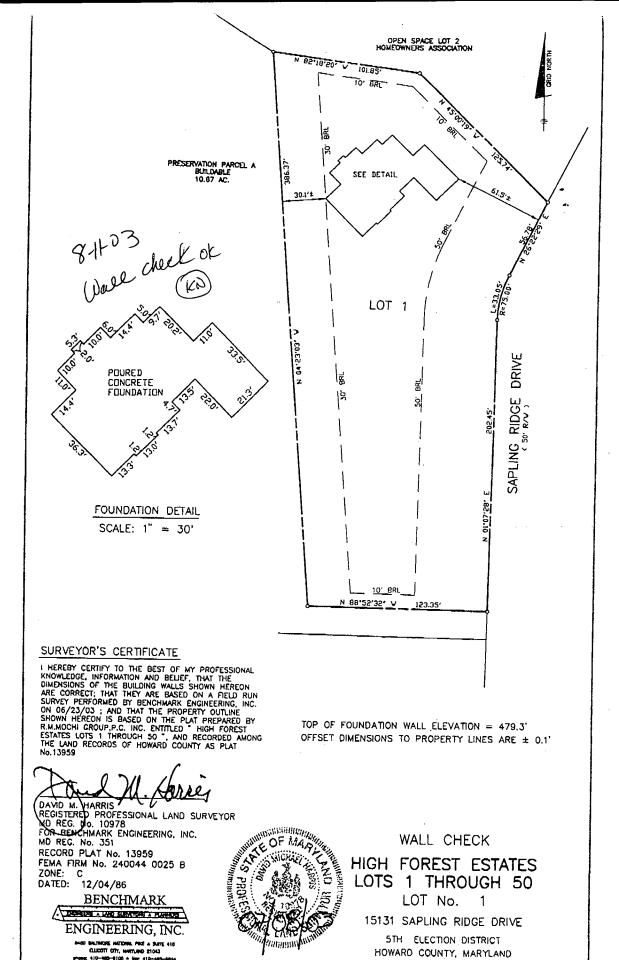
,			.	
LAYOUT 8/21/03	3-12:30 INSP 4 8/28	2:30	The	
INSP 2 8/25 3pm	W INSP 5 ///	17/03	-2 PM 11/20/03	
INSP 3 $8/26$ 3	en INSP 6	03	3 Pm 11/20/07	
ISSUE DATE: 8/11/03 PERMIT P 5/9082				P 5/9082
APPROVAL DATE: 11/20/03 INDEXED A 56600-B			A 56600-B	
	ON-SITE SEWAG			
·	HOWARD COUNT	Y HEALT	H DEPARTMENT	
	BUREAU OF ENV	TRONME 1326		
Partie Contin			•	TALL ⊠ ALTER □
Fogles Septic	· · · · · · · · · · · · · · · · · · ·			
ADDRESS: 580	Obrecht Road, Sykesv	ille	_ PHONE NUMBER:	410-795-5670
SUBDIVISION: His	gh Forest Estates		LOT NUMBER:	1
ADDRESS: 15131	Sapling Ridge	PROI	PERTY OWNER: Big	g Branch Overlook, LLC
SEPTIC TANK CAPAC	CITY (GALLONS):	1500	OUTLET BAFFLE F	ILTER REQUIRED 🔀
PUMP CHAMBER CAI	PACITY (GALLONS):	1500	COMPARTMENTED With Manhole Access	TANK REQUIRED 🛛
NUMBER OF BEDROO	DMS:	4	-	
SQUARE FEET PER B	EDROOM:	180	• · · · · · · · · · · · · · · · · · · ·	
LINEAR FEET OF TRE	ENCH REQUIRED:	240	HOUSE SERVED BY	Y 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 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.				
LOCATION:	Place the distribution box a on contour.	s shown on	the approved building pe	rmit plan. Place trenches
NOTES:	Basement service by gravity	y.		
1				
PLANS APPROVED:	Stuart Oster			DATE: 4/1/03

