

LAYOUT 8/19/02 1pm INSP 4 _____
INSP 2 8/26/02 2:30pm INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/5/2002
APPROVAL DATE: 12/4/02

**PERMIT
INDEXED**

05-4320M

P 517395
A 56564-N

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

Fogle's IS PERMITTED TO INSTALL ALTER
ADDRESS: 580 Obercht Rd, Sykesville PHONE NUMBER: 410-795-5670
SUBDIVISION: Big Branch Overlook LOT NUMBER: 14
ADDRESS: 14065 Big Branch Drive 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: 210
LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER

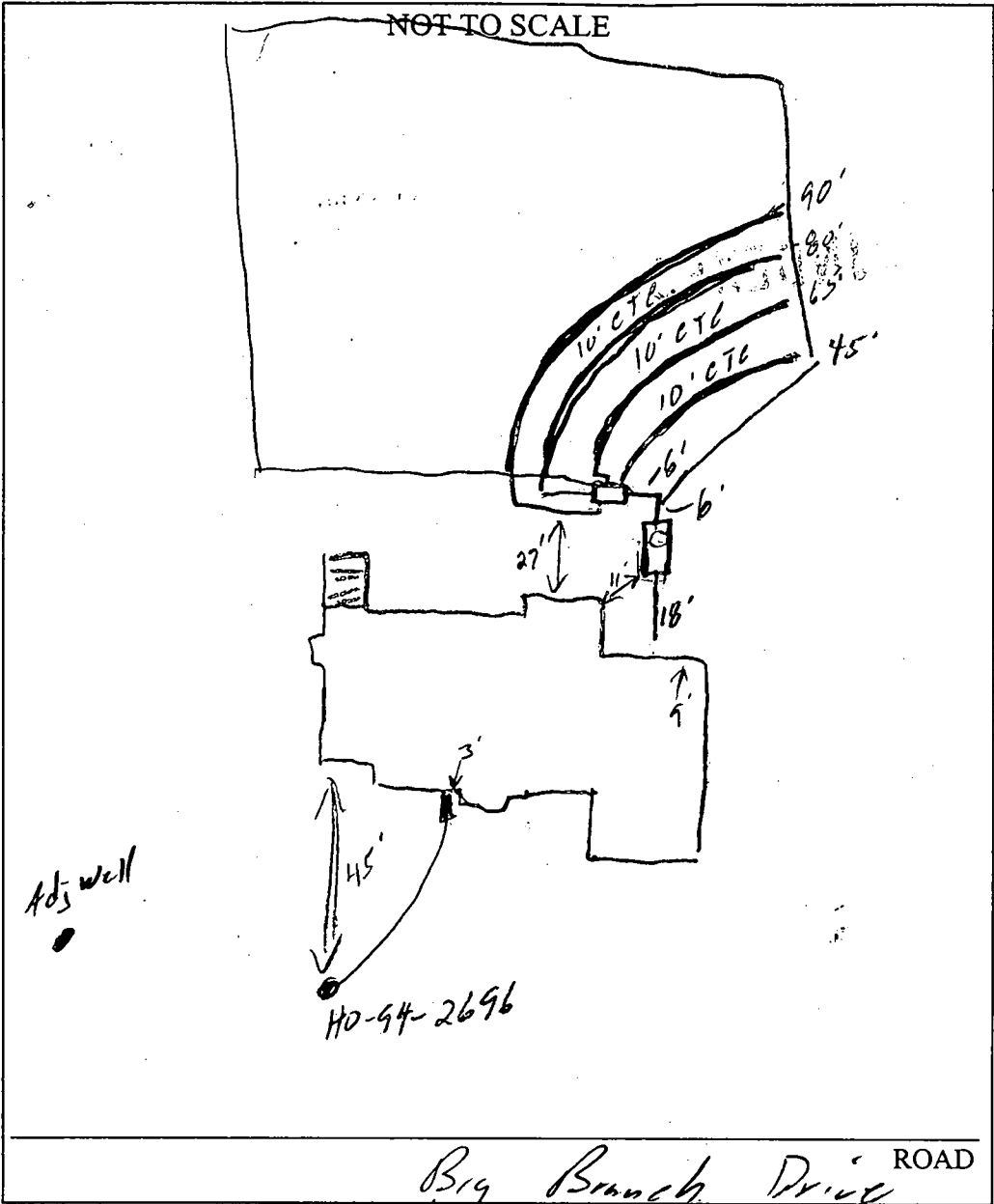
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 160' down the right lot line and 10' off the same lot line. Run trenches on contour toward front of lot.
NOTES:	Inlet 2.5' below original grade and bottom depth 4.5' preferred. Be advised that a rock outcrop was reported to be near the high portion of the sewage reserve area in an unspecified location at the time of the percolation test.

