INSP 2 8/25 INSP 3 8/246 8/28	INSP 5 /	1/1//0.5	<u> </u>	V
ISSUE DATE:	8/11/03 P	ERM DEXE)	P 5/9082 A 56600-A
Fogles Septic (HOWARD COUN BUREAU OF EN	TY HEALT NVIRONME	OSAL SYSTEM H DEPARTMENT NTAL HEALTH FINITED TO INS	STALL ⊠ ALTER □
	orecht Road, Sykesv	ville	PHONE NUMBER:	410-795-5670
	gh Forest Estates		LOT NUMBER:	51 (Par A)
ADDRESS: 15125	Sapling Ridge Drive	PROP	ERTY OWNER: _B	Big Branch Overlook, LLC
SEPTIC TANK CAPAC	CITY (GALLONS):	1500	OUTLET BAFFLE	FILTER REQUIRED 🏻
PUMP CHAMBER CA NUMBER OF BEDROO	,	1500	COMPARTMENTE WITH MANHO	D TANK REQUIRED &
SQUARE FEET PER B	EDROOM:	180	•	
LINEAR FEET OF TRI	ENCH REQUIRED:	<u> </u>	HOUSE SERVED F	BY PUBLIC WATER
TRENCHES:		ade. Effective		. Bottom maximum depti below original grade. 2.0
LOCATION:	Place the distribution box	as shown on t	he approved site plan.	Run trenches on contour.
NOTES:	Gravity basement service	proposed.	<u>L.3</u>	
	1			

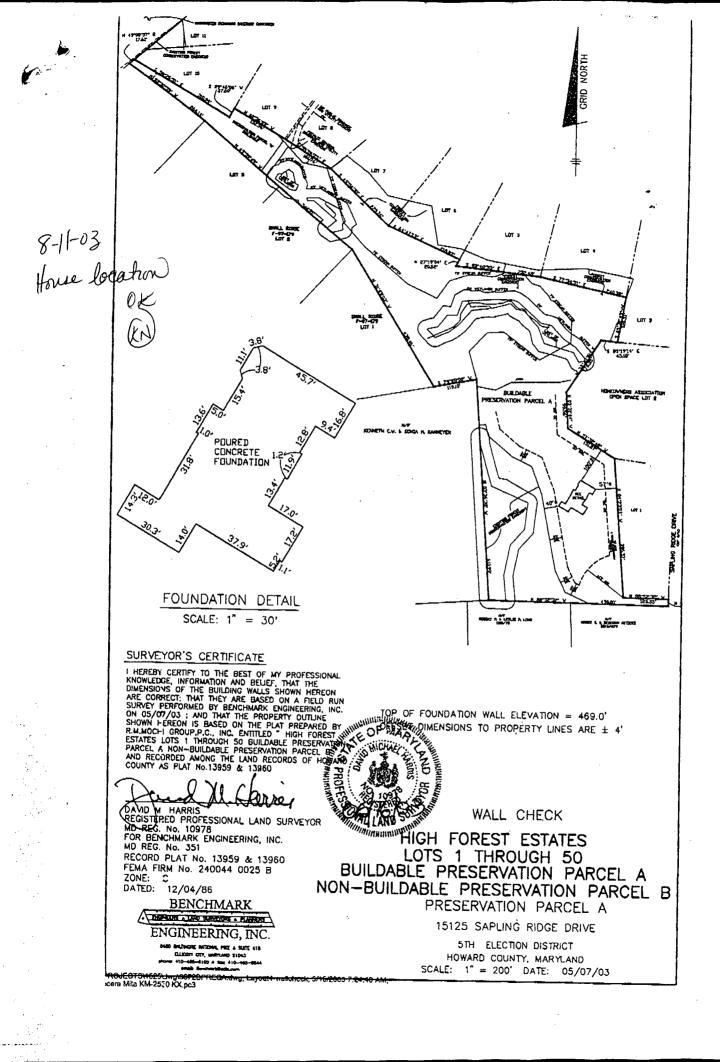
MATER IGHT SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