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

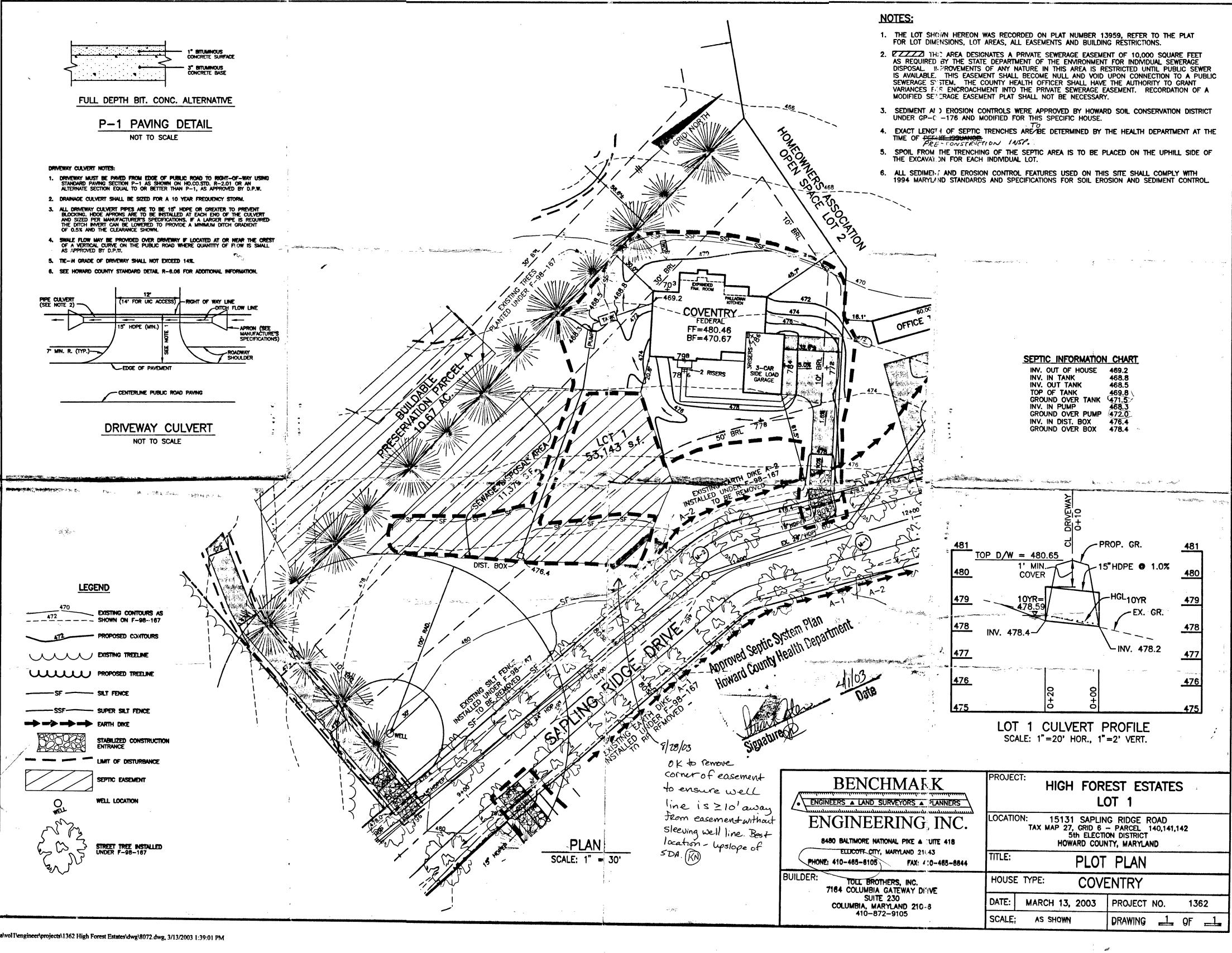
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE \	TRENCH/DRAINFIELD DATA
	WIDTH INLET BOTTOM
	NUMBER OF TRENCHES 2
	TOTAL LENGTH
	ABSORPTION AREA 726 94
	DISTRIBUTION BOX LEVEL
	DISTRIBUTION BOX BAFFLE
	DISTRIBUTION BOX PORT
	SEPTIC TANK DATA
	SEPTIC TANK I LEVEL
90'	CAPACITY /500 GAL
	SEAM LOC
rolete 11-	TANK LID DEPTH
	BAFFLES
145 carent	BAFFLE FILTER
cia	MANHOLE LOC F&B
The contract of the contract o	6" PORT LOC
7 Dipx	WATERTIGHT TEST
	SEPTIC TANK 2 LEVEL
\ \^220'	CAPACITY /500 GAL
	SEAM LOC
	TANK LID DEPTH 3
And	BAFFLES VIII
Dees Pare 10°	BAFFLE FILTER
The solve for	MANHOLE LOC Contra
< DA 90 M	6" PORT LOC Soul
ROAD	WATERTIGHT TEST
PRE-CONSTRUCTION 9/21/03-SRA staked contour	accurate Install goles to
Trench on one, side (SO) 8/25/03 - No ma	(SO)
INSTALLATION 8/26/03 - Ignks set tre	inches inglis/led So
8/28/03 pressure line installed. Ned pump	4 alonn Hest. Cut
Off Corner of lasement to Keep well line ≥10'	auxin. This is loost loc.
For well line Anyclosor wan 10', well line me	not les sleeved (KN/KB)
11/17/03 - Well has moved (50) 11/17/03 No.	water in tank for
Jest (50) 11/20/03 - Pump & Alaum testes	01(50)
EDIAL DIODECTOR	DDD01/11
FINAL INSPECTOR DATE OF A	PPROVAL ///20/03



