

11/5/00
12/7/00
Practically 11-12
11/8/00 12:00
1/9/01 1:00
OS-432200

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514272

A 57577-~~1~~F

ISSUE DATE 9/25/2000

APPROVAL DATE 1/9/01

INDEXED

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Big Branch Overlook LOT NUMBER 31 ADDRESS 14096 Big Branch Drive

PROPERTY OWNER Big Branch Overlook LLC PROPERTY OWNER'S ADDRESS 7164 Gateway Drive, Ste 230

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

**** TOP SEAMED TANK AND COMPARTMENTED TANK
BOTH WITH OUTLET BAFFLE FILTER REQUIRED ****

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box near the mid-point of the high edge of the septic area (approximately 200' down the left-rear 337' lot line, and 80 feet off that lot line). Install trenches of equal length (4@70'), along contour in both directions.

PLANS APPROVED Craig Williams ON SRU 9/25/00 DATE 9/20/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

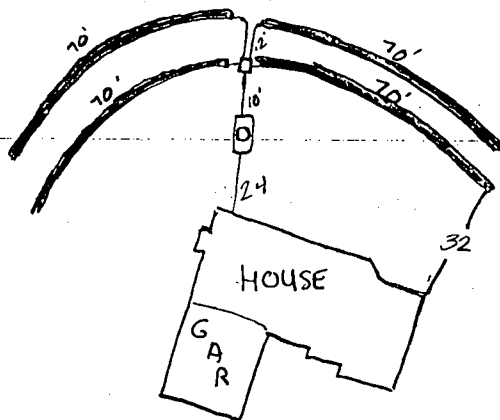
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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

A57577-~~1~~F

NOT TO SCALE



BIG BRANCH DRIVE

TRENCH DATA

TRENCH WIDTH 3.0
 TRENCH INLET DEPTH 3.0
 TRENCH BOTTOM DEPTH 5.0
 DEPTH OF STONE 2.0
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 840
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

1566 T.S.
 SEPTIC TANK COMPARTMENTED GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 11/14/00 NO layout insp performed at contractor's request. DCC

10/21/00 House moved or easement marked incorrectly. Trogler to have property lines staked to determine what happened. (BB)

12/7/00 contractor cancelled layout insp - common drive in process of being paved - unable to access lot otherwise. (DCC)

1/8/01 - TANK SET, EASEMENT STAKED, RUN 4 (70') TRENCHES ON CONTOUR IN BOTH DIRECTIONS - (SRW) 1/9/01 OK to cover all work (AU)

