

10/29/01 Septic Pump Test ^{10:30 AM} ~~10:10 AM~~ 1:00

PERMIT

P 514710-A

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

A 57577-R

ISSUE DATE 12/13/2000

APPROVAL DATE 10/29/01

2/17/01 layout pm
2/18/01 - LAYOUT pm
2/19/01 in progress
2/27/01 10-11
2/28/01 PH
RPS# 432375

INDEXED

FOGLE'S SEPTIC CLEAN IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 410-795-5670

SUBDIVISION Big Branch Overlook LOT NUMBER 47 ADDRESS 14036 Big Branch Drive

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

SEPTIC TANK CAPACITY ~~1200~~ 1500 GALLONS Columbia, MD 21036

PUMP CHAMBER CAPACITY ~~1200~~ 1500 GALLONS

NUMBER OF BEDROOMS 4 ** COMPARTMENTED TANK WITH OUTLET
BAFFLE FILTER REQUIRED **

SQUARE FEET PER BEDROOM 210 ** TOP SEAMED PUMP CHAMBER REQUIRED ** } MANHOLE ACCESS
(ONE COMPARTMENT)

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth
4.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 140 feet down the right lot line and 10 feet off that same
lot line as seen when facing the lot from Big Branch Drive.
Run trenches on contour toward Big Branch Drive. 10/6/00 O.K. (BB)

BUILDING PERMIT SIGNED

AND RETURNED 11-20-02
800-139458 - Desk

PLANS APPROVED Amy Mc Millen DATE 10/4/00

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

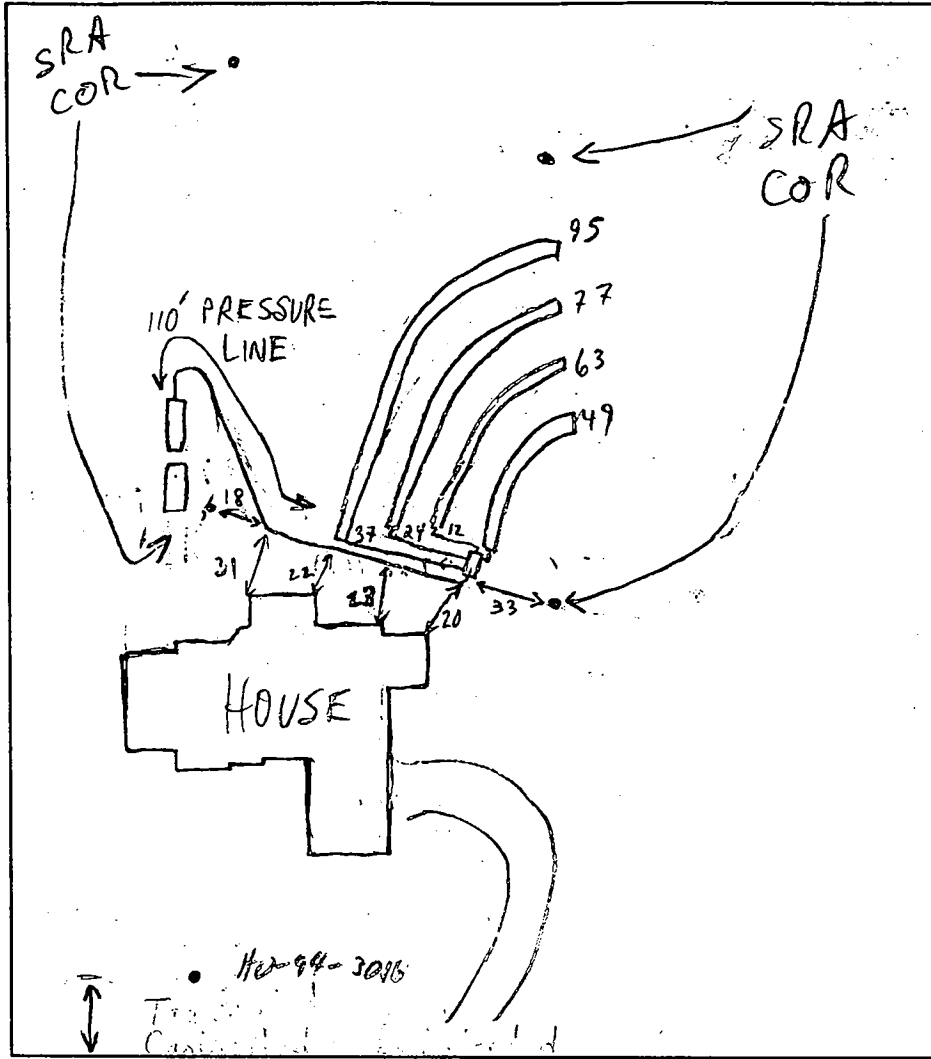
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 514710-A

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 284'
 ABSORBENT AREA 852 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA FILTER

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500
 MANHOLE RISER Yes
 ALARM
 PUMP PERFORMANCE TEST

~25' to Road
 Big Branch Drive
 PRE-CONSTRUCTION INSPECTION: 2/8/01 Four trenches - starting with a 45' at uppermost part of account. (BB)
2/9/01 NO WORK (BB)
 INSPECTION COMMENTS: 2/27/01 2ND LAYOUT W/2ND FOGLE'S CREW: 40', 60', 80', 100', OK TO START (MR)
2/28/01 1:30 CONTINUE (MR)
2/28/01 OK TO COVER TRENCHES & PRESSURE LINE. HOLD FOR HOUSE CONN, MH, FILTER & PUMP/ALARM INSP (MR)
10/29/01 Pump and alarm working. (BB)
11/5/01 Casing - 2' above grade, tugged (BB)

INSPECTOR B. Baber DATE SYSTEM APPROVED 10/29/01

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: 580 Obrecht Rd
Sylkesville, 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# MSD009

*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: Toil Brothers Telephone #: 443-535-9296
 Subdivision: Big Branch Lot #: 47 Well Tag #: HO-94-3016
 Site Address: 14036 Big Branch Dr

Submersible Pump Data

Make: Goulds
 Model #: 75007422
 Pump Capacity 7 GPM
 Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
 Model#: _____
 Depth: 42" (36" min)
 NSF/WSC approved: _____

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: 200 (feet)
 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, 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 NO

Piping to house

Type: Black plastic
 PSI: 160 (160 psi min)
 Depth of supply line: 42" (36" min)

House Connection

PVC sleeve 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 7-19-01
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/1/01 Date Insp. Approved: 6/1/01 Inspector: (MR) 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 NOT VISIBLE
 Adequate grout observed below pitless adapter ✓

Ex. well not abandoned 6/1/01

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS) COUNTY NUMBER 57577R PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3016

DATE RECEIVED DATE WELL COMPLETED Depth of Well 6/22/01 200 (TO NEAREST FOOT) 6/22/01

OWNER Big Branch Overlook LLC STREET OR RFD 14036 Big Branch Drive TOWN Dayton SUBDIVISION Big Branch SECTION LOT 47

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Back fill	0	8	
Mud & Brown soil	8	55	
Gray slate	55	180	
Brown	180	181	✓
Gray white	181	200	
Cement	0	20	
mud	20	70	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 30 NO. OF POUNDS 2820
GALLONS OF WATER 180
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 42 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 06 60
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to
S

SCREEN RECORD
screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 1
WELL HYDROFRACTURED yes no

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.

