

LAYOUT 8/19/03 INSP 4 11/17/03 - 2 PM
INSP 2 8/21/03 11AM INSP 5 ~~11/17/03~~ 11/20/03
INSP 3 8/26 3:30 isw INSP 6 _____

ISSUE DATE: 8/11/03

APPROVAL DATE: 11/17/03

PERMIT INDEXED

P 519082

A 50857-R

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

Fogles Septic Clean, Inc

IS PERMITTED TO

INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: High Forest Estates LOT NUMBER: 48

ADDRESS: 15138 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 ☒
With Manhole Access

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 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box about 20' downhill of the highest corner easement stake as shown on the building permit plan. Run trenches on contour away from the house.
NOTES:	The trenches should be spaced 20' center to center. <u>10'</u>

PLANS APPROVED: Brian Baker KN DATE: 5/29/03

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

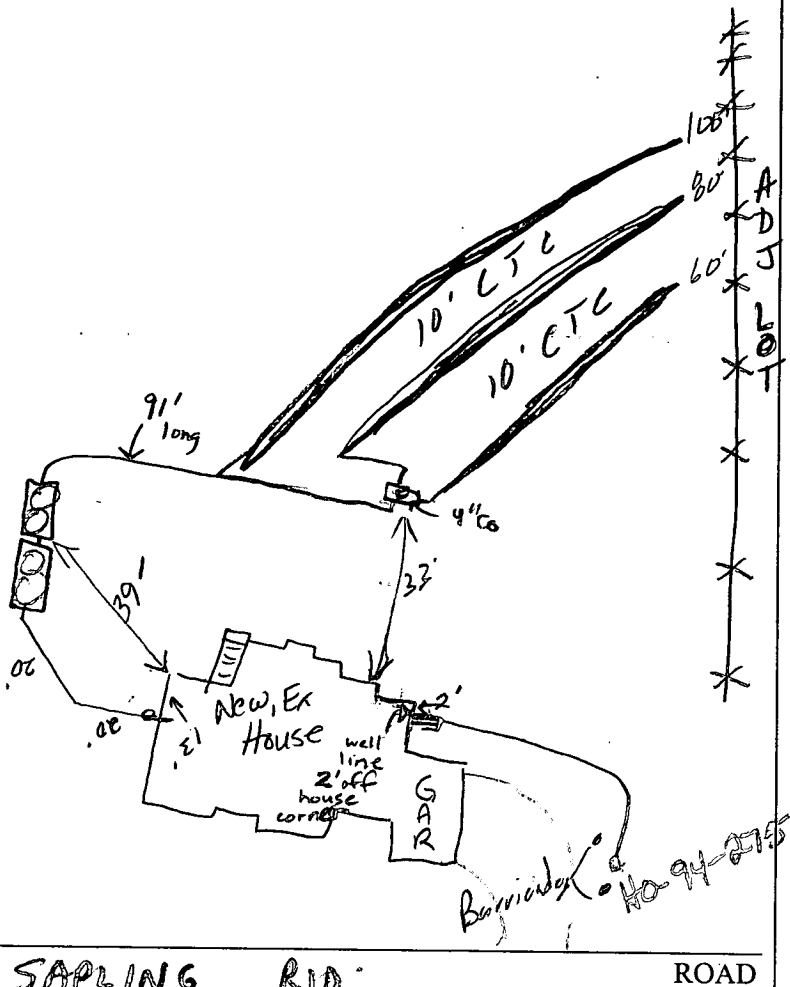
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

50857-R

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		
3		
TOTAL LENGTH		
240'		
ABSORPTION AREA		
720 sq		
DISTRIBUTION BOX LEVEL		
✓		
DISTRIBUTION BOX BAFFLE		
✓		
DISTRIBUTION BOX PORT		
4"co		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	
1500 GAL	
SEAM LOC	
Top	
TANK LID DEPTH	
3.5-2.5'	
BAFFLES	
✓	
BAFFLE FILTER	
✓	
MANHOLE LOC	
front & back	
6" PORT LOC	
front & back	
WATERTIGHT TEST	
—	
SEPTIC TANK 2 LEVEL	
CAPACITY	
1500 GAL	
SEAM LOC	
Top	
TANK LID DEPTH	
2-2.5'	
BAFFLES	
yes	
BAFFLE FILTER	
yes	
MANHOLE LOC	
front & back	
6" PORT LOC	
front & back	
WATERTIGHT TEST	
—	

