

# PERMIT

P 514710-C

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

A 56464-I

ISSUE DATE 12/13/2000

APPROVAL DATE 2/29/01

1/18/01 3/28/01  
1:00 3:30 pump  
1/24/01 All day  
1/25/01 All day

RPS# 431972 INDEXED

Egles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Big Branch Overlook LOT NUMBER 10 ADDRESS 14045 Big Branch Drive

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

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

\*\* COMPARTMENTED TANK WITH OUTLET  
BAFFLE FILTER REQUIRED \*\*

\*\* TOP SEAMED PUMP CHAMBER REQUIRED \*\*  
ONE COMPARTMENT

} MANHOLE  
ACCESS

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the left rear lot corner, place the distribution box 30 feet down the left lot line and 20 feet off this same lot line. Run (3) 93' trenches on contour to front of lot. 10/11/00 O.K. (AB)

PLANS APPROVED Mark Rifkin DATE 10/3/2000

PERMIT VOID AFTER 2 YEARS

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

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

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

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

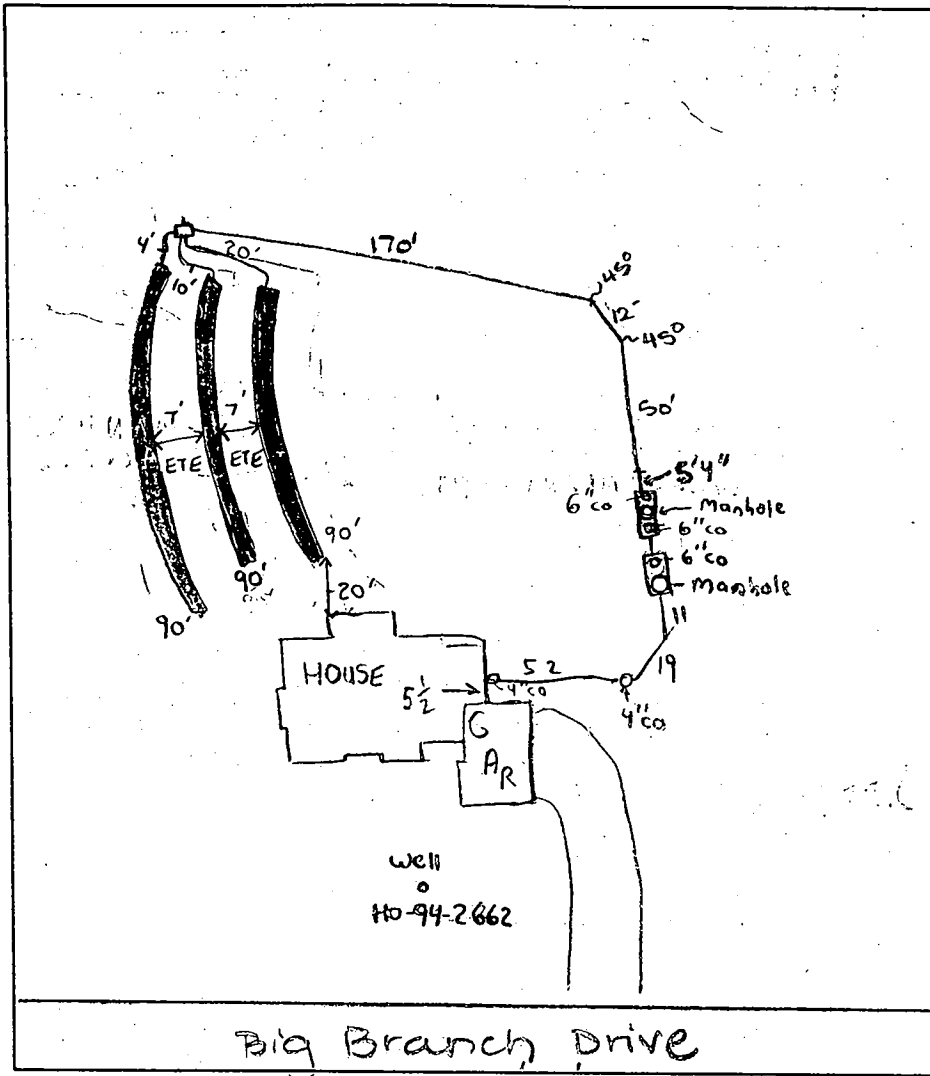
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514710-C

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3.5'
TRENCH BOTTOM DEPTH	5.5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	270'
ABSORBENT AREA	810 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>
MONITORING PIPE ON D.BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	on Front
6 INCH INSPECTION PORT	on Rear
FILTER IN	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1250 Topseam
MANHOLE RISER	on Center
6" on Rear	<input checked="" type="checkbox"/>
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: 1/18/01 SEPTIC AREA ONLY PARTIALLY STAKED;

