

LAYOUT 5/16/02 2PM INSP 4 6/26/02 Layout 3:00 7/1/02 1-2:00  
 INSP 2 5/20/02 AM INSP 5 6/27/02 Rerelay 4:00  
 INSP 3 6/25/02 11:00 INSP 6 6/28/02 1:00

ISSUE DATE: 5/16/2002

APPROVAL DATE: 7/3/02

**PERMIT INDEXED**

05-432383

P 516965-F

A 57577S

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Rd., Sykesville PHONE NUMBER: 410-795-3432

SUBDIVISION: Big Branch Overlook LOT NUMBER: 48

ADDRESS: 14032 Big Branch Drive PROPERTY OWNER: Big Branch Overlook, LLC.

SEPTIC TANK CAPACITY (GALLONS): 1500 ~~1250~~ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

6/21/2002  
 2.5-4.5 OK (BB)

TRENCHES:	4 Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	From Big Branch Drive, place the distribution box 114' from the front lot line and 60' from the left lot line. Run trenches on contour.
NOTES:	Trench layout inspection required prior to excavation. Gravity basement service is proposed.

PLANS APPROVED: BB SRK OK SRK 1/21/01 DATE: 1/18/02

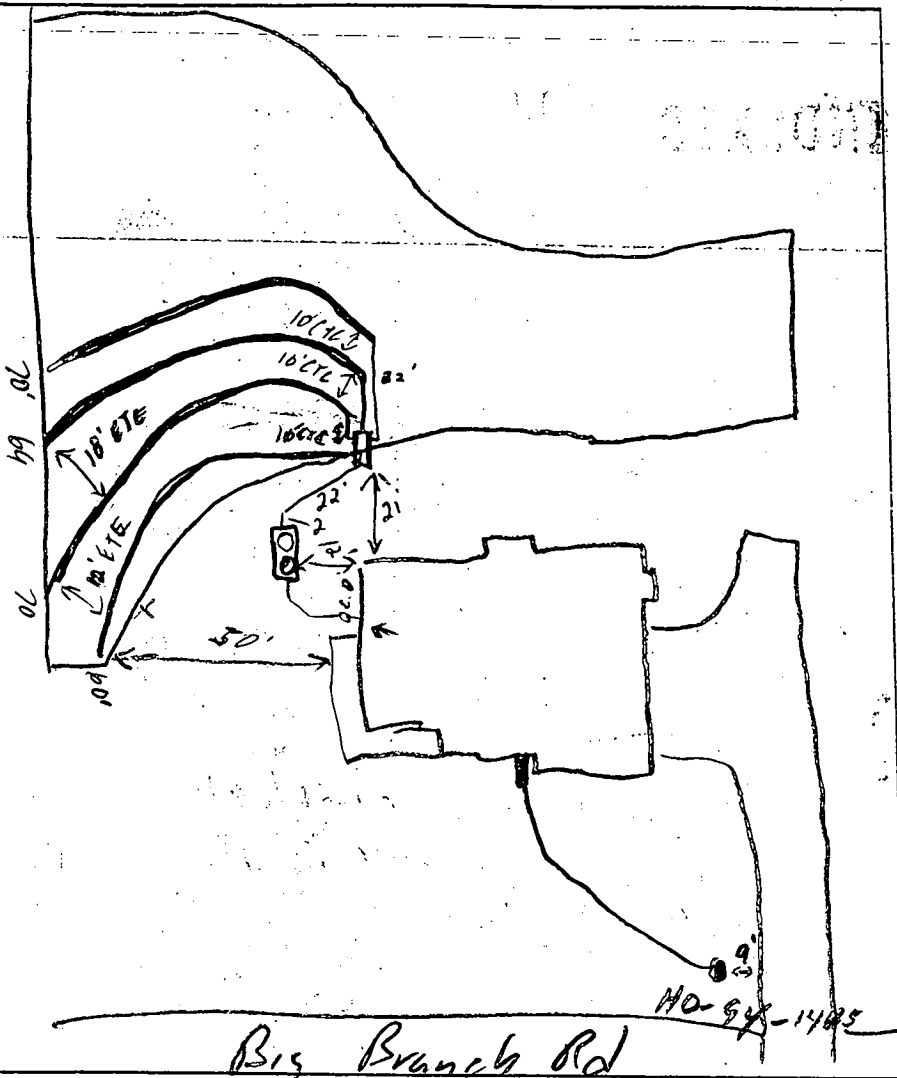
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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 BUILDING PERMIT SIGNED 10-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**AND RETURNED**  
 10-23-02 - 800 89005 - DECK

AS 95775

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 2.5'  
 TRENCH BOTTOM DEPTH 4.5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 269'  
 ABSORBENT AREA 807 sq ft  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 75 GALLONS  
 MANHOLE RISER F&B 2.5'  
 6 INCH INSPECTION PORT           

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS             
 MANHOLE RISER MA  
 ALARM             
 PUMP PERFORMANCE TEST           

PRE-CONSTRUCTION INSPECTION: 5/16/02 - TANK SET, NO ONE PRESENT, LAYOUT CANCELLED - SRK/JB

INSPECTION COMMENTS: 5/20/02 SOIL PROFILES TAKEN, SEVERE MOTTLES. Engineer too not accurate, silt fence not accurate, nor proposed trench layout. Need to reconfigure, SDA - DO NOT start work (KN)  
6/13/02 INSP BY BG INDICATES NO CLEAR MOTTLING TO PREVENT SYSTEM INSTALLATION AS PER SPECS; CONTINUE BG/BB/MR 6/26/02 No stakes (SO)  
6/27/02 lot staked, shot contour. Trenches will be wider in center than shown. Place all 4 trenches on one side, 6/28/02 Installing pumps

INSPECTOR [Signature] DATE SYSTEM APPROVED 5/2/02  
7/1/02 2nd & 3rd trenches installed  
7/2/02 OK to cover all work (SO)

OPEN SPACE LOT 46  
HOMEOWNERS ASSOCIATION

GRID NORTH

N7/10/18  
5B66/11  
5B61/11  
J. HARRIS

1306/13/5307  
13496 A/N/L/L  
Lot 22 A/N/L/Farm  
E/S

LOT 47  
Some evidence of  
water but most  
weathered parent  
② Profile material