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

\[
\begin{align*}
\text{Nitselvofflengheer/projects1525/b/wg/8588B1.dwg, wallcheck, 6/24/2003 8:30:56 AM, EWF, 1:1
\end{align*}



May 05 03 12:32p

HO CO ENV HEALTH

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

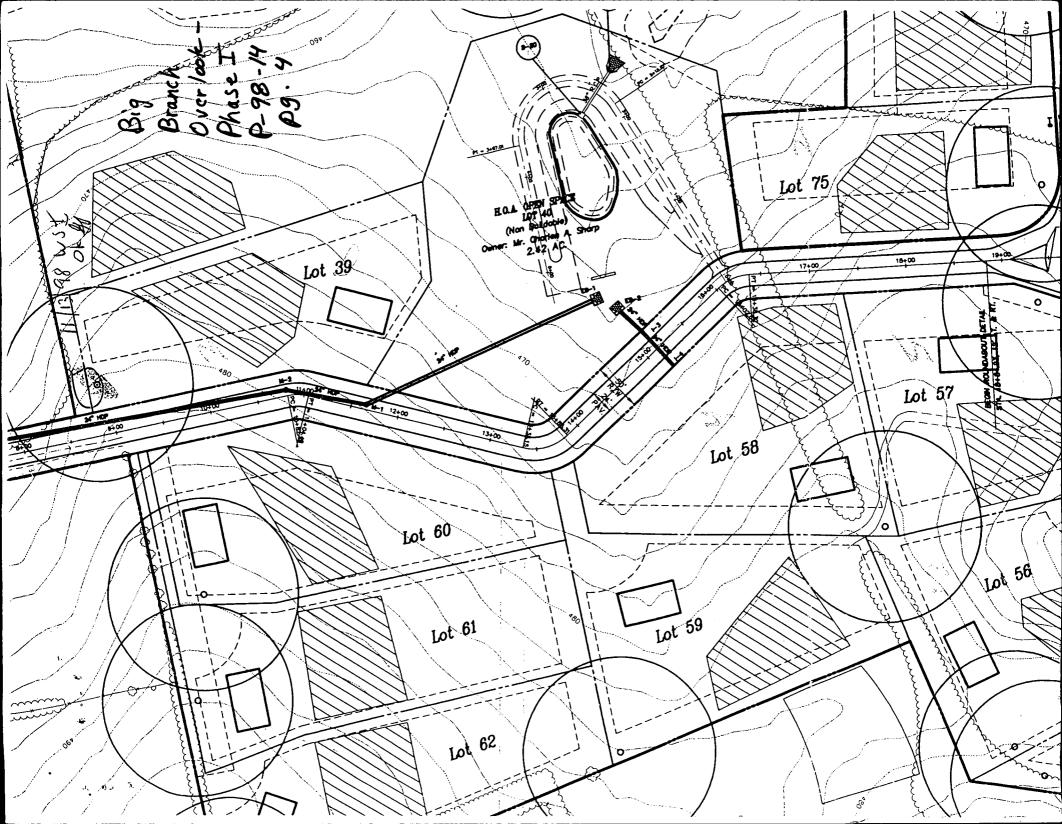
Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

