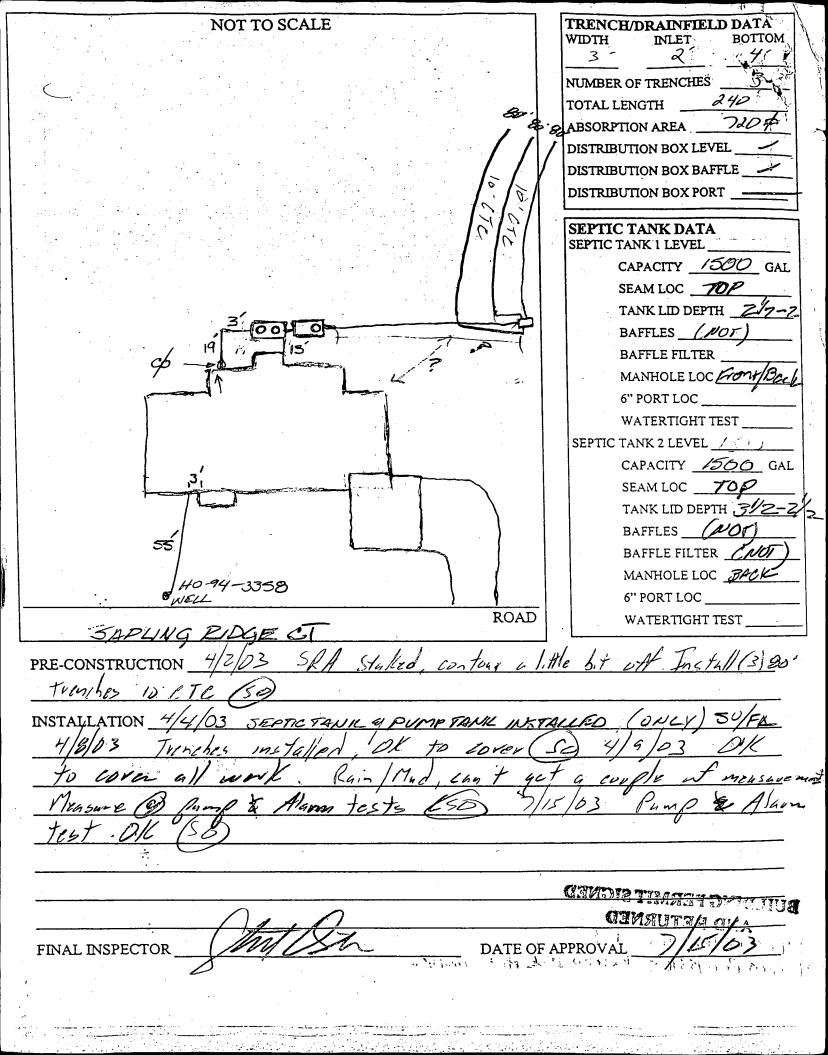
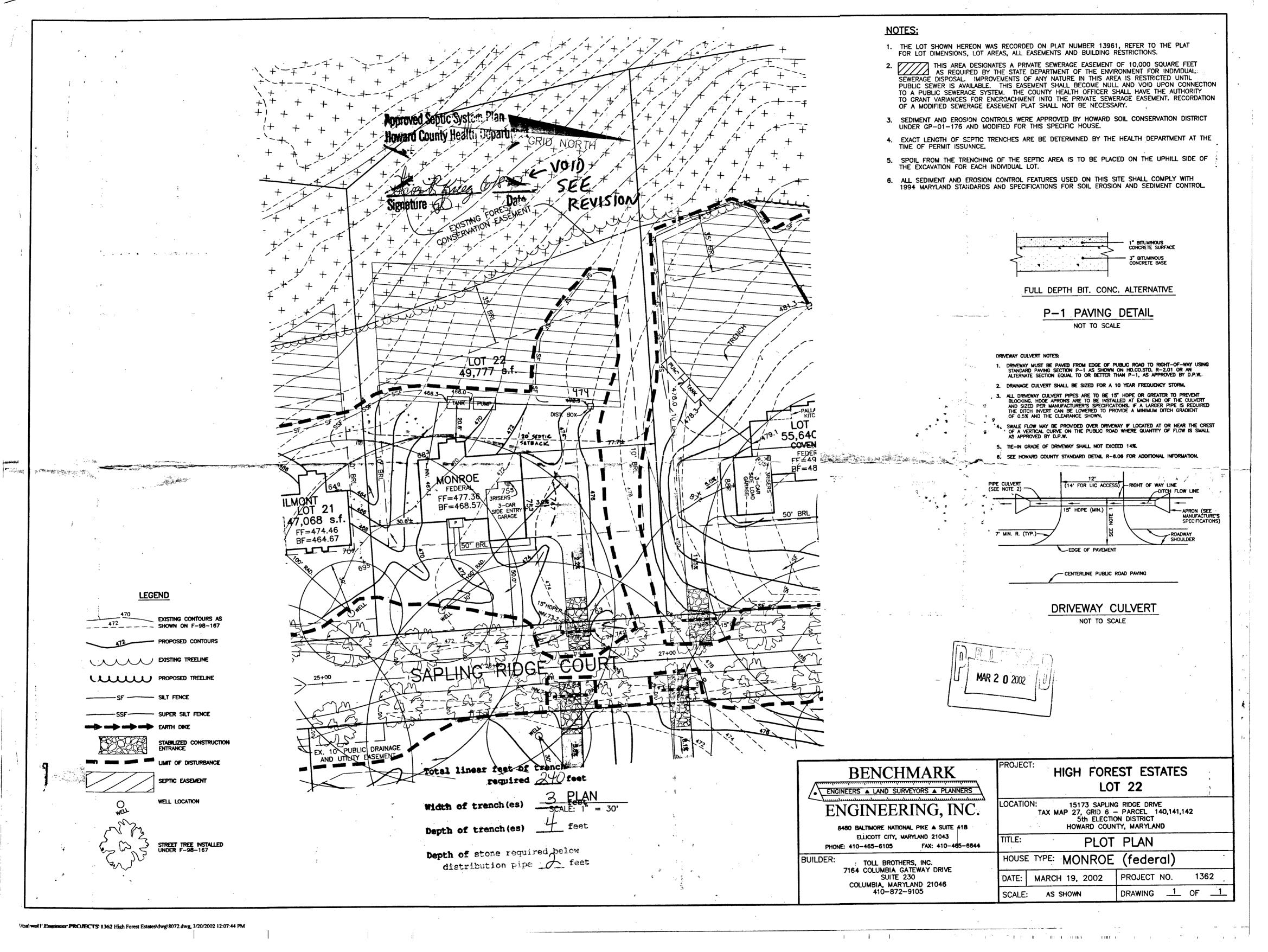
LAYOUT	3 280 INSP 4	lajos in AM	
INSP 2 3 GO Juna	14/4 INSP 5 7/15	5/03 2pm Rump tot	
INSP 3 4/1/03	1:30 INSP 6		
ISSUE DATE: 4/	2/2003 <b>DI</b>	DMIT	P <u>518604</u>
APPROVAL DATE:	7/15/03 FI	INDEXED	A 56600-BAA
	HOWARD COUNT BUREAU OF EN	GE DISPOSAL SYSTEM BY HEALTH DEPARTMENT VIRONMENTAL HEALTH - 432855	
Fogles Septic C	lean, Inc	IS PERMITTED TO	NSTALL ⊠ ALTER □
ADDRESS: 580 0	brecht Rd, Sykesvil	1e PHONE NUMBER	R: 410-795-5670
SUBDIVISION: Hi	gh Forest Estates	LOT NUMBER:	22
ADDRESS: 15173	Sapling Ridge	PROPERTY OWNER:	Big Branch Overlook, LLC
SEPTIC TANK CAPAC	EÍTY (GALLONS):	1500   OUTLET BAFFL	E FILTER REQUIRED 🏻
PUMP CHAMBER CA	PACITY (GALLONS):	COMPARTMENT	ED TANK REQUIRED
NUMBER OF BEDRO	OMS:	4	
SQUARE FEET PER B	EDROOM:	180	
LINEAR FEET OF TR	ENCH REQUIRED:	240 HOUSE SERVED	BY PUBLIC WATER
TRENCHES:	4.0 feet below original gra feet of stone below distrib		et below original grade. 2.0
LOCATION:	Place the distribution box	as shown on the approved site plan	. Run trenches on contour.
NOTES:	Basement service by gravi	ity is not proposed.	
PLANS APPROVED:	Steven R. Krieg $\hat{\mathcal{O}}_{\mathcal{A}}$	1 7/17/02 (50)	DATE: 6/18/2002
NOTES: PERMIT VOID AFTER CONTRACTOR IS RE: WATERTIGHT SEPTI ALL PARTS OF SEPTI MANHOLE RISERS R	SPONSIBLE FOR SCHEDULING A PR C TANKS REQUIRED C SYSTEM SHALL BE 100 FEET FRO EQUIRED ON ALL SEPTIC TANKS A	RE-CONSTRUCTION INSPECTION FOR ALL I OM ANY WATER WELL UNLESS SPECIFICAL IND PUMP CHAMBERS UNLESS SPECIFICAL APPLICABLE REGULATIONS, GUIDELINES	LLY AUTHORIZED LLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
BUILDING PERMITESIRES ON SIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
AND RETURNEDALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
94-03 BOD 143943 - DECK
7-25-05 BOD 155165 - EXTRAD DECK AND STREAMS

