

LAYOUT 2/28/02 AM INSP 4 3/11/02 PM
 INSP 2 3/5/02 PM INSP 5 _____
 INSP 3 3/8/02 PM INSP 6 _____

05-432251

ISSUE DATE: 2/27/2002
 APPROVAL DATE: 3/12/02

**PERMIT
INDEXED**

P 516542-B
 A 57577

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

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-3432

SUBDIVISION: Big Branch Overlook LOT NUMBER: 36

14080

JOSEPH MATTHEW

ADDRESS: 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: 5

**BLDG PERMIT SIGNED
 AND RETURNED 4/2/03
 B00140989 DECK**

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 225

TRENCHES:	Trench to be 2.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting from the lot corner at the driveway entrance, place the distribution box 135' down the right (367.22') lot line and 55' off this same lot line. Run trenches on contour per approved plan toward right lot line.
NOTES:	

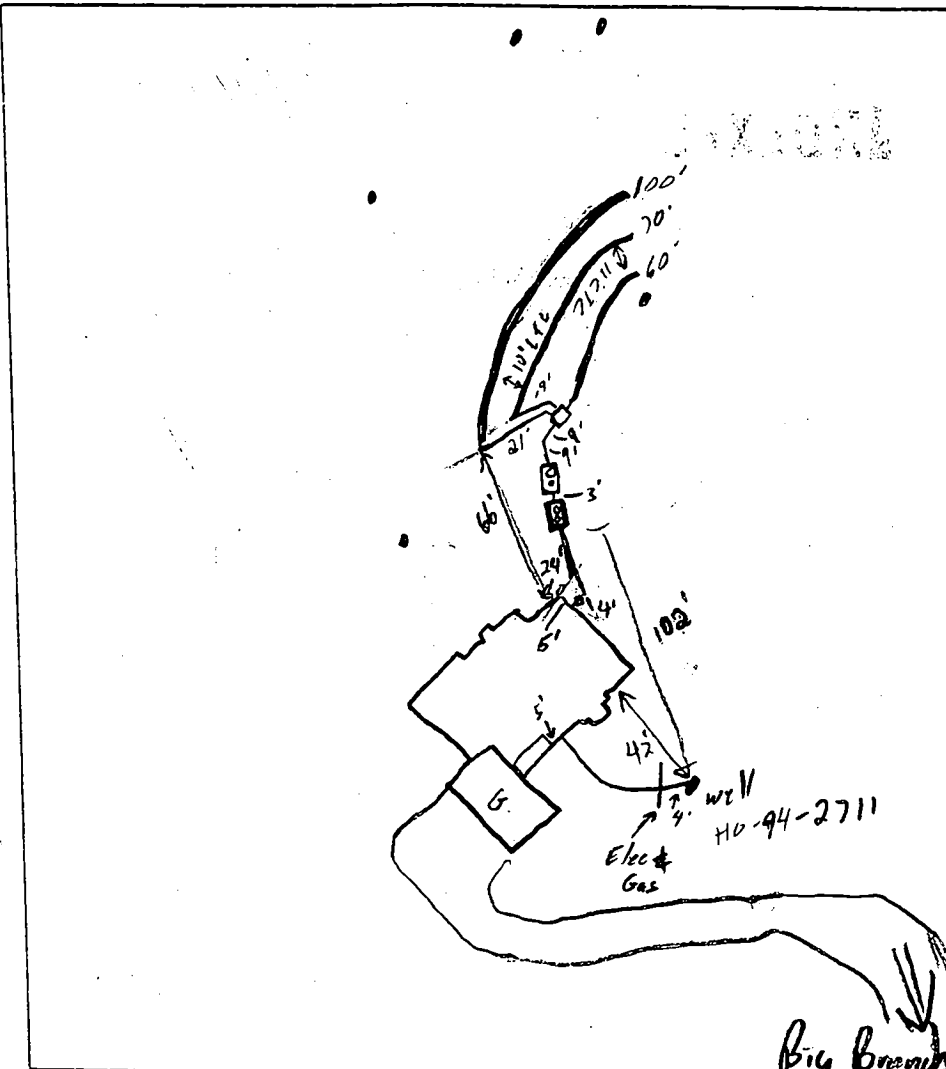
PLANS APPROVED: MER DATE: 1/2/02

- 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**

A57577

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3</u>
TRENCH INLET DEPTH	<u>2.5-3'</u>
TRENCH BOTTOM DEPTH	<u>6.5-7'</u>
DEPTH OF STONE	<u>4</u>
NUMBER OF TRENCHES	<u>3</u>
TOTAL TRENCH LENGTH	<u>230</u>
ABSORBENT AREA	<u>690 sq ft</u>
DISTRIBUTION BOX LEVEL	<u>yes</u>
BAFFLE IN DISTRIBUTION BOX	<u>yes</u>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1500 TS GALLONS</u>
MANHOLE RISER	<u>Front & Back</u>
6 INCH INSPECTION PORT	<u>N/A</u>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>1500 TS (1000 in back)</u>
MANHOLE RISER	<u>Back</u>
ALARM	<u>---</u>
PUMP PERFORMANCE TEST	<u>---</u>

PRE-CONSTRUCTION INSPECTION: 2/24/02 Henry Cona 2' below footer, ^{& moved} contain most gas shown, shaft needs to be cleaned & contain shot, told contractor to call if trench will

INSPECTION COMMENTS: 3/5/02 Couldn't make full to D.B. Need P.T. (1500gal). ^{move 10-20 down end line}

3/8/02 INSTALLER REQUESTED 1" EXTRA DEPTH @ HIGH TRENCH - OK CONTINGENT ON PROPER DEPTH @ 2ND TRENCH MR 2/18/02 Got system w/ gravity

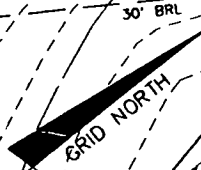
3/11/02 - 2 1/2 trenches complete. Hold for ramp of completed 3rd trench. & outlet on 2nd tank