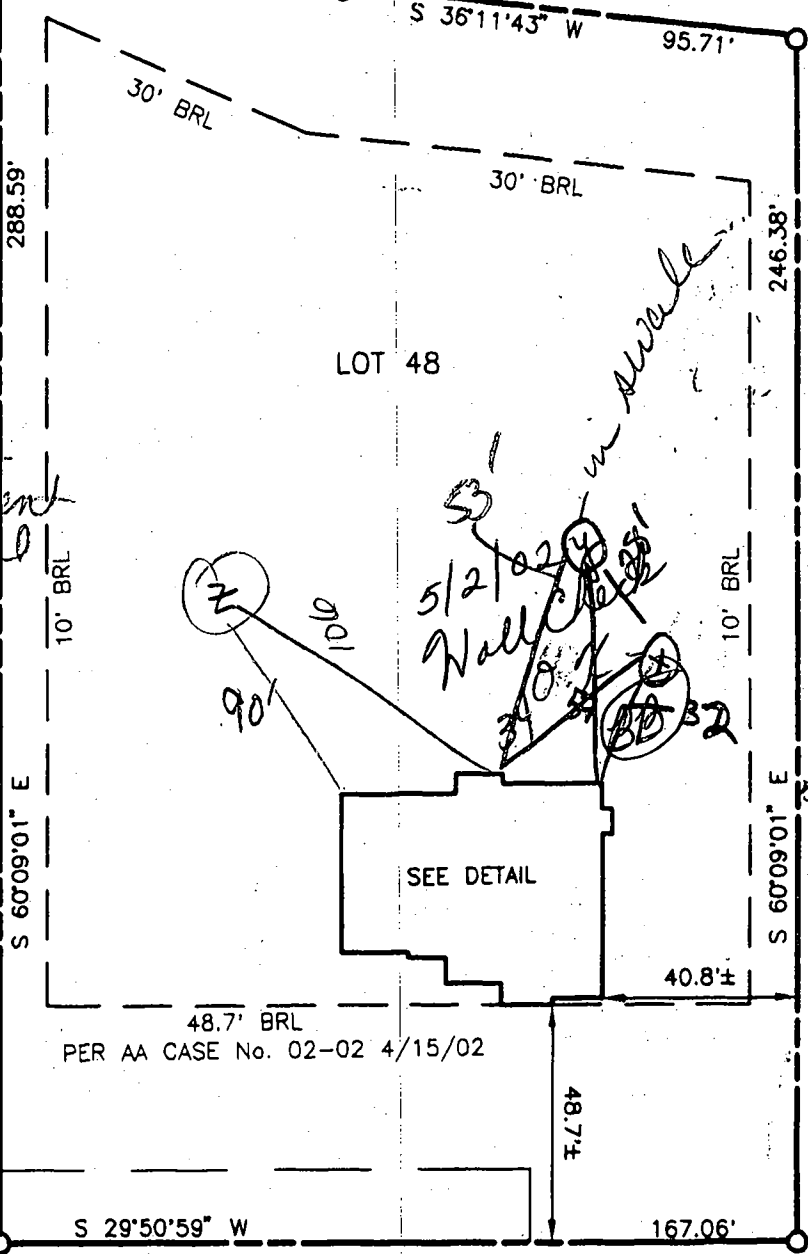
bright y/bn  
tan  
Fine  
Lmy Sand  
Mottles clumps of  
grey tan Mn  
Mn aggregates  
Moist  
v. fr. micaceous  
capable w/ DRIP  
lateral layers  
of Mn. Dis. white  
beard  
13' bottom

overall  
rock  
~10% lot

90'  
100'  
5/2/02  
Wall  
30'  
32'

very  
mottles  
w/SLM  
LOT 49

y Profile  
SLM  
moist  
severe  
mottles  
greyish  
blue, strong  
org tan, tan  
Strong  
mottling  
Strong  
contraction  
color w/ mottling  
distribution



EXIST. 15'  
PUBLIC DRAINAGE  
&  
UTILITY ESMT.

**BIG BRANCH DRIVE**  
(50' R/W)

TOP OF FOUNDATION WALL ELEVATION = 472.5'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

**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 2/08/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "BIG BRANCH OVERLOOK LOTS 1 THROUGH 49", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13851

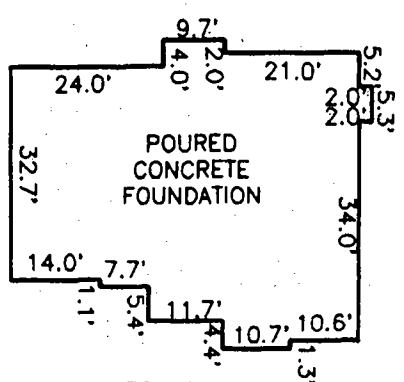
*David M. Harris*

DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 13851  
FEMA FIRM No. 240044 0025 B  
ZONE: C  
DATED: 12/04/86



**BENCHMARK**  
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE A SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
Phone: 410-488-8100 A Fax: 410-488-0844  
email: Benchmark@Beds.com



**FOUNDATION DETAIL**

SCALE: 1" = 30'

**WALL CHECK**

**BIG BRANCH OVERLOOK  
LOTS 1 THROUGH 49  
LOT No. 48**

14032 BIG BRANCH DRIVE

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 40' DATE: 2/08/02

**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13853, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. 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.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-00-97 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.

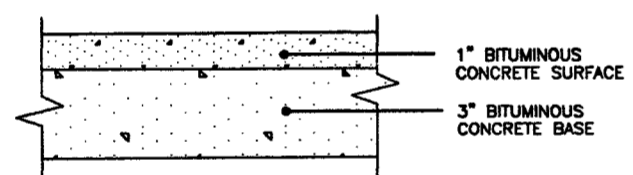
**LEGEND**

- EXISTING CONTOURS PER GP-00-97
- PROPOSED CONTOURS
- EXISTING TREELINE
- PROPOSED TREELINE
- SILT FENCE
- SUPER SILT FENCE
- STABILIZED CONSTRUCTION ENTRANCE
- LIMIT OF DISTURBANCE
- SEPTIC EASEMENT
- WELL LOCATION

Approved Septic System Plan  
Howard County Health Department

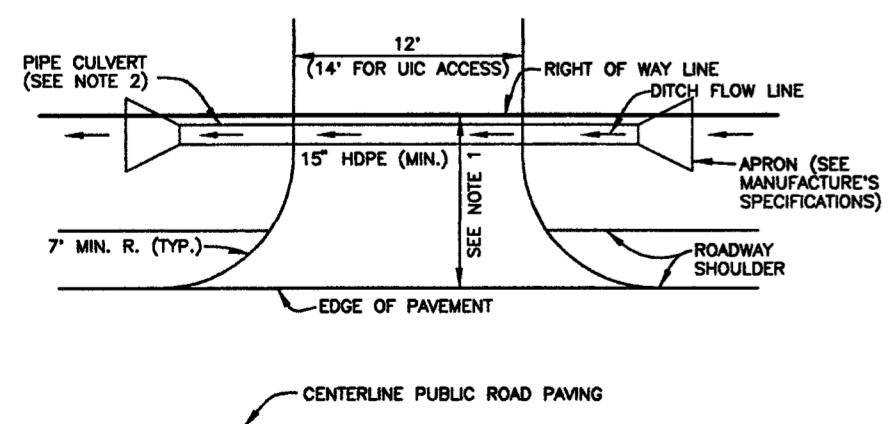
*Brian Baker* <sup>tc</sup>  
Signature 1/18/02  
Date

