

LAYOUT 3/24/03 INSP 4 6-10-03 3pm
 INSP 2 3/25/03 INSP 5 _____
 INSP 3 3/26/03 2pm INSP 6 _____

ISSUE DATE: 1/27/2003 P 518521
 APPROVAL DATE: 6/10/03 A 56564-Q

PERMIT INDEXED

05-432049

No Room For Pool Construction
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Big Branch Overlook LOT NUMBER: 17

ADDRESS: 14077 Big Branch Drive PROPERTY OWNER: Big Branch Overlook, LLC

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

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

Handwritten calculations:

$$\begin{array}{r} 280 \\ \times 0.31 \\ \hline 840 \\ 2800 \\ \hline 8680 \end{array}$$

$$\begin{array}{r} 210 \\ \times 4 \\ \hline 840 \end{array}$$

$$\begin{array}{r} 420 \\ \times 0.31 \\ \hline 1260 \end{array}$$

** Septic tank specifications apply to all lots in subdivision as agreed by builder. **

TRENCHES:	Trench to be <u>3.0</u> feet wide. Inlet <u>5.0</u> feet below original grade. Bottom maximum depth <u>10.0</u> feet below original grade. Effective area begins at <u>5.0</u> feet below original grade. <u>5.0</u> feet of stone below distribution pipe.
LOCATION:	Install distribution box and trenches as shown on plan. Trench lengths are as follows: 50/85/85/and 60 feet with 9 foot separation edge-to-edge to maximize space.
NOTES:	Trench layout inspection required prior to installation. Outlet baffle filter required and manhole access. Inspection port on distribution box required for pump check.

PLANS APPROVED: John Boris *Revised 3/25/03* KN DATE: 10/21/2002

- 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 UNLESS SPECIFICALLY AUTHORIZED

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

6/10/03 Pump & Alarms tests OK

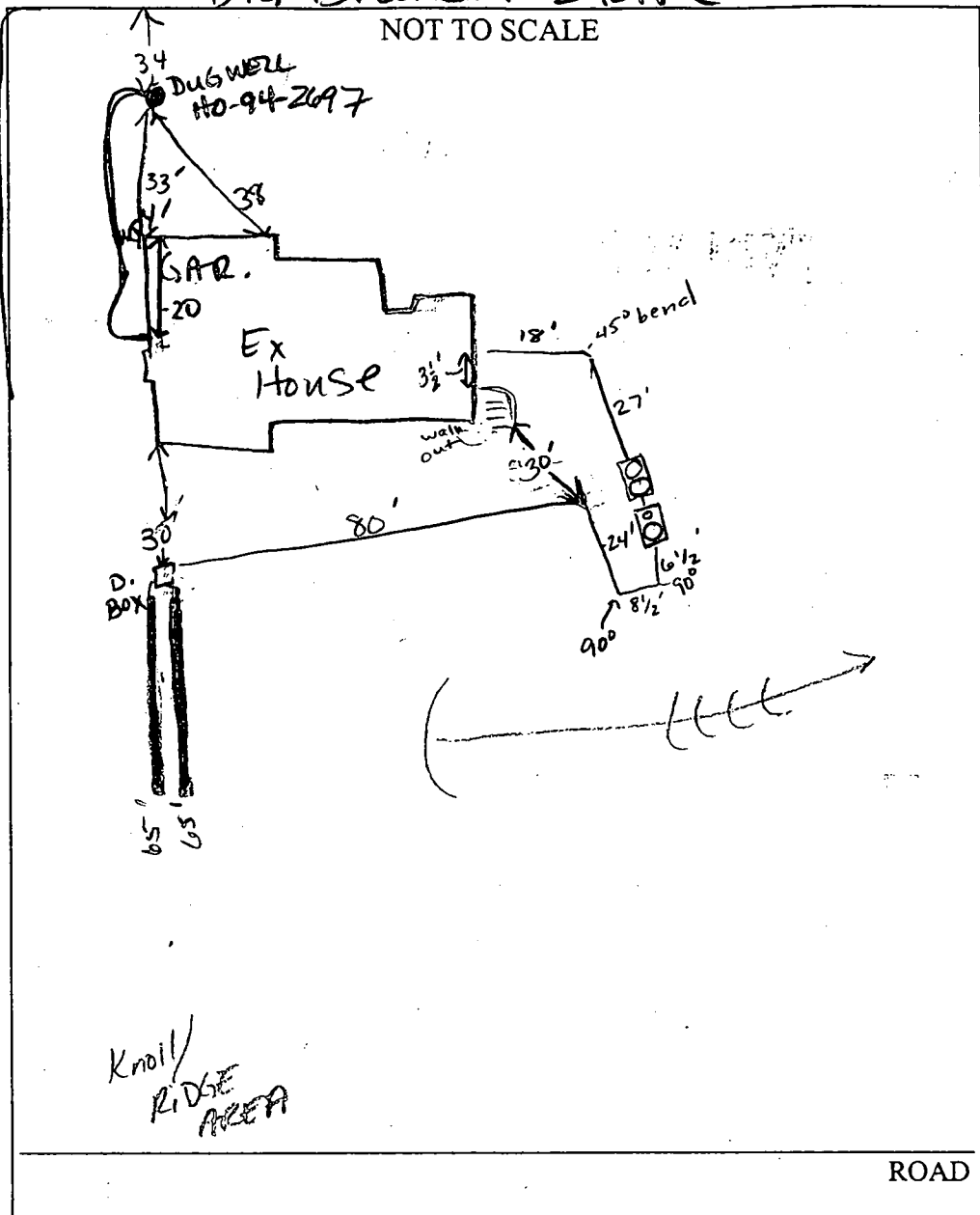
6/11/03 Called Kurt - baffle filter - yes! KN

46564-Q

Big Branch Drive

NOT TO SCALE

PRIVATE DRIVE



TRENCH/DRAINFIELD DATA	2'	5'	10'
WIDTH	2	5	10'
NUMBER OF TRENCHES	2		
TOTAL LENGTH	130		
ABSORPTION AREA	_____		
DISTRIBUTION BOX LEVEL	_____		
DISTRIBUTION BOX BAFFLE	_____		
DISTRIBUTION BOX PORT	_____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	2'?
BAFFLES	yes
BAFFLE FILTER	yes
MANHOLE LOC	front+back
6" PORT LOC	N/A
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	YES
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	2'?
BAFFLES	YES
BAFFLE FILTER	N/A
MANHOLE LOC	back
6" PORT LOC	front
WATERTIGHT TEST	_____

Compare
Mentel
check

PRE-CONSTRUCTION 3/24/03 DO NOT START INSTALLATION OF SEPTIC.

To Dig Perc hole in swale - try to ↑ side wall + treatment.
INSTALLATION Also, well location AN ISSUE. Previous house plan showed garage

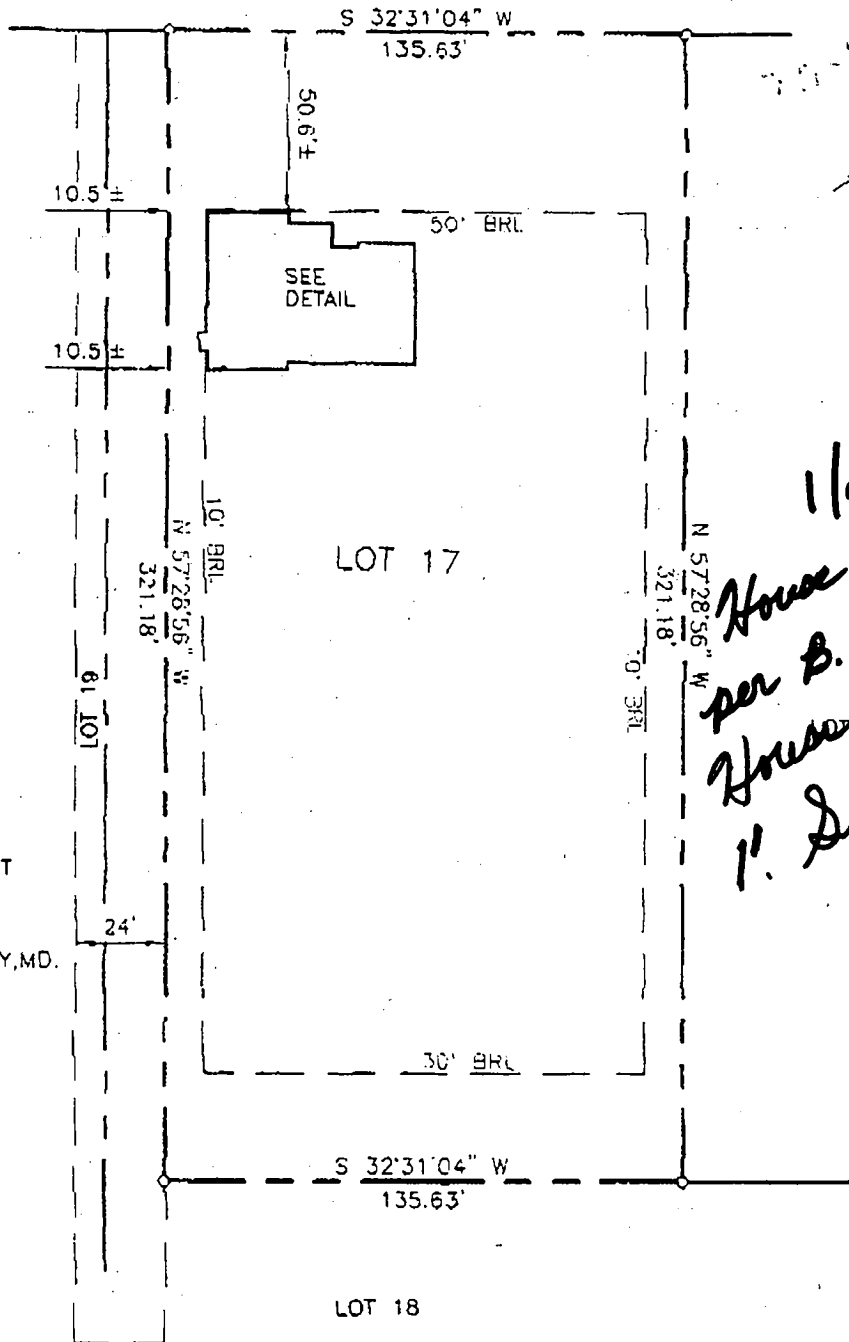
on other side of house and its not. NEED WELL PROTECTION NOW. 3/25/03 Dug Perc hole AK. SEE SEPTIC LAYOUT for soil profile & exact measured location. (AST. SET; soils same as AK.