3/12/02 Outlet of pump tank cut out lower & sealed w/ concrete, 3rd trench finished. OK to cover all work

INSPECTOR [Signature] DATE SYSTEM APPROVED 3/12/02

EASEMENT AREA 5

136.98



PLAN BY
BENCHMARK

1-40

Approved Septic System Plan
Howard County Health Department

Mark Miller
Signature

1/20/02
Date

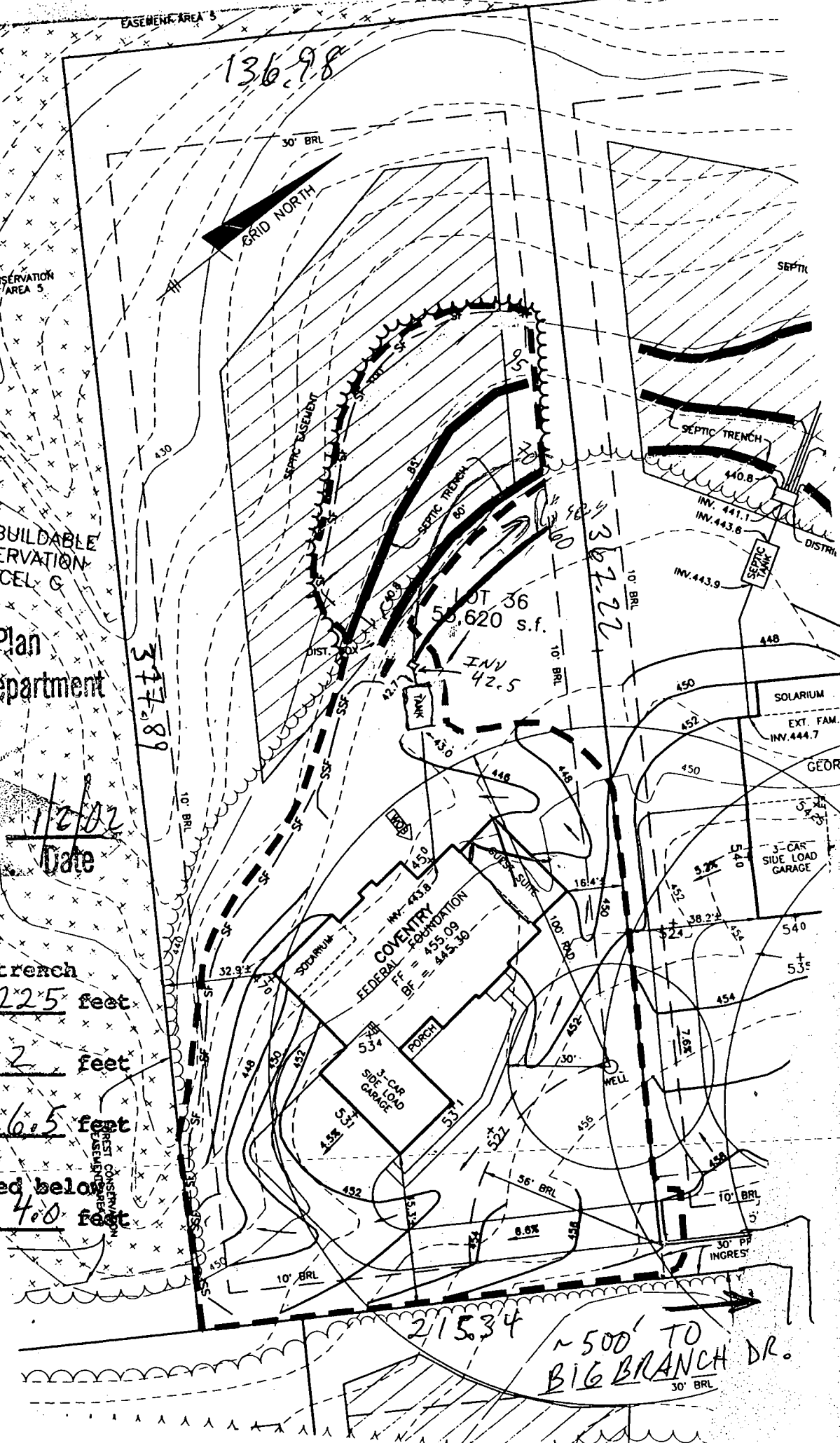
Total linear feet of trench
required 225 feet

Width of trench (es) 2 feet

Depth of trench (es) 6.5 feet

Depth of stone required below
distribution pipe 4.0 feet

3' below
for for



215.34

~ 500' TO
BIG BRANCH DR.

Building Address 14080 BIG BRANCH DR.
DAYTON, MD 21036

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

Census Tract 605101 Subdivision Big Branch

Section _____ Area _____ Lot 36

Tax Map 27 Parcel 147 Grid 11

Zoning RC Map Coordinates 9E13 Lot size 55,120

Property Owner's Name BIG BRANCH OVERLOOK LLC

Address SAME AS

City OCCUPANT State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use RESIDENTIAL HOME

Estimated Construction Cost \$ 200,000

Description of Work COVENTRY, 5 BR, 5 1/2 BATH
GUEST 1ST FLOOR SUITE, SOLARIUM

Contractor Company TOLL BROTHERS / BIG BRANCH OVERLOOK, LLC

Contact Person GREG SHAPARD

Address 14080 HOWARD ROAD 7164 Col Gateway

City DAYTON State MD Zip Code 21036

License No. 663

Phone 443-535-9296 Fax 443-535-9297

Occupant or Tenant BIG BRANCH OVERLOOK, LLC

Contact Name GREG SHAPARD

Address 7164 COLUMBIA GATEWAY DRIVE SUITE 230

City COLUMBIA State MD Zip Code 21046

Phone _____ Fax _____

Engineer or Architect Company BENCHMARK ENGIN.

