



# HOWARD COUNTY HEALTH DEPARTMENT

67395

DATE  
5/19/20

W5

Received  
From

Fogles Well Drilling

PHONE # 443-609-4195

For

Well permit - 6902 Brooks Rd.  
Highland, MD 20777

☐ CASH

☒ CHECK

NO.  
13443

One Hundred Sixty

Dollars

\$ 160 00

Received By

Shelia Bents

TAG :

<b>B 1</b> - 66482		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER 10-18-0200	
1 2 3 4 5 6				please type		fill in this form completely	
Date Received (APA) 8 MM DD YY 13 Fortune, Chris 15 Last Name Owner First Name 34 6902 Brooks Rd 36 Street or RFD 55 Highland, Md. 20777 57 Town 70 State 72 Zip 76				<b>B 3</b> LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71			
<b>OWNER INFORMATION</b> Driller's Name 76 License No. 81 Firm Name Address Signature Date				<b>DRILLER INFORMATION</b> 1 wellwater 2. 3.			
<b>B 2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				<b>LOCATION OF WELL</b> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 0040 BLK: 0003 PARCEL 421			
<b>USE FOR WATER</b> (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 O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL				<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 5/28/20 5/28/24 43 MM DD YY 48 CO SIGNATURE EXP. DATE			
APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH				PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL			
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other				6/11/20 @ 115' hit bed rock @ 110' no fractures yet will plan to use steel casing maybe around 120' - check w/ dr. on 6/11/20 6/15/20 200' deep N 60° 10' SW 50' CASING 8 ft MICACED EXPECT VOID			
<b>REPLACEMENT OR DEEPEMED WELLS</b> (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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROX. PERMIT NUMBER G PERMIT No. 10-18-0200 70 71 72 73 74 75 76 77 78 79							
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.							

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">65196</span>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																															
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER																															
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 6/15/20		Depth of Well 22 200 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 18 - 0200																															
OWNER <u>Fortune Chris</u> WELL SITE ADDRESS <u>2902 Brooks RD</u> TOWN <u>Highland</u> SUBDIVISION _____ SECTION _____ LOT <u>Parcel 2</u>																																					
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>																																	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>																																	
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>0</td> <td>110</td> <td></td> </tr> <tr> <td>Grey Limestone</td> <td>110</td> <td>135</td> <td></td> </tr> <tr> <td>Fracture</td> <td>135</td> <td>137</td> <td>✓</td> </tr> <tr> <td>Grey Limestone</td> <td>137</td> <td>148</td> <td></td> </tr> <tr> <td>Fracture</td> <td>148</td> <td>150</td> <td>✓</td> </tr> <tr> <td>Grey Limestone</td> <td>150</td> <td>200</td> <td></td> </tr> </tbody> </table>					FEET		check if water bearing	FROM	TO	Clay	0	110		Grey Limestone	110	135		Fracture	135	137	✓	Grey Limestone	137	148		Fracture	148	150	✓	Grey Limestone	150	200		NO. OF BAGS <u>35</u> NO. OF POUNDS <u>3290</u> GALLONS OF WATER <u>210</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>127</u> 54 BOTTOM 58 ft. (enter 0 if from surface)			
	FEET		check if water bearing																																		
	FROM	TO																																			
Clay	0	110																																			
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Fracture	135	137	✓																																		
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				<b>CASING RECORD</b>																																	
				casing types insert appropriate code below <table style="width:100%;"> <tr> <td style="text-align: center;"><b>ST</b> STEEL</td> <td style="text-align: center;"><b>CO</b> CONCRETE</td> </tr> <tr> <td style="text-align: center;"><b>PL</b> PLASTIC</td> <td style="text-align: center;"><b>OT</b> OTHER</td> </tr> </table>				<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																										
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				<b>SCREEN RECORD</b>																																	
				screen type or open hole (insert appropriate code below) <table style="width:100%;"> <tr> <td style="text-align: center;"><b>ST</b> STEEL</td> <td style="text-align: center;"><b>BR</b> BRASS</td> <td style="text-align: center;"><b>HO</b> OPEN HOLE</td> </tr> <tr> <td style="text-align: center;"><b>PL</b> PLASTIC</td> <td style="text-align: center;"><b>OT</b> OTHER</td> <td></td> </tr> </table>				<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																									
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NUMBER OF UNSUCCESSFUL WELLS: <u>8</u>				<b>C 2</b> DEPTH (nearest ft.)																																	
WELL HYDROFRACTURED <b>Y</b> <b>N</b>				<table style="width:100%;"> <tr> <td style="text-align: center;">1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> </tr> </table>				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																													
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CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL				CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above } LAND SURFACE <b>-</b> below } <u>2</u> (nearest foot)																																	
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.				LATITUDE <u>39.779435</u> LONGITUDE <u>76.971895</u> (DEFAULT COORD. WGS 84)																																	
DRILLERS LIC. NO. <u>1 M 5 D 224</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>1 D</u>				PURSUANT TO §10-624 OF THE STATE GOVT. ARTICLE OF THE MARYLAND CODE PERSONAL INFO. REQUESTED ON THIS FORM IS USED IN PROCESSING THIS FORM PURSUANT TO COMAR 26.04.04. FAILURE TO PROVIDE THE INFO. MAY RESULT IN THIS FORM NOT BEING PROCESSED. YOU HAVE THE RIGHT TO INSPECT, AMEND, OR CORRECT THIS FORM. THE MARYLAND DEPARTMENT OF THE ENVIRONMENT IS SUBJECT TO THE MARYLAND PUBLIC INFORMATION ACT. THIS FORM MAY BE MADE AVAILABLE ON THE INTERNET VIA MDE'S WEBSITE AND IS SUBJECT TO INSPECTION OR COPYING, IN WHOLE OR IN PART, BY THE PUBLIC AND OTHER GOVERNMENTAL AGENCIES, IF NOT PROTECTED BY FEDERAL OR STATE LAW.																																	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																	