DRILLERS LIC. NO. M SD 009
DRILLERS SIGNATURE
LIC. NO. M D

C2 DEPTH (nearest ft.)
1 42 200
2 15 17 21
3 23 24 26 30 32 36
4 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

C3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE 1961
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34 ft.
WHEN PUMPING 37 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

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 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 } 01 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1. 13650

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 3016

fill in this form completely

Date Received (APA) 02 28 01

OWNER INFORMATION

BIG BRANCH OVERLOOK LLC
7164 COLUMBIA GATEWAY DR
COLUMBIA MD 21046

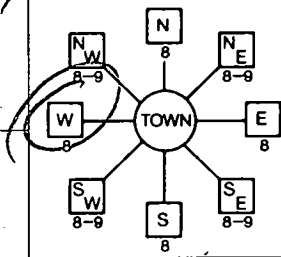
LOCATION OF WELL

HOWARD
BIG BRANCH OVERLOOK
DAYTON
2 MILES FROM TOWN

DRILLER INFORMATION

ALLEN COMPTON M 5 D 009
FOGLES WELL DRILLING LLC
580 DIBRECHT RD SYKESVILLE
Allen Compton 2/27/01

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BIG BRANCH RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 60 FT
TAX MAP: 27 BLK: 6 PARCEL 141

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 57577R
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 03 02 01 Steven R. Krueger 03 02 02
NORTH GRID 514 000 EAST GRID 798 000

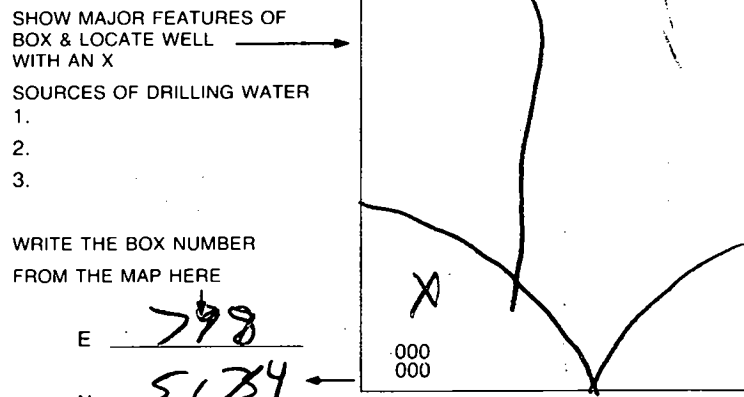
APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY 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 DEEPEM AN EXISTING WELL



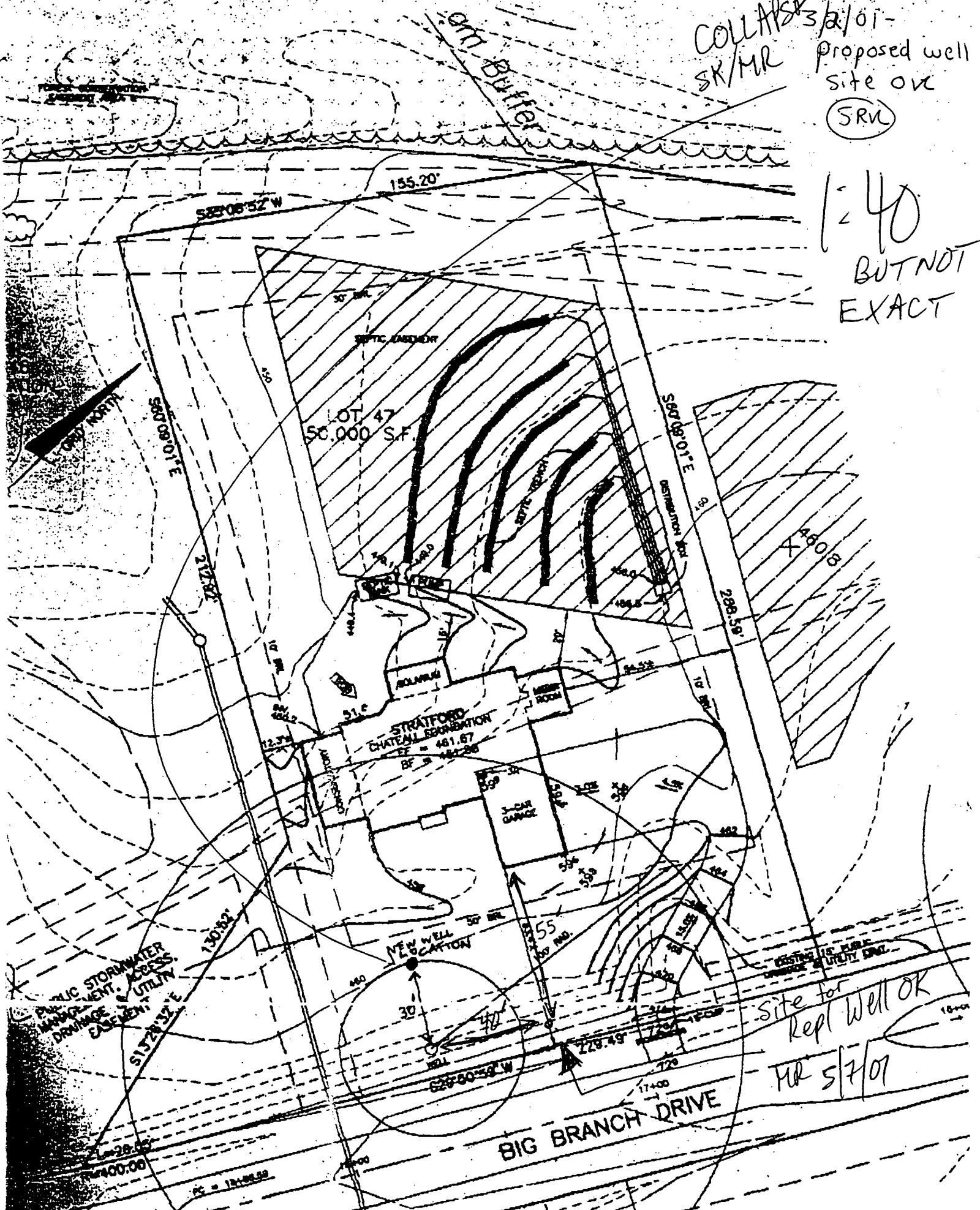
WRITE THE BOX NUMBER FROM THE MAP HERE
E 798
N 5124