PLANS APPROVED: MER DATE: 8/5/02

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**

A56564-N



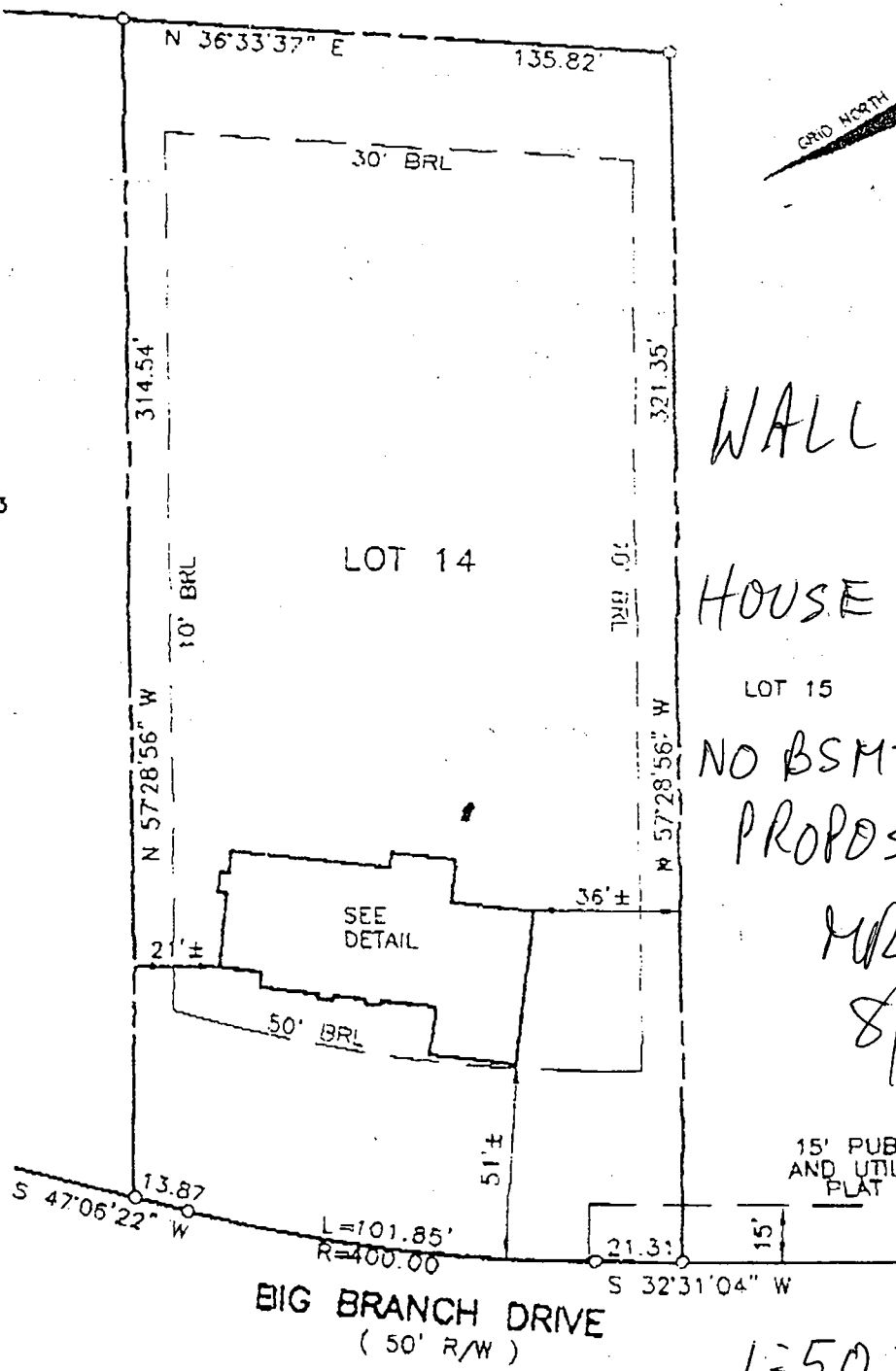
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		280'
ABSORPTION AREA		840 0
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

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

PRE-CONSTRUCTION 8/19/02 Lot staked, house conn lower than B.P. Need to raise line or use P.T. Install 45'/65'/80'/90' trenches 10' CTE (SO)

INSTALLATION 8/26/02 OK to cover all work. House conn needed. Check for baffle filter (SO) 12/4/02 Filter installed and house connection made according to Tringles. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 12/4/02



WALL CHECK
OK
HOUSE DROPPED
LOT 15 0.8'
NO BSMT SVC.
PROPOSED

MR
8/5/02

15' PUBLIC DRAINAGE
AND UTILITY EASEMENT
PLAT NO. 13855

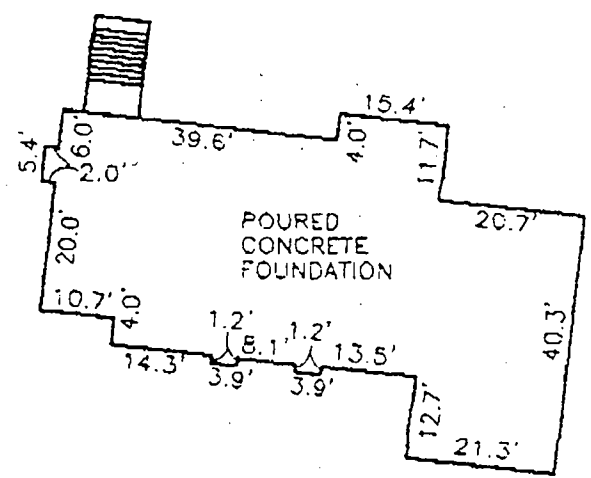
BIG BRANCH DRIVE
(50' R/W)

l=50 ±

FIRST FLOOR ELEVATION = 467.1'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 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 06/21/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M.MOCHI GROUP,P.C. ENTITLED "BIG BRANCH OVERLOOK ,LOTS 1 THROUGH 49 ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.13855



