2/5/03		
LAYOUT 2/4/03 3/M INSP 4		ù
INSP 2 2/6/03 3 pm INSP 5		
INSP3 2/10/03 1:3001 INSP 6		
ISSUE DATE: 1/27/2003	DEDMIT	P <u>5185</u>
APPROVAL DATE: $\frac{2}{12} \frac{2}{3}$	INDEXED	A 50857
`		

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

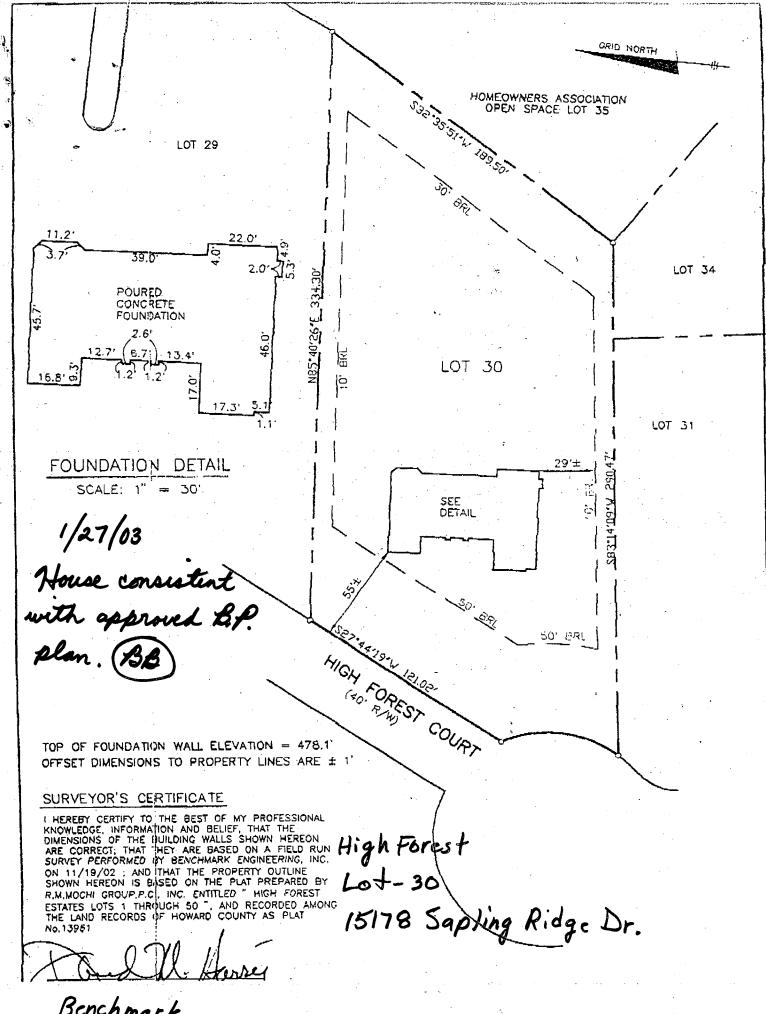
Fogles Septic C	lean, Inc	IS PERMITTED TO INSTALL ⊠ ALTER □]
ADDRESS: 580	Obrecht Road	PHONE NUMBER: 410-795-567	0
SUBDIVISION: Hi	gh Forest Estates	LOT NUMBER: 30	
ADDRESS: 15178	Sapling Ridge Drive	PROPERTY OWNER: Big Branch Overlook, LL	.C
SEPTIC TANK CAPAC	CITY (GALLONS):	1500 OUTLET BAFFLE FILTER REQUIRED]
PUMP CHAMBER CA	PACITY (GALLONS):	N/A COMPARTMENTED TANK REQUIRED	⊴ .
NUMBER OF BEDROO	OMS:	4	
SQUARE FEET PER B	EDROOM:		
LINEAR FEET OF TRE	ENCH REQUIRED:	240 HOUSE SERVED BY PUBLIC WATER]
TRENCHES:		Inlet 3.0 feet below original grade. Bottom maximum depe. Effective area begins at 3.0 feet below original grade. 2. tion pipe.	
LOCATION:	Place the distribution box as	s shown on approved site plan. Run trenches on contour.	
NOTES:		· ·	
PLANS APPROVED:	Steven R. Krieg	DATE: 9/30/2002	<u> </u>
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

