

LAYOUT 2/17/04 INSP 4 3/2/04  
INSP 2 2/26/04 L & WPI INSP 5 3/9/04 pm  
INSP 3 2/27/04-PM INSP 6 3/11/04 AM

ISSUE DATE: 2/2/2004  
APPROVAL DATE: 3/11/04

P 520045  
A 56600U

# PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043  
**05-432847**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐  
ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670  
SUBDIVISION: High Forest Estates LOT NUMBER: 21  
ADDRESS: <sup>15169</sup> Sapling Ridge Drive PROPERTY OWNER: Big Branch Overlook, LLC  
SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐  
PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☒  
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 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place d. box at highest elevation of SDA 2 feet below grade while maintaining gravity flow. Run the following trenches on contour 12 CTC: 40, 50, 55, 60, 65.
NOTES:	Basement gravity service not proposed. MARK OFF ADJACENT WELL RADIUS AND KEEP TRENCHES OUR OF IT.

PLANS APPROVED: Kacie Noonan DATE: 9/17/03

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

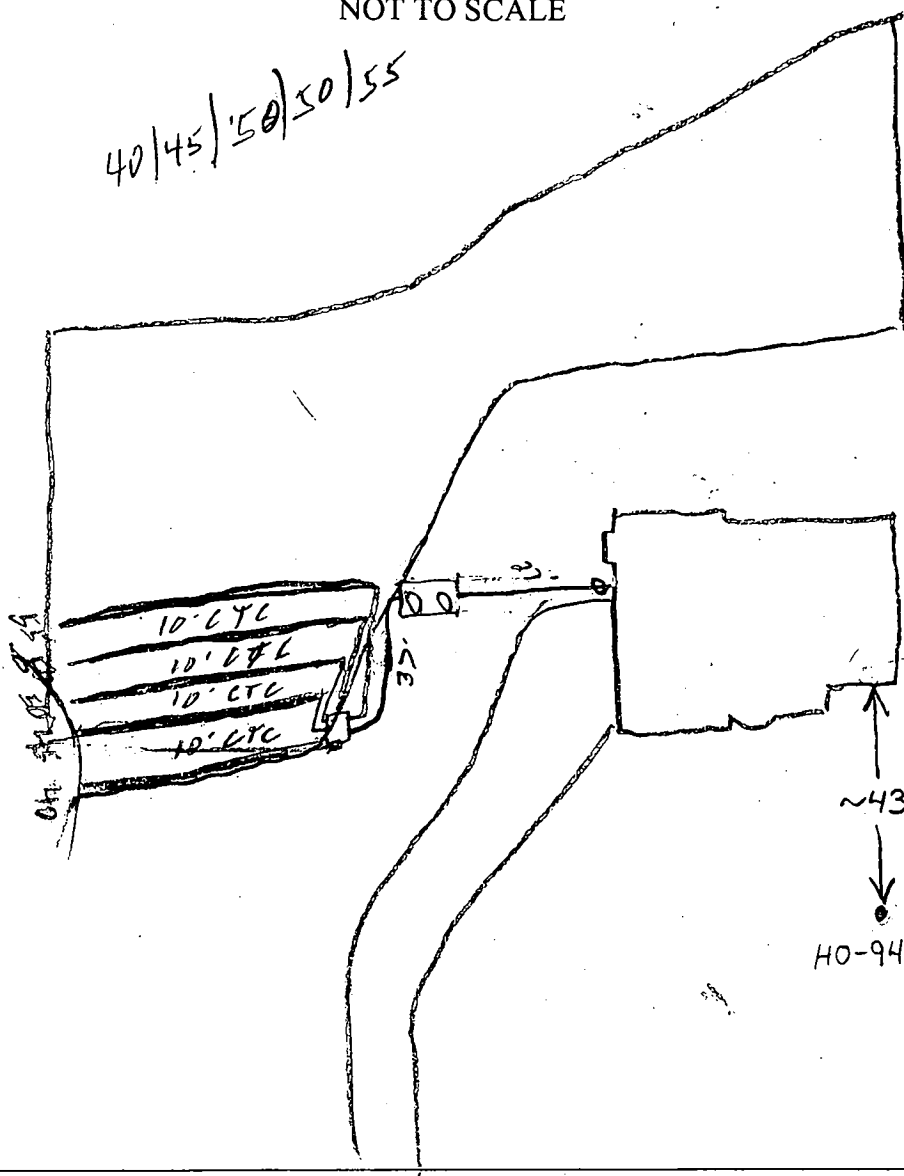
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL  
**BUILDING PERMIT SIGNED  
AND RETURNED**

6/3/04 B 0014 8665 DECK

A56600-4

NOT TO SCALE

40/45/50/50/55



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		✓
TOTAL LENGTH		240'
ABSORPTION AREA		720 <del>0</del>
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	8"
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	FB
6" PORT LOC	—
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 2/17/04 Dirt pile in SRA, needs to be removed & put back to original grade (SO)

INSTALLATION 2/26/04 - SRA started, contours completely wrong. Insta' (4) 60' trenches w/ end running out of upper area to save area space. House conn needs to be raised (SO)