1st System in SDA CLOSEST TO HOUSE DUE TO Homogeneous soils. D. Box placed 32' off of corner of house. Run 2-65' trenches on contour inut @ 5' & bottom @ 10'. 9' ETE for 2' TRENCH WIDTH. Will call us if issue arises A 2pm met Nathan & Allen Compton @ site. Will

FINAL INSPECTOR [Signature] DATE OF APPROVAL 6/10/03

3/26/03 3pm. OK TO COVER ALL TRENCHES NEED PUMP TEST & V baffles (EN) fax driveway plan & call when driveway laid - Needo insp. @ site then (EN)

BIG BRANCH DRIVE
(50' R/W)



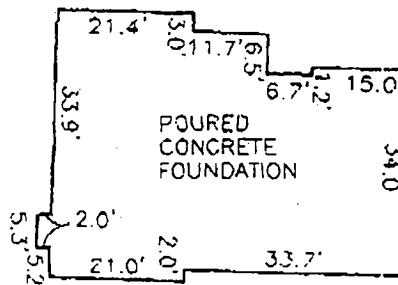
*1/27/03
House location as
per B.P. plan.
House raised
1" Should be O.K.
BB*

24' PRIVATE USE-IN-COMMON
INGRESS & EGRESS EASEMENT
FOR LOTS 18, 19 & 20.
THE USE-IN-COMMON
MAINTENANCE AGREEMENT IS
RECORDS OF HOWARD COUNTY, MD.

TOP OF FOUNDATION WALL ELEVATION = 482.6'
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 12/09/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP P.C. INC. ENTITLED "BIG BRANCH OVERLOOK LOTS 1 THROUGH 49", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13855



FOUNDATION DETAIL

SCALE: 1" = 30'

D. O. M. Ch...
Benchmark

3/25/03 SDA
 Staked per plan

(AK)

Strong DK
 brn hvy Lm
 CLM r. blng
 1"

4 1/2" Strong
 brn
 Loam.
 some mica
 fine ext
 feel almost
 velvety

Some
 blocky
 Rr appearing
 3-5' with
 Black faces

9' brn med
 SLm

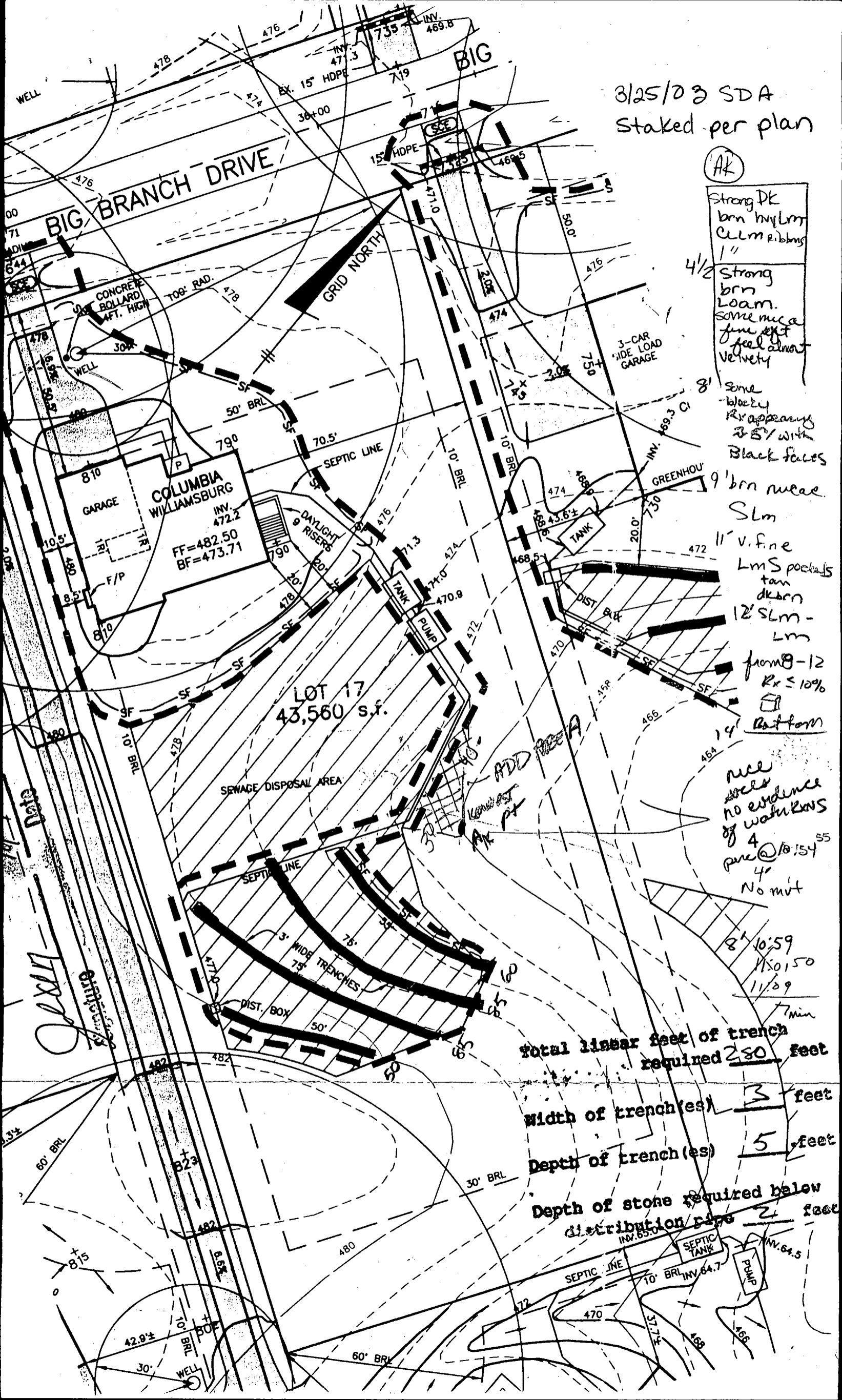
11' v.f. fine
 Lm S pockets
 tan
 dk brn

12' SLm -
 Lm

from 8-12
 Rr ≤ 10%

14' Bottom

all
 wells
 no evidence
 of water RWS
 4
 pre @ 10/54⁵⁵
 4"
 No mit



Total linear feet of trench
 required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
 distribution pipe 2 feet

8' 10.59
 11.50, 50
 11.89
 7 min

John

ADD AREA
 AK

JAB

Building Address 14077 Big Branch Dr.
Dayton, Md 21036

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

Census Tract 6051.21 Subdivision Big Branch Overlook

Section _____ Area _____ Lot 17

Tax Map 27 Parcel 191 Grid 6

Zoning RC Map Coordinates 9E13 Lot size 43500'

Property Owner's Name Big Branch Overlook, LLC

Address 7104 Columbia Gleny Dr. #230

City Columbia State MD Zip Code 21036

Home Phone _____ Work Phone 410-870-9105

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

CALL 6256 SHIMMID AT Net

413-535-9290 443-506-

Phone _____ Fax 5273

Existing Use Vacant Lot

Proposed Use Residential Home

Estimated Construction Cost \$ 200,000

New Custom SFD

Description of Work Columbia Williamsburg

2 story, full bsmt, 4BR 3 1/2 bath 2 one

car entry garage, Expanded Unlight Cmt

Occupant or Tenant Big Branch Overlook, LLC.

Contact Name GLEG SHIMMID

Address 7104 Columbia Gleny Dr. #230

City Columbia State MD Zip Code 21036

Phone 410-870-9105 Fax 410-870-9141

Contractor Company Big Branch Overlook, LLC

Contact Person GREG SHIMMID

Address 7104 Columbia Gleny Dr. #230

City Columbia State MD Zip Code 21036

License No. 4103

Phone 410-870-9105 Fax 410-870-9141

Engineer or Architect Company Benchmark Engin

Contact Person DAVE THOMPSON

Address 8420 Balt Natl Pike #418

City Ellicott city State MD Zip Code 21040

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
--	---

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 <input type="checkbox"/> # of Heads _____

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>44'</u> <u>30'8"</u> 2nd floor: <u>42'</u> <u>31'8"</u> Basement: <u>44'4"</u> <u>30'8"</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Stab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
Other Structure: _____	Propane Gas <input type="checkbox"/>
Dimensions: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 THERE TO, (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 [Signature]

Project Manager ROLL BROTHERS, INC.