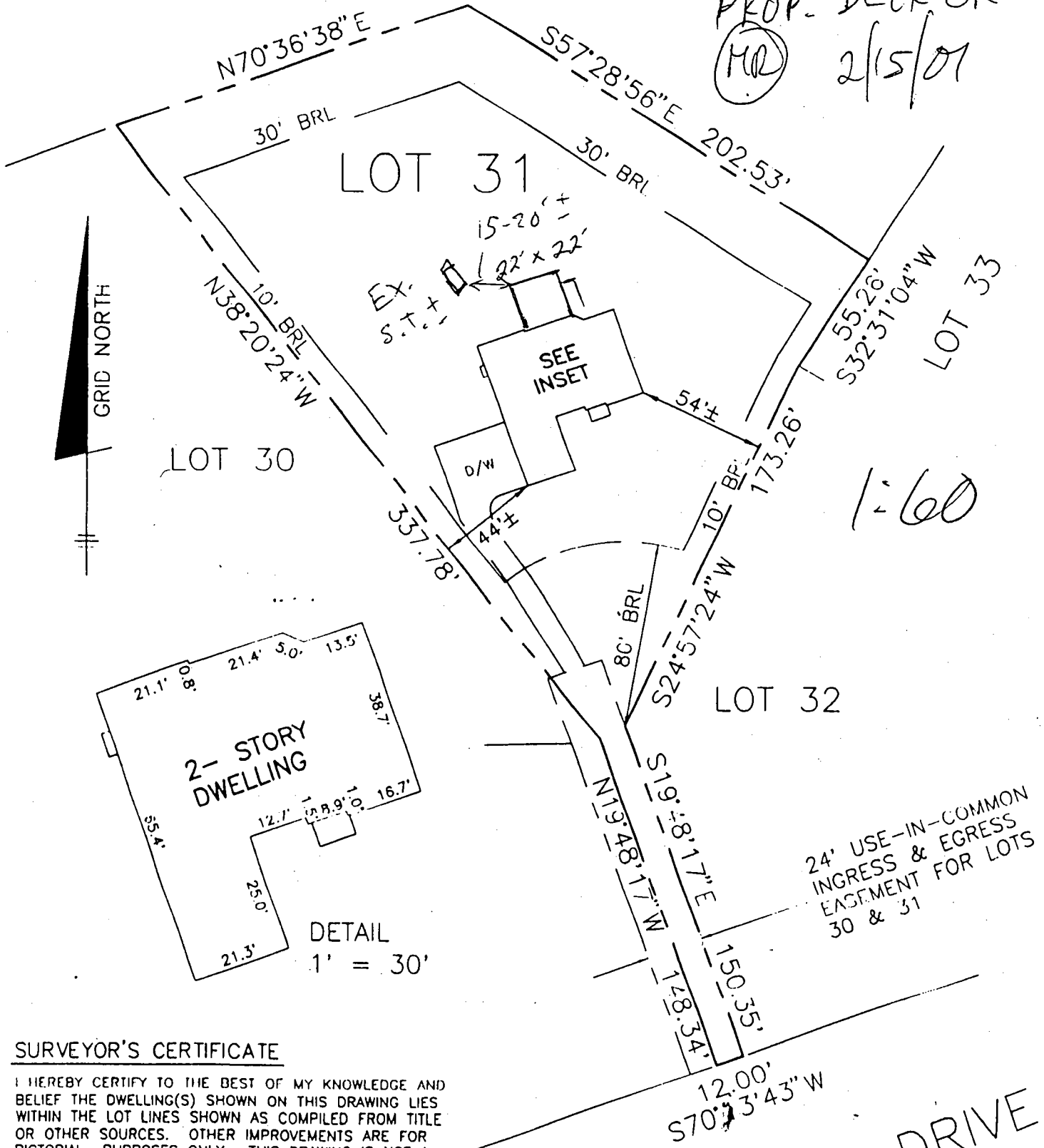
INSPECTOR A M'Neil

DATE SYSTEM APPROVED 1/9/01

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.

PROP. DECK OK
 (MD) 2/15/01



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

Building Address 14096
Big Branch Dr

Property Owner's Name Mike Klapp & Leslie
 Address 14096 Big Branch Dr
 City Ellicott City State MD Zip Code 21043

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 City _____ State _____ Zip Code _____

Census Tract 025114 Subdivision B-B Overlook
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 31
 Tax Map 07 Parcel 10 Grid 1
 Zoning R1 Map Coordinates 013 Lot size _____
 Phone _____ Fax _____

Existing Use SED
 Proposed Use Deck
 Estimated Construction Cost \$ 5,500.

Contractor Company None
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

Description of Work Deck
Steps to grade.