**Well Permit No.** HO-18-0200

**Location of Property:** 6902 Brooks Rd Parcel 2 Highland, Md

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Chris Fortune

**Depth of Well: 200' Casing: 129' of 6" Steel Casing & 42' of 10" Steel Casing Pump Depth: 180'**

**Distance of measuring point (M.P.) above ground: 2'**

Static water level (S.W.L.) below M.P.: 10'

**High rate pumping –reservoir Drawdown**

**Time pump started:** 10:15      **Pumping rate:** 15

**Total time 15 Mins to reach pumping water level 17 ft. below M.P.**

**Recovery pump test data – observations to be recorded every 15 minutes**

[illegible]





# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water and Science Administration – Water Supply Program  
1800 Washington Blvd, Baltimore MD 21230  
410-537-3590 \* 1-800-633-6101 \* fax 410-537-3157

## APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

Type of Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification	Existing Permit Number:
<input type="checkbox"/> Required Permit (10,000 gallons per day or more averaged over a year)				
<input checked="" type="checkbox"/> Voluntary Permit (less than 10,000 gallons per day averaged over a year)				

### APPLICANT INFORMATION (Person/Entity to whom permit will be issued)

Name: <u>Chris Fortune</u>	Contact name:
Mailing address: <u>6902 Brooks Rd</u>	
City: <u>Highland</u>	State: <u>Md.</u> Zip Code: <u>20777</u>
Phone: <u>410-733-4454</u>	Mobile: Fax: <u>N/A</u>
Email: <u>ashleyandchris@mac.com</u>	
The applicant is the: <input type="checkbox"/> Water User <input type="checkbox"/> Land Owner <input checked="" type="checkbox"/> Both	
If applicant is the water user, is this a lease agreement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):	
If applicant is the land owner, will the land be leased to another person/entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):	
Permit is to be issued to <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	

### LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

Name: <u>Chris Fortune</u>	
Mailing Address: <u>6902 Brooks Rd</u>	
City: <u>Highland</u>	State: <u>Md</u> Zip Code: <u>20777</u>
Phone: Mobile: Fax:	
Email: <u>ashleyandchris@mac.com</u>	

