

1/24/01
2/2/01
2/18/01 - Final pm
1/29/01
1:00
2/5/01 - AM
2/14/01
RPS# 431980

PERMIT

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

P. 5147492B
58587-A
A. 56564-K

ISSUE DATE 1/22/2001

APPROVAL DATE 2/8/01

INDEXED

Fogles 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 11 ADDRESS 14049 Big Branch Drive

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

SEPTIC TANK CAPACITY ~~1000~~ 1500 GALLONS Suite 230

PUMP CHAMBER CAPACITY N/A GALLONS *** WATERTIGHT TANK REQUIRED ***

NUMBER OF BEDROOMS 4 *** 2 COMPARTMENTED SEPTIC TANKS W/EFFLUENT FILTER REQUIRED ***

SQUARE FEET PER BEDROOM 240 AND MANHOLE ACCESS

LINEAR FEET OF TRENCH REQUIRED 320

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 the distribution box 75 feet from the right lot line and 65 feet from the front lot line. Run trenches on contour in both directions. 11/17/00 OK (BB)

BUILDING PERMIT SIGNED

AND RETURNED 10-9-02

B00138809-DECK

PLANS APPROVED Mark Rifkin, R.S. DATE 10/30/2000

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

PERMITEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514749-B

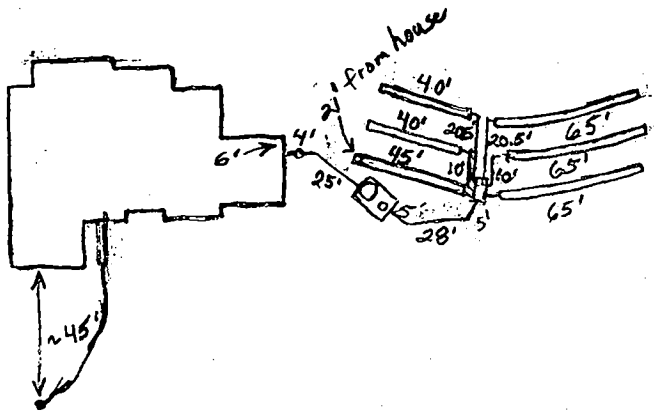
NOT TO SCALE

TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'-4'
 TRENCH BOTTOM DEPTH 5'-6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 6
 TOTAL TRENCH LENGTH 320'
 ABSORBENT AREA 960 sq. ft.
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 2-Compartment 1500 GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes
~~PUMP CHAMBER DATA N/A~~
 PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____



HO-94-1753

Big Branch Drive

1/24/01 LAYOUT CANCELLED - REVISED ESMT NOT PROPERLY STAKED (MK)
 PRE-CONSTRUCTION INSPECTION: 1/29/01 layout cancelled - DKC

1/31/01 OK to install top trenches 12" deeper than specified to make gravity. (BB)

INSPECTION COMMENTS: 1/31/01 Well casing was covered over when grading was done. Hogles dug up the casing to find there was no cap on it. Dirt has entered well in unknown quantities. (BB) 2/1/01 Casing extended.

Cap on casing. (BB) 2/2/01 No septic work performed. DKC

2/5/01 No work due to snow. (BB) 2/8/01 System satisfactory. OK to cover. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 2/8/01

BIG BRANCH DRIVE

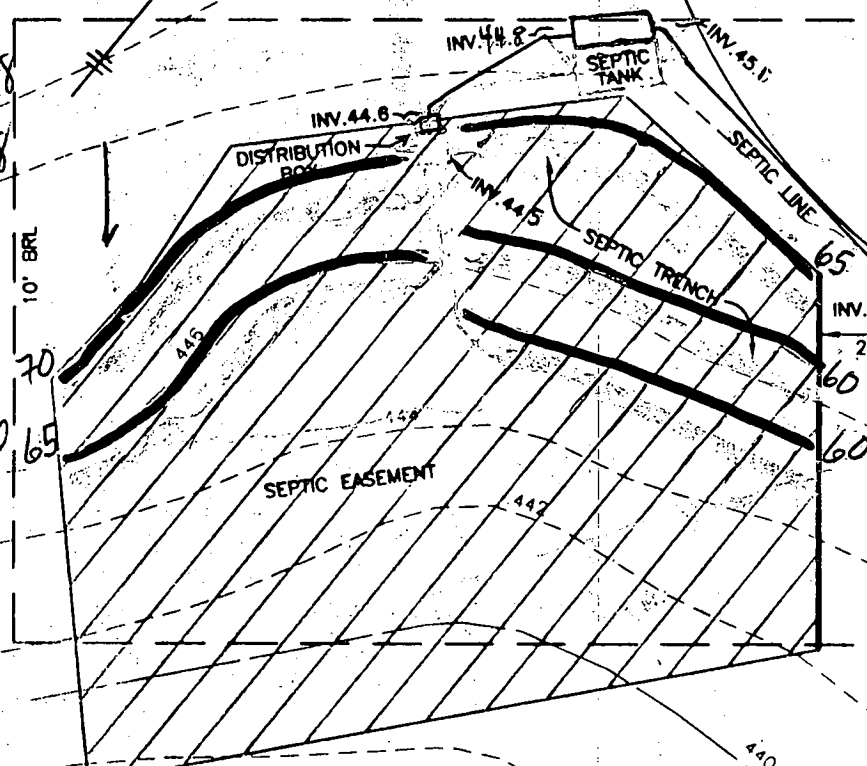
N51°06'22" E 251.78'

PLAN BY
BENCHMARK ENG.
1:30
LOT 11
44,767 s.f. OF 12/6/00
SEE
MODIFICATION



177.80'

N38°53'38" W



MONROE
FEDERAL FND.
FT = 556.59
BF = 547.80

Total linear feet of trench
required 320 feet

Width of trench(es) 3 feet
251.78'

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

Approved Septic Systems Plan
Howard County Health Department

Mark E. [Signature] 10/30/00
Date

NON-BUILDABLE
PRESERVATION PARCEL 'D'

N38°53'38" W

SEPTIC LINE

1142.9'

Building Address: 14049 Beg Branch Dr
Dayton 21036

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

Census Tract 60511 Subdivision W/BLANCH

Section _____ Area _____ Lot 11

Tax Map 87 Parcel 141 Grid 1112

Zoning R-10 Map Coordinates 9E13 Lot size _____

Property Owner's Name THE PEARSON DEVELOPMENT, LLC

Address 7154 COLUMBIA GATEWAY DR. SUITE 270

City COLUMBIA State MD Zip Code 21046

Home Phone _____ Work Phone 410-872-9105

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

Phone _____ Fax _____

Existing Use VALENTI LOT

Proposed Use SINGLE FAMILY HOME

Estimated Construction Cost \$ 300,000

Description of Work INDUSTRIAL 4 BR
3 1/2 BATH W/ SLOPES

Contractor Company TALL BROTHERS INC.