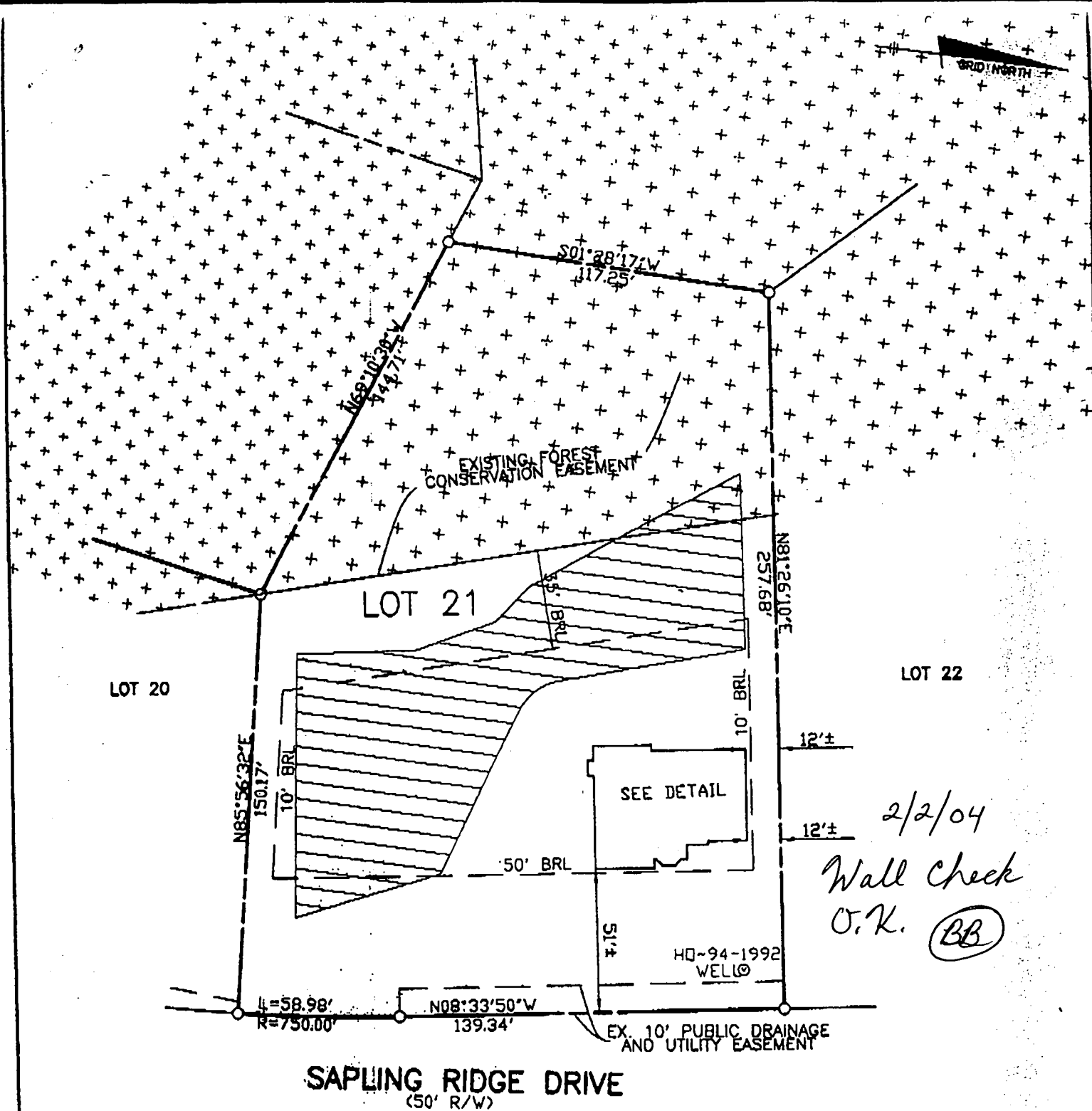
2/27/04 Tank set (BB) 3/1/04 - When construction dug S.T. hole, he saw 4' of fill, had builder remove. Contours now like B.P. except driveway is higher (SO) 3/9/03 - Trenches installed OK to cover (SO) 3/11/04 - OK to cover all work (SO)

FINAL INSPECTOR

*[Signature]*

DATE OF APPROVAL

3/11/04

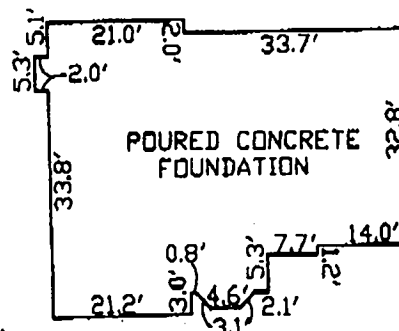


2/2/04  
Wall Check  
O.K. (BB)

TOP OF FOUNDATION WALL ELEVATION = 472.8'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

### SURVEYOR'S CERTIFICATE

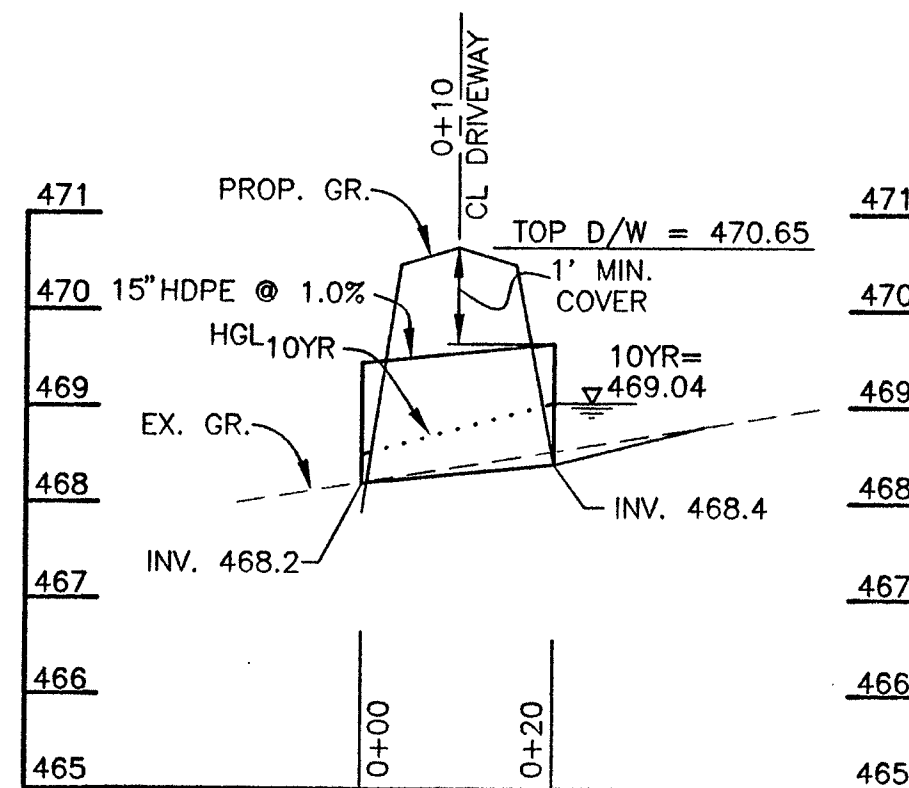
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 11/20/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON 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. 13960



### FOUNDATION DETAIL

SCALE: 1" = 30'





