

u/21/01 layout 2/19/02  
3/12/02  
2:00  
pump test

11/12/02 Layout 10:00  
11/18/02 2-3PM - Follow Up

1/28/02 F/u a final pm  
2/4/02 PM Cancelled (ke)  
2/5/02 PM F/u  
P 516422-A

ISSUE DATE: 11/19/2001  
APPROVAL DATE: 3/21/02

**PERMIT INDEXED**

A 56564-L

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

05-431999

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER   
ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670  
SUBDIVISION: Big Branch Overlook LOT NUMBER: 12  
ADDRESS: 14053 Big Branch Drive PROPERTY OWNER: B.B. Overlook, LLC  
SEPTIC TANK CAPACITY (GALLONS): 1500 (TOPSEAM)  
PUMP CHAMBER CAPACITY (GALLONS): 1500 (TOPSEAM)  
NUMBER OF BEDROOMS: 5  
SQUARE FEET PER BEDROOM: 210  
LINEAR FEET OF TRENCH REQUIRED: 263

TRENCHES:	Trench to be 2.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 110' down the left lot line and 110' off this same lot line. Run (2) trenches on contour to right side of lot (75', 85') and one (100') trench to left side of lot as shown on plan.
NOTES:	*****COMPARTMENTED TANK REQUIRED WITH MANHOLE ACCESS AND OUTLET BAFFLE FILTER.***** <u>KEEP SYSTEM OUT OF 100' WELL RADIUS</u>

PLANS APPROVED: MER ON SRU 11/15/01 DATE: 10/5/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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**

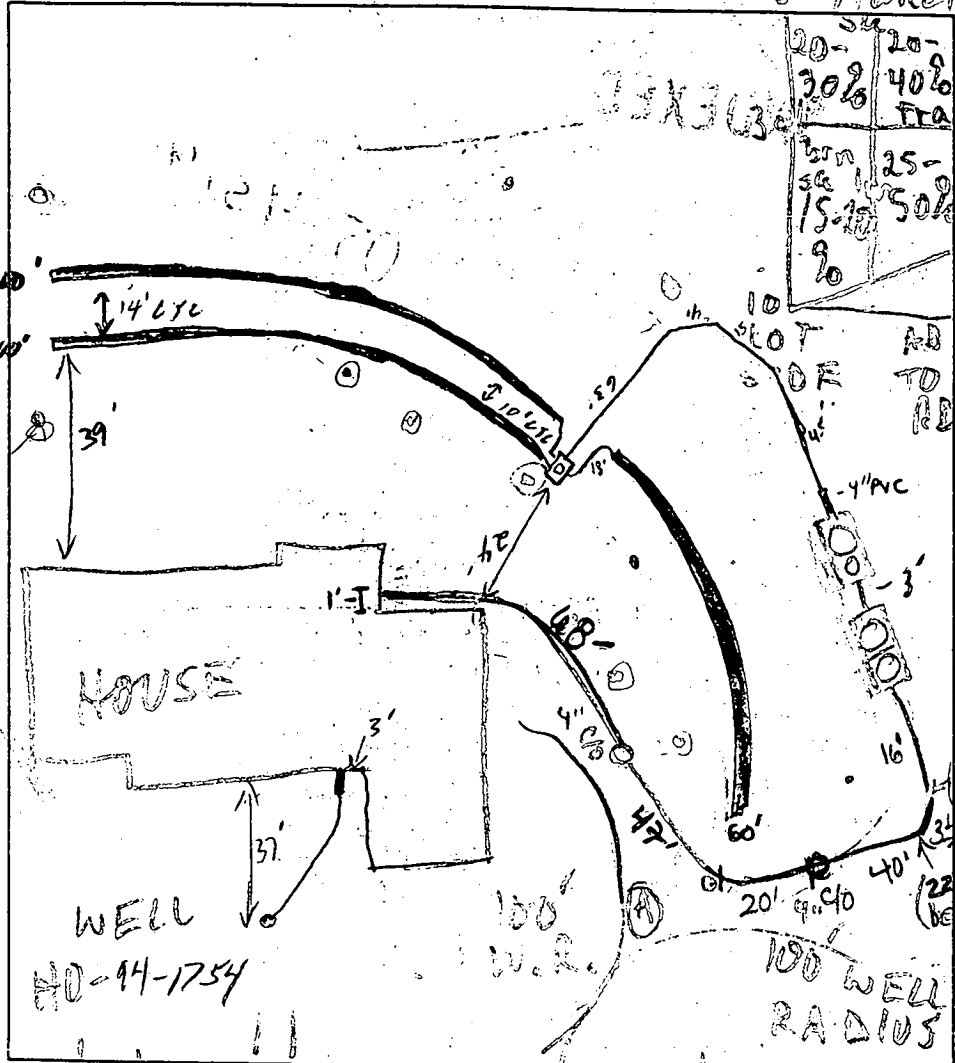
**BUILDING PERMIT SIGNED AND RETURNED**

8/7/2002 B00137875 DECK

A56564-L

NOT TO SCALE

before final



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	2'
TRENCH BOTTOM DEPTH	6'
DEPTH OF STONE	4'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	260'
ABSORBENT AREA	780 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL	✓
BAFFLE IN DISTRIBUTION BOX	✓
4" on ABOX	

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	2
6-INCH INSPECTION PORT	
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 TS
MANHOLE RISER	back
ALARM	OK
PUMP PERFORMANCE TEST	OK

11/21/01 TOPD NOT PER PLAN - PERC HOLEDUG AS SHOWN TO ADD AREA, BUT PRE-CONSTRUCTION INSPECTION: TOPD SUFFICIENTLY DIFFERENT AND AREA SUFFICIENTLY LIMITED TO STOP WORK - BLDG NOTIFIED OF NEED FOR FIELD-RUN TOPD  
 1/16/02 FIELD-RUN TOPD OK; OK TO PROCEED (MR)

INSPECTION COMMENTS:  
 1/17/02 - 2ND LAYOUT, MET RON W/FOGLE'S, WENT OVER LAYOUT AGAIN, RUN 2-100' TRENCHES & 1-60' IN BOTH DIRECTIONS AS SHOWN ON REVISED BP PLAN, TRENCHES TO BE INSTALLED 7' ETE (10' CTC) - (SRK) 1/18/02 (2) 100' trenches & pressure line in. OK to cover - (SRK) 1/28/02 - OK TO COVER BOX & TRENCHES - (SRK) 2-4-02 House conn under footer 2/5/02 OK TO COVER S.T. MANHOLE RISERS SECURED (top). A final Pump test (K6) 3/21/02 Pump test passed (K6)

INSPECTOR [Signature] DATE SYSTEM APPROVED 3/21/02  
 BUILDING DEPARTMENT AND RETURNED

*Notes  
3/6/02  
Retained  
4/2/02*

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: Toil Brothers Telephone #: \_\_\_\_\_  
Subdivision: Tridelona Ridge Lot #: 12 Well Tag #: HO-94-1754  
Site Address: 14053 Big Branch Rd