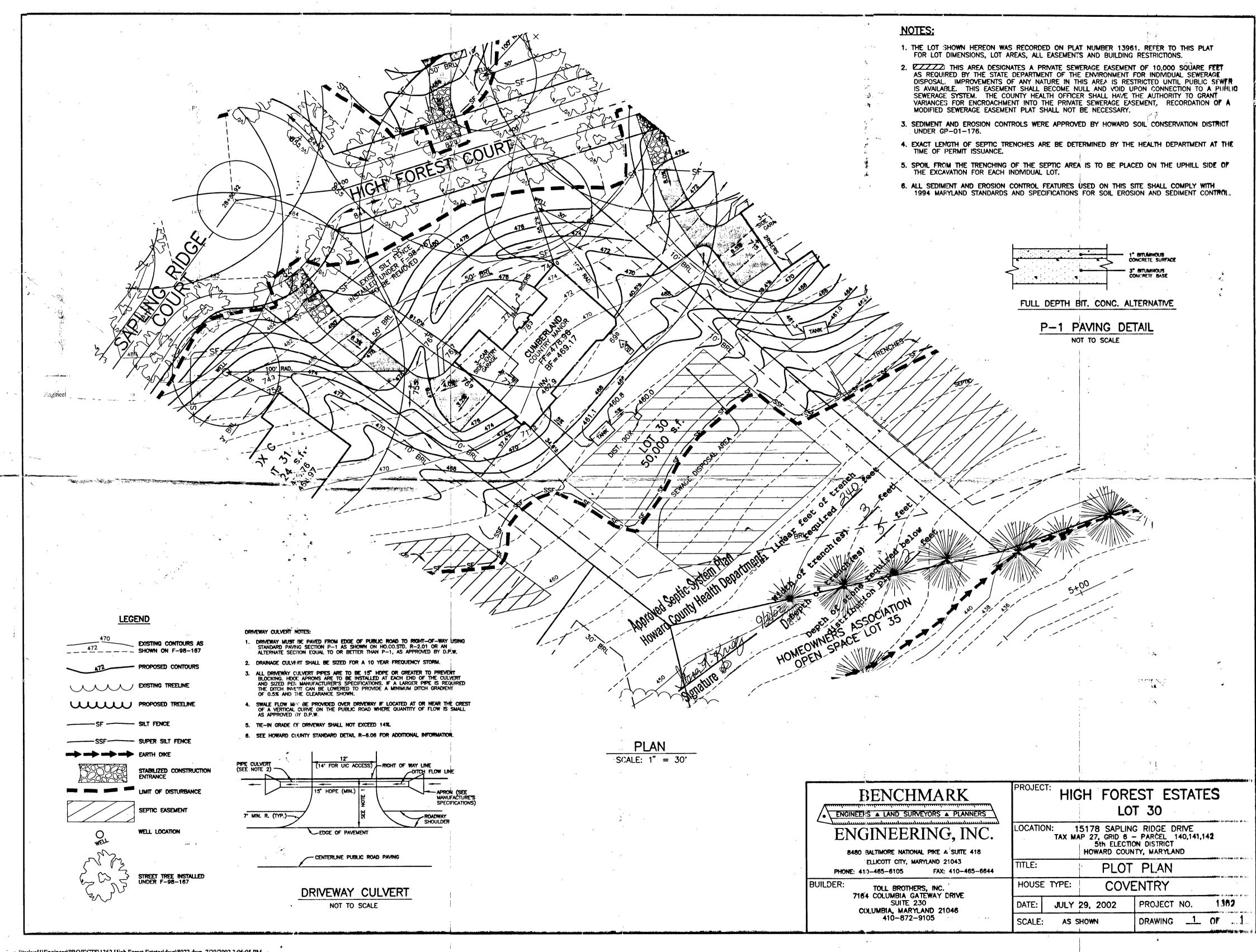
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM BUILDING PERMITSICASED INSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT AND RETURNED ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM 619-03 BOD 142584-DECK+ PORCH 8-4-04 BOD 149 737- FILLSHED BASEMENT