OK TO SET TANKS, CALL FOR 2ND LAYOUT INSP (MR)

INSPECTION COMMENTS: 1/23/01 A.M. No inspection request received,

but I noticed equipment at site. Both tanks set, 2" pressure line installed to dist. box. No one at site. DCC

1/24/01 - OK TO START TRENCHES, EA. 90' LONG (3' SHORTER THAN SPECS) (MR)

1/25/01 - OK TO COVER ALL WORK, SYSTEM COMPLETE PENDING PUMP AND ALARM TEST - (SRU)

3/29/01 FINAL PUMP PERFORMANCE TEST OK. DCC

INSPECTOR [Signature] DATE SYSTEM APPROVED 3/29/01

← OK SRU

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 1/2 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

LOT 10  
5.1 f.

Signature

*Mark Killean*  
10/3/02

Date

MOVE DDY  
5-10' BACK  
TO ALLOW  
(3) 13' TRENCHES

532.0177' W

460

78'

M 60.1279' W

10' BRL

30' BRL

172.9' E

460

460

460

N38°53'38"W

SEPTIC LINE

SEPTIC EASEMENT

SEPTIC TRENCH

SEPTIC LINE

S38°53'38"E

INV. IN 448.6  
PUMP

INV. OUT 234.12'

10' BRL

SEPTIC TANK

INV. IN 449.0

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498

MONROE  
FEDERAL FND.  
FF = 556.59  
BF = 347.80

GOVENTRY  
HERITAGE FOUNDATION  
FF = 463.89  
BF = 454.10

CONSERVATORY

3-CAR  
SIDE-ENTRY  
GARAGE

PORCH

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Building Address <u>14045 BIG BRANCH DRIVE</u> <u>DAYTON, MD 21036</u>  Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>10251.01</u> Subdivision <u>Big Branch Overlook</u> Section _____ Area _____ Lot <u>10</u> Tax Map <u>27</u> Parcel <u>141</u> Grid <u>6 E12</u> Zoning <u>R-20</u> Map Coordinates _____ Lot size <u>46,677</u>	Property Owner's Name <u>BIG BRANCH OVERLOOK, LLC</u> Address <u>7164 COLUMBIA GATEWAY DR. SUITE 230</u> City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21046</u> Home Phone _____ Work Phone <u>410-872-9105</u> Applicant's Name & Mailing Address, (if other than stated hereon): <p style="text-align: center;">N/A</p> Phone <u>410-872-9105</u> Fax <u>410-872-9141</u>
Existing Use <u>VACANT LOT</u> Proposed Use <u>NEW RESIDENTIAL HOME</u> Estimated Construction Cost \$ <u>200,000</u>  Description of Work <u>COVENTRY HERITAGE 4BR,</u> <u>4 1/2 BATH SINGLE FAMILY HOME unfinished</u> <u>front w/RE attached 3car garage</u>	Contractor Company <u>TOLL BROTHERS INC.</u> Contact Person <u>GREG SHAPARD</u> Address <u>14203 HOWARD ROAD</u> City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u> License No. _____ Phone <u>443-535-9296</u> Fax <u>443-535-9297</u>
Occupant or Tenant <u>BIG BRANCH OVERLOOK LLC</u> Contact Name <u>GREG SHAPARD</u> Address <u>7164 COLUMBIA GATEWAY DR. SUITE 230</u> City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21046</u> Phone <u>410-872-9105</u> Fax <u>410-872-9141</u>	Engineer or Architect Company <u>BENCHMARK ENGIN.</u> Contact Person <u>DON MASON</u> Address <u>8480 BALTIMORE NATIONAL PIKE SUITE 418</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410-465-6105</u> Fax <u>410-465-6644</u>

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>60'4"</u> <u>74'8"</u> 2nd floor: <u>43'</u> <u>63'8"</u> Basement: <u>60'0"</u> <u>74'0"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON, (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.

