

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Big Branch Overlook LLC** Owner First Name 34
 36 **7164 Columbia Gateway Dr.** Street or RFD 55
 57 **Columbia MD 21046** Town 70 State 72 Zip 76

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

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

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

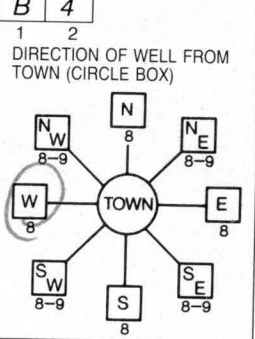
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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 54 _____ G A P 63
 PERMIT No. **Ho-94-2664**
 70 71 72 73 74 75 76 77 78 79

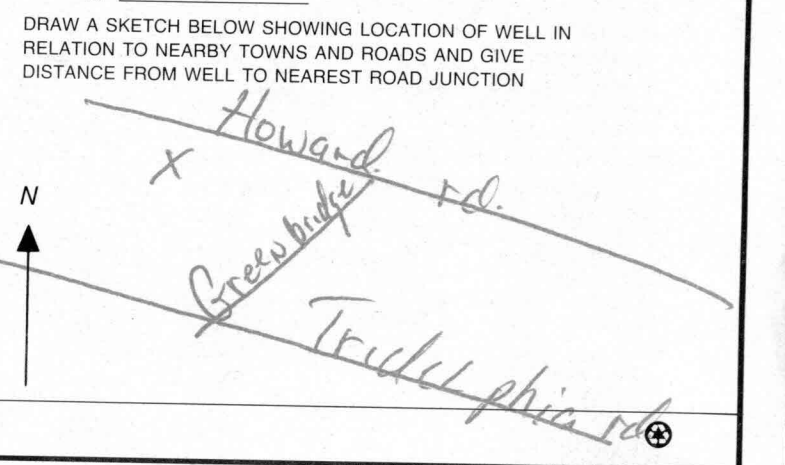
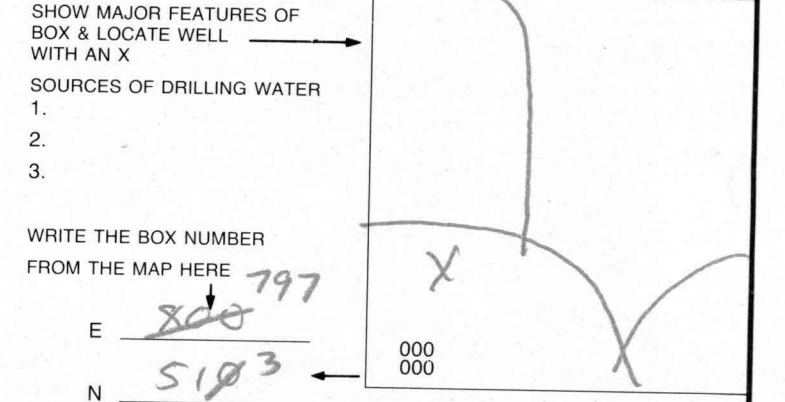
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 **LOCATION OF WELL**
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Big Branch Overlook 14048** 42
 SECTION **44** LOT **44**
 44 46 48 50
 52 NEAREST TOWN **Dayton** 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78



Big Branch Dr.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 **30** 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **050200** **Com Widia** **5/1/00** 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **513** 0 0 0 EAST GRID **0797** 0 0 0
 50 55 57 63



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 - 2672
 Location of property (road) Big Branch Drive
 Subdivision Big Branch Overlook Lot 43 Block _____ Plat _____ Sec. _____
 Well Driller Compton/Fogle Owner Big Branch Overlook LLC

Depth of well 300'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 8
 Total time 75 min. to reach pumping water level 220 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	25	35		
9:45	85	35		8.5
10:00	133	35		8.5
10:15	165	45		8.5
10:30	190	53		6.6
10:45	220	192 38 sec.		5.6
11:00	220	38 sec.		1.5
11:15	220	38		1.5
11:30	220	38		1.5
11:45	220	38		1.5
12:00	220	38		1.5
12:15	220	38		1.5
12:30	220	38		1.5
12:45	220	38		1.5
1:00	220	38		1.5
1:15	220	38		1.5
1:30	220	38		1.5
1:45	220	38		1.5
2:00	220	38		1.5
2:15	220	38		1.5
2:30	220	38		1.5
2:45	220	38		1.5
3:00	220	38		1.5
3:15	220	38		1.5
				1.5

