

LAYOUT 2/4/03 2/5/03 3PM INSP 4 3/7/03 1:00
INSP 2 2/14/03 1:30 INSP 5 _____
INSP 3 3/6/03 1PM INSP 6 _____
ISSUE DATE: 1/27/2003

APPROVAL DATE: 4/25/03

05-433118
PERMIT

P 518521

A 50857-N

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

PHONE NUMBER: 410-795-5670

SUBDIVISION: High Forest Estates

LOT NUMBER: 44

ADDRESS: 15154 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 ☐

BUILDING PERMIT SIGNED

AND RETURNED

4-13-05 800153123-DECK

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 exactly 100' from the well and 125' from the rear lot line. Run (3) trenches on contour to left side of lot as seen from driveway entrance.
NOTES:	Maintain at least 100', but no more than 105', from the well to the distribution box and highest trench.

PLANS APPROVED: MER

DATE: 9/27/02

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

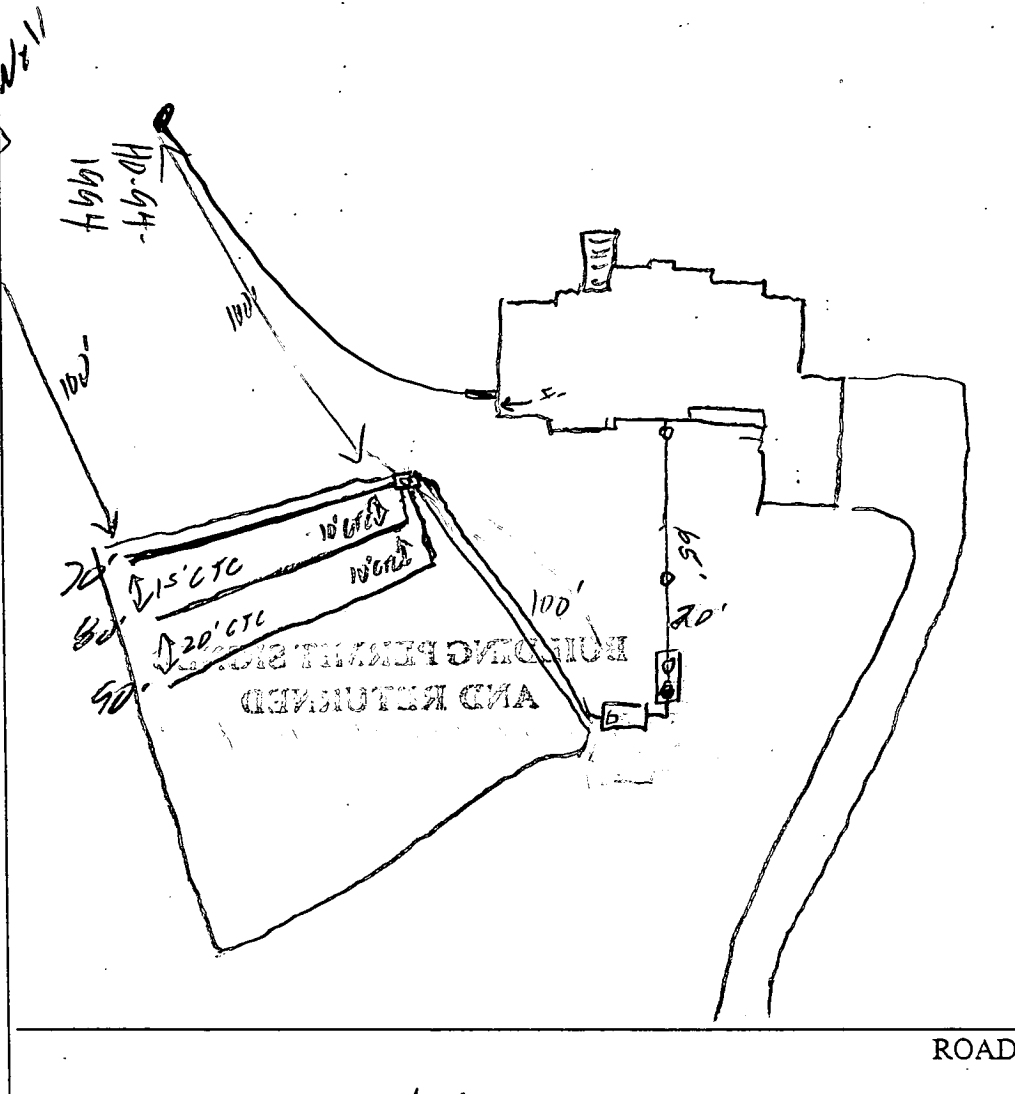
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

SDA ADJUSTED; SEE LAST PAGE

450857-N

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 4
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	2.5'
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	1'
BAFFLES	✓
BAFFLE FILTER	
MANHOLE LOC	Back
6" PORT LOC	
WATERTIGHT TEST	✓

PRE-CONSTRUCTION 2/5/03 - Lot stake, contour appears accurate, measure 100' radius to D.B. Install trenches per B.P. (SO)

INSTALLATION 2/14/03 Tanks set, house conn complete. OK to cover (SO) 3/7/03 OK to cover all work. Pump & Alarm test needed (SO) 4/25/03 Pump & Alarm tests OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/25/03