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 GAP 63
PERMIT No. HO - 94 - 3016

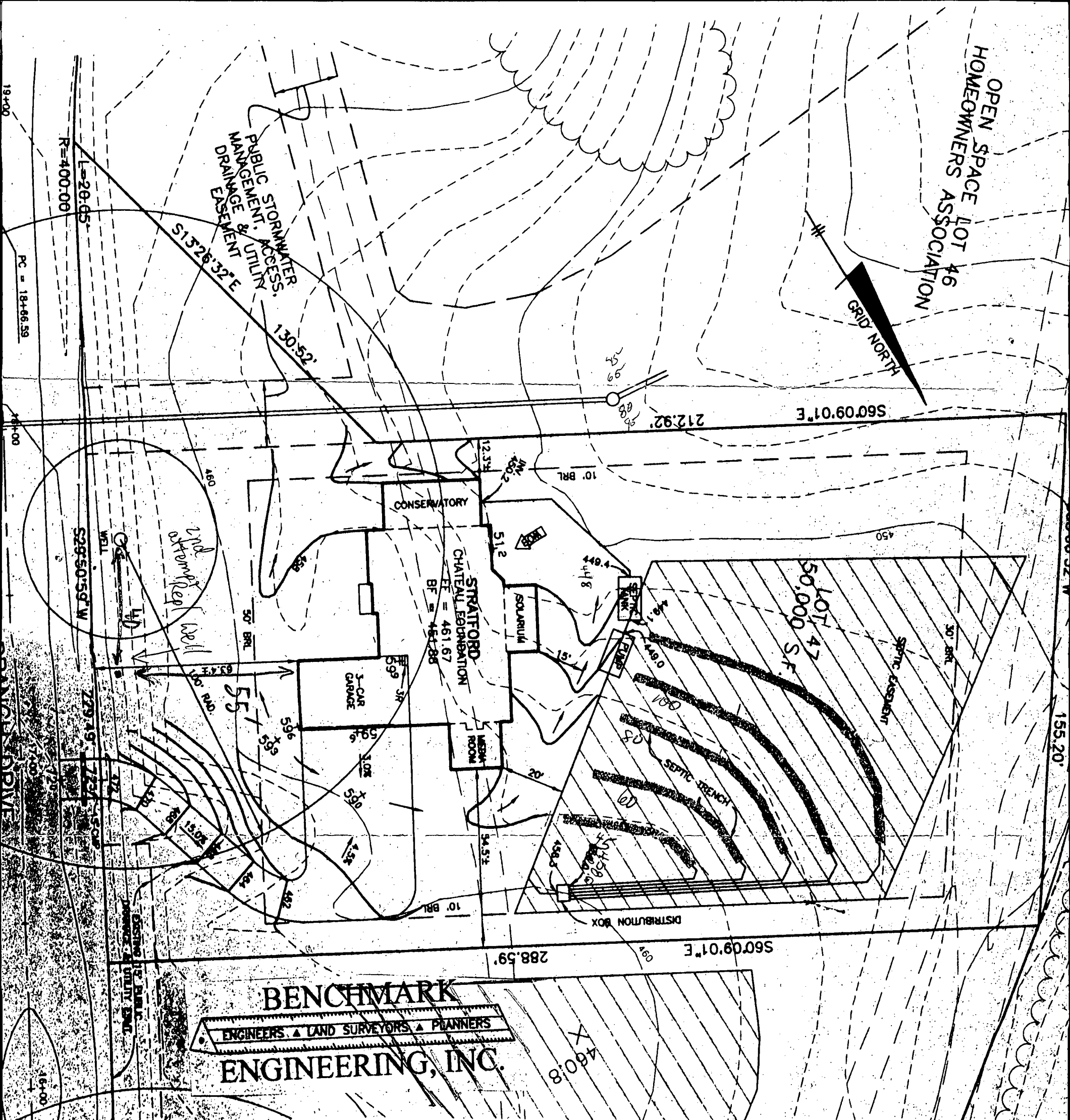
SPECIAL CONDITIONS Yield Test Required - Call for Insp.

COLLAPSED
SK/MR
3/2/01 -
Proposed well
site over
SRV

1:40
BUT NOT
EXACT



Site for
Repl Well OK
MR 5/7/07



Total linear feet of trench required 280 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Amy M. Melt 10/4/00
Signature Date

 WATER WELL ABANDONMENT-SEALING REPORT FORM

OK SRK
 11/5/01

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: 5-20-01 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-94-1484

* PERMIT NUMBER OF REPLACEMENT WELL

HO-94-3016

* PERSON ABANDONING WELL: Allen Compton

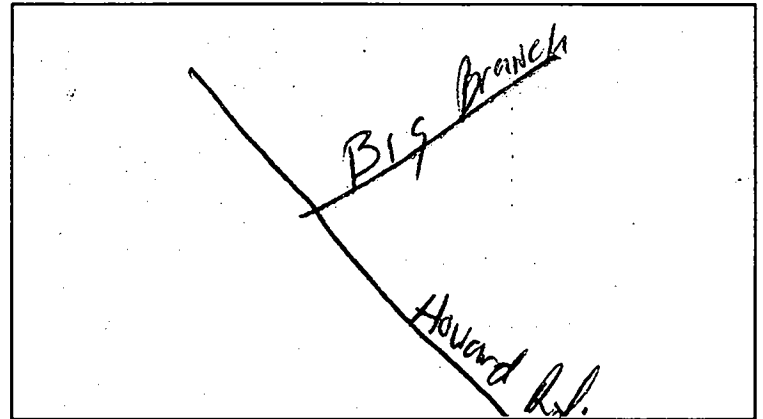
WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Toll Brothers

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Dayton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Big Branch Overlook
 SECTION: _____ LOT: 47
 NEAREST ROAD: Big Branch Dr.



* 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: 325' 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
concrete	0	70
well collapsed	70	325
VOLUME OF MATERIAL USED		
<u>18 bags concrete</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD
 CIRCLE ONE

DATE



 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: 5-26-01 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) DRY HOLE

~~Ho-94-3016~~ - ~~Ho-94-3016~~ - ~~Ho-94-3016~~

* PERMIT NUMBER OF REPLACEMENT WELL

Ho-94-3016

* PERSON ABANDONING WELL: Allen Compton

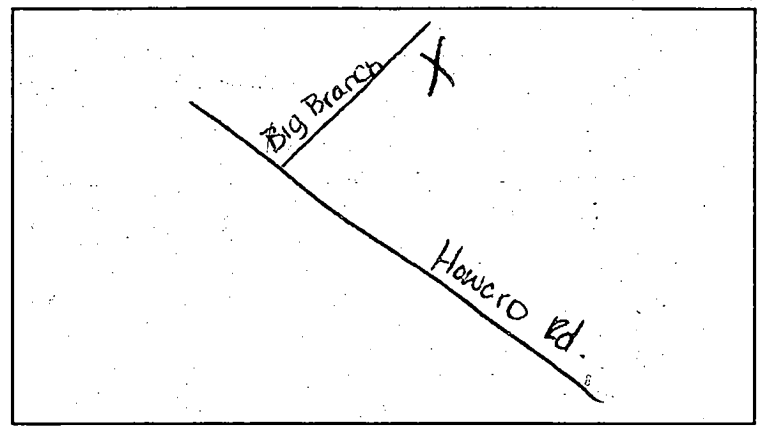
WELL DRILLERS LICENSE NUMBER: 009

* OWNER'S NAME: Toll Brothers

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Dayton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Big Branch overlook
 SECTION: _____ LOT: 47
 NEAREST ROAD: Big Branch Dr