FOUNDATION DETAIL

Paul M. Harris

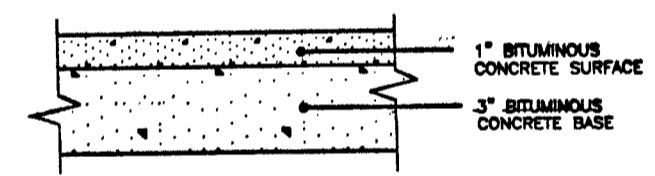
NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13855, 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.



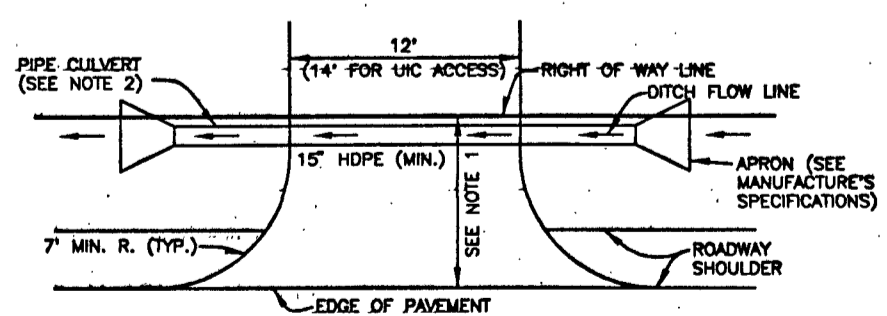
LEGEND

- 470 ——— EXISTING CONTOURS AS SHOWN ON GP-00-97
- 472 - - - - - PROPOSED CONTOURS
- ~~~~~ EXISTING TREELINE
- ~~~~~ PROPOSED TREELINE
- SF — SILT FENCE
- SSF — SUPER SILT FENCE
- (SCE) STABILIZED CONSTRUCTION ENTRANCE
- — — — — LIMIT OF DISTURBANCE
- ▨ SEPTIC EASEMENT
- WELL LOCATION



FULL DEPTH BIT. CONC. ALTERNATIVE
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. HDPE 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'

Total linear feet of trench required 280 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 4 1/2 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

Robert J. Smith
 Signature _____ Date 4/18/02

BENCHMARK ENGINEERING, INC. ENGINEERS • LAND SURVEYORS • PLANNERS 8400 BALTIMORE NATIONAL PIKE • SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-485-8105 FAX: 410-485-8844		PROJECT: BIG BRANCH OVERLOOK LOT 14	
		LOCATION: 14065 BIG BRANCH DRIVE TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
BUILDER: TOLL BROTHERS, INC. 7184 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105		TITLE: PLOT PLAN	
HOUSE TYPE: EDGEBROOK		DATE: FEBRUARY 15, 2002	PROJECT NO. 1322
SCALE: AS SHOWN		DRAWING <u>1</u> OF <u>1</u>	

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 the add Occupancy approval.

Company Name: Fogle Well Drilling Telephone #: 410-795-5670
Address: 588 Obrecht Rd
Stokesville 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: Tail Brothers Telephone #: _____
Subdivision: Tridelpia Ridge Lot #: 14 Well Tag #: HO 94-2696
Site Address: 14065 Big Branch Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goolds Bruce</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>95B07</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>8</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</u> GPM	NSP/WSC approved: <u>yes</u>	Conduit min 1 1/2" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</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 inside of well casing yes

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at well penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>yes</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: [Signature] Date: 10-10-02

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

Date Insp. Requested: _____ Date Insp. Approved: 10/7/02 Inspector: (50) 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 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C 1 **07751** SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. *OK SRW/4/00*
 COUNTY NUMBER **13**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 8 2 00
 15 20
 Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-94-2696
 28 29 30 31 32 33 34 35 36 37

OWNER **BIG BRANCH OVERLOOK LLC**
 STREET OR RFD **BIG BRANCH DRIVE** TOWN **DAYTON**
 SUBDIVISION **BIG BRANCH OVERLOOK** SECTION _____ LOT **14**

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	
Brown shale	0	48	
Gray	48	90	
Brown	90	91	✓
Gray slate	91	255	
white	255	256	✓
Gray white Limestone	256	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS **9** NO. OF POUNDS **876**

GALLONS OF WATER **54**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **41** 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)! **06** Total depth of main casing (nearest foot) **53**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

E A C H I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1 2

H O 41 300

E 8 9 11 15 17 21
 A
 C 23 24 26 30 32 36
 H
 S
 C 3 38 39 41 45 47 51
 R
 E
 N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from to