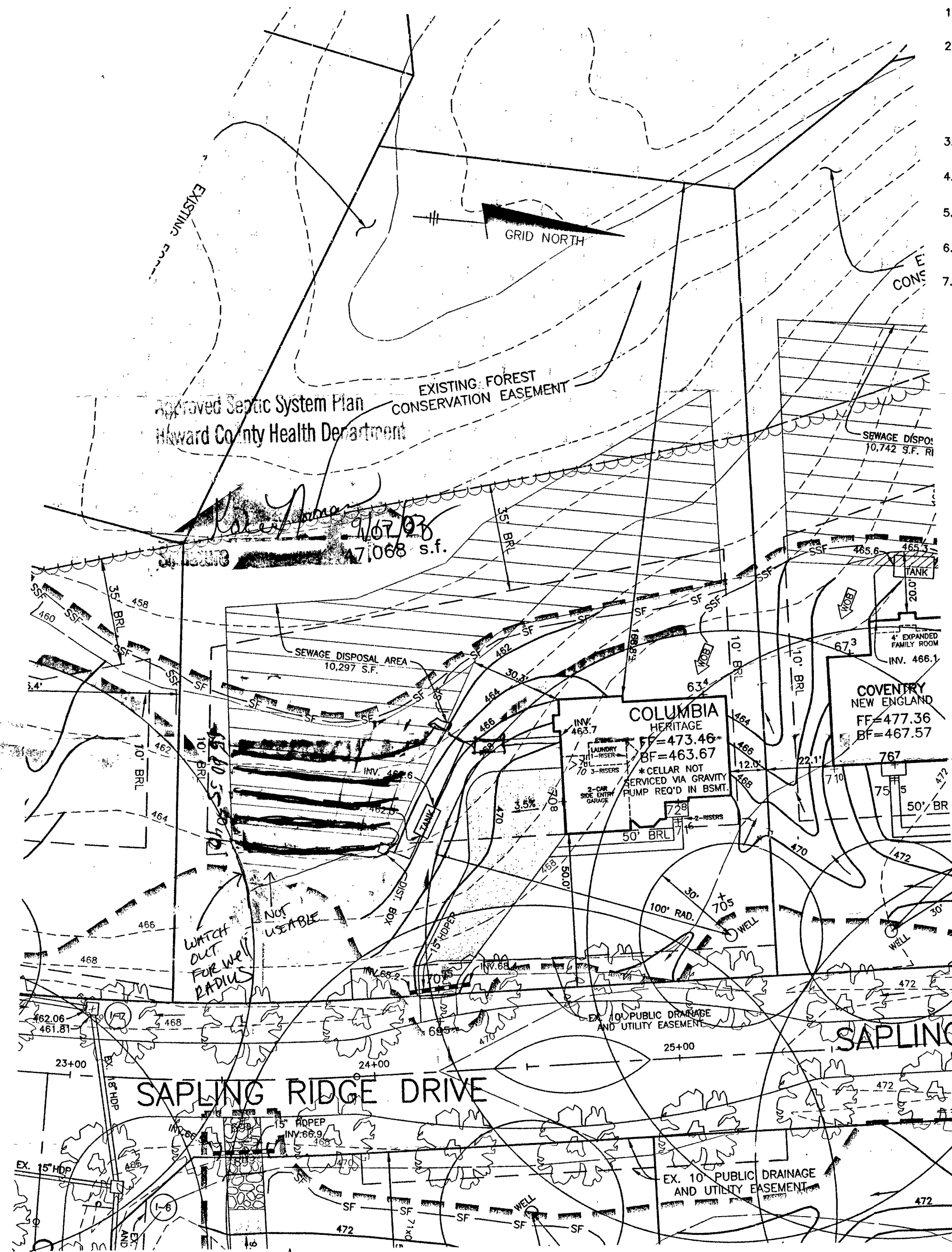
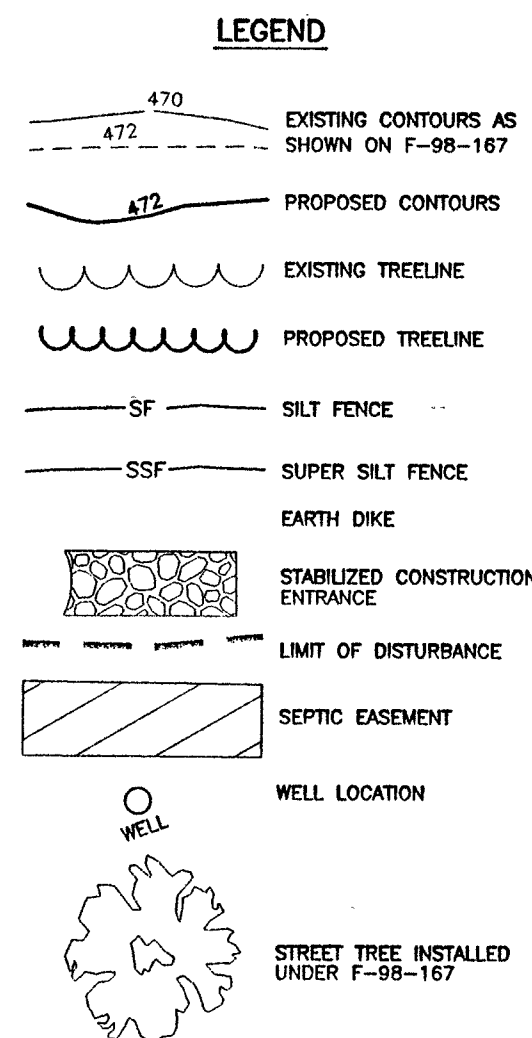
LOT 21 CULVERT PROFILE  
SCALE: 1"=20' HOR., 1"=2' VERT.

*Elevations OK for 2' inlet.*

**SEPTIC INFORMATION CHART**

INV. OUT OF HOUSE	463.7
INV. IN TANK	462.6
INV. OUT TANK	462.3
TOP OF TANK	463.6
GROUND OVER TANK	466.0
INV. IN DIST. BOX	462.0
GROUND OVER BOX	464.0

● = SOIL CONFIRMATION TEST HOLES (3)



*Basement gravity service NOT proposed*

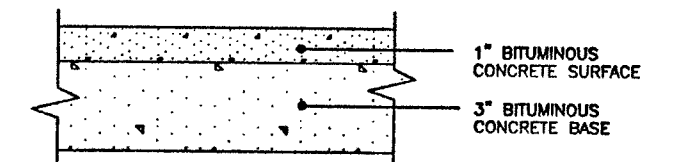
*9/17/03 septic ADJUSTMENT Approved by BB on 5/20/03 (see other sheet) is no longer needed. The house will remain 12' from North*

*lot line. CLIP SDA AREA IN ADJ. well radius. well was field located. (KN)*

PLAN  
SCALE: 1" = 30'

**NOTES:**

- THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13960, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
- 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.
- SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-01-176 AND MODIFIED FOR THIS SPECIFIC HOUSE.
- EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
- SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
- ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- THE EXISTING WELL (TAG NO. HO-94-1992) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