Title/Company _____

Print Name GREG SHIMMID

Date 10/18/02

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/21/02</u>	<u>[Signature]</u>
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 NewTown Zone _____

SDP/Red-line approval date: _____

PROPERTY ID#: 96402

Filing fee	\$	<u>100</u>
Permit fee	\$	
Excise tax	\$	
Add'l per. fee	\$	
TOTAL FEES	\$	
Sub-total paid	\$	
Balance due	\$	
Check	#	<u>13636</u>
Validation	#	

Accepted by [Signature]

**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 Abrecht Rd
Sylva, NC 28784

(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: Tell Brothers Telephone #: _____
Subdivision: Big Branch Lot #: 17 Well Tag #: HO 94-2697
Site Address: 14077 Big Branch Dr

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Cumabell</u>	Two piece watertight cap: <u>yo</u>
Model #: <u>58010 422</u>	Model#: _____	Screened, vented well cap: <u>yo</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yo</u>
Well Yield: _____ GPM	NSF approved: <u>yo</u>	Conduit min 18" B.G.: <u>yo</u>
Depth of well encountered at time of pump installation: <u>450</u> (feet)		Conduit secured to well cap: <u>yo</u>

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 N/A

Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yo</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>yo</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: 5-6-03

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

Date Insp. Requested: _____ Date Insp. Approved: 6/10/03 (50)
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 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

Barriocades in place (50)

C1 07754

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 10/3/00 O.K. (BB) COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 8 17 00

Depth of Well 22 450 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2697

OWNER BIG BRANCH LLC STREET OR RFD BIG BRANCH DRIVE TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION LOT 17

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray, white, and Gray.

GROUTING RECORD form with fields for CEMENT (CIM), BENTONITE CLAY (BC), NO. OF BAGS (10), NO. OF POUNDS (990), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (0 to 34 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (44).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and depth (34, 450).

PUMPING TEST form with fields for HOURS PUMPED (06), PUMPING RATE (1), MEASURE PUMPING RATE (190L), WATER LEVEL (57 before, 217 when), TYPE OF PUMP USED (S).

NUMBER OF UNSUCCESSFUL WELLS (1 KN) WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER A, E, P for well status.

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...

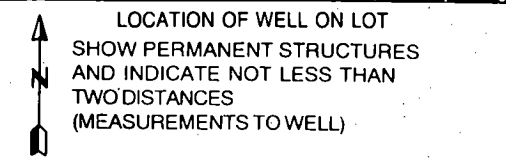
DRILLERS LIC. NO. MSD009, DRILLERS SIGNATURE (M. S. D. Compton), LIC. NO. D

DEPTH (nearest ft.) table with columns 1-21 and 23-36, and rows A, C, H, S, R, E, N.

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (02).



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

NO Survey stakes

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 - 2697
 Location of property (road) Big Branch Drive
 Subdivision Big Branch Overlook Lot 17 Block _____ Plat _____ Sec. _____
 Well Driller Compton/Fogle Owner Big Branch Overlook LLC

Depth of well 450
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 57'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 20
 Total time 15 min to reach pumping water level 217 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	57	3		20
9:15	217	37		1.6
9:30	217	37		1.6
9:45	217	37		1.6
10:00	217	37		1.6
10:15	217	37		1.6
10:30	217	37		1.6
10:45	217	37		1.6
11:00	217	37		1.6
11:15	217	37		1.6
11:30	217	37		1.6
11:45	217	37		1.6
12:00	217	37		1.6
12:15	217	37		1.6
12:30	217	37		1.6
12:45	217	37		1.6
1:00	217	37		1.6
1:15	217	37		1.6
1:30	217	37		1.6
1:45	217	37		1.6
2:00	217	37		1.6
2:15	217	37		1.6
2:30	217	37		1.6
2:45	217	37		1.6

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-7-00 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____

PERMIT NUMBER OF REPLACEMENT WELL _____

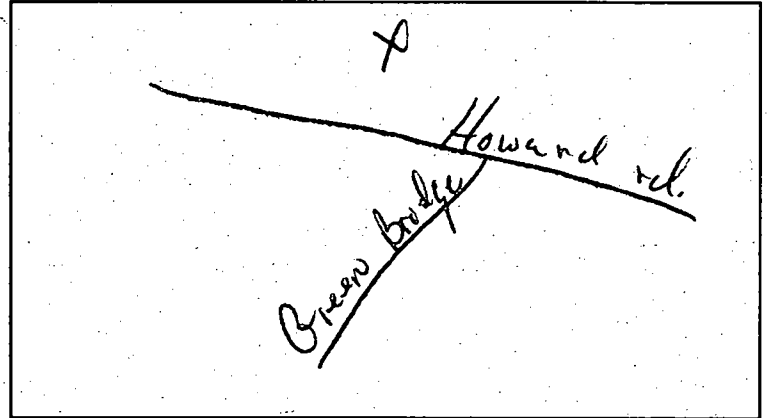
PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009
 CIRCLE: MWD/MSD/MGD

OWNER'S NAME: TOLL Brothers

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Dayton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Big Branch Overlook
 SECTION: _____ LOT: 17 14077
 NEAREST ROAD: Big Branch Dr

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED _____
- _____ BORED/AUGERED _____ HAND DUG _____
- _____ OTHER (specify) _____

USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC _____
- _____ IRRIGATION _____ INDUSTRIAL _____
- _____ TEST/OBSERVATION _____ GEOTHERMAL _____

TYPE OF CASING:

- STEEL _____ PLASTIC _____
- _____ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 63'

WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>0</u>	<u>65</u>
<u>stone cuttings</u>	<u>65</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>17 bags cement</u>		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # _____ CIRCLE ONE _____ DATE _____

B 1 13992

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2697

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Big Branch Overlook LLC, 7164 Columbia Gateway DR Suite 230, Columbia MD 21046

B 3 LOCATION OF WELL

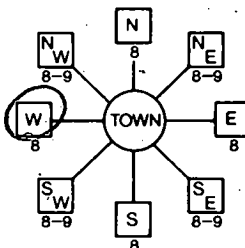
Howard, Big Branch Overlook 14077, Dayton

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Allen Compton MS D 009, Fogle's Well Drilling, 580 Obrecht Rd. Sykesville Md 21784

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch DR

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 30' FT

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 (circled), Farming, Industrial, Public Water Supply Well, Test, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13, COUNTY NAME, STATE SIGNATURE, DATE ISSUED 052600, CO SIGNATURE, NORTH GRID 511 000, EAST GRID 0795 000

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

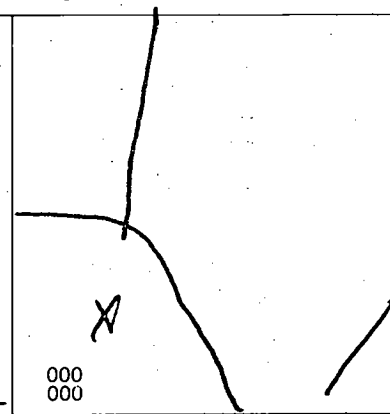
- BORED (or Augered) AIR-ROTARY (circled), JETTED, Jetted & DRIVEN, CABLE, Reverse-ROTary, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE, E 805 795, N 510'