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **04**
 8 9

PUMPING RATE (gal. per min.) **6**
 11 15

METHOD USED TO MEASURE PUMPING RATE **196L**

WATER LEVEL (distance from land surface)
 BEFORE PUMPING **58** ft.
 17 20
 WHEN PUMPING **134** ft.
 22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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. **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 } LAND SURFACE
 - below } **02** (nearest foot)
 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

↑
 N
 ↓

No Survey stakes

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED Y 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. **MSD 009**

Allen Compton
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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

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 _____

70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 13991

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2696

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Big Branch Overlook LLC

15 Last Name Owner First Name 34

7164 Columbia Gateway Dr Suite 230

Columbia MD 21046

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

Big Branch Overlook 14065

23 SUBDIVISION 42

SECTION 44 46 LOT 14 48 50

Dayton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009

Driller's Name 76 License No. 81

Fogle's Well Drilling

Firm Name

580 Obrecht Rd Sykesville MD 21784

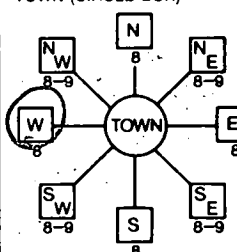
Address

Allen Compton 578-00

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25'

34 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 05 26 00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

512 000 0796 000

NORTH GRID EAST GRID

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST 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 DEEPEMED 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

PERMIT No. Ho - 94 - 2696

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

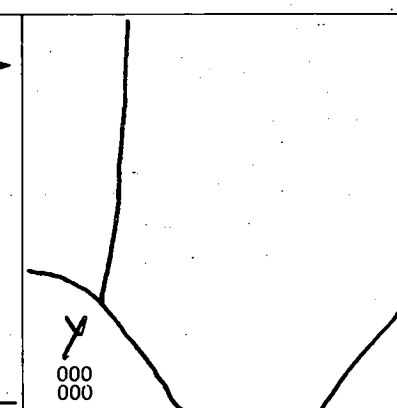
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

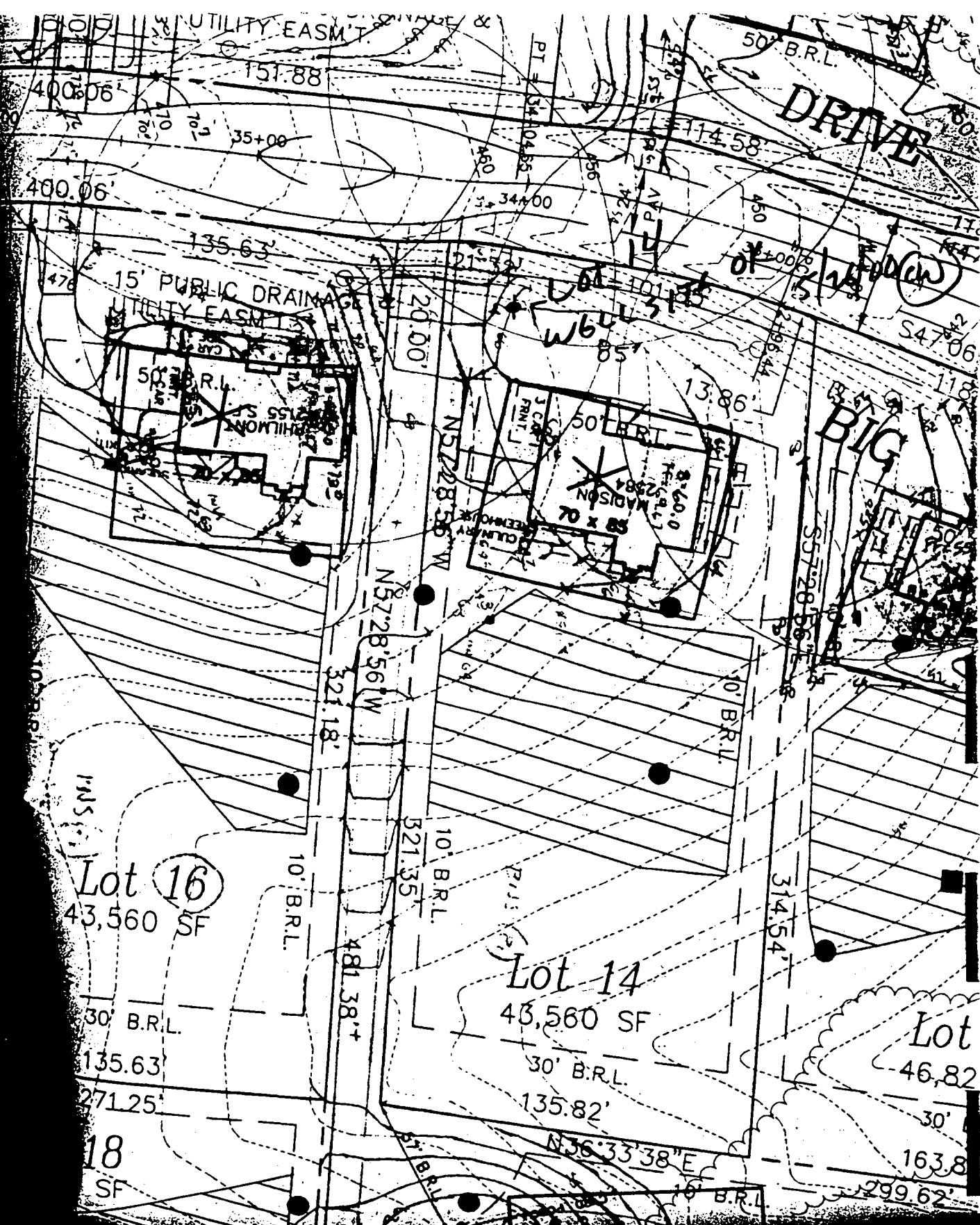
- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 796
510 2