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

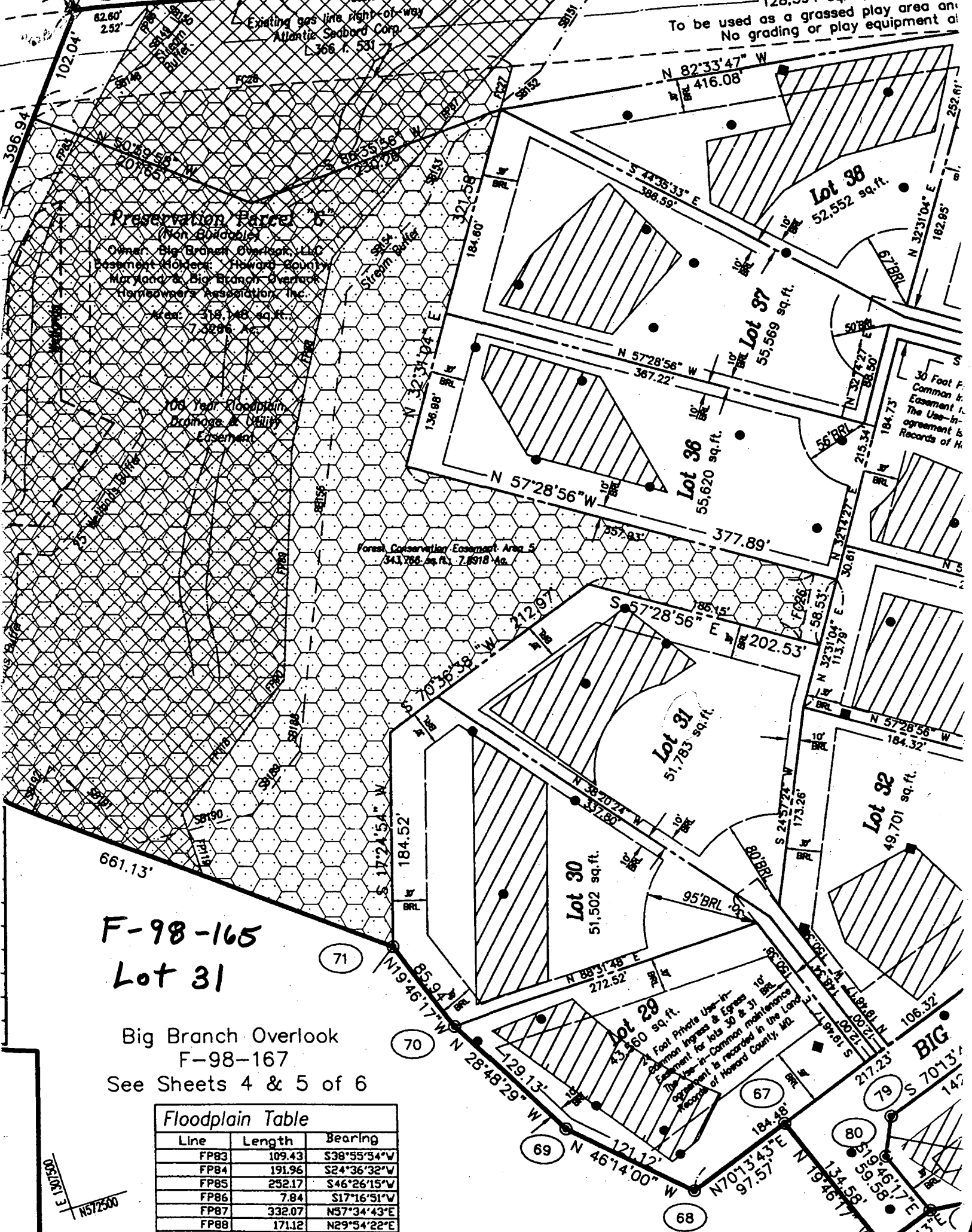
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Mike Klapp Print Name Mike Klapp
 Title/Company _____ Date 2/15/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	411233
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>2/15/01</u>	<u>M. Tiffin</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
				Validation # _____