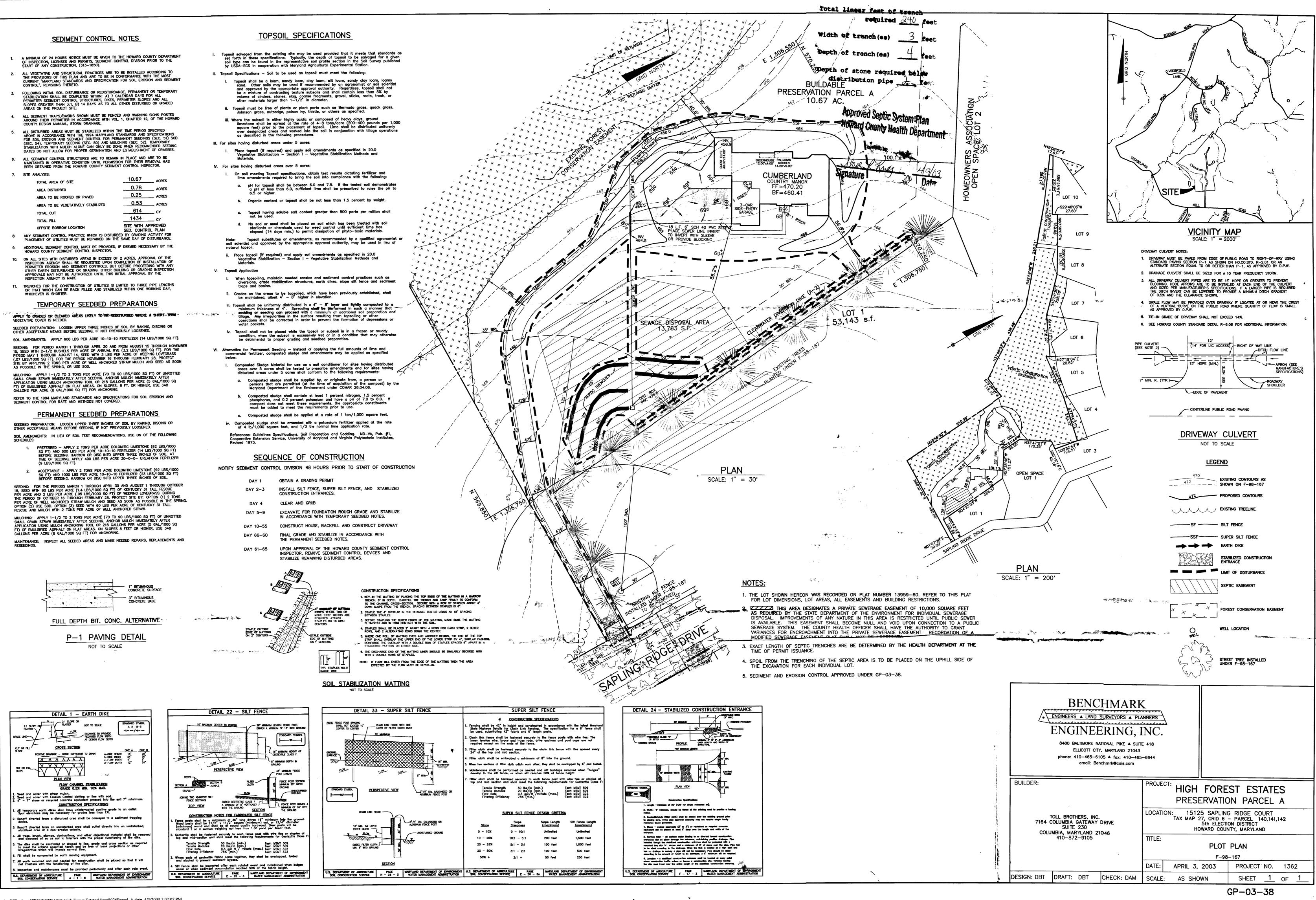
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

