

LAYOUT 8/22 pm INSP 4 9/16/02 2pm
 INSP 2 9/12/02 2:00 INSP 5 _____
 INSP 3 9/13/02 2pm INSP 6 _____

05-432286

ISSUE DATE: 8/21/2002
 APPROVAL DATE: 9/16/02

**PERMIT
INDEXED**

P 517431
 A 57577-K

**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, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Big Branch Overlook LOT NUMBER: 38
 ADDRESS: 14072 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: 180
 LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the lefthand lot corner at the end of the drive, place the distribution box 120' down the left lot line and 75' off this same lot line. Run three trenches on contour to left side of lot.
NOTES:	Distribution box and first trench to be 2 to 3 feet inside the 100-foot well radius.

PLANS APPROVED: MER OK SRK 8/21/02 DATE: 3/11/02

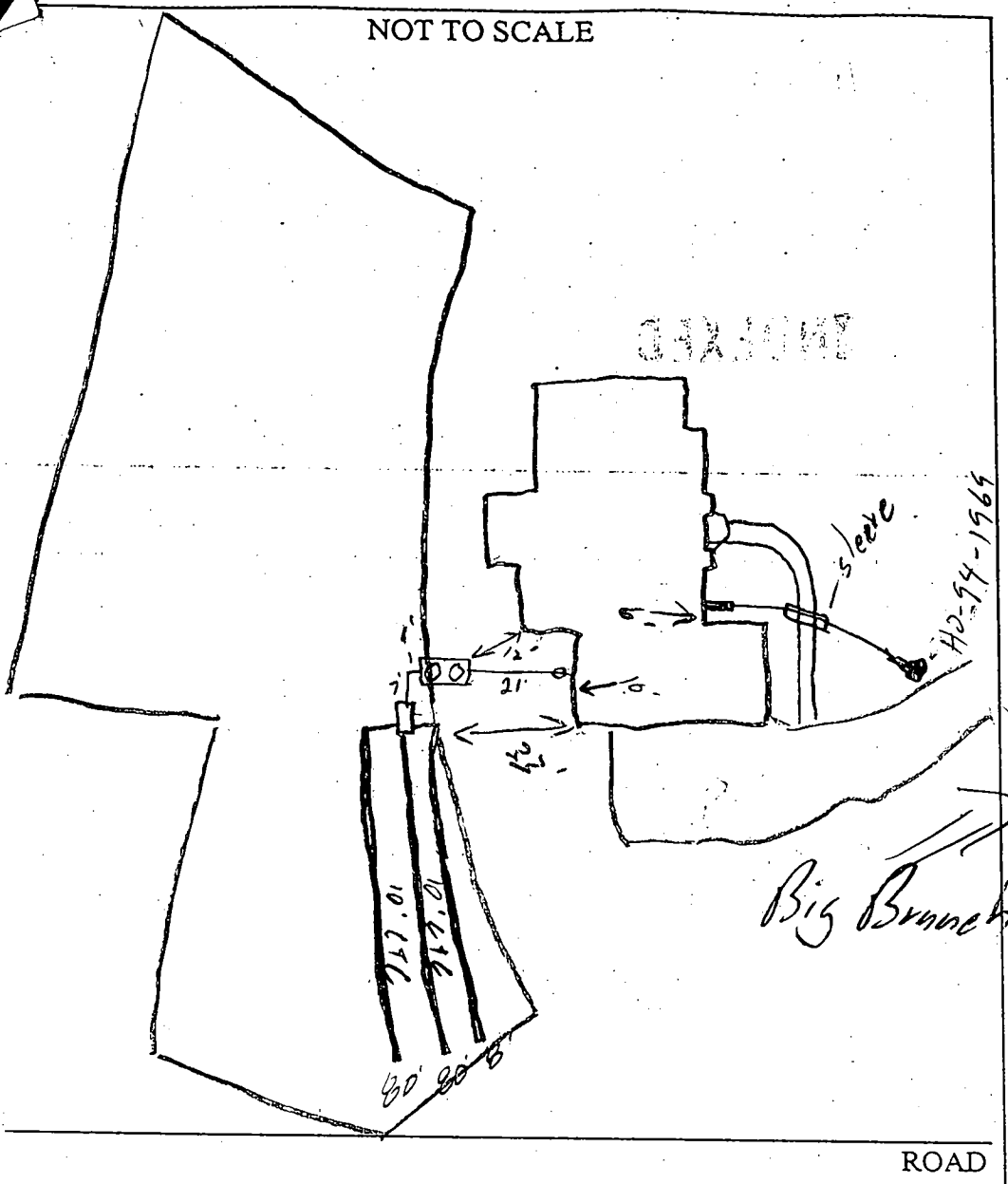
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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 BUILDING PERMIT SIGNED 0-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED
 7-15-04 B00149425-DECK

