

LAYOUT 6/4/02 3=00 INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 5/6/2002

P 516965

APPROVAL DATE: 6/5/02

A 50857-H

**PERMIT**

**INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

05-433010

*Ron*

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: High Forest Estates LOT NUMBER: 36

ADDRESS: 15224 Open Land Court PROPERTY OWNER: Big Branch Overlook, LLC

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	As seen from the driveway entrance, start the first trench 130' from the front lot line and 80' from the right lot line. Run (3) trenches on contour toward right lot line.
NOTES:	

PLANS APPROVED: MER OK 3/18/02 (SD) DATE: 3/6/02

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES, AND THE TERMS OF THIS 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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED AND RETURNED**

2-11-04 800146168-DECK

A50857-H

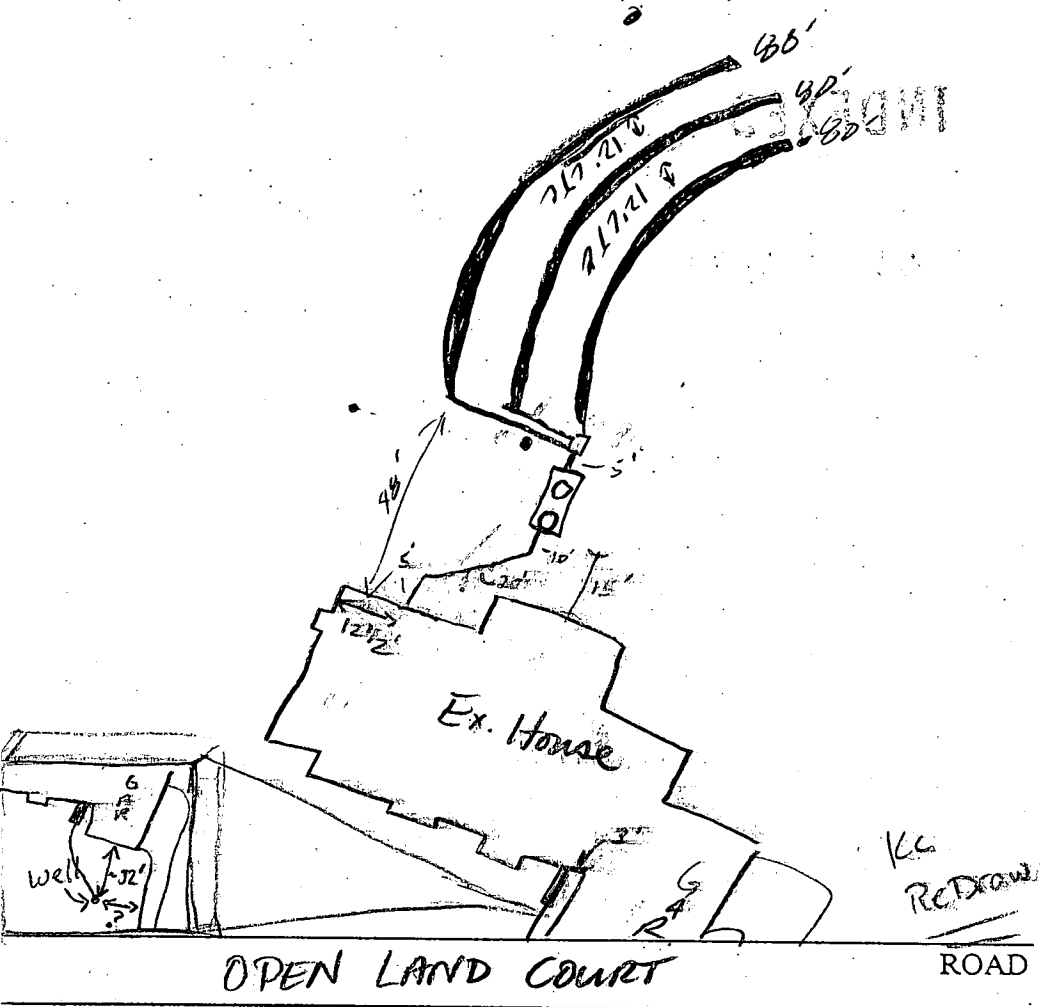
NOT TO SCALE

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3'	5'-5"	3'-3"
NUMBER OF TRENCHES		3'
TOTAL LENGTH		240'
ABSORPTION AREA		720 $\phi$
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

