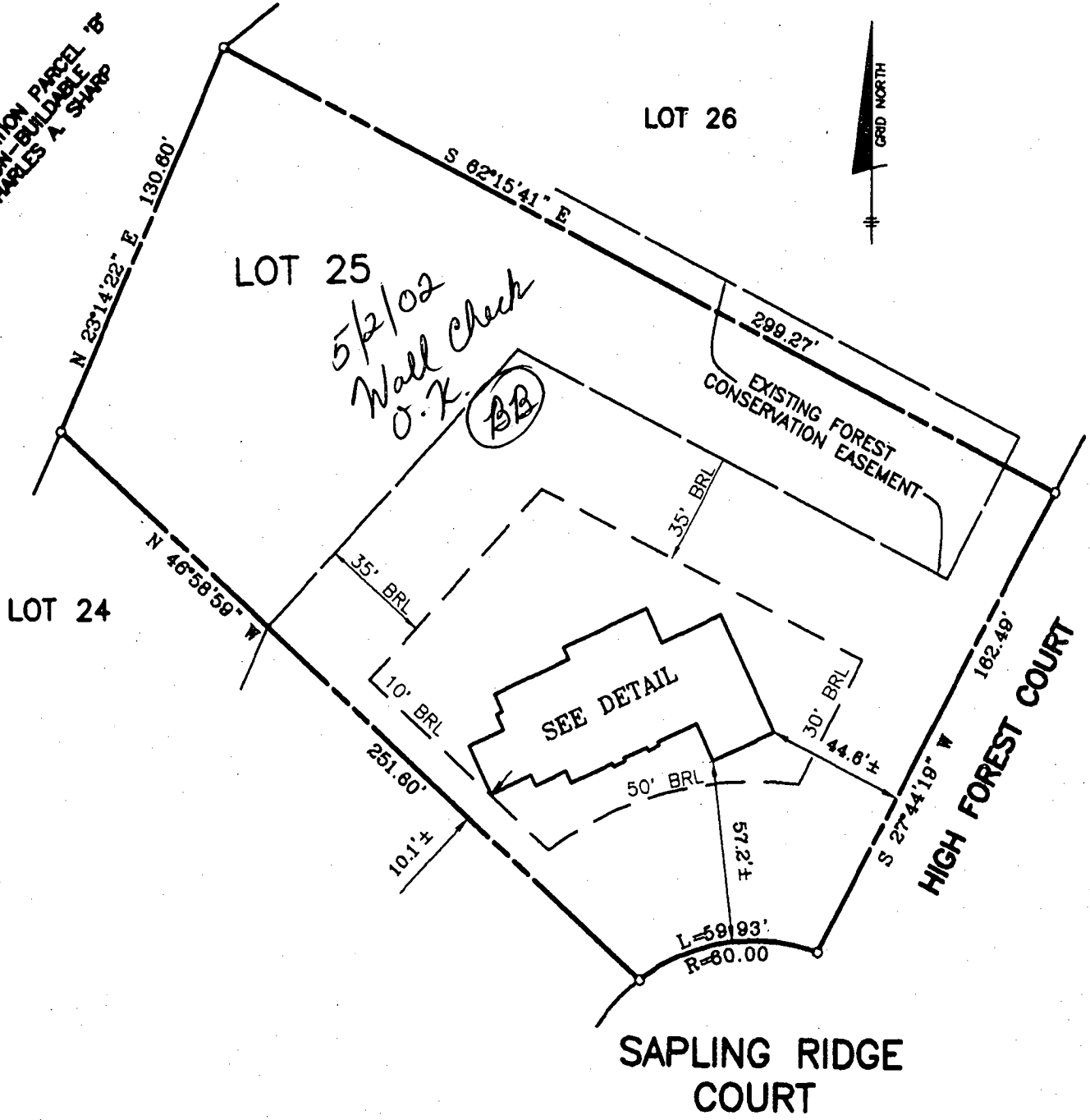
Signature: GREG SHARARD
 Print Name: _____
1/9/02
 Date: _____

Title/Company: PROJECT MANAGER / TOLL BROTHERS INC.