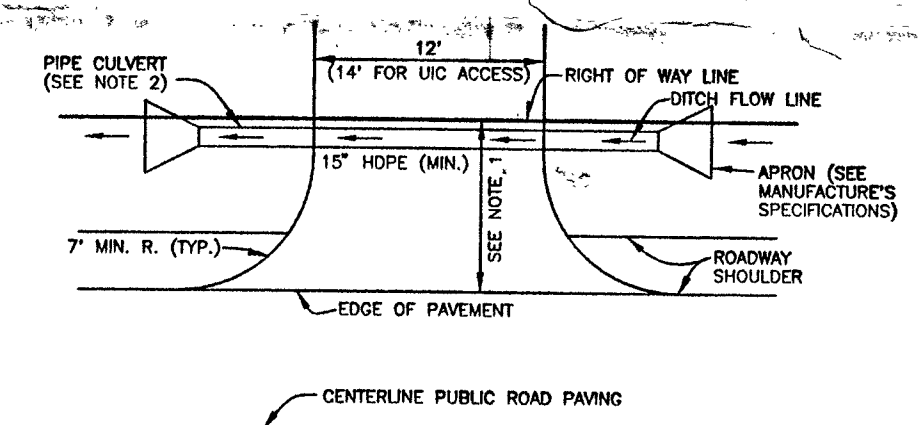


FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL  
NOT TO SCALE

**DRIVEWAY CULVERT NOTES:**

- 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-201 OR AN ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
- DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
- ALL DRIVEWAY CULVERT PIPES ARE TO BE 15" HOPE OR GREATER TO PREVENT BLOCKING. HOPE 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 INVERT CAN BE LOWERED TO PROVIDE A MINIMUM DITCH GRADIENT OF 0.5% AND THE CLEARANCE SHOWN.
- 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.
- TIE-IN GRADE OF DRIVEWAY SHALL NOT EXCEED 14%.
- SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.



DRIVEWAY CULVERT  
NOT TO SCALE

*Site plan used for Septic Permit*

<b>BENCHMARK</b> ENGINEERS • LAND SURVEYORS • PLANNERS <b>ENGINEERING, INC.</b> 8480 BALTIMORE NATIONAL PIKE • SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644		PROJECT: <b>HIGH FOREST ESTATES LOT 21</b> LOCATION: 15169 SAPLING RIDGE DRIVE TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND TITLE: <b>PLOT PLAN</b> HOUSE TYPE: <b>COLUMBIA</b> DATE: SEPTEMBER 5, 2003 PROJECT NO. 1362 SCALE: AS SHOWN DRAWING 1 OF 1
BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105		

**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: Eagles Well Drilling Telephone #: 410-795-5670  
Address: 558 Obrecht RD  
Sykesville MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

\*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 subjected to field verification.

Name of Property Owner: Tell Brothers Telephone #: 443-535-9276  
Subdivision: High Forest Estates Lot #: 7621 Well Tag #: HO-94-1992  
Site Address: 15169 Sapling Ridge Dr

Submersible Pump Data

Make: Goulds  
Model #: 75B05422  
Pump Capacity: 7 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Cummins  
Model#: N/A  
Depth: 42 (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 185 (feet)

If 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 N/A

Piping to house

Type: 1" Poly Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly: yes

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.

Allen Compton  
Signature of company representative responsible for installation

3-26-04  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 3/11/04

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

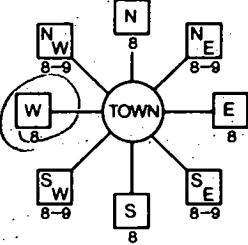
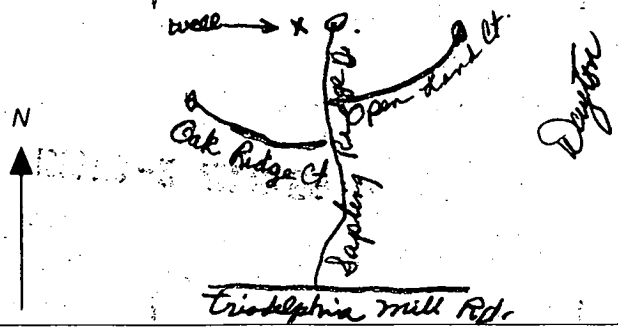
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

(50)  
BB  
✓  
✓  
✓  
✓  
✓  
✓

C 1		9364		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 6								COUNTY NUMBER 13	
ST/CO USE ONLY DATE Received MM 12 30 98 8 13		DATE WELL COMPLETED MM 12 17 98 15 20		Depth of Well 22 185 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1192 28 29 30 31 32 33 34 35 36 37			
OWNER Highland Development		STREET OR RFD Sapping Ridge Drive		TOWN Taylors		SUBDIVISION Big Branch Overlook		SECTION LOT 41 21	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 1126 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 8 ft. to 51 ft. (enter 0 if from surface)		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 29 ft. WHEN PUMPING 52 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		C 3 1 2			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Sand 0 52 Gray Mic a Rock 52 185		C 2 DEPTH (nearest ft.) 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		PUMP INSTALLED DRILLER INSTALLED PUMP 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 LAND SURFACE 2 (nearest foot) - below			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		C 2 DEPTH (nearest ft.) 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			
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Sapping Ridge Dr			
DRILLERS LIC. NO. 1 M SDO24 DRILLERS SIGNATURE Joseph R. Mayne (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)									

B 1	0381	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-1992</u> <small>fill in this form completely</small>
Date Received (APA) <u>11/2/98</u>		OWNER INFORMATION		
8 MA DB YY 13 <u>Highland Development CMC</u> 15 Last Name Owner First Name 34 <u>P.O. Box 228</u> 36 Street or RFD 55 <u>Clarksville MD 21029</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>Big Branch Overlook</u> 23 SUBDIVISION 42 SECTION <u>2</u> LOT <u>41</u> <u>Dayton</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78		
DRILLER INFORMATION <u>Joseph L. Mayne MS D024</u> Driller's Name 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd. Mt. Airy 21741</u> Address <u>Joseph L. Mayne 11/1/98</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Sapling Ridge Dr.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E WEST <input type="checkbox"/> S <input type="checkbox"/> SOUTH 34 <u>30</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>27</u> BLK: <u>11</u> PARCEL <u>140</u>		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>S</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input checked="" type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED <u>12 8 98</u> <u>12 8 99</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>510</u> 0 0 0 EAST GRID <u>0794</u> 0 0 0 50 55 57 63		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>7924</u> N <u>510</u> 000 000		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEN 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 _____ 63 PERMIT No. <u>HO-94-1992</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				