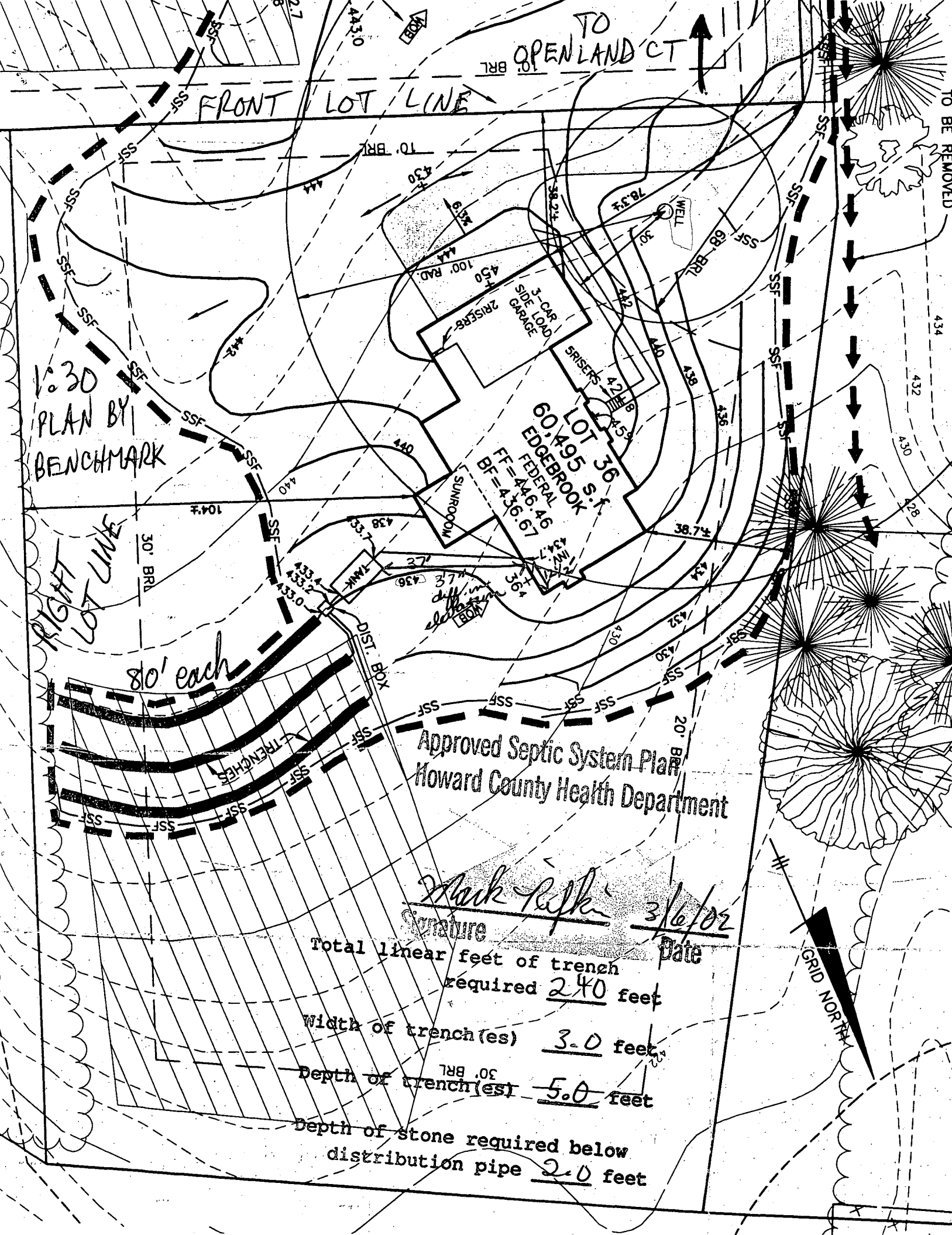
**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3-4'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	yes
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	M/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>



5/22/02  
 PRE-CONSTRUCTION Gravity service a concern. House connection under the footer. Elevation difference between S.T. and footer = 3'7". To ensure fall to the S.T. the top trench will have a bottom @ 6' with the other two trenches per plan. OK TO START (KN)  
 INSTALLATION STAKED & correct top (KN)  
 6/4/02 No one here. OK to cover. left stakes on back her to call office because we need some measurements (SO) 6/5/02 Met w/Bon at another lot, got measurements. Signed permit. (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 6/5/02



FRONT LOT LINE

TO OPENLAND CT

1:30 PLAN BY BENCHMARK

RIGHT LOT LINE

60,495 S.F. LOT 36  
 FEDERAL EDGEBROOK  
 FF = 446.46  
 BF = 436.67

Approved Septic System Plan  
 Howard County Health Department

*Mark Ruffin* 3/6/02  
 Signature Date

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet



Building Address 15224 OPEN LAND COURT  
DATTON, MD 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 19817

Census Tract 00510 Subdivision HIGH FOREST ESTATES

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 36

Tax Map 27 Parcel 147 Grid 61

Zoning RC100 Map Coordinates 1302 Lot size 60,495

Property Owner's Name BIG BRANCH OVERLOOK LLC

Address 7164 COLUMBIA GATEWAY DR. SUITE 230

City COLUMBIA State MD Zip Code 21046

Home Phone N/A Work Phone 410-872-9105

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT

Proposed Use RESIDENTIAL HOME

Estimated Construction Cost \$ 200,000

Description of Work EDGE BROOK 4 BR, 3 1/2 BATH  
OPT. 020 FINISHED ROOM, OPT. 021 BONUS ROOM, OPT. 026  
PALM BEACH SUNROOM, OPT. 155 WALK OUT BAY

Contractor Company BIG BRANCH OVERLOOK, LLC

Contact Person GREG SHAPARD

Address 7164 COLUMBIA GATEWAY DR. SUITE 230

City COLUMBIA State MD Zip Code 21046

License No. 663

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

Occupant or Tenant BIG BRANCH OVERLOOK LLC

Contact Name GREG SHAPARD

Address 7164 COLUMBIA GATEWAY DR. SUITE 230

City COLUMBIA State MD Zip Code 21046

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

Engineer or Architect Company BENCHMARK ENGIN.