Accepted by _____



F-98-165
Lot 31

Big Branch Overlook
F-98-167
See Sheets 4 & 5 of 6

Floodplain Table

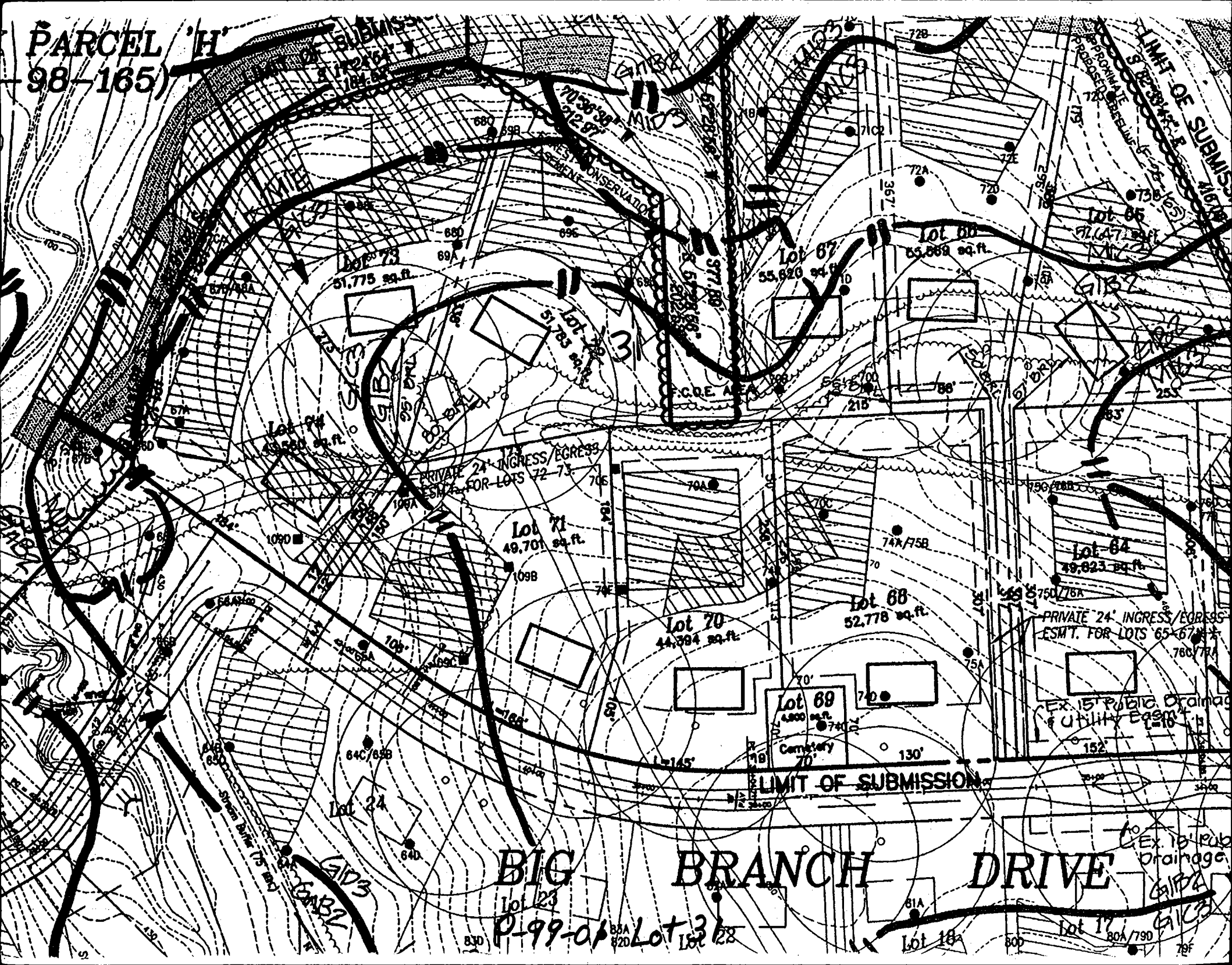
Line	Length	Bearing
FP83	109.43	S38°55'34"V
FP84	191.96	S24°36'32"W
FP85	252.17	S46°26'15"W
FP86	7.84	S17°16'51"V
FP87	332.07	N57°34'43"E
FP88	171.12	N29°54'22"E
FP89	197.76	N19°51'43"E
FP90	19.90	N55°04'12"E

E 100'±
N57°25'00"

PARCEL 'H'
98-165)

SUBMIS-

LIMIT OF SUBMIS-



Lot 73
51,775 sq. ft.

Lot 67
55,620 sq. ft.

Lot 66
65,869 sq. ft.

Lot 74
49,521 sq. ft.

Lot 71
49,701 sq. ft.

Lot 70
44,394 sq. ft.

Lot 68
52,778 sq. ft.

Lot 64
49,823 sq. ft.

Lot 69
4,800 sq. ft.

Lot 24

Lot 23

BIG BRANCH DRIVE

DRIVE

P-99-06 Lot 22

Lot 18a

Lot 17

PRIVATE 24' INGRESS/EGRESS
ESMT. FOR LOTS 72-73

PRIVATE 24' INGRESS/EGRESS
ESMT. FOR LOTS 65-67

EX 15 PUBLIC DRAINAGE
& UTILITY EASMT.

EX 15 PUBLIC DRAINAGE
& UTILITY EASMT.

F.C.Q.E. AREA

Cemetery

EX 15 PUBLIC DRAINAGE
& UTILITY EASMT.

EX 15 PUBLIC DRAINAGE
& UTILITY EASMT.

EX 15 PUBLIC DRAINAGE
& UTILITY EASMT.

EX 15 PUBLIC DRAINAGE
& UTILITY EASMT.

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: Big Branch Overlook Big Branch Drive