A57577-K

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq
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	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
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	N/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST <input type="checkbox"/>	

PRE-CONSTRUCTION 8/22/02 SDA NOT STAKED CORRECTLY (SB) 9/12/02 lot staked
 Layout per B.P. Keep trench & S.T. out of well radius (SB)
 INSTALLATION 9/16/02 OK to cover all work (SB)

Please note
 9/16/02 well will need barricades (SB)
 FINAL INSPECTOR Steve B... DATE OF APPROVAL 9/16/02

BUILDING PERMIT SIGNED AND FORWARDED 9/16/02

Approved Septic System Plan
Howard County Health Department

Mark Miller
Signature

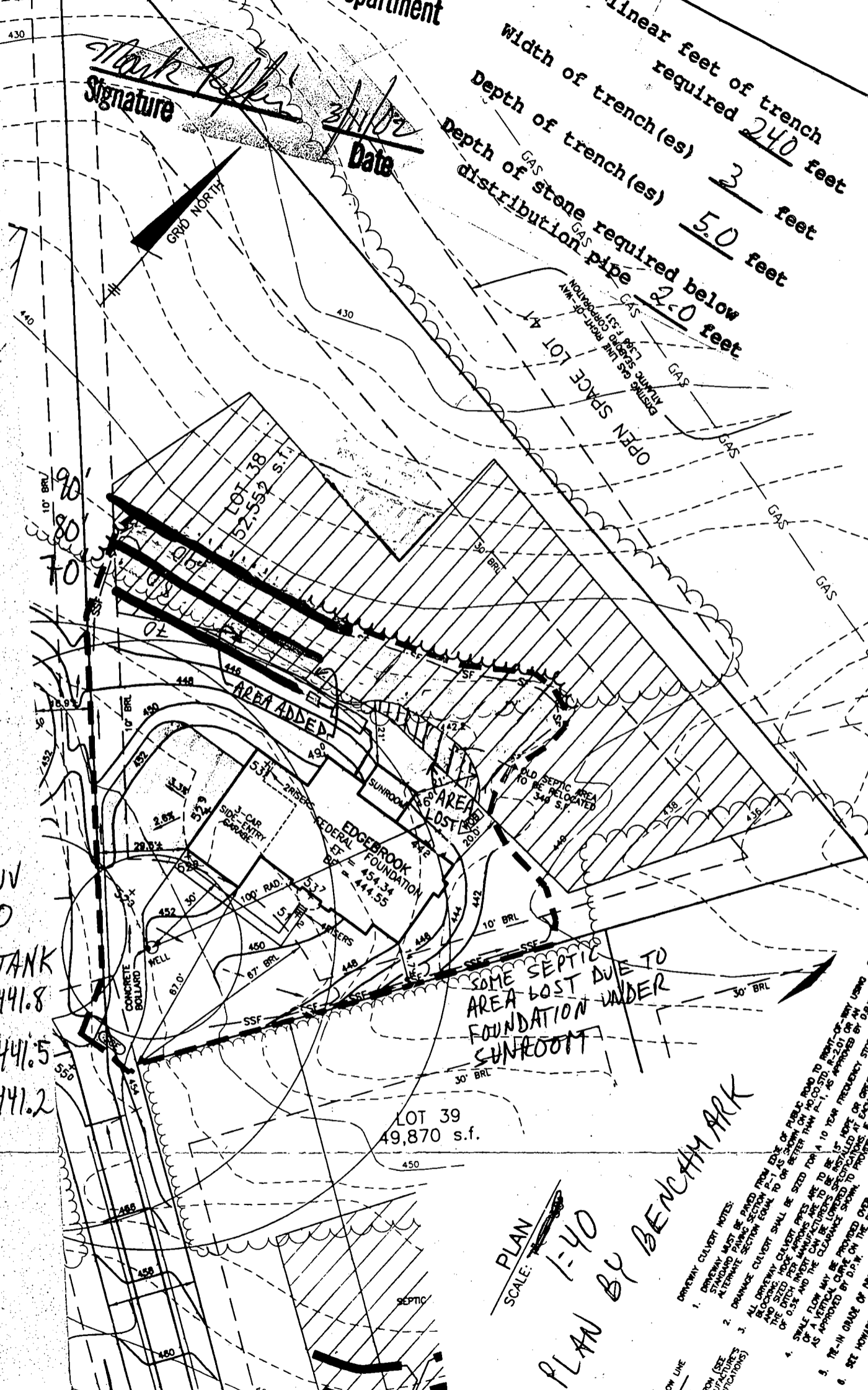
3/1/07
Date

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet



1:40

HOUSE INV 443.0
SEPTIC TANK INV IN 441.8
INV OUT 441.5
D. BOX 441.2

SOME SEPTIC AREA LOST DUE TO FOUNDATION UNDER SUNROOM

PLAN BY BENCHMARK

SCALE: 1:40

TO BIG BRANCH DRIVE

- DRIVEWAY CULVERT NOTES:
1. DRIVEWAY MUST BE BUILT FROM EDGE OF PUBLIC ROAD TO FRONT OF LOT USING STANDARD PAVING SECTION P-1 AS SHOWN ON H.C. STD. 2-2.01 OR AS APPROVED BY D.P.M. ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.M.
 2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
 3. ALL DRIVEWAY CULVERT PIPES ARE TO BE 15' HOPE OR GREATER TO BLOCKING FOR MANHOLES ARE TO BE INSTALLED AT EACH END OF THE DRIVEWAY AND THE CLEARANCE SHOWN TO PROVIDE A MINIMUM OF 0.5'.
 4. SWALE FLOW MAY BE PROVIDED OVER TOP OF CULVERT. SWALE SHALL BE INSTALLED AT EACH END OF A DRIVEWAY AS APPROVED BY D.P.M. ON THE PUBLIC SIDE.
 5. SEE HOWARD COUNTY SPECIFICATIONS.
 6. SEE HOWARD COUNTY SPECIFICATIONS.