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, PERMIT No. Ho - 94 - 2697

SPECIAL CONDITIONS

BRANCH

15' PUBLIC UTILITY EASMENT
50' B.R.L.
151.88

10.00
10.00
10.00
400.06

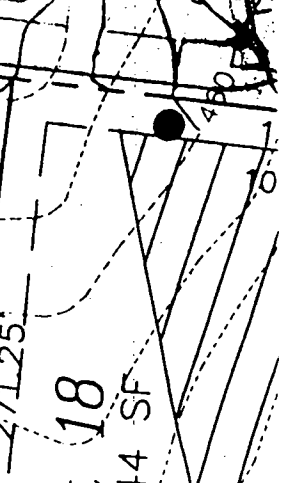
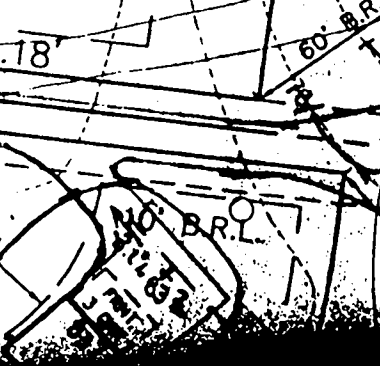
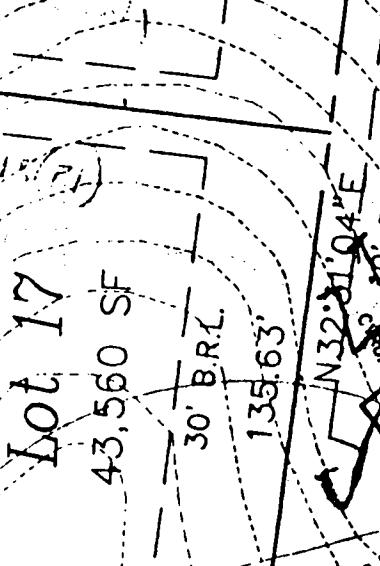
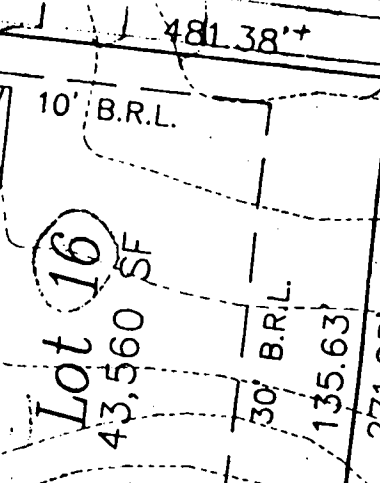
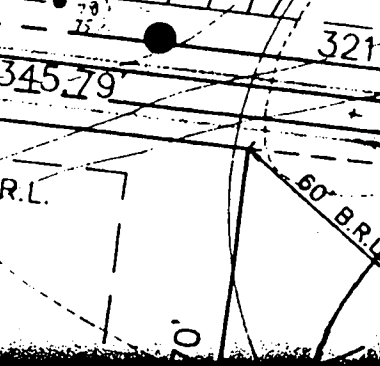
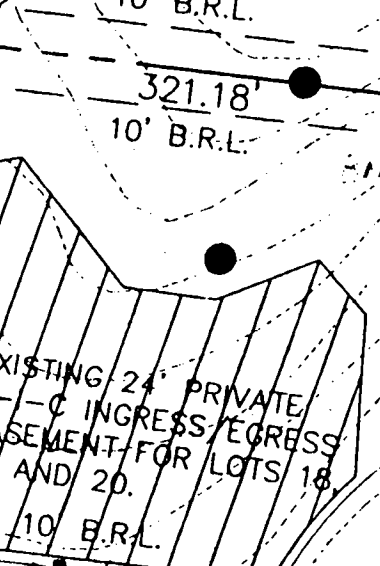
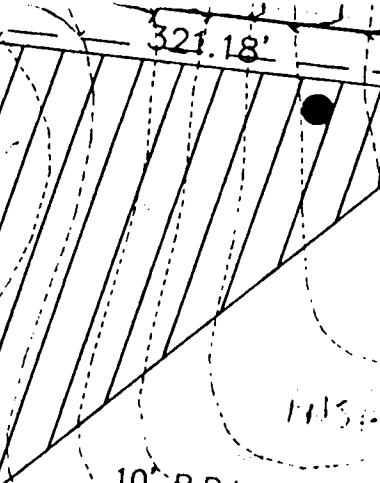
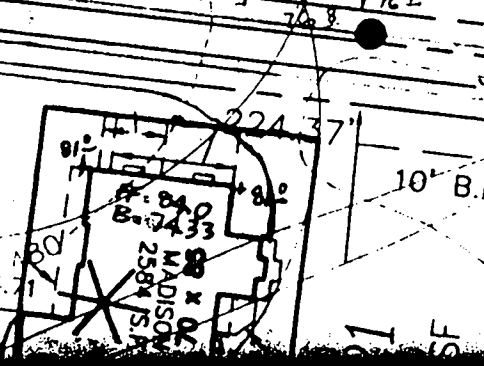
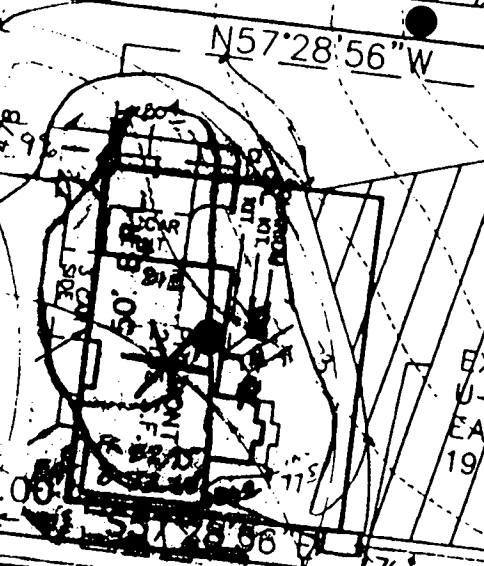
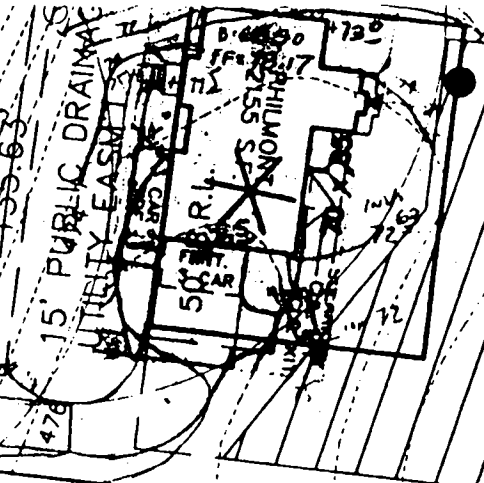
UTILITY EASMENT
129.73
N32°31'04"E
37+00
38+00
35+00

70.00
70.00
70.00
38+04

15' PUBLIC DRAINAGE UTILITY EASMENT
135.63
478

N57°28'56"W
135.63
478

224.37
10' B.R.L.
60' B.R.L.

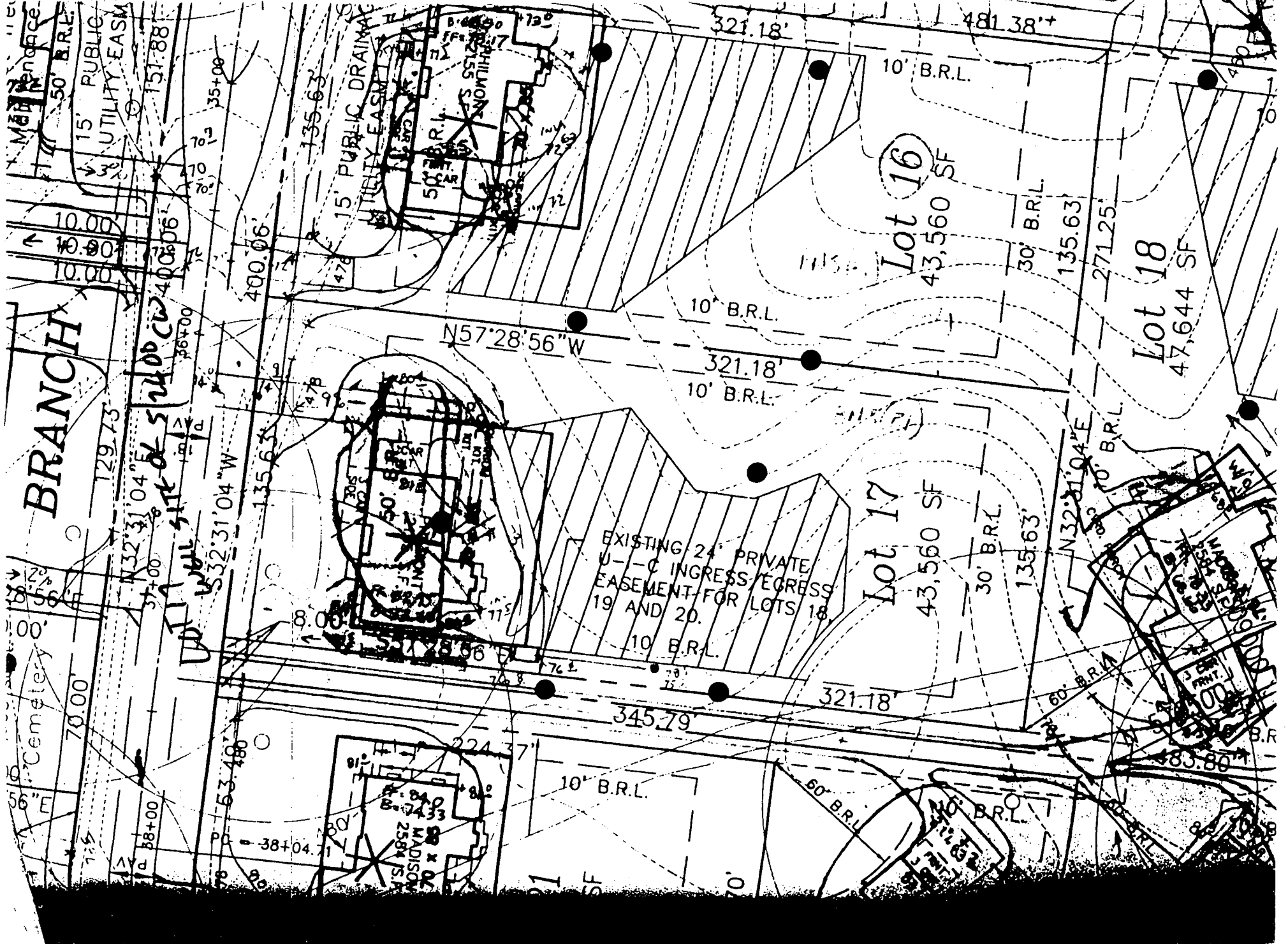


Lot 16
43,560 SF

Lot 17
43,560 SF

Lot 18
47,644 SF

EXISTING 24' PRIVATE
U-I-C INGRESS/EGRESS
EASEMENT FOR LOTS
19 AND 20.



APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

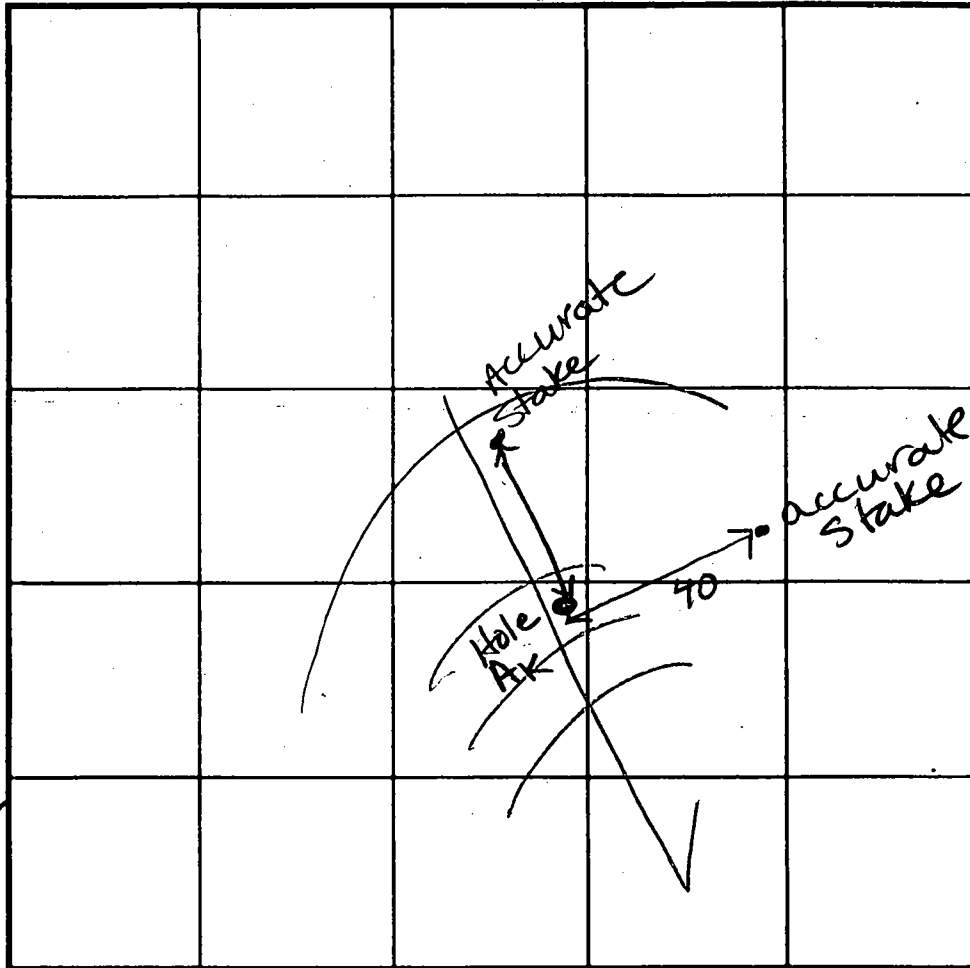
THIS IS NOT A PERMIT

50564-Q
COUNTY #

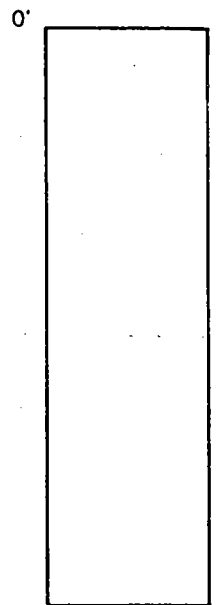
SOIL PROFILE

0' AK
Str dk brn
hvy Lm -
CLM
ribbons 1" 4 1/2'
Strong brn
Loam
some mica
Almost silty
Somewhat
Velvety feel
Trace Rx
8'
Some blk
stone ~5%
with black
faces
9'
brn micac,
SLM
11'
V. fine Lm S
packets tan,
lt brn, dk brn
14'
SLM-Lm
12'

Bottom 14'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-25-03	AK	4'5"	10:54	No mv't			
		8' M	10:59	11:01 ⁵⁰	"	11:09	7min
AREA ADDED TO SDA SEE ATTACHED DRAWING							

REMARKS Rx from 8' to 12' $\leq 10\%$ - blocky
 TYPE OF SOIL SEPTIC TANK ALSO PLACED IN similar soil
 TESTED BY Kacie Noonan ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ FT/BEDROOM _____

3/25/03 SDA
 Staked per plan

(AK)

Strong DK
 brn hylm
 C.L.M. pibms
 1"