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



UTILITY EASMT. DRIVE
50' B.R.L.
151.88
400.06
35+00
114.58
400.06
34+00
17

135.63
15' PUBLIC DRAINAGE
UTILITY EASMT.
50' B.R.L.
20.00'
21.53
W6L 31.13
85'
13.86'
547.06
118

50' B.R.L.
70 x 85
MADISON
N57°28'56" W
321.18'
10' B.R.L.
314.54'
321.35'
10' B.R.L.
481.38'+
10' B.R.L.
30' B.R.L.
135.63'
271.25'

Lot 16
43,560 SF
30' B.R.L.
135.63'
271.25'
18 SF
Lot 14
43,560 SF
30' B.R.L.
135.82'
N36°33'38" E
16' B.R.L.
299.62'
Lot
46.82
30'
163.8

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 410-987-4630

PROPERTY LOCATION: Big Branch Overlook - Big Branch Dr.

BDIVISION ~~ONE ELLICOTT MILLS PROPERTY~~ LOT NO. 14

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 _____

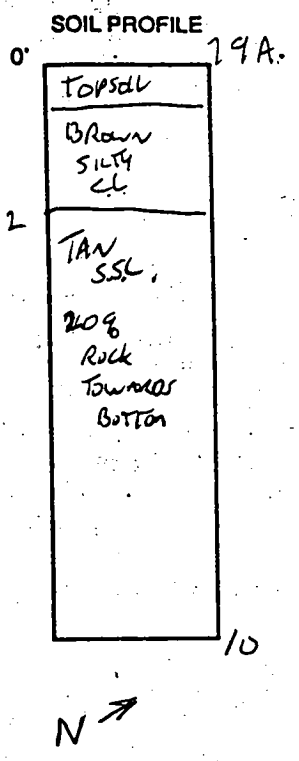
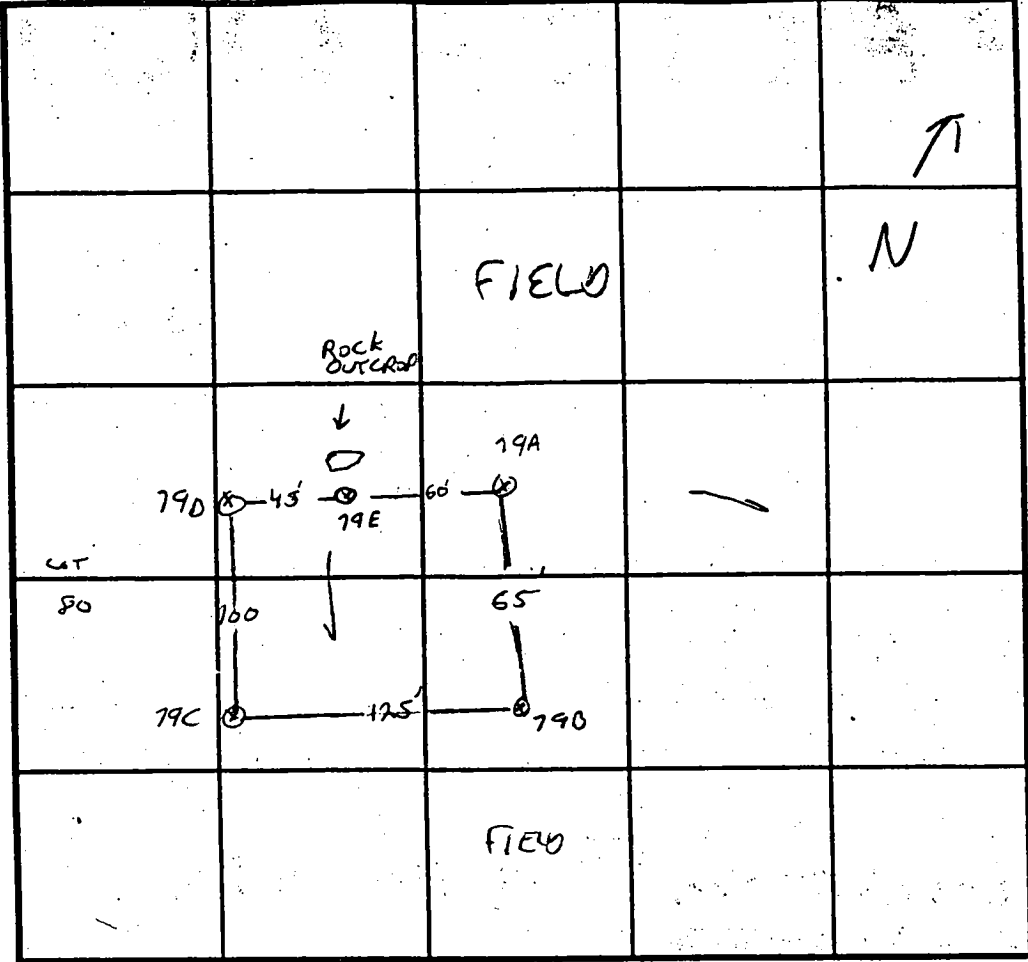
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A52577
COUNTY #