Contact Person DAVE THOMPSON

Address 8480 BALT. NAT'L PIKE SUITE 418

City ELLIOTT CITY State MD Zip Code 21043

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

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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>61'4"</u> <u>7'4"</u> 2nd floor: <u>43'</u> <u>6'3"</u> Basement: <u>61'8"</u> <u>7'4"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	_____ State Certified Modular _____ Manufactured Home

TOLL BROTHERS 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 TO THIS PROJECT; (4) THAT HE/SHE WILL PERFORM ANY WORK ON THE ABOVE REFERENCED PROPERTY AS SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OR ITS AGENTS THE RIGHT TO ENTER ON THE PROPERTY AT ANY TIME FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND FOR OTHER PURPOSES.

[Signature]
 Applicant's Signature

PROJECT MANAGER / TOLL BROTHERS, INC.
 Title/Company

GREG SHAPARD
 Print Name

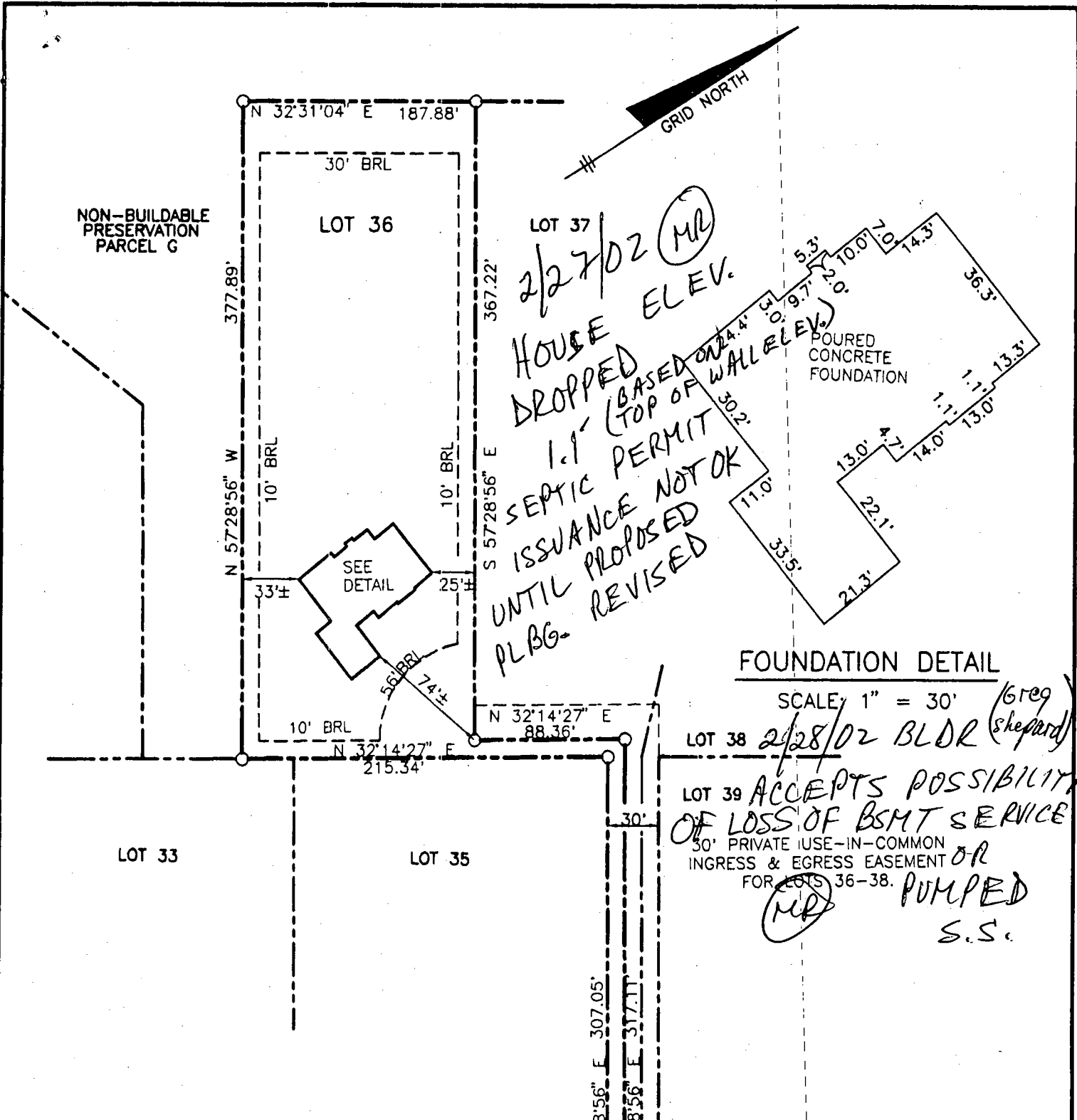
10/9/01
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side Setback: _____	<u>5254</u>
State Highways			All minimum setbacks met? <input type="checkbox"/>	Filling fee: \$ <u>100</u>
Building Official			Is Entrance Permit required? <input type="checkbox"/>	Permit fee: \$ _____
Dev. Engineering, DPZ			Historic District? <input type="checkbox"/>	Excise tax: \$ _____
Health	<u>11/2/02</u>	<u>Theresa K. Fick</u> (15)	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 type="checkbox"/> NO <input type="checkbox"/>			Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due: \$ <u>815,2695</u>
ONE STOP SHOP <input type="checkbox"/>				Check: \$ _____
				Validation: \$ <u>45807</u>
				Accepted by: <u>[Signature]</u>

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

T:\Forms\PERMIT.FRM Rev: 5/17/00



TOP OF FOUNDATION WALL ELEVATION = 452.9'

OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1.0'

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 1/25/02; 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", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13855

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. 13855
 FEMA FIRM No. 240044 0025 B
 ZONE: C
 DATED: 12/04/86

BENCHMARK ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE A SUITE 418
 ELICOTT CITY, MARYLAND 21043
 Phone: 410-465-8100 A Fax: 410-465-6644
 email: Benchmark@boda.com



WALL CHECK

BIG BRANCH OVERLOOK LOTS 1 THROUGH 49
 LOT No. 36

14080 BIG BRANCH DRIVE

5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND.