**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 Odrecht 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: 14048 Big Branch Dr Lot #: 44 Well Tag #: HO-94-2672
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket</u>	Make: <u>Lambell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25F2118G16</u>	Model#: <u>n/a</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>302</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42'</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: 11/20/01

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

Date Insp. Requested: _____ Date Insp. Approved: 11/14/01 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

S.W.M. POND I

2008-11-13 AM 12:04

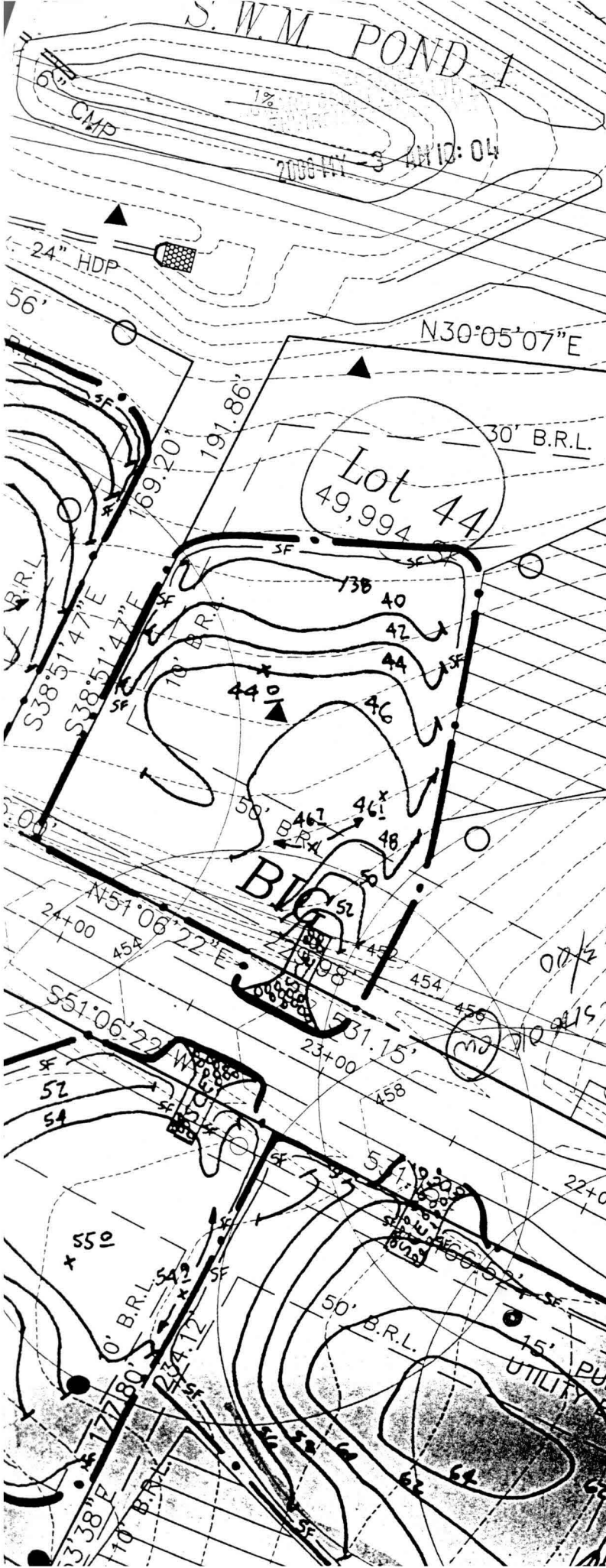
15'48" W
188.56'

N30°05'07"E 191.83'

N42°01'15"E 167'

Lot 44
49,994 SF

Lot 45
50,000 SF



07/22/15
15779M

15' PUBLIC DRAINAGE & UTILITY EASEMENT

15' PUBLIC DRAINAGE & UTILITY EASEMENT

24" PAV