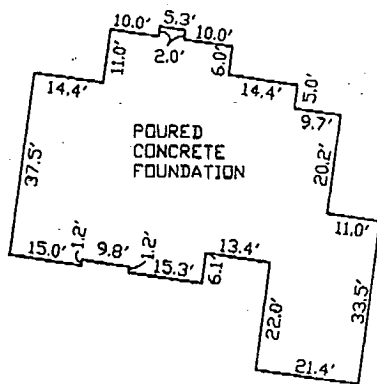


PRE-CONSTRUCTION 8/19/03. Topo per plan. OK to start trenches per plan. Move septic tank location 10' further downhill to INSTALLATION lessen cover on S. Tanks. (KN/IFA) 8/21/03 No work (SO) 8/25/03 - Tanks set, Trenches install. OK to cover (SO) 8/26/03 - No work (SO) 8/28/03 OK to cover line from pump tank to d. box. Need septic pump & alarm test. (KN/KB) 9/2/03 Dist. box has port. Need barrier around well. OK to cover. (KN/KB) 11/17/03 - Pump & Alarm tests OK (SO)

FINAL INSPECTOR

DATE OF APPROVAL

11/17/03



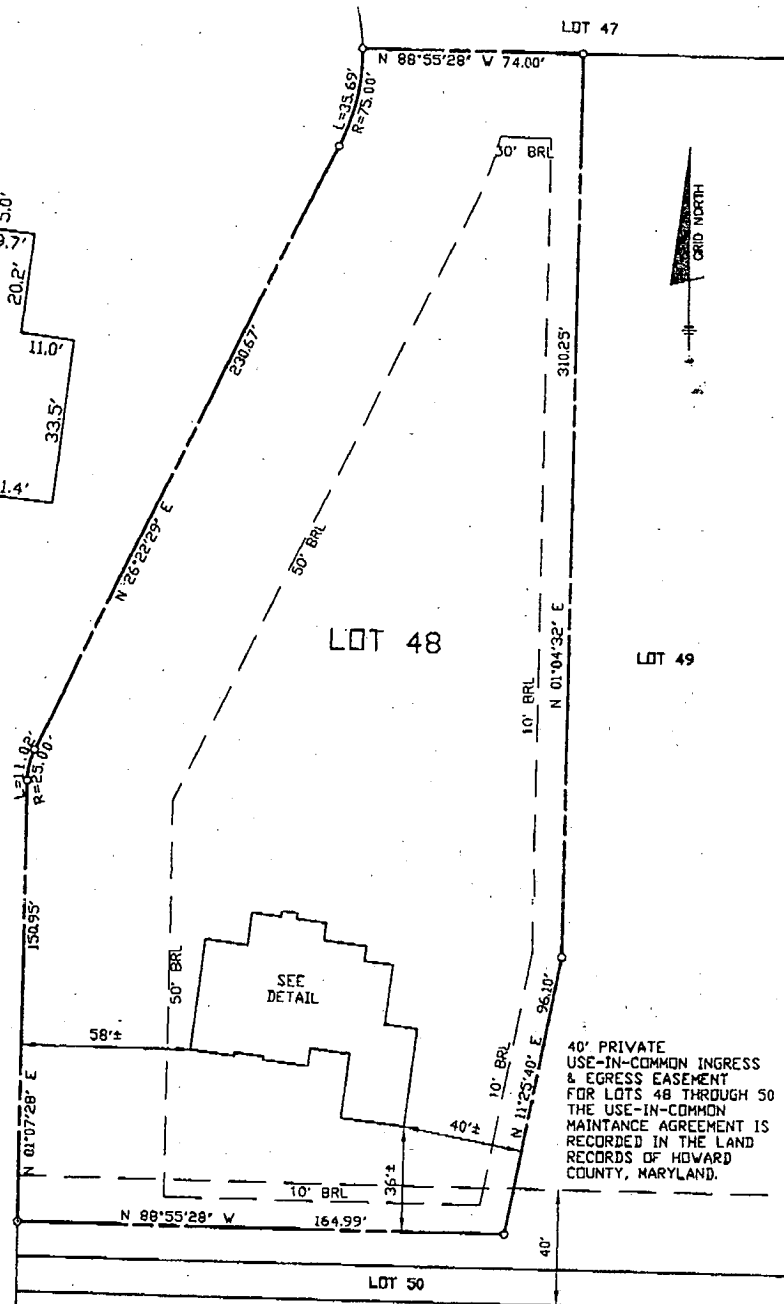
FOUNDATION DETAIL

SCALE: 1" = 30'