SOIL PROFILE

SOIL PROFILE



798
SIMILAR TO A,
NO ROCK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/96	79C	3.5	SEE	LOT 80	PROFILE		3MIN
	79D	2.5					5MIN
	79A	2.5 / 10	11:24	11:26	11:26	11:32	6MIN
		7'0" OK					
	79B	2.5 / 11	11:25	11:30	11:30	11:39	9MIN
		6.5	11:25	11:30	11:30	11:37	7MIN
	79E	12 ✓	OK				

REMARKS LOT ~~86~~ 14

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH 3

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

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: Big Branch Overlook - Big Branch Dr.

UBDIVISION ~~ONE-COURT HOUSE PROPERTY~~ LOT NO. ~~50~~ ~~100~~ 14

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 _____

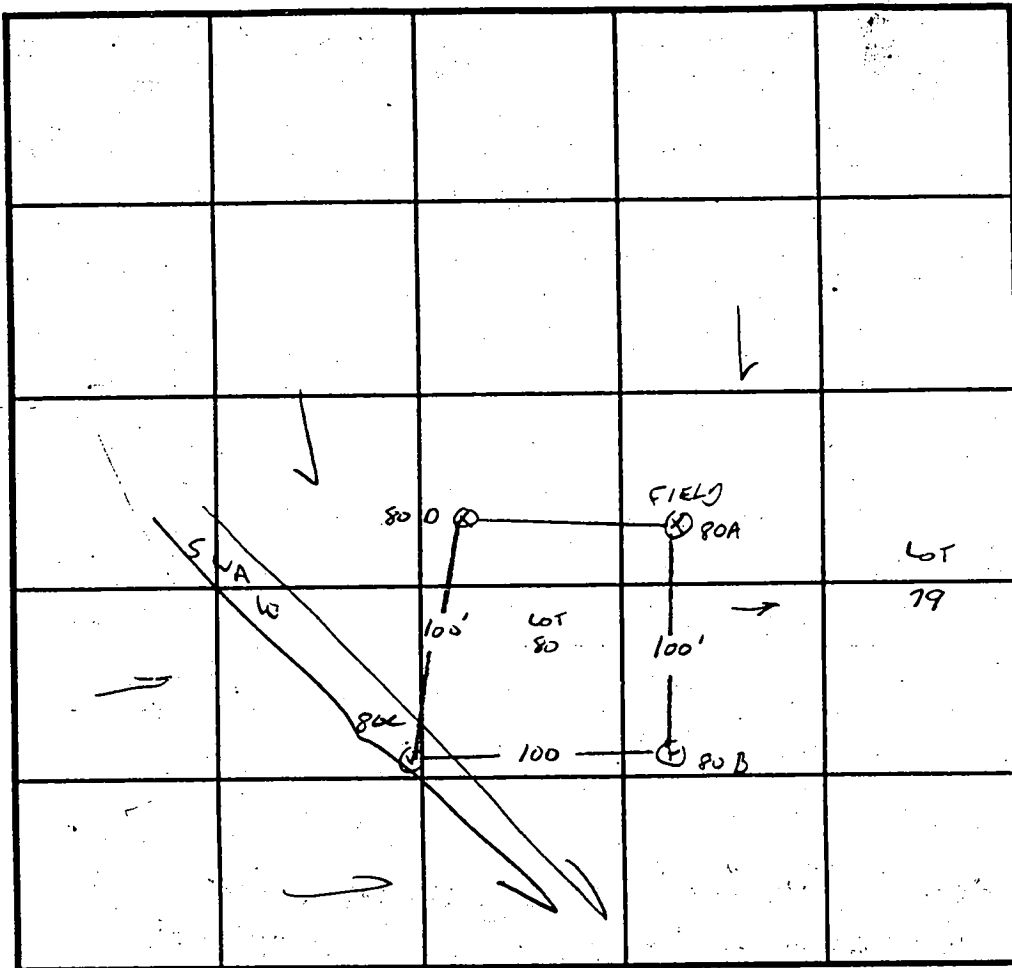
THIS IS NOT A PERMIT

A57577

COUNTY #

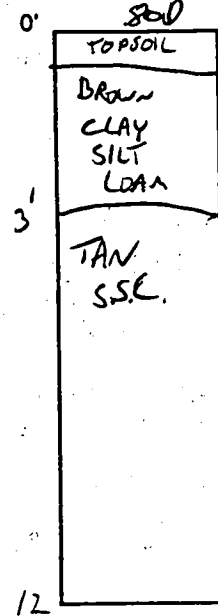
SOIL PROFILE

Empty rectangular box for soil profile notes.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



TOPSOIL
Brown
C.C.