SCALE: 1" = 80' DATE: 1/25/02

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
Sylva, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Allen Compton License# MSD 009
 *A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner Toll Brothers Telephone #: _____
 Subdivision: Frederick Estate - Big Branch Lot #: 36 Well Tag #: HO 94-2711
 Site Address: 19080 Big Branch Drive

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket Grizzly</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>8G12</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>107</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>NA</u>	Conduit min 1 1/2" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.5.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>NA</u>		

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

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 6-11-02

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

Date Insp. Requested: 5/15/02 Date Insp. Approved: 5/15/02 Inspector: (50) SRK

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

B 7 13983

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2711 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Big Branch overlook LLC

7164 Columbia Gateway Dr Suite 280

Columbia MD 21046

B 3 LOCATION OF WELL

Howard Big Branch Overlook 14080

SECTION 44 46 LOT 48 50

Dawton

MILES FROM TOWN (enter 0 if in town) 2 M

DRILLER INFORMATION

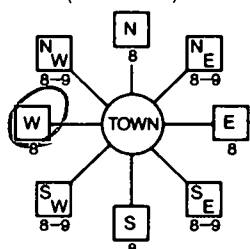
Allen Compton MSD 009

Fogale's Well Drilling

580 Obrecht Rd Sykesville md 21784

Allen Compton 5-18-00

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 385' 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 INSERT S

DATE ISSUED 05 26 00 CO SIGNATURE EXP. DATE

NORTH GRID 511 0 0 0 EAST GRID 0795 0 0 0

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 (circled)
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 (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

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

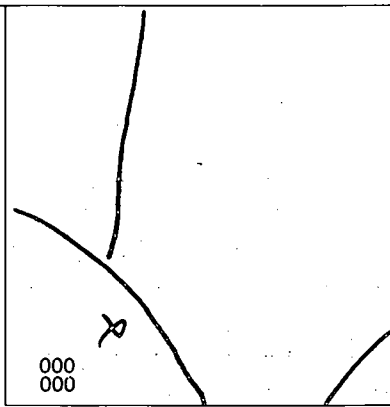
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800'
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 54 G A P 63

PERMIT No. Ho - 94 - 2711

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

EXISTING FOREST
CONSERVATION EASEMENT
ORRAT NO. S-13851-13856

00080 E
S 728.56 W

Lot 36
55,620 SF

Lot 37
55,569 SF

10' B.R.L.

10' B.R.L.

10' B.R.L.

N 57° 28' 56" W

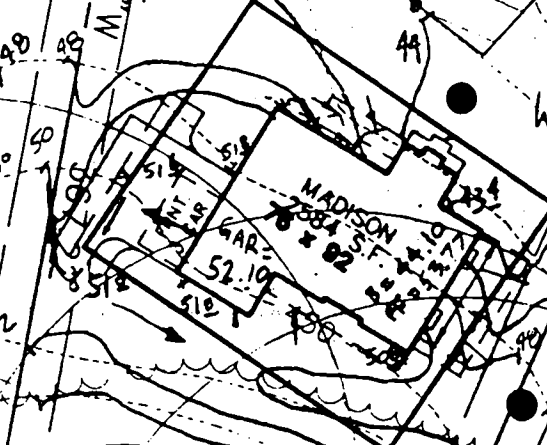
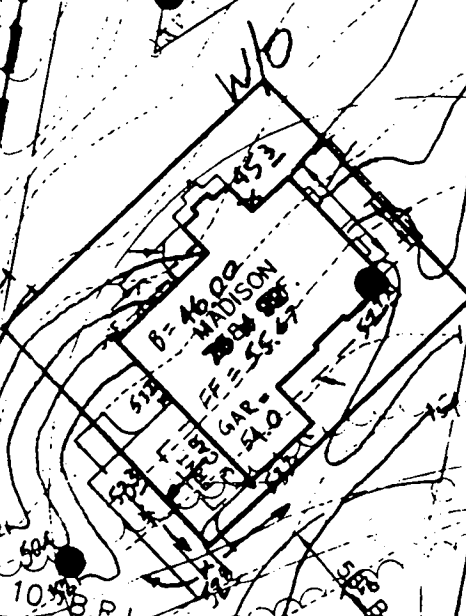
N 57° 28' 56" W

377.89'

S 57° 28' 56" W

W/O

W/O



30.61'

N 32° 14' 27" E

Lot 35
52,789 SF
WELL SITE OK
30' B.R.L. 5/26/00 CW

Lot 35
52,789 SF

EXISTING 30'
U-T-C INCREAS
EASEMENT FOR

N 57° 28' 56" W

S 57° 28' 56" W

30'