SAPLING RIDGE DRIVE
(VARIABLE WIDTH)
R=50.00'
L=12.03'

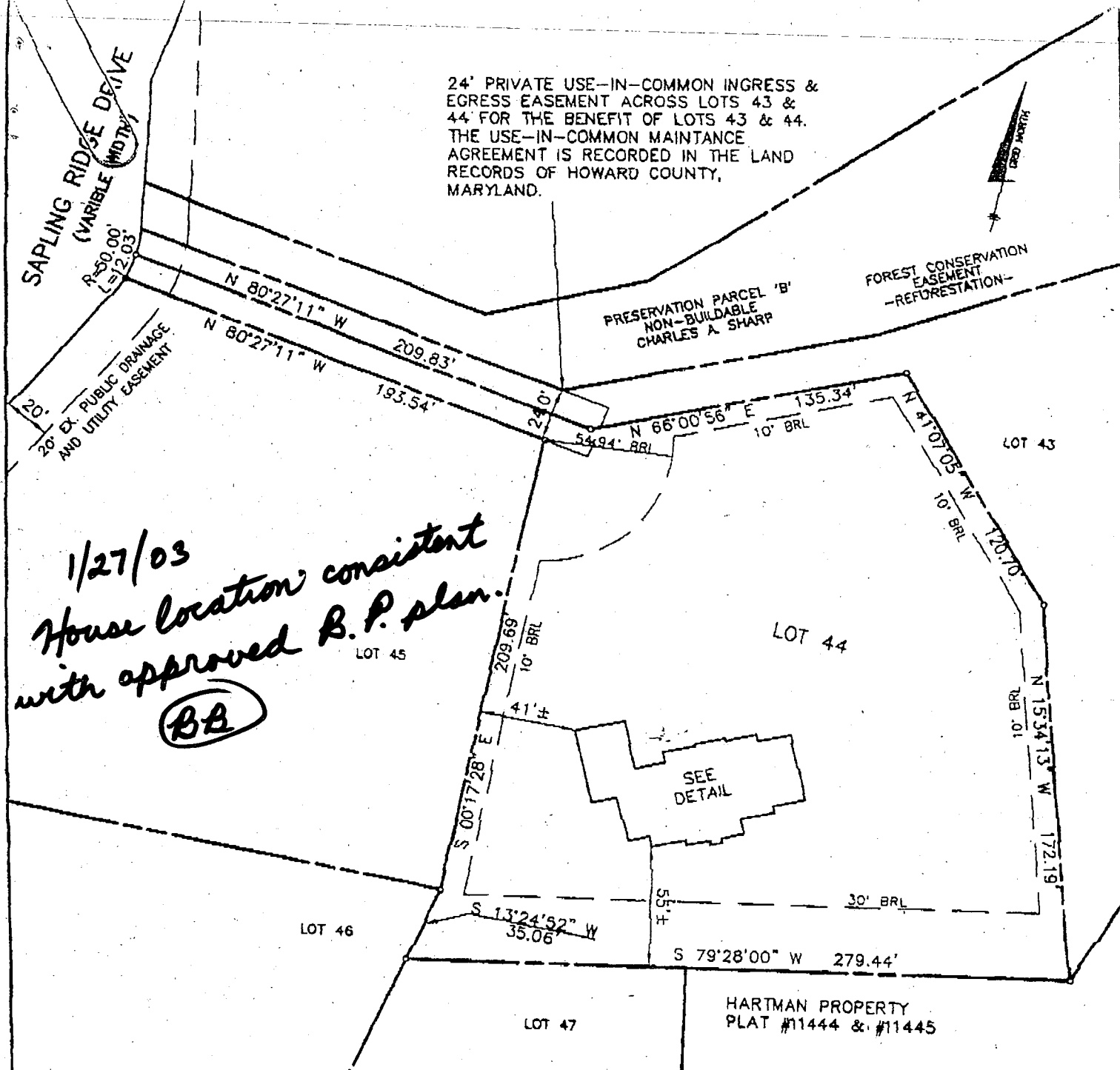
24' PRIVATE USE-IN-COMMON INGRESS & EGRESS EASEMENT ACROSS LOTS 43 & 44 FOR THE BENEFIT OF LOTS 43 & 44. THE USE-IN-COMMON MAINTAINANCE AGREEMENT IS RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

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

FOREST CONSERVATION
EASEMENT
-REFORESTATION-

20' EX. PUBLIC DRAINAGE
AND UTILITY EASEMENT

1/27/03
House location consistent
with approved B.P. plan.
(BB)



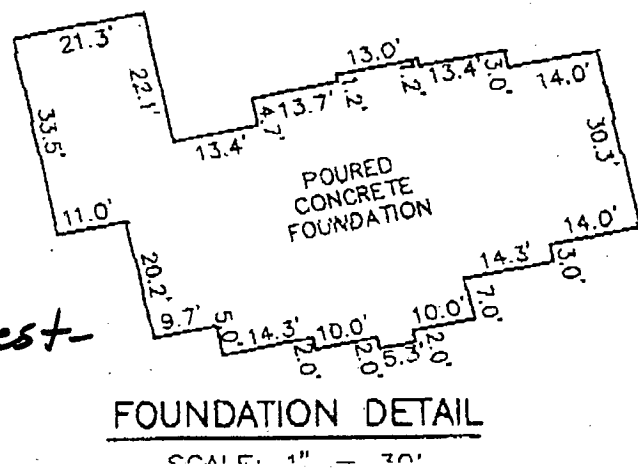
TOP OF FOUNDATION WALL ELEVATION = 480.5'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

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 NOVEMBER 6, 2002; 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. 13962

David M. Lewis
Benchmark

High Forest-
Lot 44
15154
Sapling Ridge Dr.