'B DIVISION ~~CONSTRUCTION PROPERTY~~ LOT NO. 31

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

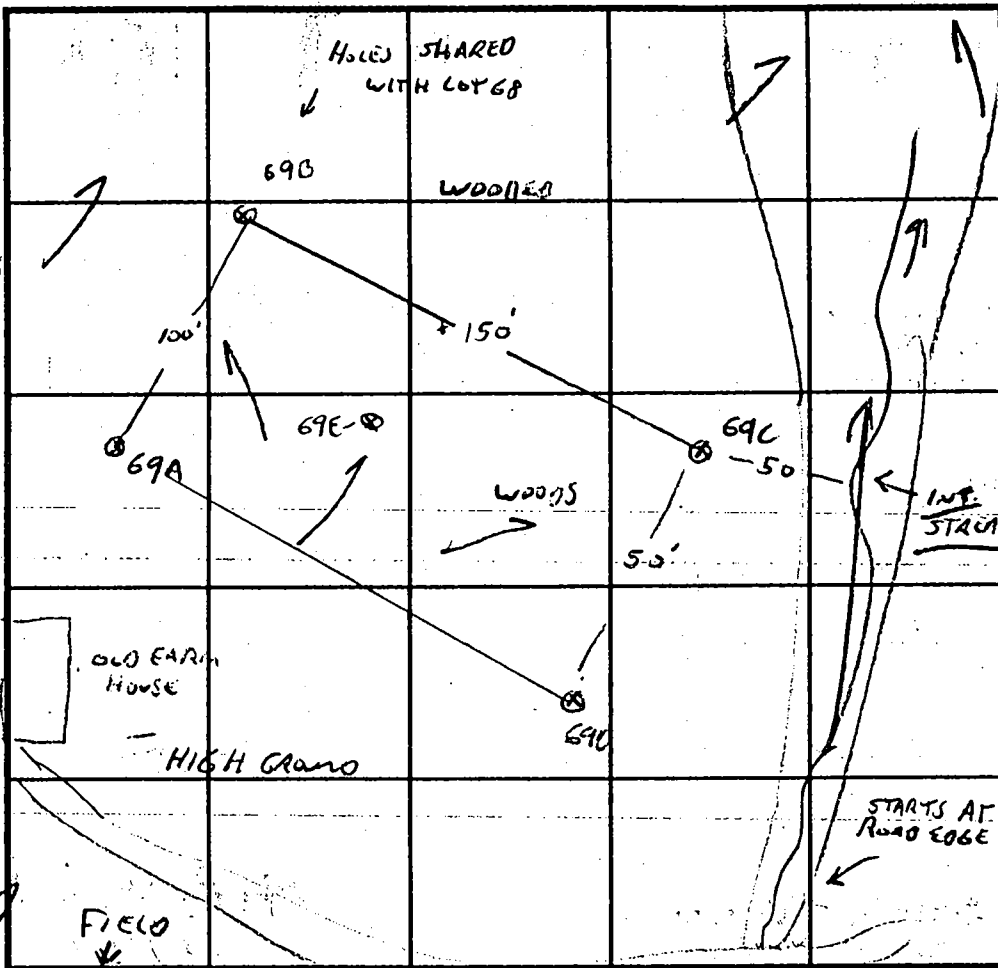
COUNTY #

SOIL PROFILE 69A

0' 69C
B
TOPSOIL
BROWN SANDY CLAY LOAM
3'-4'
TAN SSL
12'

SOIL PROFILE

0' 690
69E
TOPSOIL
BROWN SL.
3'-4'
BROWN SSL
15' SHALE
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-75-96	69D	3.5' / 12V	11:55	11:57	11:57	11:59	2 MIN
		7.0 OK					
	69C	2.5	12:02	12:03	12:03	12:06	3 MIN
		5.5 / 11.5V	12:05	12:06	12:06	12:08	2 MIN
	69B	3.5' / 12V	12:10	12:11	12:11	12:13	2 MIN
		7.0 OK					
	69A	4' / 12V	12:17	12:18	12:18	12:20	2 MIN
		7.0 OK					
	69E	10.5 V	OK				