ASWOO-PA

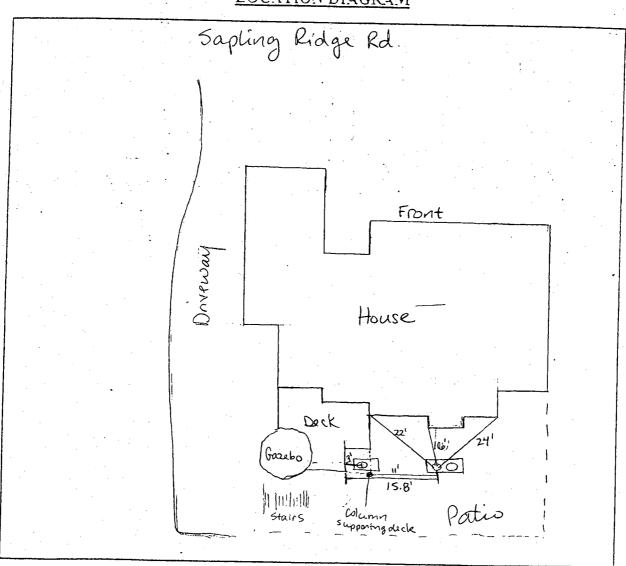




### SITE INSPECTION SHEET

OWNER:	PHONE #:
ADDRESS: 15173 Sapling Ridge Or	CONTRACTOR:
	WELL TAG#:
SUBDIVISION:LOT:	COUNTY #:
PROPOSAL: Locate Septic tanks	

### LOCATION DIAGRAM



COMMENTS: Sephi tanks wer	e located to be beside deck.
- lump tank is 3' from	toundation wall of dock but does
- he underneath #	1 a portion of the deck which is
- approximately 8 above	fank,
DATE: 1/21/05	INSPECTOR: SF

# FILE INQUIRY FORM

Property Add	ress:			
James = 240-	532-3	729.		
Hawill				
Haunak .	60 S	te Us	++	
10/20	HANKS			
SHI MO	naoshios Ca	omported.	Sephi +	arka.
adonahip	el Pump	tank four	nd to be	450 /c
Chaso -k	dick:	7/21/05 7	acked to	James
Heinnah	ach in Co	ntache lo	dock ri	01/10
- Destato	will a	- Mariance	In 170	<u>imile</u> .
7/21/05	(SF)		0	
化化工工 "我,我就是有我的意思,就是,我还要说,我还是我们的我的最级的最后的是一个人,我们在一个	Carry of the second	(1944年) - 新文本文学 (1944年) - 1945年(1947年) - 1945年(1947年) - 1947年(1947年)		
		7.44.60		

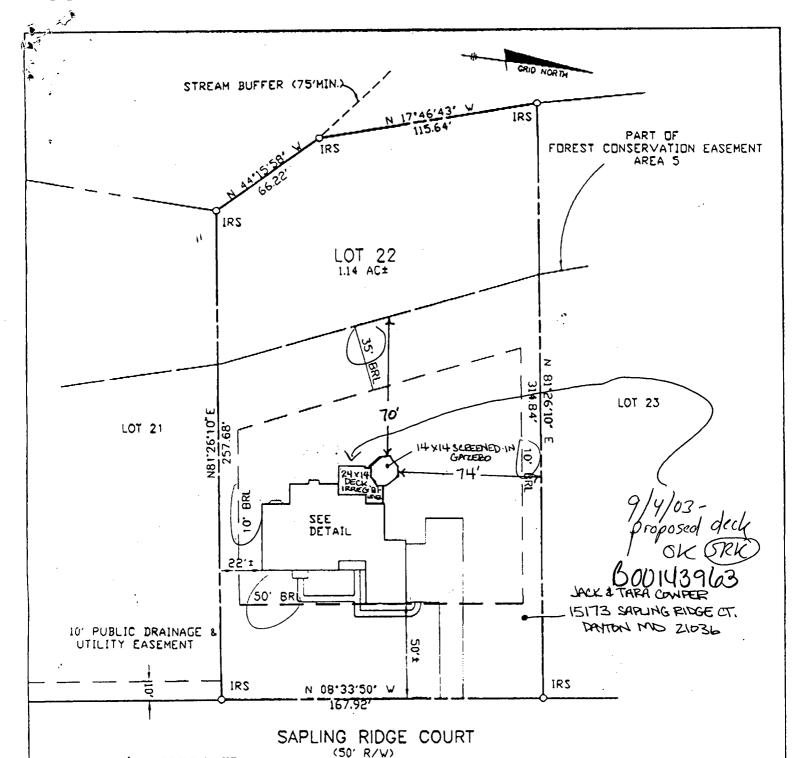
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3130 COURT HOUSE DRIVE ELLICOTT CITY, MD 21/M3 PERMITS (410) 313 2455 INSPECTIONS (410) 313 1810

ï.