FOUNDAION DETAIL
SCALE: 1" = 30'

TO SAGLING
RIDGE COURT
DRIVE

Total linear feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 14.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Distribution pipe 2.0 feet

FOREST CONSERVATION
EASEMENT
REFORESTATION
PRESERVATION
NON-BUILDABLE
CHARLES A. SHARP

GRID NORTH
ADJUST TANK
LOCATIONS FOR PROPER COVER

SEWAGE DISPOSAL AREA

LOT 44
61,656 s.f.

1/27/03

House location
consistent with approved
B.P. plan.

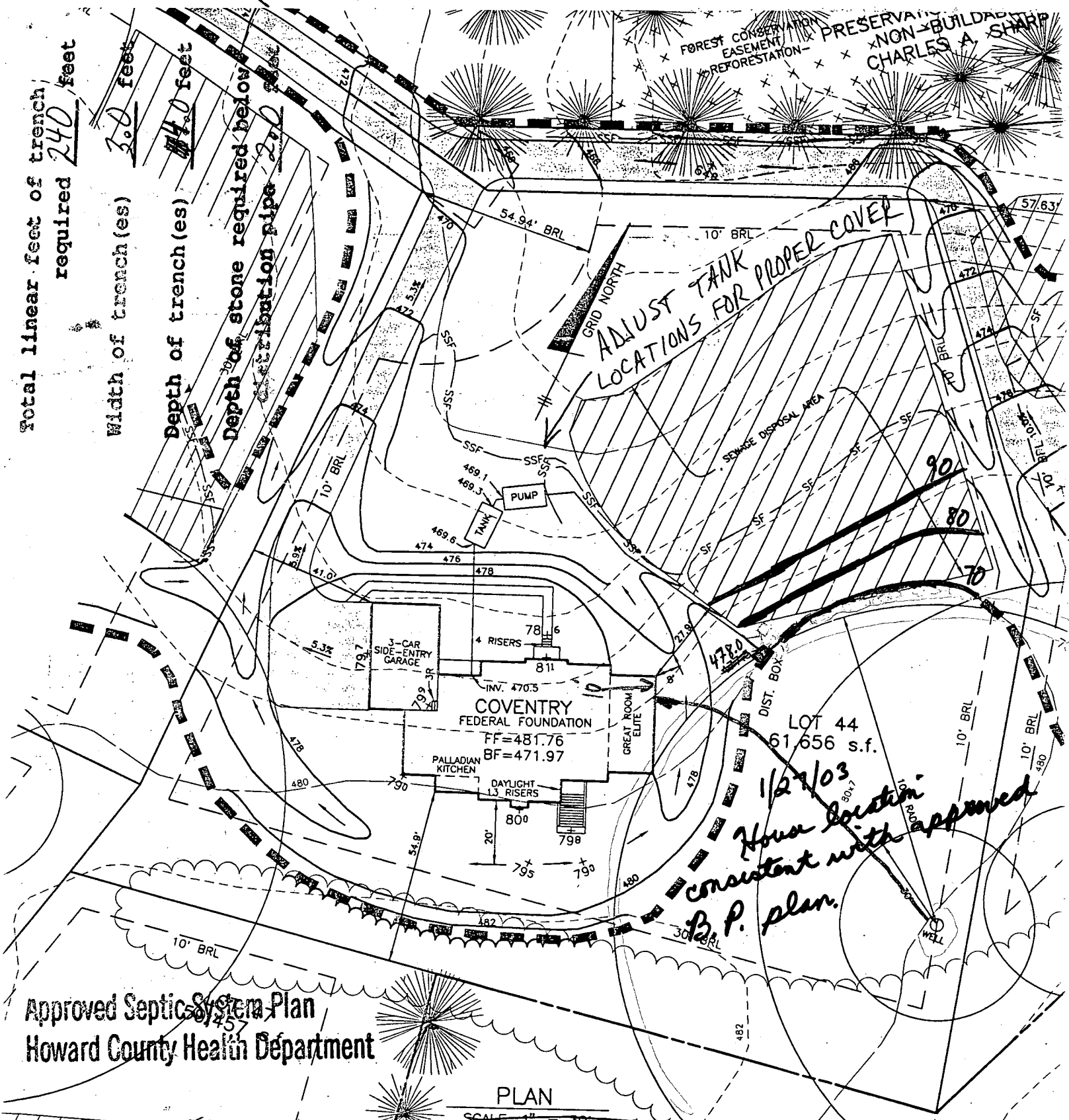
Approved Septic System Plan
Howard County Health Department