REMARKS ~~LOT 68~~ STREAM MAY ONLY CARRY WATER DURING HEAVY RAINS, DRY NOW

TYPE OF SOIL Lot 31

TESTED BY G. SAVAGE ALSO PRESENT C. SAARD, R. DEWIT

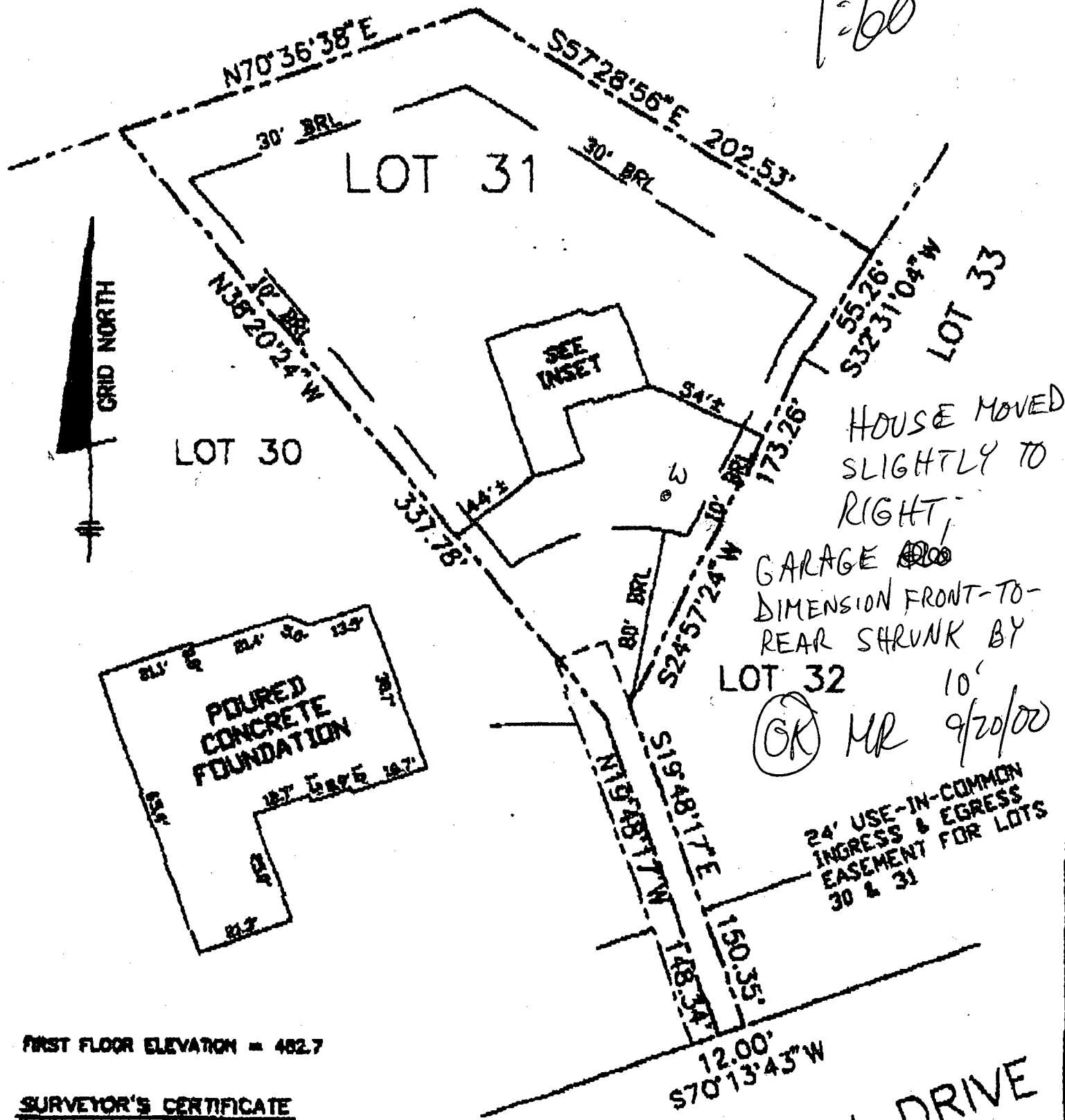
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

X

PARCEL "G"

1-60



FIRST FLOOR ELEVATION = 482.7

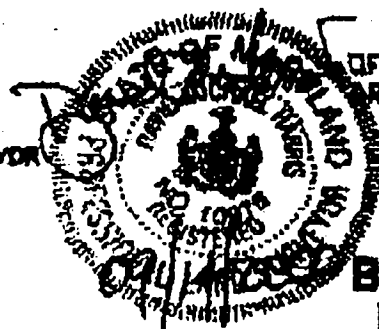
SURVEYOR'S CERTIFICATE

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 08-08-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.L. MOORE GROUP, P.C., ENTITLED BIG BRANCH OVERLOOK, LOTS 1 THROUGH 49; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13855.

David M. Harris
 DAVID M. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10978
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 301

RECORD PLAT No. 13855
 FEMA FIRM No. 240044 0025 B
 ZONE: C
 DATED: 12-04-86

BENCHMARK



OFFSET DISTANCES TO PROPERTY LINES ARE ± 1.0'.