Total linear feet of trench required 280 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 4 1/2 feet  
Depth of stone required below distribution pipe 2 feet

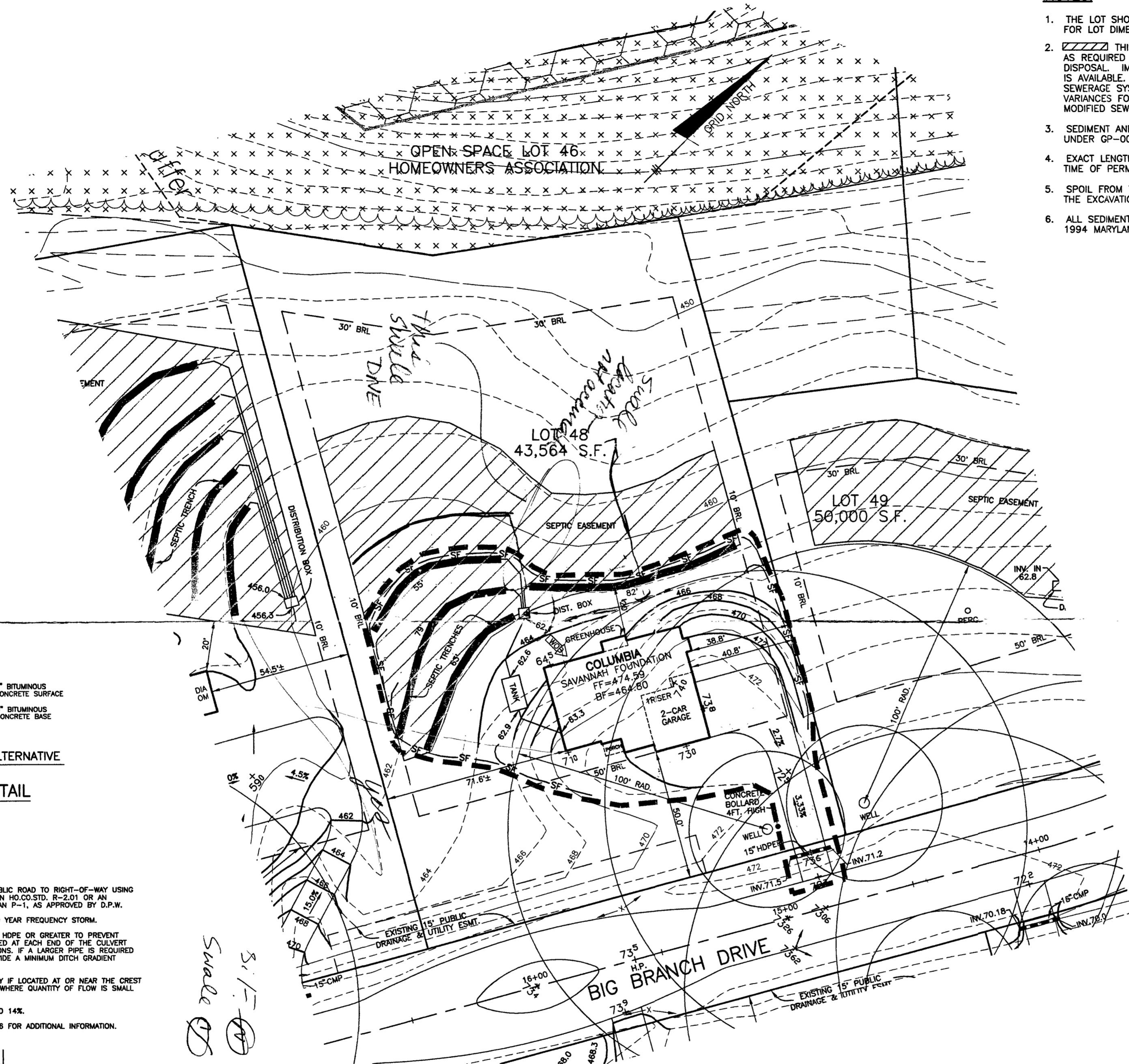


FULL DEPTH BIT. CONC. ALTERNATIVE  
**P-1 PAVING DETAIL**  
NOT TO SCALE

- DRIVEWAY CULVERT NOTES:**
1. 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-2.01 OR AN ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
  2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
  3. ALL DRIVEWAY CULVERT PIPES ARE TO BE 15" HDPE OR GREATER TO PREVENT BLOCKING. HDPE 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.
  4. 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.
  5. TIE-IN GRADE OF DRIVEWAY SHALL NOT EXCEED 14%.
  6. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.



**DRIVEWAY CULVERT**  
NOT TO SCALE



**PLAN**  
SCALE: 1" = 30'

<p align="center"><b>BENCHMARK</b> ENGINEERS • LAND SURVEYORS • PLANNERS <b>ENGINEERING, INC.</b></p> <p align="center">8480 BALTIMORE NATIONAL PIKE • SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644</p>	PROJECT: <b>BIG BRANCH OVERLOOK LOT 48</b>	
	LOCATION: 14032 BIG BRANCH DRIVE TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
<p>BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105</p>	TITLE: <b>PLOT PLAN</b>	
	HOUSE TYPE: <b>COLUMBIA</b>	
DATE: NOVEMBER 19, 2001	PROJECT NO. 1322	
SCALE: AS SHOWN	DRAWING 1 OF 1	

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 21.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht RD  
Stylesville MD 21184

(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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Tall Brothers Telephone #: \_\_\_\_\_  
Subdivision: Big Branch Lot #: 48 Well Tag #: HO 94-1485  
Site Address: 14032 Big Branch Dr

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: Couads      Make: Campbell      Two piece watertight cap: Y  
Model #: 75B05      Model#: N/A      Screened, vented well cap: Y  
Pump Capacity 7 GPM      Depth: 42 (36" min)      Cap secured to casing: Y  
Well Yield: 10 GPM      NSF/WSC approved: Y      Conduit min 18" B.G.: Y  
Depth of well encountered at time of pump installation: 225 (feet)      Conduit secured to well cap: Y  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house      House Connection  
Type: 1" Black Plastic      PVC sleeve to undisturbed soil at wall penetration: Y  
PSI: 160 (160 psi min)      Approximate length of sleeve: 5'  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: Y

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      6-12-02  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/12/02 Inspector: SO  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 3" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

HD-215      6/27/02 Well 9' off Driveway      Rev. 12/00

C 1 - 05088

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13 OK KM 4/9/98 SRM

ST/CO USE ONLY DATE RECEIVED 4.8.98

DATE WELL COMPLETED MM 4 DD 3 YY 98

Depth of Well 22 220' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-1485

OWNER HIGHLAND DEV CMC STREET OR RFD BIG BRANCH DR TOWN DAYTON SUBDIVISION BIG BRANCH 642401 SECTION LOT 37 48

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-67) and Gray Mica Rock (67-220).

