

2/13/01  
10-00  
2/13/01  
In Progress

# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

P 514272-A

A 57577

ISSUE DATE 9/25/2000

TAX ID# 05-432022 410-313-2640

APPROVAL DATE 2/13/01

## INDEXED

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER     

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

PROPERTY DIVISION Big Branch Overlook LOT NUMBER 15 ADDRESS 14069 Big Branch Drive

PROPERTY OWNER Big Branch Overlook LLC PROPERTY OWNER'S ADDRESS 7164 Columbia Gateway Dr

SEPTIC TANK CAPACITY 1500 GALLONS Ste. 230, Columbia, MD 21046

PUMP CHAMBER CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210

MINIMUM FEET OF TRENCH REQUIRED 350

- \*\* TOP SEAMED SEPTIC TANK REQUIRED \*\*
- \*\* COMPARTMENTED TANK WITH OUTLET BAFFLE FILTER REQUIRED \*\*
- \*\* TOP SEAMED PUMP CHAMBER REQUIRED \*\*  
(ONE COMPARTMENT)

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 distribution box on high edge of designated septic area, approximately

80 - 90 feet from left lot line and 25 - 30 feet from rear lot line. Install trenches (5@70') along contour in both directions.

\* Septic tank and pump pit location to be adjusted as necessary to be away from influence of drainage swale.\*

**KEEP TRENCHES 7' EDGE TO EDGE IF CONTOUR ALLOWS TO CONSERVE FUTURE REPAIR AREA**

PLANS APPROVED Craig Williams OU SRK 9/25/00 DATE 8/8/2000

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 BUILDING PERMITS SIGNED 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

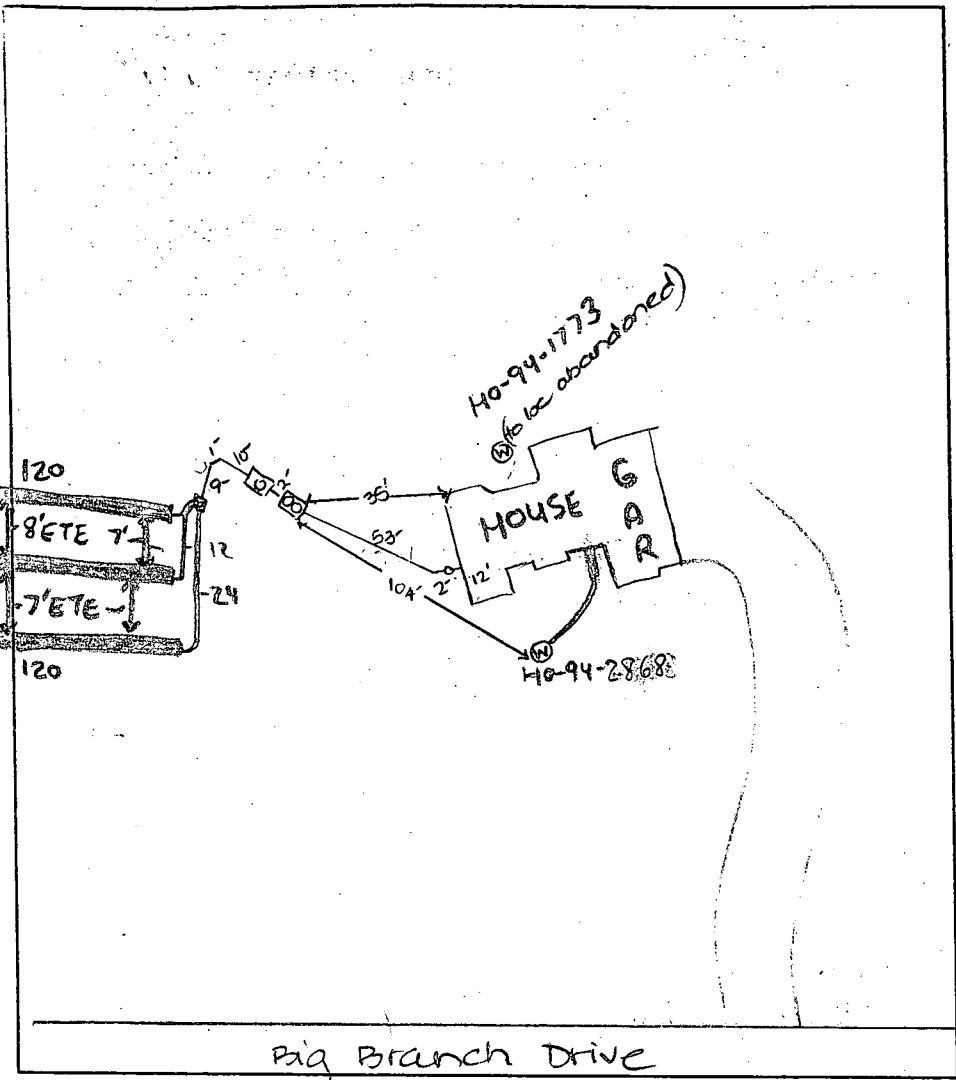
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**BUILDING PERMITS SIGNED AND RETURNED**  
10-20-01 800 150 846 DECK

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

P514272-A

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 360' → 3x120'  
 ABSORBENT AREA 1080 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 MONITORING PIPE 1.5 IN   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 <sup>TS</sup> Comp GALLONS  
 OUTLET FILTER IN.   
 MANHOLE RISER   
 BAFFLES IN   
 6 INCH INSPECTION PORT N/A

**PUMP CHAMBER DATA**

PUMP CHAMBER 1500 <sup>TS</sup> GALLONS  
 MANHOLE RISER   
 ALARM   
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 11/15/00 layout check confirmed - tanks