WALL CHECK

BIG BRANCH OVERLOOK
LOTS 1 THROUGH 49
LOT No. 31

14096 BIG BRANCH DRIVE

ATTN: DAVE

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: Fogel's Well Drilling Telephone #: 410-795-5670
Address: 570 Overholt 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: Toll Bros. Telephone #: 493-535-9296
Subdivision: Big Branch Overlook Lot #: 31 Well Tag #: HO-94-2708
Site Address: Lot 31 Big Branch Dr.
Ukridge Md.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goules Make: Campbell Two piece watertight cap: yes
Model #: 5508422 Model#: _____ Screened, vented well cap: yes
Pump Capacity 3/4 GPM Depth: 92' (36" min) Cap secured to casing: yes
Well Yield: 10 GPM NSF approved: yes Conduit min 1 1/2" B.G.: yes
Depth of well encountered at time of pump installation: 92 (feet) Conduit secured to well cap: yes
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 No

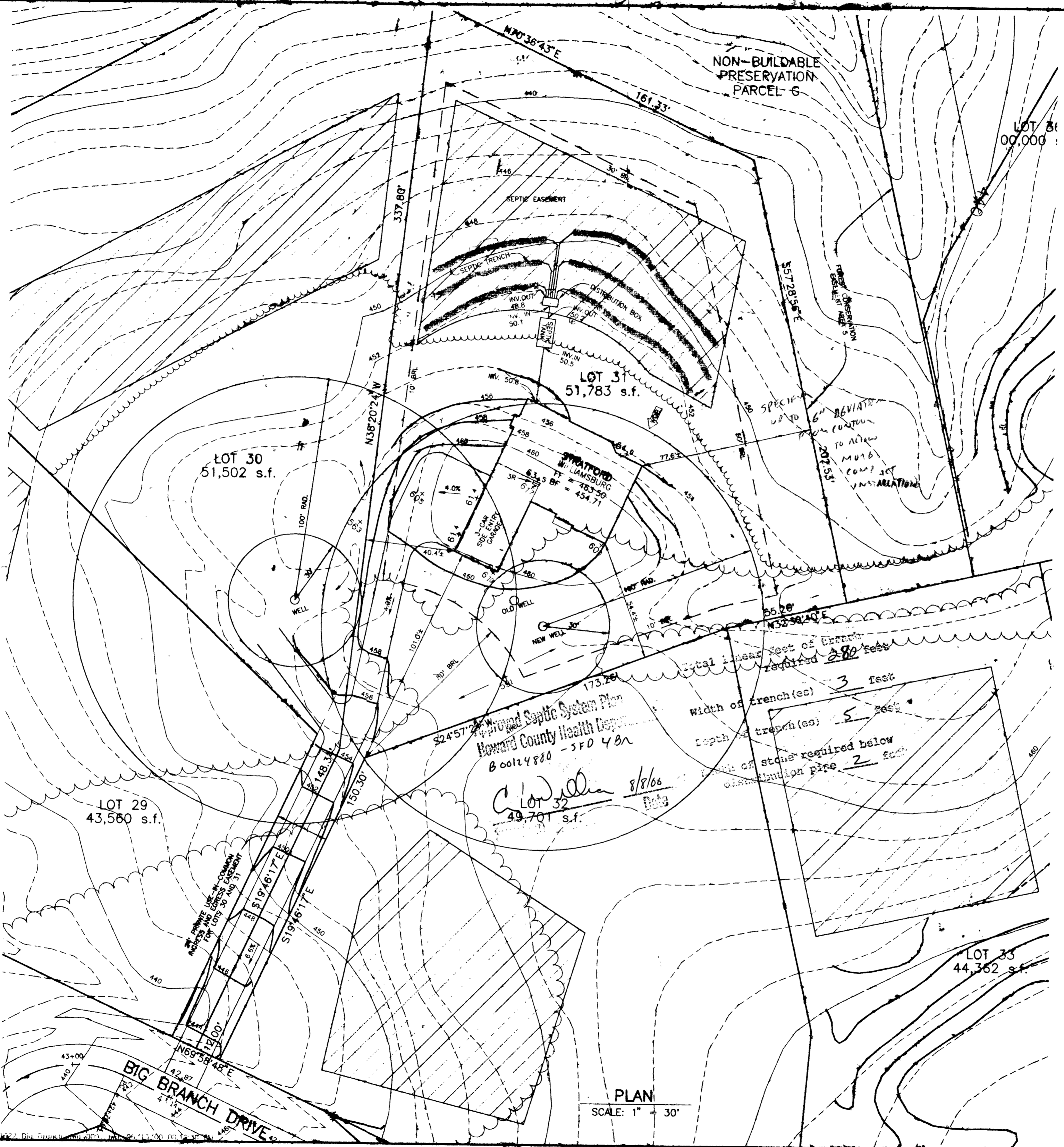
Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 7'
Depth of supply line: 4' (36" min) Sleeve caulked and sealed properly: yes

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 1-17-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/22/01 Date Insp. Approved: 1/22/01
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



LOT 30
51,502 s.f.