PLAN

SCALE: 1" = 30'

Mark R. K. 9/27/02
Signature Date

1:40 PLAN BY BENCHMARK



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B300737102

Building Address 15154 Sapling Ridge Dr
Dayton, MD 21036

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

Census Tract 6051.01 Subdivision _____

Section _____ Area _____ Lot 44

Tax Map 27 Parcel 147 Grid 11

Zoning RCEP Map Coordinates B3D2 Lot size _____

Existing Use Vacant Lot

Proposed Use Residential Home

Estimated Construction Cost \$ 200,000

Description of Work Twenty Federal 2 story
1 1/2 car garage, 4 BR, 4 1/2 Bath
CS2 - Great Km elite, 332 Paddock
Kitchen

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Greg Shapard LLC

Address 7104 Columbia Gateway Dr

City Dayton State MD Zip Code 21046

Home Phone _____ Work Phone 410.872.9105

Applicant's Name & Mailing Address, (if other than stated hereon):
Greg Shapard
443.535.9296 9297

Phone _____ Fax _____

Contractor Company Dayton Construction LLC

Contact Person Greg Shapard

Address 7104 Columbia Gateway Dr

City Dayton State MD Zip Code 21046

License No. 113

Phone 410.872.9105 Fax 410.872.9141

Engineer or Architect Company Endmark Engin

Contact Person Dave Thompson

Address 8180 Ball Hall Pike

City Shiloh State MD Zip Code 21046

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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 </p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private </p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private </p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> </p> <p>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"/> </p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____ </p>	<p>Building Characteristics</p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>1st floor: Depth <u>62'4"</u> Width <u>58'8"</u></p> <p>2nd floor: <u>43'</u> <u>63'8"</u></p> <p>Basement: <u>62'8"</u> <u>88'8"</u></p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> </p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ </p> <p>Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ </p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home </p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private </p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private </p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </p> <p>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"/> </p> <p>Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ </p>

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 THEREIN; (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 Project Manager / Toll Builders Inc.

Date 9/27/02

Print Name Greg Shapard

Date 10-18-02 6-25-02

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

AGENCY	DATE	SIGNATURE APPROVAL	D/PZ SETBACK INFORMATION	PROPERTY ID# <u>55292</u>
--------	------	--------------------	--------------------------	---------------------------

C1 9366

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY.
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

13

ST/CO USE ONLY.

DATE Received

12-3-98

DATE WELL COMPLETED

12-29-98

Depth of Well

22 245 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO 94-1994

28 29 30 31 32 33 34 35 36 37

OWNER

Highland Development

STREET OR RD

Sapping Ridge Lane

first name

TOWN

Dayton

SUBDIVISION

Big Branch Creek

SECTION

LOT 56 44

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand

0

71

Gray Mica
Rock

71

245

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 60 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPE
STNominal diameter
top (main) casing
(nearest inch)
6Total depth
of main casing
(nearest foot)
75E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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. 1 M SD 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

3

HOURS PUMPED (nearest hour)

8

PUMPING RATE (gal. per min.)

15

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

25 ft.

WHEN PUMPING

89 ft.

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)

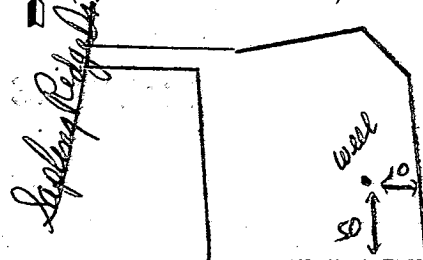
+ above

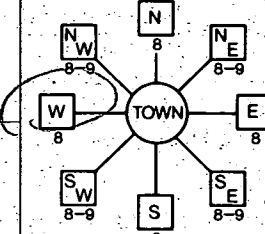
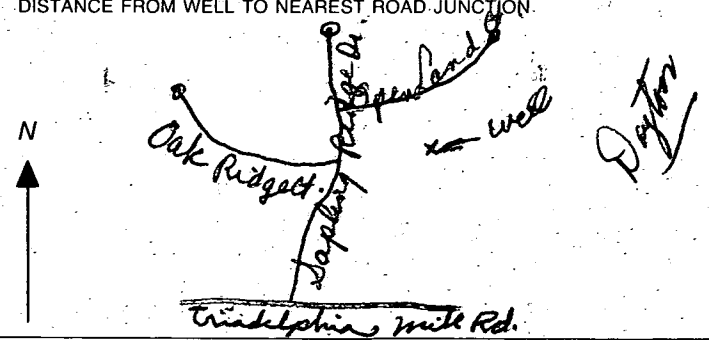
LAND SURFACE

