

2/2/01
Co. total
2/5/01-AM

RPS #
05432219

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514710-D

A 57577-F

ISSUE DATE 12/13/2000

APPROVAL DATE 5/11/07

INDEXED

Fogles Septic Clean Inc. IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Big Branch ^{OVERLOOK} Drive LOT NUMBER 32 ADDRESS 14092 Big Branch Drive

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

SEPTIC TANK CAPACITY 1500 GALLONS Columbia, MD 21046

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 ** COMPARTMENTED TANK WITH OUTLET

SQUARE FEET PER BEDROOM 240 BAFFLE FILTER REQUIRED **
AND MANHOLE ACCESS

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Place the distribution box at the highest point of the platted septic easement. Run trenches on contour in both directions.

BUILDING PERMIT SIGNED 10/6/00 OK (BB)
AND RETURNED
4-26-00 500-152428-IL POC

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

P514710-D

**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
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 #: _____
Subdivision: Fredelonia Bridge Big Branch Lot #: 32 Well Tag #: HO-94-1970
Site Address: Big Branch DR Lot # 32

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOODS</u>	Make: <u>Cambell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7S807422</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4.3</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>265</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6</u>
Depth of supply line: <u>7/2</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Allen Compton date: 5-15-01

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

Date Insp. Requested: 5/10/01 Date Insp. Approved: 5/10/01 Inspector: SRK

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

B 1 0379 SEQUENCE NO. (MDE USE ONLY)

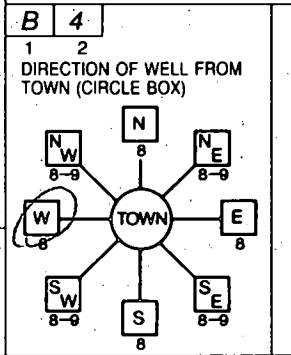
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-1970 fill in this form completely

Date Received (APA) OWNER INFORMATION Highland Development CMC P.O. Box 229 Clarksville Md. 21029

B 3 LOCATION OF WELL Howard Big Branch Overlook SECTION I LOT 32 Dayton NEAREST TOWN 3 MILES FROM TOWN

DRILLER INFORMATION Joseph L. Mayne MS DO 24 Joseph L. Mayne Well Drilling 5512 Ridge Rd - Mt. Airy 21771



B 4 Big Branch Drive ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 40 ENTER FT OR MI TAX MAP: 27 BLK: 6 PARCEL: 141

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 13 COUNTY NO. DATE ISSUED 11 23 98 CO SIGNATURE EXP. DATE 11 23 99

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

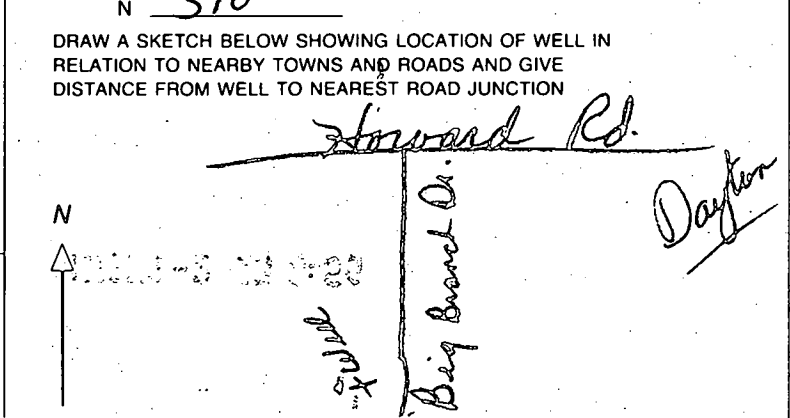
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 510

12/22/98 GROUT 11:00 NO INSP.