Greg S. Shapard  
 Applicant's Signature  
PROJECT MANAGER / TOLL BROTHERS  
 Title/Company

GREGORY S. SHAPARD  
 Print Name  
9/8/00  
 Date

Fee Due  
6455.00

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>10/3/00</u>	<u>Mark Riffin</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	
Front:	_____
Rear:	_____
Side:	_____
Side St.:	_____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Entrance Permitt required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>JD</u>

PROPERTY ID#: 47906	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>842</u>
Excise tax	\$ <u>5613</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>6480</u>
Balance due	\$ <u>6455</u>
Check	# <u>8084614</u>
Validation	# <u>34411</u>

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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 21780

(Must circle one) Licensed Plumber: Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License# MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Jall Brothers Telephone #: 410-535-9296  
Subdivision: Indelphia Ridge Lot #: 10 Well Tag #: HO 44-21002  
Site Address: Big Branch Dr (14045)  
Dorhan Md

Submersible Pump Data: Make: Grundfos Pitless Adapter: Make: Lampert Well Cap and Electric Conduit: Two piece watertight cap: Yes  
Model #: SG 510412c Model#: \_\_\_\_\_ Screened, vented well cap: Yes  
Pump Capacity: 5 GPM Depth: 4' (36" min) Cap secured to casing: Yes  
Well Yield: 1 GPM NSF approved: Yes Conduit min 1 1/2" B.G.: Yes  
Depth of well encountered at time of pump installation: 3.30 (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 wrench or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt: No

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

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 1-26-01

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

Date Insp. Requested: 1/29/01 Date Insp. Approved: 1/29/01 DKC + SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well mg attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓  
BB

C1 07748

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

DATE RECEIVED MM DD

DATE WELL COMPLETED MM DD

DEPTH OF WELL (TO NEAREST FOOT) 450

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2662

OWNER: BIG BRANCH LLC; STREET OR RFD: BIG BRANCH DRIVE; TOWN: DAYTON; SUBDIVISION: BIG BRANCH OVERLOOK; SECTION: ; LOT: 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown shale (0-55), Gray (55-85), Brown (85-86), Gray (86-450).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 15; NO. OF POUNDS: 1410; DEPTH OF GROUT SEAL: 54'

CASING RECORD: MAIN CASING TYPE: ST (STEEL); NOMINAL DIAMETER: 06; TOTAL DEPTH: 63'

OTHER CASING (if used) table with columns: diameter, depth (feet)

SCREEN RECORD: screen type or open hole: HO (OPEN HOLE); DEPTH (nearest ft.): 54

NUMBER OF UNSUCCESSFUL WELLS: ; WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED)

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: Allen Compton; LIC. NO.: D

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

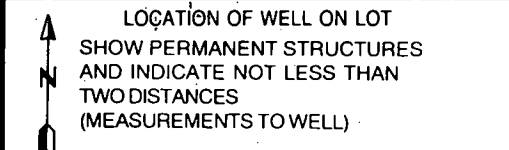
DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51; includes handwritten values: 54, 450

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

PUMPING TEST: HOURS PUMPED: 07; PUMPING RATE: 163; METHOD USED TO MEASURE PUMPING RATE: 194L; WATER LEVEL: 26; WHEN PUMPING: 342; TYPE OF PUMR USED: S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED: S; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT: 02 (nearest foot)



NO Survey stakes

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

Well Permit No. HO - 94 - 2662  
 Location of property (road) Big Branch Drive  
 Subdivision Big Branch Overlook Lot 10 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Compton/Fogle Owner Big Branch Overlook LLC

Depth of well 450'  
 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 11:00 Pumping rate 15  
 Total time 1 hr. to reach pumping water level 342 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	26	4		15
11:15	92	5		12
11:30	201	6		10
11:45	298	7		8.5
12:00	342	7		8.5
12:15	342	43		1.3
12:30	342	43		1.3
12:45	342	43		1.3
1:00	342	43		1.3
1:15	342	43		1.3
1:30	342	43		1.3
1:45	342	43		1.3
2:00	342	43		1.3
2:15	342	43		1.3
2:30	342	43		1.3
2:45	342	43		1.3
3:00	342	43		1.3
3:15	342	43		1.3
3:30	342	43		1.3
3:45	342	43		1.3
4:00	342	43		1.3
4:15	342	43		1.3
4:30	342	43		1.3



B 1 **13916**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

**Ho - 94 - 2662**

70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
**Big Branch Overlook Lcc**  
15 Last Name Owner First Name 34  
**7164 Columbia Gateway Dr.**  
36 Suite 230 Street or RFD 55  
**Columbia MD 21046**  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

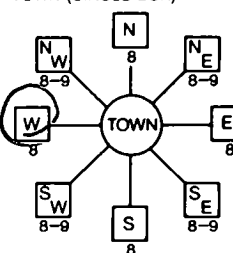
8 COUNTY **Howard** 21  
**Big Branch Overlook 14045** 42  
23 SUBDIVISION  
SECTION **10** LOT 44 46 48 50  
**Dayton** 52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** M 73 76 77 78

DRILLER INFORMATION

Driller's Name **Allen Compton** MS D 009 76 License No. 81  
Firm Name **Fogles Well Drilling**  
Address **580 Obrecht Sykesville 21784**  
Signature **Allen Compton** Date **4-14-00**