Submersible Pump Data

Make: Grundfos  
Model #: 105807  
Pump Capacity: 10 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Cambell  
Model #: N19  
Depth: 40 (36" min)  
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

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, 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

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

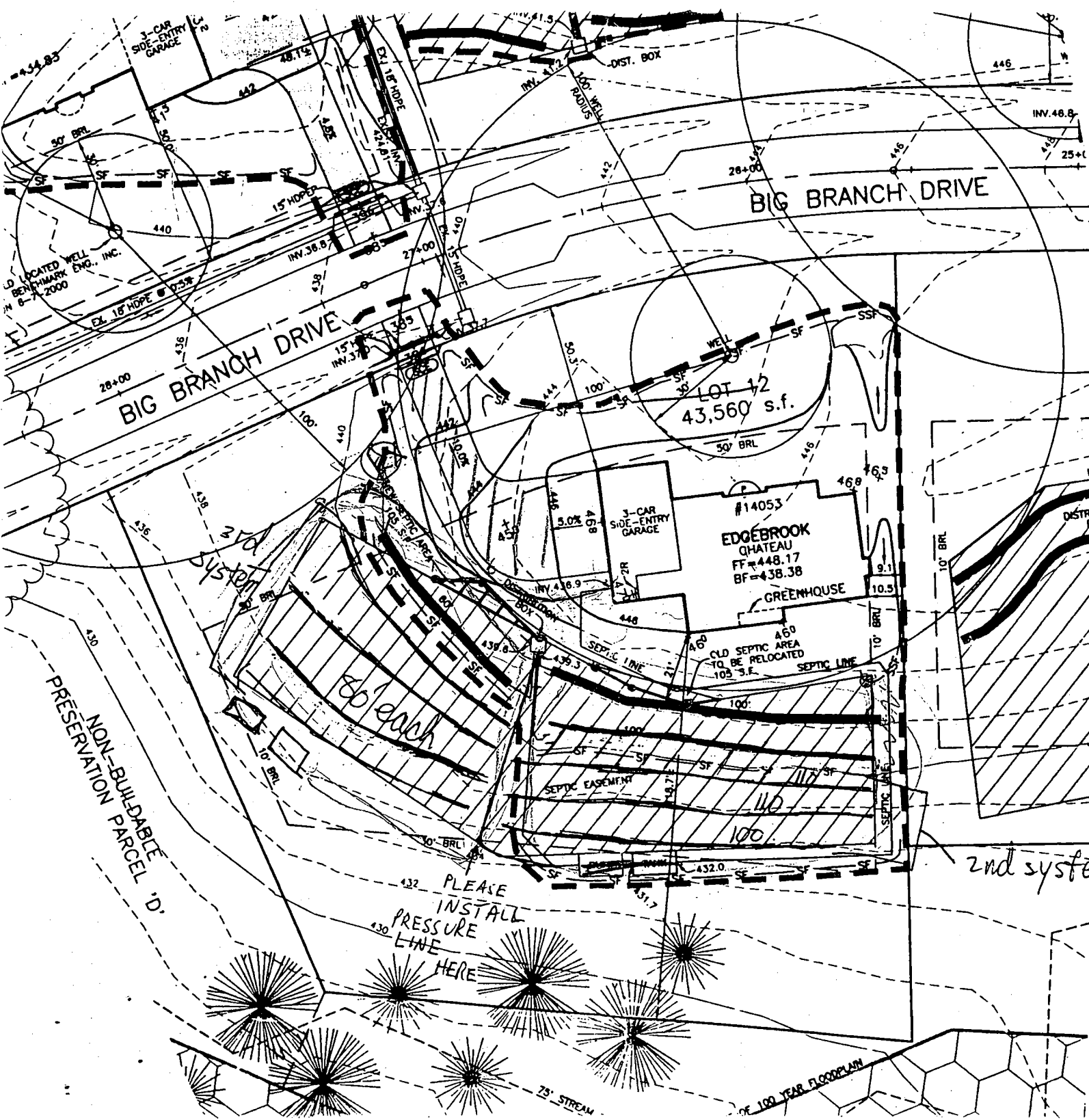
PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5'  
Sleeve caulked and sealed properly: yes

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.

Allen Compton 3-5-02  
Signature of company representative responsible for installation date

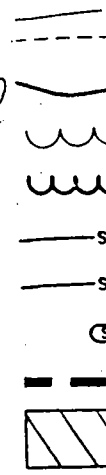
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/28/02 Date Insp. Approved: \_\_\_\_\_ Inspector: 2/28/02 SO  
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   
*BB*




- TIME OF PERMIT ISSUANCE:
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AT THE EXCAVATION FOR EACH INDIVIDUAL LOT.
  6. ALL SEDIMENT AND EROSION CONTROL FEATURE, 1994 MARYLAND STANDARDS AND SPECIFICATION

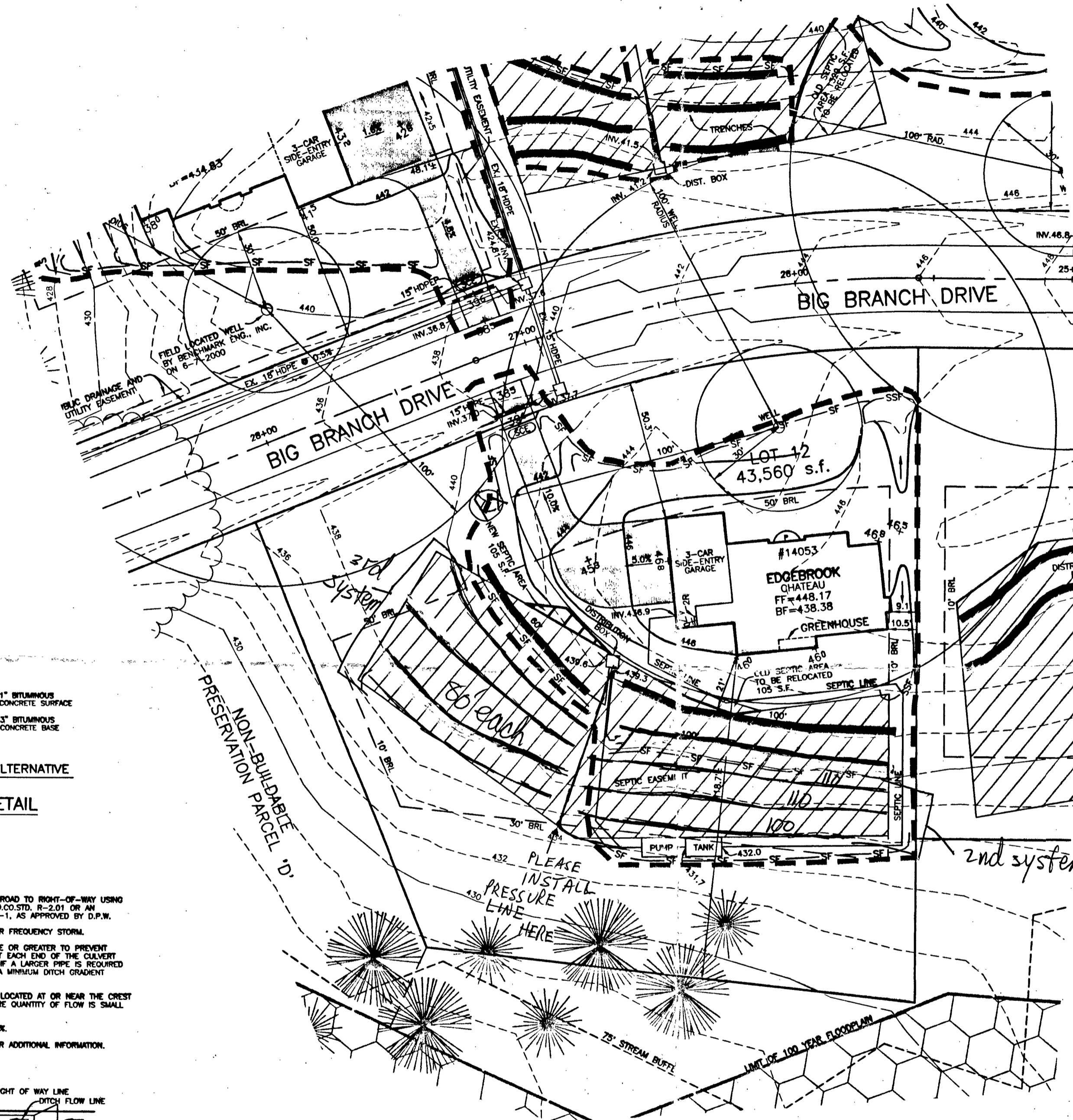
1/16/02 (10)  
 REVISED PLAN  
 SUBMITTED AFTER  
 LAYOUT INSP.  
 REVEALED  
 TOPO ISSUES;  
 FIELD-RUN TOPO  
 OK AS SHOWN  
 1st sys - 260'  
 2nd sys - 320'  
 3rd sys - 320'  
 3 systems  
 OK as described