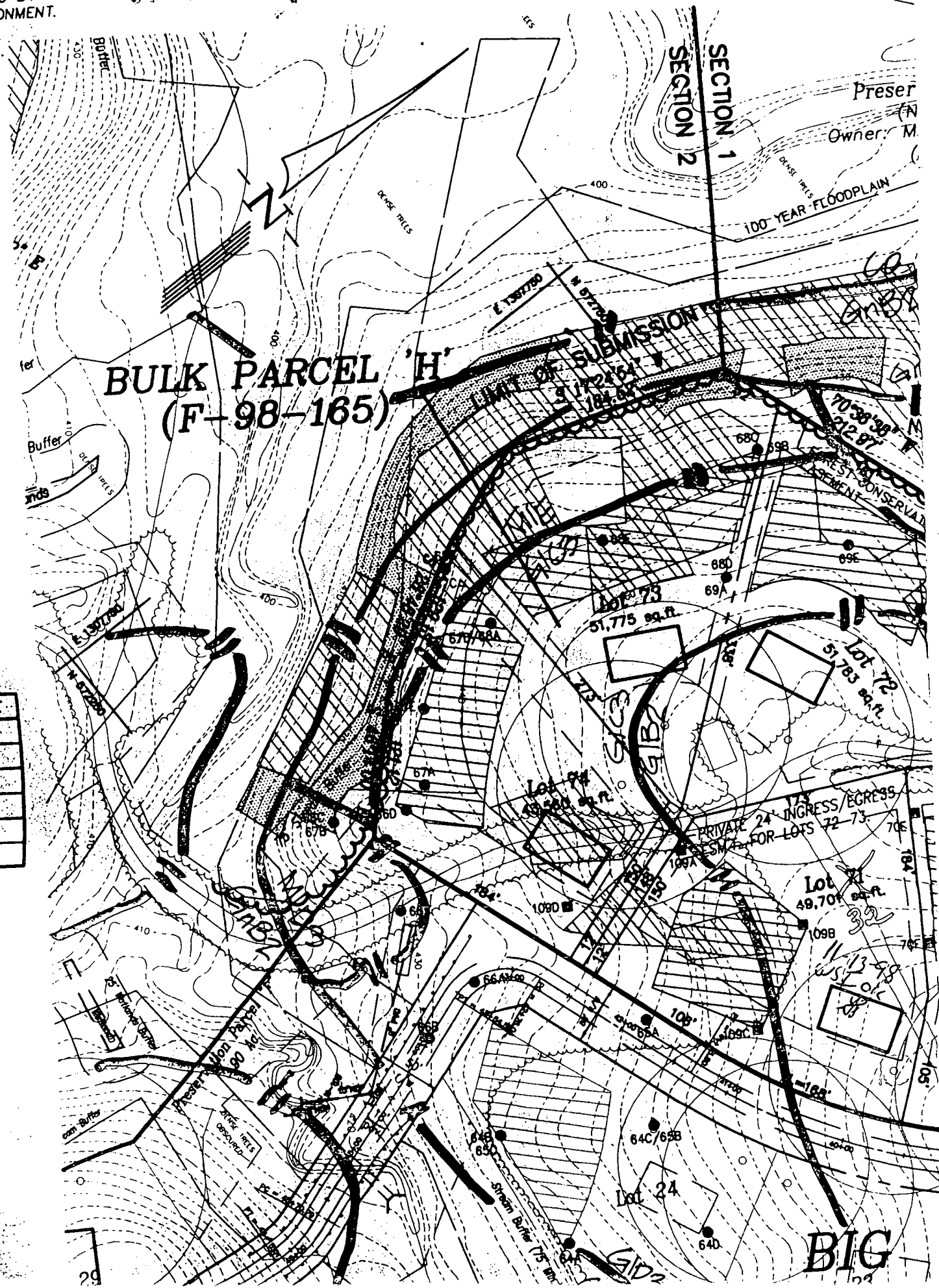
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P PERMIT No. 40-94-1970

BE NECESSARY
HAVE BEEN
THE MINIMUM
REQUIRED BY THE
ENVIRONMENT.