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

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID: <u>53212</u> |
|--|---------------|--------------------|--|--------------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>100</u> |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| Health | <u>3/2/02</u> | <u>Mark Riff</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ <u>88506</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Check # <u>39855</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |
| | | | | Accepted by <u>[Signature]</u> |

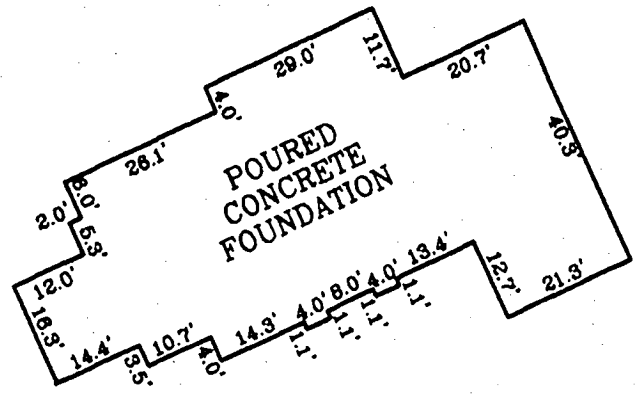
PRESERVATION PARCEL 'B'
NON-BUILDABLE
CHARLES A. SHARP



FIRST FLOOR ELEV. = 489.9'
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 4/18/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, P.C. ENTITLED "HIGH FOREST ESTATES", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13961.



FOUNDATION DETAIL

SCALE: 1" = 30'

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: 12/04/88



**BENCHMARK
ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLSWORTH CITY, MARYLAND 21043
PHONE 410-485-5185 FAX 410-485-8844
email: Benchmark@bcei.com

**WALL CHECK
HIGH FOREST ESTATES**

LOT No. 25

15001 HIGH FOREST COURT

**5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND**

SCALE: 1" = 50' DATE: 4/18/02

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: Foglo's Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sikes, Md. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009
*A licensed individual must perform the actual installation. Apprentices must be under the 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: Toll Telephone #: _____
Subdivision: High Forest Lot #: 74 Well Tag #: HO-94-3312
Site Address: 15081 High Forest

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds BRU150L Make: Campbell Two piece watertight cap: YES
Model #: 125 B05 Model #: N/A Screened, vented well cap: YES
Pump Capacity 6 GPM Depth: 4 1/2" (36" min) Cap secured to casing: YES
Well Yield: 10 GPM NSF/WSC approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: _____ (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 wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: YES
Depth of supply line: 4 1/2 (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.

Signature of company representative responsible for installation: [Signature] date: 8/19/02

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

Date Insp. Requested: 7/24/02 Date Insp. Approved: 7/24/02 Inspector: (50)
Inspection Data: Pitless adapter watertight & 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 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

61 0592

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A57577

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3312

OWNER Toll Brothers STREET OR RFD 15007 High Forest Court TOWN Dayton SUBDIVISION High Forest Estates SECTION LOT 25

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Reddy Brown Shale, Limestone, Brown, Limestone, White, Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 26, NO. OF POUNDS 2444, GALLONS OF WATER 156, DEPTH OF GROUT SEAL 75 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 06, Total depth of main casing 80.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (HO), diameter of screen 56, (NEAREST INCH).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

DEPTH (nearest ft.) table with columns for depth intervals and well status (A, C, H, S, R, E, E, N).

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

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 MSD009, DRILLERS SIGNATURE, LIC. NO. 1 M D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: C 3, HOURS PUMPED 03, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE 19 gal, WATER LEVEL 30 ft before, 61 ft when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S) submersible, CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 41, CASING HEIGHT (+) above, LAND SURFACE 01 (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 | 9729 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL | STATE PERMIT NUMBER HO-94-3312 |
| | | W51649 Please print or type | | |
| fill in this form completely | | | | |

Date Received (APA) 1/25/2002

OWNER INFORMATION

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 25

Glenelg NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

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

Fogles Well Drilling
Firm Name

580 Obrecht Rd.
Address

Allen Compton 1-23-02
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

High Forest Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 25 FT

TAX MAP: 27 BLK: 11 PARCEL 147

B 2

WELL INFORMATION

APPROX PUMPING RATE 5 GAL. PER MIN.

AVERAGE DAILY QUANTITY NEEDED 500 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

13 COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 2/7/02 Brian Baker 2/7/2003
CO SIGNATURE EXP. DATE

NORTH GRID 511 000 EAST GRID 795 000

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

1. Grout

2. 2/27/02 8:00

3. 26 bags

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7905

N 5101

000 (K6)

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)