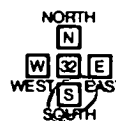
B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Big Branch Dr.** 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **30** 37 DISTANCE FROM ROAD FT 38 39  
ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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** 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
DATE ISSUED **05 02 00** **Allen Compton** **5/1/01** 41  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **513** 0 0 0 EAST GRID **0797** 0 0 0  
50 55 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVerse-ROTARY Drive-POINT  
other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

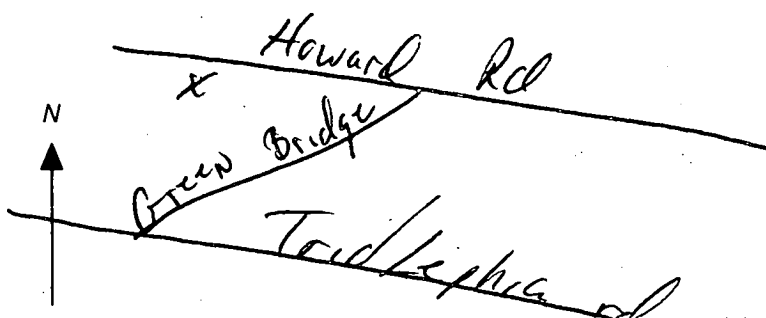
SOURCES OF DRILLING WATER  
1.  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**800 797**  
E  
**510 3**  
N

**6/17/00 - 9am Grout NO INSP**

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)