2nd system

**NOTES:**

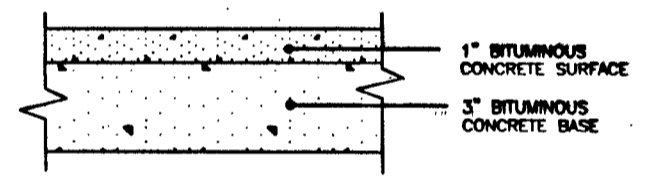
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13854, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-00-97 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.



**LEGEND**

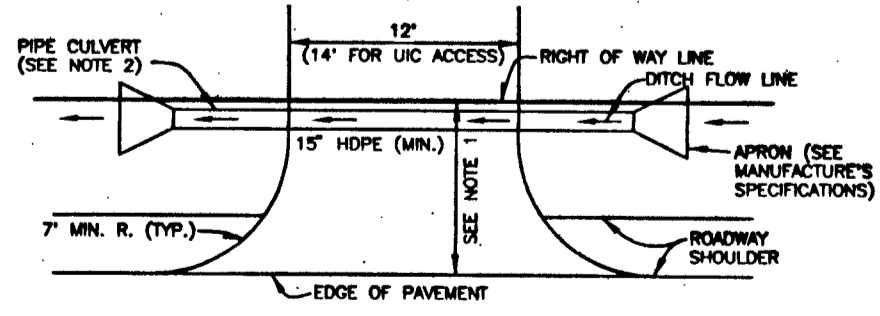
-  EXISTING CONTOURS AS FIELD SURVEYED BY BENCHMARK ENG. ON 11-28-01
-  PROPOSED CONTOURS
-  EXISTING TREELINE
-  PROPOSED TREELINE
-  SILT FENCE
-  SUPER SILT FENCE
-  STABILIZED CONSTRUCTION ENTRANCE
-  LIMIT OF DISTURBANCE
-  SEPTIC EASEMENT
-  WELL LOCATION

*1/16/02 PR  
REVISED PLAN  
SUBMITTED AFTER  
LAYOUT INSP.  
REVEALED  
TOPO ISSUES;  
FIELD-RUN TOPO  
OK AS SHOWN  
1st sys - 260'  
2nd sys - 320'  
3rd sys - 320'  
3 systems  
OK as described*



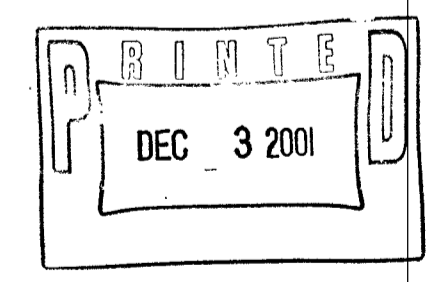
**P-1 PAVING DETAIL**  
NOT TO SCALE

- DRIVEWAY CULVERT NOTES:**
1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT-OF-WAY USING STANDARD PAVING SECTION P-1 AS SHOWN ON HO.CO.STD. R-2.01 OR AN ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
  2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
  3. ALL DRIVEWAY CULVERT PIPES ARE TO BE 15" HDPE OR GREATER TO PREVENT BLOCKING. HOPE APRONS ARE TO BE INSTALLED AT EACH END OF THE CULVERT AND SIZED PER MANUFACTURER'S SPECIFICATIONS. IF A LARGER PIPE IS REQUIRED THE DITCH INVERT CAN BE LOWERED TO PROVIDE A MINIMUM DITCH GRADIENT OF 0.5% AND THE CLEARANCE SHOWN.
  4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL AS APPROVED BY D.P.W.
  5. TIE-IN GRADE OF DRIVEWAY SHALL NOT EXCEED 14%.
  6. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.



**DRIVEWAY CULVERT**  
NOT TO SCALE

**PLAN**  
SCALE: 1" = 30'



<b>BENCHMARK</b> ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS <b>ENGINEERING, INC.</b> 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644		PROJECT: <b>BIG BRANCH OVERLOOK LOT 12</b>	
		LOCATION: 14053 BIG BRANCH DRIVE TAX MAP 27, GRID 8 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105		TITLE: <b>PLOT PLAN</b>	
HOUSE TYPE: <b>COLUMBIA</b>		DATE: DECEMBER 3, 2001	PROJECT NO. 1322
SCALE: AS SHOWN		DRAWING 1 OF 1	

FIELD LOCATED WELL  
BY BENCHMARK ENG., INC.  
ON 6-7-2000

BIG BRANCH DRIVE

**SEE NEW PLAN**

LOT 12  
43,560 s.f.