### HOWARD COUNTY

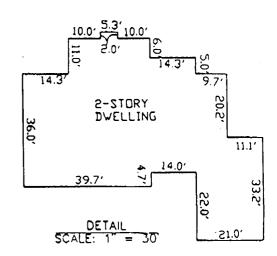
PERMIT NUMBER

AUTOMATED IN-CHAINION (410) 313-3800 :	PERMIT AP	PLICATION		
Building Address 15173 SAPPU	ING RIDGE DZ.	Property Owner's Name	JEFF L	OZERO
DAYTON, MD 2103	<b>.</b>	Address	_	
		Address SAM	<u> </u>	
Suite/Apt. #: SDP/WP/P				
Census Tract 605(0) Subdivisio	n HIGH FOREST EST	City		
SectionArea	Lot 22			CPhone 410-309-6155
Tax Map 27 Parcel 140	)Grid	Applicant's Name & Mai	ling Address, (if oth	er than stated hereon).
Zoning Map Coordinates \$\( \frac{130}{2} \)		Phone	· Fay A	10-309-6158
<del> </del>				
Existing Use SINGLE FAMI Proposed Use 11 LEVEL		Contractor Company	TROY HAD	UVA
Estimated Construction Cost \$		Contact Person	IES HAN	<b>V</b> A
Description of Work EXTEND EXI	* _ * _ ;			
		Address 6945 6	DILFORD	PO
70 12'x 78' W/ STAIRS	s a stourtee step	1 _		10 Zip Code 21046
_ UNDERLIVENTH.		License No.		
	· · · · · · · · · · · · · · · · · · ·	Phone 4(0-309-6	155 Fax 41	0-309 6158
Occupant or Tenant		Engineer or Architect Co	ompany	The state of the s
Contact Name		Contact Person		
Address	•		·	_ <del></del>
	7:- O- d-	Address	•	
City State	Zip Code			
Phone Fax		City	State	Zip Code
Phone Fax	·	Phone	Fax	
BUILDING DESCRIPTION	N - COMMERCIAL	BUILE	DING DESCRIPTI	ON - RESIDENTIAL
Building Characteristics	T			
Height:	<u>Utilities</u> Water Supply:	Building Charac	<del></del>	<u>Utilities</u>
	Public	SF Dwelling  SF To	Windth	Water Supply: Public
I No of storios:	Denisata			
No. of stories:	Private Sewage Disposal	1st floor:		Private Sewage Disposal
	Sewage Disposal:Public	1st floor: 2nd floor: Basement:		Sewage Disposal: Public
Gross area, sq. ft. per floor:	Sewage Disposal:	2nd floor: Basement: Finished Basement □ Unfi		Sewage Disposal: Public Private
Gross area, sq. ft. per floor:	Sewage Disposal:  Public Private  Electric Yes □ No □	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms	Grade 🗆	Sewage Disposal: Public
	Sewage Disposal:  —— Public —— Private  Electric Yes □ No □ Gas Yes □ No □	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height:  Multi-farmity dwellings:	Grade 🗆	Sewage Disposal:  Public Private  Electric Yes Mo G Gas Yes No G
Gross area, sq. ft. per floor:	Sewage Disposal:  —— Public —— Private  Electric Yes □ No □ Gas Yes □ No □  Heating System:	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units:	Grade 🗆	Sewage Disposal:  Public Private  Electric Yes 19 No 1 Gas Yes 10 No 1  Heating System: Electric   Oil
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete	Sewage Disposal:  —— Public —— Private  Electric Yes □ No □ Gas Yes □ No □  Heating System: Electric □ Oil □ Natural Gas □	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms  Height: Multi-family dwellings: No. of efficiency units:	Grade 🗆	Sewage Disposal:  Public Private  Electric Yes P No C Gas Yes No C
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry	Sewage Disposal:  —— Public —— Private  Electric Yes □ No □ Gas Yes □ No □  Heating System: Electric □ Oil □	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height: Multi-farmity dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Grade 🗆	Sewage Disposal:  Public Private  Electric Yes 19 No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel	Sewage Disposal:  —— Public —— Private  Electric Yes □ No □ Gas Yes □ No □  Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □  Sprinkler system: N/A □	2nd floor: Basement: Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height: Multi-farmily dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Dimensions:  27 × 1	Grade	Sewage Disposal:  ——Public ——Private  Electric Yes  No   Gas Yes  No   Heating System: Electric  Oil   Natural Gas   Propane Gas    Sprinkler system: N/A   NFPA #13D
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Sewage Disposal:  — Public — Private  Electric Yes □ No □ Gas Yes □ No □  Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □  Sprinkler system: N/A □ — Full — Partial	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height:  Multi-farmity dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Grade	Sewage Disposal:  Public Private  Electric Yes ® No □  Gas Yes □ No □  Heating System: Electric □ Oil □  Natural Gas □  Propane Gas □  Sprinkler system: N/A □
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry	Sewage Disposal:  — Public — Private  Electric Yes □ No □ Gas Yes □ No □  Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □  Sprinkler system: N/A □ — Full	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height:  Multi-farnity dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure:  Other Structure:  STOOM  Roof Height:  State Certified Modelings	Grade D  GE SHED	Sewage Disposal:  ——Public ——Private  Electric Yes 🗗 No 🗆  Gas Yes 🗆 No 🗆  Heating System: Electric 🗆 Oil 🗅  Natural Gas 🖂  Propane Gas 🖂  Sprinkler system: N/A 🖂  ——NFPA #13D ——NFPA #13R
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Full Partial Other Suppression # of Heads	2nd floor:  Basement:  Finished Basement □ Unficerated State Certified Moderate District Control of the Contro	Grade D	Sewage Disposal:  Public Private  Electric Yes  No  Sas Yes No
Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows howard County which are applicable thereto; (4) that he	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Full Partial Other Suppression # of Heads	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height: Multi-farmity dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure:  Other Structure:  STCC.N  Dimensions: Footings: Footings: Total State Certified Mon Manufactured Hon  Manufactured Hon  ICATION, (2) THAT THE INFORMATION IS CENTED PROPERTY MOIT SPECIFICALLY OF THE STRUCTURE OF THE STR	Grade D	Sewage Disposal:  Public Private  Electric Yes  No  Sas Yes No
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Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS HOWARD COUNTY WHICH ARE APPLICABLE THERETO. (4) THAT HE THE RIGHT OF THE ONTO THIS PROPERTY FOR THE PURPOSE OF	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Full Partial Other Suppression # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPEL SHE WILL PERFORM NO WORK ON THE ABOVE REFER F INSPECTING THE WORK PERMITTED AND POSTING INC	2nd floor:  Basement:  Finished Basement □ Unficerated Stab on No. of Bedrooms Height:  Multi-farmity dwellings: No. of 1 BR units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure:  Other Structure:  Other Structure:  Toolings:  State Certified Moderated Hone  State Certified Moderated Hone  State Certified Moderated Hone  CENCED PROPERTY NOT SPECIFICALLY DISTRICES.  Print Name  Total Control Control Control  Print Name  Total Control  Date	Grade   GE SHED  THE DESCRIBED IN THIS APPLICATION THIS APPLICATION THIS APPLICATION THIS APPLICATION THIS APPLICATION THE SHE WE SECRIBED IN THIS APPLICATION THE SHE WE S	Sewage Disposal:  Public Private  Electric Yes  No  Sas Yes No
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Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows Howard County which are applicable thereto. (4) that he the rice of the first out of the purpose of the rice of the first out of the purpose of the rice of the first out of the purpose of the rice of the purpose	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Partial Other Suppression # of Heads  (1) That He/SHE IS AUTHORIZED TO MAKE THIS APPLIANCE WILL PERFORM NO WORK ON THE ABOVE REFER F INSPECTING THE WORK PERMITTED AND POSTING NC  Checks payable to: DIRECTOR OF PLEASE WRITE NEASON OF THE CONTROL OF THE WORK PERMITTED AND POSTING NC	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height:  Multi-farnity dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure:  Other Structure:  Other Structure:  Other Structure:  Other Structure:  Toolings:  Other Structure:  Other Structur	Grade   GE SHED  GE SHED  GUIDT  GUIDT  THE SECRIBED IN THIS APPLICATION  FILING  FILING  FILING  GRADE  GRAD  GRA	Sewage Disposal:  Public Private  Electric Yes  No  Sas Yes No  Sa
Gross area, sq. ft. per floor:  Use group:  Construction type:	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads   Other Suppression   # of Heads   Other Suppression   The ABOVE REFER FINSPECTING THE WORK PERMITTED AND POSTING NOT PLEASE WRITE NEW   SIGNATURE APPROVAL	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height:  Multi-farnity dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:  Cother Structure: Dimensions:  State Certified Mode Manufactured Hon  LCATION, (2) THAT THE INFORMATION IS OF ENCED PROPERTY NOT SPECIFICALLY DUTICES.  Print Name  Print Name  TADO S  BETINANCE OF HOWARD CATLY AND LEGIBLY:  E USE ONLY-  DPZ SETBACK  Front:  Rear:	Grade   GE SHED  GE SHED  GUITAT  THE SECRICATION  INFORMATION  Filing  Perm	Sewage Disposal:  Public Private  Electric Yes Y No Gas Yes Yes No Gas Yes Yes No Gas Yes Yes No Gas Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows howard county which are applicable thereto. (4) that he there right yearer onto this property for the purpose of Applicant's Signature  Title/Company  AGENCY Land Development. DPZ  State Highways  Building Official  Dev. Engineering. DPZ	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (2) The Work Permitted and Posting Mc  Checks payable to: DIRECTOR OF PLEASE WRITE NE.  FOR OFFICE  SIGNATURE APPROVAL	2nd floor:  Basement:  Finished Basement □ Unfi Crawl space □ Slab on No. of Bedrooms Height:  Multi-farnily dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure:  Other Structure:  Other Structure:  Other Structure:  Toolings:  Other Structure:  State Certified Mod Manufactured Hon  ICATION (2)THAT THE INFORMATION IS OF THE INFORMATION	Grade   GE SHED  TO THE DESCRIPTION  INFORMATION  Filing  Perm  Excle  Add'	Sewage Disposal:  Public Private  Electric Yes ® No □  Gas Yes □ No □  Heating System: Electric □ Oil □  Natural Gas □ Propane Gas □  Sprinkler system: N/A □  NFPA #13D  NFPA #13D  NFPA #13R  Other:  RILL COMPLY WITH ALL REGULATIONS OF DM. (5) THAT HE/SHE GRANT'S COUNTY OFFICIALS  PROPERTY ID#    See
Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows to the purpose of the right of the purpose	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (1) That he/she is Authorized to Make this applicate of Heads  (2) The Work Permitted and Posting Mc  Checks payable to: DIRECTOR OF PLEASE WRITE NE.  FOR OFFICE  SIGNATURE APPROVAL	2nd floor:  Basement:  Finished Basement □ Unficerawl space □ Slab on No. of Bedrooms Height:  Multi-farnity dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:  State Certified Moderation of State Certified Moderation (2) That the information is a cleared property not specifically different Name  Print Name  Print Name  Date  FINANCE OF HOWARD CATLY AND LEGIBLY:  EUSE ONLY-  DPZ SETBACK  Front:  Rear: Side: Side St: All minimum setbacks met?	Grade   GE SHED  GE SHED  GUIDT  TO THAT HE/SHE WESCRIBED IN THIS APPLICATION  FILING  Perm  Excit  Add  TO T.	Sewage Disposal:  Public Private  Electric Yes ® No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ NFPA #13D NFPA #13D NFPA #13R Other:  RILL COMPLY WITH ALL REGULATIONS OF DM. (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID#    See
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#### SURVEYOR'S CERTIFICATE

HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFOFMATION AND BELIEF TO JOHN R.COWPER AND TARA R COWPER THAT THIS SUBURBAN CLASS BOUNDARY SURVEY IS CORRECT. THAT IT IS ALL OF THE LAND CONVEYED BY CHARLES ALAN SHARP, DENISE DOERER SHARP AND HIGHLAND DEVELOPMENT CORPORTATION TO SAPLING RIDGE, LLC BY DEED DATED FEBRUARY 26, 1999 AND RECORDED AMONG THE AFOREMENTIONED LAND RECORDS IN LIBER 4661 AT FOLIO 035 AND LIBER 4681 AT FOLIO 023 AS RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND. THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYORS AS IT RELATES TO SUBURBAN BOUNDARY SURVEYS PER COMAR 09.13.06.03 PREPARED WITHOUT BENEFIT OF A TITLE REPORT.



REĞ. No 0978

RECORD PLAT No. 13961 FEMA FIRM No. 240044 0025 B ZONE:

12/4/86 DATED:

> BENCHMARK NOTHER - LAW SURVING - PLANTS ENGINEERING, INC

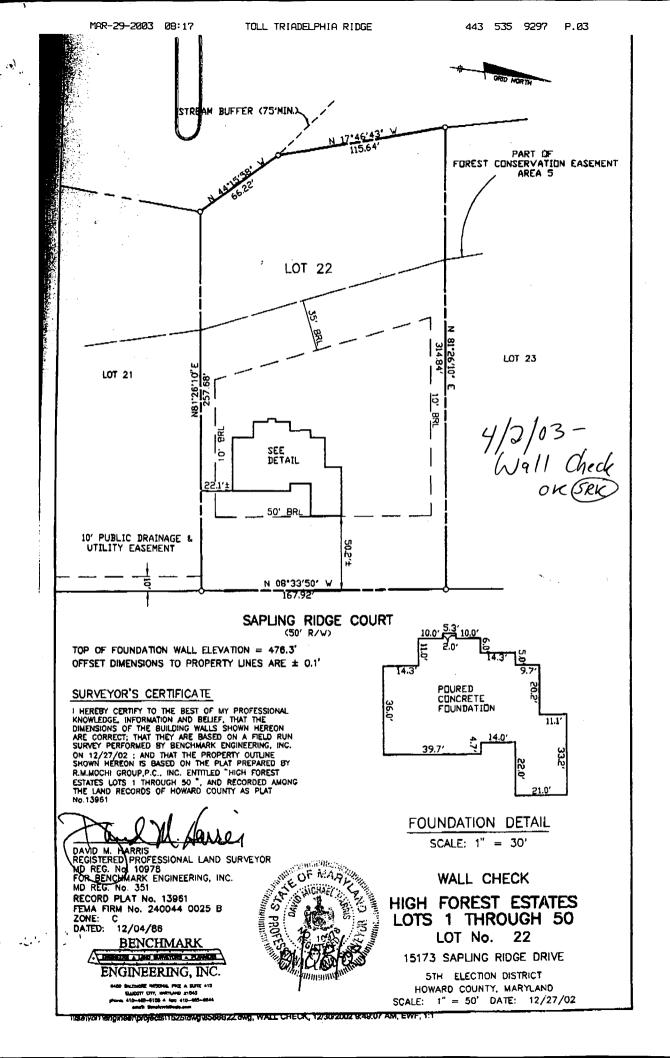


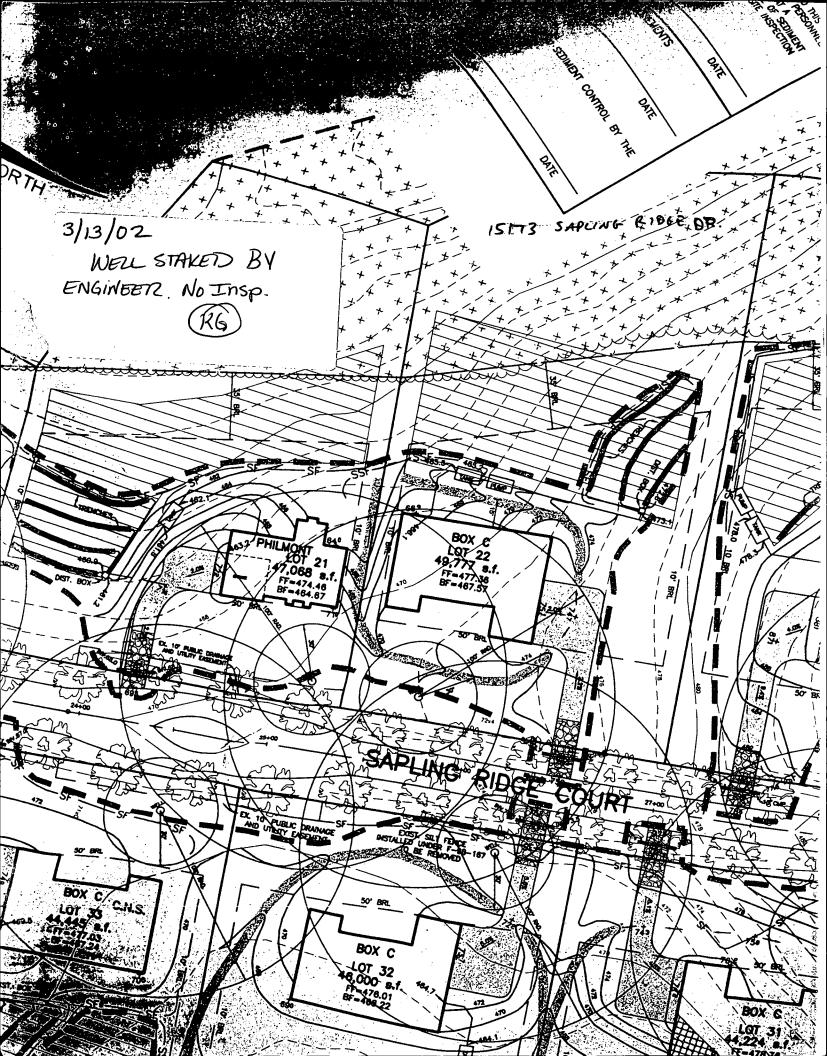
BOUNDARY SURVEY WITH LOCATION DRAWING

HIGH FOREST ESTATES 1 THROUGH 50 LOTS LOT No. 22

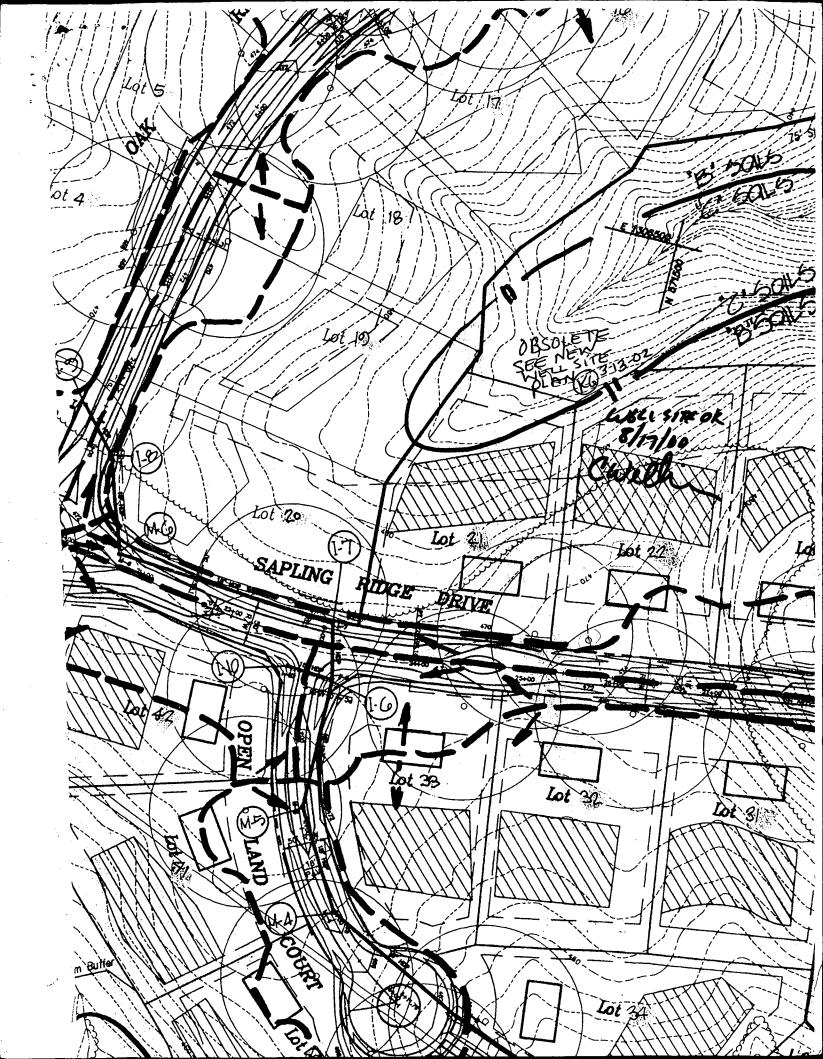
15473 SAPLING RIDGE DRIVE

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND SCALE: 1" = 50' DATE: 07/23/03





5005 SEQUENCE NO.	OTATE OF	AAADVIAAID	STATE PE	RMIT NUMBER
B 1 5905 SEQUENCE NO. (MDE USE ONLY)		MARYLAND DRILL WELL	115 01	/ 1812
1 2, 3 6	T planes or	and the second s	$\frac{H0-77}{70}$	<u>/ - 2823</u>
	5/3/99 please pr	r=_	1	orm completely
Date Received (APA)	TIONE	B 3 FATTERAN	LOCATION OF WELL	
8 MM DD Y 13	(1)(K)	8 COUNTY	0	21
Karlanta Ch		High For	est Estates	1
15 Last Name Owner Fit	S Name 34	23 SUBDIVISION		42
10 Moston are.		SECTION	LOT <u>22</u>	
36 Sweet or RFD	55	44 46	48 50	
Tomas rules 70 State 72	21228	52 NEAREST TOWN	from	71
DRILLER INFORMATION	zip 70	,	4	, 2
	SD 024 1	MILES FROM TOWN (ente	er 0 if in town) 73	76 77 78
Driller's Name 76	License No. 81	B 4		2
Joseph L. Marine Well .	Dulling 1	1 2 DIRECTION OF WELL FROM	Sapling 1	edge U1.
Firm Name	- At 1	TOWN (CIRCLE BOX)	11 NEARW	HAT ROAD 30
5512 Kalge Pot The aun	Md 2177/		ON WHICH SIDE O	
Address	1/1/00	8 N <sub>E</sub> 8-9   8-9	(CIRCLE APPROPE	/ W 32 E
Joseph L Mayre	7/4/00	W TOWN E	34	WEST SEAST