Contact Person KEEG SHARPE

Address 14303 HARWARD RD

City DAYTON State MD Zip Code 21036

License No. _____

Phone 413-535-9296 Fax 413-535-9297

Occupant or Tenant THE PEARSON DEVELOPMENT, LLC

Contact Name KEEG SHARPE

Address 7154 COLUMBIA GATEWAY DR. SUITE 270

City COLUMBIA State MD Zip Code 21046

Phone 410-872-9105 Fax 410-872-9141

Engineer or Architect Company PERKINS+WILL CONSULTING

Contact Person DOH WILSON

Address 8180 BOLT WOODRIDGE SUITE 418

City ELLICOTT CITY State MD Zip Code 21093

Phone 410-465-6105 Fax 410-465-6644

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>60'</u> Depth <u>5'8"</u> Width <u>5'8"</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>8'</u> <u>5'8"</u> <u>5'8"</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>60'4"</u> <u>5'8"</u> <u>5'8"</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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	

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 DECIDED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company PERKINS+WILL/TALL BROTHERS INC.

Print Name KEEG SHARPE

Date 10/30/00

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

AGENCY **DATE** **SIGNATURE APPROVAL**

Land Development DPZ _____

State Highways _____

Building Official _____

Dev. Engineering DPZ 10/30/00 [Signature]

Health _____

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 49376

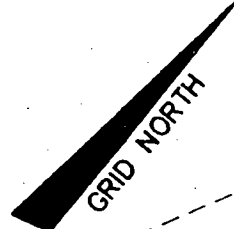
Filing fee	\$ 25
Permit fee	\$
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$
Balance due	\$
Check #	<u>311181</u>
Validation #	<u>3411</u>

Accepted by [Signature]

BIG BRANCH DRIVE

12/6/00 ATRIUM OK
~~REMOVED~~ TRENCH
LAYOUT REVIEW
REQ'D
(MR)

LOT 11
44,767 s.f.



AREA ADDED
≈ 2800

AREA
LOST ≈ 280



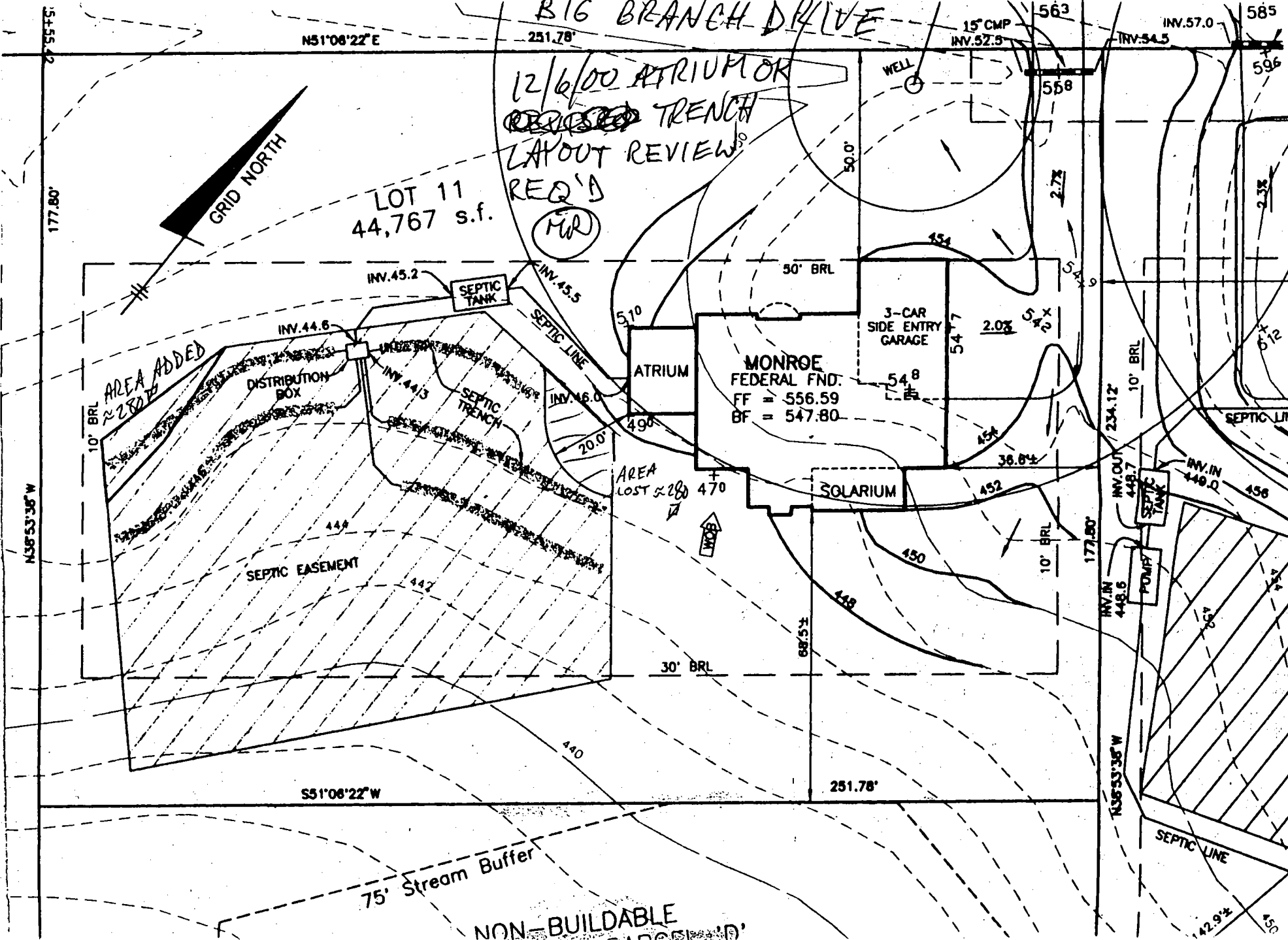
**MONROE
FEDERAL FND.**
FF = 556.59
BF = 547.80