Contact Person DAVE THOMPSON

Address 8480 BALT. NAT'L PIKE SUITE 418

City ELLICOTT CITY State MD Zip Code 21043

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>4' 1/2"</u> Depth <u>75' 8 1/2"</u> Width <u>75' 8 1/2"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>36' 2"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>70' 8 1/2"</u> <u>75' 8 1/2"</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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"/> NFA #13D _____ NFA #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: _____	
State Certified Modular _____ 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 THEREIN; (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.

G. M. Tol  
 Applicant's Signature  
PROJECT REVIEW / TOLL BROTHERS  
 Title/Company

GREG SHAPARD  
 Print Name  
1/9/02  
 Date

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

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>53211</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee: \$ <u>180</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee: \$ _____
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax: \$ _____
Health	<u>3/10/02</u>	<u>Mark Riffe</u>	Lot Coverage for New Town Zone _____	Add'l per fee: \$ _____
Fire Protection			SDP/Red-line approval date: _____	TOTAL FEES: \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due: \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # <u>87505</u>
				Validation # <u>39854</u>
				Accepted by <u>DS</u>

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

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: Fogle's Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sykes 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: High Forest Telephone #:  
Subdivision: High Forest Lot # 8536 Well Tag #: HO 94-1982  
Site Address: 15224 Open Land Ct

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: Goulds Brunser      Make: Campbell      Two piece watertight cap: YES  
Model #: LES BOS      Model#:      Screened, vented well cap: YES  
Pump Capacity: 6 GPM      Depth: 42" (36" min)      Cap secured to casing: YES  
Well Yield: 10 GPM      NSF/WSC approved: YES      Conduit min 1 1/2" B.G.: YES  
Depth of well encountered at time of pump installation: 200 (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 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 N/A

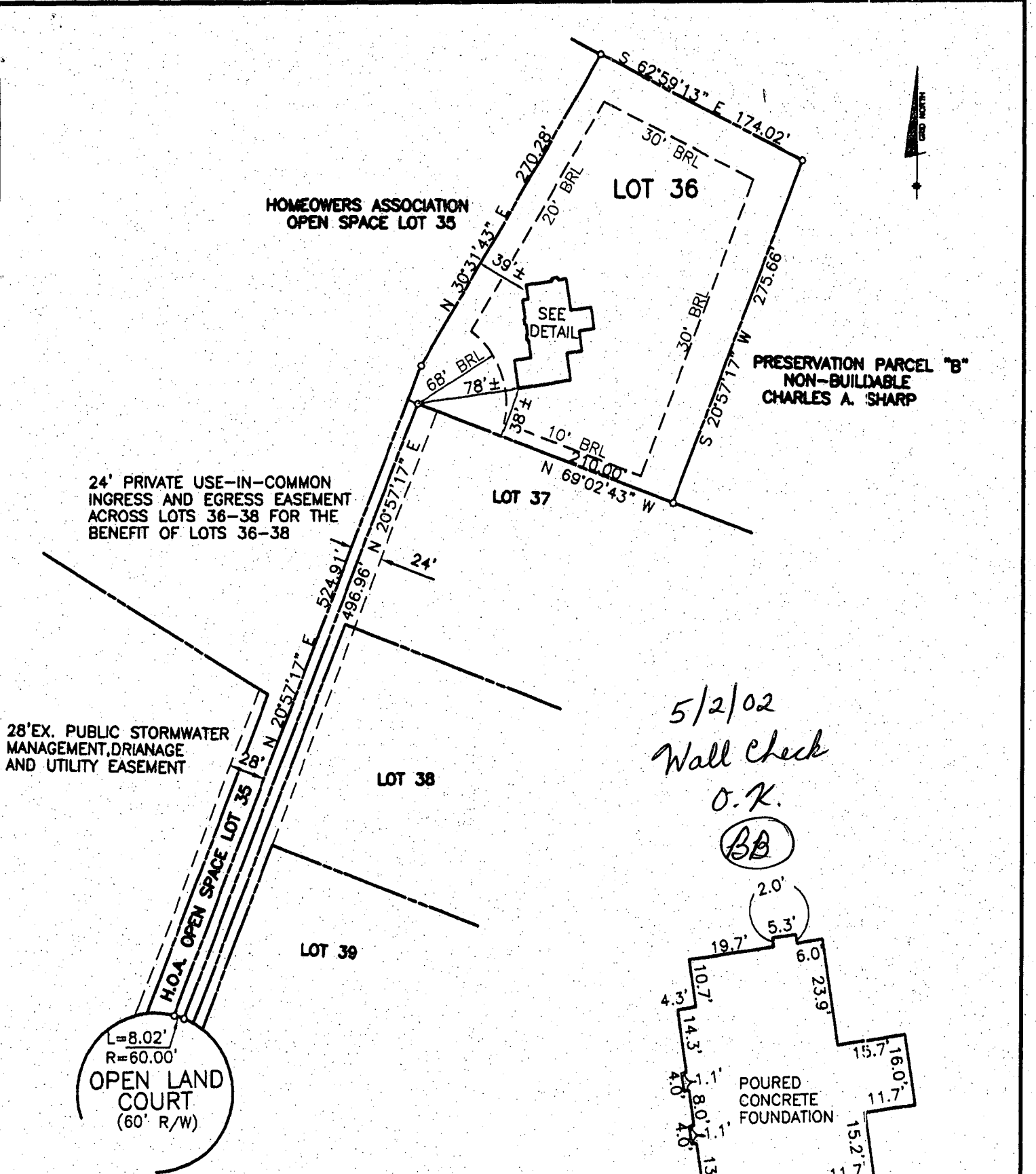
Piping to house      House Connection  
Type: 1" Black Plastic      PVC sleeve to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)      Approximate length of sleeve: YES  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: YES