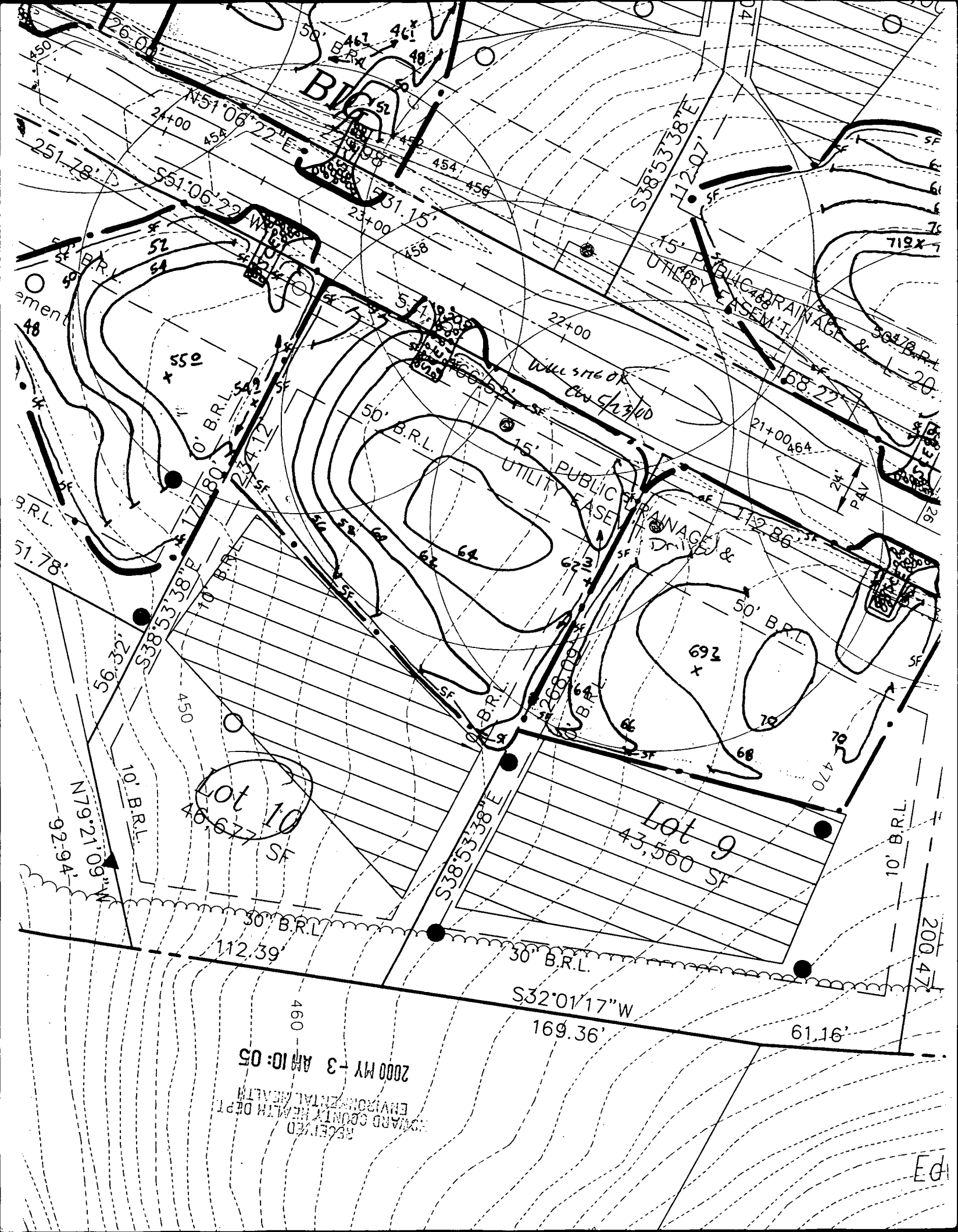
APPROX. PERMIT NUMBER **54** GAP **63**

PERMIT No. **Ho - 94 - 2662**  
70: 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SLEETS IF NEEDED