4 1/2" Strong
 brn
 Loam.
 some mica
 fine silt
 feel almost
 velvety

Some
 blocky
 Rx appearing
 2-5' with
 Black faces

9' brn meae
 S.Lm

11' v.f. fine
 Lms pocket
 tan
 dk brn

12' S.Lm -
 Lm

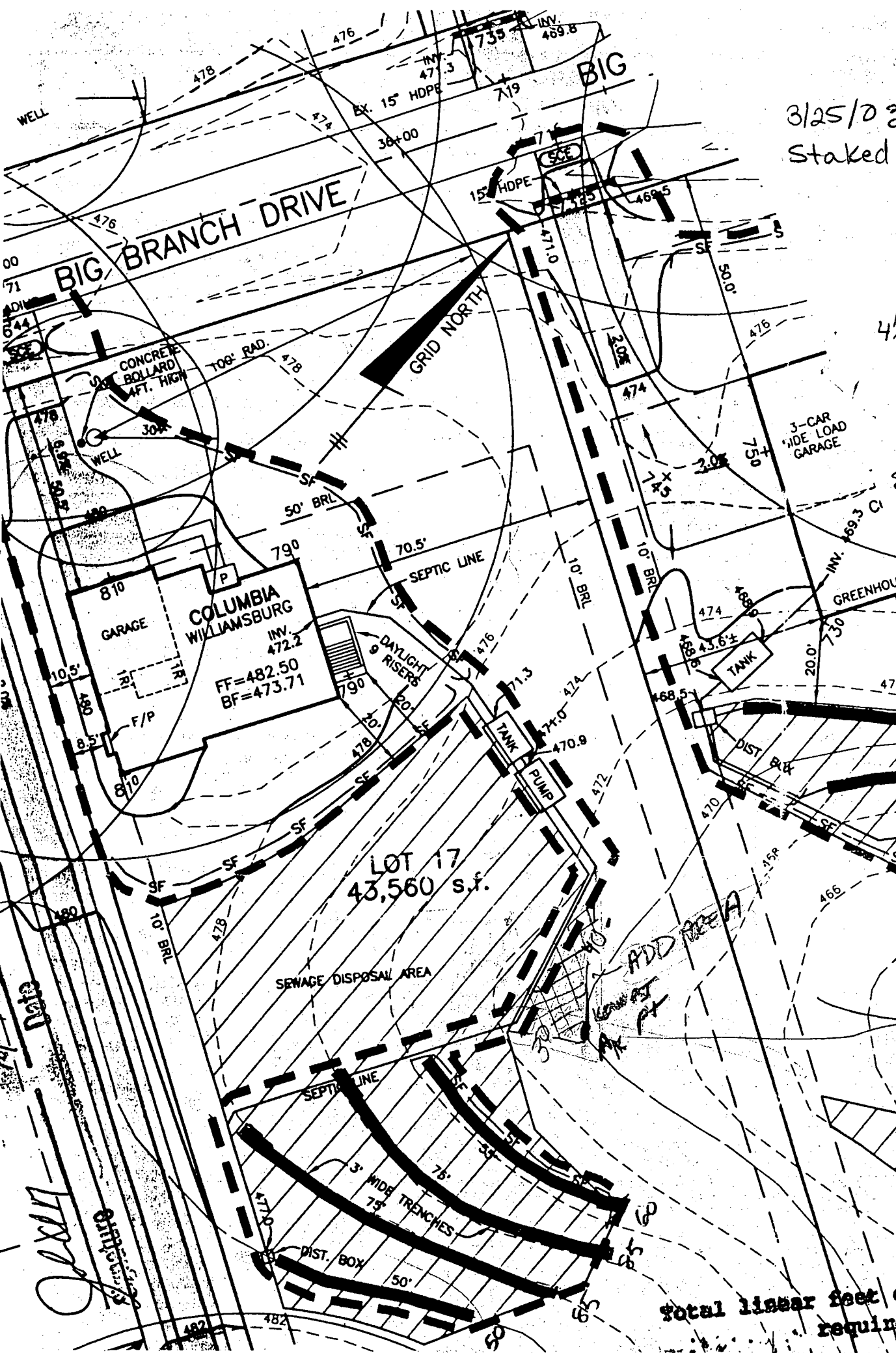
from 8-12
 Rx $\leq 100\%$

14' Bottom

well
 no evidence
 of water
 4
 pre @ 10:54
 4
 No mit

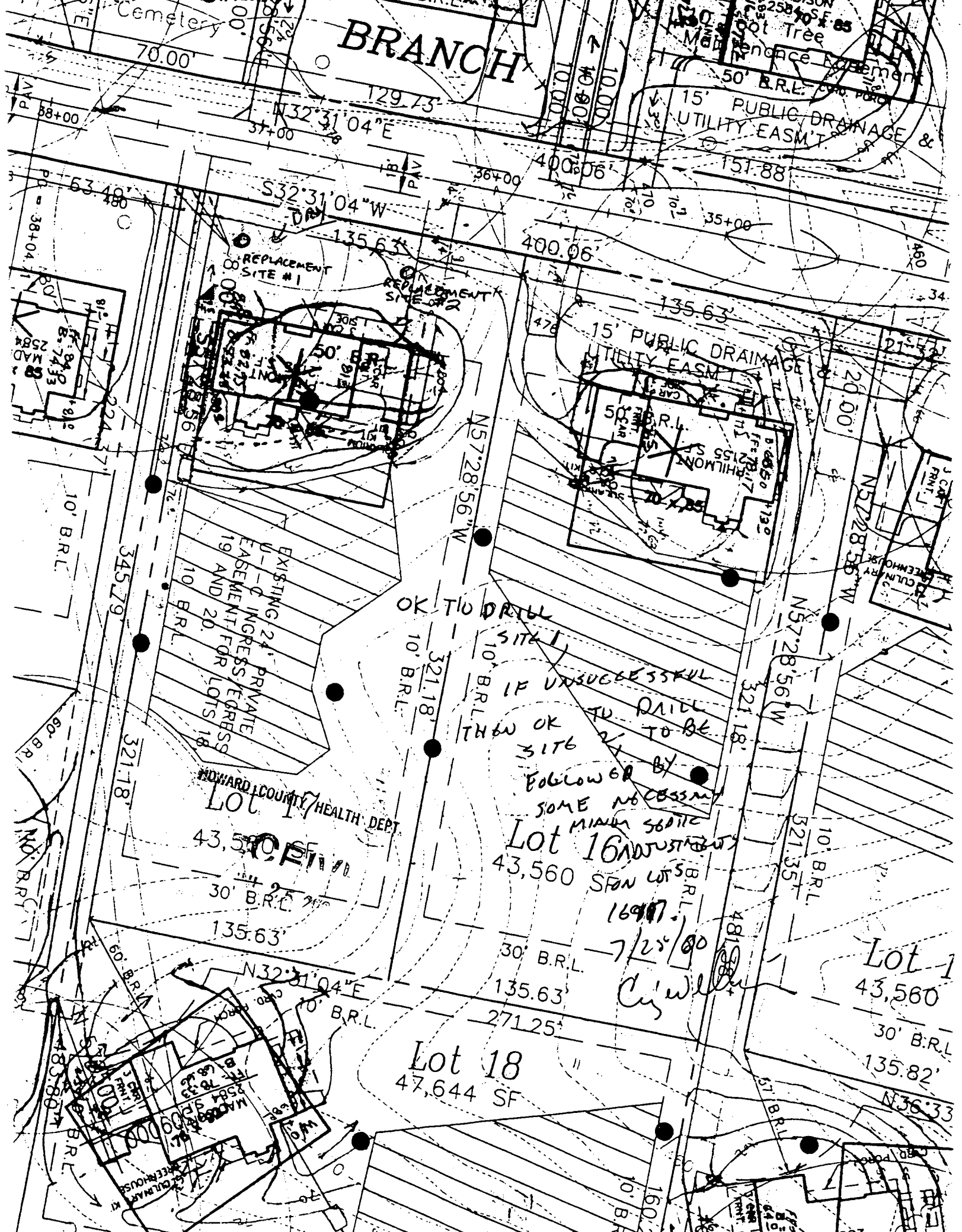
8' 10:59
 11:50:50
 11:29

total linear feet of trench
 required 250 feet



Date
 Structure

BRANCH



REPLACEMENT SITE #1

REPLACEMENT SITE #2

OK TO DRILL
SITE 1
IF UNSUCCESSFUL
THEN OK TO DRILL
SITE 2 TO BE
FOLLOWED BY
SOME NOCESSARY
MINOR SITE
ADJUSTMENTS

Lot 16
43,560 SF
16907

7/25/00
C. Williams

HOWARD COUNTY HEALTH DEPT
LOT 17
43,560 SF
30' B.R.L.

Lot 18
47,644 SF

Lot 1
43,560
30' B.R.L.

135.82'
N36.33

Cemetery
70.00'

15' PUBLIC DRAINAGE
UTILITY EASMENT
50' B.R.L.

81' H.T.
B. 74.33
K. 8.8

15' PUBLIC DRAINAGE
UTILITY EASMENT
50' B.R.L.
PHILMON ST
1555 S

10' B.R.L.
345.29'

60' B.R.L.
321.18'

60' B.R.L.
483.80'

10' B.R.L.
321.18'

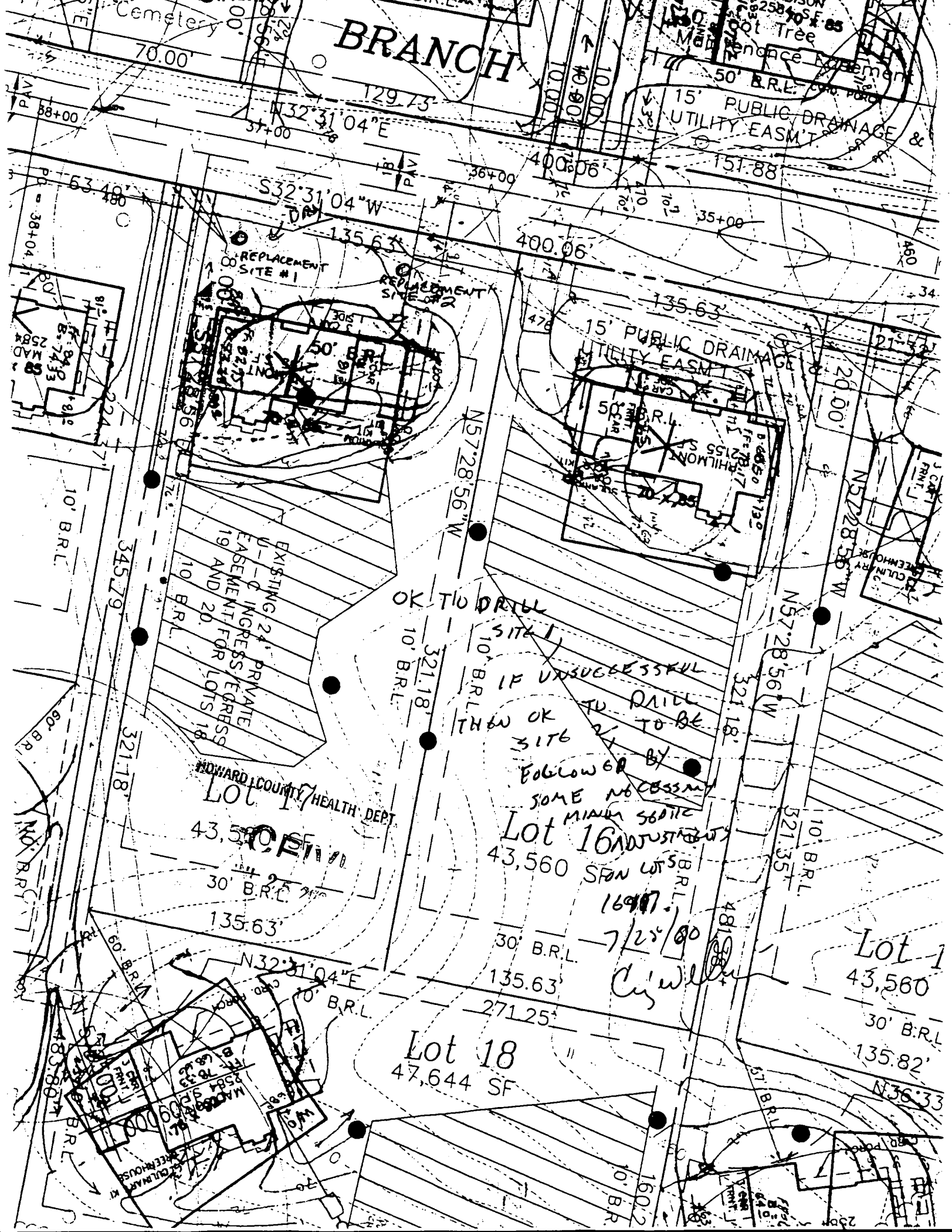
10' B.R.L.
321.18'

10' B.R.L.
321.18'

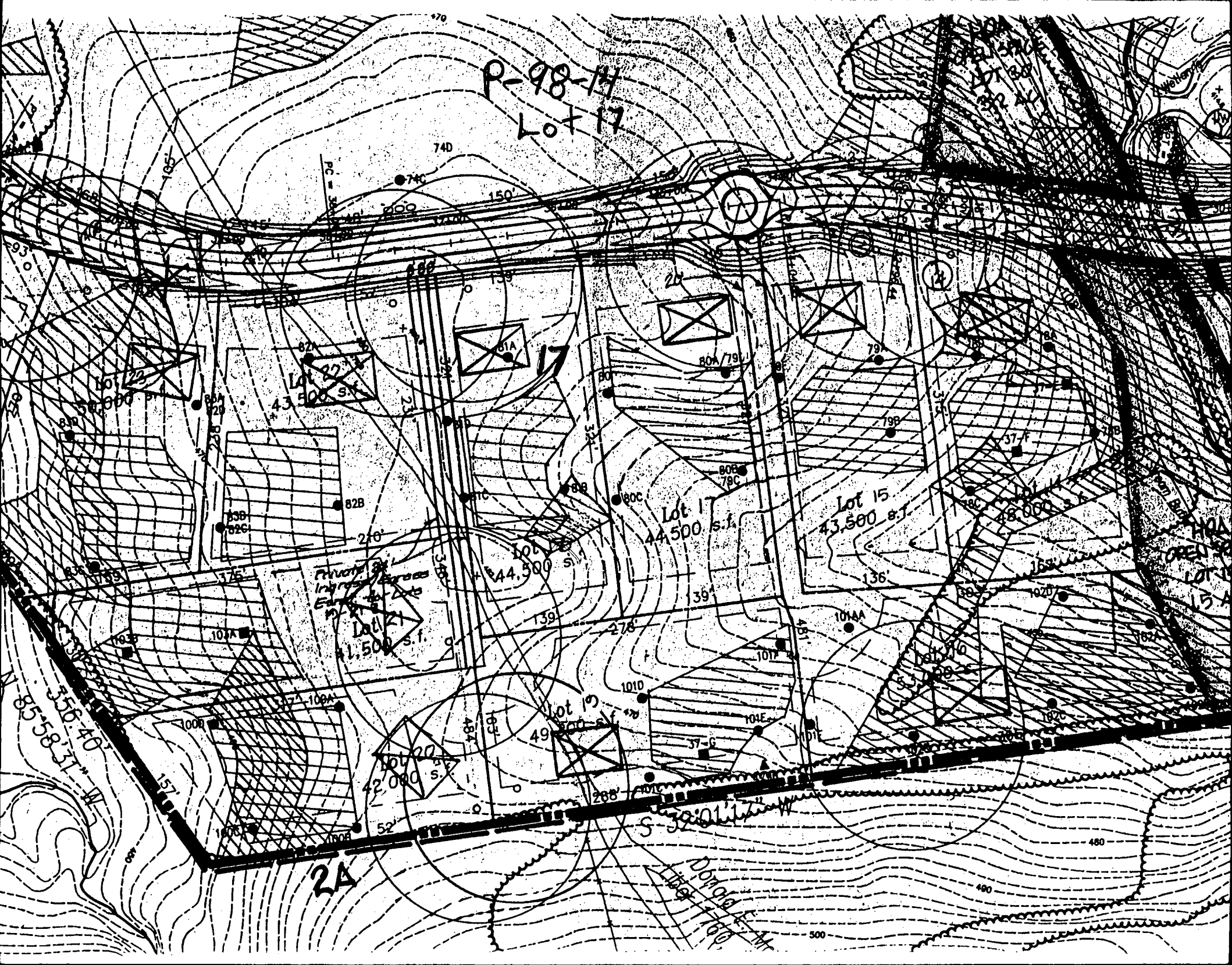
10' B.R.L.
521.35'