OK, SDA staked. DKC

INSPECTION COMMENTS: 11/15/00 P.M. OK to cover from house

to dist. box in DKC 11/6/00 - OK TO COVER ALL WORK, PUMP PERFORMANCE

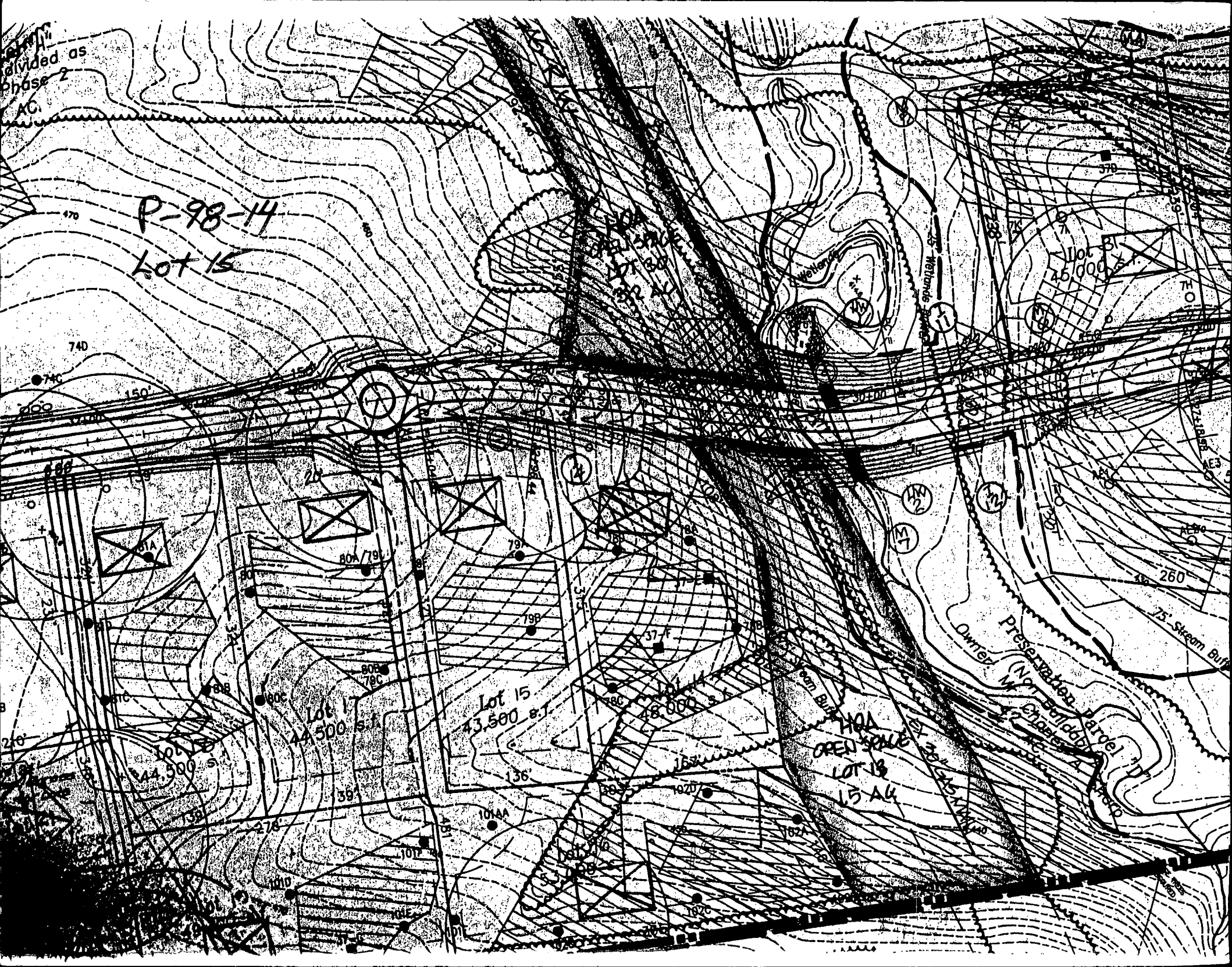
TEST & ALARM. SIGNAL NEEDED (SRM) 2/13/01 Pump and alarm working (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 2/13/01

divided as  
phase 2  
AC

P-98-14  
Lot 15



740

740

150

80A/79

79

79B

37-F

80B

79C

Lot 15  
43,500 s.t.

45,000 s.t.

44,500 s.t.

Lot 1  
44,500 s.t.

101AA

101E

102D

102A

HOA  
OPEN SPACE  
LOT 13  
15 A4

Owner: Presented Parcel  
75' Stream Buffer

45,000 s.t.

260

(M)

(M)

(M)

(M)