·	
TRENCH/DRAINFIELD SATA	
WIDTH INLET BOTTOM	ſ
3 8 9	
NUMBER OF TRENCHES	_
011	_
TOTAL DENOTAL	-
ABSORPTION AREA 96 0 15	
DISTRIBUTION BOX LEVEL\	_
DISTRIBUTION BOX BAFFLE	_
DISTRIBUTION BOX PORT	_
	_
SEPTIC TANK DATA	_
SEPTIC TANK DATA SEPTIC TANK I LEVEL	

SEPTIC TANK DATA
SEPTIC TANK I LEVEL
CAPACITY [500] GAL
SEAM LOC
TANK LID DEPTH
BAFFLES
BAFFLE FILTER
MANHOLE LOC Front & Rea
6" PORT LOC NA
WATERTIGHT TEST MA
SEPTIC TANK 2 LEVEL
CAPACITY 1500 GAL
SEAM LOC TOP
TANK LID DEPTH
BAFFLES VI Inlet
BAFFLE FILTER NA
manhole loc <u>Regr</u>
6" PORT LOC VA
WATERTIGHT TEST NA

PRE-CONSTRUCTION 8/21/03-56 A shaked and accorded Ingle / 50/76/85 / henches on one side, 30 on other (50) 8/25/03 Nou INSTALLATION 8/28/03 No work done; temporary structures in laxement. Might Start work in approx 1 work, Shit is staked (KN), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not complete - Need to scale or concerned (KN/KB), 9/2/03 WPI not concerned (KN





HD-215(Rev. 8/00)