3-CAR
SIDE ENTRY
GARAGE

ATRIUM

SOLARIUM

NON-BUILDABLE



C1 **4109** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 58567A**

DATE RECEIVED: MM 10 DD 16 YY 98 DATE WELL COMPLETED: MM 10 DD 16 YY 98
 DEPTH OF WELL: 185 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-94-1752

OWNER: HIGHLAND DEVELOPMENT CMC TOWN: ELMSTOWN CITY DAYTON
 STREET OR RFD: BIG BRANCH DRIVE SUBDIVISION: BIG BRANCH OVERLOOK SECTION: 1 LOT: 11

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	
Sand	0	42	
Gray Mica Rock	42	185	✓

*Dry wells backfilled
 440-40 drilling materials
 40-0 Cement
 440-40 drilling materials
 40-0 Cement*

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 17 NO. OF POUNDS 1598
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 46
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch: _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole: ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 51 ft.
 TYPE OF PUMP USED (for test): A air P piston T turbine C centrifugal R rotary O other (describe below) S submersible J jet

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: _____
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height) + above _____
 - below _____ (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 2
 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.: MSD024
 DRILLERS SIGNATURE: Joseph E. Mayne
 LIC. NO.: D

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

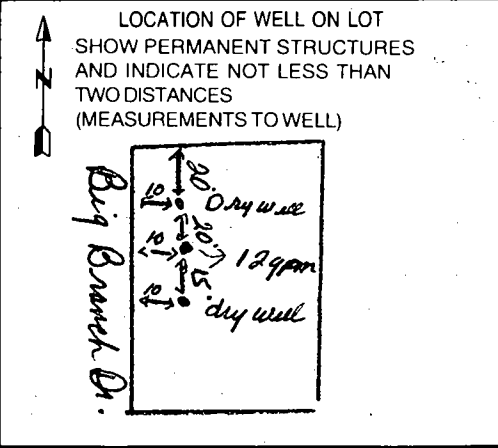
DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

Handwritten notes: 410, 45, 85, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200

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



B 1	6728	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER: HO 94 - 1753 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	--

OWNER INFORMATION

Date Received (APA) 8/31/98

8 MM DD YY 13

Highland Development CMC
15 Last Name Owner First Name 34

P.O. Box 228
36 Street or RFD 55

Clarksville Md. 21029
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard

8 COUNTY 21

Big Branch Overlook
23 SUBDIVISION 42

SECTION 1 LOT 11
44 46 48 50

Dayton
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Joseph L. Mayne MS D024
Driller's Name 76 License No. 81

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy 21771
Address

Joseph L. Mayne 8/30/98
Signature Date

WELL INFORMATION

B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

1 2

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 A 58567A
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 9 23 98 9 23 99
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 510 000 EAST GRID 790 000
50 55 57 63

TAX MAP 27 BLK 6 PARCEL 141

WELL INFORMATION

B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

1 2

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 58567A
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 9 23 98 9 23 99
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 510 000 EAST GRID 790 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790
N 510

10/16/98 @ 10:00 NO WSP.

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

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

Howard Rd.

Big Branch Di. + well

Dayton

N ↑

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

APPROX. PERMIT NUMBER _____ G A P _____

54 63

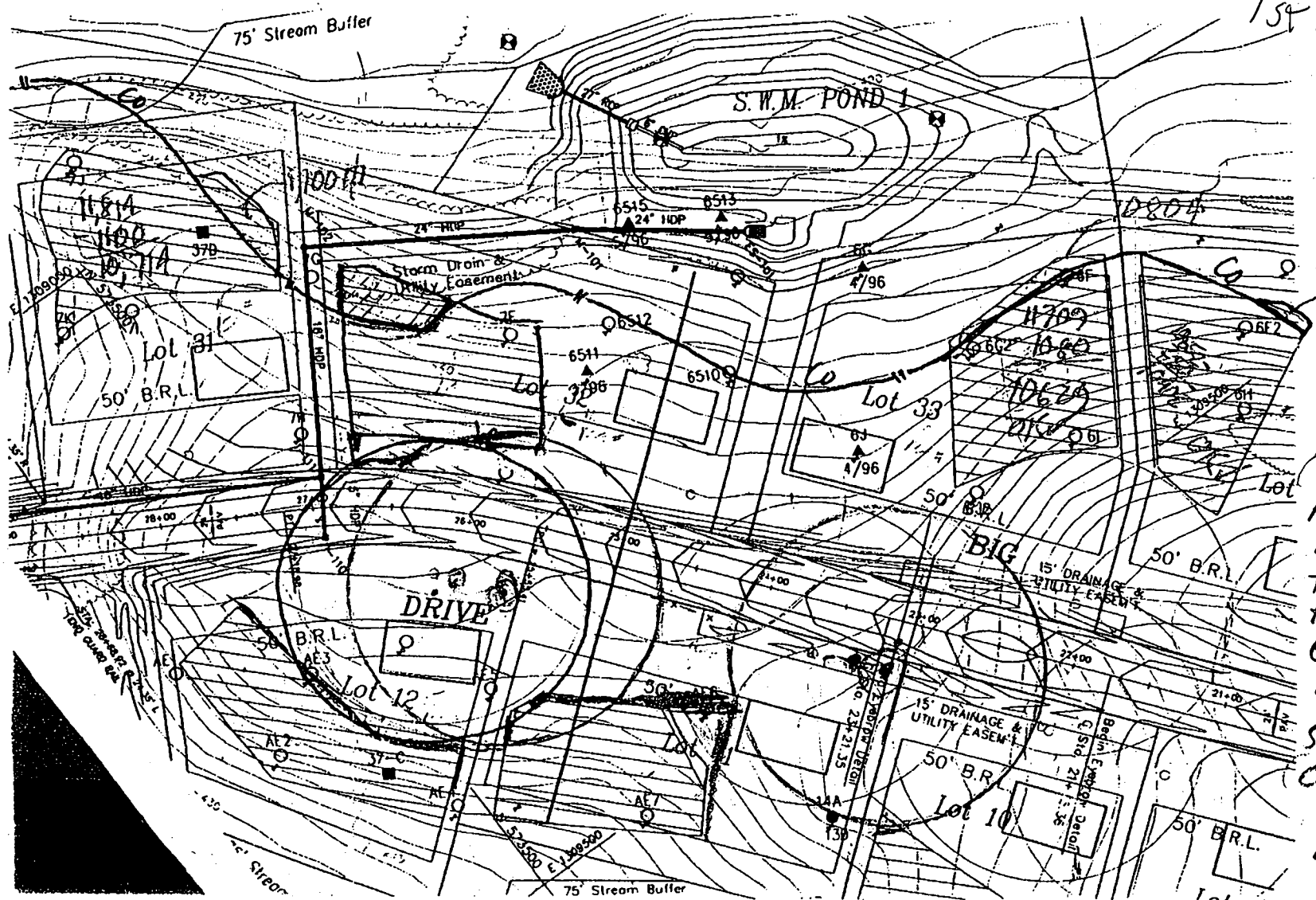
PERMIT NO. HO 94 - 1753
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