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

TH O

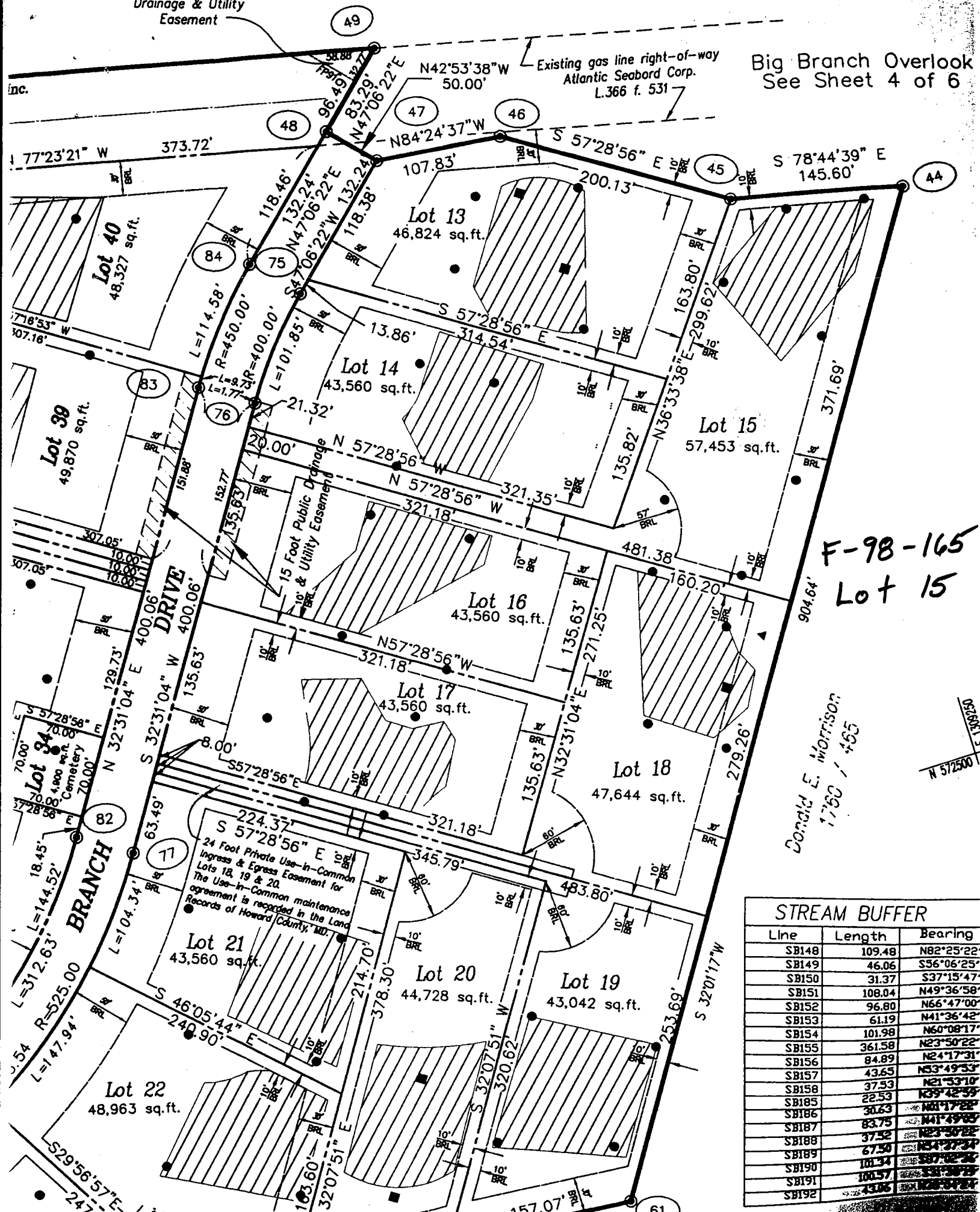
TH O

TH O

100 Year Floodplain,  
Drainage & Utility  
Easement

Big Branch Overlook  
See Sheet 4 of 6

Existing gas line right-of-way  
Atlantic Seaboard Corp.  
L.366 f. 531



F-98-165  
Lot 15

Donald E. Morrison  
1760 / 465

STREAM BUFFER		
Line	Length	Bearing
SB148	109.48	N82°25'22"
SB149	46.06	S56°06'25"
SB150	31.37	S37°15'47"
SB151	108.04	N49°36'58"
SB152	96.80	N66°47'00"
SB153	61.19	N41°36'42"
SB154	101.98	N60°08'17"
SB155	361.58	N23°50'22"
SB156	84.89	N24°17'31"
SB157	43.65	N53°49'33"
SB158	37.53	N21°53'10"
SB185	22.53	N39°42'59"
SB186	30.63	N81°17'28"
SB187	83.75	N41°49'09"
SB188	37.52	N23°50'22"
SB189	67.50	N54°27'34"
SB190	101.34	S87°52'36"
SB191	100.57	S38°38'28"
SB192	43.06	N128°34'24"

# 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: BIG BRANCH OVERLOOK - BIG BRANCH DRIVE

SUBDIVISION ~~PER CONSTRUCTED PROPERTY~~ LOT NO. 15

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 \_\_\_\_\_

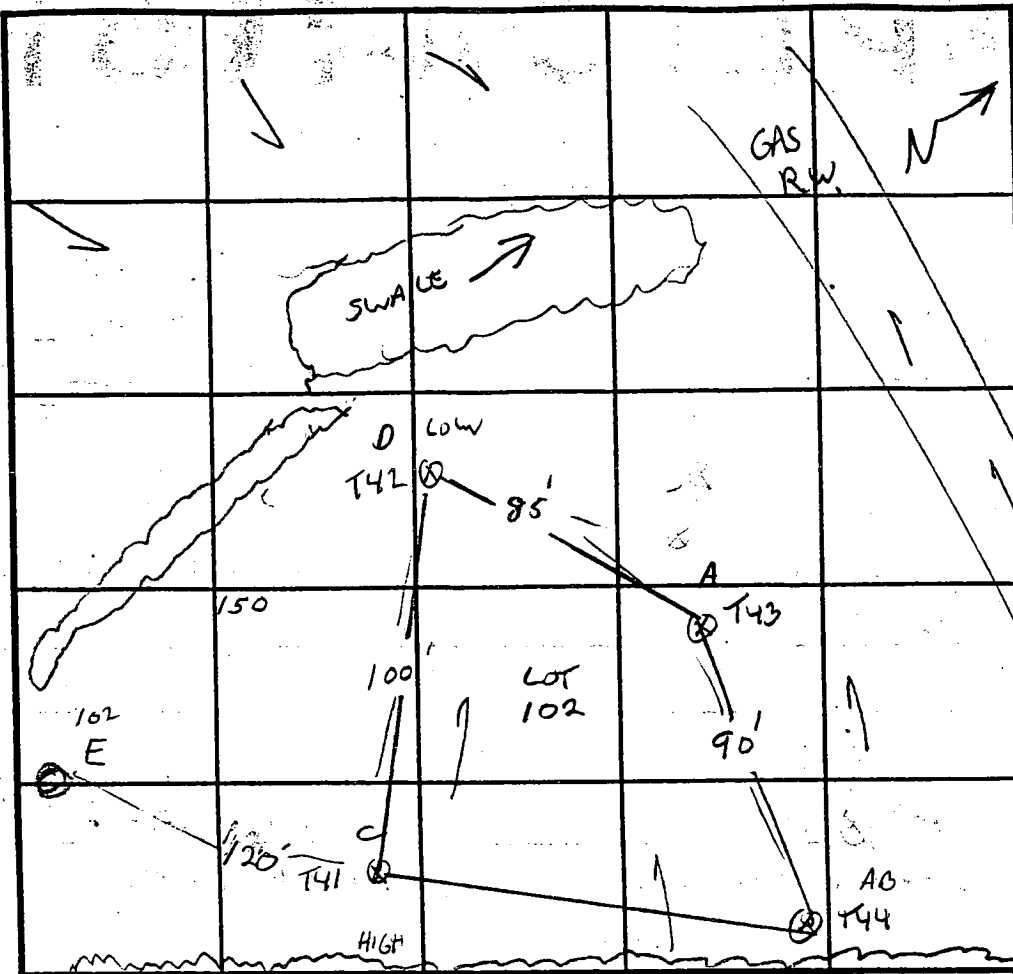
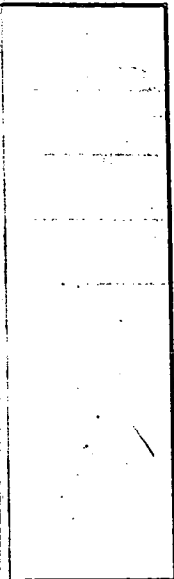
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