# APPLICATION

PERCOLATION TESTING

A 57577

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

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

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-989-4630

PROPERTY LOCATION:

SUBDIVISION C. M. C. CONSTRUCTION PROPERTY LOT NO. 42

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

A57577

COUNTY #

SOIL PROFILE

0'

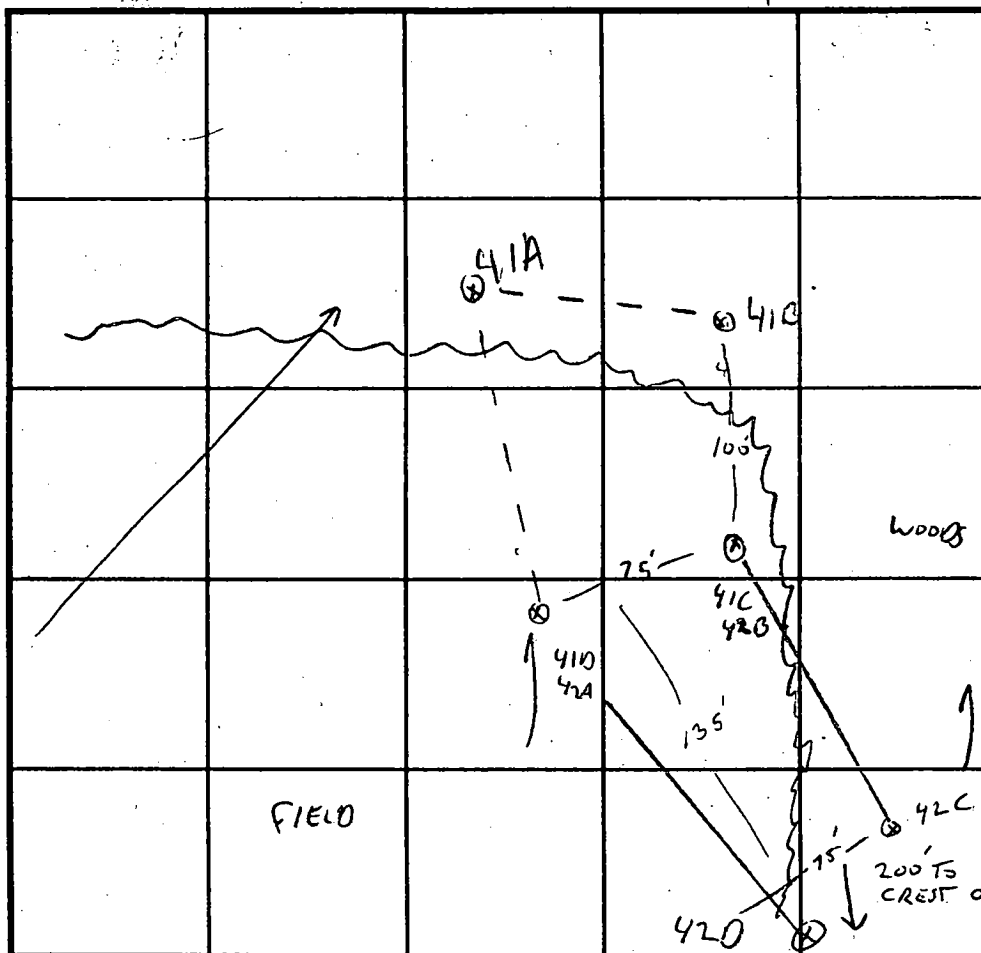
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420

TOPSOIL

BROWN  
SANDY  
CLAY LOAM

3.5

TAN  
S.S.C.3.58  
ROCK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

TOPSOIL

BROWN  
CLAY  
LOAMTAN  
SANDY  
LOAM  
15%  
ROCK

12.5

N →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/96	42B/41C	3 / 12.5	11:17	11:19	11:19	11:22	3min
		6.5	11:17	11:19	11:19	11:22	3min
	41B	2.5 / 12V	11:25	11:28	11:28	11:33	5min
		6.5 12V	11:25	11:27	11:27	11:30	3min
	42A	3 / 12.5	11:50	11:51	11:51	11:53	2min
	420	4.5 / 12	12:36	12:39	12:39	12:46	7min
	42C	3 / 12	12:04	12:08	12:08	12:14	6min

REMARKS LOT 42 NOT PER PLAN

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

X

# 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. 41

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

A57577

COUNTY #

SOIL PROFILE

0'

41A

TOPSOIL

ORANGE  
SANDY  
CLAYTAN S.S.C.  
CONAN  
ORANGE  
MOTTLES  
DAND

11

SOIL PROFILE

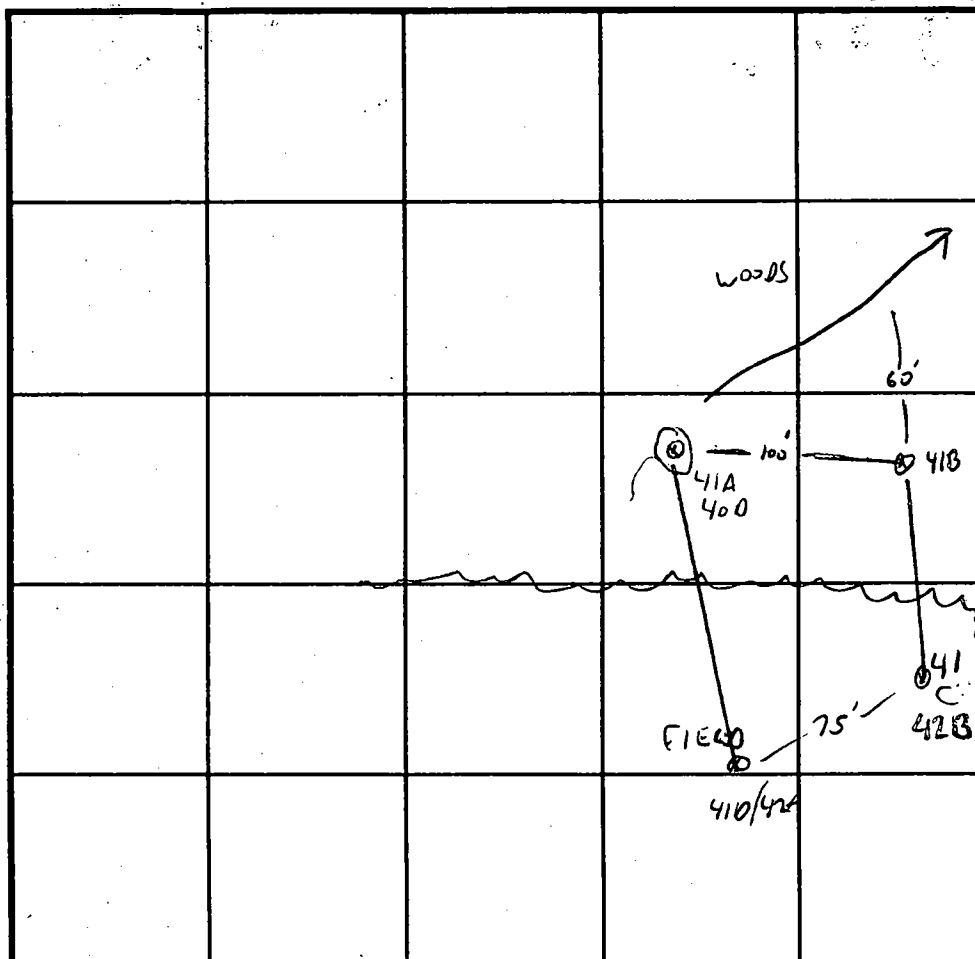
0'