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (25), NO. OF POUNDS (2350), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (0-49).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (72).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (20), WHEN PUMPING (84), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).

NUMBER OF UNSUCCESSFUL WELLS (0) and WELL HYDROFRACTURED (Y).

CIRCLE APPROPRIATE LETTER A, E, P for well status.

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. 1 MS DO 24, DRILLERS SIGNATURE, LIC. NO. 1 M D

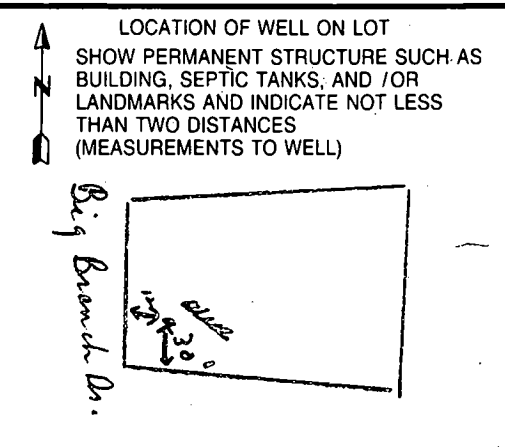
DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, R, E, N.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA









B 1 9412

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-1485 fill in this form completely

Date Received (APA)

5/14/98

OWNER INFORMATION

Highland Development GMC P.O. Box 228 Clarksville Md. 21029

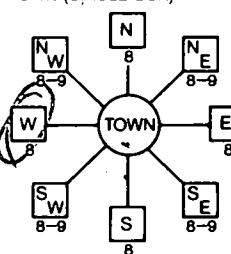
B 3 LOCATION OF WELL

Howard Big Branch Overlook Dayton 3748 20 3 M I

DRILLER INFORMATION

Joseph L. Wayne MS D 24 Joseph L. Wayne Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21878 3/9/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 315 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: 27 BLK: 6 PARCEL 141

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) F Farming... I Industrial... P Public or private water company... T Test, observation, monitoring...

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3 24 98 CO SIGNATURE EXP. DATE 3/24/99 NORTH GRID 514 000 EAST GRID 798 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEMED 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 FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 54 G A P 63 FORCE GS WRITE INITIALS IN BOX PERMIT No. 40-94-1485

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

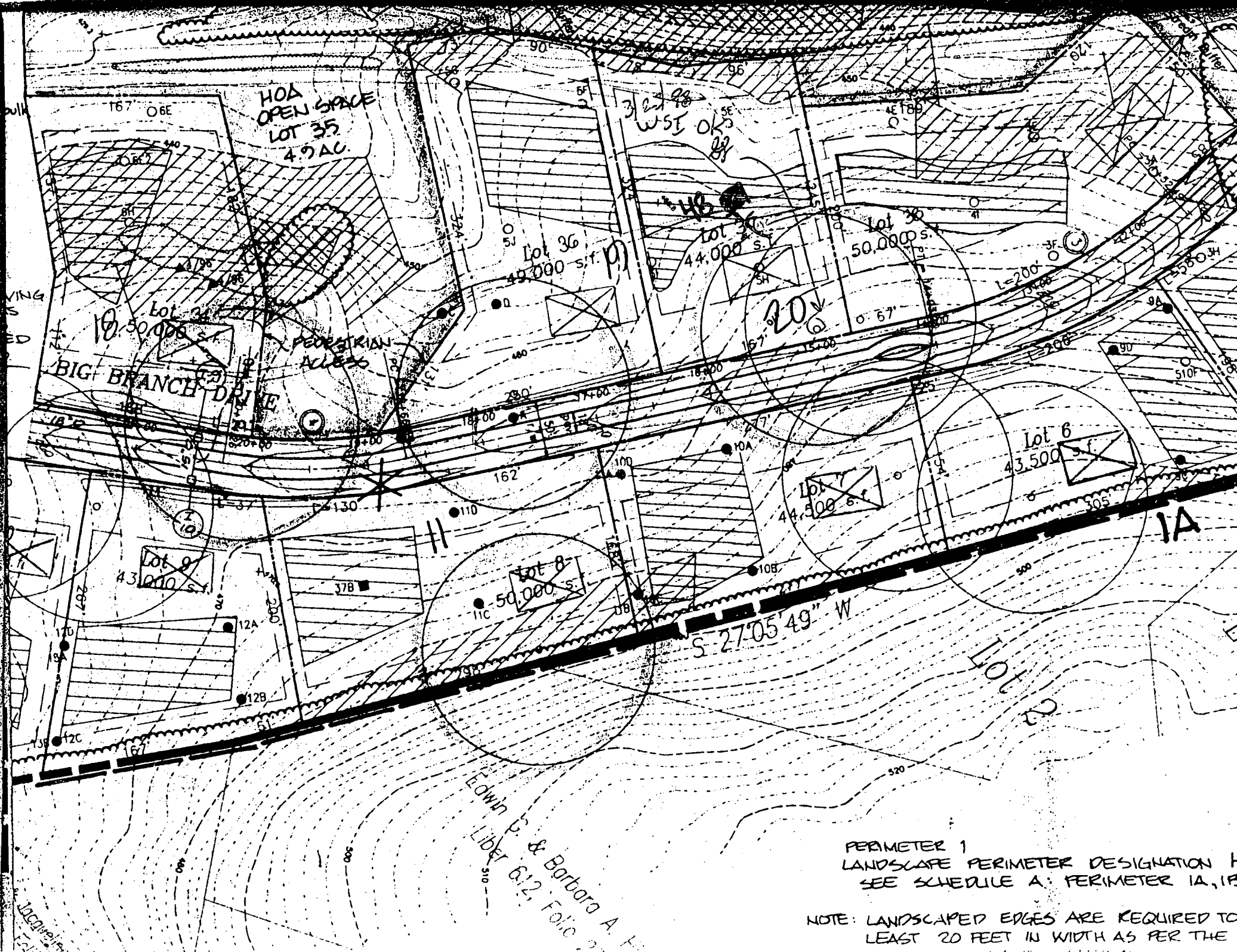
SOURCES OF DRILLING WATER 1. WELL 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 798 N 514

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





PERIMETER 1  
 LANDSCAPE PERIMETER DESIGNATION  
 SEE SCHEDULE A: PERIMETER 1A, 1B.