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.

Paul Compton      8/19/02  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 7/31/02 Date Insp. Approved: 7/31/02 Inspector: SO BB  
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



**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/18/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "HIGH FOREST ESTATES LOTS 1 THRU 50", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.13962

*David M. Harris*  
 DAVID M. HARRIS  
 REGISTERED PROFESSIONAL LAND SURVEYOR  
 MD REG. No. 10978  
 FOR BENCHMARK ENGINEERING, INC.  
 MD REG. No. 351  
 RECORD PLAT No. 13962  
 FEMA FIRM No. 240044 0025 B  
 ZONE: C  
 DATED: 12/04/86

**BENCHMARK ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE A SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 phone: 410-465-5100 A fax: 410-465-5644  
 email: Benchmark@bce.com



FIRST FLOOR ELEVATION = 447.0  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

**WALL CHECK**  
**HIGH FOREST ESTATES**  
**LOTS 1 THRU 50**  
**LOT No. 36**  
 15224 OPEN LAND COURT  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' DATE: 04/18/02

C1 9344

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-1982

OWNER HIGHLAND DEV. CO. last name OGDEN LAND CT. first name TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION 2 LOT 48 36

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Sand, Gray Mica Rock), FEET (FROM, TO), check if water bearing

ROUTING RECORD yes (Y) no (N) WELL HAS BEEN GROUTED (Circled Y) TYPE OF GROUTING MATERIAL (Circled CM) BENTONITE CLAY (Circled BC) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.

CASING RECORD casing types insert appropriate code below (Circled ST) STEEL (Circled CO) CONCRETE (Circled PL) PLASTIC (Circled OT) OTHER MAIN CASING TYPE (Circled ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (N) (Circled N)

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 (Must match signature on application)

LIC. NO. D

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

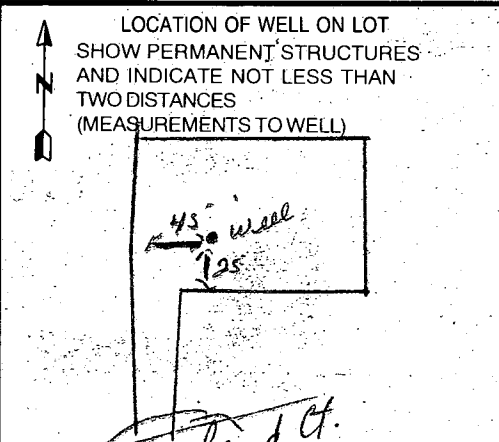
DEPTH (nearest ft.) 39 200 E A C H S R E N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10-15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 67 ft. TYPE OF PUMP USED (for test) (Circled S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) (Circled 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (Circled +) (Circled -) below LAND SURFACE (nearest foot) 1



B 1 0383

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho 94-1982 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Highland Development cmo P.O. Box 228 Clarksville Md. 21029

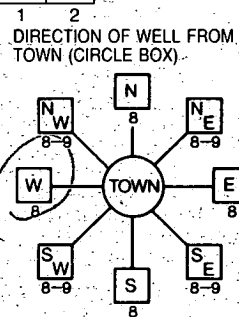
LOCATION OF WELL

Howard Big Branch Overlook Dayton 3 Miles from town

DRILLER INFORMATION

Joseph L. Maure MS D 024 Joseph L. Maure Well Drilling 5512 Ridge Rd. Md. City 21111

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Land Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 525 FT DISTANCE FROM ROAD

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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 11 20 98 EXP. DATE 11 20 99