SIZE
F.
F.
F.
F.
F.
F.

BIG

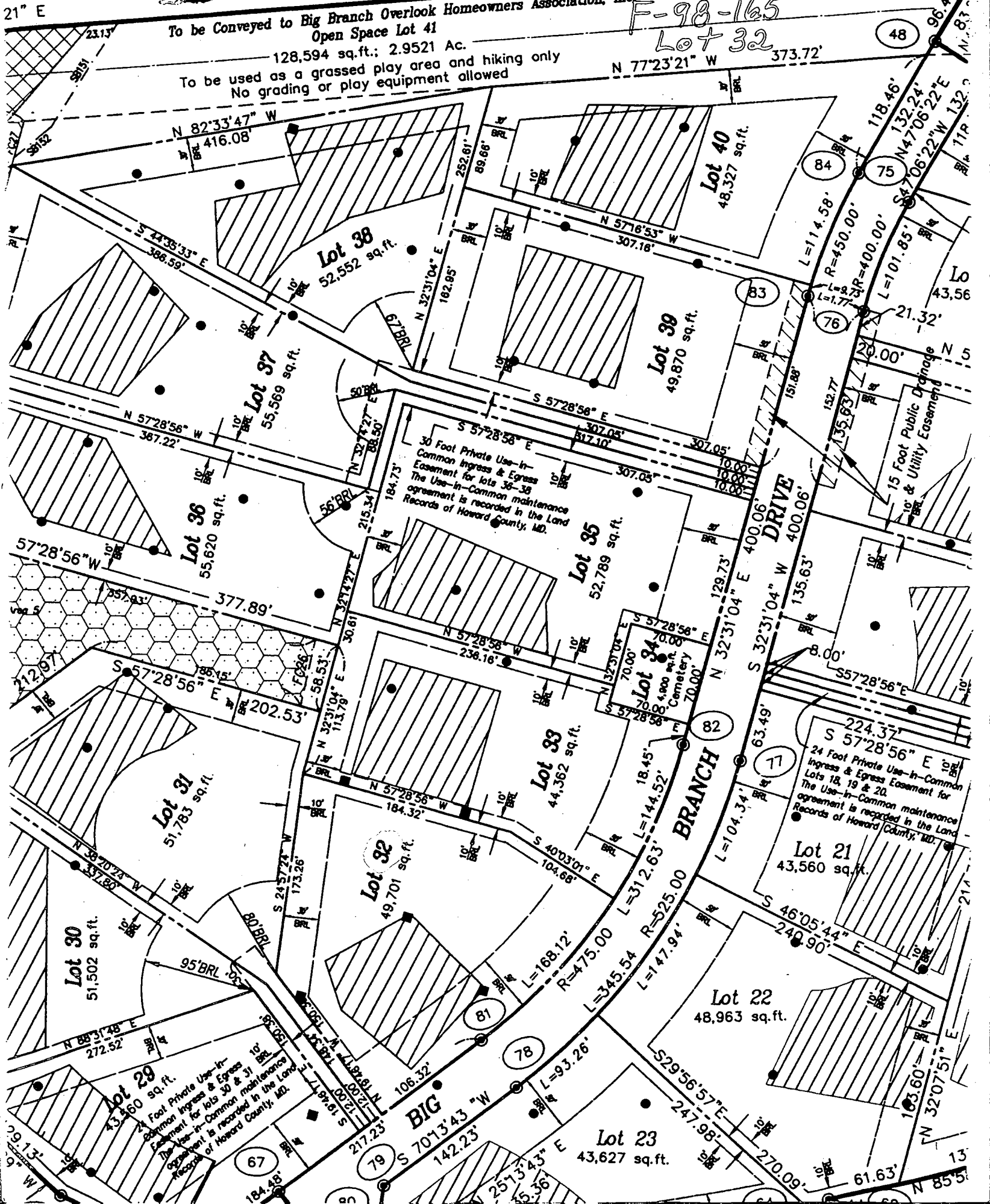
N 51°22'23" E - 307.02'
N 39°48'43" E - 114.27'
S 39°48'43" W - 101.57'
S 51°22'23" W - 339.34'