Brown
OLIVE
SSC

15%
Rock

DRY

12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/96	800	2.5 / 12V	10:46	10:48	10:48	10:52	4MIN
		8Vok					
	80C	2.5 / 12	11:06	11:08	11:08	11:12	4MIN
		8Vok					
	80B / 79C	2.5 / 11.5	11:06	11:08	11:08	11:11	3MIN
		7V	10:57	11:01	11:01	11:05	4MIN
	80A / 79A	2.5 / 11V	11:15	11:17	11:17	11:22	5MIN
		8Vok					

REMARKS ~~Lot 14~~ Lot ~~14~~ 14

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP, R. PERRY, M. ZAKS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

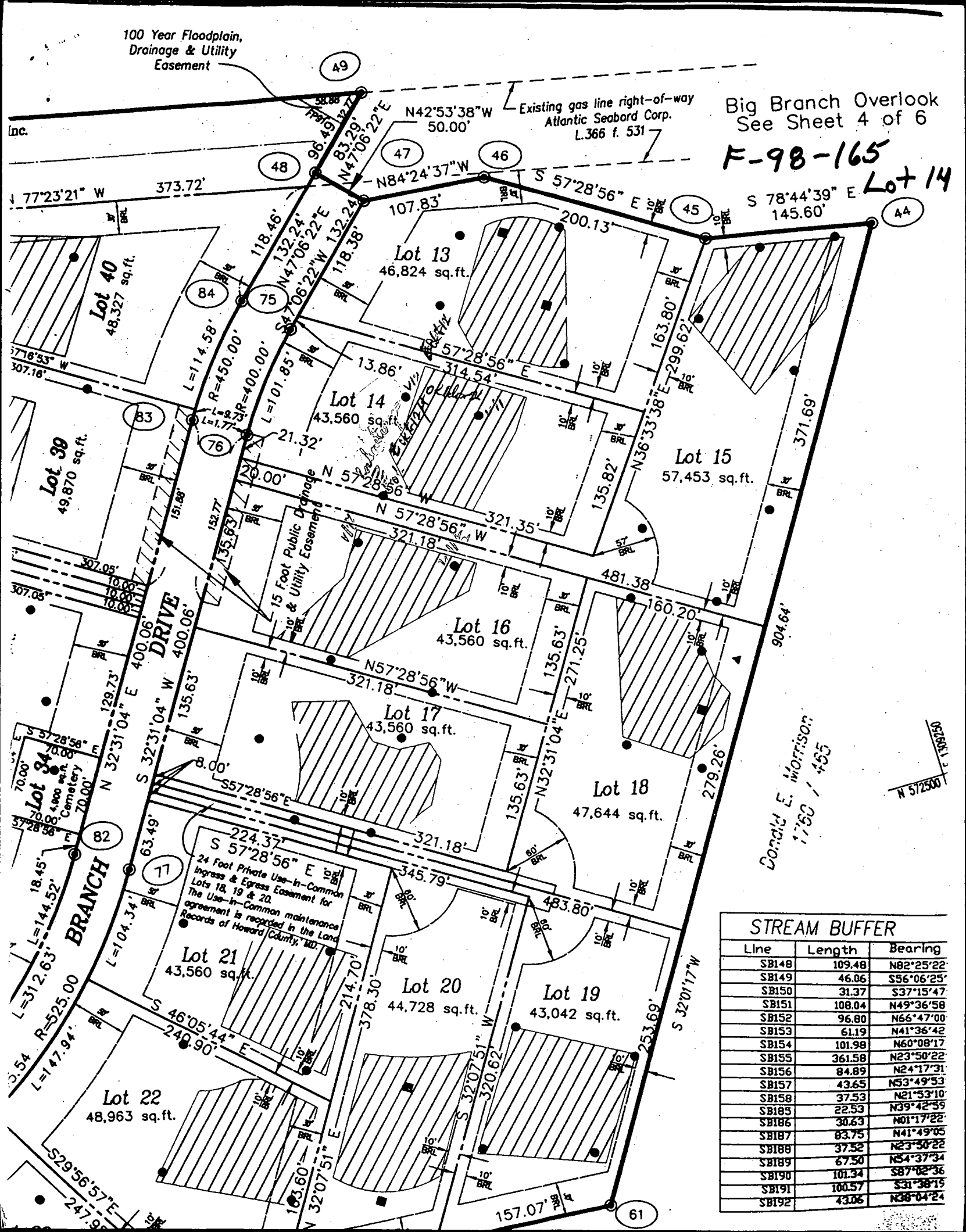
X

100 Year Floodplain,
Drainage & Utility
Easement

Existing gas line right-of-way
Atlantic Seaboard Corp.
L.366 f. 531

Big Branch Overlook