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

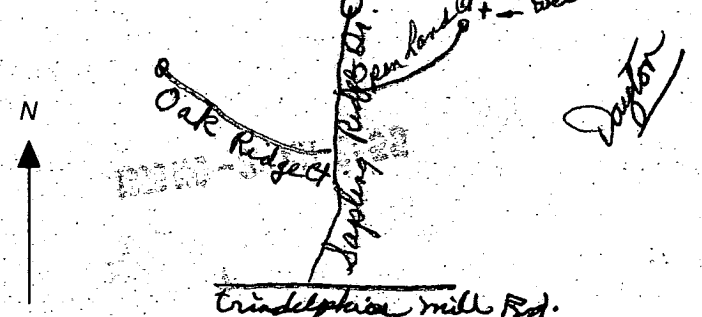
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 510

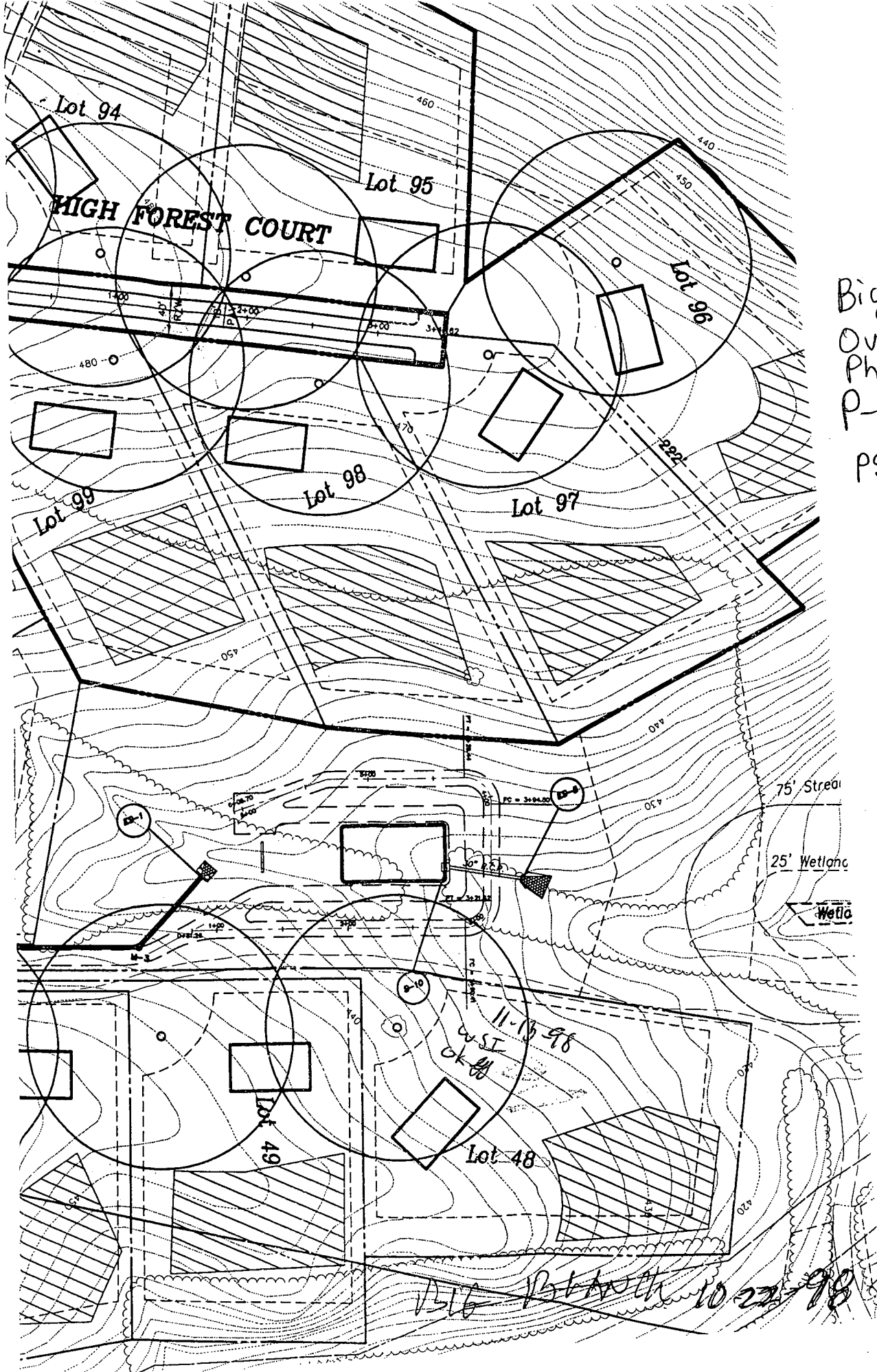
12/31/98 9:30 NO W.P.