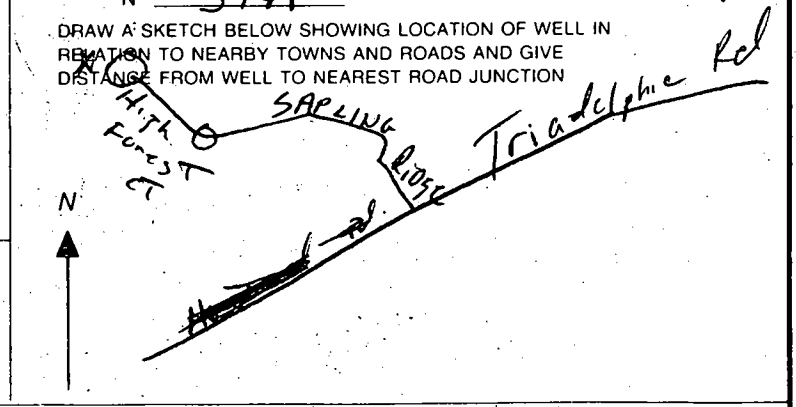
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

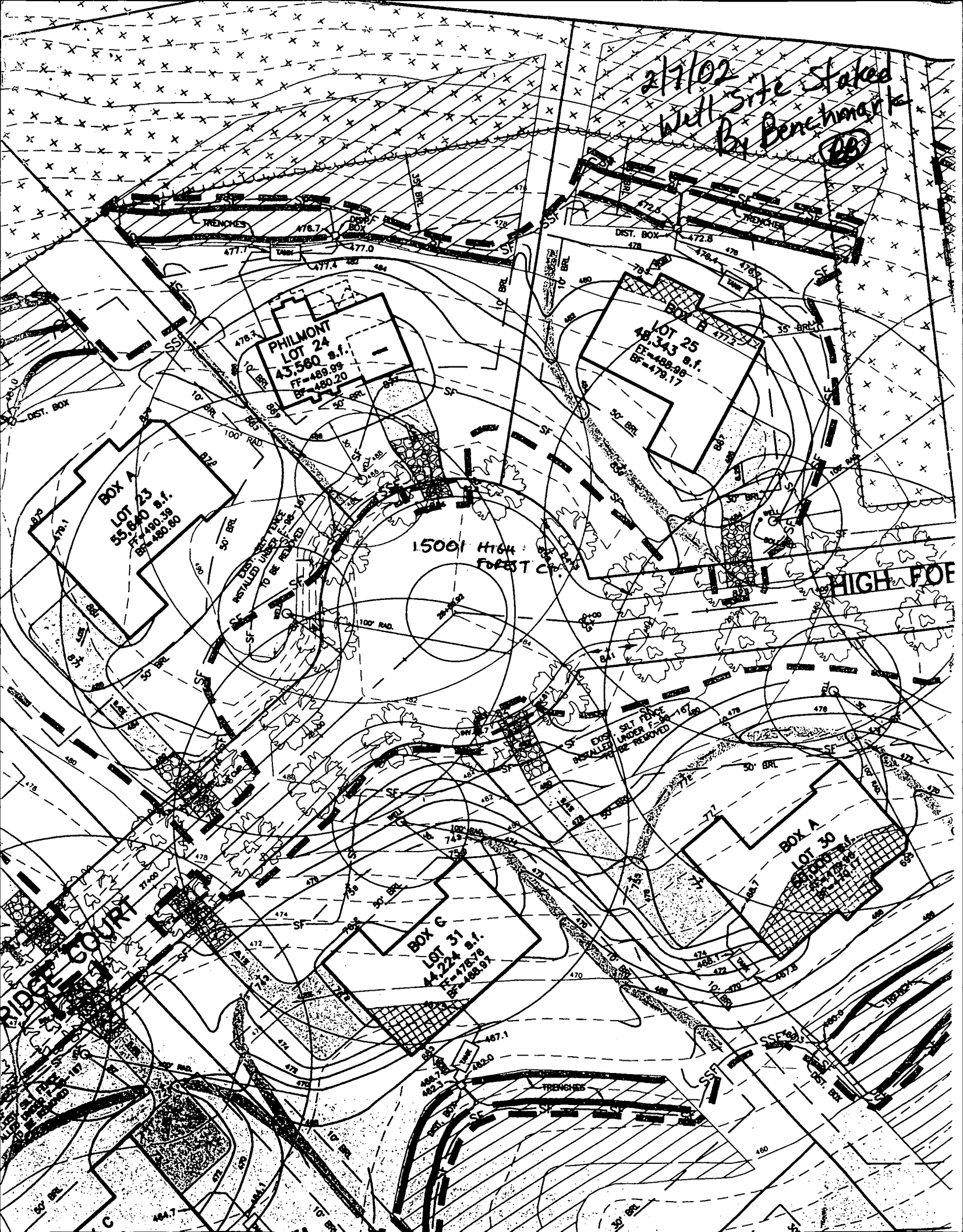
APPROX. PERMIT NUMBER: G

PERMIT No. HO-94-3312

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2/7/02
Well Site Staked
Well By Benchmark (28)



B 1 59.08

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 2826

fill in this form completely

Date Received (APR)

8 MM DD YY 13

OWNER INFORMATION

Last Name Owner First Name

Street or P.O. Box

Town State Zip

DRILLER INFORMATION

Driller's Name License No.