EDGEBROOK  
CHATEAU  
FF=448.17  
BF=438.38

BUILDABLE  
PARCEL 'D'

Approved Septic System Plan  
Howard County Health Department

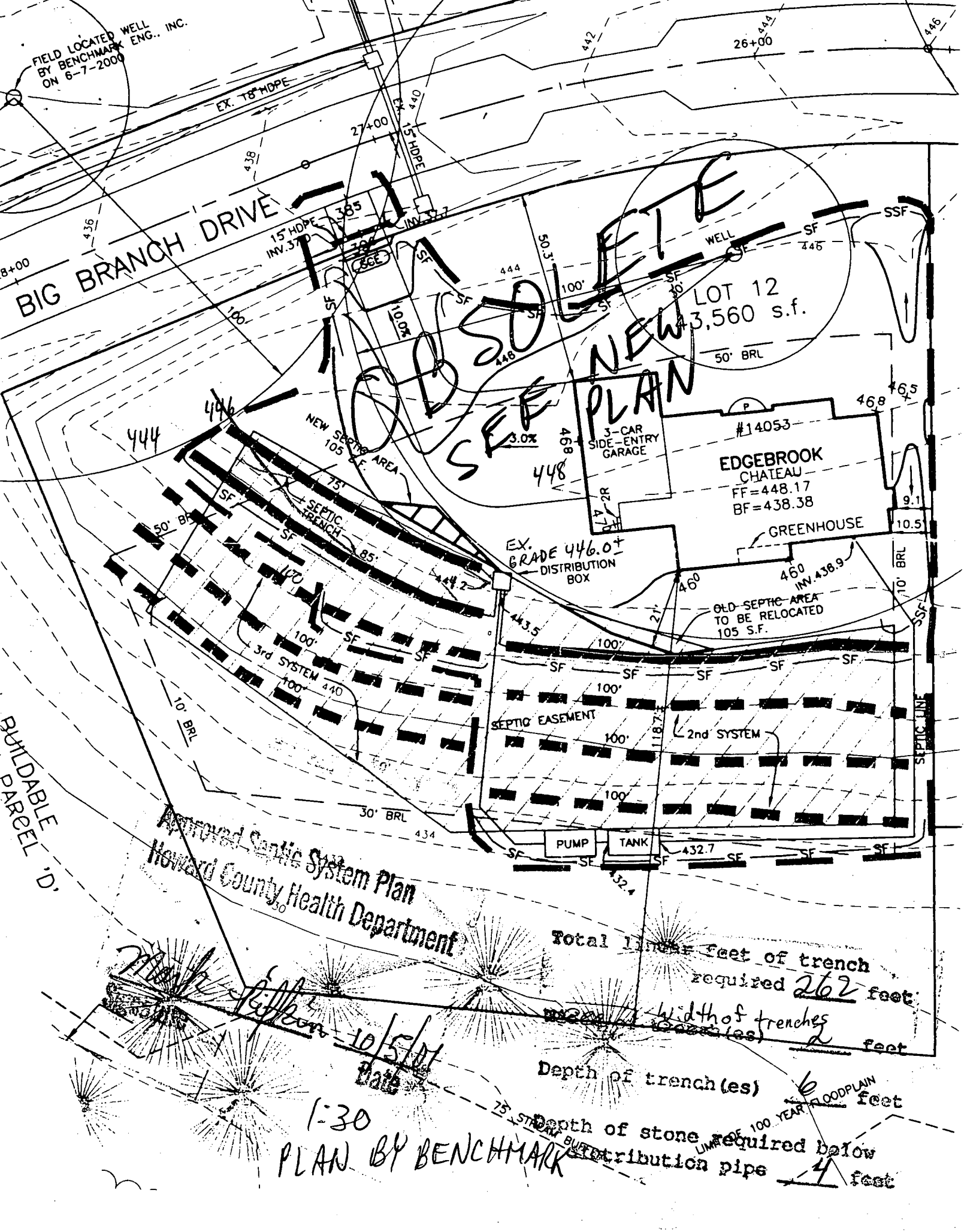
Total linear feet of trench  
required 262 feet

width of trenches  
required 2 feet

Depth of trench(es) 6 feet

Depth of stone required below  
distribution pipe 4 feet

1:30  
PLAN BY BENCHMARK



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 B.00132117

Building Address 14053 BIG BRANCH DR  
DAYTON MD 21036  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605101 Subdivision Big Branch Overlook  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12  
 Tax Map 27 Parcel 14 Grid 11  
 Zoning RC Map Coordinates 9413 Lot size 43,560 SF

Property Owner's Name 14 BRANCH OVERLOOK LLC  
 Address 7164 COLLETT ROAD SUITE 270  
 City ELICOTT CITY State MD Zip Code 21046  
 Home Phone \_\_\_\_\_ Work Phone 410-873-9175  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
 Proposed Use SINGLE FAMILY RESIDENTIAL HOME  
 Estimated Construction Cost \$ 200,000  
 Description of Work EDIFERCOK 3 1/2 BRHS, 5 BR.  
LIFE HOUSE 5TH BEDROOM OFFICE

Contractor Company ALL PURPOSES INC.  
 Contact Person MARK SHAPIRO  
 Address 11111 HUNTERS TRAIL PHILADELPHIA PA  
WASHINGTON VALLEY, PA 19006  
 City PHILADELPHIA State PA Zip Code 19104  
 License No. 867  
 Phone 481-275-4246 Fax 481-275-9277  
 Engineer or Architect Company DEVELOPMENT ENGINEERING

Occupant or Tenant \_\_\_\_\_  
 Contact Name MARK SHAPIRO  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person MARK SHAPIRO  
 Address 8140 ROCK HAVEN PIKE SUITE 410  
 City ELICOTT CITY State MD Zip Code 21043  
 Phone 410-416-6105 Fax 410-416-1144

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 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.

Applicant's Signature Mark Shapiro  
 Title/Company PROJECT MANAGER / TOLL FREE PERMITS INC.

Print Name MARK SHAPIRO  
 Date 5/14/06

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		
Health	<u>10/1/01</u>	<u>Mark Shapiro</u>
Fire Protection		

**DEPZ 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#** 5158

Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ _____
Balance due	\$ _____
Check #	_____
Validation	_____

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

No plans





B 1 **6729** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

**HO-94-1754**  
fill in this form completely

Date Received (APA)

**8 31 98**

OWNER INFORMATION

**Highland Development CMC**  
Last Name Owner First Name  
**P.O. Box 228**  
Street or RFD  
**Clarksville Md. 21029**  
Town State Zip

B 3 LOCATION OF WELL

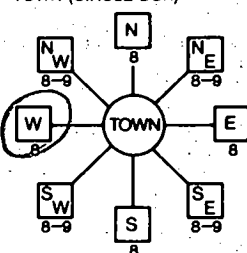
**Howard**  
COUNTY  
**Big Branch Overlook**  
SUBDIVISION  
SECTION **1** LOT **12**  
**Dayton**  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **3** M I

DRILLER INFORMATION

**Joseph L Mayre MSD024**  
Driller's Name License No.  
**Joseph L. Mayre Well Drilling**  
Firm Name  
**5512 Ridge Rd. Mt. Airy 21771**  
Address  
**Joseph L Mayre 8/30/98**  
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Big Branch Dr.**  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST  
EAST  
SOUTH  
DISTANCE FROM ROAD **15** FT  
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

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** COUNTY NAME  
**A585678** COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED **9 23 98** EXP. DATE **9 23 99**  
CO SIGNATURE  
NORTH GRID **510 000** EAST GRID **790 000**

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 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
  - 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