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) APPROP. PERMIT NUMBER GAP PERMIT No. Ho 94-1982

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



Big Branch  
 Overlook  
 Phase I -  
 P-98-14  
 pg. 4

11-13-98  
 CSI  
 OK #1

156 - 10-22-98

# APPLICATION

PERCOLATION TESTING

A 57577

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

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:

UBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 60

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

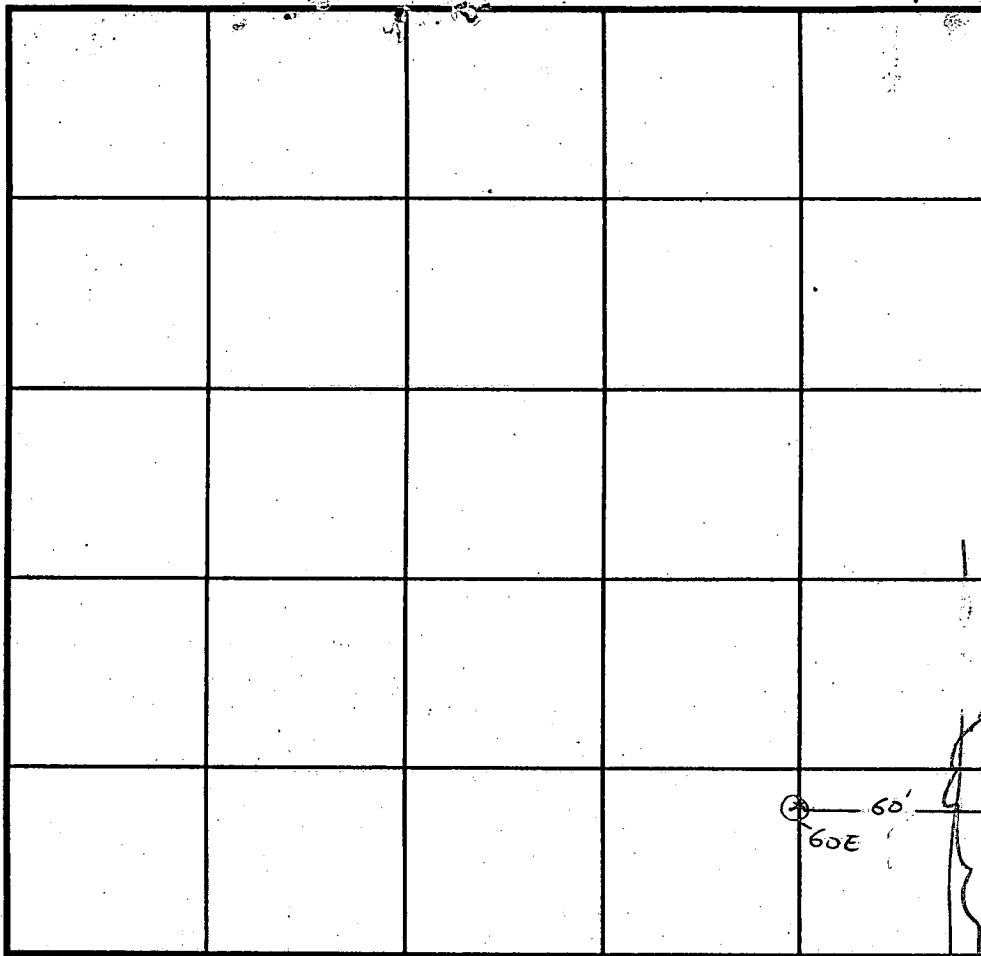
A57577  
COUNTY #

SOIL PROFILE

0'

60A  
570  
1-2'  
4-5'

TOP SOIL  
BROWN  
SANDY  
CLAY  
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

TOP SOIL  
BROWN  
YELLOW  
SHAW  
CL

---

Brown  
S.S.L.

60E  
61E  
2'  
11.5'

WOODS  
DRAINAGE  
SWALE  
60A/570

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/19/96	60E	2.5/11.5V	11:41	11:43	11:43	11:46	3AW
	60A/570	3/11V	12:25	12:26	12:26	12:29	3AW
		7	12:27	12:38	12:38	12:50	12AW
	61E	1.5/10.5	11:24	11:25	11:25	11:29	✓

REMARKS SEE LOT 62, 60A WET SEASON TEST

TYPE OF SOIL \_\_\_\_\_

TESTED BY G. SAVAGE ALSO PRESENT L. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

X

# APPLICATION

PERCOLATION TESTING

A 57577

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

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:

BDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 62

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. X 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 \_\_\_\_\_

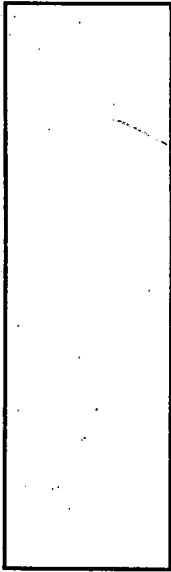
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A5757