RECEIVED  
HOWARD COUNTY HEALTH DEPT  
ENVIRONMENTAL HEALTH  
2000 MY - 3 AM 10:05

Ed

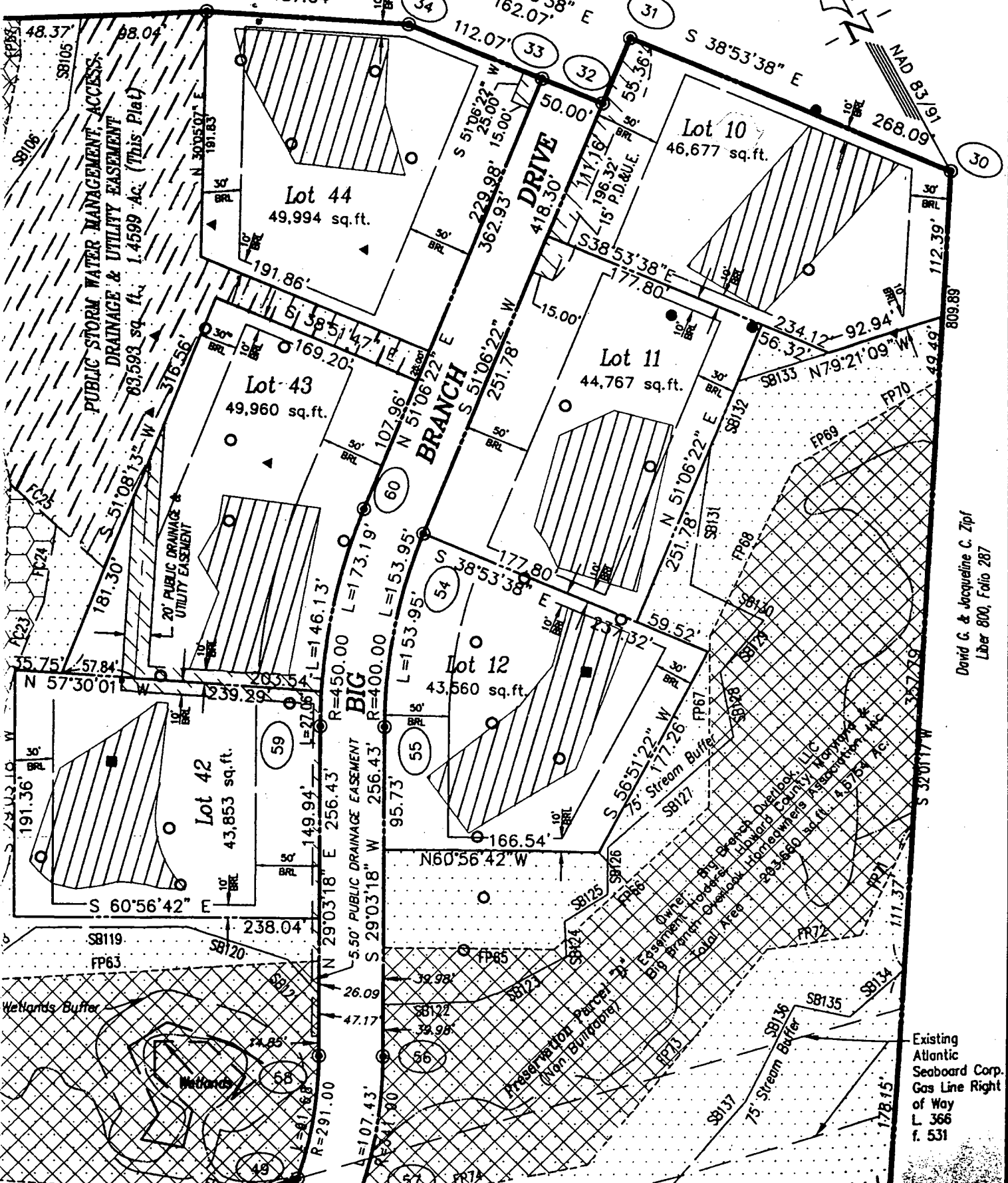
### Curve Data Table

FROM	TO	RAD.	ARC.	DELTA	TAN	CHORD BRG.-DIST.
49	58	291.00'	91.68'	18°03'04"	46.22'	N 38°04'50" E - 91.30'
59	60	450.00'	173.19'	22°03'04"	87.68'	N 40°04'50" E - 172.12'
54	55	400.00'	153.95'	22°03'04"	77.94'	S 40°04'50" W - 153.00'
56	57	341.00'	107.43'	18°03'04"	54.17'	S 38°04'50" W - 106.99'

F-98-165  
Lot 10

N 63°35'48" W 168.56' (35) S 57°46'12" E 157.04'

S 38°53'38" E 162.07' (31) S 38°53'38" E 268.09'



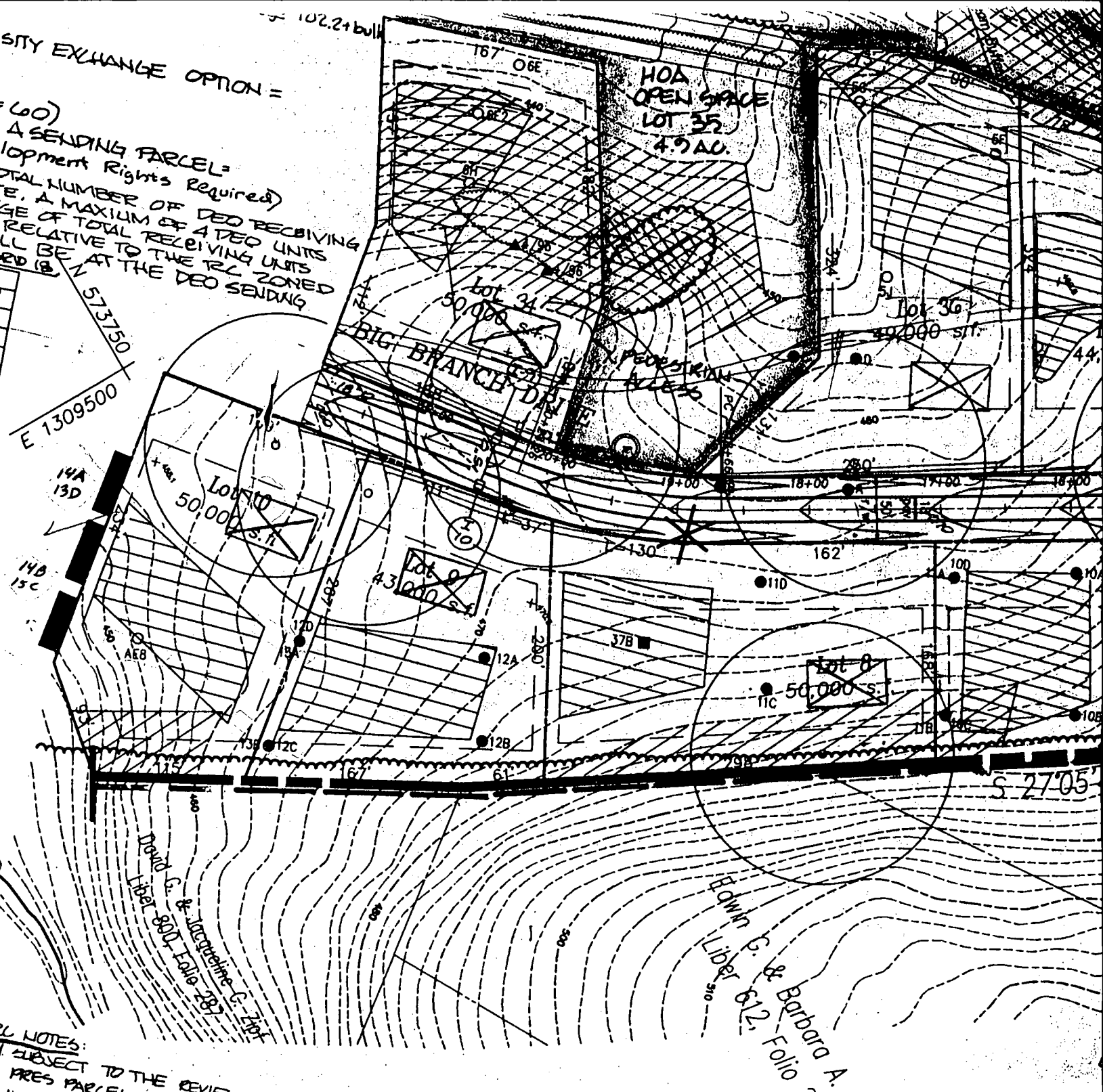
David G. & Jacqueline C. Zipf  
Liber 800, Folio 287