10' B.R.L.
481.80'

10' B.R.L.
160.2'



P-98-14
Lot 17



APPLICATION

PERCOLATION TESTING

585676
A 52577
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 DRIVE

'B DIVISION ~~CORRECTIONAL INSTITUTE~~ LOT NO. 17

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 _____

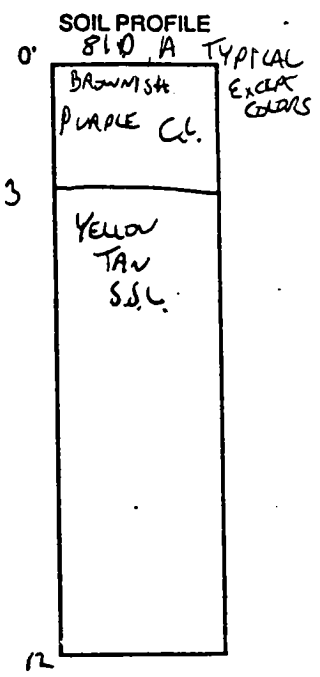
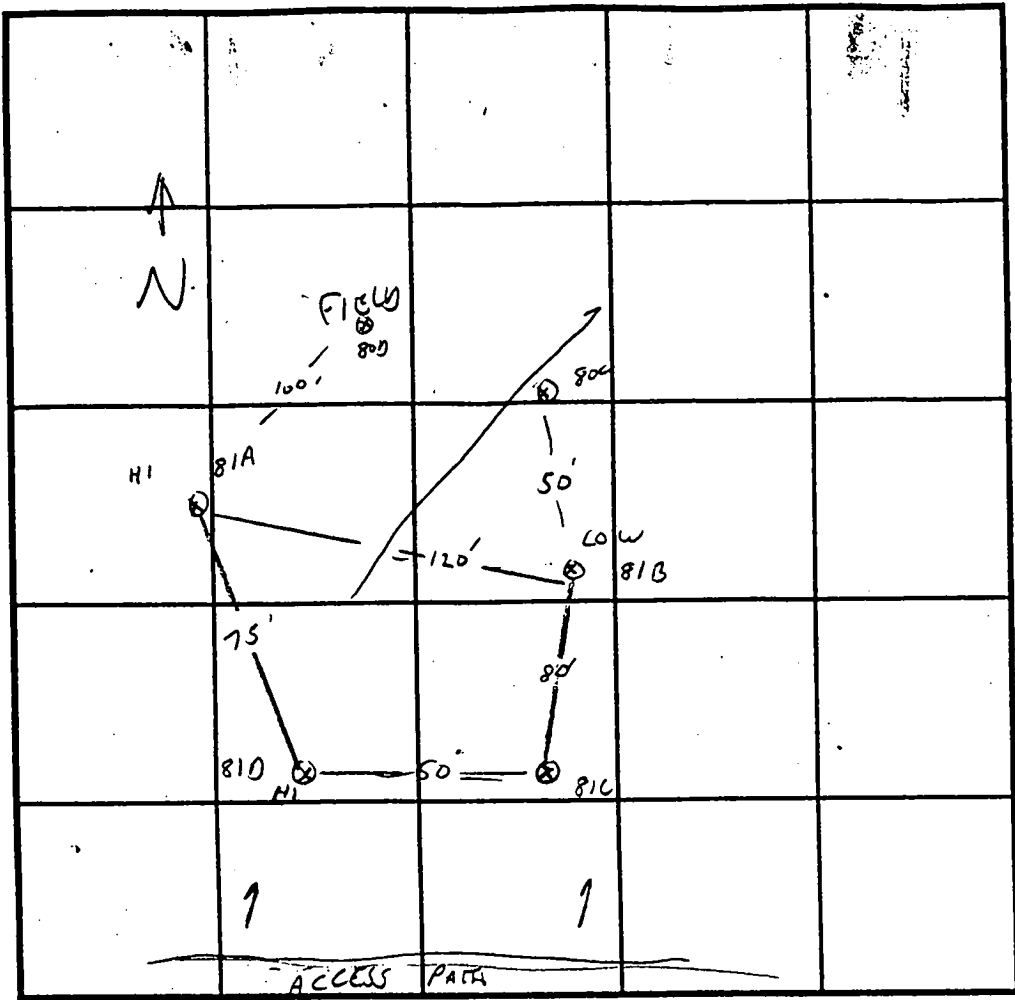
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 59577 585676

COUNTY #

SOIL PROFILE



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	810	3 / 12	12:26	12:31	12:31	12:45	14 MW	
		8V6k						
	81C	3 / 12	12:31	12:32	12:32	12:34	2 MW	
		8V0k						
	81A	3 / 12.5	12:36	12:38	12:38	12:43	5 MW	
		6	12:36	12:37	12:38	12:40	2 MW	
	81B	12 V	OK AT 3 AND 8					

REMARKS LOT 17

TYPE OF SOIL _____

TESTED BY G. SAUCE ALSO PRESENT C. SHARD

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 2/20/01

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 TOLL BROTHERS, INC.

ADDRESS 7164 COLUMBIA GATEWAY DR. SUITE 230 PHONE 410-872-9105
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 17

ROAD AND DESCRIPTION 14077 BIG BRANCH DR.
DAYTON, MD 21036

TAX MAP 27 PARCEL # 140

SIZE OF LOT 43,550 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. _____
(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

COUNTY #

SOIL PROFILE

0' **①**
Red Br Sandy Cl Loam Rocky

2.5'
Light Br Sa Loam

7'
40-50% Rock

9.5'
~30% Rock
Hard Bottom **①b**

2'
Red Br Sa Cl Loam
Light + Br Sa Loam

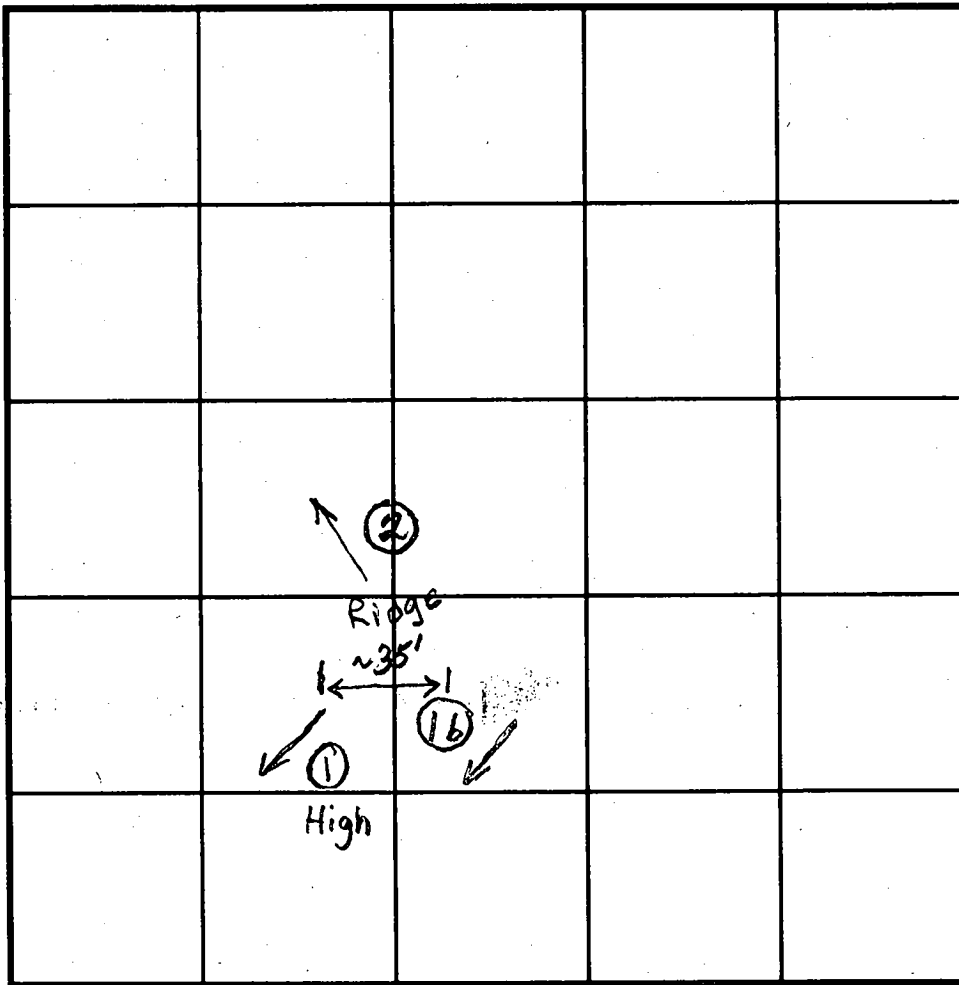
4.5'
Pockets of >50% Rock

8.5'
Hard Bottom **②**

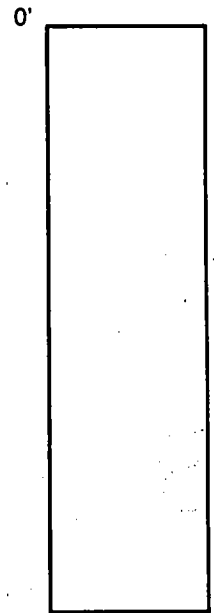
2'
Red Br Sandy Clay Loam

4'
Med. Br Sandy Loam

11'
Pockets of >50% Rock
Hard Bottom



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Big Branch Drive

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/8/01	1	9.5' V	—	See Profile	—	→	OK
	1b	8.5' V	—	See Profile	—	→	F
	2	11' V	—	See Profile	—	→	F