LOT 31
51,783 s.f.

LOT 34
00,000

LOT 29
43,560 s.f.

LOT 32
49,701 s.f.

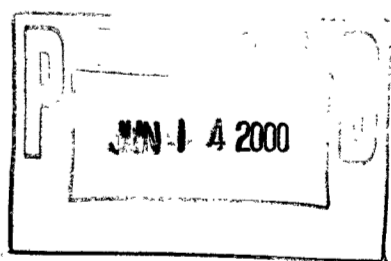
LOT 33
44,362 s.f.

Proposed Septic System Plan
Howard County Health Dept.
B00124880 - SFD 482

Calvin... 8/8/00
Date

Total linear feet of trench required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Amount of stone required below distribution pipe 2 feet

PLAN
SCALE: 1" = 30'



BENCHMARK
ENGINEERS Δ LAND SURVEYORS Δ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE Δ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-485-6105 FAX: 410-485-6644

PROJECT:		BIG BRANCH OVERLOOK LOT 31	
LOCATION: TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT PLAT: 13855 HOWARD COUNTY, MARYLAND			
TITLE: PLOT PLAN			
DATE:	JUNE 13, 2000	PROJECT NO.	1332
SCALE:	AS SHOWN	DRAWING	<u>1</u> OF <u>1</u>

B 1 13757

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2708 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Big Branch Overlook LCC
1164 Columbia Gateway Dr Suite 230
Columbia MD 21046

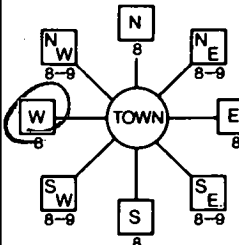
LOCATION OF WELL

Howard
Big Branch Overlook 14096
Dayton
2 miles from town

DRILLER INFORMATION

Allen Compton MS D 009
Foale's Well Drilling
580 Obrecht Rd Sykesville Md 21784
Allen Compton 5-18-00

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch DR
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



260'
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05 26 00 Cravilla 5/25/01
NORTH GRID 511 000 EAST GRID 0795 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

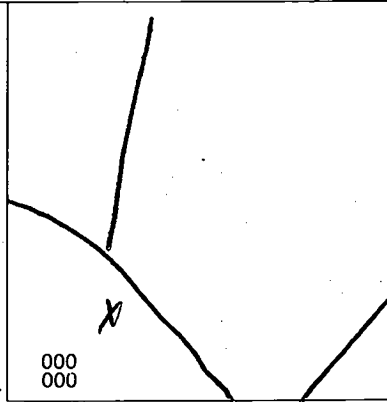
- Bored (or Augered)
JETTED
Jetted & DRIVEN
AIR-ROTARY (circled)
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVerse-ROTary
Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

800 795
510'



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

PERMIT No. Ho - 94 - 2708

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 07793

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK SRK 9/19/00 COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8 24 00 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No 94 - 2708

OWNER BIG BRANCH OVERLOOK LLC STREET OR RFD BIG BRANCH DRIVE TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION LOT 31

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray, White, Gray, White, Gray.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0 to 67).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT).

MAIN CASING TYPE form with fields: Nominal diameter top (main) casing (66), Total depth of main casing (80).

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from to.

SCREEN RECORD form with fields: screen type or open hole (HO), diameter of screen (56 to 60), SLOT SIZE 1, 2, 3.

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S, R, E, N. Values include 40, 67, 300.

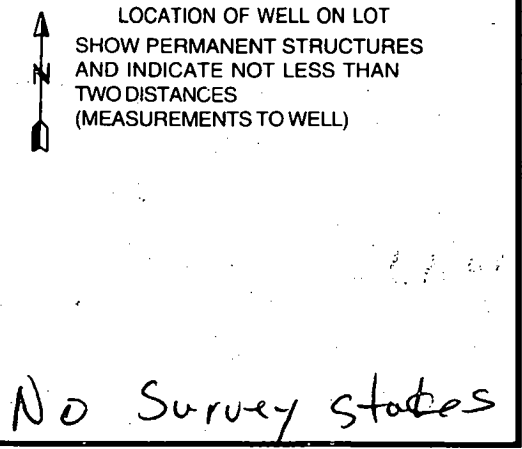
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED (04), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (196L), WATER LEVEL (57 before, 247 when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (02 nearest foot).



NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: 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...

DRILLERS LIC. NO. MS D 009, DRILLERS SIGNATURE (Allen Compton), LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