Existing Atlantic Seaboard Corp. Gas Line Right of Way L 366 f. 531

RIGHTS PROPOSED =  
 and Preservation Parcel (G = 60)  
 TO BE TRANSFERRED FROM A SENDING PARCEL =  
 60. base lots 56 = 4 Development Rights Required

UNITS, THEREBY USING THE TOTAL NUMBER OF DEO RECEIVING  
 ARE BIG BRANCH OVERLOOK SITE, A MAXIMUM OF 4 DEO UNITS  
 21, CALCULATED AS A PERCENTAGE OF TOTAL RECEIVING UNITS  
 OF THE RE ZONED PORTION RELATIVE TO THE RE ZONED  
 E I RECEIVING DENSITY WILL BE AT THE DEO SENDING  
 SENDING PARCEL 180 TAX MAP 2, 620 (B)

CHORD	BEARING	DELTA
53.01'	S54°03'25"W	50°25'23"
91.29'	S14°13'37"W	29°14'13"
18.35'	S40°28'41"W	30°14'29"
9.75'	S40°04'50"W	21°15'22"
2.81'	S38°04'50"W	22°03'04"
1.19'	S39°48'43"W	18°03'04"
140'	S51°22'23"W	14°35'19"
75'	S25°13'43"W	37°42'39"
10'	S07°06'07"E	90°00'00"
8'	N13°44'58"E	25°20'22"
43.87'	N02°21'51"W	25°15'00"
21.86'	N10°46'41"W	57°28'39"
48.08'	N00°29'29"E	40°38'59"
34.73'	N67°03'57"W	18°06'38"
243.95'	N59°11'40"E	26°46'30"
301.00'		59°29'37"
347.32'		



OF WELL  
 P-98-14  
 Lot 10

ATION (4-5/96)  
 ION (10-11/96)  
 ION (3-5/97)

AND ZONING

PERC NOTES:  
 1. SUBJECT TO THE REVIEW  
 PRES PARCEL

# APPLICATION

PERCOLATION TESTING

A 56564

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

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 CMC CONSTRUCTION INC

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

AGENT OR PROSPECTIVE BUYER CHUCK SHARD

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

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 10

ROAD AND DESCRIPTION BIG BRANCH DRIVE

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3AC TYPE BLDG. SFO  
(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 \_\_\_\_\_

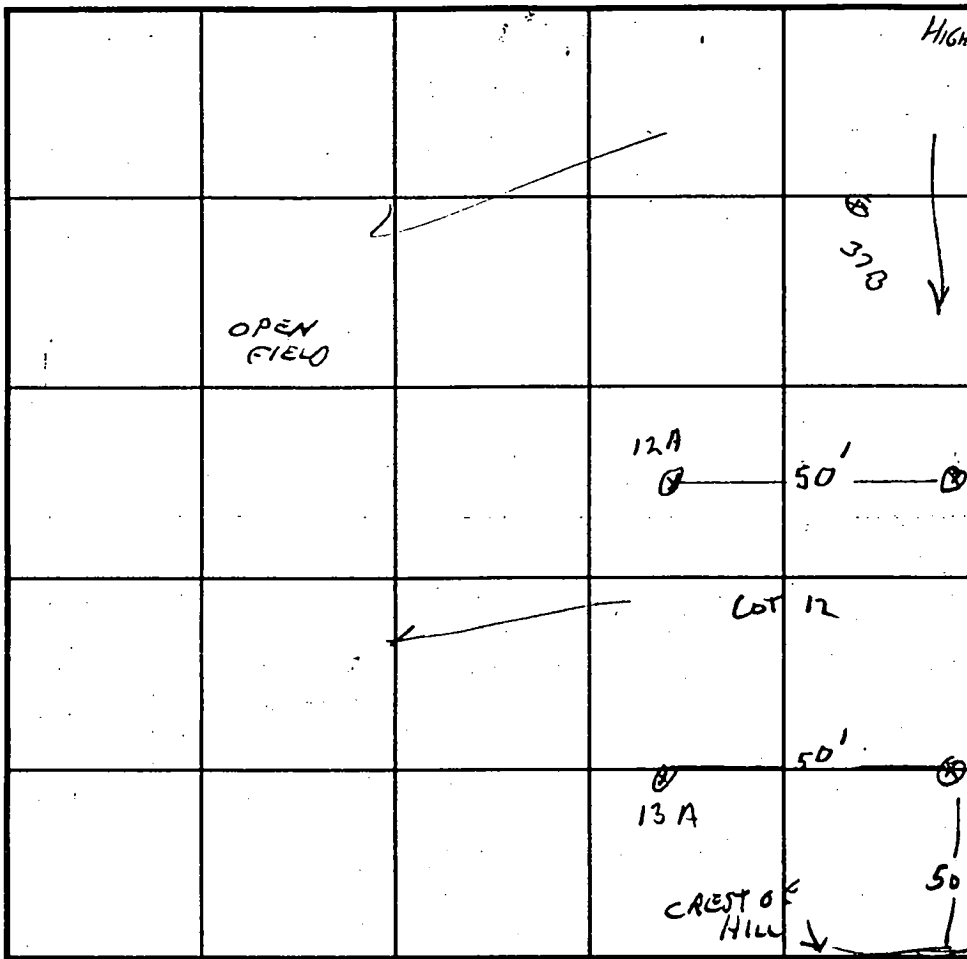
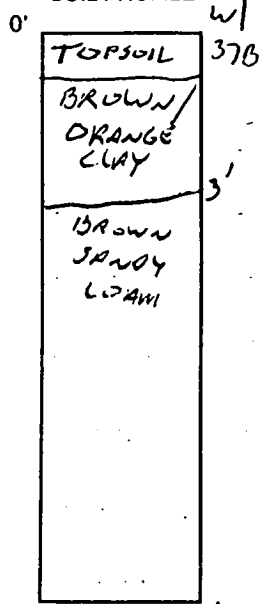
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