inspection. No w	ork is to be covered u aal Standard Plumbin	for requesting an inspection atil approved by the Health g Code (NSPC, as amended n of a complete form is requ	Department. All ins locally) and COMAL	rtaliations must comply R 26,04.04 (MD Well
Company Name: Address:	Fogles well in Sab Objects 1 Sykasulle of	60	#: 410-795.	<u>-\$670</u>
License # and nam Name (Print):	vidual must perform to licensed journeyman of lyerification.	ne actual installation. Appr or master plumber, pump in Telephe	Licenses 65 rentices must be under staller or well driller one #:	DOO9 er the direct . Licenses may be
Subdivision: id.	ab Forest Es		Well Tag # : H	0-14-1991
If pump capacity of Torque arrestors of	O7422 O7422 GPM GPM Ountered at time of pur exceeds well yield, a loo or Cable guards are req	Pitless Adapter Make: Council Model#: NIA Depth: 34 (36" min) NSF approved: ues ap installation: 300 (feet) w water cut off switch is required - Must circle one of well casing with eye bolt		In cap: <u>ue5</u> ell cap: <u>ue5</u> ng: <u>ye5</u> G.: <u>ye5</u> well cap: ue5
Piping to house Type: 1" Cock (PSI: 160 (160 p Depth of supply li		House Connection PVC sleeved to undisturb Approximate length of sle Sleeve caulked and sealer	eve:	ation: 465
The water supply distribution box, approval prior to	arminicial and sews	e at least ten feet from the se ge reserve area. If this <u>can</u>	ptic tank, pump char not be accomplished.	mber, sewage piping, , contact this office for
Signature of comp		oonsible for installation	date '	
		tment Use Only - Not to be	completed by Install	
	Pitless adapter and wat Two piece cap installed Elec. conduit extends a Safety rope installed in Correct well tag attach Water supply line sleen	Date Insp. Ap er supply line at least 36" beld and attached to casing secur- at least 18" below grade/attach side of well casing ed properly and casing 8" abo- yed adequately at house conne- ed below pitless adapter	ow grade cly sed to cap properly ve finished grade	1/03 (SO) SRU
ND-215(Rev.	8/00)	Well line	moved 11	117/03 -(50) SRK

C 1 9363 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
1 2 3	FILL IN THIS FORM COMPLETELY	COUNTY /3
ST/CO USE ONLY. DATE WELL COMPL	PLEASE TYPE ETED Depth of Well	GO SON PERMIT NO
*DATE Received MM DD YY	$\frac{7}{8}$ 22 300 26	FROM "PERMIT TO DRILL WELL" HO - 94 - 1991
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER HIGH COMMENT OF THE STREET OR RFD ISSUED OF THE STREET OR RFD	PIOCE DIVENSION TOWN 7	Day/20
SUBDIVISION PIA BIONCHA	SECTION_	
WELLYLOG High forcs? Not required for driven wells	GROUTING RECORD (Yes) NO WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS 19 NO. OF POUNDS 45786	PUMPING RATE (gal. per min.)
Sand 0 75	GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket 15
Gray Mica Kock 75 300	from 0 ft. to 60 ft.	
r (1) je vestlju erom kan om hadstiling om i slime trice i dags i massione.	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft.
	casing types insert ST CO	3 2 ⁻²⁰ π.
	(appropriate) STEEL CONCRETE	WHEN PUMPING 22 25 ft.
· ·	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
	MAIN Nominal diameter Total depth	A air P piston T turbine
	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)
	$\frac{5+}{60}$ $\frac{6}{61}$ $\frac{80}{63}$ $\frac{80}{66}$ $\frac{70}{70}$	
	E OTHER CASING (if used) A diameter depth (feet)	J jet (S) submersible
	diameter depth (feet) H inch from to	PUMP INSTALLED
	S .	DRILLER INSTALLED PUMP YES (NO (CIRCLE) (YES or NO)
	N	IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
	or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35
	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSFUL WELLS:	1.240 28 300	(nearest ft.) 4
WELL HYDROFRACTURED yes Y	E 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	C 2 H 23 24 26 30 32 36	above LAND SURFACE
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S C 3	below (nearest) foot)
P TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	49 50 51 A LOCATION OF WELL ON LOT
WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	E SLOT SIZE 1 2 3 N DIAMETER (NEAREST	SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN
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)	TWO DISTANCES (MEASUREMENTS TO WELL)
KNOWLEDGE.	from to	(INICAGOTICIAISTO VALLE)
DRILLERS LIC NO.1 M S DQ 2 4	GRAVEL PACK IF WELL DRILLED	The state of the s
DRILLERS SIGNATURE	WAS FLOWING WELL INSERT F IN BOX 68 68	gp
(MUST MATCH' SIGNATURE ON APPLICATION) LIC. NO. 1 D 1	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	3
LIC. NO.1 D 1	T (E.R.O.S.) W Q	130 20 15
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76	1 2
responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA	