BIG BRANCH OVERLOOK

9/30
 OK GUNTO C. STARRA
 TO MOVE LOT 11 WELL
 SITE BY 50' IN
 1ST SIDE - DRY HOUSE



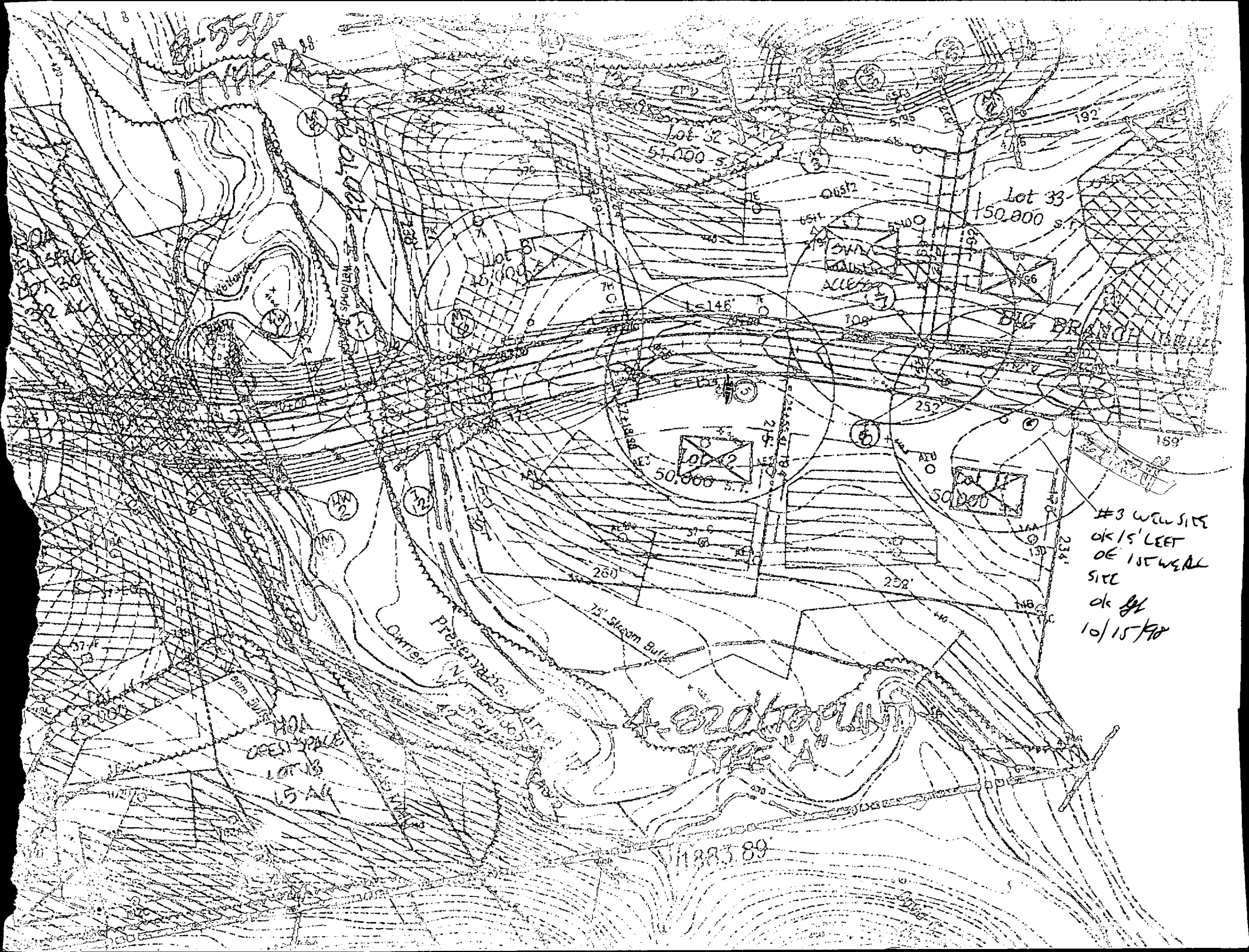
250# 9/30/98

LOT 11 WELL
 ADJ OF 50' OK
 (TO NORTH) WILL
 ALLOW WELL FOR LOT
 12 TO HAVE ± 50'
 TO NORTH IN ORDER
 TO CREE UP SEPTIC
 FOR LOT 12, WILL
 REQUIRE LOT 11
 SOA ADJUSTMENT
 (OK) LOT 32 SOA
 NOT READILY
 ADJUSTABLE

1" = 100'
 7/29/98 MWZ

LOT 12 REQUIRED 15
 MINIMUM WELL SIDE ADJ.
 TO UNENCUMBER SOA.
 IF SOA RESOLVED TO OK
 50' MINIMUM ADJ TO HAVE MINIMAL IMPACT
 TO SOA ON BOTH LOT 12, 32

move soft.