	NOT TO SCALE 99 99 109 109 109 109 109 109	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM 3' 3' 5' NUMBER OF TRENCHES # 1 TOTAL LENGTH 240' ABSORPTION AREA 220' DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT SEPTIC TANK DATA SEPTIC TANK 1 LEVEL CAPACITY 1500 GAL SEAM LOC 760 TANK LID DEPTH 7 BAFFLES 8 BAFFLE FILTER 7 MANHOLE LOC 86" PORT LOC WATERTIGHT TEST 5EPTIC TANK LID DEPTH 7 BAFFLES 9 BAFFLES 6AL SEAM LOC 7ANK LID DEPTH 7 BAFFLES 9 BAFFLES 10 BAFFLES 10
*.	PRE-CONSTRUCTION 2/5/03 Lot staked, contam as tranches per B. P. (Sa) INSTALLATION 2/6/03 Tunk set (Sa) 2/12/03 Dk to cover all work	BUILDING PERMIT SIGNED AND RETURNED
		APPROVAL 2/12/03



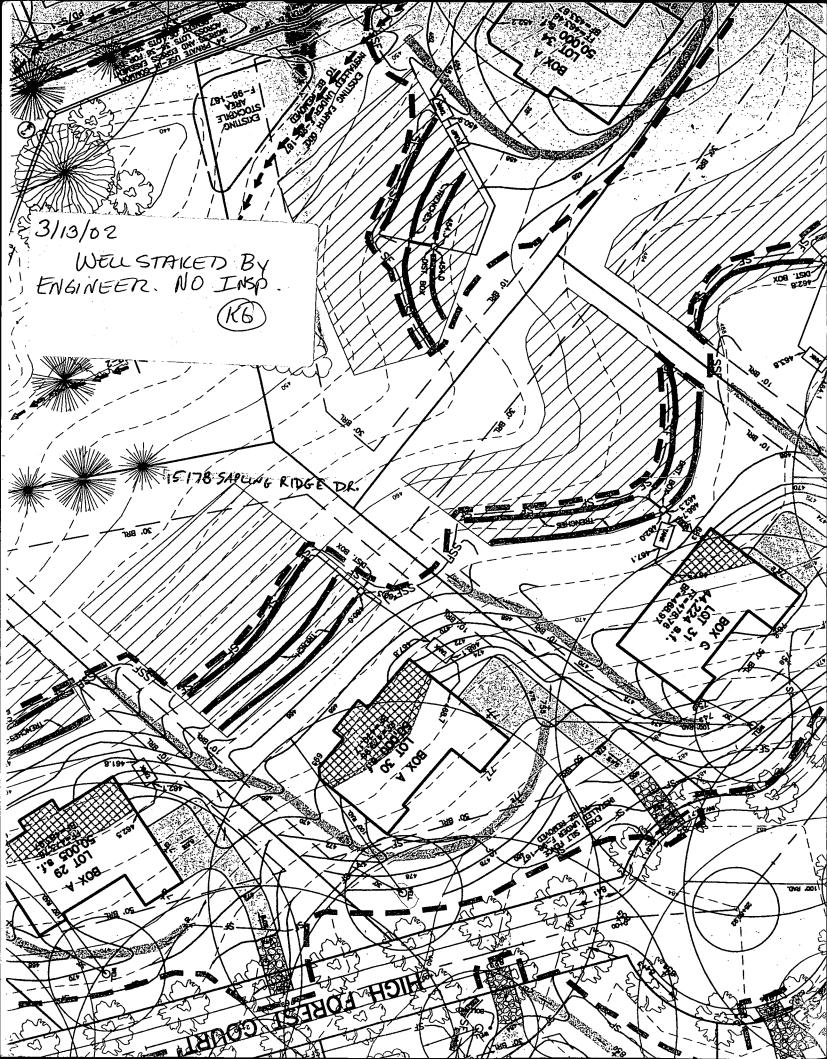
Benchmark



C 1 14441 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1, 2= 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A 50857-C
ST/CO USE ONLY DATE WELL COMPLED TO THE PROPERTY OF THE PROPER	M 1/20	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL" 130 0 2
OWNER last name #U	Il Brother's Tol	
STREET OR RFD	GH FOREST COUZ TOWN GI	enela LOT 30
WELL LOG	GROUTING RECORD Mes no	C 3
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET check if weder	TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO Bearing	NO. OF BAGS 48 NO. OF POUNDS 1880	PUMPING RATE (gal. per min.) 15
Brown 0 115	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
share	from 48: TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)
	(enter 0 if from surface) CASING RECORD	BEFORE PUMPING 50 ft.
21 mestown 115 325	types insert appropriate SIEE CONCRETE	WHEN PUMPING $\frac{78}{22}$ ft.
	code PL OT PLASTIC OTHER	TYPE OF PUMP USED (for test)
white 375 320 V	MAIN Nominal diameter Total depth	A air P piston T turbine
White 38 320 V	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe-
	60 61 63 64 66 70	J jet Submersible
Limestone 326 400	E OTHER CASING (if used) A diameter depth (feet) inch from to	27 21
		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
		(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
	or open hole ST BR (HO)	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
yes no	HO 120 400	(nearest ft.) CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED Y	A 8 9 11 15 17 21 C 21 21	and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H 23 24 26 30 32 36 S	below LAND SURFACE O Z (nearest)
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	C 3 R 38 39 41 45 47 51	49 / 50 51 (001)
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
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.	DIAMETER	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. M & D 007	GRAVEL PACK	N. (************************************
DRILLERS SIGNATURE	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	
(MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
LIO. NO. 1 U 1	T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign: of driller or journeyman responsible for sitework if different from permittee)	70 72 74 75 76 TELESCOPE LOG	Ste PLAT