8-11-03
House moved
approx 30'
closer to road.
well dist.
to house
still > 30'

OK
(KN)

SAPLING RIDGE DRIVE
(50' R/W)



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 06/23/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, P.C. INC. ENTITLED "HIGH FOREST ESTATES LOTS 1 THROUGH 50", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13959

N/F
CHARLES E. & ROBERT E. SMITH
2060/301

TOP OF FOUNDATION WALL ELEVATION = 490.2'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

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. 13959
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/04/86

BENCHMARK
ENGINEERING, INC.

8480 BALTHAMORE NATIONAL PIKE & SUITE 418
ELLSWORTH CITY, MARYLAND 21043
PHONE: 410-465-0100 A FAX: 410-465-0044
EMAIL: BENCHMARK@bcei.com



WALL CHECK


HIGH FOREST ESTATES
LOTS 1 THROUGH 50
LOT No. 48







15138 SAPLING RIDGE DRIVE

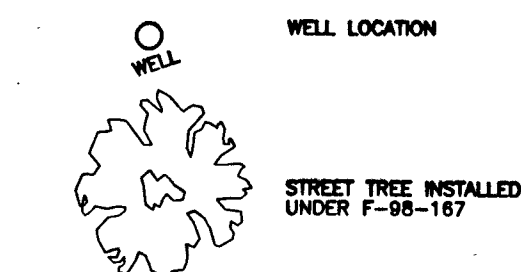
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 06/23/03

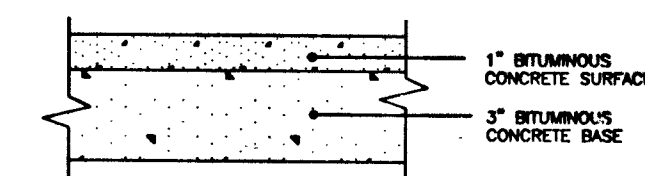
NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13959, REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-01-176.
4. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.

- ## LEGEND
- 470 EXISTING CONTOURS AS SHOWN ON F-98-167
 - 472 PROPOSED CONTOURS
 -  EXISTING TREELINE
 -  PROPOSED TREELINE
 - SF SILT FENCE
 - SSF SUPER SILT FENCE
 -  EARTH DIKE
 -  STABILIZED CONSTRUCTION ENTRANCE
 -  LIMIT OF DISTURBANCE
 -  SEPTIC EASEMENT



PLAN
SCALE: 1" = 30'

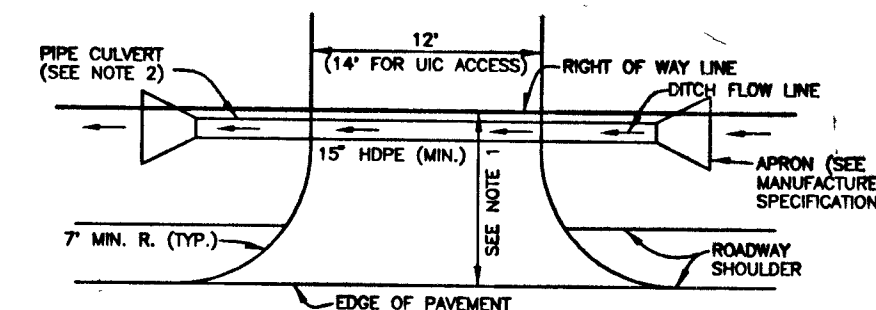


FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL
NOT TO SCALE

DRIVEWAY CULVERT NOTES:

1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT-OF-WAY USING STANDARD PAVING SECTION P-1 AS SHOWN ON HO.CO.STD. R-2.01 OR AN ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
3. ALL DRIVEWAY CULVERT PIPES ARE TO BE 15" HDPE OR GREATER TO PREVENT BLOCKING. HDPE APRONS ARE TO BE INSTALLED AT EACH END OF THE CULVERT AND SIZED PER MANUFACTURER'S SPECIFICATIONS. IF A LARGER PIPE IS REQUIRED THE DITCH SHOULD BE 14" WIDE AND 12" DEEP. THE CULVERT SHOULD BE INSTALLED AT A GRADE OF 0.5% AND THE CLEARANCE SHOWN.
4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL AS APPROVED BY D.P.W.
5. TIE-IN GRADE OF DRIVEWAY SHALL NOT EXCEED 14%.
6. SEE HOWARD COUNTY STANDARD DETAIL R-8.06 FOR ADDITIONAL INFORMATION.



DRIVEWAY CULVERT
NOT TO SCALE

SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	430.0
INV. IN TANK	479.4
INV. OUT TANK	478.1
TOP OF TANK	430.4
GROUND OVER TANK	433.0
INV. IN PUMP	478.9
GROUND OVER PUMP	493.0
INV. IN DIST. BOX	434.0
GROUND OVER BOX	436.0

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS

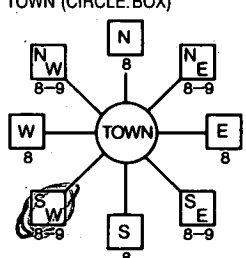
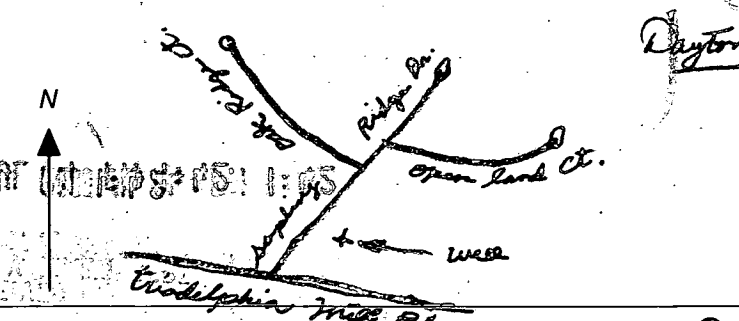
ENGINEERING, INC.

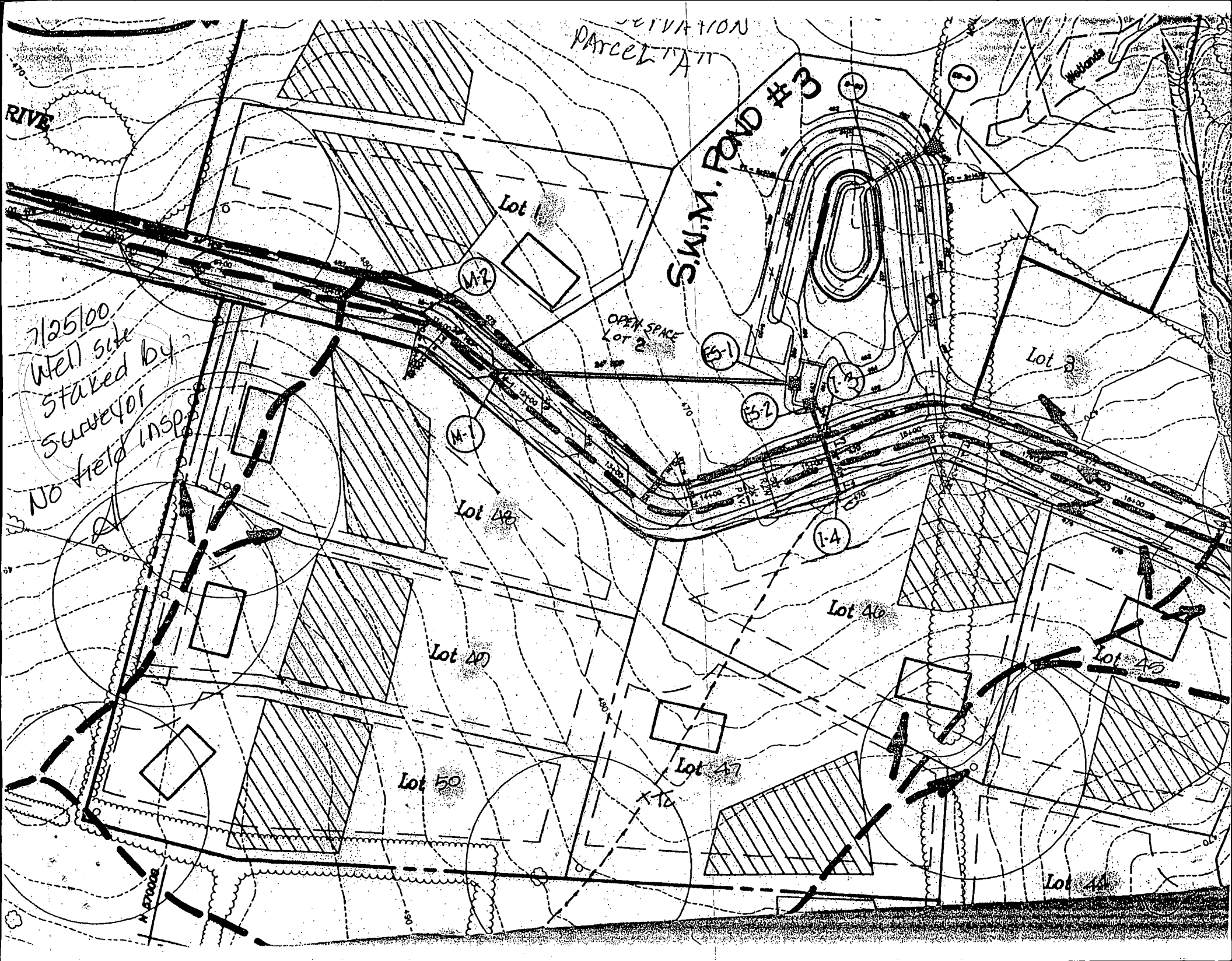
8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-485-8105 FAX: 410-485-8644