### WATER USE (Please check all that apply; attach additional sheets if necessary)

<input checked="" type="checkbox"/> Field crop irrigation	Total number of irrigated acres:	Farm Name:
Crop type:	Number of irrigated acres:	Type of irrigation system (center pivot, travelling gun, drip, etc.):
<u>carrots</u>	<u>1</u>	<u>drip</u>
<u>arugula</u>		
<u>tomatoes</u>		
<u>peas</u>		
<u>melons</u>		
Crop yield goal:		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>AUG 27 2020</b>              HOWARD COUNTY HEALTH DEPT              COMMUNITY HYGIENE PROGRAM           </div>		
Do you practice double-cropping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate crops:		
<input checked="" type="checkbox"/> Vegetable irrigation	Type(s) of vegetables:	
	<u>carrots, arugula, tomatoes, peas, melons</u>	
	Number of irrigated acres:	
<input type="checkbox"/> Livestock watering	Number and type of livestock:	
<input type="checkbox"/> Poultry watering	Type of poultry (broilers, roasters, layers, turkeys, etc.):	
Number of houses:	Number of birds/flock:	Number of flocks/yr:
Cooling system <input type="checkbox"/> Yes <input type="checkbox"/> No	Check type(s) <input type="checkbox"/> Evaporative cooling pad <input type="checkbox"/> Fogger	
<input type="checkbox"/> Aquaculture		
<input type="checkbox"/> Horticultural operation	Type:	
<input type="checkbox"/> Other (Specify)		

**LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)**Street address and/or location description: 6902 Brooks Rd, Highland, Md.Town/City: HighlandCounty: Howard

Tax map/grid/parcel/lot:

Lat/Long: 39.179435 / 76.971925

Please attach a map showing the existing and proposed water withdrawal locations (wells, ponds, streams, etc.)

Please attach a map showing the proposed irrigation layout.

**GROUNDWATER SOURCE(S) (Attach additional sheets if necessary)**Source (check all that apply) ☒ Well ☐ Spring ☐ Groundwater Pond ☐ Other (describe)

Total no. of wells:

No. of new wells:

No. of existing wells (not abandoned):

Well tag number

Well name/description

Depth (ft)

Diameter (inches)

H0-18-02002006☒ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing

If groundwater pond, depth of pond (feet):

Please attach any information from boreholes, test well(s), and/or aquifer tests

**SURFACE WATER SOURCE**Source (check all that apply) ☐ Stream/River ☐ Lake ☐ Pond ☐ Bay

Name of source:

Location of intake:

Is the intake located on property owned by the applicant? ☐ Yes ☐ No

Surface Water Pump Capacity (gallons per minute):

Maximum Run Time in a Day (hours):

**CONSERVATION EASEMENTS**Is there a conservation easement on any part or all of this(these) property(ies)? ☐ Yes ☒ No

If yes, who holds the easement?

Have you notified the holder of the easement of your intent to use the water? ☐ Yes ☐ No ☒ N/A**PRIVACY NOTIFICATION**

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on this form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

**SIGNATURE**

I certify and affirm under penalty of perjury that all of the information I am providing on this date is complete, true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the permit, or be subject to any other sanctions allowed under Maryland Law.

Signature of Applicant:

Name (please print):

Title:

Well DrillerDate: 8-11-20

AUG 27 2020

Septic

Existing House

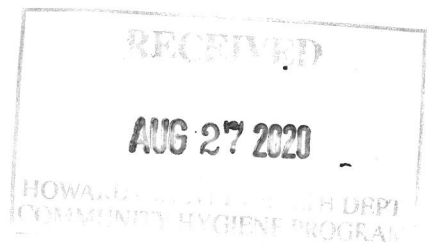
Ex well

New well

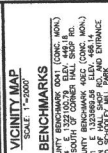
Garden

Driveway

Brooks Rd





[illegible]

**BUILDER**  
USE CONSTRUCTION, LLC  
KEYSVILLE RD., SUITE B200  
KEYSVILLE, MD 21030  
(410) 329-1262

**GRADING PLAN**  
**EXISTING SITE CONDITIONS AND**  
**DEMOLITION PLAN**  
**FORTUNE PROPERTY**  
6902 BROOKS ROAD  
HIGHLAND, MD 20777

**ROBERT H. VOGEL  
ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET, SUITE 204  
TEL: 313-481-7666

DESIGN BY: \_\_\_\_\_ INC.