DENV-CR00	CASING INDICATOR OTHER DATA COUNTY	710121

DENV-CR00

	e grand de la	CTATE DEDMIT NUMBER
B 1 9758 SEQUENCE NO. STATE OF	MARYLAND	STATE PERMIT NUMBER
MDE USE ONLY) PERMIT TO	DRILL WELL	HO-9U-ZZCU
115/10549 ease pr	int or type	70 fill in this form completely
		1
Date Received (APA)		LOCATION OF WELL
OWNER INFORMATION	8 COUNTY HOW	21
R 11	8 COUNTY	r / - / - / -
LOLL Brothers	H15 h	Fortst Estates
15 Last Name Owner First Name 34	23 SÜBDIVIĞION	42
14203 HOWard Rd	SECTION L	LOT (
Street or RFD 55	44 46	48 50
Darton mo. 21036	6/2NC	-15
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	MILES FROM TOWN (ente	r O if in town) 1 4 M 1 I
1 Allew ComptoN MSD 009	(****	73 76 77 78
Driller's Name 76 License No. 81	B 4	
Foyles Well William	1 2 DIRECTION OF WELL FROM	HIGH FUT-ST CT
Firm Name	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
580 Obrecht rd		ON WHICH OIDS OF DOAD NORTH
Address		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
0// 12-17-07		WZE WEST FAST
Signature Date	W TOWN E	34 Z () 37 SOUTH
B 2 WELL INFORMATION		DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE		ENTER FT OR MI 38 39
(GAL PER MIN.) 8 12		
AVERAGE DAILY QUANTITY NEEDED 7500 14 20	8-9 [S] 8-9	TAX MAP: BLK: PARCEL (4)
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO	BE FILLED IN BY DRILLER
USE FOR WATER (CINCLE AFFRORMALE BOX)		I DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	11 00	A ENGER A
IRRIGATION	Howard (13)	COUNTY NO.
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	COUNTY NAME STATE	COUNTINO
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE	INSERT S —
The solution of the solution o	DATE ISSUED	
P PUBLIC WATER/SUPPLY WELL	63613/62	Cacin Hardel 5 03/13/03
T TEST, OBSERVATION, MONITORING	43 MM DD YY 48	CO(SIGNATURE) EXP. VATE
G GEO-THERMAL	NORTH 5 0	00 GRID 0795000
G GLO-INENIVAL	50	55 57 63
	SHOW MAJOR FEATURES	OF
APPROXIMATE DEPTH OF WELL 366 FEET	BOX & LOCATE WELL	
24 28	WITH AN X	WATER
APPROXIMATE DIAMETER OF WELL NEAREST INCH	SOURCES OF DRILLING V	VALED
INCH	2.	
METHOD OF DRILLING (circle one)	3 .	1
BORED (or Augered) JETTED Jetted & DRIVEN		
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	
REVerse ROTary DRive-POINT	FROM THE MAP HERE	
	THOW THE WAF HERE	
other	- 755	
REPLACEMENT OR DEEPENED WELLS		
(CIRCLE APPROPRIATE BOX)	. 511	000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	N	
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		SHOWING LOCATION OF WELL IN DWNS AND ROADS AND GIVE
		O NEAREST ROAD JUNCTION
39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	11/	
FOR POLICY ON STANDBY WELLS	d 6'/ /1	rdclphia mill
D THIS WELL WILL DEEPEN AN EXISTING WELL		7
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	War 3	
(IF AVAILABLE) 41	7" x	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	· 小人的 图 海 新	
2 may so man		
APPROP. PERMIT NUMBER		
112 Alexander		
PERMIT No. HO - 94 - 3354		= m=
70 /1 72 /3 /4 /5 /6 7/ 78 79		7 4 3
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		[7½] - ⊗