—HAKA— JNK

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0013442

Building Address 14072 BIG BRANCH DR.
DAYTON MD 21036
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 00510 Subdivision BIG BRANCH OVERLOOK
Section _____ Area _____ Lot 38
Tax Map 27 Parcel 141 Grid 5
Zoning FRD20 Coordinates 9E13 Lot size _____

Property Owner's Name BIG BRANCH OVERLOOK LLC
Address 7164 COLUMBIA GATEWAY DR. SUITE 230
City COLUMBIA State MD Zip Code 21046
Home Phone N/A Work Phone 410-872-9105
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SINGLE FAMILY HOME
Estimated Construction Cost \$ 200,000
Description of Work EDGEBROOK FEDERAL 4 BR,
3 1/2 BATH, #026 PALM BEACH SUNROOM

Contractor Company BIG BRANCH OVERLOOK LLC
Contact Person GREG SHAPARD
Address 7164 COLUMBIA GATEWAY DR SUITE 230
City COLUMBIA State MD Zip Code 21046
License No. 663
Phone 410-872-9105 Fax 410-872-9141

Occupant or Tenant BIG BRANCH OVERLOOK, LLC
Contact Name GREG SHAPARD
Address 7164 COLUMBIA GATEWAY DR. SUITE 230
City COLUMBIA State MD Zip Code 21046
Phone 410-872-9105 Fax 410-872-9141

Engineer or Architect Company BENCHMARK ENGIN.
Contact Person DON MASON
Address 8480 BALT. NAT'L PIKE
City ELLCOTT CITY State MD Zip Code 21043
Phone 410-872-9105 Fax 410-872-9141

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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: <u>N/A</u> <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: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>63'8 1/2"</u> Width <u>75'8 1/2"</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>36'2"</u> <u>75'8 1/2"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>63'8 1/2"</u> <u>75'8 1/2"</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