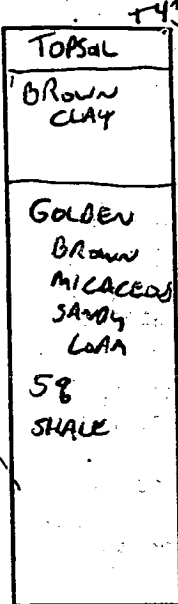
A 57577

COUNTY #

SOIL PROFILE



SOIL PROFILE T43, E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
WOODS EAST PROP. LINE

T44  
TOPSOIL  
BROWN GRANULAR / MATTY CL.

3'  
BROWN + GRAY SANDY / MATTY LOAM  
30g L<sup>2</sup>"  
ROCK FRAGS  
6'  
CAVITY

T42  
TOPSOIL  
RED BROWN SANDY CLAY LOAM  
6'  
SUC BROWN S.S.C.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/96	102A T43	4.5 / 11V	SLOW AT 4 12:53	12:55	12:55	1:01	6min
		8 volk -	SIMILAR TO 44B				
	102B T44	4 / 10	11:46	11:59	11:59	12:17	18min
	X	8	1:05	1:07	1:07	1:12	5min
	102D T42	3.5 / 11V	12:07	12:14	12:14	12:27	13min
		7	12:07	12:08	12:08	12:11	3min
	102C T41	3 / 12V	12:16	12:21	12:21	12:31	10min
		7 volk					
12/11/96	102E	3 / 12V	11:05	11:08	11:08	11:13	5min