DRAWN BY: \_\_\_\_\_ INC.


CHECKED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SCALE: \_\_\_\_\_

SHEET NO.: \_\_\_\_\_

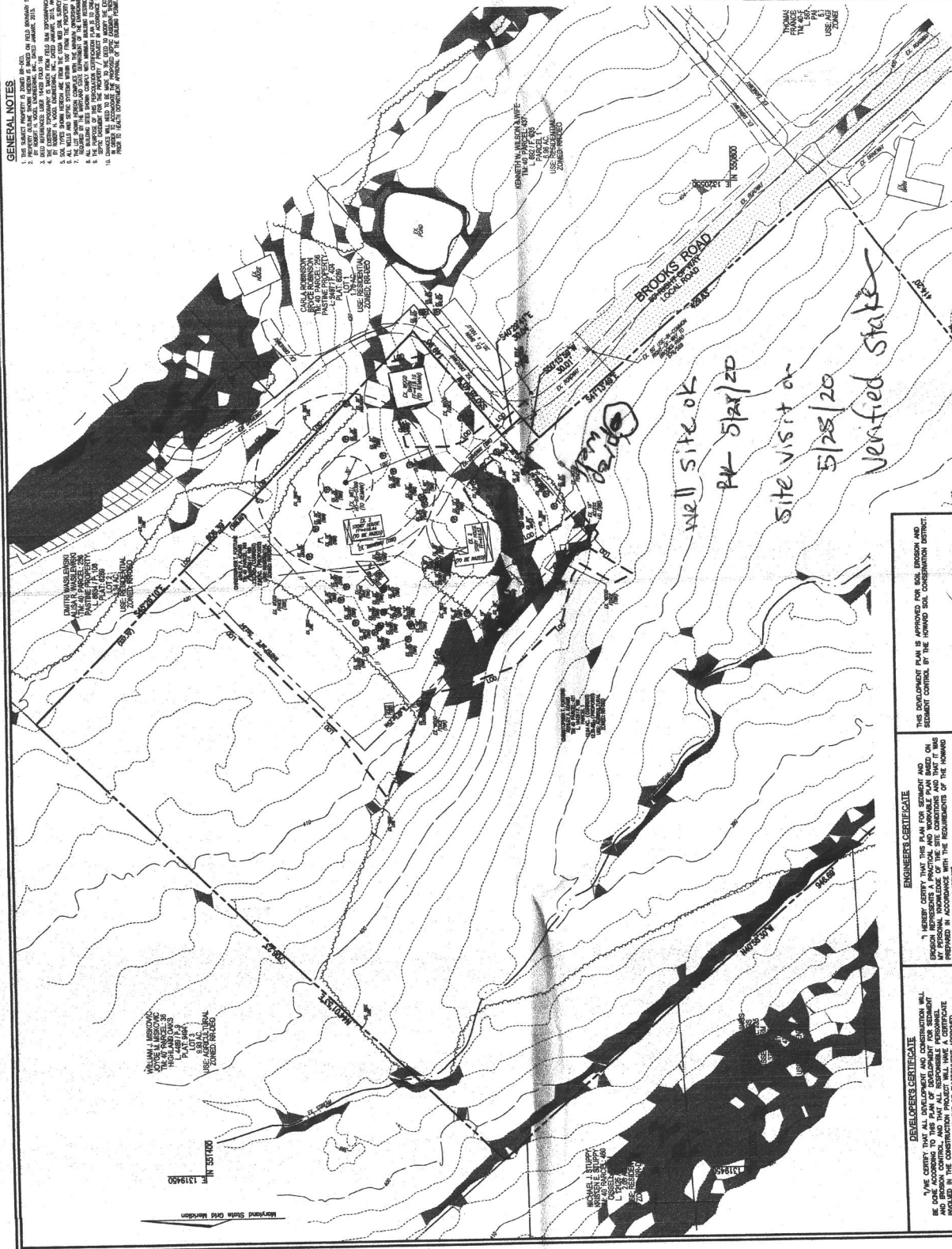
1 OF 4



GP-17-001

### GENERAL NOTES

- [illegible]