Firm Name

Address

Signature Date

LOCATION OF WELL

COUNTY

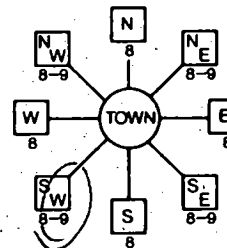
SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: BLK: PARCEL

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET APPROXIMATE DIAMETER OF WELL INCH NEAREST

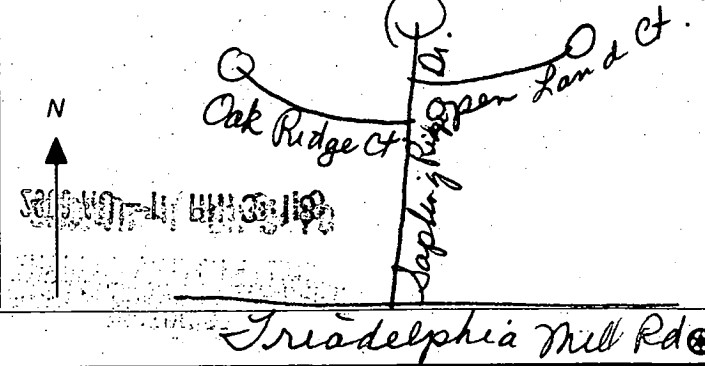
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other

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.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE

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



SPECIAL CONDITIONS APPROVING AUTHORITIES 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:

BDIVISION C. M. C. CONSTRUCTION PROPERTY LOT NO. 45

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 _____

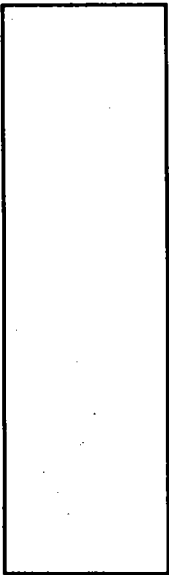
THIS IS NOT A PERMIT

A 57577

COUNTY #

SOIL PROFILE

0'