Signature  B 2 WELL INFORMATION	Vaile 1		DISTANCE	FROM ROAD F+
APPROX PUMPING RATE	12		E	NTER FT OR MI 38 39
(GAL PERMIN.) 8	500"		TAX MAP: BLK	PARCEL
AVERAGE DAILY QUANTITY VEEDED (GAL PER DAY)	20			
USE FOR WATER CIRCLE APPRO	PRIATE BOX)		) BE FILLED IN BY I H DEPARTMENT AP	
DOMESTIC POTABLE SUPPLY & RESIDENTIA	L to the last		II DEI ANTIMERT AI	12
IRRIGATION	=	COUNTY NAME	· · · · · · · · · · · · · · · · · · ·	COUNTY NO.
F FARMING RIVESTOCK WATERING & AGRICUL	TURAL	STATE		
22   NOUSTRIAL, COMMERICIAL, DEWATERING		SIGNATURE	0 1 20	INSERT S 41
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	~ Will	8/16/01
T TEST, OBSERVATION, MONITORING		43 MM OD YY 48	CO SIGNATURE	EXP DATE
	•	NORTH 5/0 0	0 0 GRID 679	000
G GEO-THERMAL		50	55 57	63
7 - 4		SHOW MAJOR FEATURES BOX & LOCATE WELL =		• '
APPROXIMATE DEPTH OF WELL 24	FEET 28	WITH AN X		
6	NEAREST	SOURCES OF DRILLING	WATER	+
APPROXIMATE DIAMETER OF WELL	INCH	1. <b>Well</b>		
METHOD OF DRILLING (circ	cle one)	3.		
BORED (or Augered) JETTED	Jetted & DRIVEN			
30 AIR-ROTary AIR-PERcussion ROT	ARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R	
37 CABLE REVerse ROTary	DRive-POINT	FROM THE MAP HERE		
other		700		· ·
REPLACEMENT OR DEEPENE		E <u>790</u>	900	
(CIRCLE APPROPRIATE BO		N 510	000	
THIS WELL WILL BERLACE A WELL THAT WILL		'	SHOWING LOCATION O	F WELL IN
ABANDONED AND SEALED	. DE	RELATION TO NEARBY T	OWNS AND ROADS AND	GIVE
THIS WELL WILL REPLACE A WELL THAT WILL		DISTANCE FROM WELL 1	TO NEAREST ROAD JUNC	TION Ocutor
39 AS A STANDBY CONTACT LOCAL APPROVING FOR POLICY ON STANDBY WELLS	AUTHORITY		3 (	
D. THIS WELL WILL DEEPEN AN EXISTING WELL		Q	3. Ti _	E) a.
PERMIT NUMBER OF WELL TO BE REPLACED OR DI		N Con	18 Open	Kon
(IF AVAILABLE) 41		A	Ridgect	Oayton Road Ct.
Not to be filled in by driller (MDE OR COU	NTY USE ONLY)	anner da P	m market	3
APPROP PERMIT NUMBER	G	230000 246	marcollogics.	<i>9 <del>4</del></i> 7
AFFROY, FERWIT NOWIDER		2011/2011	- 01 / B	
PERMIT No. HO -	74 - 2823 3 74 75 76 77 78 79		Company of the Compan	
70 71 72 73	3 /4 /5 /6 // 78 79	' Tre	adeforia 7	rill Pd. 8
SPECIAL CONDITIONS  NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED A			-0	. ~ . ₩