APPLICATION

PERCOLATION TESTING

A 57577

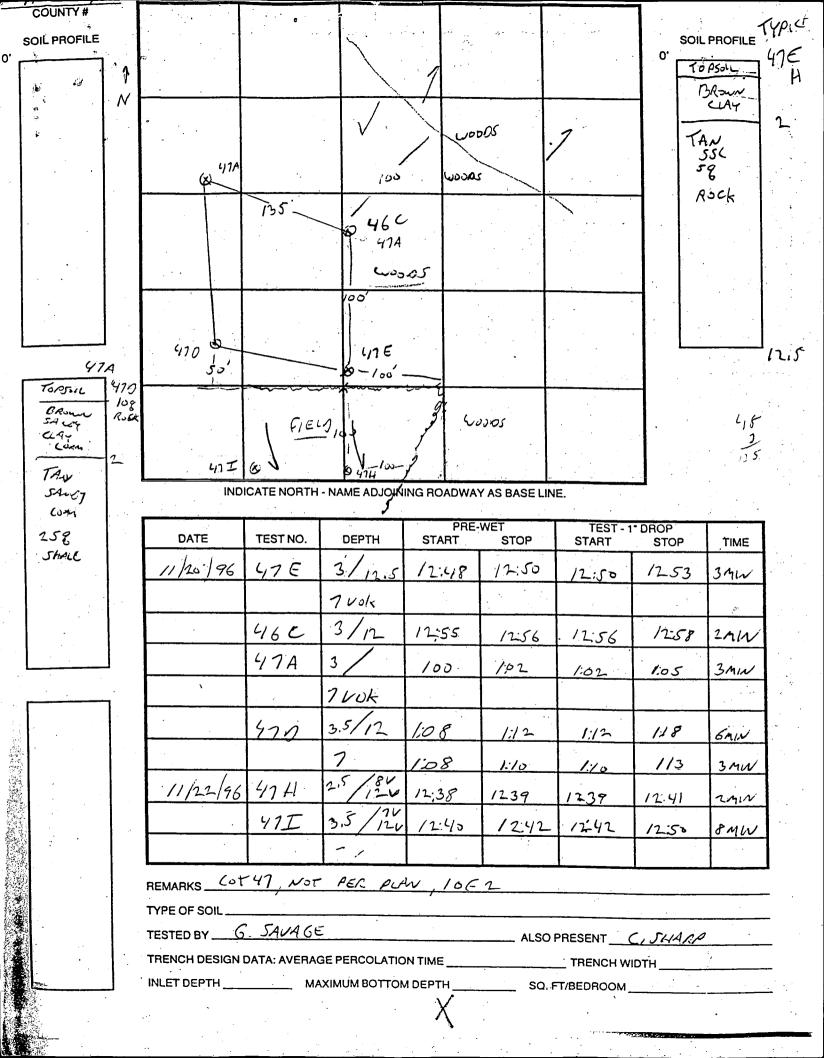
	P
HOWARD COUNTY HEALTH DEPARTMENT	DISTRICT
BUREAU OF ENVIRONMENTAL HEALTH	DISTRICT
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2840	DATE
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I HEREBY APPLY, FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONST	RUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER C.M.C. CONSTRUCTION, INC.	
ADDRESS PHO	NE
AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP	
ADDRESS 3779 SHARP ROAD PHO	NE 410-489-4630
PROPERTY LOCATION:	
JADDIVISION C.M.C. CONSTRUCTION PROFERTY LOTA	ю49
ROAD AND DESCRIPTION HOWARD ROAD 3,000 ± FROM	IMERSECTION
TRIDELPHIA ROAD (SOUTH)	
TAX MAP Z7 PARCEL# 19	
SIZE OF LOT 40,000 - 50,000 SQ, FT, TYPE BLDG.	SINGLE FAMILY DIVELLING (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FA	ACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUND	ABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LOT. X Manual	(SIGNATURE OF APPLICANT)
APPROVED BY FOR	DATE
DISAPPROVED BYFOR	DATE
HOLD PENDING FURTHER TESTS	·
REASONS FOR REJECTION OR HOLDING	M
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	DATE
SITE DEVELOPMENT DI ANCENAL DI AT. TITLE OD LO #	DITE