Well site ok  
PR 5/24/20  
Site visit ok  
5/28/20  
Verified State

**DEMOLITION PLAN**  
SCALE: 1"=50'

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

*John R. Newton* 8/9/16  
\_\_\_\_\_  
DISTRICT

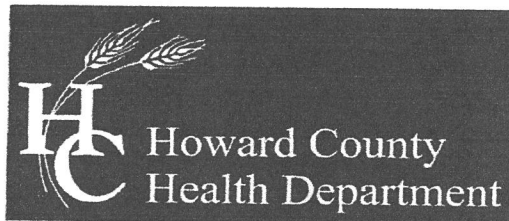
**ENGINEER'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS PLAN FOR SEDIMENT AND PROPOSED REPRESENTS PRACTICAL AND WORKABLE PLAN BASED ON THE INFORMATION AND DATA FURNISHED TO ME AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD JOEL CONSERVATION DISTRICT.

*[Signature]* 7/2/16

**DEVELOPER'S CERTIFICATE**

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF CONSTRUCTION FOR SEDIMENT AND EROSION CONTROL. THE PERSON(S) RESPONSIBLE FOR THE PROJECT INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE FROM THE DEPARTMENT OF ENVIRONMENT APPROVED PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT."



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

## TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Fortune Property Parcel 2 6902 Brooks Rd  
Subdivision/Property Name Lot # Road Name

☐ The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

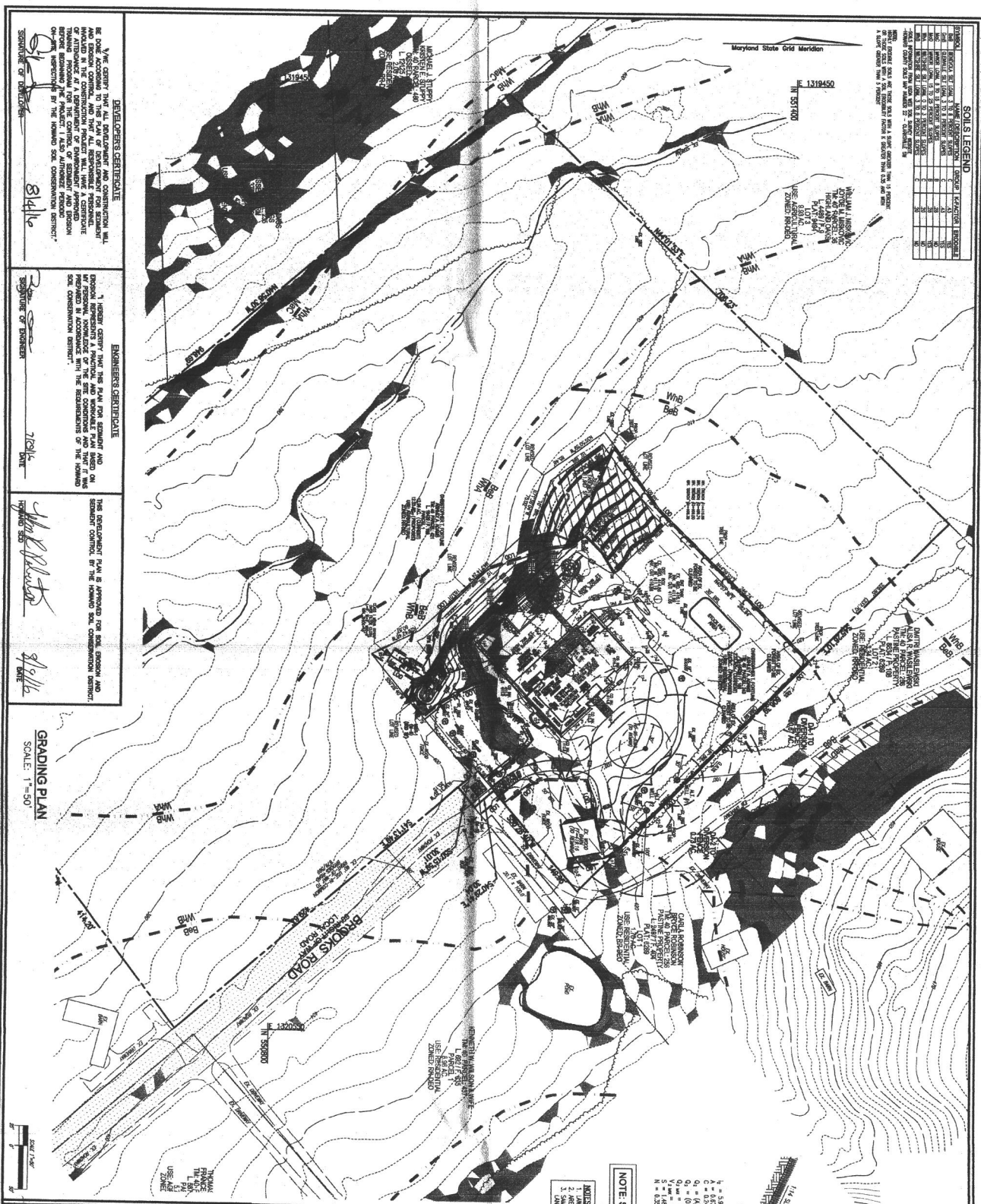
☒ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