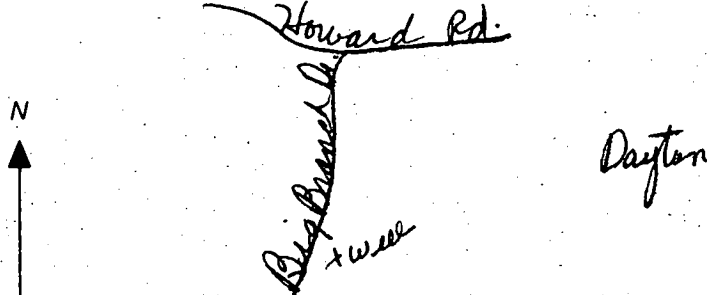
- SOURCES OF DRILLING WATER
- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**  
N **510**

**11/20/98**  
**Grant 9:00**

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** G A P **63**

PERMIT No. **HO-94-1754**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



# APPLICATION

PERCOLATION TESTING

585678

A 56864

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 SHARR

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

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 155710/12

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 LTM  
COUNTY #

STREAM

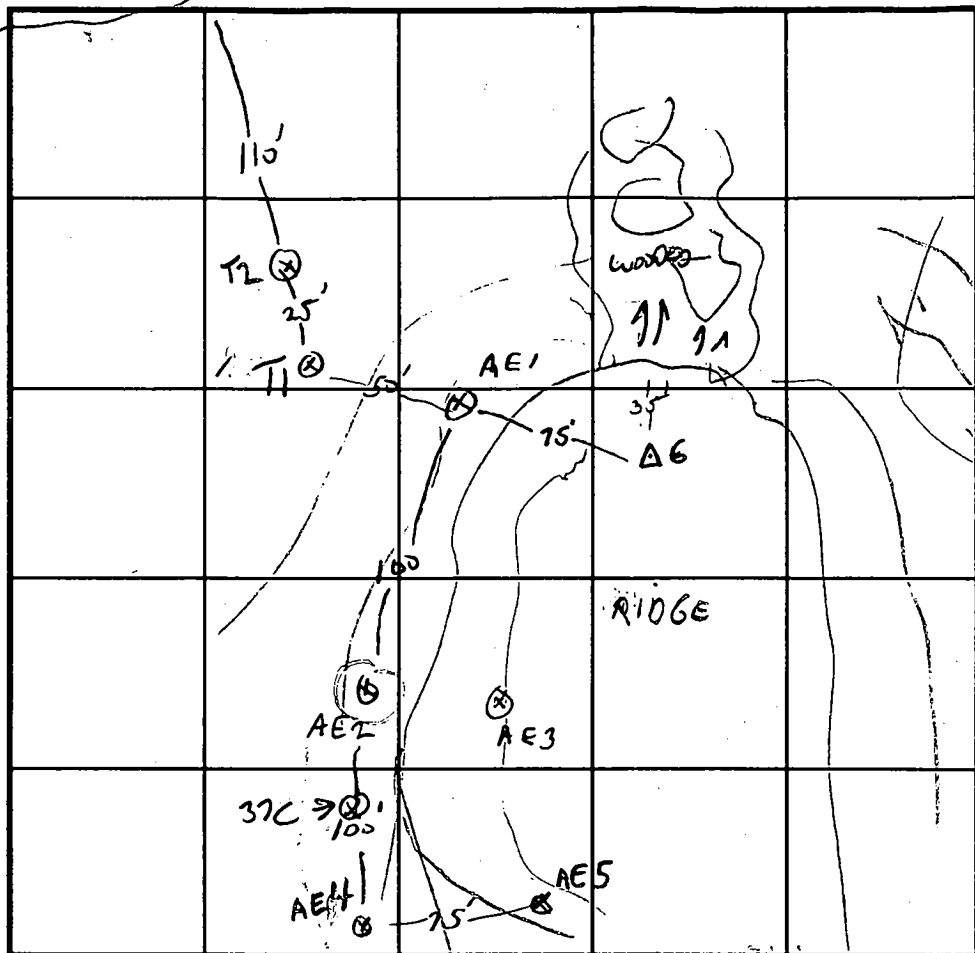
SOIL PROFILE

SOIL PROFILE

0'  
CHANGE  
CLAY  
GREY  
SANDY  
LOAM

0'  
16'  
ORANGE  
CLAY  
TAN  
SANDY  
LOAM

AE1  
AE3  
AE5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WATER 10'4"

AE2  
TOP SOIL

BROWN  
CLAY  
LOAM

2-3

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

12' WATER

AE4

76'  
GREY  
SANDY  
MICH  
LOAM

116' WATER

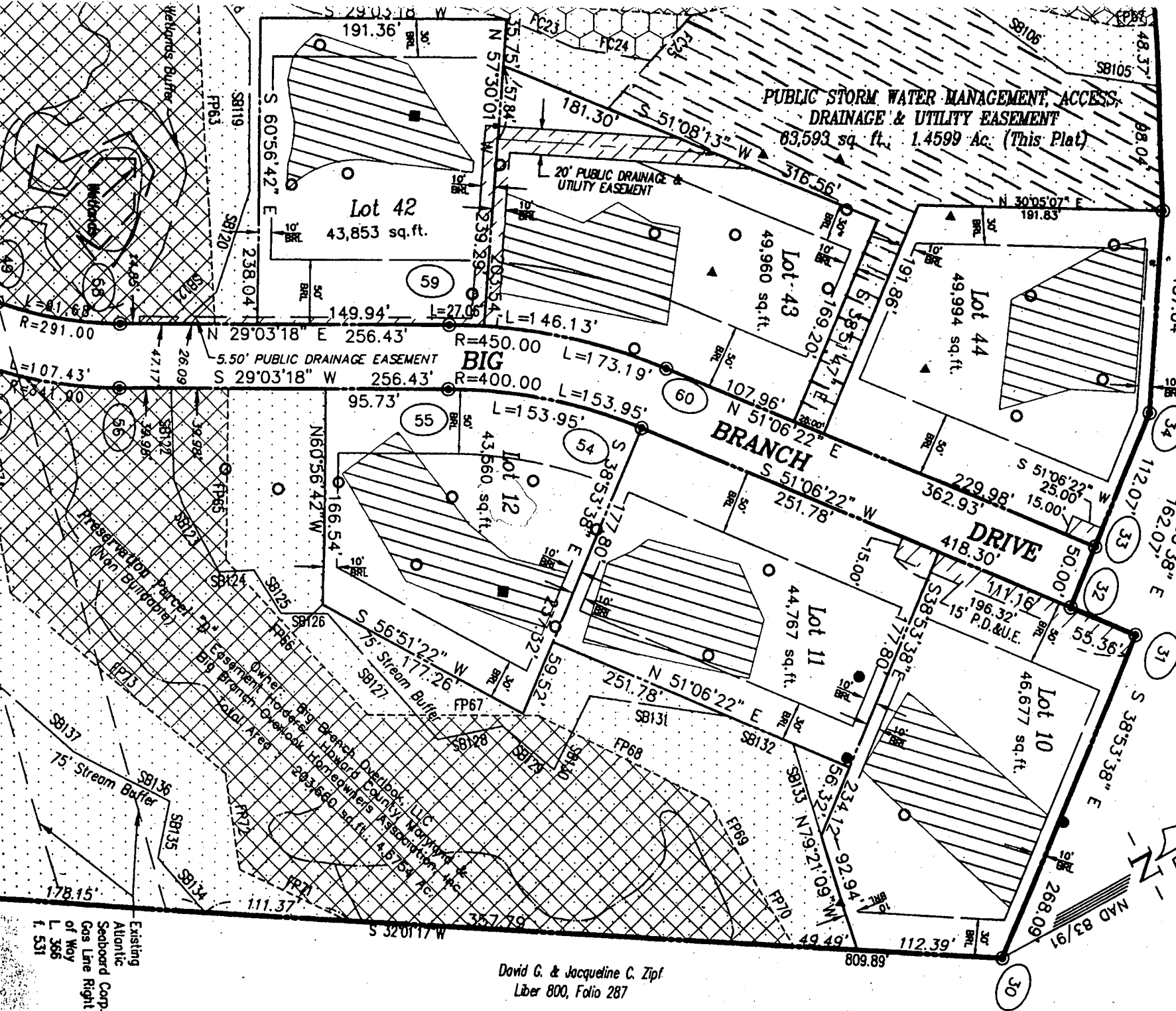
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
4/28/86	AE1	36" / 12'	1:30	1:34	1:34	1:42	8 min	✓	
	AE2	36" / 12'	1:31	1:35	1:35	1:46	11 min	✓	
X	T 1+2	FAIL - WATER AT 10'4"						✓	
	AE3	4' / 12'	VISUAL	-OK				✓	
	AE4	36" / 11.6'	1:58	2:00	2:00	2:06	6 min	✓	
	AE5	36" / 11'	VISUAL OK TO	7'				✓	
	AE6							✓	
3/7/97	37C	11V WATER II CAUSING 9.5'						✓	
5/1/97	REOPENED 37C	9.5 WATER							
ALL REPAIRS							2.5 INV.		