THIS IS NOT A PERMIT

HD-216 (3/92)

SOIL'PROFILE SOIL PROFILE TOP SOIL YOR GROWN SARRY/ GRANEUY CLAN رهمع pwk/. @=50°_ Blown BANDS OF UGA 80 49C YELLOW (b) 50B Charles Post OF NOTTE 159 mixED Ruck THROUGH FIE US (JOD 8 13 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. TEST - 1" DROP DATE TEST NO. DEPTH START **STOP** STOP START TIME 2,5/110 490 SEE LOT SO 49C 3,5/120 6mw 2nw 49A 13 12:24 12:25 24/1 11227 1225 ok 1228 498 4MM 1234 121 12:30 1230 REMARKS LOT 49 TYPE OF SOIL_ TESTED BY C. SAUNGE _____ ALSO PRESENT CI SHARD TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _ TRENCH WIDTH ____ INLET DEPTH __ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM_

A 51517 COUNTY#

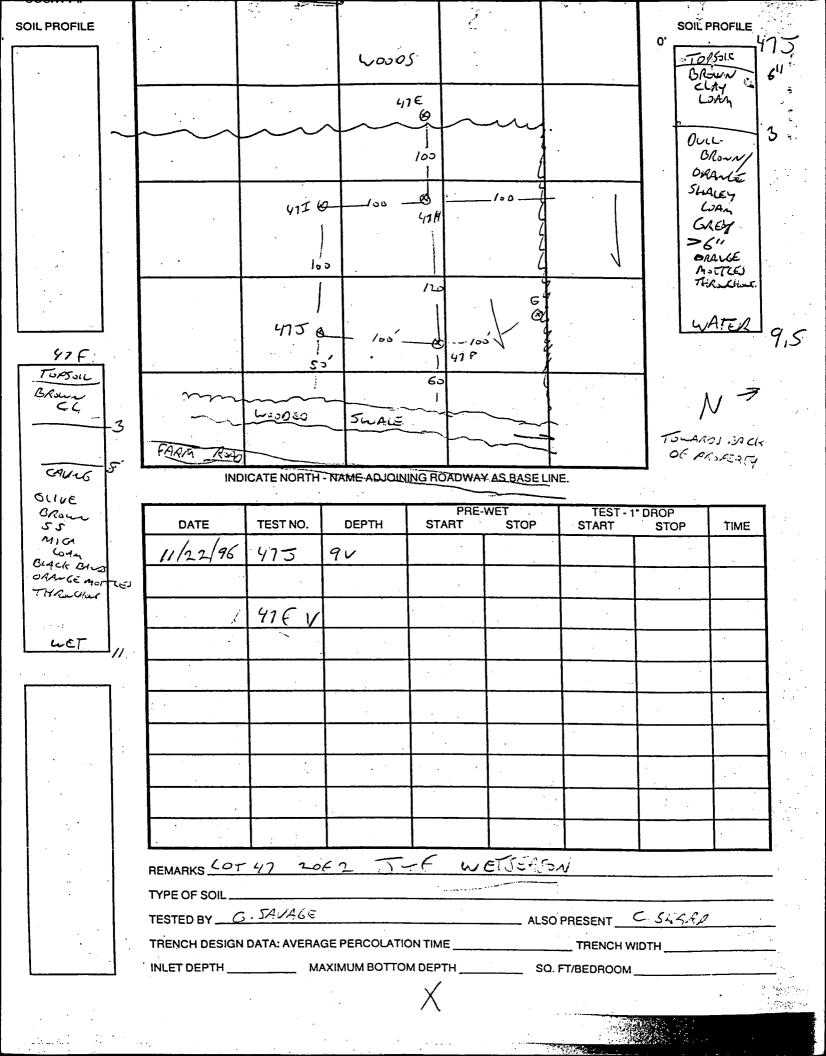


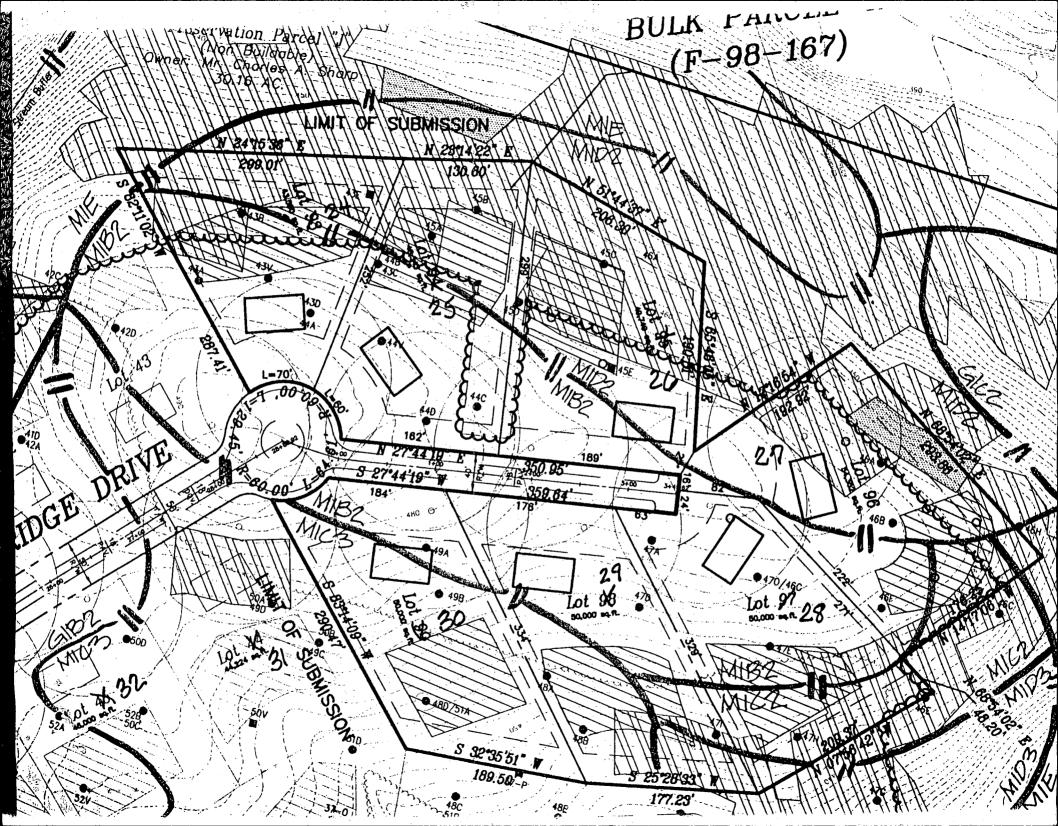
APPLICATION