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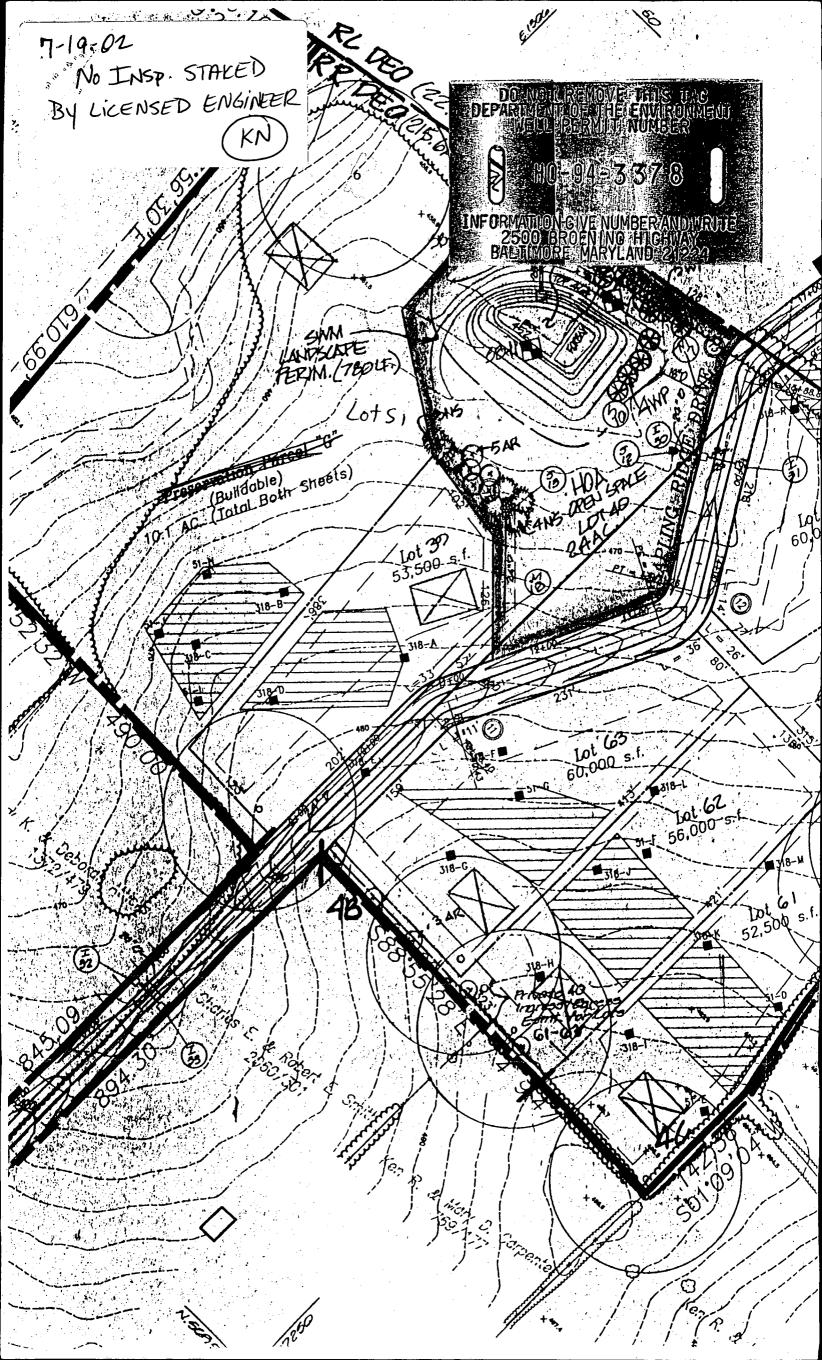
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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: osles Well Dalling Telephone #: 410-795-5670 Address: 200 Opecut en suresule and (Must circle one) Licensed Plumber Cicensed Well Driller License # and name of individual responsible for the field installation: Licensed Well Pump Installer Name (Print): Allen Compton A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be Name of Property Owner: Toll Subdivision: High Forest Estates Telephone #: Lot #: 100/51 Well Tag #: HO -94 - 3378 Site Address: 15125 Sopling Pidge De Submersible Pump Data Make: (Soulds Pitless Adapter Well Can and Electric Conduit Make: Campbell Model #: 75 0 0 Two piece watertight cap: 475 Model#: NIA Pump Capacity Screened, vented well cap: 465 Well Yield: 15 GPM Depth: 36 (36" min) Cap secured to casing: 475 NSF approved: VK5 Depth of well encountered at time of pump installation: 200 (feet) Conduit min 18" B.G.: 475 If pump capacity exceeds well yield, a low water out off switch is required by NSPC 1990 Section 17.8.4 Conduit secured to well cap: 4x5 Torque arrestors or Cable guards are required - Must circle one Safety rope, if used, attached to inside of well casing with eye bolt NA Riping to house House Connection Type: I"Black Plastic PVC sleeved to undisturbed soil at wall penetration: 425 PSI: <u>iko (160 psi min)</u> Approximate length of sleeve:_ Depth of supply line: 42(36" min) Siceve caulked and sealed properly: 465 The water supply line is required to be at least ten fect from the septic tank, pump chamber, sewage piping. distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: Inspection Data: Pitless adapter and 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 installed inside of well casing Correct well tag attached properly and easing 8" above finished grade Water supply line sleeved adequately at house connection Adequate grout observed below pitless adapter