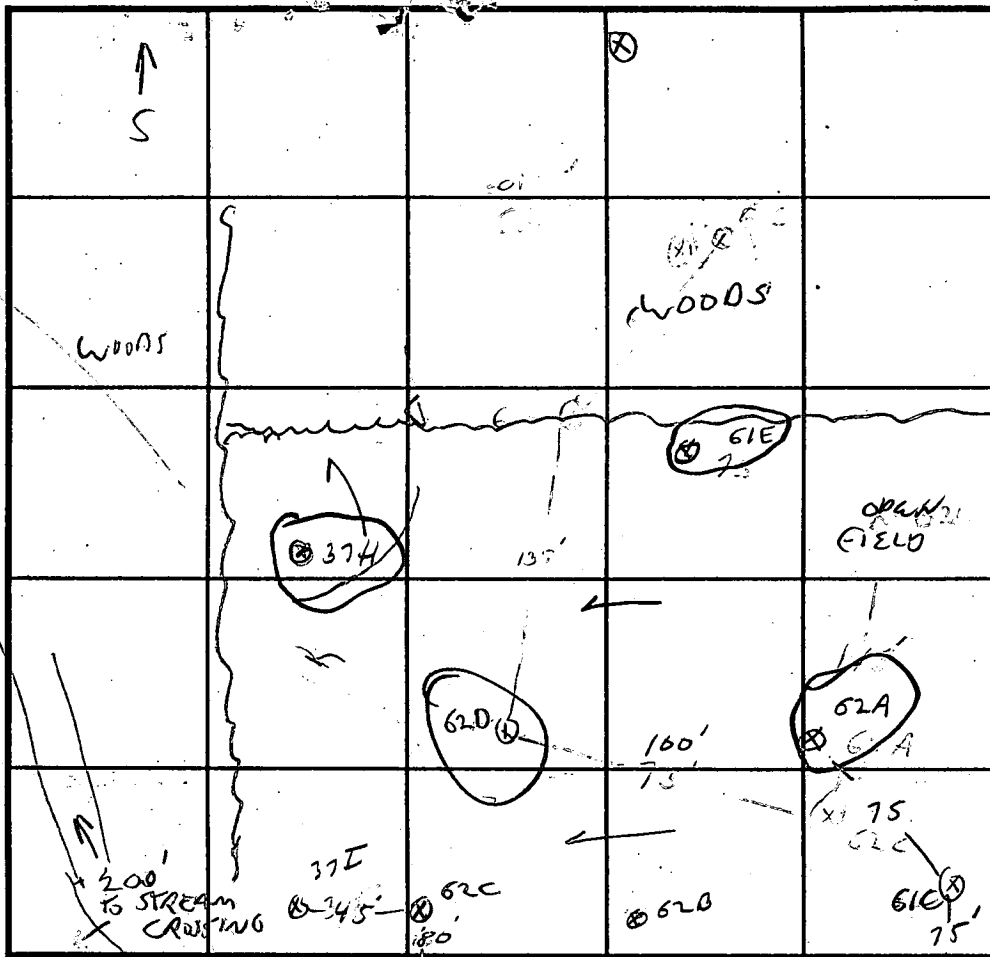
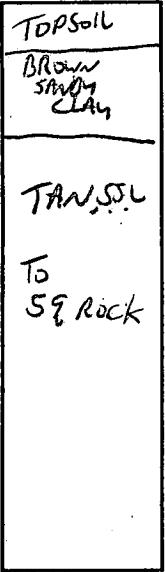
COUNTY #

SOIL PROFILE



SOIL PROFILE

TYPICAL



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

37H

TOPSOIL  
GREENISH  
Brown  
SANDY  
LOAM

15' 8"  
Rock  
FRAG

HARD

10'  
37I

6"  
TOPSOIL  
VERY DARK  
Brown  
LOAMY  
TAN SILTCLAY

2'  
BROWN  
SANDY  
MICA  
LOAM

DRY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-19-96	62C	6.5/11.5	10:59	11:00	11:00	11:03	3MIN
		2.5	10:57	10:58	10:58	11:00	2MIN
	62D	3.5/11	11:03	11:09	11:04	11:06	2MIN ✓
		3.5 8U	ok				
	62B	3.5/10.5	11:07	11:08	11:08	11:11	3MIN
		8 U ok					
	62A	2.5/11.5	11:12	11:13	11:15	11:17	2MIN ✓
		8 U ok					
	37H	2/10	11:17	11:19	11:19	11:22	3MIN ✓
	37I	/11					