REMARKS NOT ON TEST PLAN NOW, LOT 102 DONE 12/5

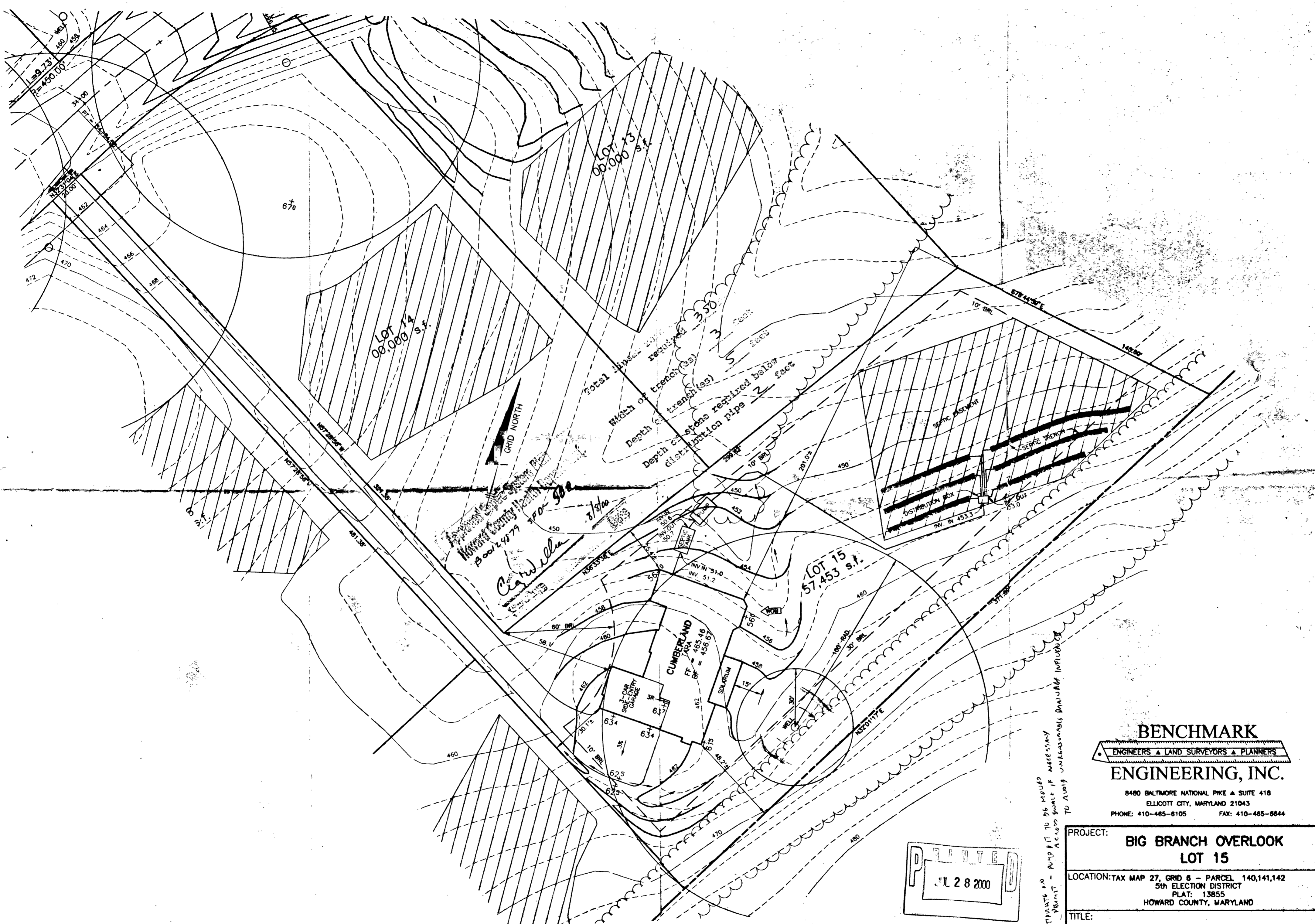
TYPE OF SOIL Lot 15

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

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

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

EXPANSION TO ACCOMMODATE WELL SITE



PLAN

SCALE: 1" = 1'

PRINTED  
JUL 28 2000

STIPULATED TO BE MOVED TO ADEQUATE DEPTH IF NECESSARY TO AVOID UNREASONABLE DRAINAGE INFLUENCE

**BENCHMARK**  
ENGINEERS & LAND SURVEYORS & PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE & SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-8105 FAX: 410-465-8844

PROJECT: <b>BIG BRANCH OVERLOOK LOT 15</b>	
LOCATION: TAX MAP 27, GRID 8 - PARCEL 140,141,142 5th ELECTION DISTRICT PLAT: 13855 HOWARD COUNTY, MARYLAND	
TITLE: <b>PLOT PLAN</b>	
DATE: <b>JULY 28, 2000</b>	PROJECT NO. <b>1332</b>
SCALE: <b>AS SHOWN</b>	DRAWING <b>1</b> OF <b>1</b>

Reviewed  
by SRU/OK

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 01-19-01 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) HO - 94 - 1773

PERMIT NUMBER OF REPLACEMENT WELL HO - 94 - 2868

PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

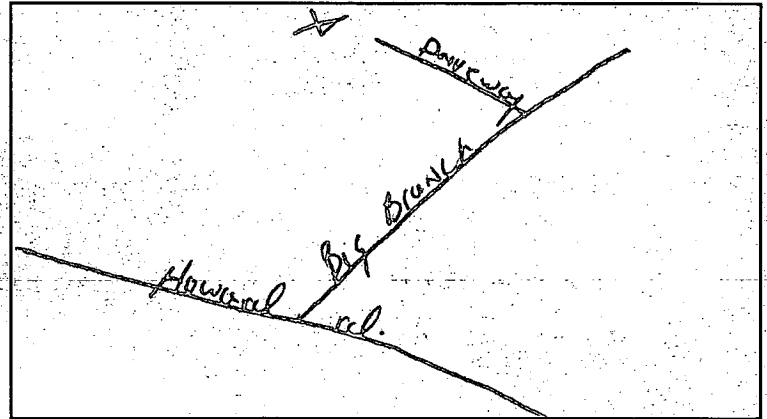
OWNER'S NAME: Big Branch Overlook LLC

CIRCLE: MWD/MSD/MGD

WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Dayton  
 TAX MAP 27 BLOCK 11 PARCEL 140  
 SUBDIVISION: Big Branch Overlook  
 SECTION: \_\_\_\_\_ LOT: 15  
 NEAREST ROAD: Big Branch Drive

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

USE CODE:

DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

TYPE OF CASING:

STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 440' FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 if yes, length removed, in feet: 4'

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	40
stone	40	70
well was only open to 70'		
VOLUME OF MATERIAL USED		
15 bags cement		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton

LICENSE # 009

CIRCLE ONE MWD/MSD/MGD

DATE 01-23-01

C 1 4306

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 58567F 57577

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO FROM 'PERMIT TO DRILL WELL' HO 94 1773

OWNER HIGHLAND DEV. CORP STREET OR RFD BIG BRANCH OR TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION 1 LOT 26 15

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 315 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-35, Gray Mica 35-440, Rock 440-440. Also includes note: Dry well backfilled 440-40 drilling materials, 40-0 cement.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

SCREEN RECORD screen type or open hole ST BR HO insert appropriate code below

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and depth values (8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) 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 (-) below 3 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS 1

WELL HYDROFRACTURED (Y) (N)

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 AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

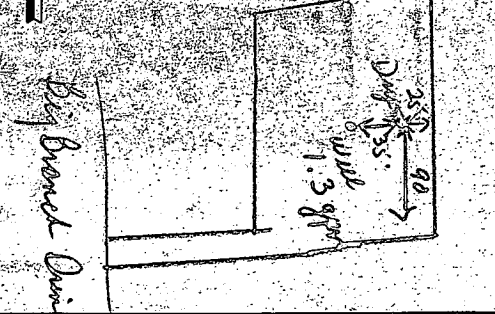
DRILLERS LIC. NO. 1 M S D O 2 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