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 410-489-4630

PROPERTY LOCATION: Big Branch Overlook Big Branch Drive

'B DIVISION ~~PERCOLATION PROPERTY~~ LOT NO. # 36

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

4 57577

COUNTY #

SOIL PROFILE

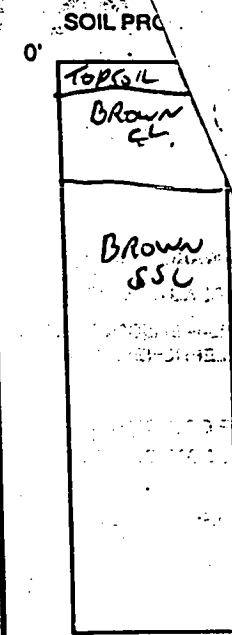
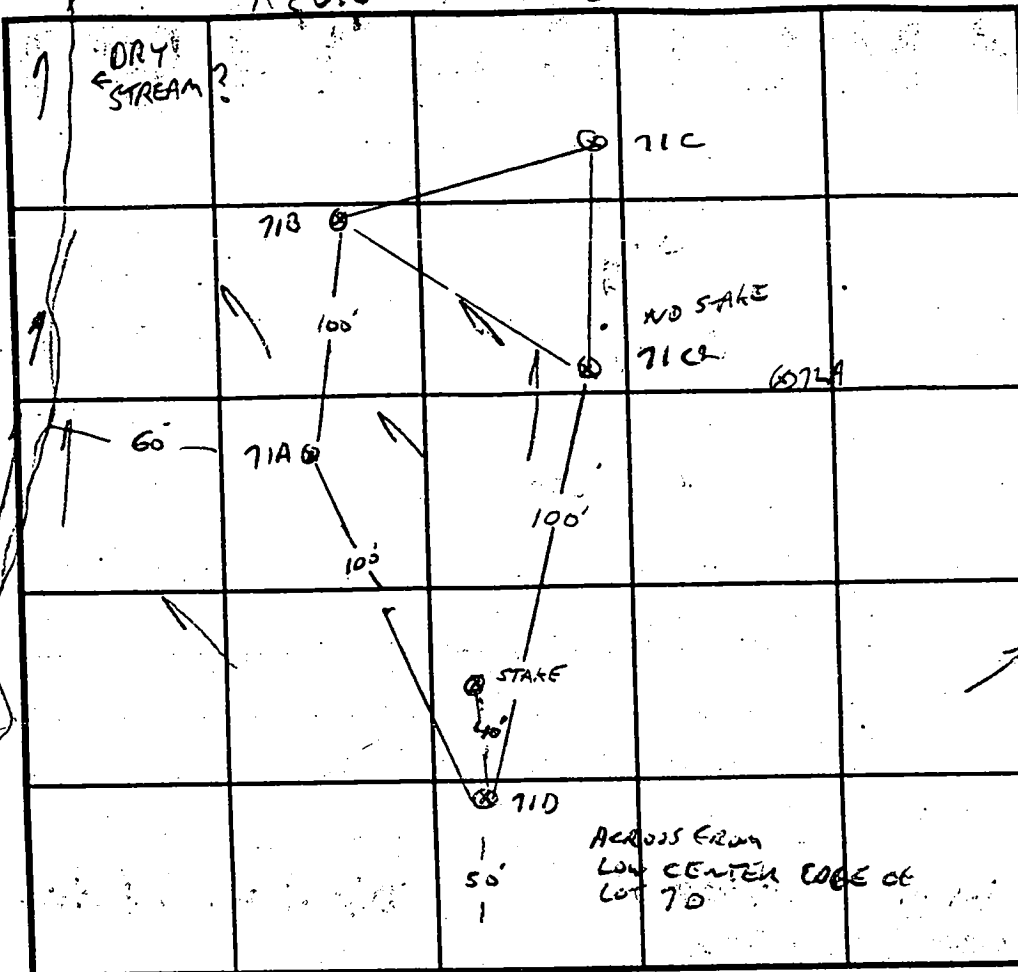
TOPSOIL

Brown/pink
SANDY
CLAY LOAM

TAN
SSC

5-108
SHALE

REVIEW DRAINAGE - 57



12
SHALLOW
REPAIRS
INV 2.5-3
BOT 4.5-5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FARM ROAD

TO HOWARD ROAD →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-15-96	71D	4 / 12V	12:34	12:36	12:36	12:41	5 MIN
		7 V					
	71A	4' / 12V	12:42	12:46	12:46	12:56	10 MIN ✓
		8 Vok					
	71B	2.5 12V	12:49	12:50	12:50	12:55	5 MIN ✓
	71B	5.5	12:50	12:51	12:51	12:55	4 MIN ✓
	71C	3.5	12:59	1:00	1:00	1:02	2 MIN ✓
	71C	8 Vok					
	71C1	2 / 11SV	11:50	1:51	1:53	1:53	2 MIN ✓
		8					