G. M. D.
Applicant's Signature
PROJECT MANAGER / TOLL BROTHERS
Title/Company

GREG SHAPARD
Print Name
2/15/02
Date

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

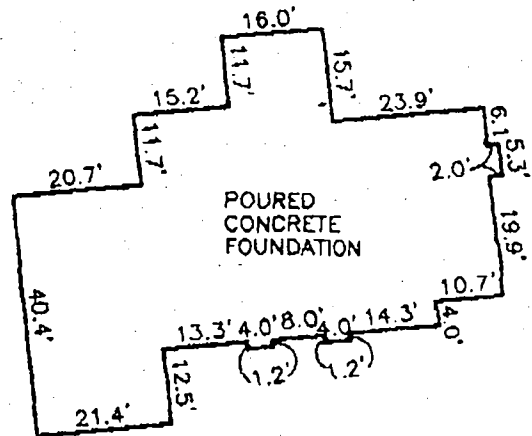
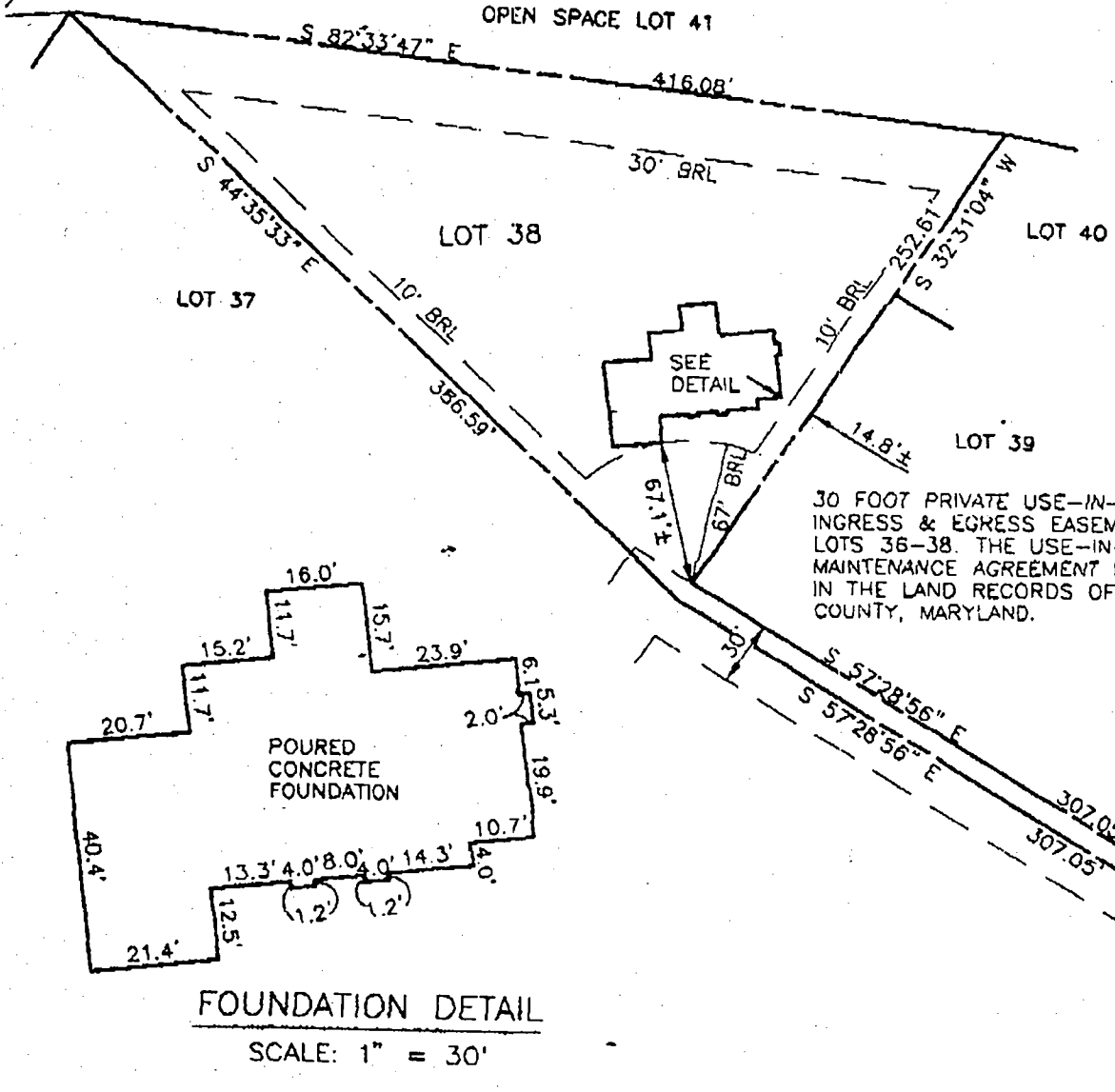
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ-SETBACK INFORMATION	PROPERTY ID
Land Development/DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>53612</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee: \$ <u>100</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee: \$ _____
Dev Engineering/DPZ	<u>3/11/02</u>	<u>Mark R. J.</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax: \$ _____
Health			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: \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check: <u>8102569</u>
				Validation: <u>40714</u>
				Accepted by: <u>[Signature]</u>