AEGENTZE TOWARD COUNTY HEALTH DEPT TATAZH JATAZHUORIYAZH TATAZH JATAZHUORIYAZH 11:143 0104 1005

2000 JL 24 AM 10: 37

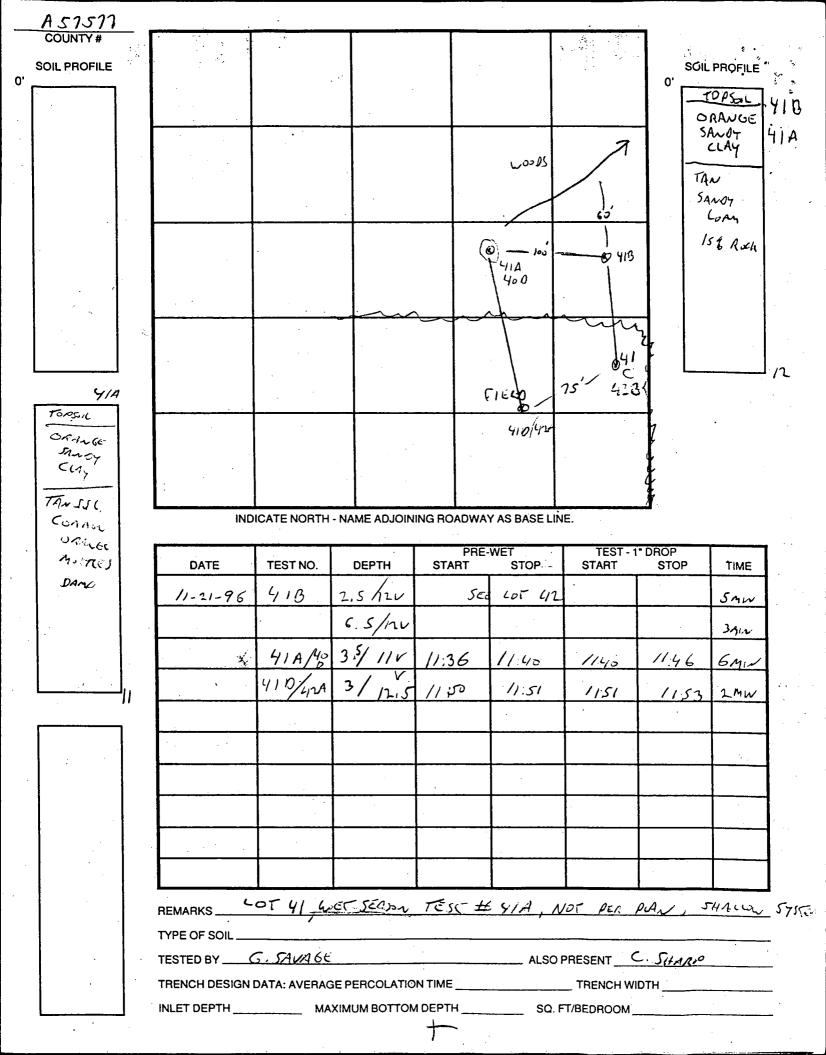
## PPLICATION

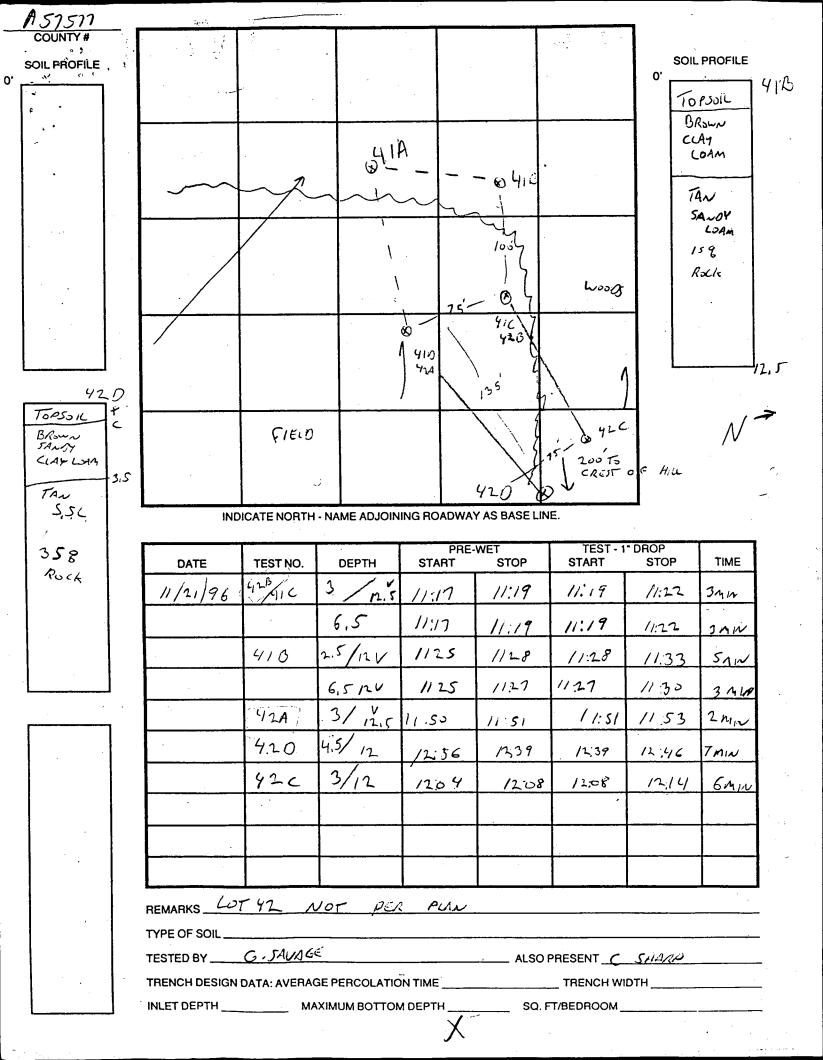
PERCOLATION TESTING

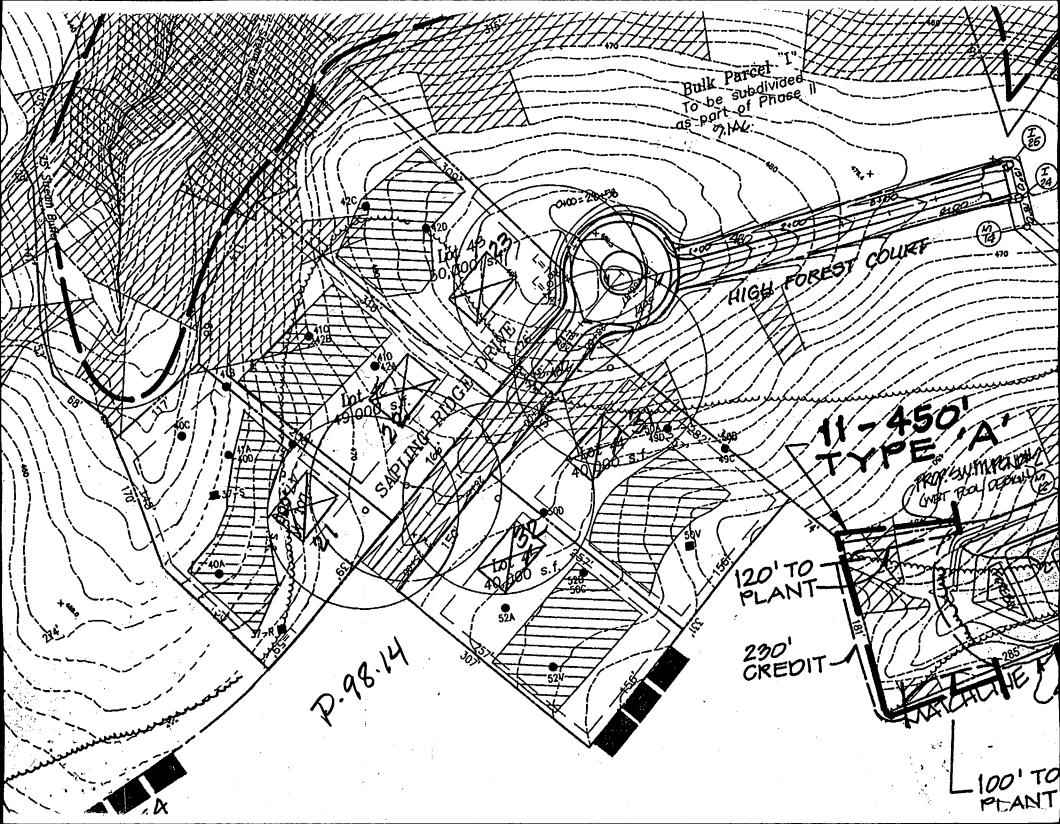
A 57577 HOWARD COUNTY HEALTH DEPARTMENT DISTRICT \_\_\_\_ BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE TELEPHONE: 313-2640 TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP 3779 SHARP ROAD PHONE 410-489-4630 PROPERTY LOCATION: SUBDIVISION CMC CONSTRUCTION PROPERTY LOTNO. ROAD AND DESCRIPTION HOWARD ROAD 3,000 & FROM INTERSECTION OF TRIADELPHIA ROAD (SOUTH SIZE OF LOT 40,000 -50,000 5Q. FT. TYPE BLDG. SINGLE FAMILY DWEUMG (SINGLE FAMILY DWEUMG) 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 \_\_ 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. #