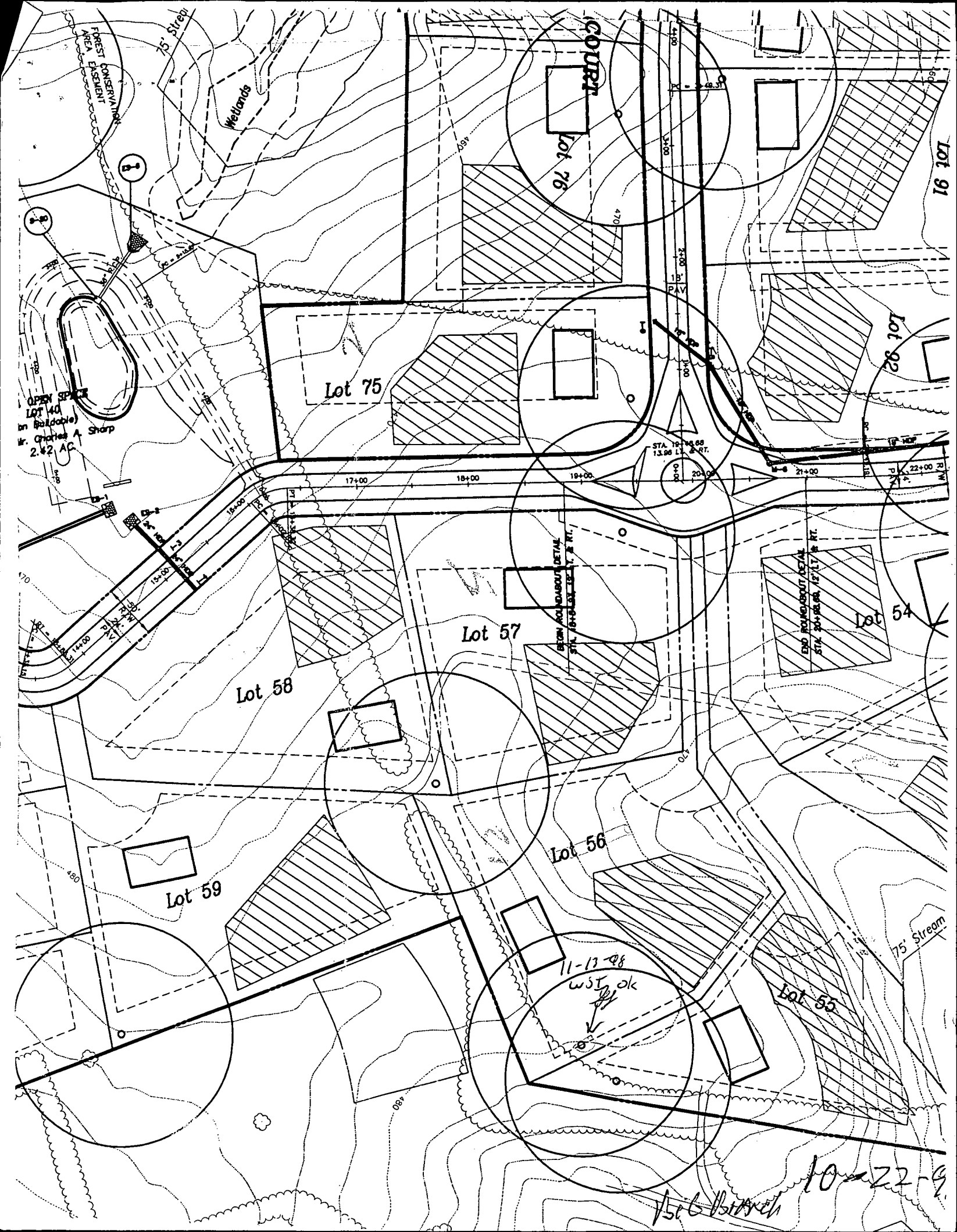
- below

2 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1 1 2 3 6 0374	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1994 <small>fill in this form completely</small>
Date Received (ARA) 11/2/98 8 MM DD YY 13 Highland Development CMC 15 Last Name Owner First Name 34 P.O. Box 228 36 Street or RFD 55 Clarksville Md. 21029 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard Big Branch Overlook 23 SUBDIVISION 42 SECTION 2 LOT 56 44 46 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78	
DRILLER INFORMATION Joseph L. Mayne MSD 024 Driller's Name 76 License No. 81 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy 21771 Address Joseph L. Mayne 11/1/98 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Sapping Ridge Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 500 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP 27 BLK 11 PARCEL 140	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 COUNTY NAME COUNTY NO. STATE SIGNATURE 12 8 98 12 8 99 DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 510 0 0 0 EAST GRID 0794 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		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 7944 N 510 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		12/29/98 9:30 GROUT *	
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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.  N	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 _____ 63 PERMIT NO. HO-94-1994 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



APPLICATION

PERCOLATION TESTING

A 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 410-989-4630

PROPERTY LOCATION:

1/2 DIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 89

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.51577

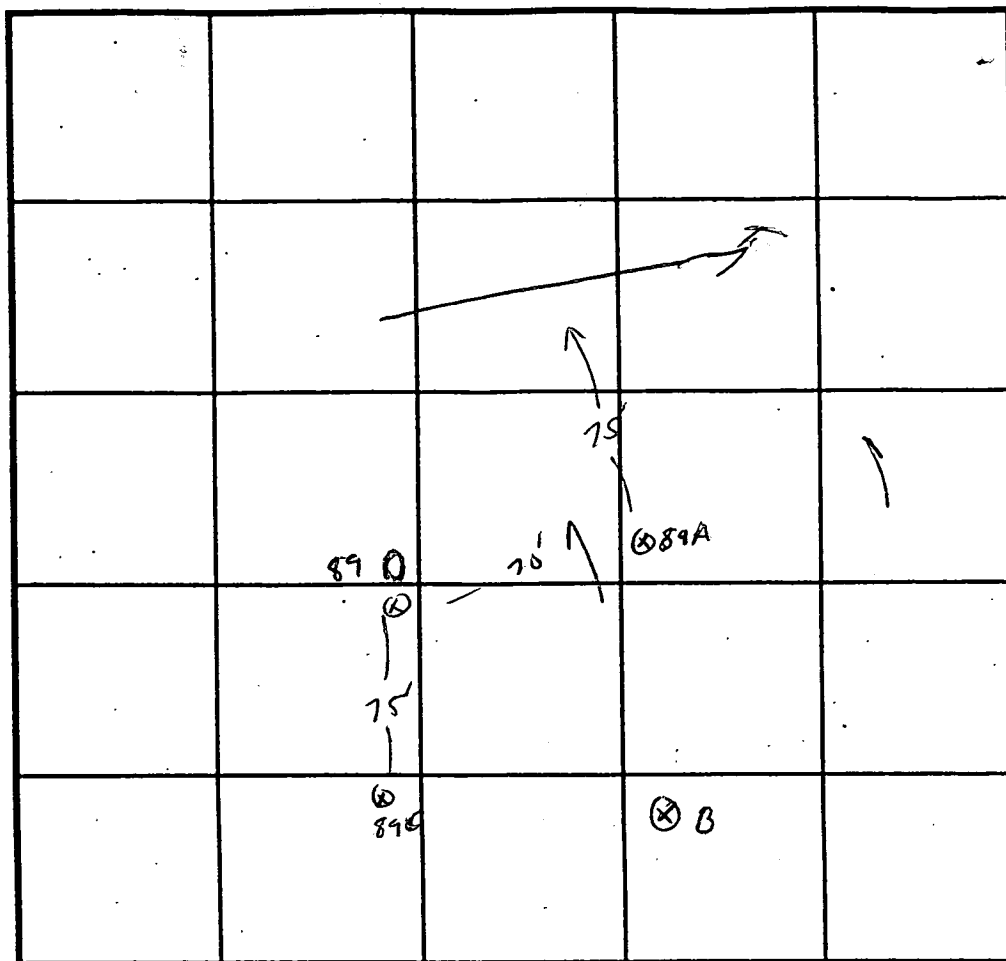
COUNTY #

SOIL PROFILE

0'

89B

TOPSOIL

BROWN
TAN/CLAYBLACK
AND
ORANGE
MOTTLES
THROUGHOUT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

TOPSOIL

BROWN
CLAY/CLAY

TAN/
OLIVE
S.S.C.
BLACK +
ORANGE
BANDING

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/96	89A	3 / 11V	3:36	3:37	3:37	3:39	2min
		1.5	3:36	3:37	3:37	3:40	3min
	890						
	89C	2 / 11.5	3:43	3:45	3:45	3:49	4min
	89B	2.5 / 12V	3:48	3:50	3:50	3:52	2min
		7.0ok					

REMARKS LOT 89X WET. SEASON FOR, BACK CORNER OF PROPERTY

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT C. SHARR, R. DENIT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min