MATCHLINE - SEE SHEET 4 OF 6
1199.69'

To be Conveyed to Big Branch Overlook Homeowners Association, Inc.
Open Space Lot 41

128,594 sq.ft.; 2.9521 Ac.
To be used as a grassed play area and hiking only
No grading or play equipment allowed

F-98-165
Lot 32



N 51°22'23" E - 307.02'
N 39°48'43" E - 114.27'
S 39°48'43" W - 101.57'
S 51°22'23" W - 339.34'

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Lot 32

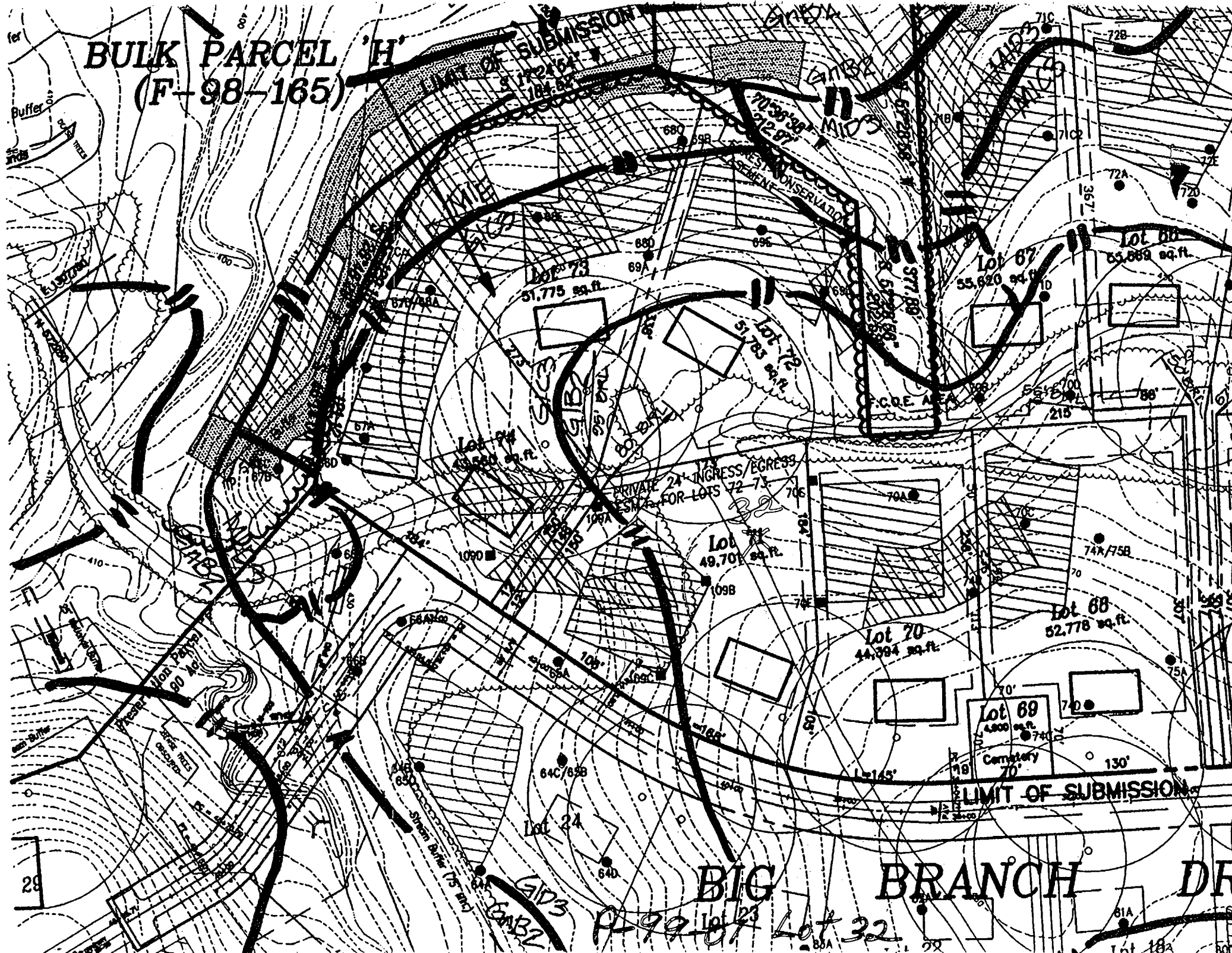
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No grading or play equipment allowed