REMARKS LOT 12 WATER 4.5 MAX BOT 180#  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY G SAUSAGE ALSO PRESENT CHUCK SHARO  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

X

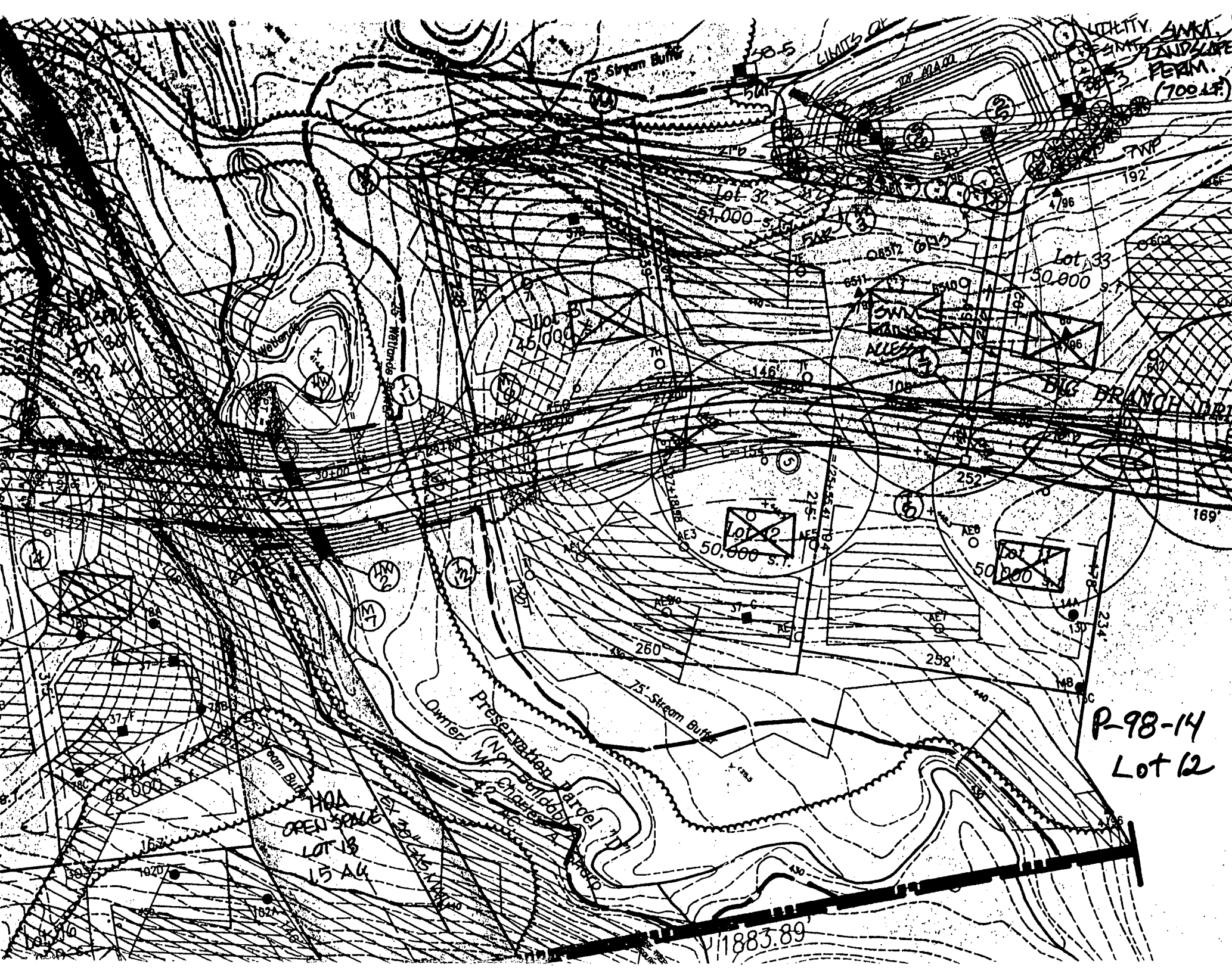
Curve Data Table

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 12

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



UTILITY SAKI  
LANDSLIDE  
FORM.  
(700 LF)

75' Stream Buffer

Lot 32  
51,000 s.f.

Lot 33  
50,000 s.f.

Lot 10  
45,000 s.f.

Lot 12  
50,000 s.f.

Lot 11  
50,000 s.f.

Lot 13  
48,000 s.f.

HQA  
OPEN SPACE  
LOT 13  
1.5 AC.

Prescribed Parcel  
(Not for building)  
72' Channel

P-98-14  
Lot 12

11883.89

EASEMENT SHALL NOT BE NECESSARY.  
 HOLES SHOWN HEREON HAVE BEEN  
 SHOWN.  
 HEREON COMPLY WITH THE MINIMUM  
 AND LOT AREA AS REQUIRED BY THE  
 DEPARTMENT OF THE ENVIRONMENT.