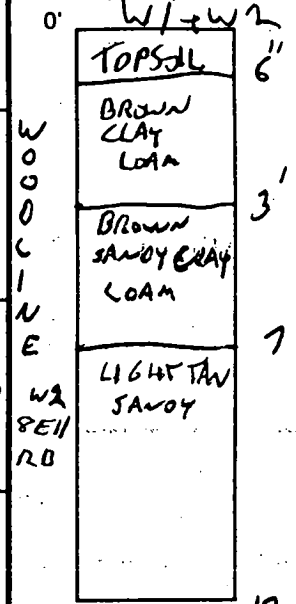
## THIS IS NOT A PERMIT

56564  
COUNTY #

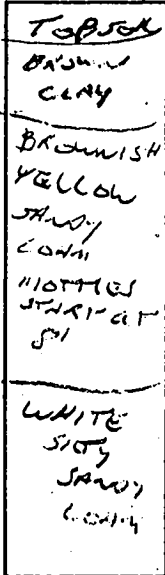
SOIL PROFILE



SOIL PROFILE



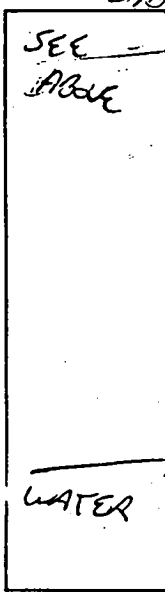
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/29/96	W1	4/12	3:31	3:36	3:36	3:46	10MW ✓
11/14/96	W2	4.5/12V	11:28	11:30	11:30	11:34	4MW
	12A	4.5/V	12:05 12:25	12:24	12:24	12:44	20MW
	13A	7/OK					
	13A	3.5/12	11:45	11:55	11:55	12:15	20MW ✓
		8	11:45	11:48	11:48	11:54	6MW
3/7/97	37B	3/10.5V	10:20	10:23	10:23	10:31	8MW

REMARKS: LOT 12A SLOW AT 4 MULTIPLE I.O. #'S  
 TYPE OF SOIL: Lot 10  
 TESTED BY: G SAVAGE ALSO PRESENT: G. SHARP  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 7+ TRENCH WIDTH: 3  
 INLET DEPTH: 3 1/2 MAXIMUM BOTTOM DEPTH: 7 1/2 SQ. FT./BEDROOM: 210

✓ COPY FOR 13



# APPLICATION

PERCOLATION TESTING

A 56564H

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

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 CMC CONSTRUCTION INC

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

AGENT OR PROSPECTIVE BUYER CHUCK SHARD

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

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 10

ROAD AND DESCRIPTION BIG BRANCH DRIVE

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3AC TYPE BLDG. SF4  
(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



# 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

'B DIVISION ~~CONSTRUCTION PROPERTY~~ LOT NO. 18 #10

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 \_\_\_\_\_

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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