TOPSOIL  
ORANGE  
SANDY  
CLAYTAN  
SANDY  
LOAM  
15% ROCK

41B

41A

12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-21-96	41B	2.5 / 12V	See	LOT 42			5 MW
		6.5 / 12V					3 MW
	41A/40	3.5 / 11V	11:36	11:40	11:40	11:46	6 MW
	410/42A	3 / 12.5	11:50	11:51	11:51	11:53	2 MW

REMARKS LOT 41, WET SEASON TEST # 41A, NOT PER PLAN, SHALLOW SYSTEM

TYPE OF SOIL \_\_\_\_\_

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: 313-2840

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

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

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-989-4630

PROPERTY LOCATION:

SUBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 40 41

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

A57577

COUNTY #

## SOIL PROFILE

0' A

TOPSOIL

GRAVE  
CLAY  
LOAM

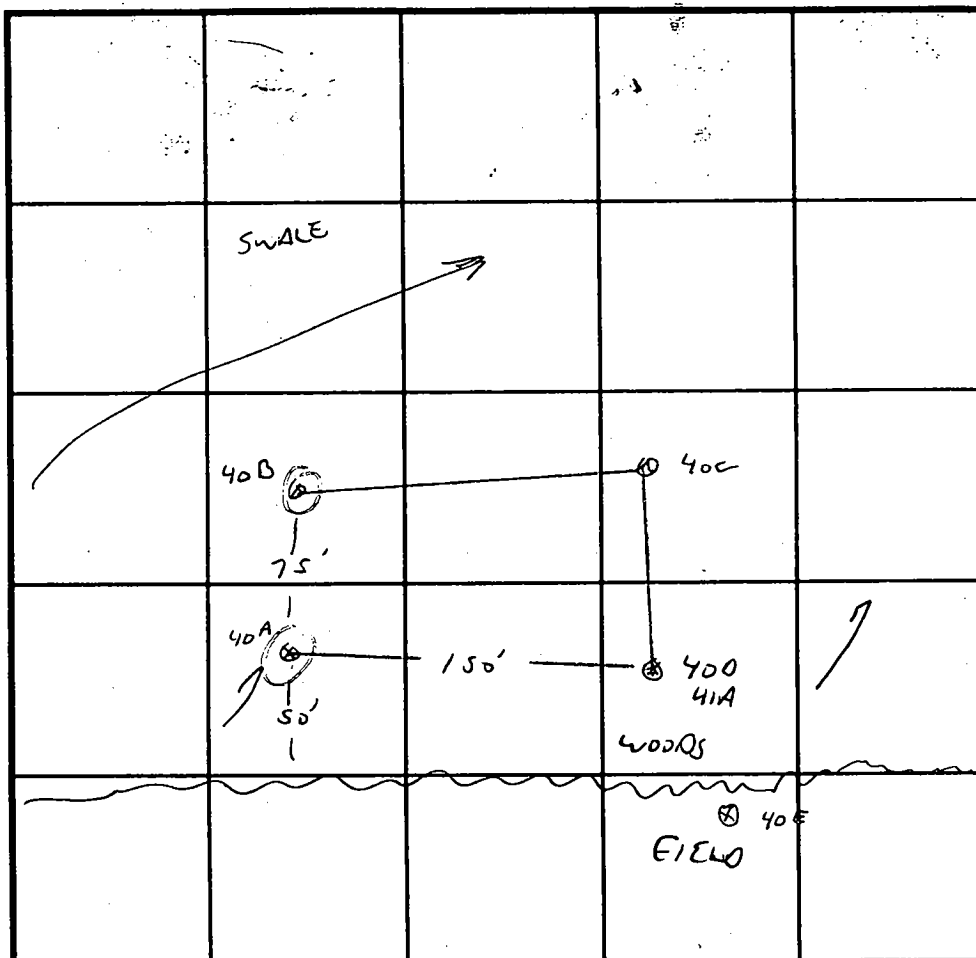
GREY  
TAN  
S.S.L.  
BLACK  
MOTTLES  
DULL OLIVE  
GREY  
MIXED IN

WATER 10  
40E

## TOPSOIL

BROWN  
SILTY  
CLAY  
LOAM

2.5  
TAN  
SANDY  
MICK  
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

## SOIL PROFILE

0' B

TOPSOIL

BROWN  
CLAY  
LOAM

5' GREY/  
TAN  
SILTY  
SANDY  
LOAM

WATER 12



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/17/96	40B	4/12V	3:01	3:04	3:04	3:11	7MIN
		8VOK					
11/21/96	400/41A	3.5/11V	→				6MIN
12/17/96	416A		3:09	3:11	3:11	3:25	4MIN
	40C	3'/9'	3:20	3:26	3:26	3:33	7MIN
		7'	3:20	3:33	3:33	3:50	7MIN
	40E	3/11V	1:54	1:58	1:58	2:05	7MIN
		7VOK					