REMARKS ~~WORK~~ HEAVILY WOODED Lot 36

TYPE OF SOIL _____

TESTED BY G. SAVAGE

ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT/BEDROOM _____

12

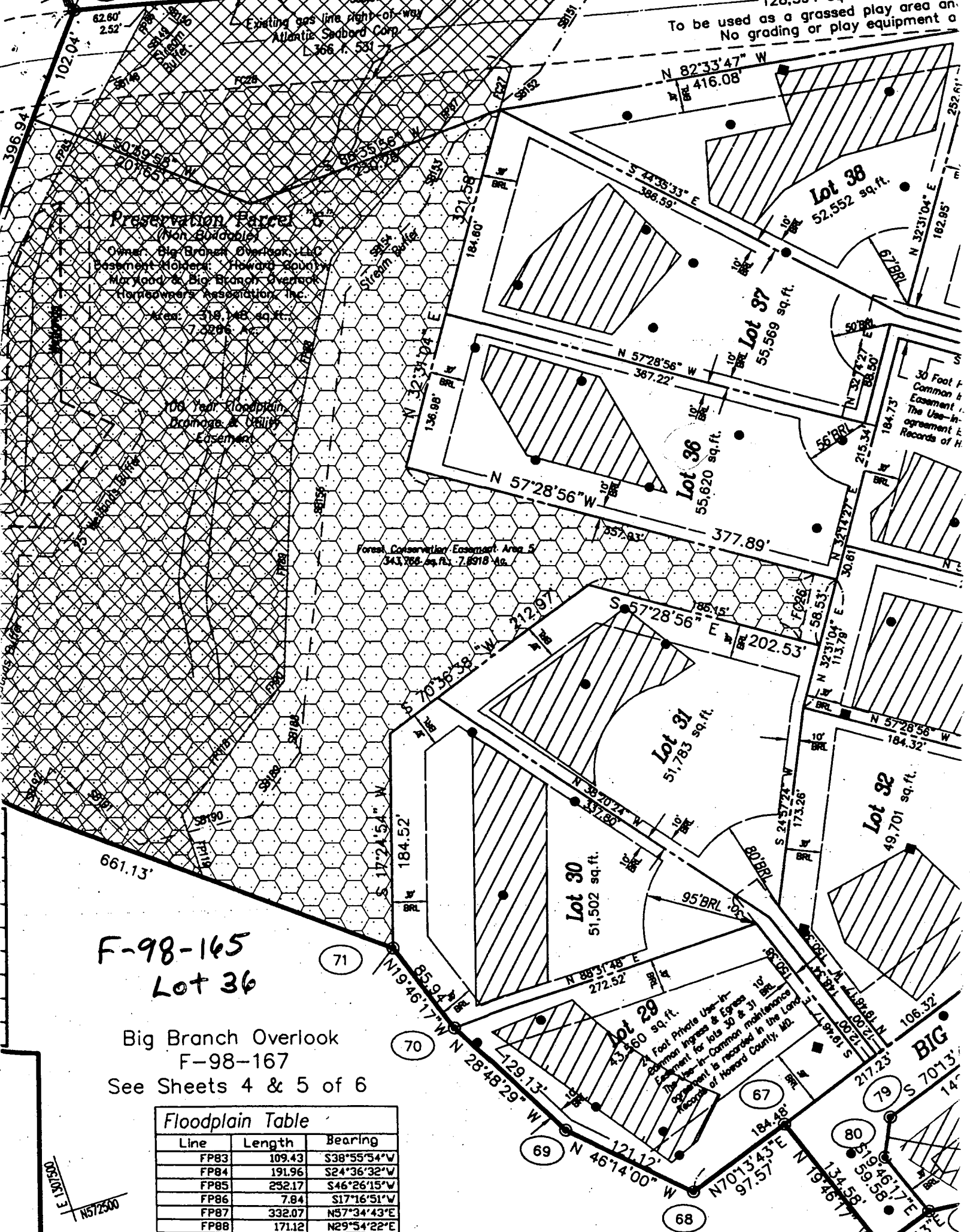
✓

71C1

TOPSOIL

TANISH
GREEN
SANDY
LOAM
308
SAPROXITE
BELOW
6'

To be used as a grassed play area and
No grading or play equipment a



F-98-165
Lot 36

Big Branch Overlook
F-98-167
See Sheets 4 & 5 of 6

Floodplain Table		
Line	Length	Bearing
FP83	109.43	S38°55'54"V
FP84	191.96	S24°36'32"W
FP85	232.17	S46°26'15"V
FP86	7.84	S17°16'51"V
FP87	332.07	N57°34'43"E
FP88	171.12	N29°54'22"E
FP89	197.76	N19°51'43"E
FP90	19.90	N55°04'12"E

E 130'00"
N 57°25'00"

P-99-01 Lot 36

Preservation Parcel "G"

(North-Buildable)
Owner: Mr. Charles A. Sharp
(F-98-165)