F-98-165
Lot 32

BULK PARCEL 'H' (F-98-165)



LIMIT OF SUBMISSION

BIG BRANCH DR

Lot 23 Lot 32

Lot 18A

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 410-489-4630

PROPERTY LOCATION: Big Branch Overlook

Big Branch Drive

JBDIVISION ~~CONSTRUCTION PROJECT~~

LOT NO. ~~32~~ *32

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 _____

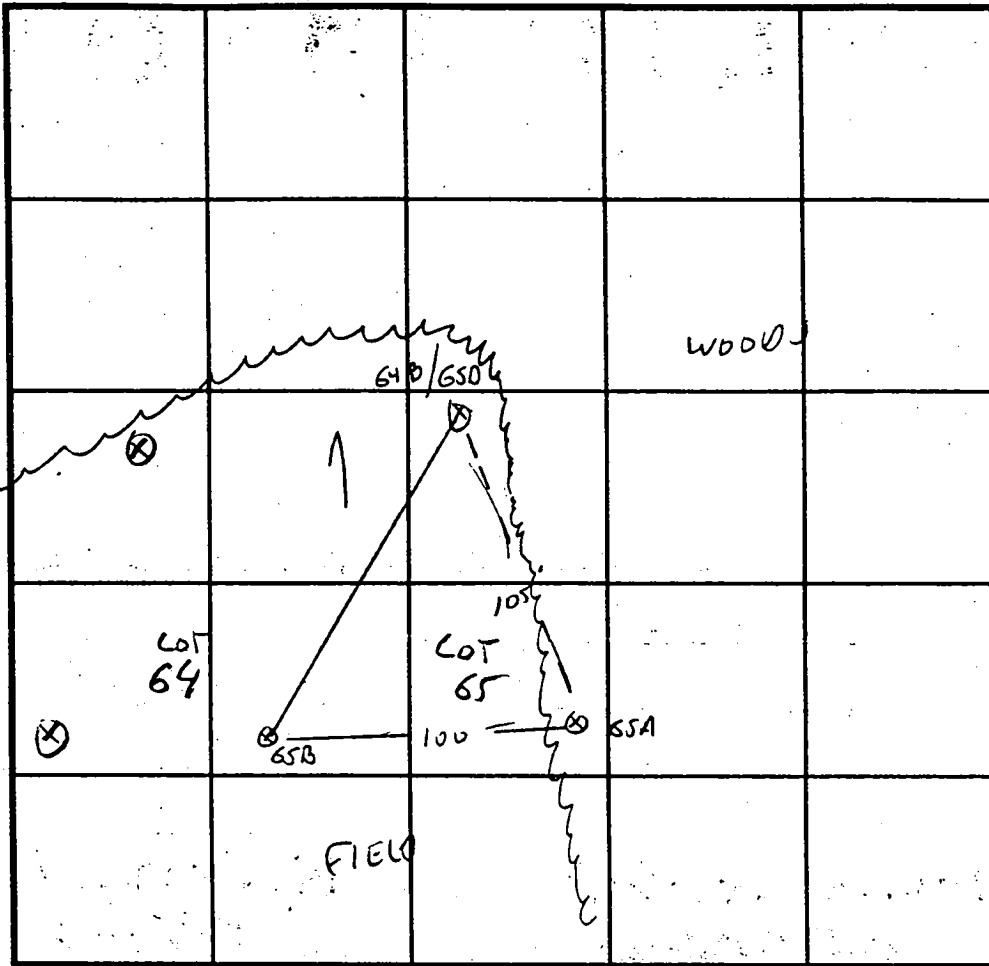
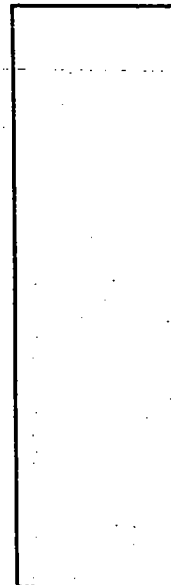
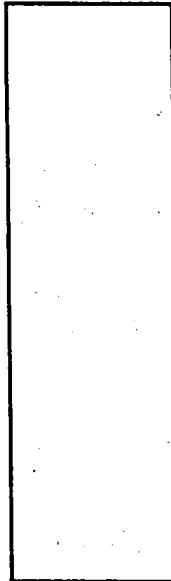
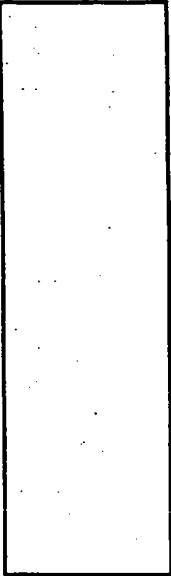
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A51517