BUILDER: TOLL BROTHERS, INC.
7164 COLUMBIA GATEWAY DRIVE
SUITE 230
COLUMBIA, MARYLAND 21048
410-872-9105

PROJECT:	HIGH FOREST ESTATES LOT 48		
LOCATION:	15138 SAPLING RIDGE DRIVE TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND		
TITLE:	PLOT PLAN		
HOUSE TYPE:	COVENTRY		
DATE:	APRIL 15, 2003	PROJECT NO.	1362
SCALE:	AS SHOWN	DRAWING	1 OF 1

C 1 07840		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.	
1 2 3 4 5 6				COUNTY NUMBER 13		
ST/CO USE ONLY. DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 8 15 00		Depth of Well 22 220 26 59/03 (TO NEAREST FOOT)		
OWNER KAR FONTA last name		CHUCK first name		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2751		
STREET OR RFD SAPLING RIDGE DR.		TOWN DAYTON				
SUBDIVISION HIGH FOREST ESTATES		SECTION		LOT 48		
WELL LOG Not required for driven wells			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC			
DESCRIPTION (Use additional sheets if needed)			NO. OF BAGS 20 NO. OF POUNDS 1880			
FEET FROM TO			GALLONS OF WATER 120			
check if water bearing			DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft. (enter 0 if from surface)			
Sand Gray Mica Rock			Casing types insert appropriate code below ST CO PL OT			
0 94			Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 97			
94 220 ✓			OTHER CASING (if used) diameter inch depth (feet) from to			
			screen type or open hole ST BR HO PL OT			
NUMBER OF UNSUCCESSFUL WELLS: 0			DEPTH (nearest ft.) 96 220			
WELL HYDROFRACTURED Y N			C 2			
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			E 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			
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.			SLOT SIZE 1 2 3			
DRILLERS LIC. NO. MSD024 Joseph L. Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			DIAMETER OF SCREEN (NEAREST INCH) from to			
LIC. NO. MSD027 Joseph L. Mayne			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
SITE SUPERVISOR (sign) of driller or journeyman responsible for sitework if different from permittee)			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q			
			TELESCOPE CASING LOG INDICATOR OTHER DATA			
			PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 54 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 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 - below LAND SURFACE (nearest foot) LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Sapling Ridge Dr. 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			