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND-DUG
 _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>20</u>
	<u>20</u>	<u>70</u>

* 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: 70 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

VOLUME OF MATERIAL USED
5 bags cement

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE # 009 CIRCLE ONE 1 DATE _____
 DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

B 1	9413	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER Ho-94-1484 <small>fill in this form completely</small>
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Date Received (APA) 3/10/98

OWNER INFORMATION

8 MM DD YY

15 Last Name Highland Development Cmc Owner First Name

36 Clarksville Street or RFD 55 md 21029 76

57 Clarksville Town 70 md State 72 21029 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Big Branch Overlook 42

SECTION 38 47 44 46 LOT 2A 48 50

52 NEAREST TOWN Dayton 71

MILES FROM TOWN (enter 0 if in town) 3 M I I
73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne 76 License No. MSD 24 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy, Md. 21778

Signature Joseph L. Mayne 3/9/98 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Big Branch Dr. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 450 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 (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3 24 98 CO SIGNATURE Ad Jan 3/24/99 EXP. DATE

NORTH GRID 514 000 EAST GRID 798 000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 4/1/98 LATE AM

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 798

N 514

000
000

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 _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

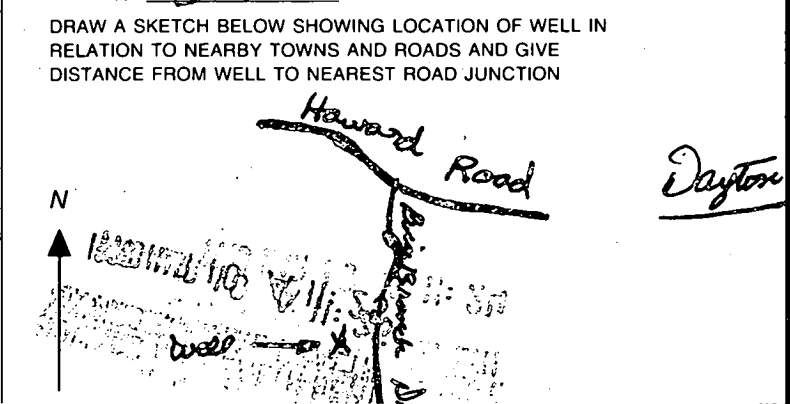
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

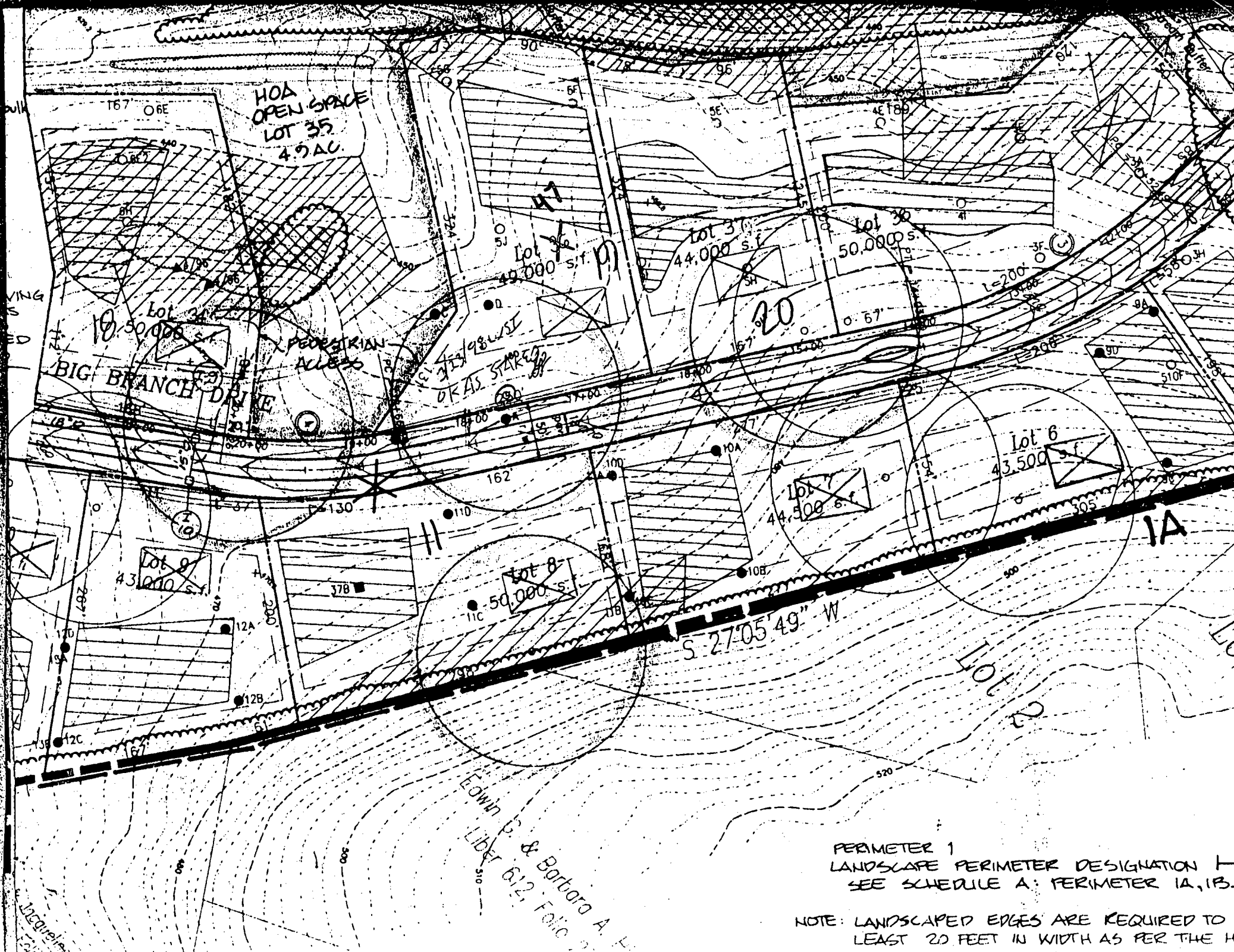


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G A P _____

54 63

FORCE 65 WRITE INITIALS IN BOX PERMIT No. Ho-94-1484
67 68 70 71 72 73 74 75 76 77 78 79



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

Edwin P. & Barbara A. Liber 612, Folio

McCoy

APPLICATION

PERCOLATION TESTING

A 57564⁶

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 Dr.