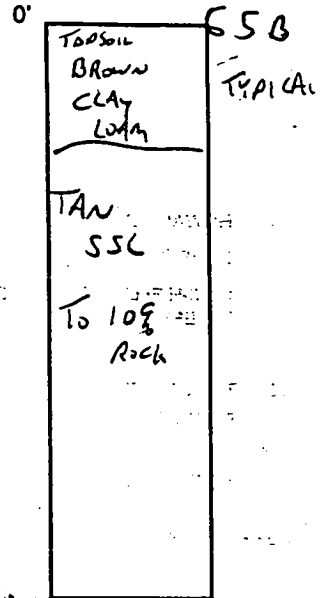
COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/96	65B	2.5 / 12V	SEE LOT 64 PROFILE				5MIN
	65A	4.8 / 11.5	3:07	3:11	3:11	3:23	11MIN
	65D/64B	2.5 / 125V	2:49	2:51	2:51	2:57	6MIN
		7.5	2:49	2:51	2:51	2:53	2MIN

REMARKS LOT 65 NOT PER PLAN SEE LOT 66 FOR EXTRA HOLE (11/19)
 TYPE OF SOIL #5 MIXED UP ON 2/25/97 PLAN LOT 32
 TESTED BY G. SAUSAGE ALSO PRESENT C. SHARP
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

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

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PROPERTY OWNER C. M. C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION: Big Branch Overlook Big Branch Drive

SUBDIVISION ~~C&D CONSTRUCTION ROAD~~ LOT NO. 32

ROAD AND DESCRIPTION HOWARD ROAD 3,000 ± FROM INTERSECTION OF
TRIADELPHIA 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)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