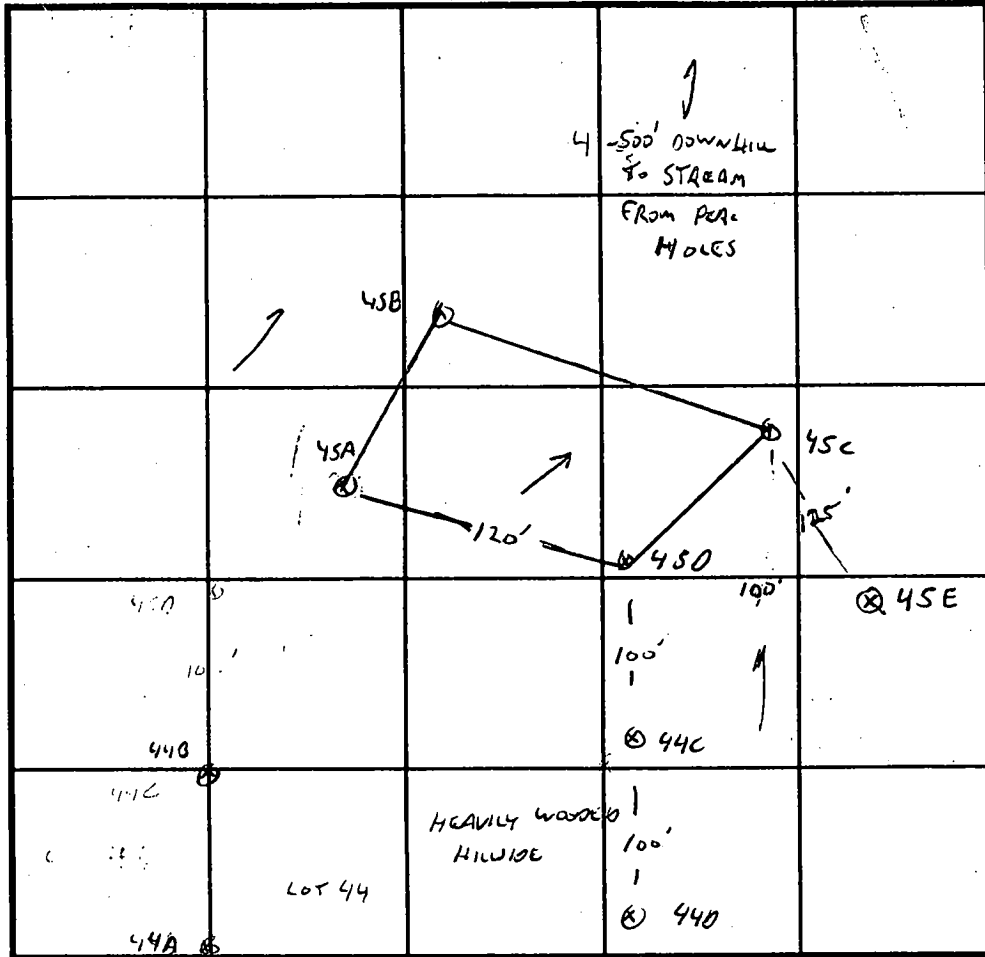
453, E

TOPSOIL
 ORANGE SANDY CLAY LOAM
 PINK BROWN ORANGE PINK LAYERS
 S.S.C.

45C

TOPSOIL
 BROWN SANDY CLAY LOAM
 ORANGE SANDY LOAM
 15% SHALE

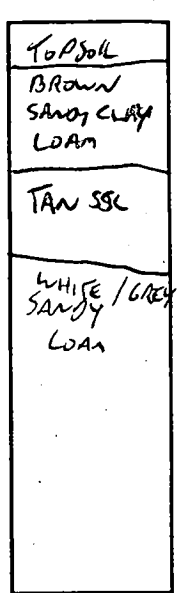
10.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'



45A
2
5.5

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|-----------|---------|-------|----------------|-------|----------|
| | | | START | STOP | START | STOP | |
| 11/21/96 | 45A | 2.5 / 12V | 2:22 | 2:23 | 2:23 | 2:25 | 2 MIN ✓ |
| — | DEED | 7.5 | 11:45 | 11:49 | 11:50 | 11:54 | 4 MIN ✓ |
| — | 45B | 3.5 / 11V | 2:144 | 2:144 | 11:59 | 1:04 | 5 MIN ✓ |
| | | 6.5 | 2:27 | 2:29 | 2:29 | 2:32 | 3 MIN ✓ |
| | 45D | 2 / 11V | 2:37 | 2:47 | 2:47 | 3:10 | 23 MIN ✓ |
| | 4 | | | | | | |
| | 45C | 2 / 10.5V | 2:48 | 2:50 | 2:50 | 2:53 | 3 MIN ✓ |
| 3/7/97 | 45E | 2.5 / 11V | 2:23 | 2:25 | 2:25 | 2:28 | 3 MIN ✓ |

REMARKS LOT 45, B SLOW AT 2.5'