NOTE: LANDSCAPED EDGES ARE REQUIRED TO BE  
 AT LEAST 20 FEET IN WIDTH AS PER THE HOA

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

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 \_\_\_\_\_

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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.

(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

COUNTY #

SOIL PROFILE

(A)

Dr Br Loam

Light Br Sa Loam

~25% Saprolite and Rock  
Predominantly Saprolite  
No Conclusive Mottling

1.5'-2'

13'

(B)

Similar to A  
Except One Large Vein of  
~50% Rock  
From 3.5' to 8'  
~30% Rock Avg.

13.5'

(C)

Red Br Heavy Loam

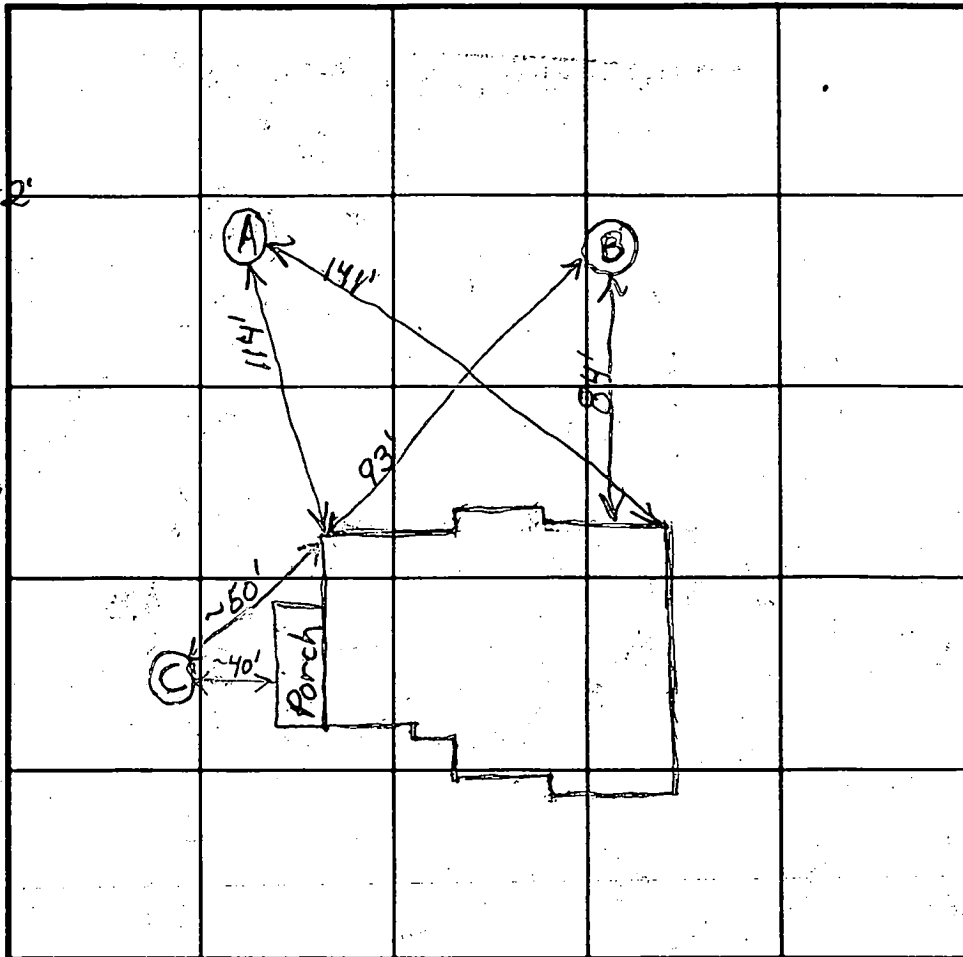
Red Br Sa Loam

Vein of ~25% Rock  
From 3.5'-9'  
30-35% Rock Avg.

15'

SOIL PROFILE

0'



INDICATE NORTH, NAME ADJOINING ROADWAY AS BASE LINE.

Big Branch Drive

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/13/02	A	13'V					
	B	13.5'V					
	C	15'V					

REMARKS Marginal Rock in Holes B+C

TYPE OF SOIL

TESTED BY B. Baker

ALSO PRESENT Barry Glotfelty

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 TRENCH WIDTH 3.0

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 70

# APPLICATION

PERCOLATION TESTING

A 56504G

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT 5TH

DATE 4/17/96

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 CHUCK SHARP

ADDRESS 3779 SHARP ROAD. PHONE 410-489-4630

PROPERTY LOCATION: Big Branch Overlook Big Branch Drive

SUBDIVISION ~~CODE CONSTRUCTION SERVICES~~ LOT NO. 2 48

ROAD AND DESCRIPTION HOWARD ROAD 3000'± FROM INTERSECTION  
TRIADELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3 AC. 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.