SUBDIVISION ~~OVERLOOK CONSTRUCTION PROJECT~~ LOT NO. 0047

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 V Sharp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

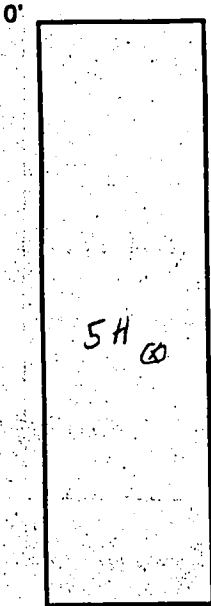
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

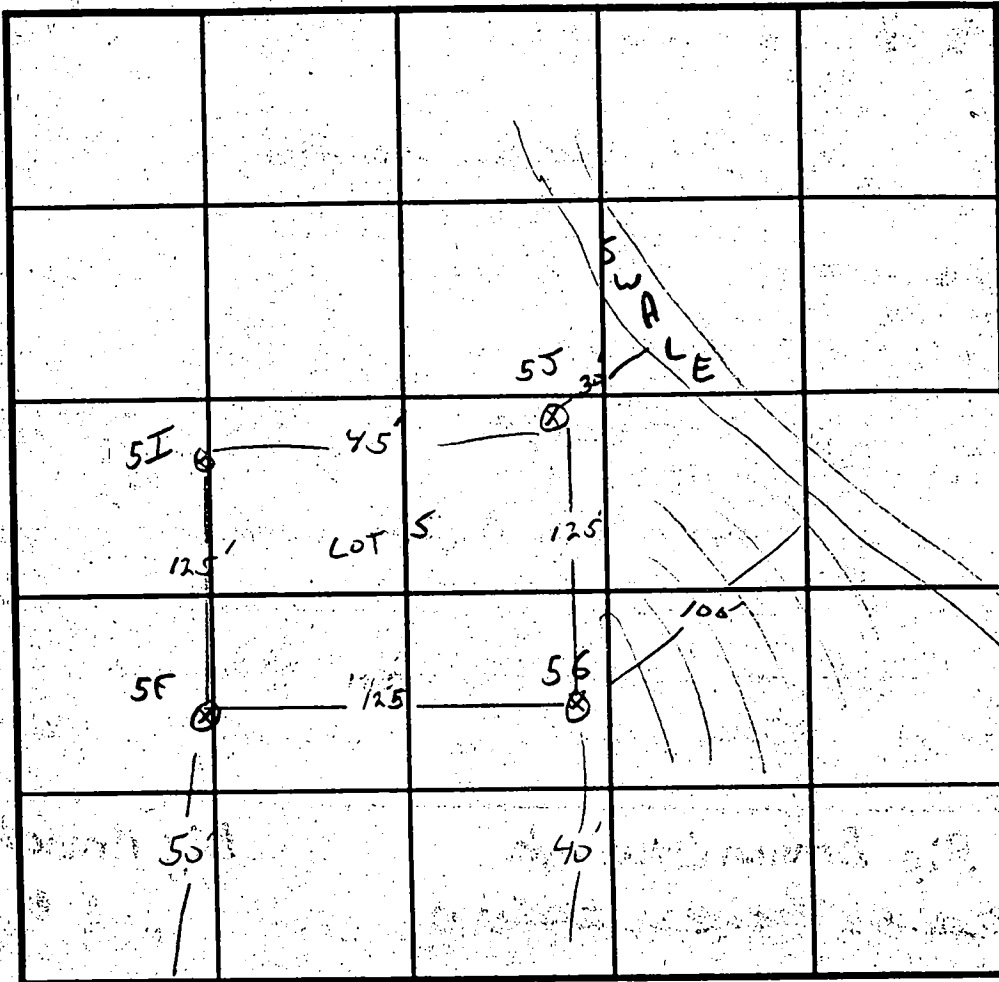
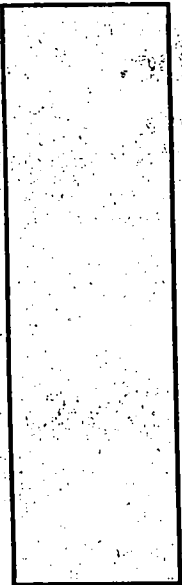
THIS IS NOT A PERMIT

56564G
COUNTY #

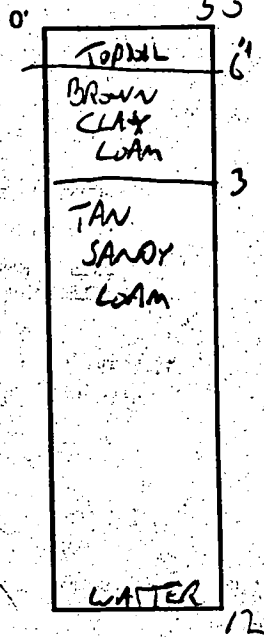
SOIL PROFILE



5E



SOIL PROFILE



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	5I	4' / 12'	SEE	LOT 5	PROFILE	SHEET 2	5 MIN
	5E	4' / 12'					8 MIN
X	5J	4' / 12'	11:14	11:17	11:17	11:23	6 MIN
	5G	4' / 12'	11:14	11:17	11:17	11:20	3 MIN

REMARKS ~~LOT 5~~ NOT PER PLAN - 2 EXTRA HOLES WATER

TYPE OF SOIL NEW LOT 20 lot 47

TESTED BY G. SAVAGE ALSO PRESENT CHUCK SHAW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 min TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 57524G