REMARKS COT 62 62C IS 80' FROM STREAM

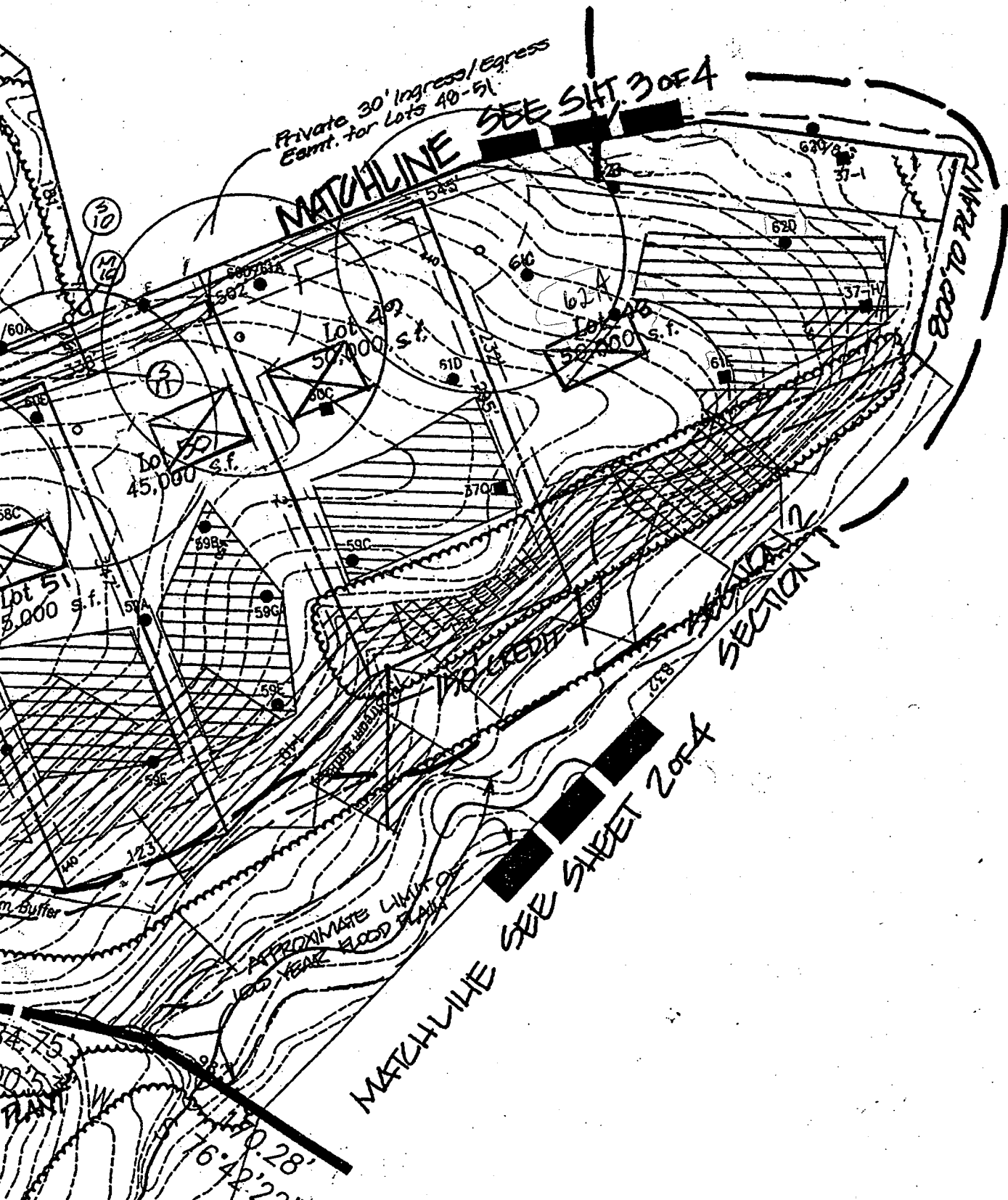
TYPE OF SOIL \_\_\_\_\_

TESTED BY G. SAUAGE ALSO PRESENT C. SHARD

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

X



project 96019.11 date 9/30/97

4/3/98

5 REVISED LANDSLAKE

SECTION 1



ER (75' MIN.) 313.74'

S 1517.46' W

"BIG BRANCH OVERLOOK  
PLAT 5 OF 5

86 N 87°05'22" E  
51.99'

Part of Preservation  
(Non-Buildable  
Owner: Sapling Ridd  
Easement Holders: Howard Cc  
Big Branch Overlook Homeowner

Partial Area (This Plat): 465,042  
Total Area: 1,106,310 sq. ft.

88 S 00°45'42" W  
83.98'

87 S 23°34'56" E  
167.86'

86 S 25°34'56" E  
167.86'

85 S 06°32'27" W  
198.23'

84 S 06°32'27" W  
198.23'

83 S 06°32'27" W  
198.23'

82 S 06°32'27" W  
198.23'

81 S 06°32'27" W  
198.23'

80 S 06°32'27" W  
198.23'

79 S 06°32'27" W  
198.23'

FOREST CONSERVATION  
EASEMENT AREA  
170,644 sq. ft., 3.92 Ac.

28' Wetlands Buffer  
Wetlands

100 YEAR FLOODPLAIN  
DRAINAGE & UTILITY EASEMENT

STREAM BUFFER (75' MIN.)  
SB222

SB221

SB220

SB219

SB218

SB217

SB216

SB215

SB214

SB213

SB212

SB211

SB210

SB209

SB208

SB207

SB206

SB205

SB204

SB203

SB202

SB201

SB200

SB199

SB198

SB197

SB196

SB195

SB194

SB193

SB192

SB191

SB190

SB189

SB188

SB187

SB186

SB185

SB184

SB183

SB182

SB181

SB180

SB179

SB178

SB177

SB176

STATUS  
UNKNOWN

Lot 36  
60,495 sq. ft.

Lot 37  
50,599 sq. ft.

Lot 38  
50,000 sq. ft.

Lot 39  
50,000 sq. ft.

Lot 40  
43,560 sq. ft.

Lot 176

Lot 177

Lot 178

Lot 179

Lot 180

Lot 181

Lot 182

Lot 183

Lot 184

Lot 185

Lot 186

Lot 187

Lot 188

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