SECTION 1
SECTION 2

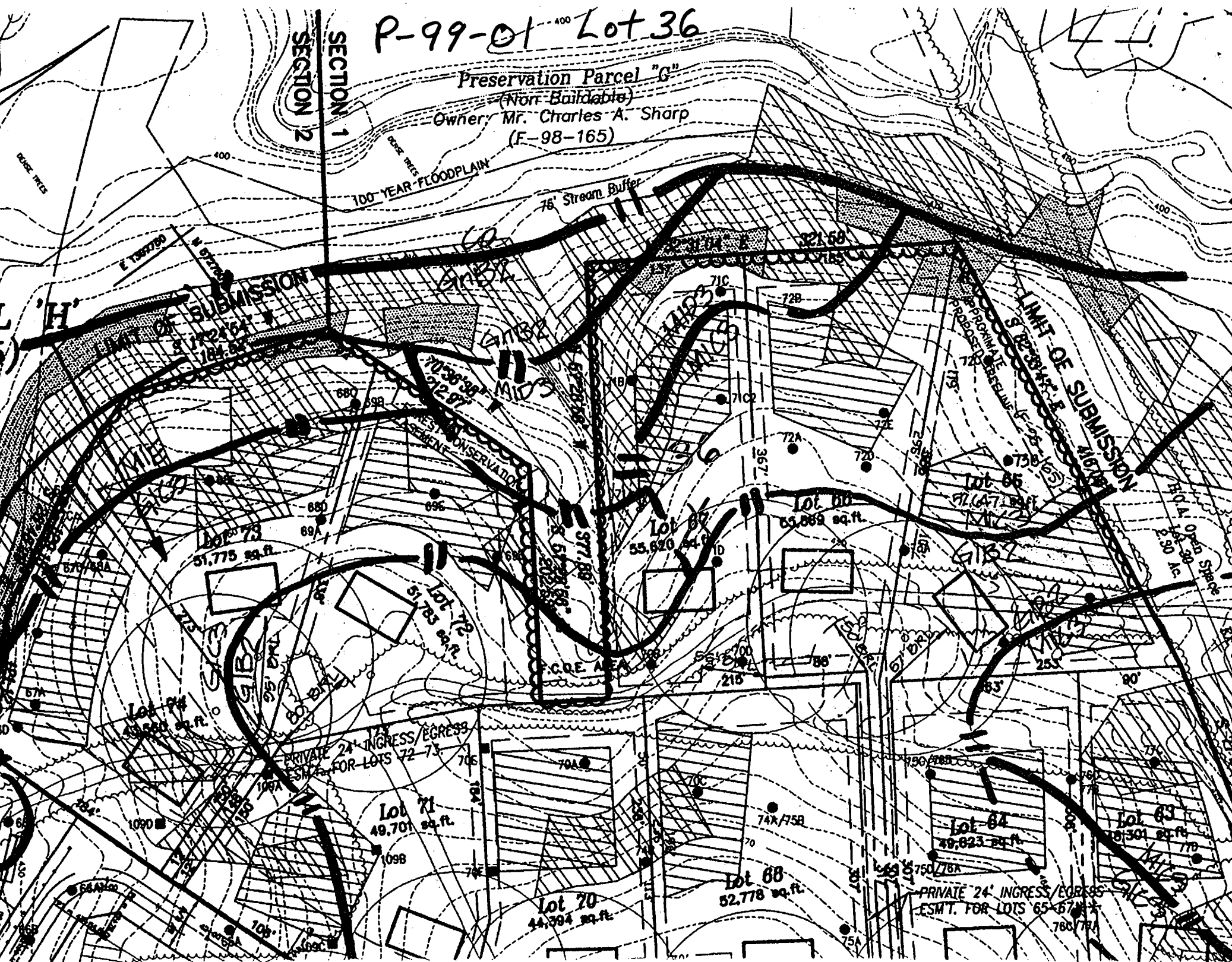
100-YEAR FLOODPLAIN

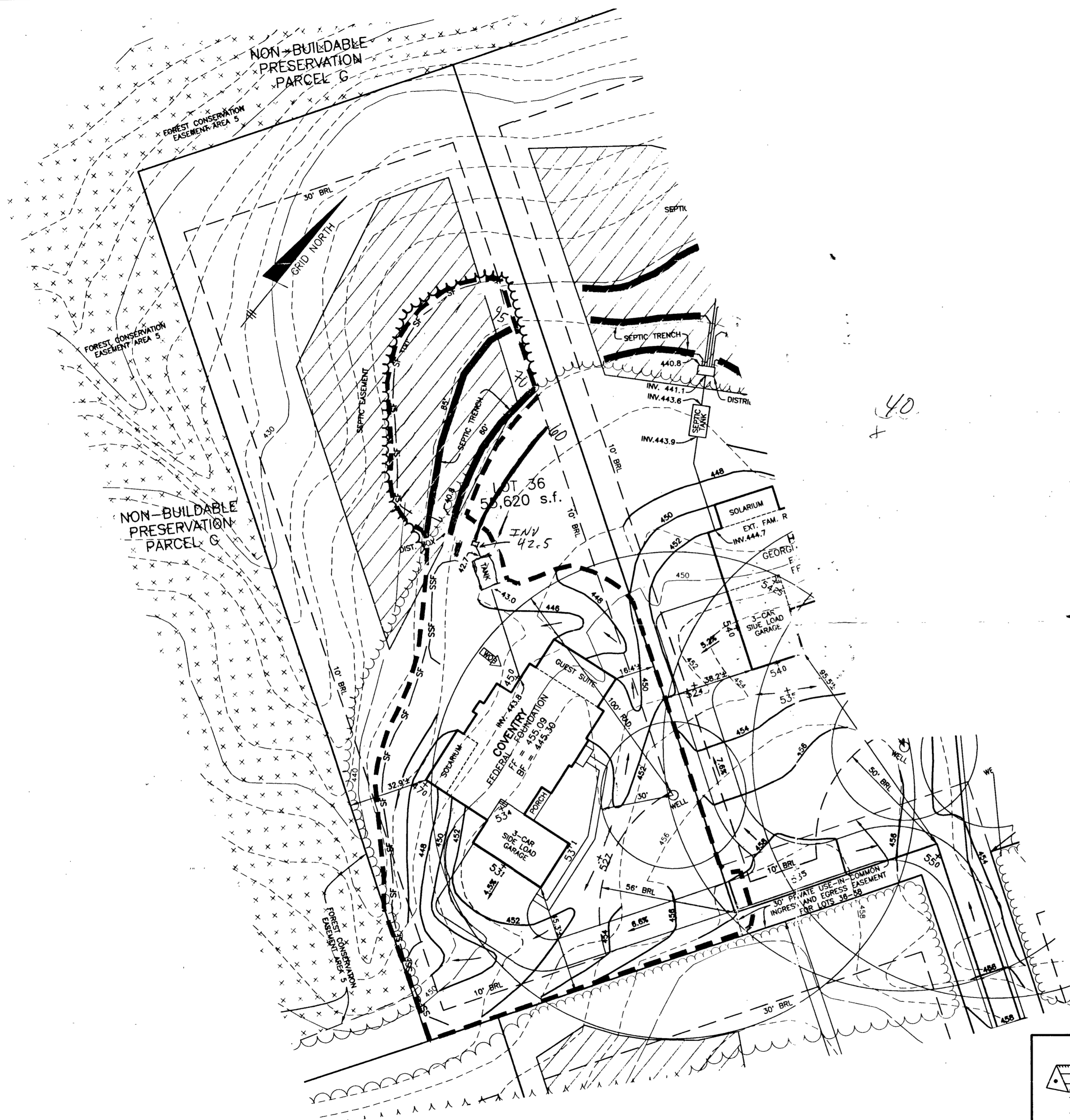
75' Stream Buffer

L 'H'