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 ~~_____~~ LOT NO. 47

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

565646

COUNTY #

SOIL PROFILE

5 H

TOPSOIL

ORANGE SANDY CLAY LOAM

TAN SANDY LOAM

12 6
5 I

TOPSOIL
BROWN CLAY LOAM

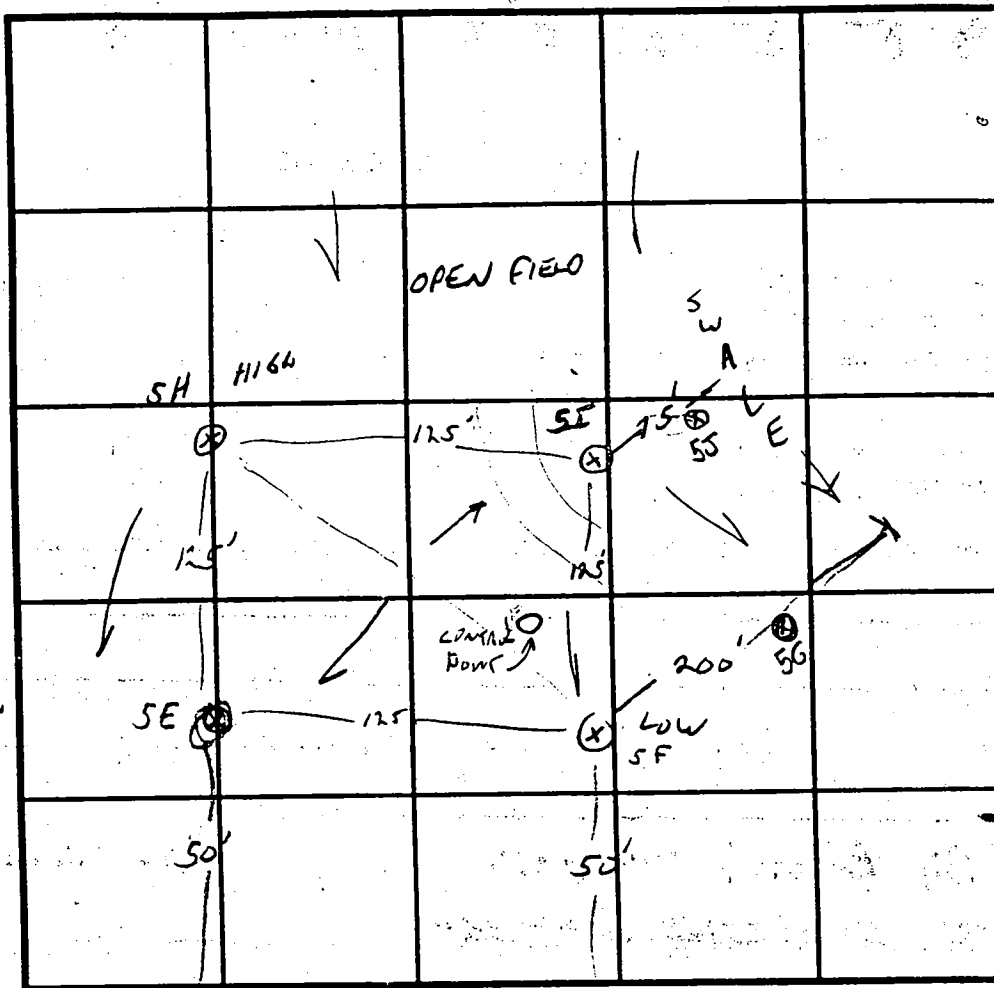
TAN SILT LOAM
COMMON ORANGE ROTTER

WATER

12
5 F

SIMILAR TO 5 E

DRY



SOIL PROFILE

5 E

TOPSOIL

BROWN CLAY LOAM

TAN SILT LOAM

LOW CHROMIUM GRAY SLT BLACK BANDS SWIRLED 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	5 E	3 3/8" / 11"	10:33	10:37	10:37	10:43	6 MW
	5 H	4' / 12 6"	10:38	10:53	10:53	11:11	18 MIN
	(5 I)	4' / 12'	10:46	10:50	10:50	10:55	5 MW
	(5 F)	4' / 12'	10:58	11:01	11:01	11:09	8 MIN
	(55)	SEE OTHER SHEET					
	(56)	" "	" "	" "			
5/1/97	5 E						

REMARKS TOP 5 NOT DUG PER PLAN 2 EXTRA HOLES WATER

TYPE OF SOIL NEW LOT 19 lot 47-18

TESTED BY G. SAUSAGE ALSO PRESENT CHUCK SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH

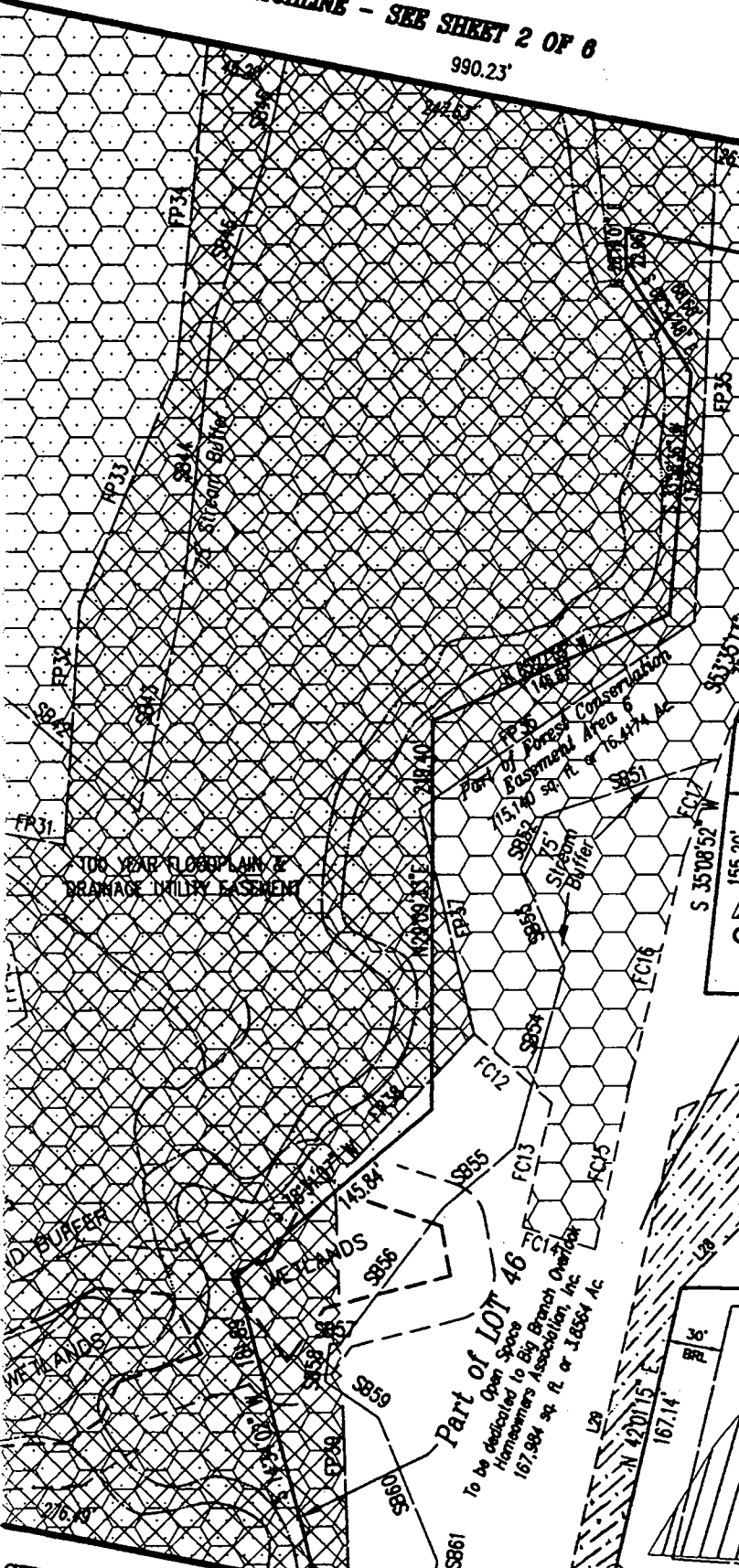
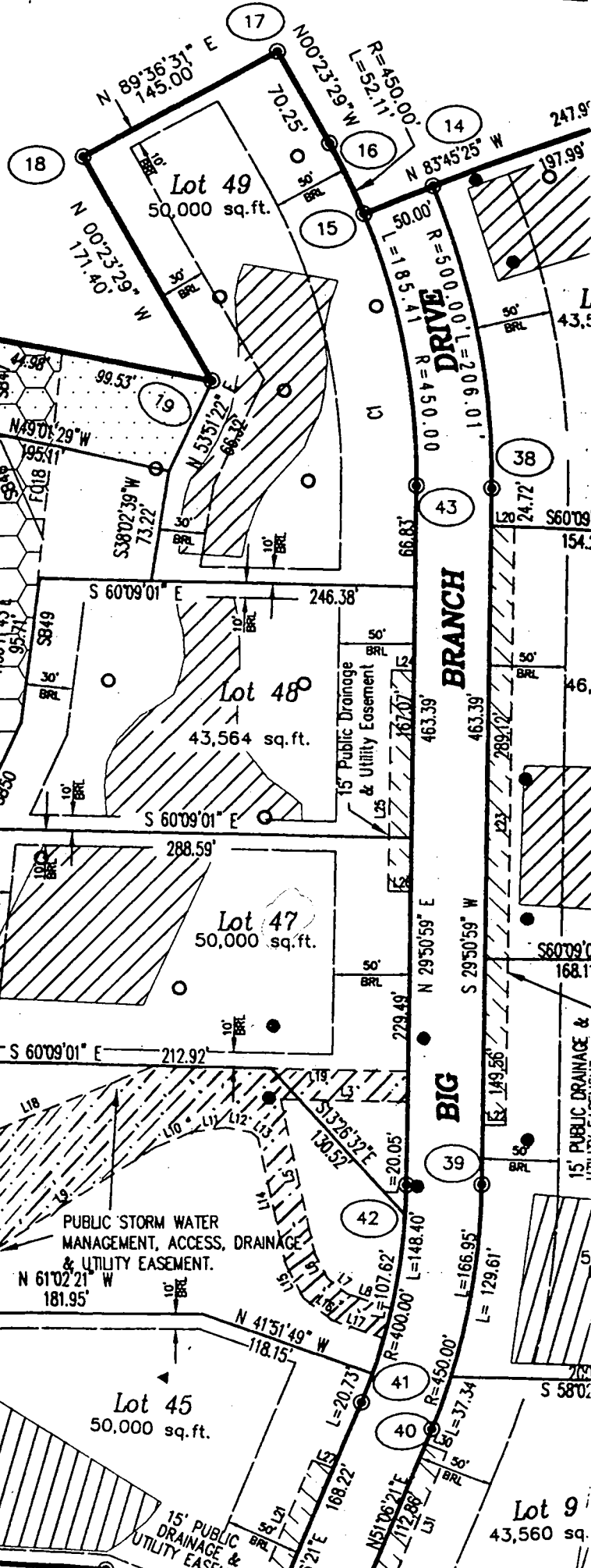
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