*Audrey staked the site - please call if you want  
her to meet you on site.*

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

STATUS	NAME / DESCRIPTION	GROUP	K-FACTOR	EMBEDDED
BBS	BETULI, SUT LUM, 3 TO 10 PRESENT SLOPES	C	43	YES
GMS	GRANITE, SUT LUM, 3 TO 10 PRESENT SLOPES	C	41	YES
MCS	MARBLE LUM, 8 TO 10 PRESENT SLOPES	B	28	YES
MCS	MARBLE LUM, 15 TO 25 PRESENT SLOPES	B	26	YES
BVA	BETULI, SUT LUM, 0 TO 3 PRESENT SLOPES	C	20	NO
BVA	BETULI, SUT LUM, 3 TO 6 PRESENT SLOPES	C	20	NO
BVA	BETULI, SUT LUM, 6 TO 8 PRESENT SLOPES	C	20	NO

HEAVY EXCAVATE SOILS ARE THOSE SOILS WITH A SLOPE GREATER THAN 15 PERCENT OR THOSE SOILS WITH A SOIL EXPOSURE FACTOR  $K$  GREATER THAN 0.35 AND WITH A SLOPE GREATER THAN 5 PERCENT.



DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT FOR SEWAGE AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL, INCLUDING THE SUPERVISOR OF CONSTRUCTION, HAVE RECEIVED AND UNDERSTAND THE REQUIREMENTS OF THE PLAN. I/WE CERTIFY THAT THE DEVELOPMENT OF EROSION CONTROL AND EROSION CONTROL MEASURES WILL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD FOR THE CONTROL OF SEWAGE AND EROSION THROUGHOUT THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT.

*[Signature]*

8/4/16

SIGNATURE OF DEVELOPER

**ENGINEER'S CERTIFICATE**

I HEREBY CERTIFY THAT THE PLAN FOR SEWAGE AND  
STORM WATER DISPOSAL SUBMITTED AND APPROVED  
BY THE BOARD OF HEALTH OF THE CITY OF NEW YORK  
IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE  
HOMER'S CONSERVATION DISTRICT.

*John J. [Signature]*  
7/2/14  
DATE

SEAL OF ENGINEER

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND  
SEEDBANK CONTROL BY THE HONOLULU SOIL CONSERVATION DISTRICT.