C 1 14465 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY
(THIS NUMBER IS TO BE PUNCHED IN COL'S 3-6 ON ALL CARDS)	PLEASE TYPE	NUMBER #56600A
ST/CO USE QNLY DATE WELL COMPL DATE Received		FROM "PERMIT NO."
$\begin{bmatrix} MM & DD & YY \\ \hline 8 & & 13 \end{bmatrix} \qquad \qquad \frac{12}{15} \qquad \qquad \frac{7}{15}$	22 Z 00 26 \(\) 20 (TO NEAREST FOOT)	$\frac{770 - 74 - 3378}{28 \cdot 29 \cdot 30 \cdot 31 \cdot 32 \cdot 33 \cdot 34 \cdot 35 \cdot 36 \cdot 37}$
	(io meanes) root)	// Brothers
OWNERSTREET OR RFDSP	PLING RIDGE FOR TOWN	Glenela
SUBDIVISION HIGH FOREST	ESTATES SECTION	OT Pres PAT 1/1"
WELL LOG	GROUTING RECORD VAS NO	C 3 5
Not required for driven wells	WELL HAS BEEN GROUTED (Y) N (Circle Appropriate Box)	PUMPING TEST
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour) 03
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT C BENTONITE CLAY BC	8
Barrella 1	NO. OF BAGS 45 0 NO. OF POUNDS 2582 0	PUMPING RATE (gal. per min.)
(h. L. 0 56)	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Share	from the state of	WATER LEVEL (distance from land surface)
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	4.1
broy 56 140	casing CASING RECORD	BEFORE PUMPING 17 20 ft.
Linistence	types insert appropriate STEEL CONCRETE	WHEN PUMPING 35 ft.
		22 25
	PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
13 pur 140 141 V	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 patent 27 other
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)
	$\frac{5}{60} \frac{00}{61} \frac{00}{63} \frac{00}{64} \frac{00}{66} \frac{3}{70}$	
6ry 141 200	E OTHER CASING (if used)	J jet Submersible
Linestone 14/200	C diameter depth (feet)	
	C	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
	S - N	(VES ONO)
ULTRAVIOLET LIGHT DISINFECTION	ON SYSTEM	F DRILLER INSTALLS RUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type SCREEN RECORD	TYPE OF PUMP INSTALLED 29
	insert STEEL BRASS COPEN	IN BOX 29
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PL OT OTHER	(to nearest gallon) 31 35
		PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest-ft-)
yes 📢 no	140,63 200	CASING HEIGHT (circle appropriate box
WELL-HYDROFRACTURED Y	(A) 9 (1) 15 17 (21) C	above) and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	H ² 23 24 26 30 32 36	LAND SURFACE
WHEN THIS WELL WAS COMPLETED	S C 3	below <u>2 (nearest)</u> foot)
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51 E	49 50 51
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1	SHOW PERMANENT STRUCTURE SUCH AS
ACCORDANCE WITH COMAR 28:04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED	DIAMETER (NEAREST	BUILDING SEPTIC TANKS AND VOR
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY	56 50 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M SD 009	GRAVEL PACK	
all limit	IF WELL DRILLED	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT FIN BOX 66	7.0
LIC. NO. 1 D 1	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
	T (E.R.O.S.) W Q	(D/ -
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76	SET PLAY
responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	