B 1 09705 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W513688</i> please print or type	STATE PERMIT NUMBER <div style="font-size: 1.2em; font-weight: bold; text-align: center;">H0 - 94 - 2751</div> <small>70 fill in this form completely 79</small>
Date Received (APA) <div style="font-size: 1.2em; font-weight: bold;">0714 00</div> <small>8 MM DD YY 13</small> <div style="font-size: 1.2em; font-weight: bold;">Karlante</div> <small>15 Last Name</small> <div style="font-size: 1.2em; font-weight: bold;">10 Mellow Ave</div> <small>36 Street or RFD</small> <div style="font-size: 1.2em; font-weight: bold;">Catonsville Md 21228</div> <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY</small> <div style="font-size: 1.2em; font-weight: bold;">High Forest Estates</div> <small>23 SUBDIVISION 42</small> SECTION 48 LOT 48 <small>44 46 48 50</small> <div style="font-size: 1.2em; font-weight: bold;">Dayton</div> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 4 1/2 M I <small>73 76 77 78</small>	
OWNER INFORMATION <div style="font-size: 1.2em; font-weight: bold;">Joseph L. Mayne</div> <small>15 Last Name</small> <div style="font-size: 1.2em; font-weight: bold;">Chuck</div> <small>34 First Name</small> <div style="font-size: 1.2em; font-weight: bold;">10 Mellow Ave</div> <small>36 Street or RFD</small> <div style="font-size: 1.2em; font-weight: bold;">Catonsville Md 21228</div> <small>57 Town 70 State 72 Zip 76</small>		DRILLER INFORMATION <div style="font-size: 1.2em; font-weight: bold;">Joseph L. Mayne</div> <small>76 Driller's Name</small> <div style="font-size: 1.2em; font-weight: bold;">MSD 24</div> <small>81 License No.</small> <div style="font-size: 1.2em; font-weight: bold;">Joseph L. Mayne Well Drilling</div> <small>76 Firm Name</small> <div style="font-size: 1.2em; font-weight: bold;">5512 Ridge Rd. Mt. Airy Md. 21771</div> <small>76 Address</small> <div style="font-size: 1.2em; font-weight: bold;">Joseph L. Mayne</div> <small>76 Signature</small> <div style="font-size: 1.2em; font-weight: bold;">7/12/2000</div> <small>76 Date</small>	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="font-size: 1.2em; font-weight: bold;">Saphire Ridge Dr.</div> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="font-size: 1.2em; font-weight: bold;">1.55</div> <small>34 37</small> DISTANCE FROM ROAD FT <small>38 39</small> ENTER FT OR MI TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.2em; font-weight: bold;">HOWARD</div> <small>13</small> COUNTY NAME 13 COUNTY NO. STATE SIGNATURE C. Williams 7/19/01 <small>43 MM DD YY 48</small> <small>EXP. DATE</small> NORTH GRID 510 000 EAST GRID 790000 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3.	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic-Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 510	
REPLACEMENT OR DEEPEMED 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 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. H0 - 94 - 2751 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			



APPLICATION

PERCOLATION TESTING

A 50857 R

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 Toll Brothers

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION High Forest LOT NO. 48

ROAD AND DESCRIPTION 15138 Sapling Ridge Drive

TAX MAP 27 PARCEL # 19

SIZE OF LOT _____ TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 57577

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER C. M. C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION:

SUBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. _____

ROAD AND DESCRIPTION HOWARD ROAD 3,000 ± FROM INTERSECTION OF
TRIADELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 40,000 - 50,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