BIG BRANCH OVERLOOK
PLAT 2

F-98-165
Lot 47

MATCHLINE - SEE SHEET 2 OF 6

990.23'



SEE SHEET 4 OF 6

APPROXIMATE LINE OF
100 YEAR FLOODPLAIN
P-98-14
Lot 47

HOA OPEN SPACE
LOT 35
4.9 AC.

Lot 34
50,000 s.f.
BIG BRANCH DRI

47

Lot 37
44,000 s.f.

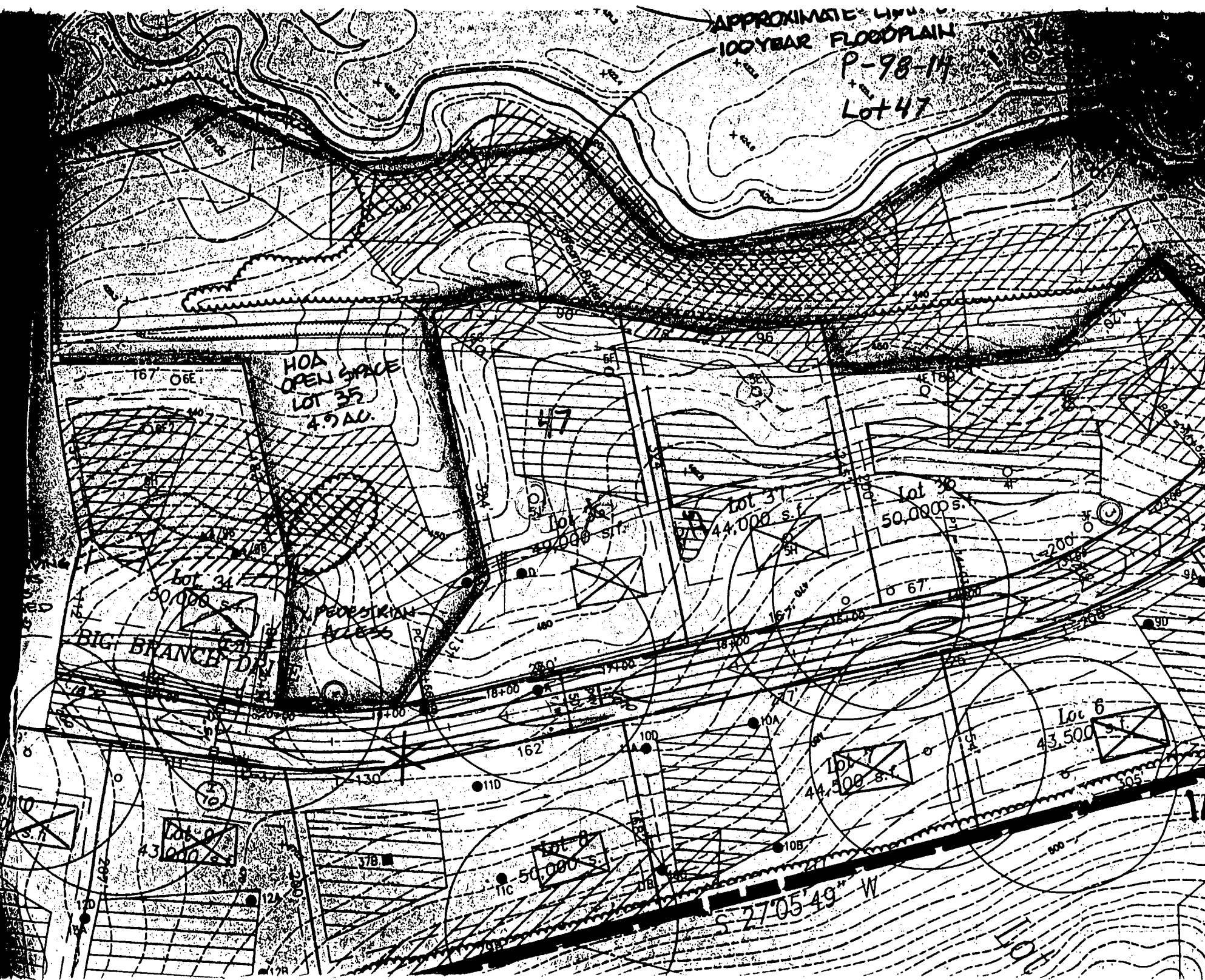
Lot 36
50,000 s.f.