DENV-Permit 97



مكند زرم	EMERGENCY/TI	EMP NO. IF ANY		
B 1 09.708 SEQUENCE NO.	STATE OF	MARYLAND	STATE PER	RMIT NUMBER
(MDE USE ONLY)	PERMIT TO DRILL WELL		HO-94-2754	
	W5/3688 please pr	int or type	70	orm completely 79
Date Received (APA)		B3 - 1	LOCATION OF WELL	
8 MM DD MY 13 OWNER INFOR	RMATION	Howard	orest Estate LOT Parel A ton	
Kan lante	Churk	8 COUNTY	med Estate	اغ ده.
15 Last Name Owner	First Name 34	23 SUBDIVISION	our wien	42
10 Mellor are		SECTION L	LOT Parel A	,
36 / Street or RFD	55	44 (46	48 50	
Catonsville Md 57 Town 70 State	21228 72 Zip 76	52 NEAREST TOWN	ion	71
DRILLER INFORMATION	72 <u>2.</u> p 70	1	4	VZ M II
bush L. Mayre	MSD024	MILES FROM TOWN (ente	73 73	76 77 78
Drifter's Name	6 License No. 81	B 4	11.0.	, 0
Joseph K. Mayne Will !	relling	DIRECTION OF WELL FROM	Saplery Kia	AT ROAD 30
Firm Name 5512 Ridge Rd Md.	Time And 21771	TOWN (CIRCLE BOX)	ONEAR WI	, some
Address Address	1	NW 8 NE	ON WHICH SIDE C	WATE BOX)
Joseph L Mayne	- 7/13/2000	8-9	() () () () () () () () () ()	WEST STEAST
Signature	Date	(TOWN) E		1/6 37 SOUTH
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE —			04 -07	FROM ROAD FT NTER FT OR MI 38 39
(GAL. PER MIN.)	8 500 ¹²			A
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20		TAX MAP: BLK:	PARCEL A
USE FOR WATER (CIRCLE AF	PROPRIATE BOX) BE FILLED IN BY DEPARTMENT API	
DOMESTIC POTABLE SUPPLY & RESIDER	NTIAL () ()	F . \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 DEPARTMENT AFT	12.
IRRIGATION FOR FARMING (LIVESTOCK WATERING & AGR	ICHI TUBAL	COUNTY NAME		COUNTY NO.
F IRRIGATION	IODETOTIAL (STATE		INSERT S
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	ig / , V	SIGNATURE	0,00	1 41 41
P PUBLIC WATER SUPPLY WELL		07/20/00	Cy Wille	~ 7/19/01
T TEST, OBSERVATION, MONITORING		V 43 MM DD ₩ 48 NORTH 5/O 0	CO SIGNATURE EAST	790000
G GEO-THERMAL		GRID 50	0 0 GRID	770000
	- 0 v	SHOW MAJOR FEATURES	S OF	
APPROXIMATE DEPTH OF WELL 300		BOX & LOCATE WELL _		
24	28 NEAREST	SOURCES OF DRILLING V	WATER	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. WELL		
METHOD OF DRILLING	(circle one)	2. 3.		
BORED (or Augered) JETTED	Jetted & DRIVEN			
30 AIR-BOTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	٠	
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		4
other		E 790		^
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE			000	
THIS WELL WILL NOT REPLACE AN EXISTI		N 510		
THIS WELL WILL REPLACE A WELL THAT I	WILL BE	DRAW A SKETCH BELOW RELATION TO NEARBY TO		
THE WELL WILL DEDI AGE A WELL THAT	WILL BE USED	DISTANCE FROM WELL T		
39 AS A STANDBY CONTACT LOCAL APPROV		8.0	Ον,	D. 7
THIS WELL WILL DEEPEN AN EXISTING WI	ELL	Est.		Lagron
PERMIT NUMBER OF WELL TO BE REPLACED O		N	×188	
(IF AVAILABLE) 41	52	A Gues	Se /	es et.
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	Mar Tributa And	Zo Open Ko	MA
APPROP. PERMIT NUMBER	GAP	1000 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	< or >	•
54	011 7754	-	P	
PERMIT No. 70 71 7	- 7	Madely	the same	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF INLEDED			hia Mill o	Pd ⊕

APPLICATION

PERCOLATION TESTING

P_____

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

DISTRICT_____

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATIO	N FOR PERMIT TO CONSTRUCT	(OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER C. M. C. CONS	TRUCTION,	INC.
ADDRESS		
AGENT OR PROSPECTIVE BUYER CHARLES A.		
ADDRESS 3779 SHARP ROAD	PHONE	410-489-4630
PROPERTY LOCATION: SUBDIVISION C.M.C. CONSTRUCTION M	PROPERTY LOT NO. L	pres pairel A on final
ROAD AND DESCRIPTION HOWARD ROAD 3	DOD I FROM 1	NTERSECTION OF
ROAD AND DESCRIPTION HOWARD ROAD 3,	(SOUTH)	
TAX MAP 27PARCEL #		e e e e e e e e e e e e e e e e e e e
SIZE OF LOT 40,000 -50,000 5Q. F	TYPE BLDG. SIN	SLE FAMILY DWEUWG (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABL	E ONLY UNTIL PUBLIC FACILI	TIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLI	CATION IS NON-REFUNDABLE	UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LO	от	(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 1.D. #		DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		DATE

THIS IS NOT A PERMIT

HD-216 (3/92)