NON-BUILDABLE PRESERVATION PARCEL G

OPEN SPACE LOT 41



FOUNDATION DETAIL
SCALE: 1" = 30'

TOP OF FOUNDATION WALL ELEVATION = 450.7'
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 05/09/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "BIG BRANCH OVERLOOK LOTS 1 THRU 49", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13855

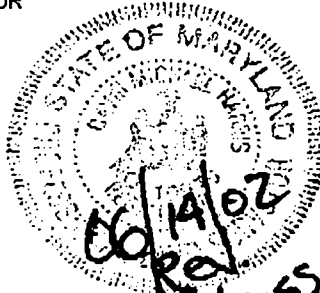
David M. Harris

8/21/02 -
Wall Check
OK (SRK)

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.

2400 BALTIMORE NATIONAL PIKE A SUITE 418
ELICOTT CITY, MARYLAND 21043
PHONE: 410-463-6100 • FAX: 410-463-6844
email: Benchmark@beka.com



WALL CHECK
BIG BRANCH OVERLOOK
LOTS 1 THRU 49
LOT No. 38

14072 BIG BRANCH DRIVE
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 80' DATE: 05/09/02

TOTAL P.09

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
Sylmarville, 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: Tridelphia Ridge Lot #: 38 Well Tag #: HO 94-1969
Site Address: 14072 Big Branch Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Bruker Make: Campbell Two piece watertight cap: yes
Model #: 85805 Model #: _____ Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 7.5 GPM NSF/WSC approved: yes Conduit min 18" S.G.: yes
Depth of well encountered at time of pump installation: 160 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.5.4
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 inside of well casing na

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

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

Signature of company representative responsible for installation: Allen Compton Date: 10-2-02

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

Date Insp. Requested: _____ Date Insp. Approved: 9/16/02 Inspector: SO BB
Inspection Data: Pitless adapter watertight & water supply line at least 6" 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 ✓

Well Needs Barricade
10/2/02 (2) Barricades in place (SO)

SEQUENCE NO. (MDE USE ONLY) 9345

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

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

DATE WELL COMPLETED MM DD YY 12 31 98 Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1969

OWNER HIGHLAND DR. V CMC STREET OR RFD 616 BRANCH DRIVE TOWN DAYTON SUBDIVISION 616 BRANCH OVERLOOK SECTION 1 LOT 65 38

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-73) and Gray Mica Rock (73-160).

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (21), NO. OF POUNDS (1974), DEPTH OF GROUT SEAL (0-70 ft).

CASING RECORD section including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (77).

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

SCREEN RECORD section including: screen type (ST, BR, HO, PL, OT), DEPTH (75, 160).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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. 1 M S DO 24 DRILLERS SIGNATURE Joseph E. Mayne LIC. NO. 1 D

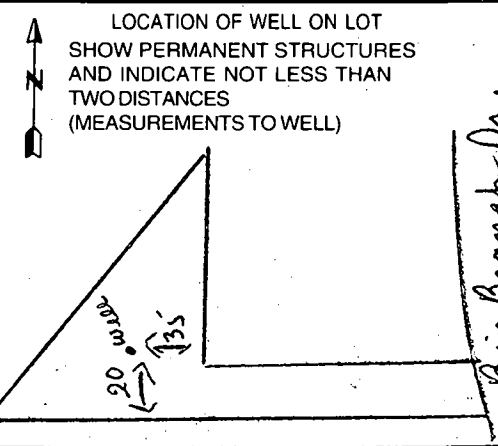
Table with columns: C 2, DEPTH (nearest ft.), 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76

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

PUMPING TEST section including: HOURS PUMPED (3), PUMPING RATE (7.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (37 ft. before, 81 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED section including: 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 (2 ft. below land surface).