Lot 32
51,000 s.f.

Lot 33
50,000 s.f.

Lot 5
15,000 s.f.

Lot 2
50,000 s.f.

50,000

#3 WELL SITE
OK 15' LEET
OF 1ST WEAIR
SITE
OK 8/10/15/90

HOL
GREEN SPALD
LOT 13
15 AC

11883.89

200' DIAMETER

75' Stream Buffer

DUG BRANCH ROAD

OWN
WALKER
ACCESS

150'

118'

234'

159'

192'

252'

252'

260'

112'

112'

6

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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: Fooks Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylesville 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 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: Toll Brothers Telephone #: 445-535-7296
Subdivision: Indelphia Ridge Lot #: 11 Well Tag #: EO-94-1753
Site Address: 08 Branch Dr 14099

Submersible Pump Data
Make: Grundfos Model #: 75 B07 Pump Capacity 7 GPM Well Yield 12 GPM
Depth of well encountered at time of pump installation: 180 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: NO

Pitless Adapter
Make: Chamberl Model #: _____ Depth: 4' (36" min) NSF approved: yes

Well Cap and Electric Conduit
Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 1 1/2" B.G.: yes
Conduit secured to well cap: yes

Piping to house
Type: 1" Black Plastic PSI: 1160 (160 psi min) Depth of supply line: 4' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 7'
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: Allen Compton date: 2-23-01

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

Date Insp. Requested: 2/27/01 Date Insp. Approved: 2/27/01 MR/BB
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 tag attached properly and casing 6" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Curve Data Table

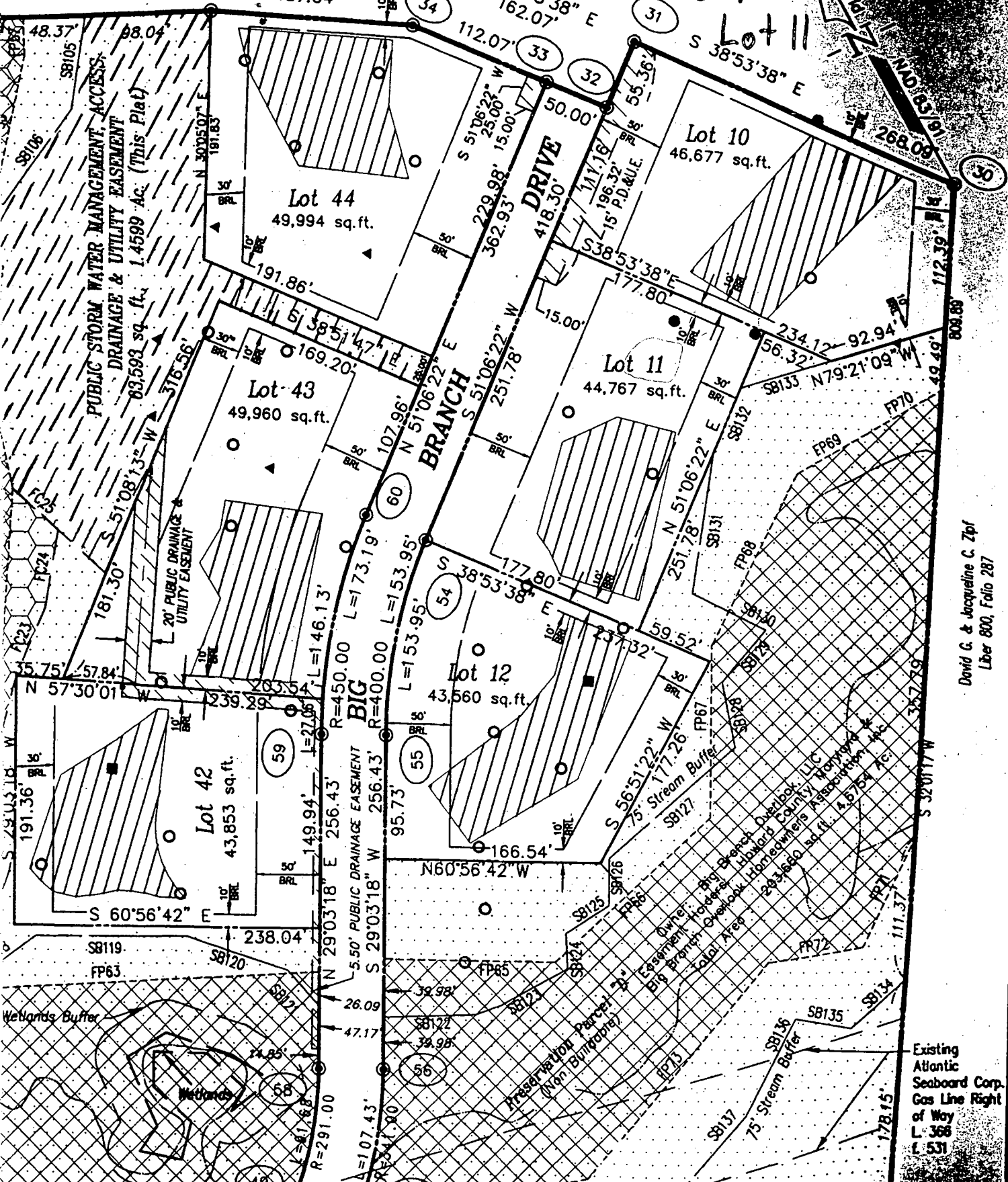
FROM	TO	RAD.	ARC.	DELTA	TAN	CHORD BRG.-DIST.
49	58	291.00'	91.68'	18°03'04"	46.22'	N 38°04'50" E - 91.30'
59	60	450.00'	173.19'	22°03'04"	87.68'	N 40°04'50" E - 172.12'
54	55	400.00'	153.95'	22°03'04"	77.94'	S 40°04'50" W - 153.00'
56	57	341.00'	107.43'	18°03'04"	54.17'	S 38°04'50" W - 106.99'