*Chuck C 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

56564G  
COUNTY #

SOIL PROFILE  
5H

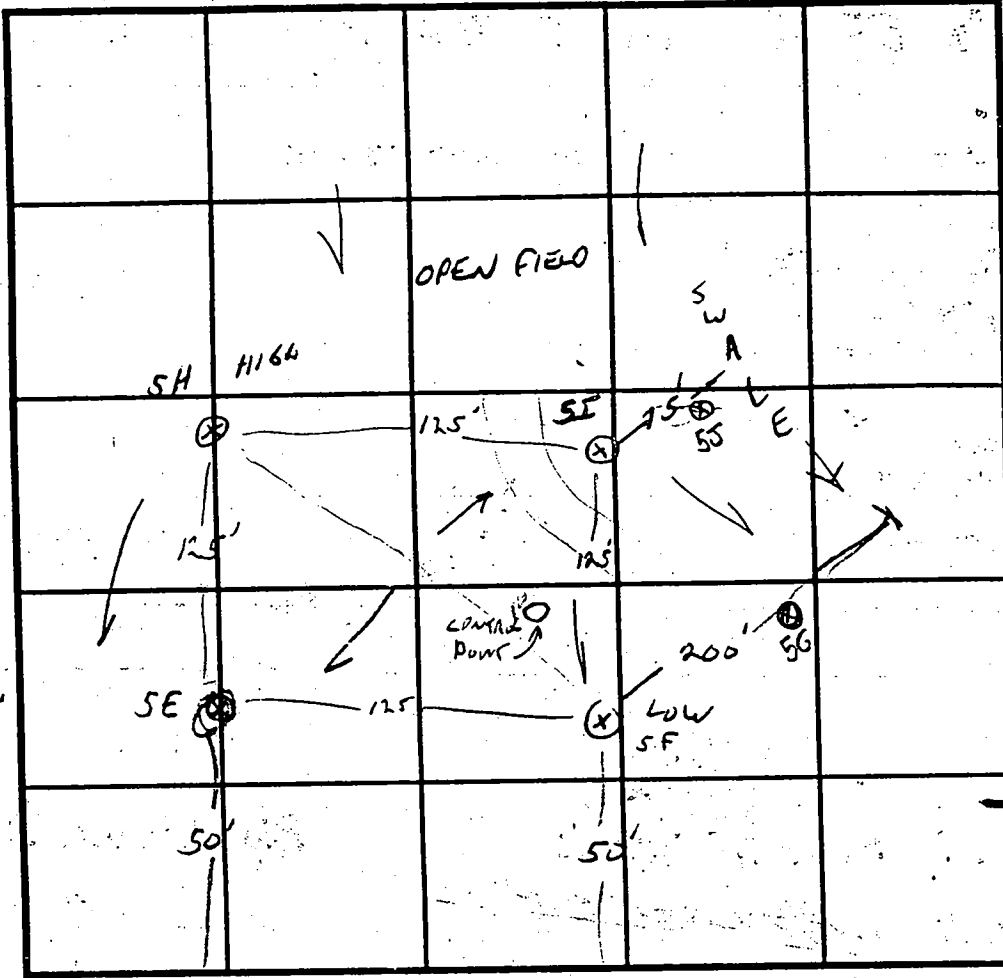
TOPSOIL  
ORANGE SANDY CLAY LOAM  
TAN SANDY LOAM

12' 6"  
5E

TOPSOIL  
BROWN CLAY LOAM  
TAN SILT LOAM  
COMMON ORANGE NOTICE

WATER  
12  
5F

SIAMAR TO SE  
DRY



SOIL PROFILE  
5E

TOPSOIL  
BROWN CLAY LOAM  
TAN SILT LOAM  
LOW CHROMIUM GRAY SL BLACK BANDS SHARP ORANGE + WHITE BANDS

WATER 11'  
+ ROCK 50'  
DUG TO 10'  
ON 5/1/97  
SAME PROFILE  
H2O INDICATORS,  
DAMP, SAME  
CONCERNS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
FARM ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/96	5E	3' 6" / WATER	10:23	10:37	10:37	10:43	6 MW
	5H	4' / 12' 6"	10:38	10:53	10:53	11:11	18 MW
	5E	4' / 12'	10:46	10:50	10:50	10:55	5 MW
	5F	4' / 12'	10:58	11:01	11:01	11:09	8 MW
	55	SEE OTHER SHEET					
	56	" "	" "	" "			
5/1/97	5E						

REMARKS ~~LOT 5~~ NOT DUG PER PLAN 2 EXTRA HOLES WATER  
TYPE OF SOIL NEW ~~LOT 19~~ lot 10448  
TESTED BY Co SAVAGE ALSO PRESENT CHUCK SHARP  
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

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 \_\_\_\_\_

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT





100 YEAR FLOODPLAIN  
P-98-14  
Lot 48

WATER QUALITY TRAP  
@ S-1 (OFF-LINE)

HOA  
OPEN SPACE  
LOT 35  
4.9 AC.

48

Lot 36  
49,000 s.f.

Lot 37  
44,000 s.f.

Lot 38  
50,000 s.f.

BIG BRANCH DRIVE

Lot 9  
43,000 s.f.

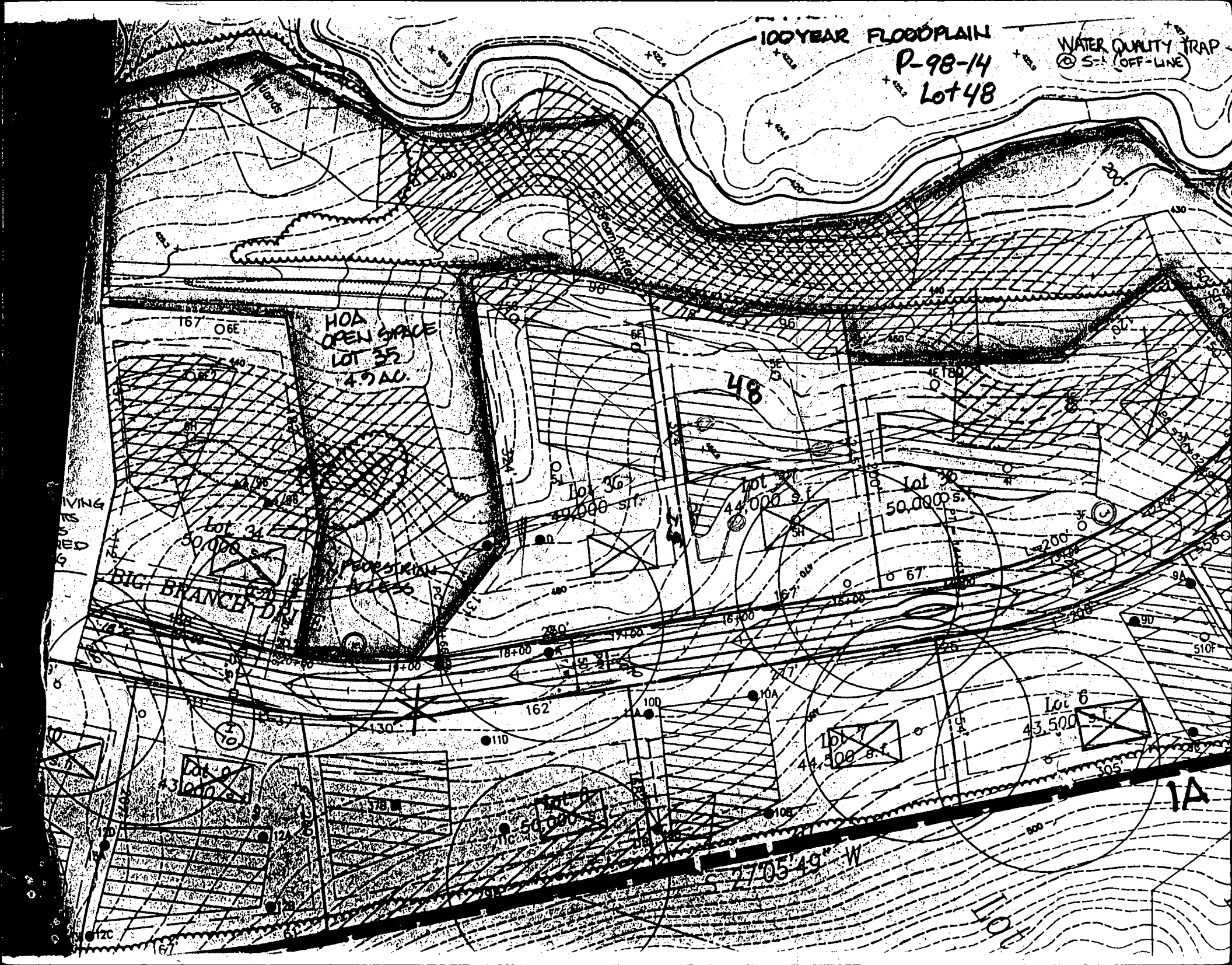
Lot 8  
50,000 s.f.