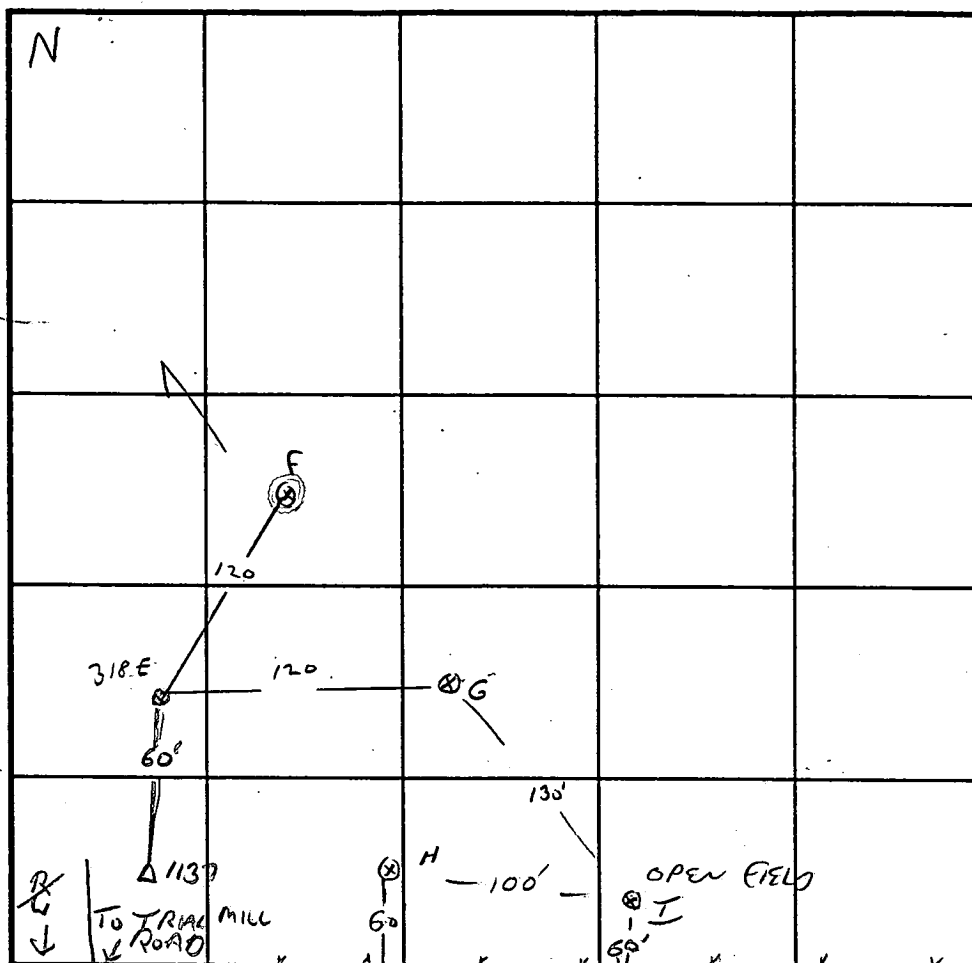
REASONS FOR REJECTION OR HOLDING _____

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

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

TOP 5.16	
ORANGE CLAY LOAM	
GREENISH BROWN S.S.	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
SHALE TO SOUTH SIDE INTERCEPT DRAINAGE FROM HOMES

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/97	318 E	3.5 / 11V	10:48	10:50	10:50	10:53	3 AMW
X	318 F	3 / 10V	10:53	10:58	10:58	11:10	12 AMW
	318 G	3 / 11V	10:58	11:01	11:01	11:16	9 AMW
	I	3.5 / 12V	11:22	11:28	11:28	11:46	18 AMW
	H	3.5 / 12V	11:29	11:34	11:34	11:44	10 AMW
		7	11:29	11:31	11:31	11:37	6 MIN

REMARKS ROOM ON 8 ACRE PARCEL EAST OF R.W.

TYPE OF SOIL PROPTO E HAS BEEN SUBSIDDED

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 57577

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER C.M.C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION:

1/2 DIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 51

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

APPLICATION

PERCOLATION TESTING

A _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CMC LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP 27 PARCEL # 17