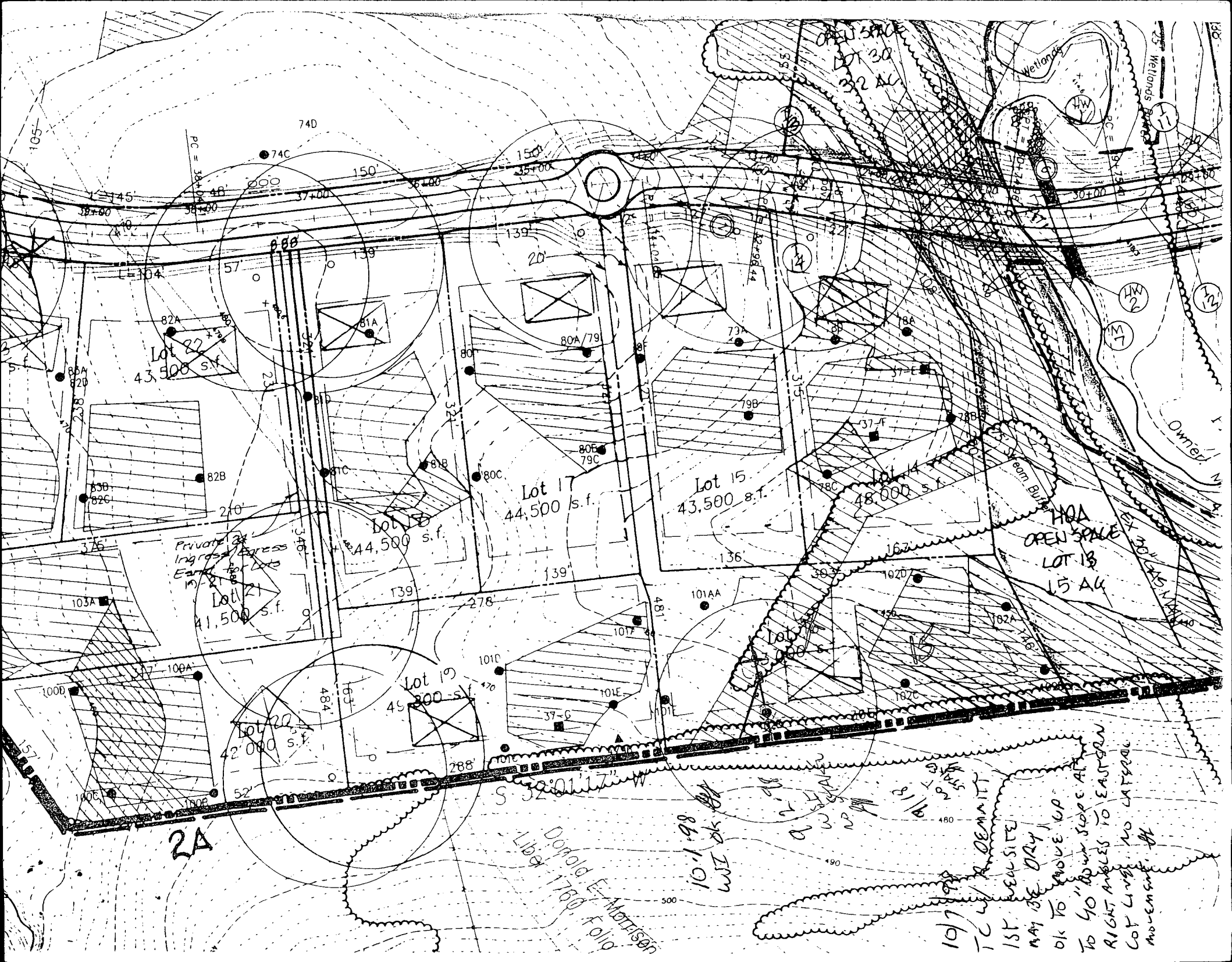
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





Lot 22  
43,500 s.f.

Lot 18  
44,500 s.f.

Lot 17  
44,500 s.f.

Lot 15  
43,500 s.f.

Lot 14  
48,000 s.f.

Lot 21  
41,500 s.f.

Lot 19  
49,800 s.f.

Lot 20  
42,000 s.f.

Lot 16  
45,000 s.f.

HOA  
OPEN SPACE  
LOT 13  
15 A4

2A

Donald E. Matrisen  
Liberty 1760 Folia

86-1-01  
W.I.M.

107  
IC W. DEMARIT  
1ST REAL SITE  
MAY BE DRY  
OK TO MOVE UP  
TO 40' W/ SLOPE AT  
RIGHT ANGLES TO EASTERN  
LOT LINE. NO CATERAC  
MOVEMENT AT

Private Ingress/Egress  
Earth for Lots

OPEN SPACE  
LOT 30  
332 A4

Wetlands

Wetlands

Owner

Team BUILD

HW 2

M 7

30

25

20

15

10

5

0

-5

-10

-15

-20

-25

-30

-35

-40

-45

-50

-55

-60

-65

-70

-75

-80

-85

-90

-95

-100

-105

-110

-115

-120

-125

-130

-135

-140

-145

-150

-155

-160

-165

-170

-175

-180

-185

-190

-195

-200

-205

-210

C1 98050

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A57577

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 20 00

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2868

OWNER Big Branch Overlook LLC STREET OR RFD 14087 Big Branch Drive SUBDIVISION Big Branch Overlook SECTION TOWN Dayton LOT 15

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray slate, and Flint.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (10), NO. OF POUNDS (540), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (0 to 34 ft).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (60).

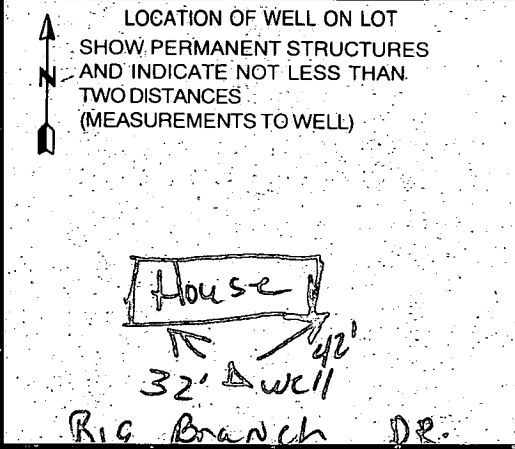
OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO) and slot size (2).