Lot 7  
44,500 s.f.

Lot 6  
43,500 s.f.

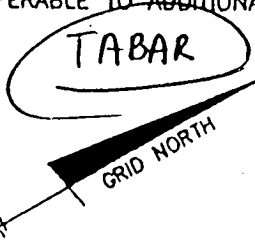
S 77°05'49" W

1A

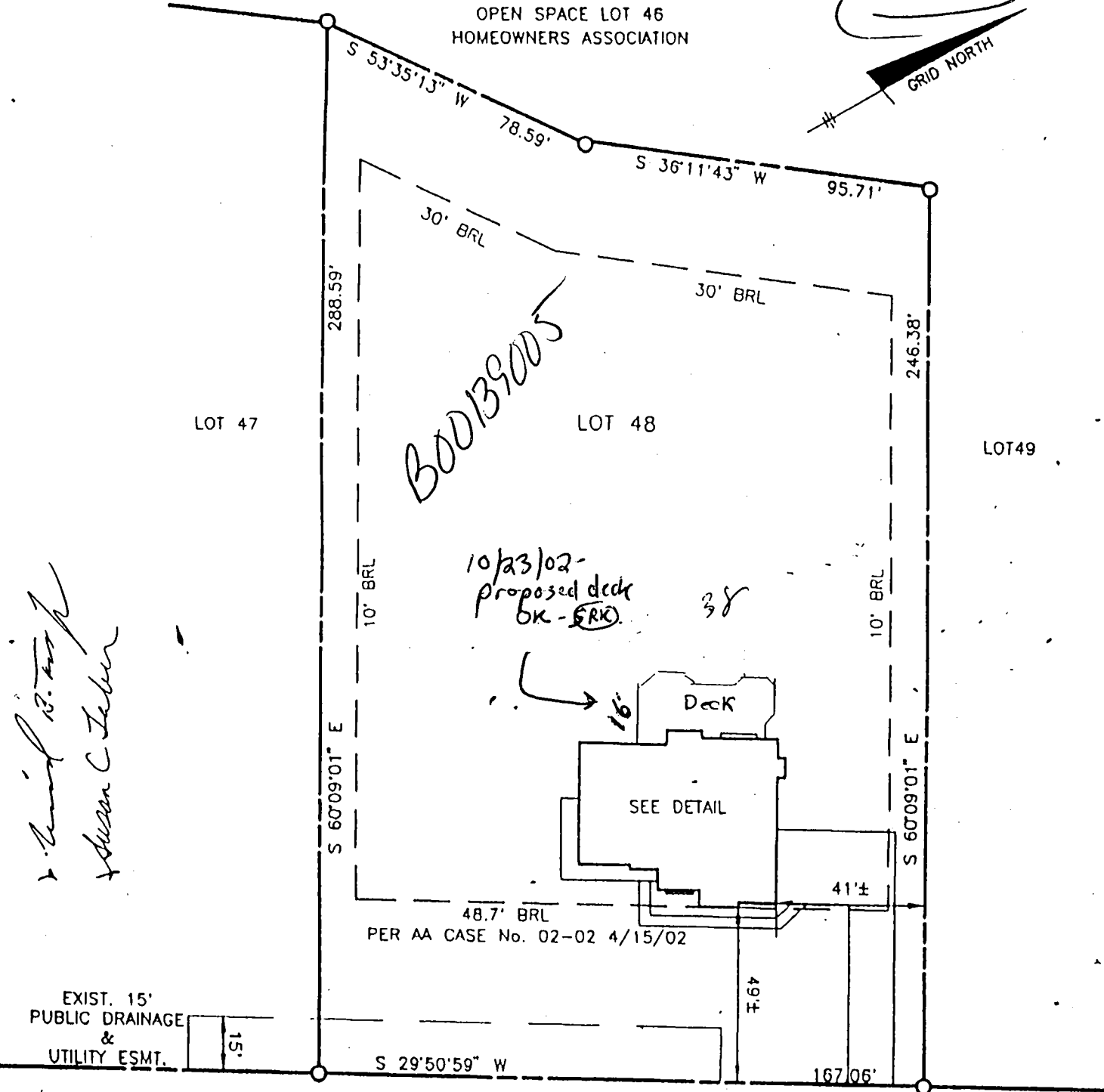


**NOTE:**

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.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



OPEN SPACE LOT 46  
HOMEOWNERS ASSOCIATION



*David B. Harris*  
*Hanson C. Taber*

*BOO139005*

*10/23/02 - Proposed deck 6x - (ERK) 38*

**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.

*David B. Harris*  
REG. No. 10978

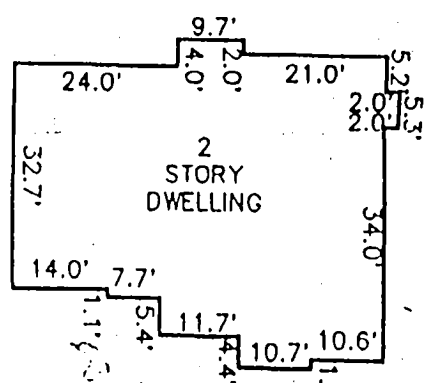
RECORD PLAT No. 12345  
FEMA FIRM No. 240044 1234 B  
ZONE: C  
DATED: 12/4/88

**BENCHMARK**  
ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE A SUITE 418  
ELLCOTT CRY, MARYLAND 21043  
Phone 410-486-8108 A Fax 410-486-8844  
email Benchmark@aol.com



**BIG BRANCH DRIVE**  
(50' R/W)



**DETAIL**  
SCALE: 1" = 30'

**LOCATION DRAWING**  
**BIG BRANCH OVERLOOK**

**LOT No. 48**  
14032 BIG BRANCH DRIVE

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 40' DATE: 7/10/02

INSURED BY A LENDER OR A TITLE COMPANY WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

2. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

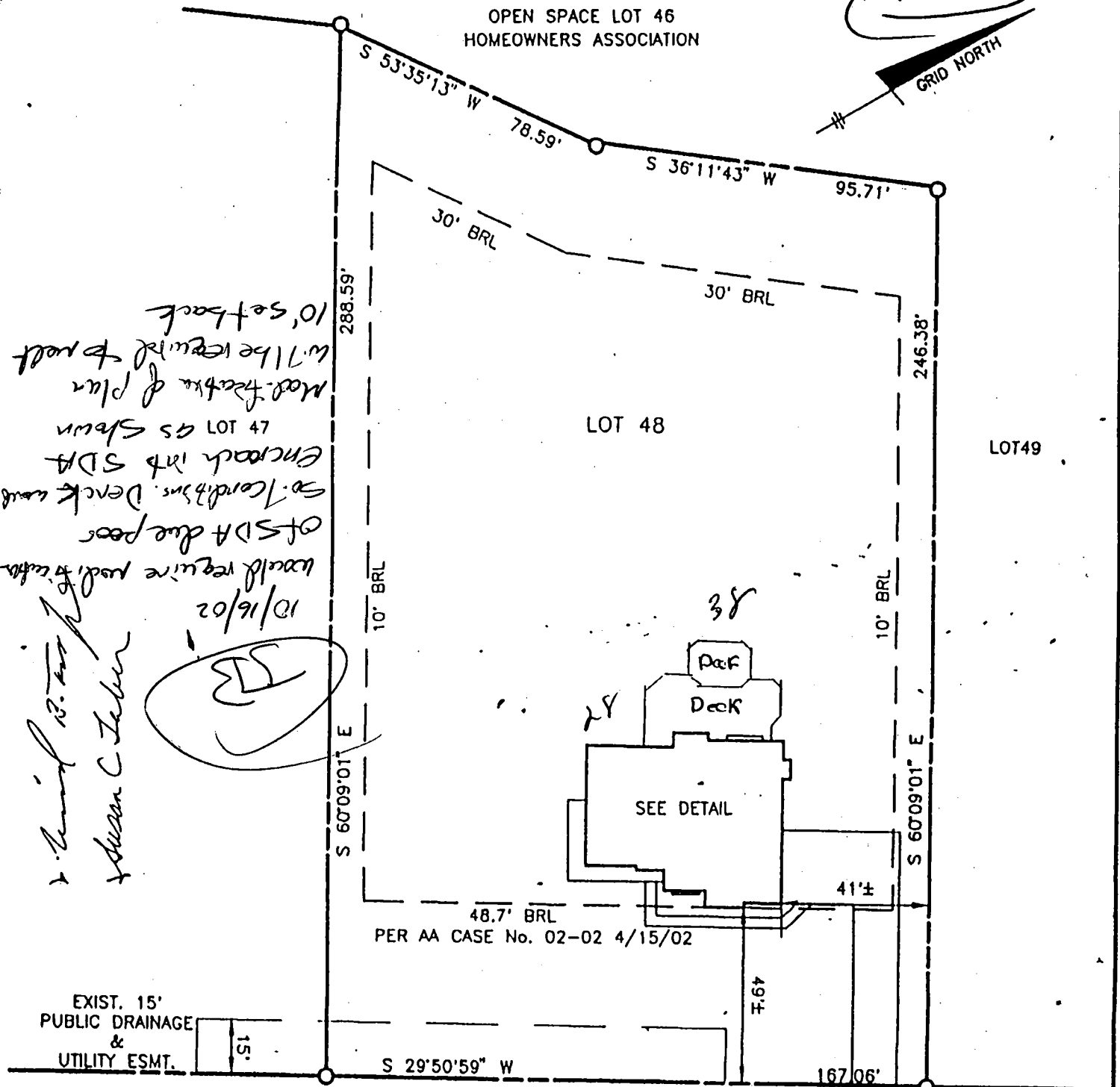
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4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.

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TABAR



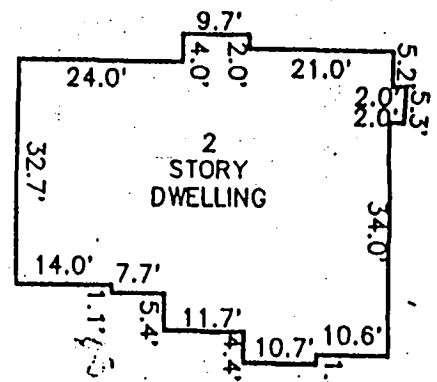
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*David B. Harris*

REG. No. 10978  
 RECORD PLAT No. 12345  
 FEMA FIRM No. 240044 1234 B  
 ZONE: C  
 DATED: 12/4/88

**BIG BRANCH DRIVE**  
(50' R/W)



DETAIL  
 SCALE: 1" = 30'



**BENCHMARK**  
 ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE A SUITE 418  
 BELLICOIT CITY, MARYLAND 21043  
 Phone: 410-408-8108 A Fax: 410-408-8444  
 e-mail: Benchmark@Bench.com

**LOCATION DRAWING**  
**BIG BRANCH OVERLOOK**

LOT No. 48  
 14032 BIG BRANCH DRIVE

5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 40' DATE: 7/10/02

Building Address: 14032 Big Branch Dr  
Douglas, MD 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605101 Subdivision Tridelphia Ridge

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 48

Tax Map 27 Parcel 145 Grid 6

Zoning RC-05 Map Coordinates 9E13 Lot size \_\_\_\_\_

Property Owner's Name Talbot, Rick + Susan

Address 14032 Big Branch

City Douglas State MD Zip Code 21036

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

**Turn Over for  
 Comments →**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Open

Proposed Use Deck

Estimated Construction Cost \$ 18,000.00

Description of Work 38' x 78' deck on rear of home irregular shape

Contractor Company Allyn and LaCrosse

Contact Person Colleen Singson

Address 20100 Green Ave

City Rockville State MD Zip Code 20850

License No. 11421 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Talbot

Contact Name \_\_\_\_\_

Address above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

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 THERE TO; (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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Colleen Singson  
 Applicant's Signature

Colleen Singson  
 Print Name

10/16/02  
 Date

Title/Company \_\_\_\_\_

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 _____ Rear _____ Side _____ Side St. _____	52891
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____
Dev. Engineering-DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check Validation # _____
Health			Lot Coverage for New Town Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				

Distribution of Copies: \_\_\_\_\_ White Building Official \_\_\_\_\_ Green LDD/DPZ \_\_\_\_\_ Yellow DED/DPZ \_\_\_\_\_ Pink Health \_\_\_\_\_ Gold SHA \_\_\_\_\_

Rev 5/17/00