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

S 38°53'38" E 162.07' (34)

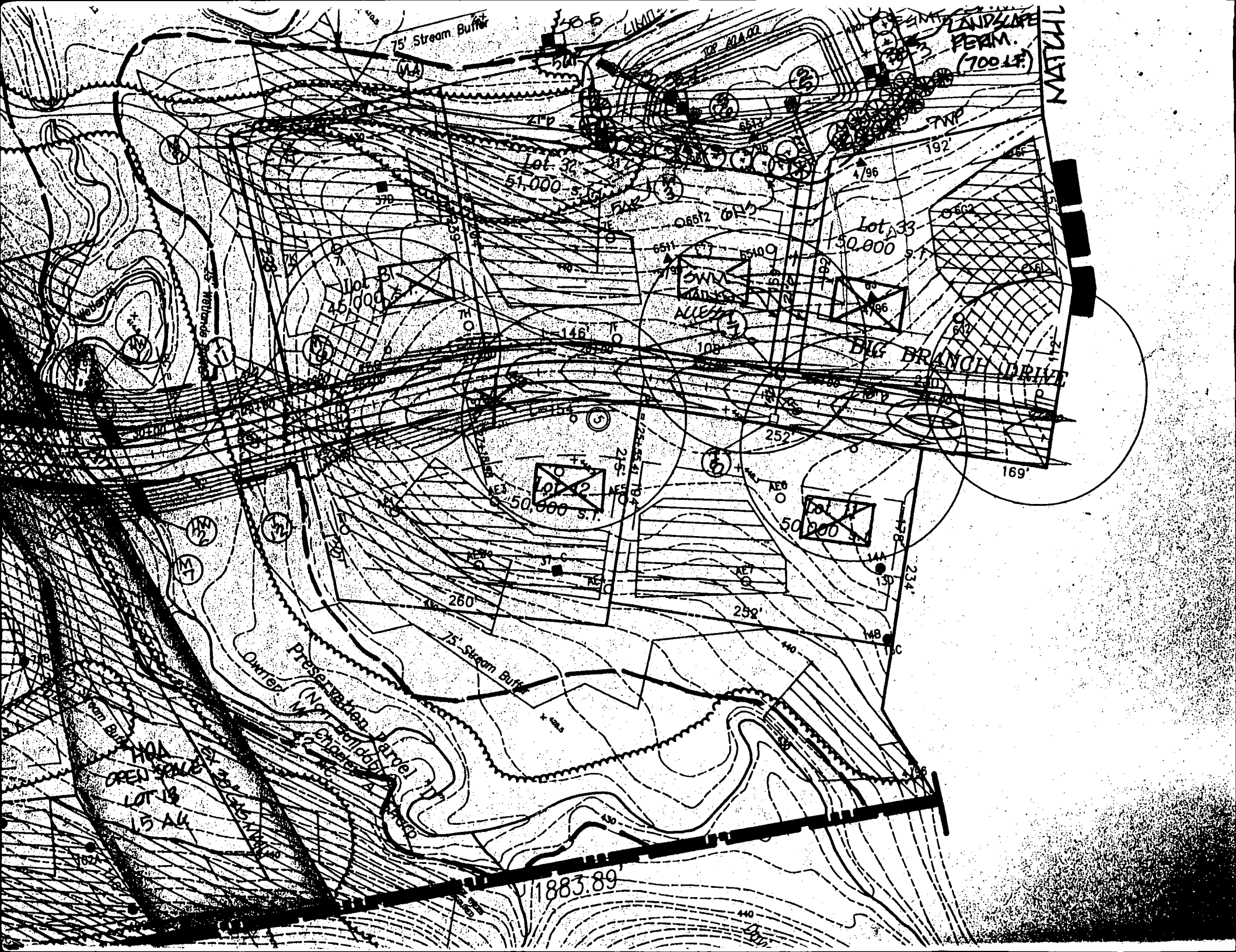
F-98-165

Lot 11



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

Existing Atlantic Seaboard Corp. Gas Line Right of Way L-368 L-531



APPLICATION

PERCOLATION TESTING

58567A

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 SHARO

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 11

ROAD AND DESCRIPTION BIG BRANCH DRIVE

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3AC TYPE BLDG. SFB
(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 _____