DEPTH (nearest ft.) table with columns 1-51 and rows E, A, C, H, S, R, E, E, N. Includes slot size and diameter of screen.

PUMPING TEST form with fields for HOURS PUMPED (07), PUMPING RATE (2), METHOD USED TO MEASURE PUMPING RATE (190L), WATER LEVEL (26 ft before, 240 ft when pumping).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (A, C, J, P, R, S, T, O), CAPACITY (31-35 GPM), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).



NUMBER OF UNSUCCESSFUL WELLS and WELL HYDROFRACTURED (Y/N) fields.

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. MSD009, DRILLERS SIGNATURE (Arthur Compton), LIC. NO. 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.

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

B 1 13632

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2868

W51427 Please print or type

fill in this form completely

Date Received (APA) 9/28/2000

OWNER INFORMATION

Big Branch Overlook LLC, 7164 Columbia Gateway Dr., Columbia MD 21046

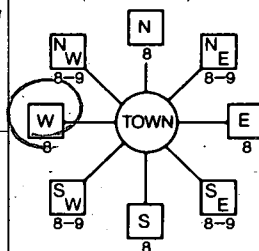
LOCATION OF WELL

Howard, Big Branch Overlook, Dayton, 2 miles from town

DRILLER INFORMATION

Allen Compton, Fogles Well Drilling, 580 Obrecht rd, Spkresulteap84

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr., 400 feet from road, 27 tax map, 11 blk, 140 parcel

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, A57577, Brian Baker, 10/3/2000, 512 000 East Grid, 797 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

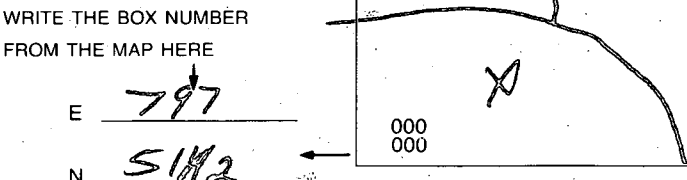
METHOD OF DRILLING (circle one)

AIR-ROTARY, JETTED, ROTARY, Drive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (circled)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE



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)

APPROX. PERMIT NUMBER 54, PERMIT No. HO-94-2868

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 530 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 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: Toll Brothers Telephone #: 443-535-9296  
Subdivision: Tridelonia Ridge Lot #: 15 Well Tag #: HO-94-2868  
Site Address: Big Branch Dr

**Submersible Pump Data**                      **Pitless Adapter**                      **Well Cap and Electric Conduit**  
Make: Goolds 1/2HP                      Make: Campbell                      Two piece watertight cap: yes  
Model #: 55B05412                      Model#:                      Screened, vented well cap: yes  
Pump Capacity: 5 GPM                      Depth: 4' (36" min)                      Cap secured to casing: yes  
Well Yield: 2 GPM                      NSF approved: yes                      Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 300 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, Cable guards, other - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt. NO

**Piping to house**                      **House Connection**  
Type: Black Plastic 1"                      PVC sleeve to undisturbed soil at wall penetration: yes  
PSI: 200 (450 psi min)                      Approximate length of sleeve: 5  
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                      2-15-01  
Signature of company representative responsible for installation                      date

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

Date Insp. Requested: 2/7/01 Date Insp. Approved: 2/7/01 Inspector: SRK  
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 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

REQUEST FOR TEMPORARY DEVIATION TO  
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 2/15/01 WELL PERMIT #: HO - 94 - 2868

PROPERTY OWNER: STULL  
SUBDIVISION & LOT #: BIG BRANCH OVERLOOK - LOT 15  
PROPERTY ADDRESS: 14069 BIG BRANCH DRIVE  
DAYTON, MD 21036

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

CHLORINATION OF EXISTING WELL. BACTERIA LEVELS HAVE  
NOT MET COUNTY REQUIREMENTS. RECHLORINATED 2/15.  
WAITING FOR RESULTS. DUE 2/16.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

RECHLORINATION OF WELL UNTIL BACTERIA LEVEL MEETS  
HOWARD COUNTY HEALTH DEPT. STANDARDS. INSTALLATION  
OF AN ULTRAVIOLET DISINFECTION SYSTEM SHOULD BACTERIA  
LEVELS UNABLE TO BE REDUCED BY CHLORINATION.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO-94-2868 will be bacteriologically free resulting from approved disinfection procedures.
- 2) If condition #1 is not met through disinfection techniques, then either:
  - a) PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)



---

HOWARD COUNTY HEALTH DEPARTMENT

---

*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO-94-2868. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [ Person(s) that intend to live in the dwelling ]

*William Stall*      *Sherry Stall*

Prospective Owner's Day Time Phone Number(s)

410-804-4999      410-259-1293



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-2868  
 Location of property (road) 14069 Big Branch Dr.  
 Subdivision Big Branch Overlook Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Hogles/Allen Compton owner Big Branch Overlook LLC

Depth of well 306'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 26'