REMARKS SEE 42 FOR "D", LOT 4P, MOVED UP FROM PLAN

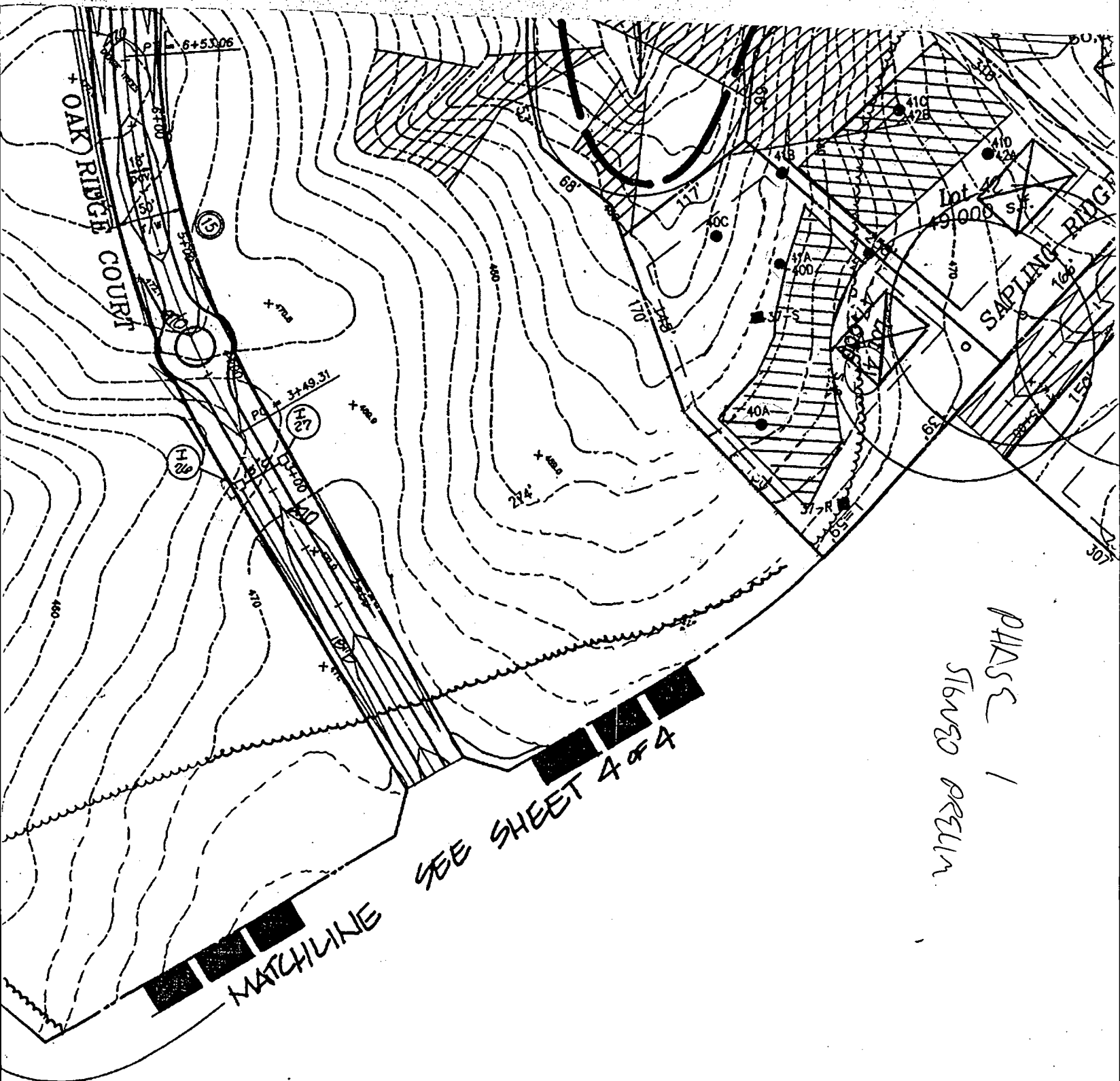
TYPE OF SOIL EVALUATE AS VET SEASON TEST - 0.6H WATER TABLE

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

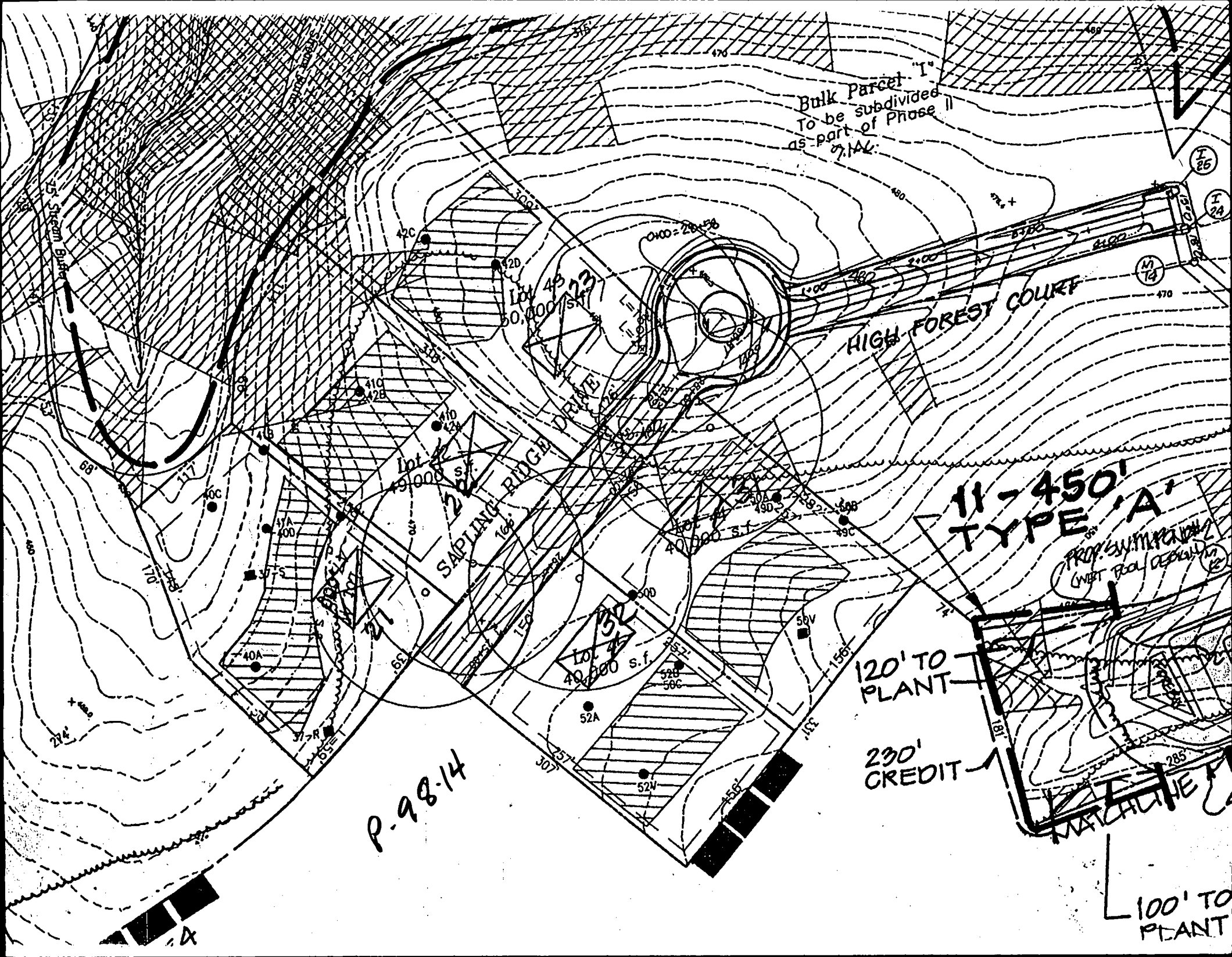
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