TRENCH WIDTH 3

INLET DEPTH 2

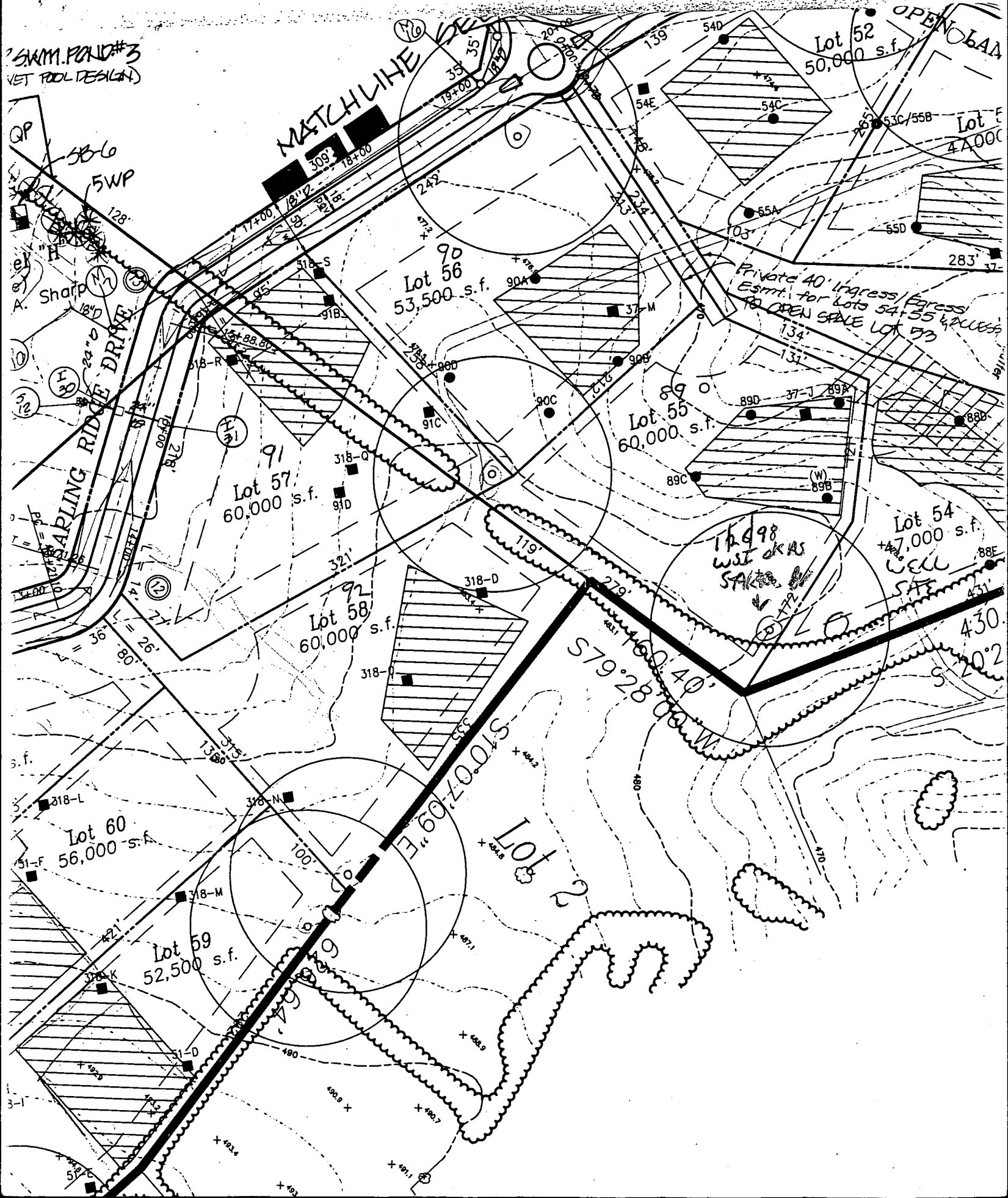
MAXIMUM BOTTOM DEPTH 4

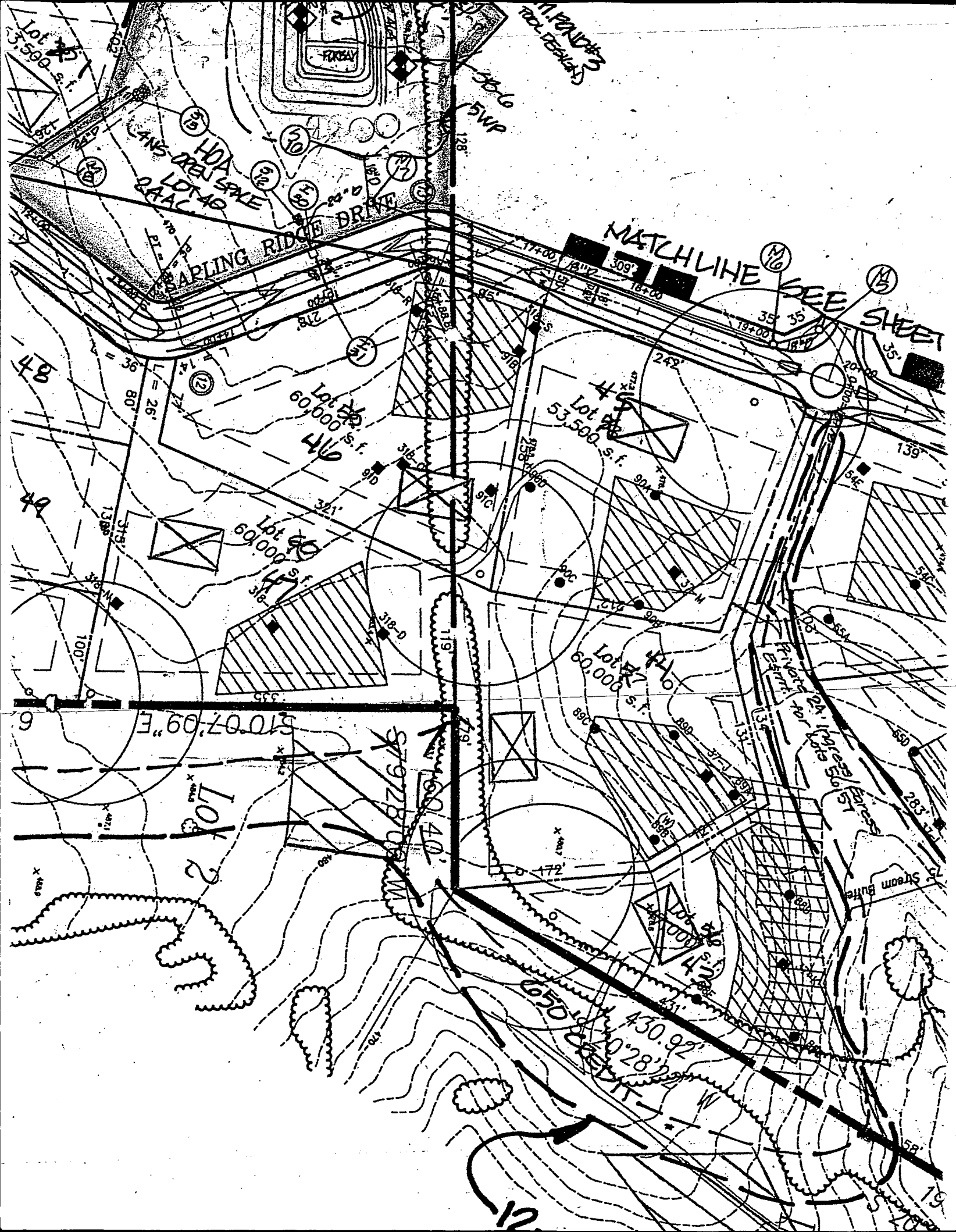
SQ. FT./BEDROOM 180

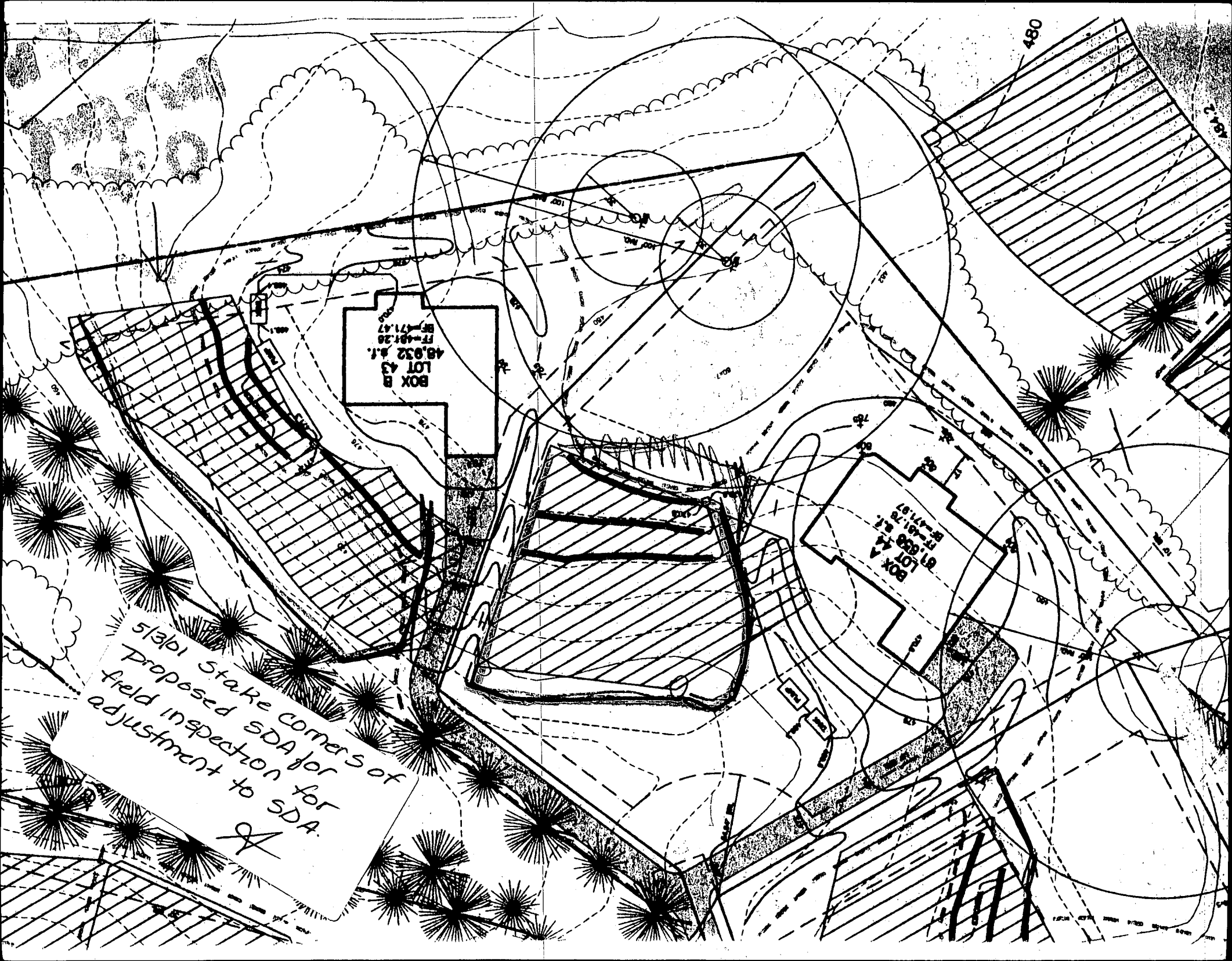
X

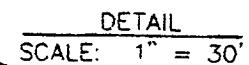
HANOWRITTEN LOT #'S FROM
PENE CERT, UNDESIGN W.P. APPLICATIONS PHASE II
UNSIGNED PRELIM

SWIM. POND #3
VET POOL DESIGN









REG. No. 10978

34571 BALTIMORE NATIONAL PIKE & SUITE 418
ELLCOTT CITY, MARYLAND 21043
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