≥ 25%

**END**

AREA

APPROXIMATE LOCATION OF WELL

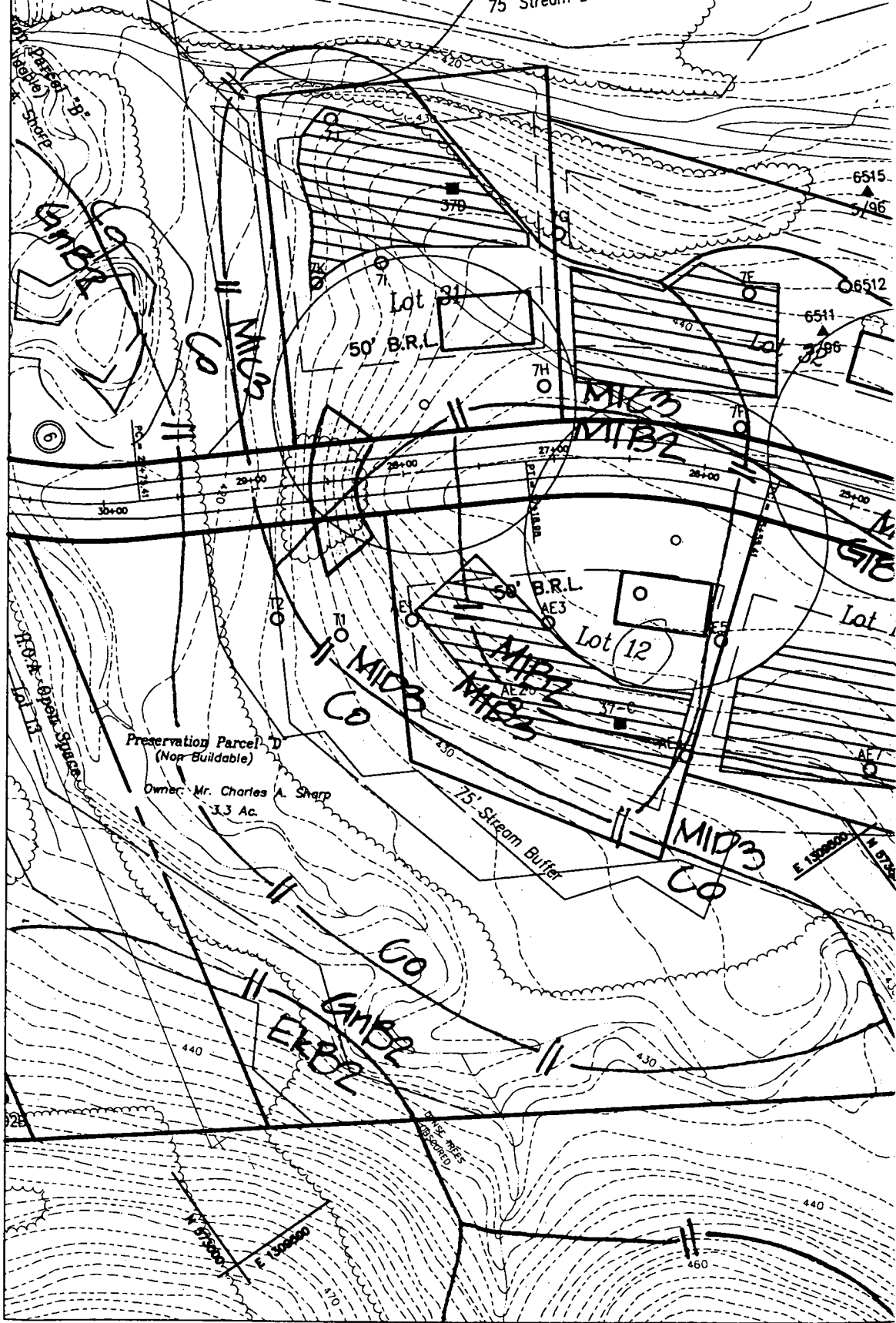
PERC TEST LOCATION

PERC TEST LOCATION (4-5/96)

PERC TEST LOCATION (10-11/96)

PERC TEST LOCATION (3-5/97)

PERC TEST LOCATION (4/98)



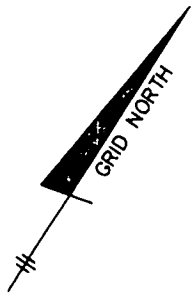
**PHASE 1 -**

REVISED PERC CERT  
 11/9/98

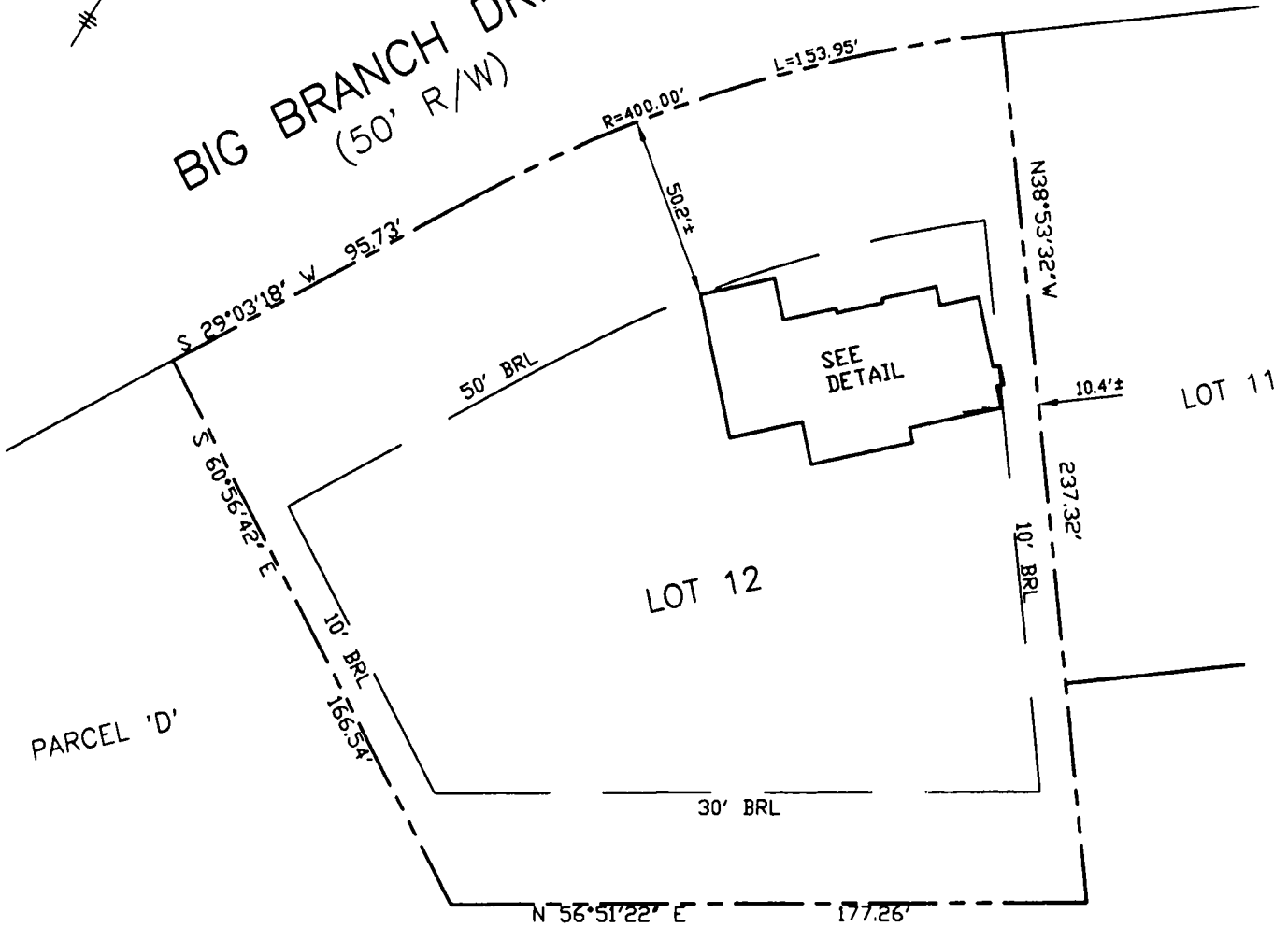
PERC NOTES:

1. SUBJECT TO THE REVIEW OF THE FINAL LOT GEOMETRY THE FOLLOWING





**BIG BRANCH DRIVE**  
(50' R/W)

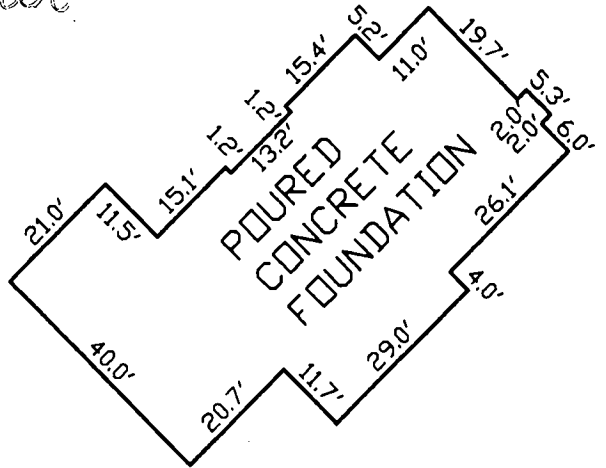


11/19/01  
*House location* PARCEL 'D'  
 consistent with  
 B.P. plan.  
 (BB)

TOP OF WALL ELEVATION = 447.3'  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

**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 10/25/01; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "BIG BRANCH OVERLOOK LOTS 1 THROUGH 49 PRESERVATION PARCELS A THROUGH G NON-BUILDABLE BULK PARCEL H", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.13854



**FOUNDATION DETAIL**

SCALE: 1" = 30'

*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. 13854  
 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: 410-485-8100 A fax: 410-485-8644  
 email: Benchmark@bca.com

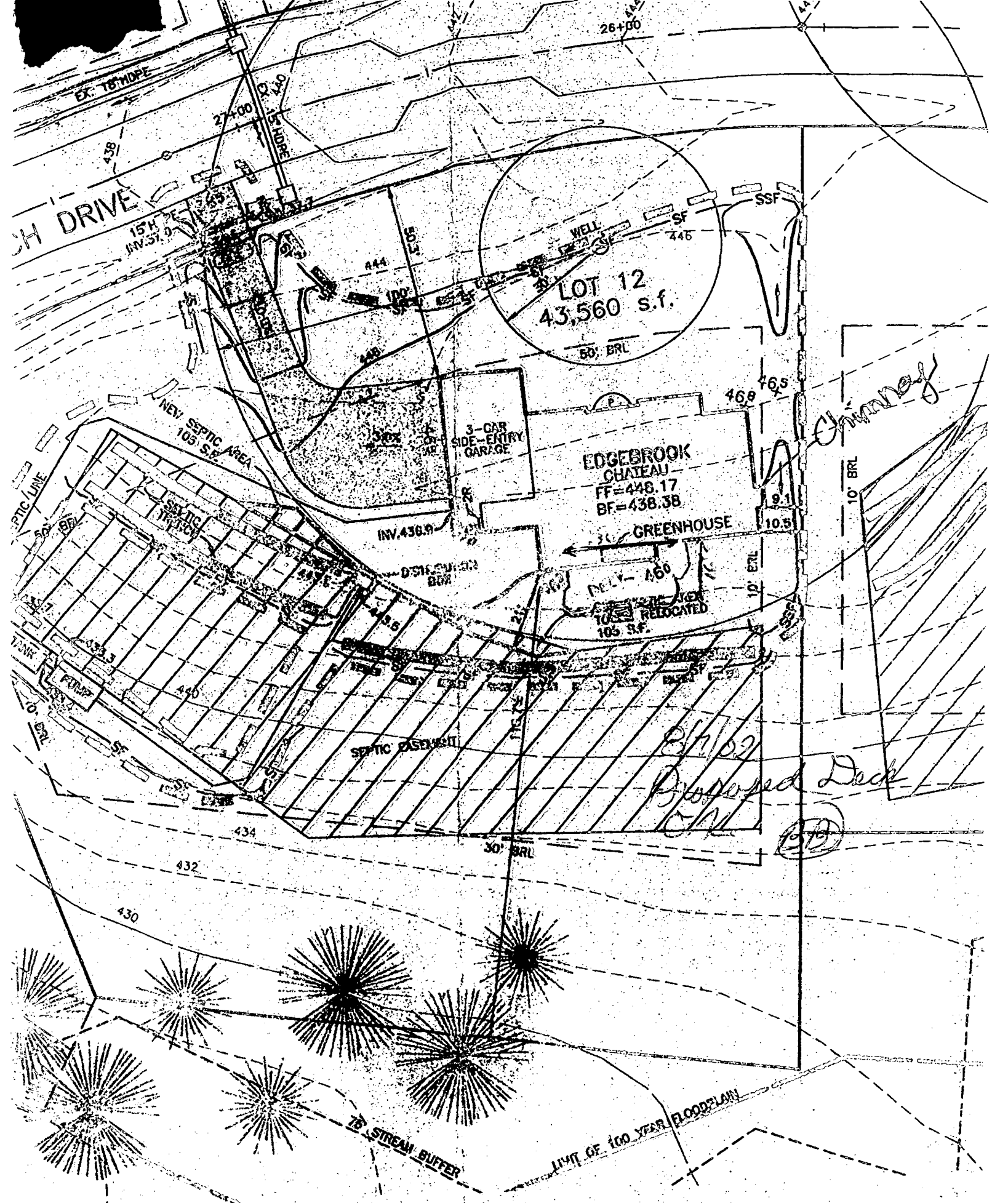


**WALL CHECK**  
**BIG BRANCH OVERLOOK**  
**LOTS 1 THROUGH 49**  
**PRESERVATION PARCELS A THROUGH G**  
**NON-BUILDABLE BULK PARCEL H**  
**LOT No.12**

14053 BIG BRANCH DRIVE

5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 10/25/01



LOT 12  
43,560 s.f.  
50' BRL

EDGEBROOK  
CHATEAU  
FF=448.17  
BF=438.38

GREENHOUSE  
FF=460  
105 S.F.

*Proposed Deck*  
C.H.L.

PLAN

SCALE: 1" = 30'