WET  
SEASON



PHASE 1  
STANDARD DESIGN





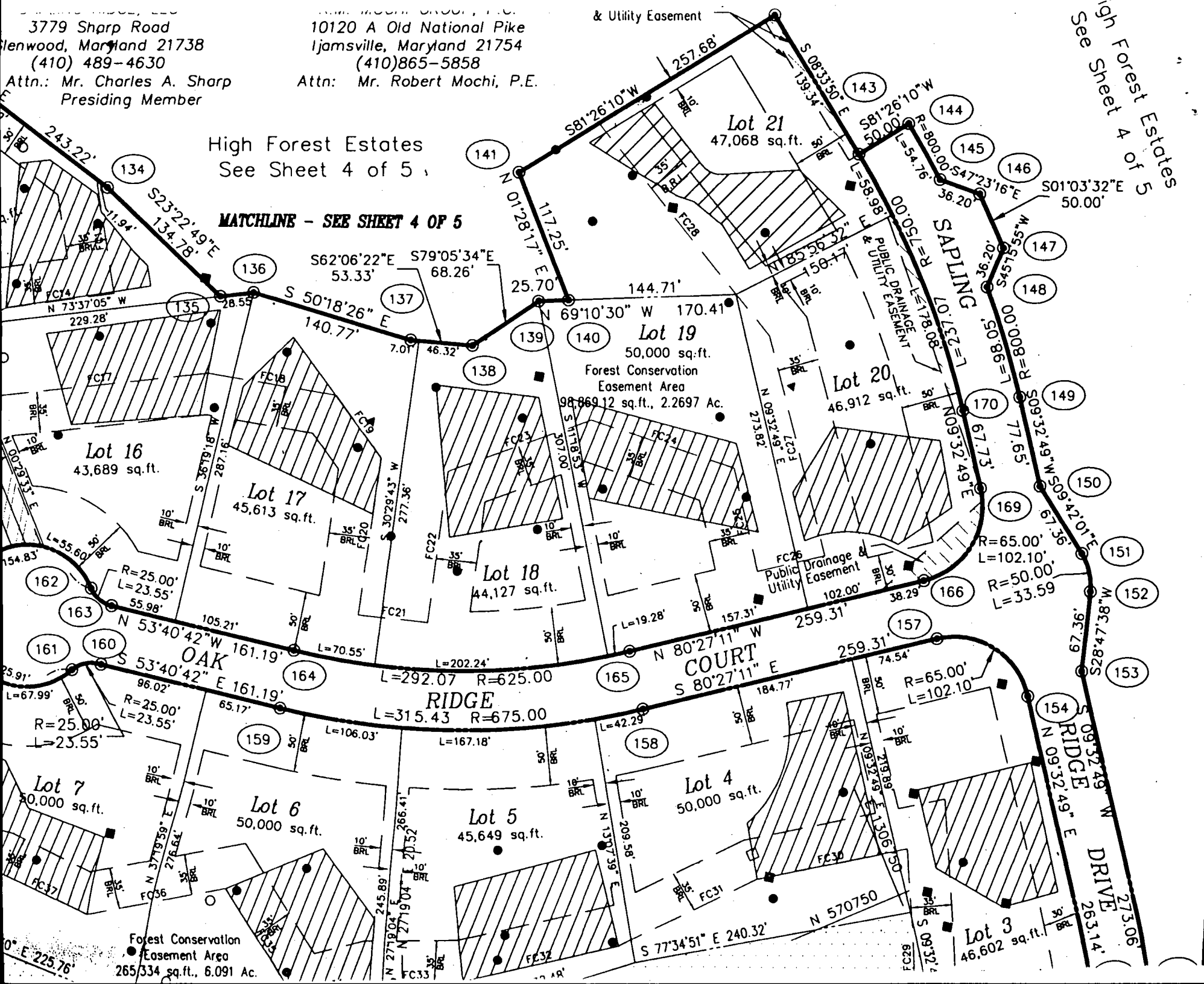
3779 Sharp Road  
Glenwood, Maryland 21738  
(410) 489-4630  
Attn.: Mr. Charles A. Sharp  
Presiding Member

10120 A Old National Pike  
Ijamsville, Maryland 21754  
(410)865-5858  
Attn: Mr. Robert Mochi, P.E.

& Utility Easement

High Forest Estates  
See Sheet 4 of 5

**MATCHLINE - SEE SHEET 4 OF 5**



1:30  
Scale  
Proposed  
S.T. loc. SEE  
Notes



**APPROVED**  
**WALKTHRU BUILDING PERMIT**  
BP# 00148665 A# 566004  
APP. SAN 6/1 DATE: 6/10/04  
DESC. OF WORK: EXISTING FOREST CONSERVATION EASEMENT Proposed Deck

LOT 21  
47,068 s.f.

SEWAGE DISPOSAL AREA  
10,297 S.F.

**COLUMBIA**  
**HERITAGE**  
FF=473.46  
BF=463.67  
\*CELLAR NOT  
SERVICED VIA GRAVITY  
PUMP REQ'D IN BSMT.

COVEN  
NEW ENG  
FF=47  
BF=46

100' RAD.  
30' +  
705  
WELL

10' PUBLIC DRAINAGE  
AND UTILITY EASEMENT

SAP

25+00



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Pennv E. Borenstein, M.D., M.P.H., Health Officer

April 8, 2004

Big Branch Overlook, LLC  
15143 Sapling Ridge Drive  
Dayton, MD 21036

RE: High Forest Estates, Lot #21  
15169 Sapling Ridge Drive  
BP # B00144036  
Well Permit # HO-94-1992

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 3/11/2004.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1992. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 3/30/2004, 4/5/2004 & 4/7/2004  
Date of Well Completion: 12/17/1998

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

mlb

cc: Building Inspector's Office  
Community Health Services  
File