See Sheet 4 of 6

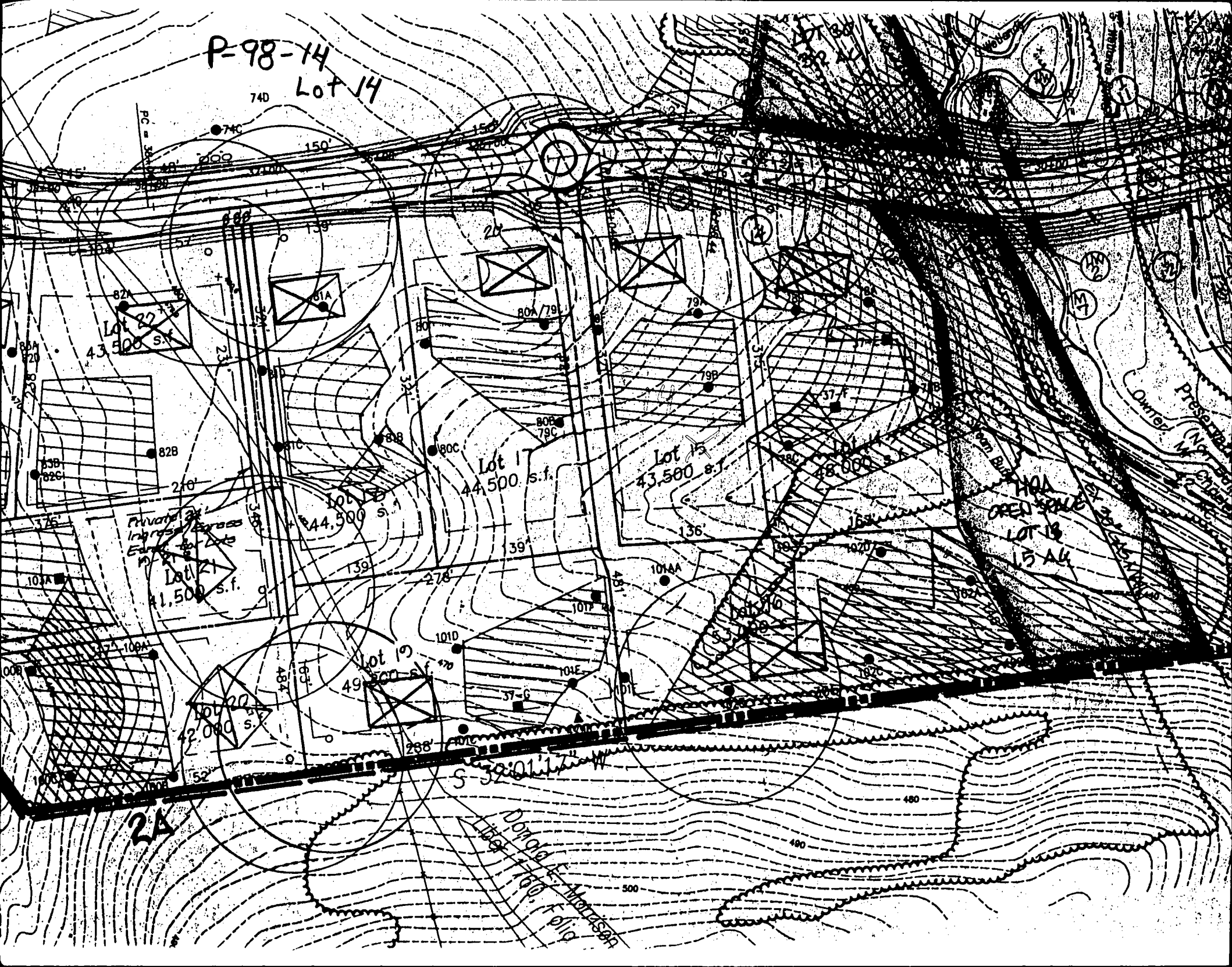
F-98-165
Lot 14



Donald E. MOTTISON
1750 / 455

STREAM BUFFER		
Line	Length	Bearing
SB148	109.48	N82°25'22"
SB149	46.06	S56°06'25"
SB150	31.37	S37°15'47"
SB151	108.04	N49°36'58"
SB152	96.80	N66°47'00"
SB153	61.19	N41°36'42"
SB154	101.98	N60°08'17"
SB155	361.58	N23°50'22"
SB156	84.89	N24°17'31"
SB157	43.65	N53°49'53"
SB158	37.53	N21°53'10"
SB185	22.53	N39°42'59"
SB186	30.73	N01°17'22"
SB187	83.75	N41°49'05"
SB188	37.52	N23°50'22"
SB189	67.50	N54°37'34"
SB190	101.34	S87°02'36"
SB191	100.57	S31°38'19"
SB192	43.06	N38°04'24"

P-98-14
740 Lot 14



24

Donor F. Amalzar
Libra 1760
Folio

HOA
OPEN SPACE
LOT 18
15 AC