	EMERGENCY/TI	EMP NO. IF ANY	
B 1 SEQUENCE NO. (MDE USE ONLY)	PERMIT TO	MARYLAND DRILL WELL	STATE PERMIT NUMBER HO -94 -1901
15 · · ·	please pr	int or type	⁷⁰ fill in this form completely ⁷⁹
Date Received (APA) 11/02/98 8 MM - DD YY 13 Lighland Development 15 Last Name Owner	IMATION C M C First Name 34	B 3 Howar 8 COUNTY Big Bran	WOCATION OF WELL ch Overlook
1.0. Box 228 Street or RFD Clarkaville Md.	2/029 72 Zip 76	SECTION L 44 46 L Day	LOT \(\frac{39}{48} \) ton \(\frac{71}{71} \)
DRILLER INFORMATION Joseph L. Mayne N Driller Name L. Margne Well Eigh Name	1 5 DO24 5 License No. 81 Urilling	MILES FROM TOWN (en B	ter 0 if in town) L 3 M 1 73 76 77 78 L Sapling Redage D. 11 NEARWHAT ROAD 30
Signature Signature Signa	iy Md. 2/77/ 11/1/98	N RE 8-9 TOWN E	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SEAST 34 20 37 SOUTH DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	5 500 12 20	SW S S 8-9	ENTER FT OR MI 38 39 TAX MAP: 21 BLK: // PARCEL /40
USE FOR WATER (CIRCLE API D DOMESTIC POTABLE SUPPLY & RESIDEN			O BE FILLED IN BY DRILLER TH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AGRI IRRIGATION 22 I INDUSTRIAL COMMERICIAL DEWATERIN P PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING G GEO-THERMAL		COUNTY NAME STATE SIGNATURE DATE ISSUED 43 MM DD YY 48 NORTH GRID 50	COUNTY NO. INSERT S 12 8 99 CO SIGNATURE EXP. DATE EAST 000 GRID 57 63
APPROXIMATE DEPTH OF WELL 24) 28 FEET	SHOW MAJOR FEATURI BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING	
APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING	INCH	1. Well	
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary) DRive-POINT	3. WRITE THE BOX NUMBI FROM THE MAP HERE	ER
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE N) HIS WELL WILL NOT REPLACE AN EXISTII	BOX)	E 792	000 1
THIS WELL WILL REPLACE A WELL THAT V ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT V AS A STANDBY-CONTACT LOCAL APPROVI	VILL BE VILL BE USED	DRAW A SKETCH BELO RELATION TO NEARBY	W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WE PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE) 41 Not to be filled in by driller (MDE OR CO	ELL R DEEPENED 52	\$ 0a	Respondent with
APPROP. PERMIT NUMBER 54	GAP 63		mell - x) &
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	2 73 74 75 76 77 78 79		triadelphia mil Rd.

DENV-Permit 97



APPLICATION

PERCOLATION TESTING

P_____

A 57577

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

DATE DATE

TO: THE COUNTY HEALTH OFFICER

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLI	CATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER C. M. C. COM	ISTRUCTION, 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. 39
	3,000 & FROM INTERSECTION OF
	PAD (SOUTH)
TAX MAP 27 PARCEL#	
SIZE OF LOT 40 000 -50,000 5Q.	FT. TYPE BLDG. SINGLE FAMILY DWELLING OR COMMERCIAL)
•	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEP	TABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND T
FEE CONNECTED WITH THE FILING OF THIS PERC TEST	APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THE	S LOT
	(SIGNATURE OF APPLICANT)
APPROVED BY	FOR DATE
	FORDATE
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

HD-216 (3/92)