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

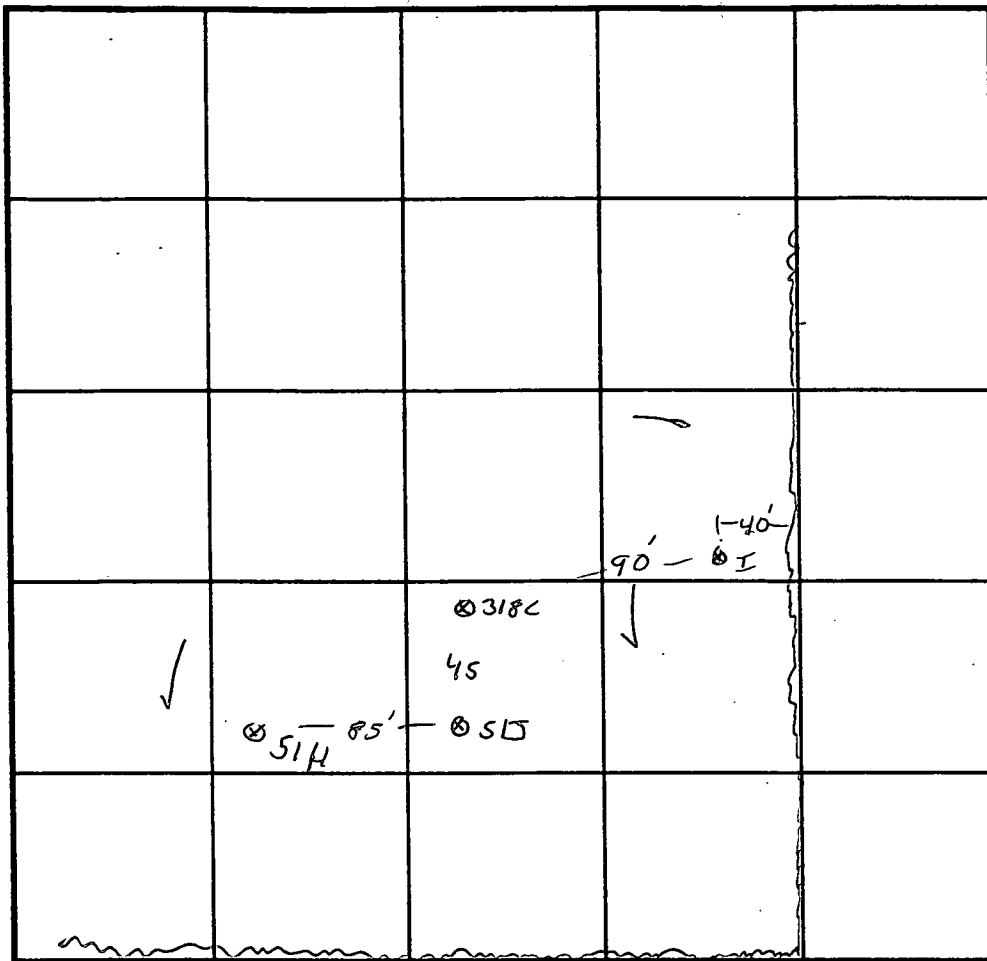
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

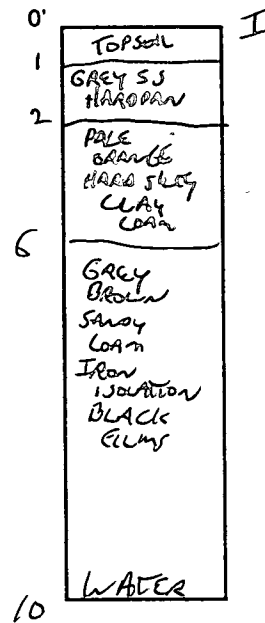
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



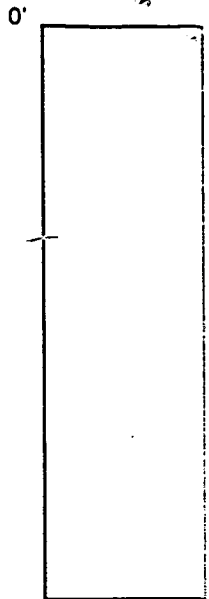
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



COUNTY #

SOIL PROFILE



51H, 5

TOPSOIL

ORANGE
CLAY SANDY
LOAM

2.5

ORANGE
SANDY
LOAM

TAN
SANDY
LOAM

7.5

BLACK BANDS
LOW CLAY

10.5

51 I

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/97	51J	2.5/10.5	10:53	10:56	10:56	11:00	4 MW
	51H	2.5/10.5	10:58	11:00	11:00	11:02	2 MW
	51I	2.5/10.5	11:04	11:09	11:09		

REMARKS _____

TYPE OF SOIL _____

TESTED BY G. RUAGE ALSO PRESENT SHARP, DEMMIT, ALLEN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

A _____
P _____
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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CMC LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP 27 PARCEL # 197

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

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