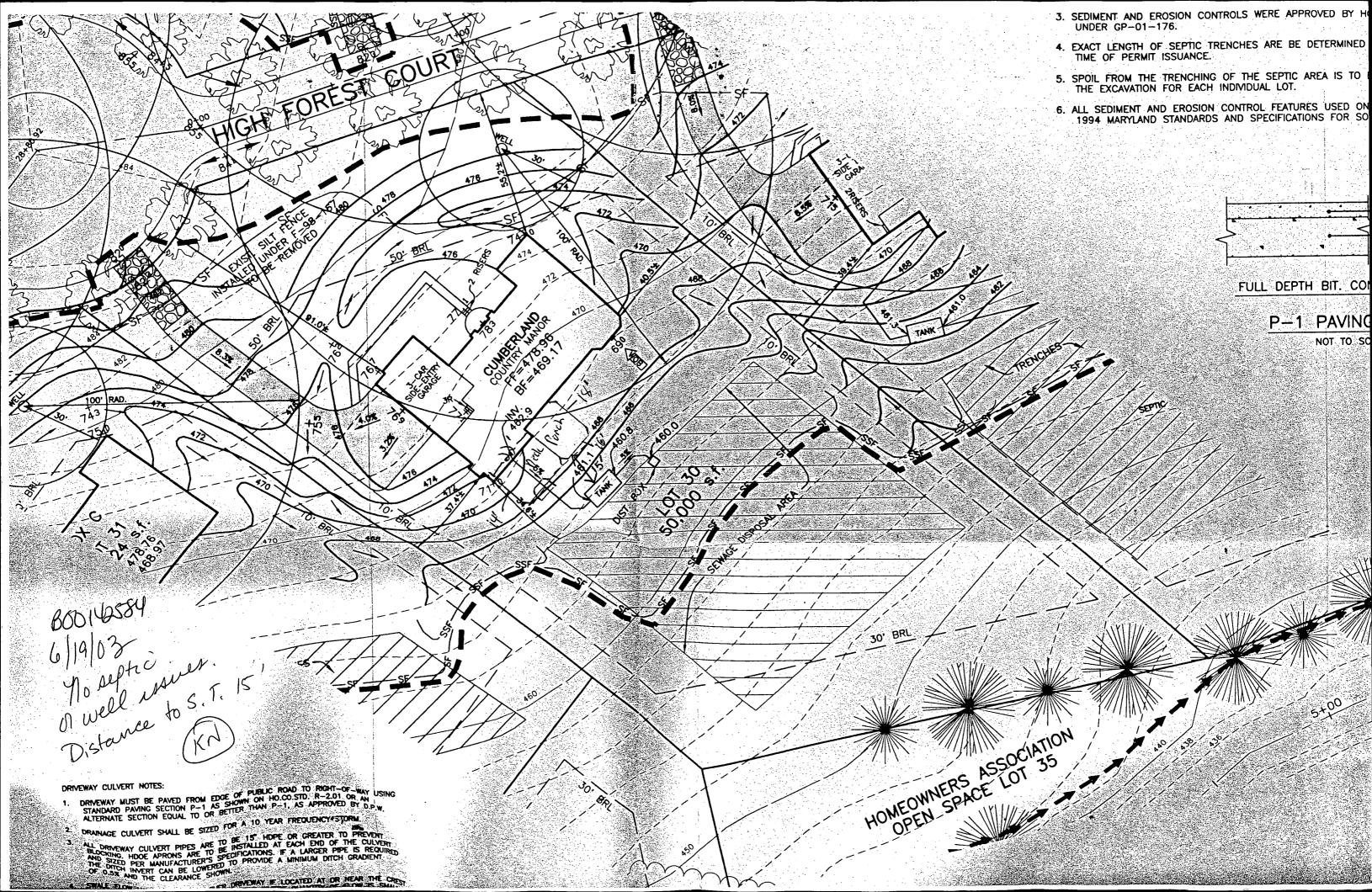
	PERCOLATION TESTIN	IG	A <u>57577</u>
•			D.
HOWARD COUNTY HEALTH DEPARTMENT			r
BUREAU OF ENVIRONMENTAL HEALTH		DIST	RICT
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARY TELEPHONE: 313-2840	/LAND 21043		PATE
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR	TO APPLICATION FOR PERMIT TO CO	NSTRUCT (OR RECONSTRUCT)	A SEWAGE DISPOSAL SYSTEM
PROPERTY OWNER C.M.C. CONSTRUCT			
ADDRESS		PHONE	
AGENT OR PROSPECTIVE BUYERCHARLES	S A. SHARP		
ADDRESS 3779 SHARP RO	AD	PHONE 410 - 489-	4630
PROPERTY LOCATION:			
UBDIVISION_ C.M.C. CONSTRUCTION	V PROFERTY .	ot no. 45	
ROAD AND DESCRIPTION HUWARD R	OAD 3,000' + FRO	M INTERSECTION	
TRIDELPHIA	ROAD (SOUTH)		
TAX MAP Z7PARCEL#	<u> </u>		
SIZE OF LOT 40,000 - 50,000 SQ	, FT, TYPE BLDG.	SINGLE FAMIL (SINGLE FAMILY DWE	Y DWELLING LLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS		, ,	and the second s
FEE CONNECTED WITH THE FILING OF THIS PERC	TEST APPLICATION IS NON-REFL	INDABLE UNDER ANY CIRCUI	MSTANCES, I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TEST	(1)	(SIGNATURE OF APPL	
APPROVED BY	FOR		
DISAPPROVED BY	FOR		ATE
HOLD PENDING FURTHER TESTS			
REASONS FOR REJECTION OR HOLDING			
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I	.D. #		
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		•	· · · · · · · · · · · · · · · · · · ·
		DATE	

THIS IS NOT A PERMIT

HD-216 (3/92)







31 -16/6 -1170 BA BASEMENT -88 BASEMENT -TOTAL 1298 BA Family Room 17: Scale 1/4= ORU APPROVED WALK-THRU BUILDING PERMIT BP# 800 H9 73 7 A# 50857-C APP. SAN KJB | DATE 8/4/09 DESC. OF WORK: FAISL Basement No New Bellions.