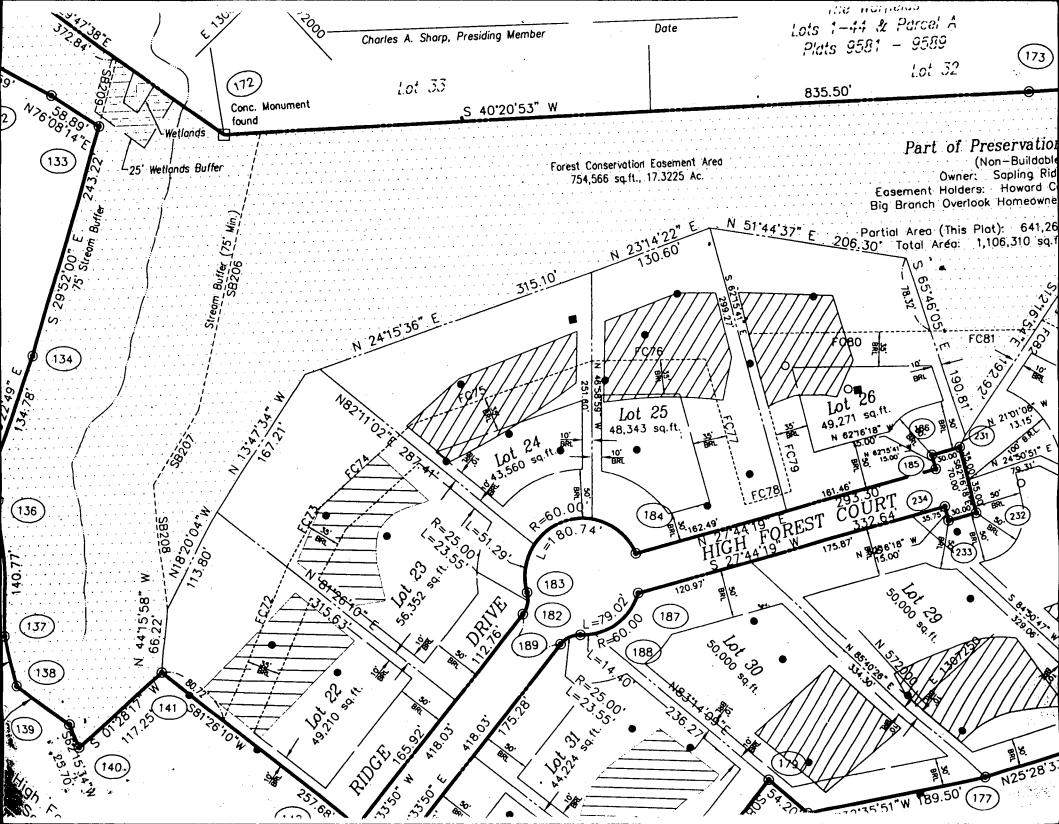
# HIS IS NOT A PERM

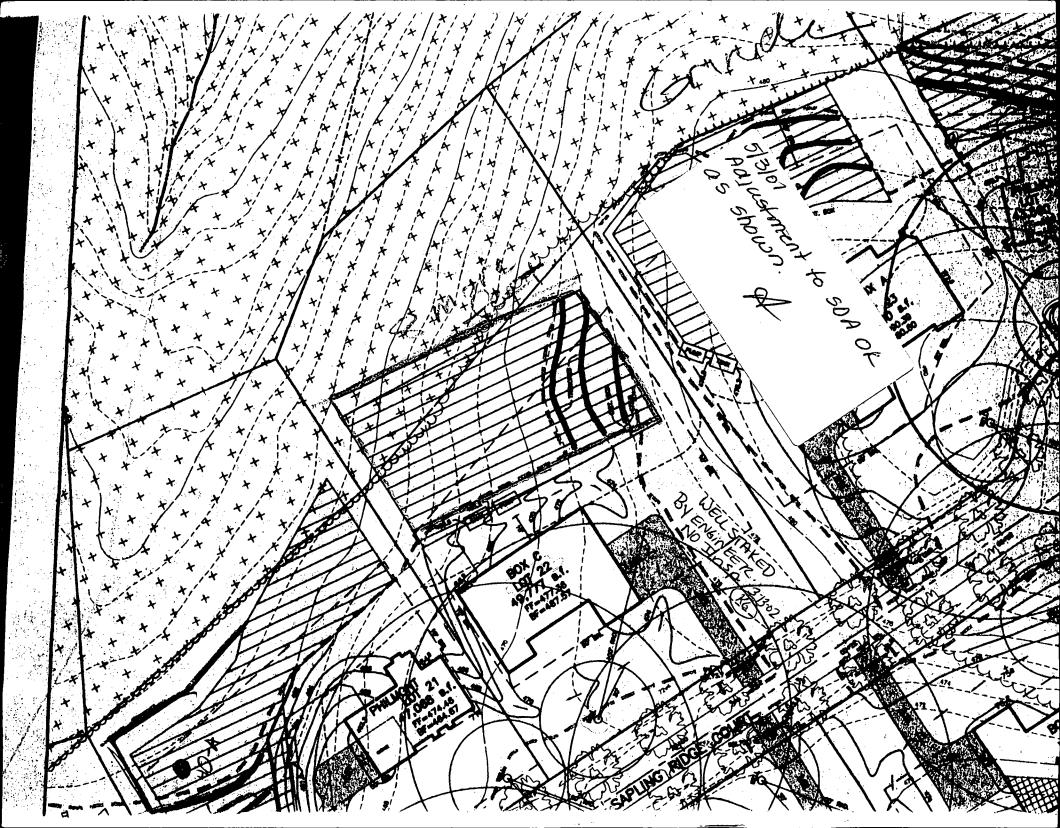
HD-216 (3/92)