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

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. 44

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 _____

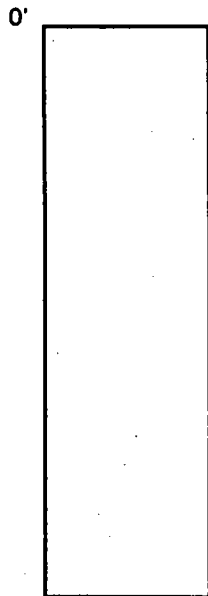
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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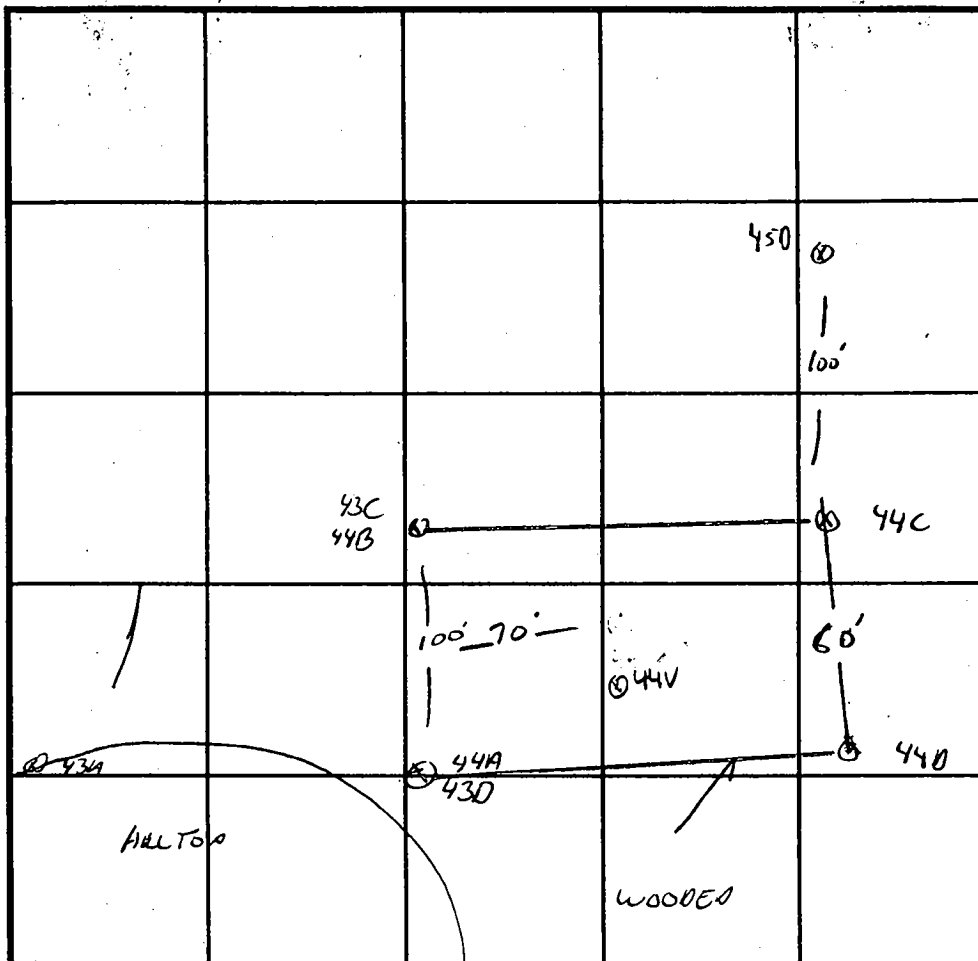
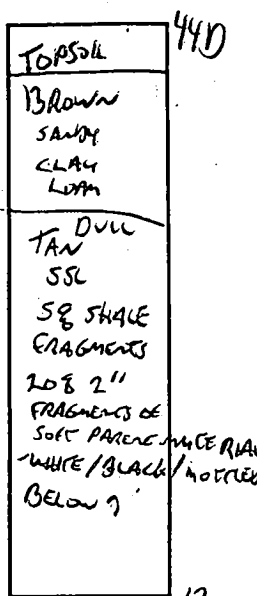
THIS IS NOT A PERMIT

A 57577
COUNTY #

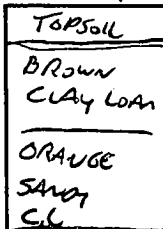
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



BRIGHT ORANGE/
PINK SILT

SIDE OF HOLE
SOG ROCK
AT 9
ORANGE COLOR
VARIATIONS
SUGGEST
MOTTLING
THROUGHOUT
DRY

11.5

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|---------|------------------------|----------------------|----------------|------|---------|
| | | | START | STOP | START | STOP | |
| 11/21/96 | 44A | 2.5 | SEE LOT | 43 FOR SOIL PROFILES | | | 17 MIN |
| | | 7 | | | | | 2 MIN |
| | 44B | 2.5 | | | | | 3 MIN ✓ |
| | 44V | OK | | | | | |
| | 44D | 3/12V | 2:04 | 2:06 | 2:06 | 2:13 | 7 MIN |
| | | 7 VOLK | | | | | |
| | 44C | 2/11.5V | 2:05 | 2:13 | 2:13 | 2:45 | 22 MIN |
| | | 6.5 | 2:05 | 2:06 | 2:13 | 2:16 | 3 MIN |
| 3/7/97 | 43E | 2.5/10 | SIM | TO 44D | | | 11 ✓ |
| | 43C | 2.5/? | SOIL QUALITY UNCERTAIN | | | | 3 ✓ |