*John P. Plante*  
HONOLULU SCD

8/19/16  
DATE

**GRADING PLAN**  
SCALE: 1"=50'

SCALE 1"=50'

**NOTE: STOCKPILING WILL BE PERMITTED ON PARCEL 243 ONLY**

**NOTES:**


1. LAWN UNDERGRASS SYSTEM TO BE DESIGNED AND PROVIDED BY THE LANDSCAPE ARCHITECT.
2. AGRICULTURE UNDERGRASS TO BE DESIGNED AND PROVIDED BY THE ARCHITECT.
3. SAME DAY STABILIZATION IS TO BE PROVIDED FOR THE GRADING SOUTHEAST OF THE LANDSCAPE WALL WHERE THE STEEP SLOPES ARE SHOWN.

$i_2 = 5.9$   
 $A = 0.73 \text{ AC.}$   
 $C = 0.24$   
 $Q_2 = (A)(C)(N_1)$   
 $Q_2 = (0.73)(0.24)(5.9)$   
 $Q_2 \text{ var} = 1.03 \text{ CPS}$   
 $V_2 \text{ var} = 3.37 \text{ FPS}$   
 $S = 6.50\%$   
 $N = 0.35$

**OWNER**  
CHRISTOPHER T. FORTUNE  
ASHLEY A. ADAMS  
4524 ALPINE ROSE BLVD  
ELLICOTT CITY, MD 21042  
(410) 733-4454

**BUILDER**  
SMITHHOUSE CONSTRUCTION, LLC  
232 COCKEYSVILLE RD., SUITE B200  
COCKEYSVILLE, MD 21030  
(410) 329-1262

GRADING PLAN  
GRADING, SOIL EROSION AND SEDIMENT  
CONTROL, PLAN AND SOILS MAP  
FORTUNE PROPERTY  
6902 BROOKS ROAD  
HIGHLAND, MD 20777  
(L. 19428 I/F. 166)  
BUILDING PERMIT  
\$



STATE OF NORTH CAROLINA  
DEPARTMENT OF REVENUE  
TAXPAYER SERVICE CENTER

**ROBERT H. VOGEL**  
**ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
ELIZABETH CITY, NC 28544

**PAID 11/8/43**  
**NO. 1555**









RECORD BY:            REC.  
DOWN BY:            REC.  
CHECKED BY:            REC.  
DATE:                      REC.  
SCALE:        AS SHOWN  
W.O. NO.:        11-40.

INDUSTRIAL PLANT  
CONTRACT NO. 10-20-30

2  
SHEET OF 4

11-40

**LEGEND:**

	PROPERTY LINE
	ADJACENT PROPERTY LINE
	EXISTING EDGE OF PAVEMENT
	EXISTING STREAM
	EXISTING WELL
	EXISTING TRAILLINE
	PROPOSED TRAILLINE
	EXISTING TREES

**PROPOSED STAFFED  
CONSTRUCTION FINANCE**

	PROPOSED S&P FENCE
	PROPOSED S&P S&P FENCE
	PROPOSED DIVISION FENCE
	PROPOSED LIMIT OF DISTURBANCE
	EXISTING STEEP SLOPES (20% SLOPES OR GREATER)
	EXISTING MODERATE SLOPES (10% TO 24.99% SLOPES)

PERMITTED ON PARCEL 243 ONLY

Diagram showing a diversion fence with a 1:1.4 slope and a height of 12.5'.

Figure 1 is a bar chart showing the distribution of the number of NTS (Number of Tumor Sites) for different groups. The x-axis is labeled 'NTS' and has values from 0 to 20. The y-axis is labeled 'N' and has values from 0 to 20. The bars represent the number of subjects in each NTS group. The distribution is roughly bell-shaped, peaking at NTS = 10 with 18 subjects.

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int = 1.03 FPS
int = 3.37 FPS
= 6.50K
= 0.35

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232 COCKEYSVILLE RD., SUITE B200  
COCKEYSVILLE, MD 21030  
(410) 329-1262

REVISION	DATE
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**GRADING PLAN**  
**SOIL EROSION, AND SEDIMENT**  
**CONTROL PLAN AND SOILS MAP**  
**TUNE PROPERTY**  
 12 BROOKS ROAD

ROBERT H. VOGEL  
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P.O. BOX 421  
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GP-17-001