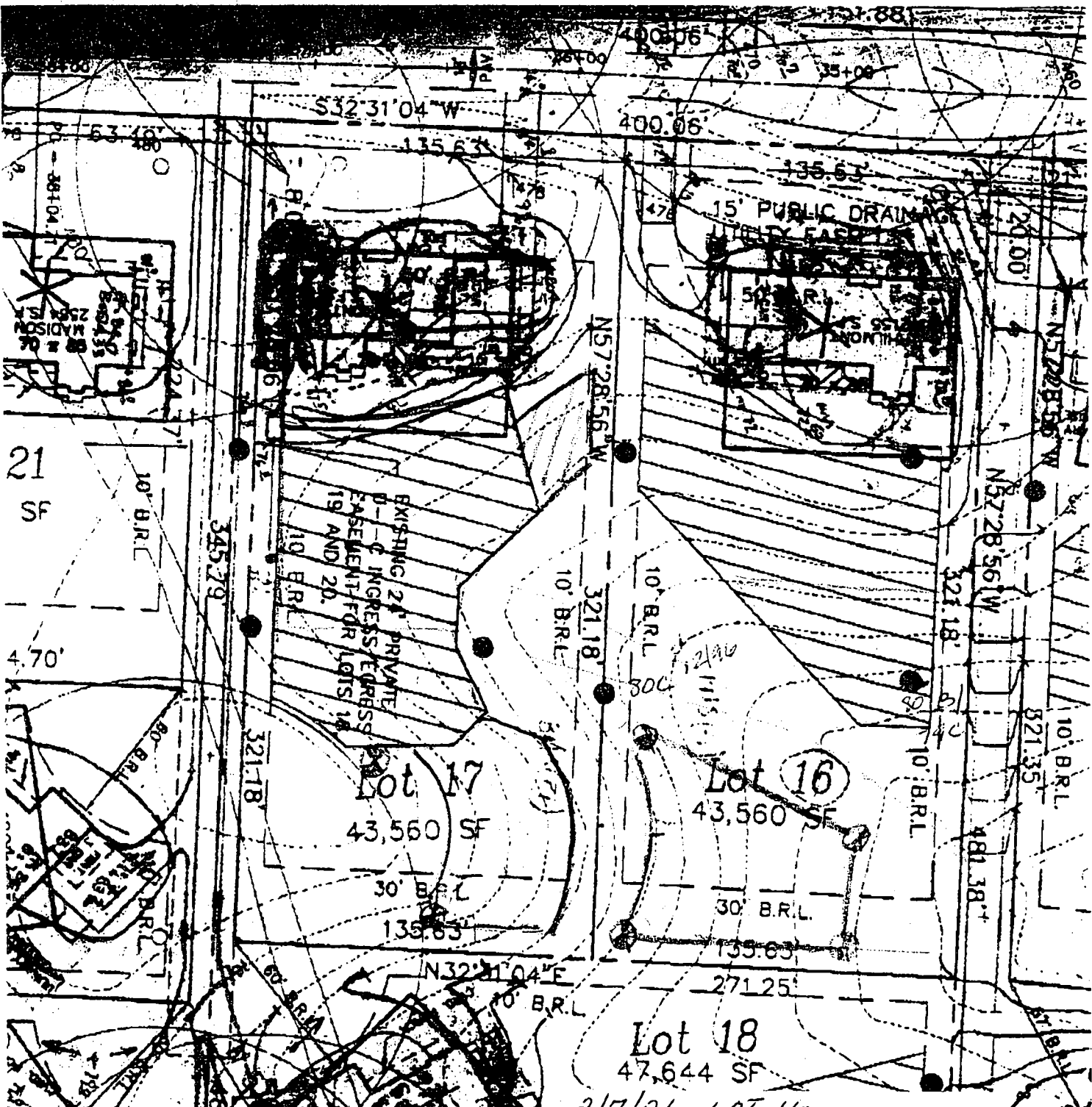
REMARKS Holes 2 and 1b fail due to insufficient depth to bedrock.

TYPE OF SOIL Hole 1 is very borderline, but will accept.

TESTED BY Brian Baker ALSO PRESENT Fogles

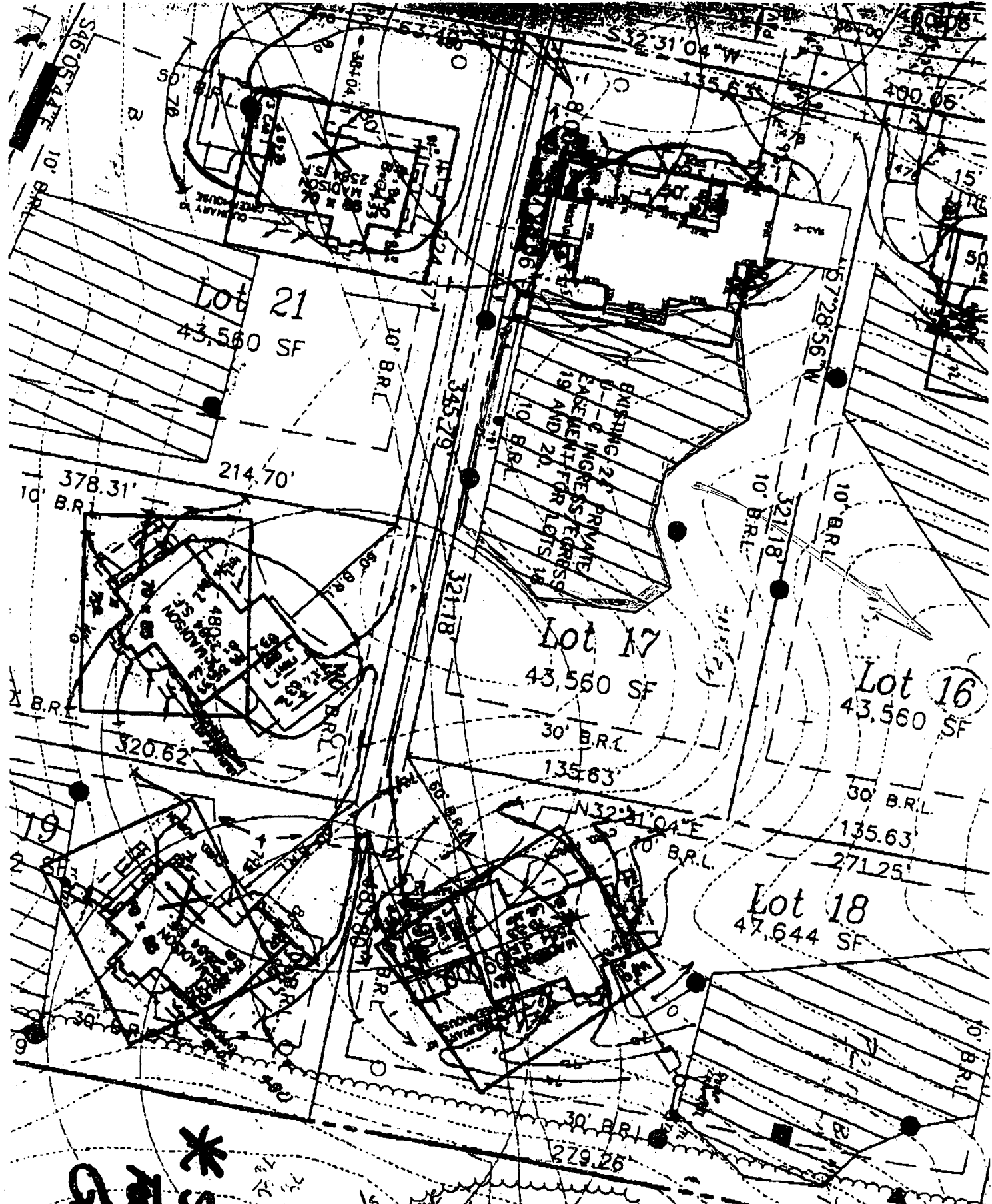
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



2/7/01 LOT 17
 Looks like some adjust.
 is possible - see above -
 w/out reperc. Any adjust.
 toward back of lot
 would need reperc.
 All

2/7/01 LOT 16
 I don't see any adjust.
 possible w/o reperc.
 If you reperc. they could
 have a split septic system
 as shown.
 ACU Miller



12/18/00
 Adjustment
 to SDA on lot 17
 not possible w/o
 reprec - towards
 back is a narrow
 w/ no test notes
 & swale is
 @ bottom.