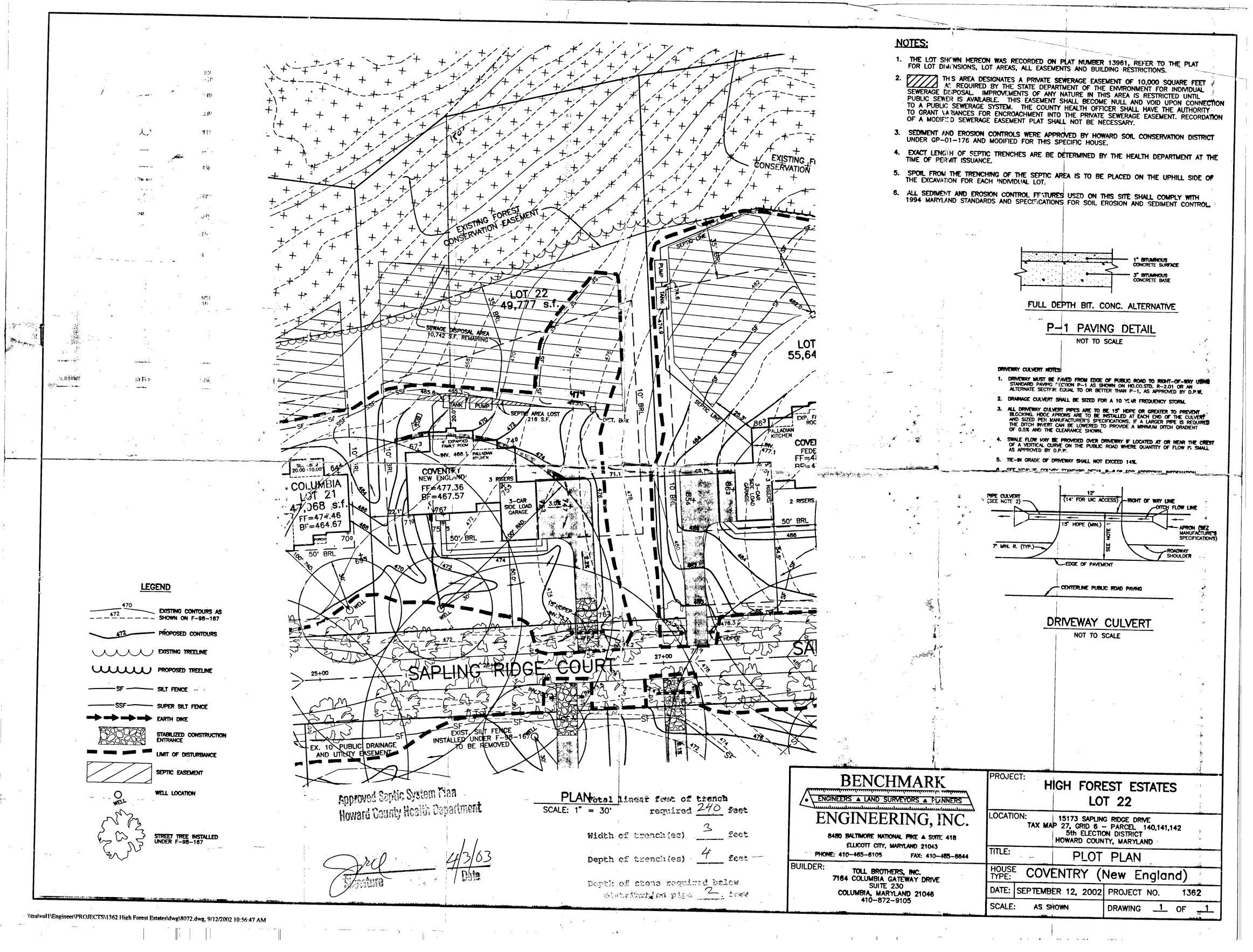












#### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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 dexired 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: Fogles Well Drilling Telephone #: 410-795-56-70  Address: 580 Objects & Company Name: Fogles Well Drilling Telephone #: 410-795-56-70
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  Licensed # and name of individual responsible for the field installation:  Name (Print): Allen Longton Licensed 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 subjected to field verification.  Name of Property Owner: 1011 Brothers. Telephone #:
Site Address: 15173 Sapline Ridge, DR
Submersible Pump Data  Make: Consider Two piece watertight cap: Well Cap and Electric Conduit  Make: Consider Two piece watertight cap: Well Cap and Electric Conduit  Model #: 75007 Model #: N/A Screened, vented well cap: Well Yield: GPM Depth: Sign (36" min) Cap secured to casing: Woll Yield: GPM NSF approved: WD Conduit min 18" B.G.: Woll Pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  Torque arrestors or Cable guards are required - Must circle one  Safety rope, if used, attached to inside of well casing with eye bolt
Piping to house Type: I Black Placks  PVC sleeved to undisturbed soil at wall penetration:  Approximate length of sleeve: 5   Sleeve caulked and sealed properly:
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.  Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer  3 31 03  Date Insp. Requested: 4 2 03  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 easing  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

C1 14445 (MDE USE ONLY)	STATE OF MARYLAND	45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY 13	
IN COLS. 3-6 ON ALL CARDS)	PLEASE TYPE	NUMBER 36600 L	
DATE Received		KSRX FROM "PERMIT TO DRILL WELL"  1/8/02 HO - 94 - 3358	
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
OWNER TOLL	Brothers	Toll Brothers	
STREET OR RFD	The second second	Glenelg	
	ESTATES SECTION	LOT LOT	
WELL LOG  Not required for driven wells	WELL HAS BEEN GROUTED	C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST	
FEET Check	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour) 2 3	
additional sheets if needed)  FROM TO bearing	NO. OF BAGS 46, 9 NO. OF POUNDS 4786	PUMPING RATE (gal. per min.)9	
Brown- mica 0 55	GALLONS OF WATER	METHOD USED TO	
pshale	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE 1966	
	from 1. to 54 BOTTOM 58 to 54 BOTTOM 58 to 64 BOTTOM 58 to 65 to 6	WATER LEVEL (distance from land surface)	
Bruy -	casing CASING RECORD	BEFORE PUMPING 35 ft.	
Limestere 55 75	types SID CO	WHEN PUMPING	
	(appropriate code pelow PL OT	22 25	
Brun 75 74	below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air  P piston  T turbine	
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 other	
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)	
January San	60 61 63 64 66 70	J jet Submersible	
Limes 1002 76 260	E OTHER CASING (if used)	27 27	
	diameter depth (feet) H inch from to	PUMP INSTALLED	
1 1 200	C A S	DRILLER INSTALLED PUMP YES (NO) (CIRCLE) (YES or NO)	
white 260 261	N C C C C C C C C C C C C C C C C C C C	IF DRILLER INSTALLS PUMP, THIS SECTION	
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED	
Larrestone 261 300	or open hole SIT BIR (HIO)	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29	
Limitstane 261 300	insert STEEL BRASS CHER Appropriate BRONZE HOLE	CAPACITY:	
	code below PL OT	(to nearest gallon)  GALLONS PER MINUTE  (15 31 35	
	PLASTIC OTHER	PUMP HORSE POWER  37 41	
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
yes (10)	1. 140 60 300	CASING HEIGHT (circle appropriate box	
WELL HYDROFRACTURED	A 8 9 11 15 17 21 C	above) and enter casing height)	
CIRCLE APPROPRIATE LETTER  A A WELL WAS ABANDONED AND SEALED	H 23 24 26 30 32 36 S	LAND SURFACE  ( ) (nearest)	
WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 3 45 47 51	below )	
P TEST WELL CONVERTED TO PRODUCTION WELL	E E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	N DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR	
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	OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES	
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)	
DRILLERS LIC. NO. M D D	GRAVEL PACK		
DRILLERS SIGNATURE	WAS FLOWING WELL INSERT F IN BOX 68 68		
(MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
LIC. NO. 1 D 1	T (E.R.O.S.) W Q		
CITE CUREDVICOO (size of della	70	· · · · · · · · · · · · · · · · · · ·	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	NO Survey Stakes	

COUNTY

DENV-CR00

EMERGENCY/	TEMP NO. IF ANY
PERMIT TO	STATE PERMIT NUMBER  D DRILL WELL  Drint or type  STATE PERMIT NUMBER  H D -94 -3358  fill in this form completely  79
Date Received (APA)  O2/28/02  8" MM DO YY 13  Last Name Owner   First Name 34	B 3 LOCATION OF WELL  B COUNTY  B COUNTY  21  HIG L FOUTST ESTATES  23 SUBDIVISION  42
14203 Hourd CD  Street or RFD  55  Town J 70 State 72 Zip 76	SECTION LOT 22 44 46 LOT 25 48 50 6/2 NEAREST TOWN 71
Driller's Name  Driller's Name  Driller's Name  Driller's Name  Driller's Name  No. 81  Driller's Name  Driller's Name  Firm Name	MILES FROM TOWN (enter 0 if in town)    M   1   73   76 77 78
Address  Signature  B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.)  8 12	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W TOWN  B  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W 2 E  W 34 3 5 37  DISTANCE FROM ROAD ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED  (GÂL PER DAY)  USE FOR WATER (CIRCLE APPROPRIATE BOX)  DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  12  1 INDUSTRIAL, COMMERICIAL, DEWATERING	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  COUNTY NAME  STATE SIGNATURE  TAX MAP: 27 BLK: PARCEL
P PUBLIC WATER SUPPLY WELL  T TEST, OBSERVATION, MONITORING  G GEO THERMAL	DATE ISSUED    3   4   0 2
APPROXIMATE DEPTH OF WELL 24 28  APPROXIMATE DIAMETER OF WELL NEARES INCH	WITH AN X SOURCES OF DRILLING WATER  1. 2.
METHOD OF DRILLING (circle one)  BORED (or Augered)  JETTED  Jetted & DRIVEN  AIR-PERcussion  ROTARY (Hydraulic Rotary)  REVerse ROTary  Other	WRITE THE BOX NUMBER FROM THE MAP HERE
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)  THIS WELL WILL NOT REPLACE AN EXISTING WELL  THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED.  (IF AVAILABLE) 41	IS Prince of the second of the
APPROP. PERMIT NUMBER  PERMIT No. 70 71 72 73 74 75 76 77 78 79  SPECIAL CONDITIONS  NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED .	× 61 - 2 × ∞
	DUNTY

0 K Ry 7/25/05

The Bureau of Environmental Health 7178 Columbia Gateway Drive Columbia, MD 21046 Attn: Mr. Bob Weber

RE: Jeffrey B. Kozero 15173 Sappling Ridge Drive Dayton, MD 21036 Variance Request

Dear Mr. Weber

In reference to the above property, I would like to request variance to allow a reduction in the required setback of 10' to 3' from the deck to the septic pump as shown on the attached plan and photos. The existing deck was completed in 2003, which has caused a severe erosion problem. Since that time we have upgraded the existing structure, solving the erosion problem but also created the setback problem with the septic pump, which I was not aware of until informed by Sarah of your office. I was filing for an as-built building permit and when I came to get the approval from the health department Pete requested a site visit to confirm field condition prior to his approval. Please feel free to contact me with any questions @ 240-538-3729.

Sincerely

James Hanna

8945 GUILFORD RO SOITE 100 COLUMBIA MD 21046