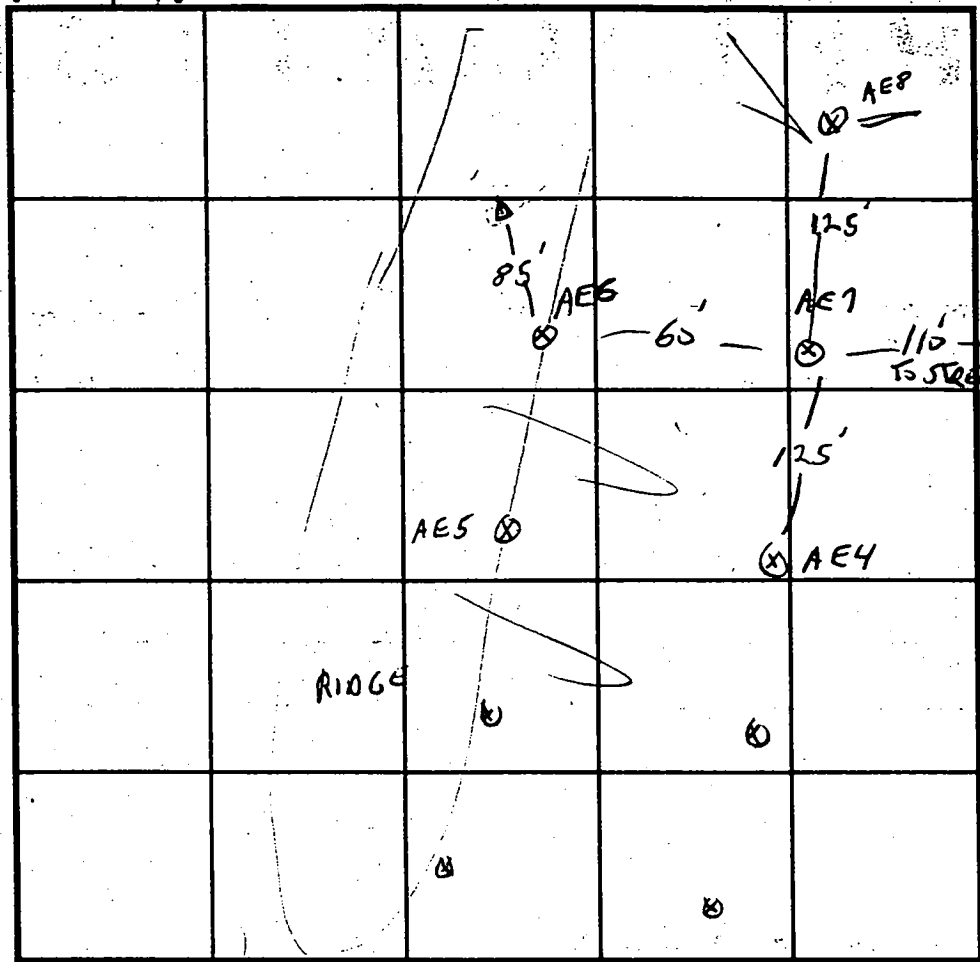
THIS IS NOT A PERMIT

56564A A ↑ N
 COUNTY #

SOIL PROFILE
 AEG AEG

Topsoil
 Brown
 Clay
 Loam
 TAN
 SANDY
 LOAM

AE9
 WHITE
 MOTTLES
 SOIL
 4'



AE9 AE7
 SOIL PROFILE
 73
 AE9
 Topsoil
 HEAVY BROWN
 SILT LOAM
 4'
 TAN
 SANDY
 LOAM
 MANY
 ORANGE
 +
 GREEN MOTTLES
 BELOW 9'
 WATER 12'

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	AE7	36" / 12	2:13	2:44	2:44	3:14	TEST STOPPED
	X AEG	36" / 12	2:12	2:24	2:24	2:44	20 MIN
	AE8	46" / 110"	2:53	TEST STOPPED			
	AE7	46"	3:07	3:23	3:23 ¹⁶	3:52	29 MIN
	AE8	47"	3:13	3:14	3:14	3:16	2 MIN
	X AE9						

REMARKS LOT 11 WATER
 TYPE OF SOIL _____
 TESTED BY G. SAVAGE ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

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 C.M.C. CONSTRUCTION INC

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHUCK SHARO

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. (11)

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^H LTM
COUNTY #

STREAM

SOIL PROFILE
T1+T2
CHANGE
CLAY
GREY
SANDY
LOAM

WATER 10'4"

AE2
TOP SOIL
BROWN
CLAY
LOAM
2-3

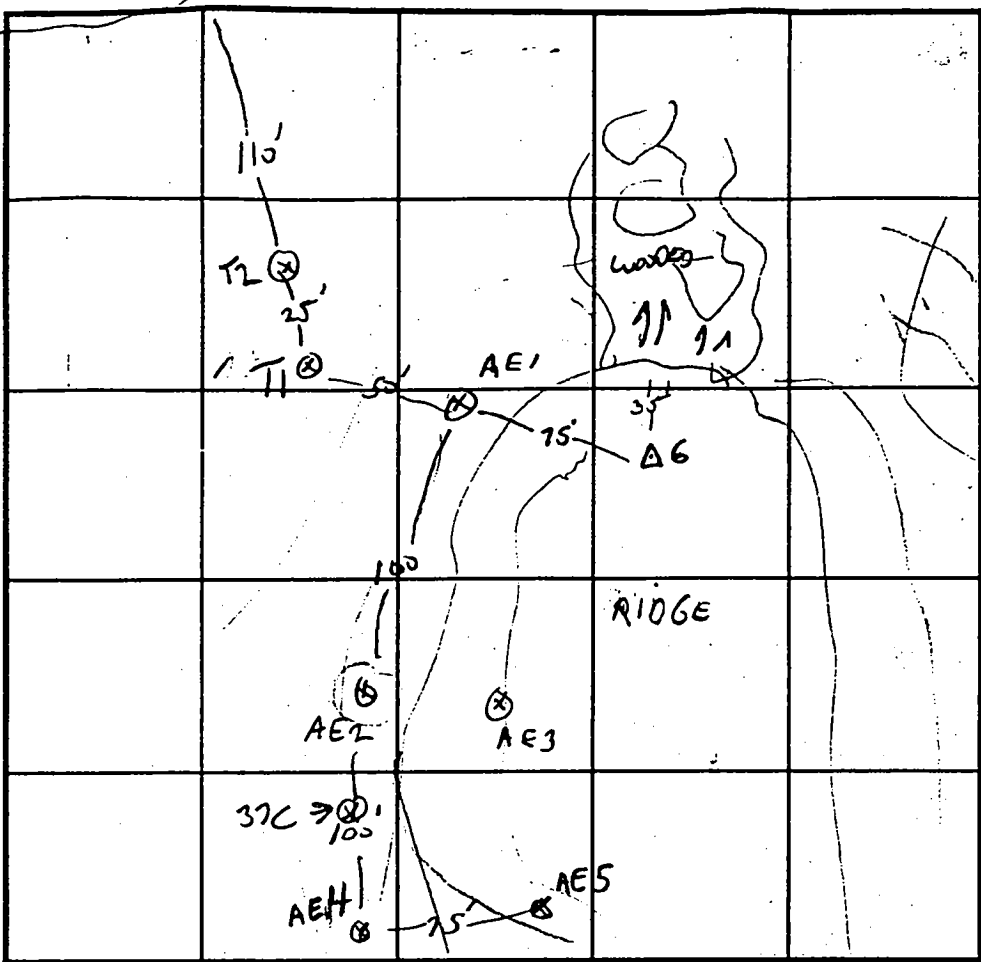
TAN
SANDY
LOAM
GREY
SANDY
LOAM
OR 4'-6"