Lot 6
43,500 s.f.

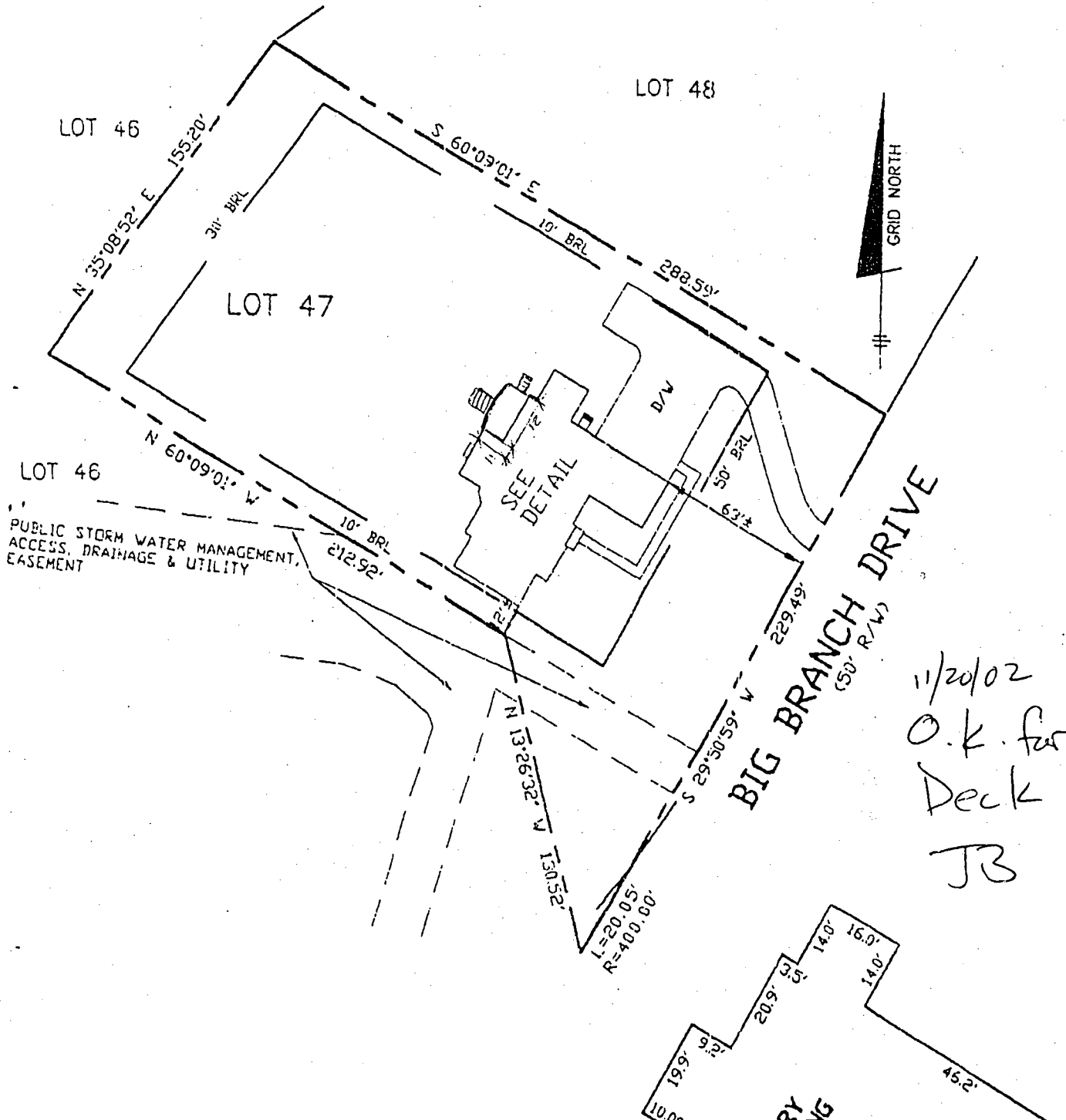
Lot 8
50,000 s.f.

Lot 7
44,500 s.f.

S 27°05'49" W



1. THIS DRAWING IS OF BENEFIT TO THE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPORARY BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES.
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 APPARENT BOUNDARY LINES.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
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.



11/20/02
O.K. for
Deck
JB

SURVEYOR'S CERTIFICATE

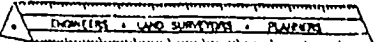
I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE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

James H. Harris

REG. No. 10978

RECORD PLAT No. 13853
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/4/86

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

DETAIL
SCALE: 1"=30'

**LOCATION DRAWING
BIG BRANCH OVERLOOK
LOTS 1 THRU 49
LOT No. 47**

14036 BIG BRANCH DRIVE

5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 06/21/02

06/21/02

Building Address 14036 FIG BRANCH DR
DAYTON MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605121 Subdivision King Branch South

Section _____ Area _____ Lot 47

Tax Map 27 Parcel 141 Grid 6

Zoning R1-DEO Map Coordinates 9013 Lot size _____

Property Owner's Name DAVID SMITH

Address 14036 FIG BRANCH DR

City DAYTON State MD Zip Code 21036

Home Phone (410) 535-7115 Work Phone _____

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

Phone _____ Fax _____

Existing Use S.P.A.

Proposed Use _____

Estimated Construction Cost \$ 10000

Description of Work 21 x 14 Deck
WITH STAIRS

Contractor Company CEPROX CONCRETE & DESIGN

Contact Person LOUIS CALDERON

Address 7761 MD Rte 175

City KEESWICK State MD Zip Code 20794

License No. 13116

Phone (301) 211-720 Fax _____

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 - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input 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 checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	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 <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERETO; (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 ISSUING NOTICES.

Applicant's Signature [Signature] Print Name LOUIS CALDERON

Title/Company _____ Date 11/20/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	42081
<input type="checkbox"/> State Highways			Rear: _____	
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input type="checkbox"/> Dev. Engineering DPZ			Side/St: _____	
<input checked="" type="checkbox"/> Health	<u>11/20/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
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"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Add'l per fee \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	TOTAL FEES \$ _____
				Sub-total paid \$ _____
				Balance due \$ _____
				Check # <u>1121</u>
				Validation # <u>11692</u>
				Accepted by <u>[Signature]</u>