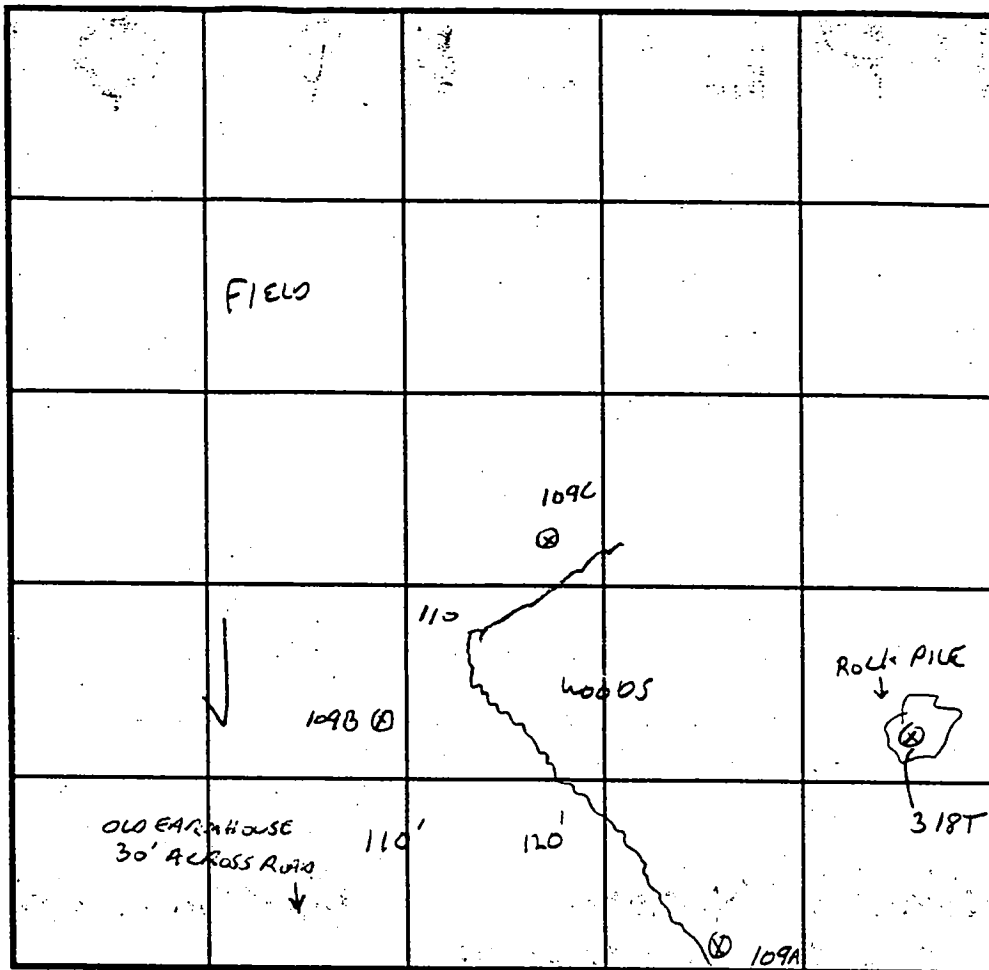
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

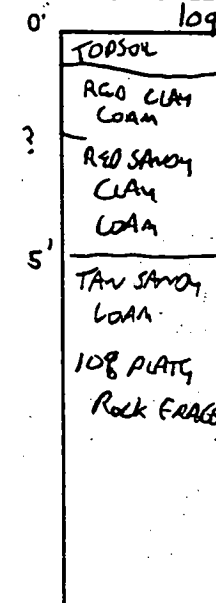
0'

105



SOIL PROFILE

109B, 0



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/7/97	109B	3' / 12V	9:43	9:49	9:49	10:04	15 MIN	
		7 VDK						
	109A	2.5 / 11.5 V	9:50	9:58	9:58	10:04	6 MIN	
		6.5	9:50	9:53	9:53	9:58	SAW	
	109A	11V						
	109C	2.5 / 11V	10:17	10:22	10:22	10:30	8 MIN	
3/8/97	318T	10 V	SIMILAR TO 109B, NO ROCK BELOW SURFACE					

REMARKS EXCAVATE ROCK PILE Lot 32

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



BENCHMARK
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench
 required 320 feet

Width of trench(es) 30 feet

Depth of trench(es) 5.0 feet

Depth of stone required below
 distribution pipe 1.5 feet

Ann M. Miller 10/14/00
 Signature Date

2000 SP 25