LIMIT OF SUBMISSION

LIMIT OF SUBMISSION



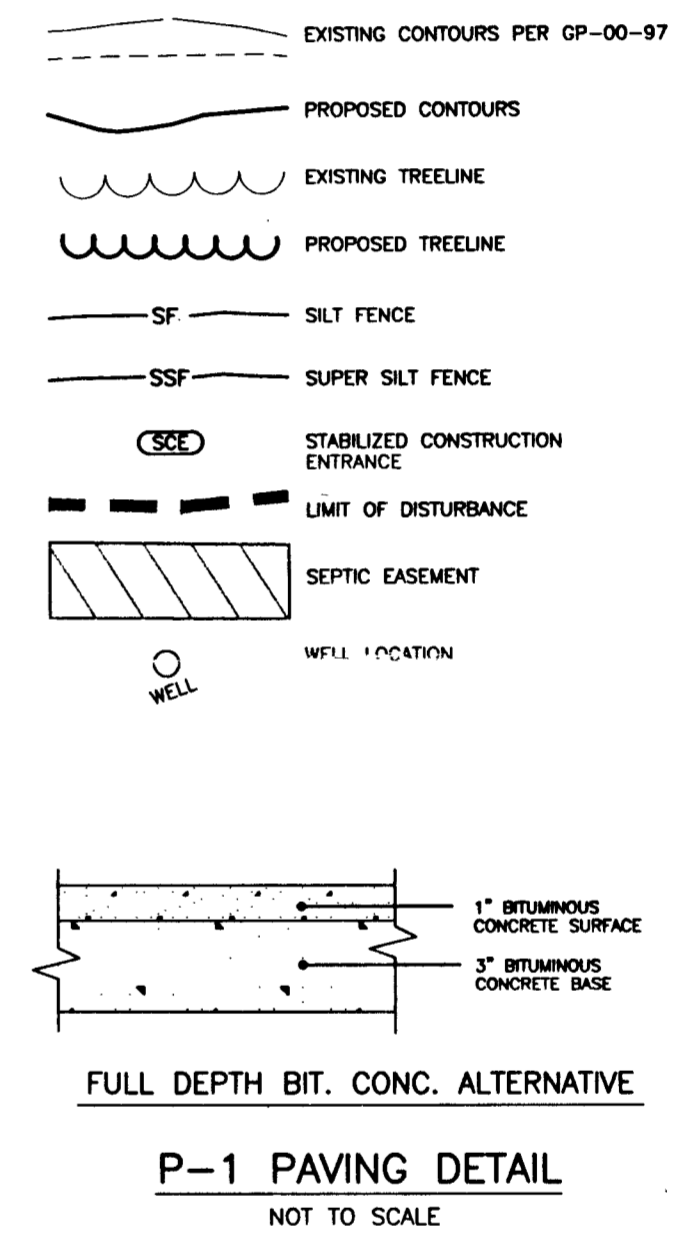


PLAN
SCALE: 1" = 30'

NOTES:

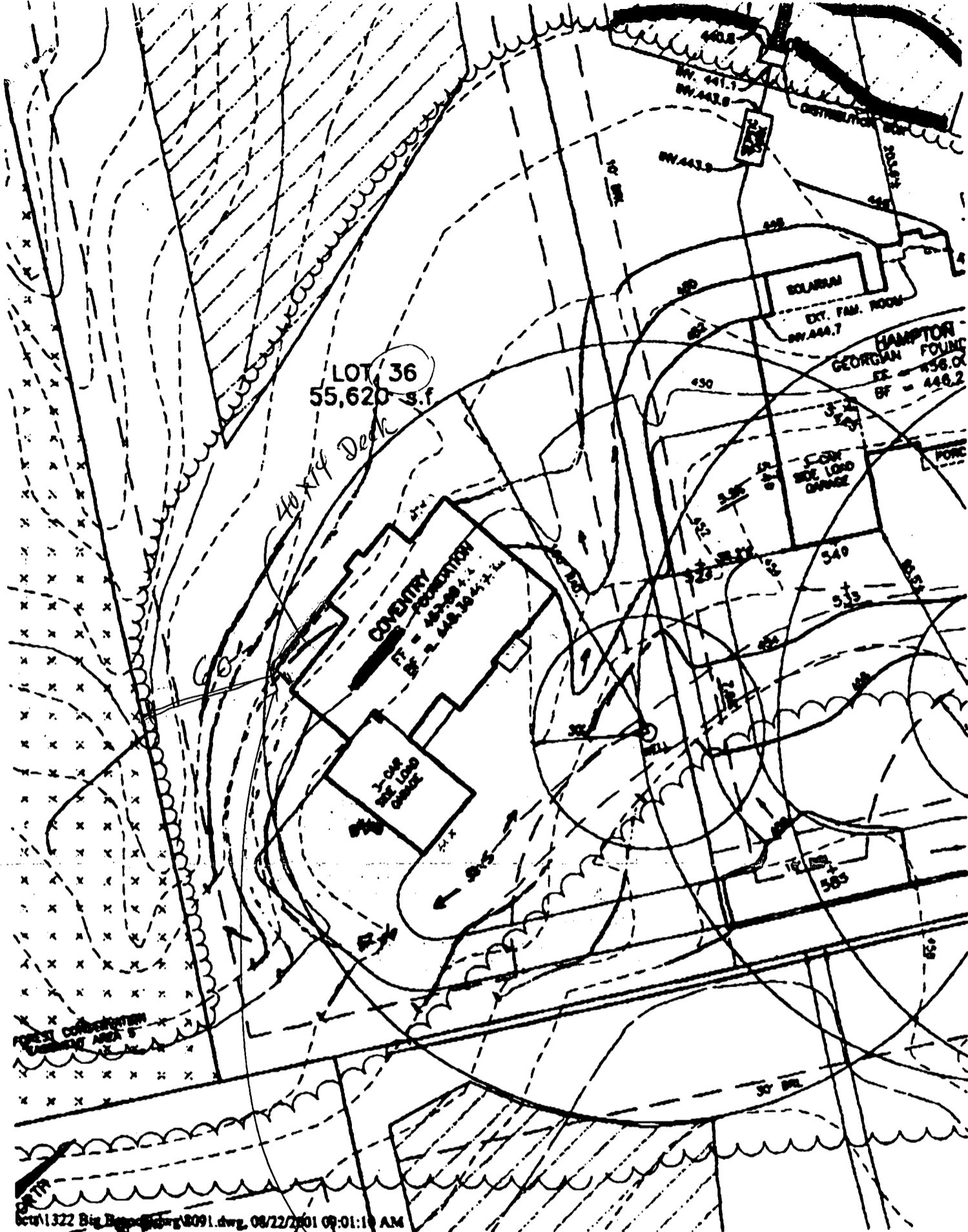
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13855, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. [Hatched Area] THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL 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 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



OCT 4 2001

BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644	PROJECT: BIG BRANCH OVERLOOK LOT 36	
	LOCATION: 14080 BIG BRANCH DRIVE TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE: PLOT PLAN		
BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105		
HOUSE TYPE: COVENTRY		
DATE: OCTOBER 4, 2001	PROJECT NO. 1322	
SCALE: AS SHOWN	DRAWING 1 OF 1	



Scu1322 Big Bay - 8091.dwg, 08/22/2001 09:01:10 AM

TOTAL P. 02

TRIADELPHIA RIDGE
 LOT # 36
 MATHEW

4/2/03 proposed deck
 on SRH

THIS IS A PRELIMINARY HOUSE SITING
 PLAN FOR ILLUSTRATION PURPOSES
 ONLY AND IS SUBJECT TO CHANGE
 WITHOUT NOTICE.

INITIALS DM DATE 9/30/01