REMARKS LOT 44 SHALLOW SYSTEM, BASED ON LOT 24 TEST NOTES, NOTE MOTTLES

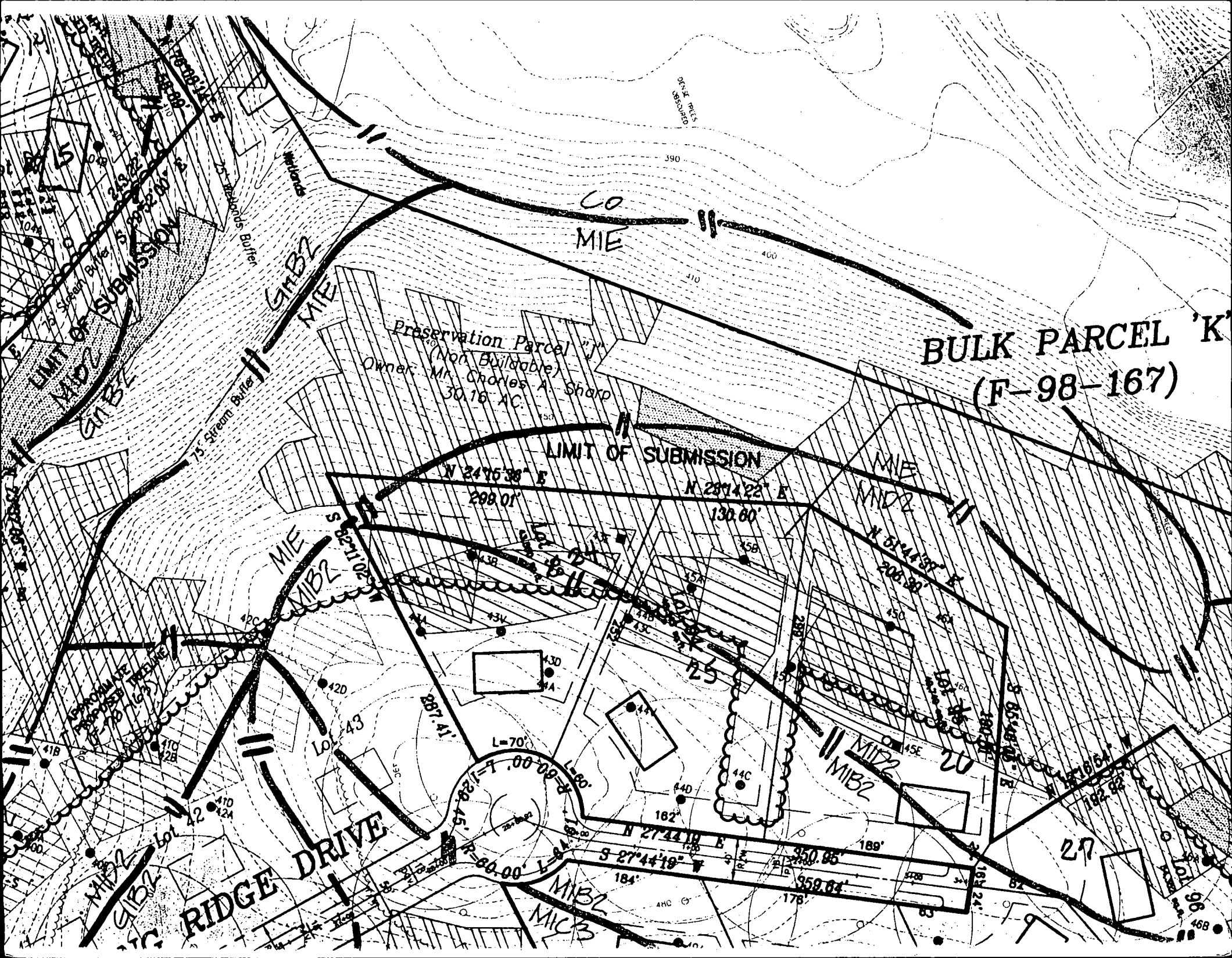
TYPE OF SOIL _____

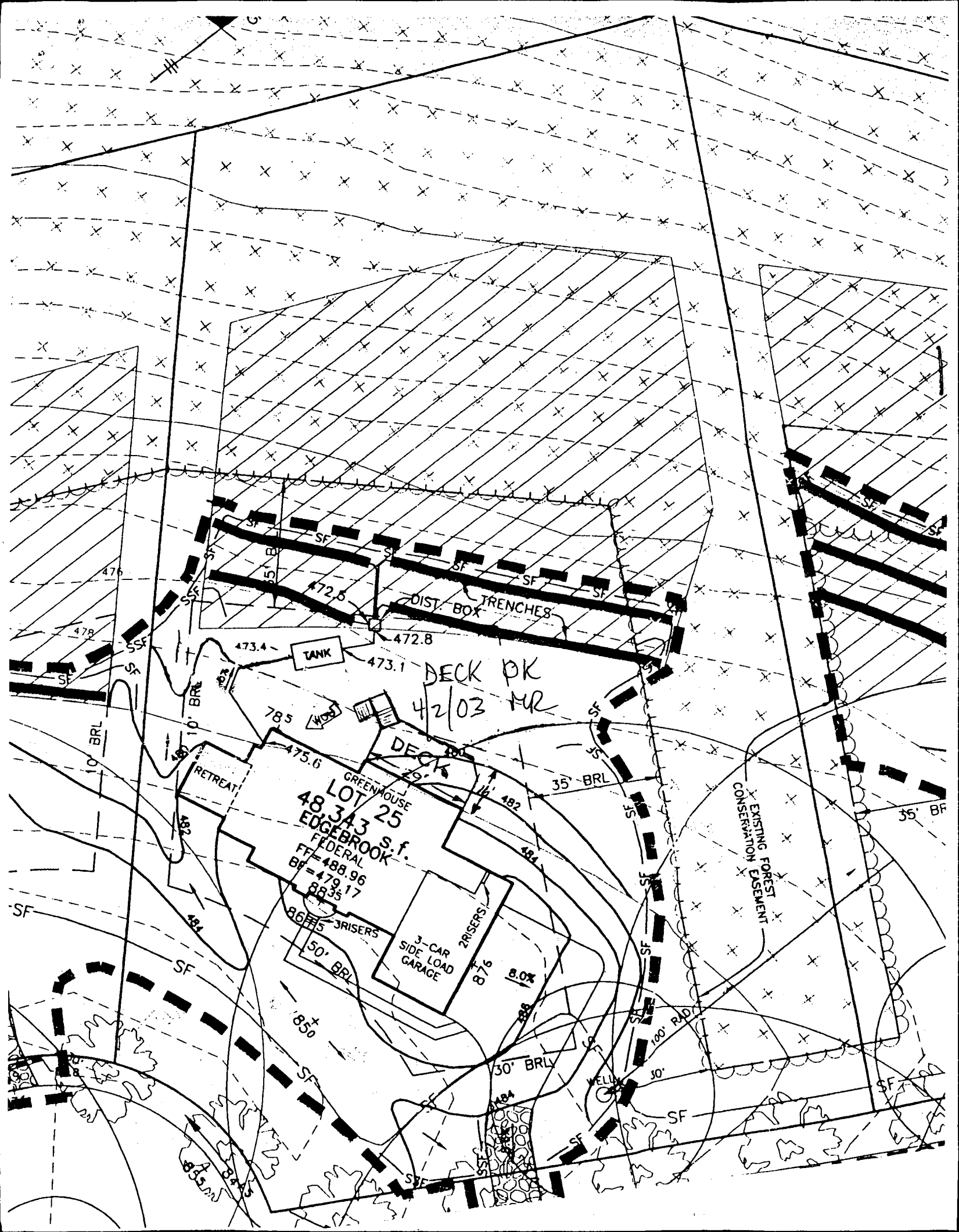
TESTED BY GLEN SAVAGE ALSO PRESENT C. SHARP, R. DEWITT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

X





LOT 25
48,343 s.f.
FEDERAL
FT = 488.96
BF = 479.17
8535

DECK PK
42/03 MR

EXISTING FOREST
CONSERVATION EASEMENT

3-CAR
SIDE LOAD
GARAGE

DECK

80 RISERS

2 RISERS

876

8.0%

50' BRL

30' BRL

35' BRL

30'

100' RIDG

10' BRL

RETRACT

482

484

485

486

487

488

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491

785

475.6

473.4

472.5

473.1

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WOOD

TANK

DIST. BOX

TRENCHES

WELL

30'

50'

35'

100'

30'

SF

SF

SF

SF

SF

475.6

473.4

472.5

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3630 COURT HOUSE DRIVE
ELICOTT CITY, MD 21042
PERMITS (410) 313-3665 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300141003

Building Address 15001 High Forest Ct.
Dayton Md. 21036

Property Owner's Name Kenneth T. Roche

Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract UC5101 Subdivision High Forest Est

Address 15001 High Forest Ct.
City Dayton State Md Zip Code 21036

Section _____ Area _____ Lot 25
Tax Map 27 Parcel 1110 Grid 11

Home Phone 443-535-8385 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning D1 Map Coordinates _____ Lot size 1831 sq ft

Scott J. Roche
4125 Ditchmill Rd.
Randallstown, MD. 21133
Phone 410-655-2182 Fax _____

Existing Use SF Dwelling
Proposed Use Open Deck 16' x 29'
Estimated Construction Cost \$ 3500.

Contractor Company Same as owner

Description of Work Open Deck 16' x 29'
Approx 464 sqft w/ steps

Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Kenneth T. Roche

Engineer or Architect Company _____

Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms: _____
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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

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 TO THIS; (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.

Applicant's Signature [Signature]
Title/Company Brother of Homeowner
ML 4/2/03

Print Name SCOTT J ROCHE
Date 3/31/03

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