WATER

AE4

GREY
SANDY
MICA
LOAM

WATER



SOIL PROFILE
AE1
AE3
AES
ORANGE
CLAY
TAN
SANDY
LOAM
DRY
12' HARD

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	AE1	3 1/2" / 12'	1:30	1:34	1:34	1:42	8 min
	AE2	3 1/2" / 12'	1:31	1:35	1:35	1:46	11 min
	X T1+2	FAIL - WATER AT 10'4"					
	AE3	4 / 12	VISUAL	-OK			
	AE4	3 1/2" / 11 1/2"	1:58	2:00	2:00	2:06	6 min
USE	AE5	3 1/2" / 11'	VISUAL OK TO 7'				
USE	AE6						
3/7/97	37C	11W WATER 11' CAUSING 9.5'					
5/1/97	REOPENED 37C	9.5' WATER					

REMARKS LOT 8-11 WATER

TYPE OF SOIL _____

TESTED BY G SAUSAGE ALSO PRESENT CHUCK STAPPA

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 MIN TRENCH WIDTH 3

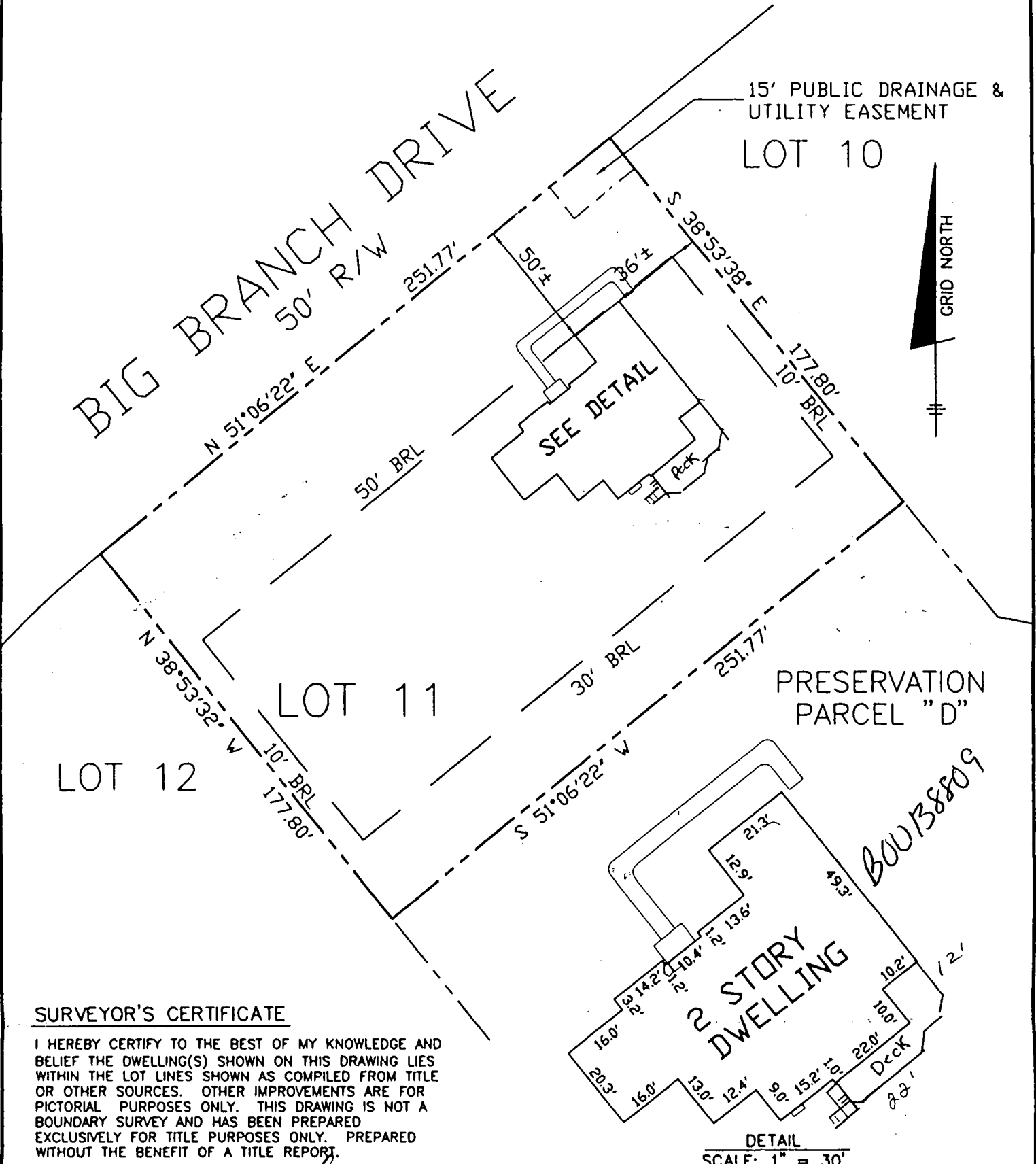
INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 210

X

11-11-01

NOTE:

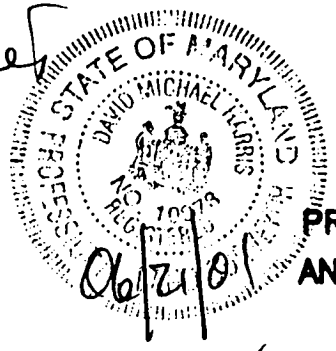
1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.



SURVEYOR'S CERTIFICATE

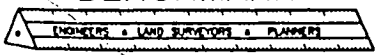
I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE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

David M. Morris
 REG. No. 10978



RECORD PLAT No. 13845
 FEMA FIRM No. 240044 0025 B
 ZONE: C
 DATED: 12/4/86

BENCHMARK



ENGINEERING, INC.

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

**LOCATION DRAWING
 BIG BRANCH OVERLOOK**

**LOTS 1 THROUGH 49
 PRESERVATION PARCEL A THROUGH G
 AND NON-BUILDABLE BULK PARCEL H**

LOT No. 11

14049 BIG BRANCH DRIVE

**5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND**

SCALE: 1" = 50' DATE: 6/08/01

51474913