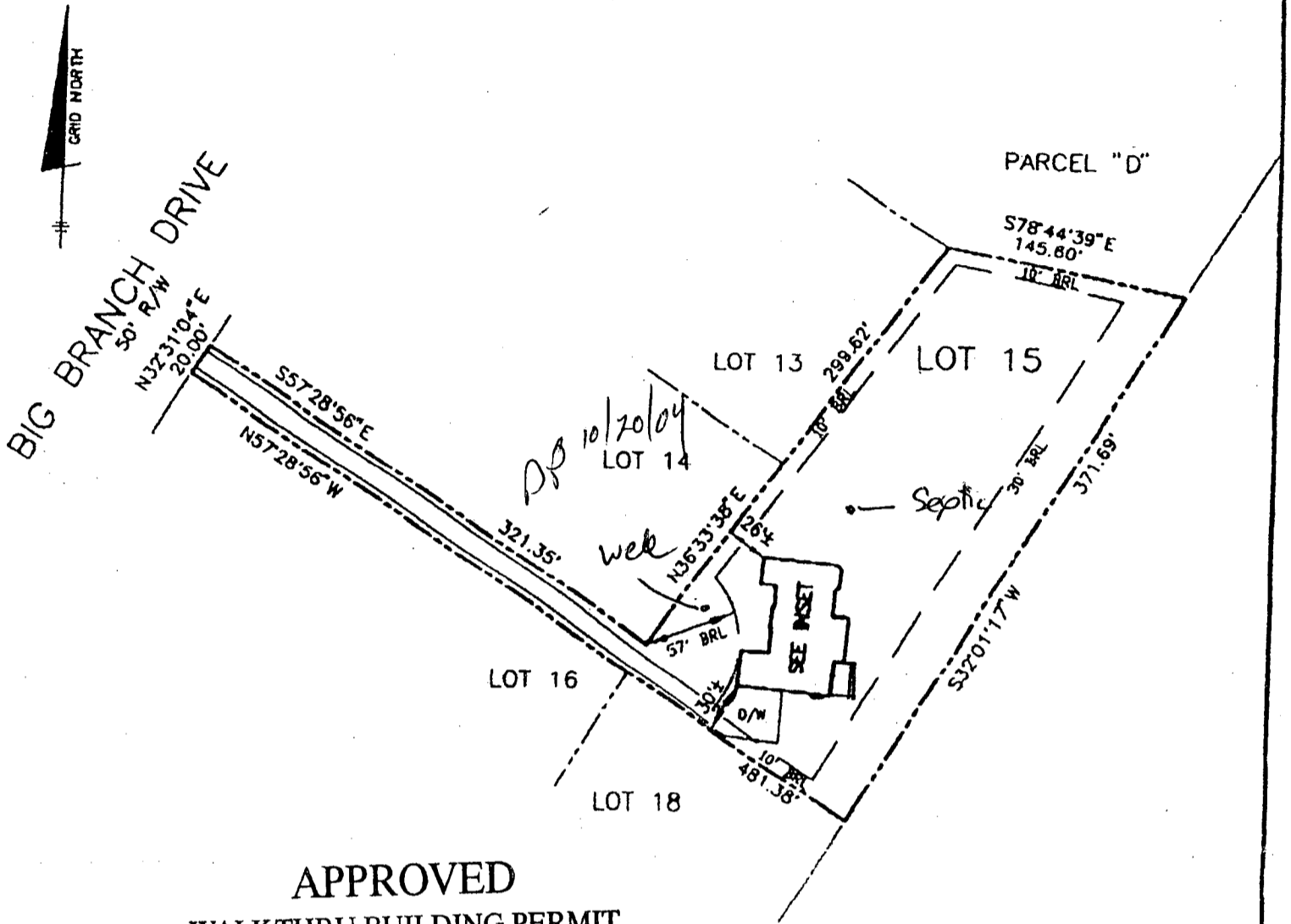
**I. High rate pumping -- reservoir drawdown**

Time pump started 10:45 Pumping rate 13  
 Total time 60 min to reach pumping water level 240' ft. below M.P.

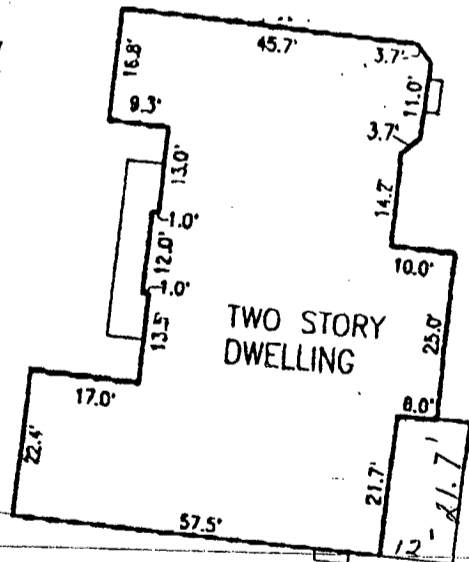
**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	26	23		13
11:00	112	25		12
11:15	166	30		10
11:30	206	40		7.5
		196L bucket		
11:45	240	30		2
12:00	240	30		2
12:15	240	30		2
12:30	240	30		2
12:45	240	30		2
1:00	240	30		2
1:15	240	30		2
1:30	240	30		2
1:45	240	30		2
2:00	240	30		2
2:15	240	30		2
2:30	240	30		2
2:45	240	30		2
3:00	240	30		2
3:15	240	30		2
3:30	240	30		2
3:45	240	30		2
4:00	240	30		2
4:15	240	30		2

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.



**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# B0050840 # A# 51422-A  
 APP. SAN KSB DATE: 12/20/01  
 DESC. OF WORK: Deck  
12' x 22'



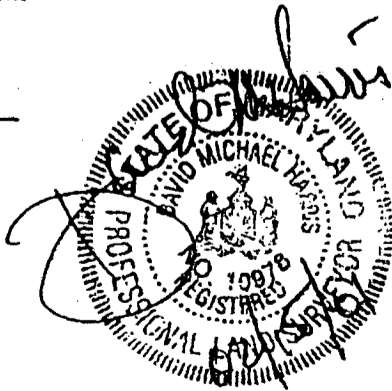
**SURVEYOR'S CERTIFICATE**

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 Michael Harris*  
 REG. No. 10978

**FOUNDATION DETAIL**

SCALE: 1" = 30'



RECORD PLAT No. 13855  
 EMA FIRM No. 240044 0025 B  
 ONE: C  
 DATED: 12/4/86

**LOCATION DRAWING**  
 14069  
**BIG BRANCH OVERLOOK**  
**LOTS 1 THROUGH 49**  
**LOT No. 15**

14069  
 14069 BIG BRANCH DRIVE  
 5th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**BENCHMARK**  
  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE SUITE 418  
 ELLICOTT CITY, MD 21043  
 ONE: 410-465-6105 FAX: 410-465-6644