B 1 0384 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER H0-94-1969
70 fill in this form completely 79

Date Received (APA) _____
 OWNER INFORMATION
 8 MM DD YY 13
Highland Development CMC
 15 Last Name 34 Owner First Name
P.O. Box 228
 36 Street or RFD 55
Clarksville Md. 21029
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Big Branch Overlook
 23 SUBDIVISION 42
 SECTION 1 LOT 65 38
 44 46 48 50
Dayton
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne MSD 024
 Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy 21771
 Address
Joseph L. Mayne 11/1/98
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 Big Branch Dr. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 N
 W E
 WEST EAST
 SOUTH
 S
 34 350 37
 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: 27 BLK: 6 PARCEL 141

B 2 WELL INFORMATION
 1 2
 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)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

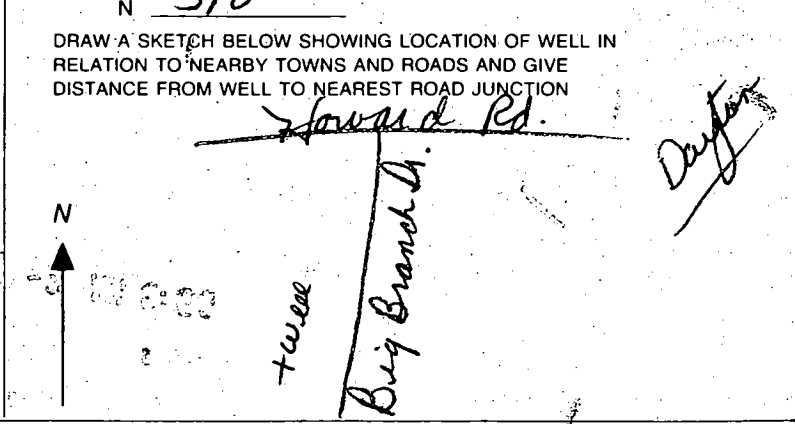
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME 13 COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 11 23 98 11 23 99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 510 000 EAST GRID 790 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
12/31/98 11:00
NO WS gout
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 790
 N 510
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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 _____ 63
 G A P
 PERMIT NO. H0-94-1969
 70 71 72 73 74 75 76 77 78 79

APPLICATION

PERCOLATION TESTING

A 57577

P _____

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

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 C.M.C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-989-4630

PROPERTY LOCATION:

UBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 73

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 _____

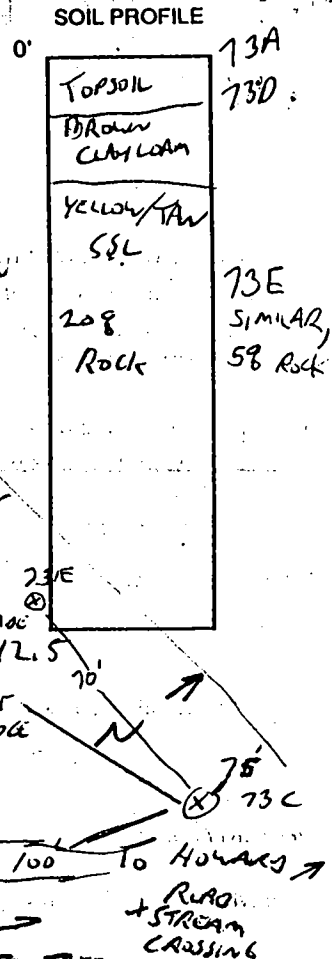
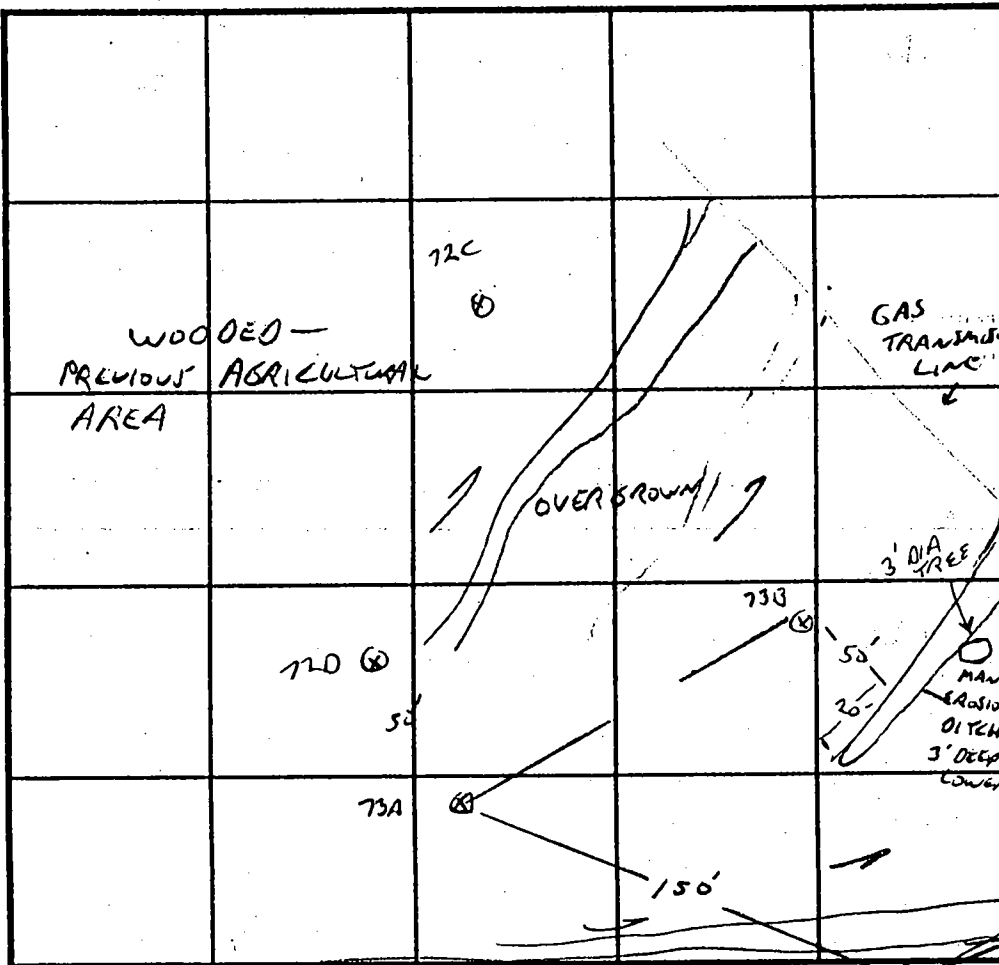
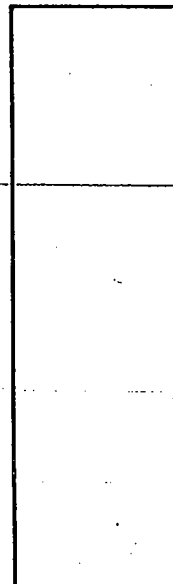
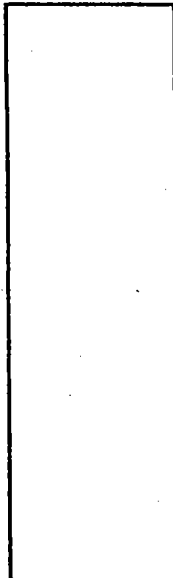
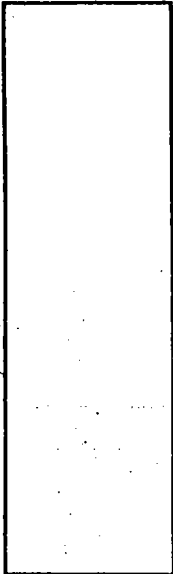
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 57577

COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FARM ROAD

1/25 TO 4\"/>

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1\"/>		
			START	STOP	START	STOP	TIME
11/19/96	73A	4.5/12V	2:10	2:11	2:11	2:14	
		8 VOK					
	73D	3/12V	2:16	2:17	2:17	2:20	3MIN
		8 OKV					
	73C	2.5/12V	2:21	2:23	2:23	2:28	5MIN
	73B	3/12V	2:33	2:34	2:34	2:38	4MIN
		8 V	2:33	2:36	2:36	2:40	4MIN
	720	VISUAL 12\"/>					
5/1/97	73E	12V OK, 2.5' BELOW PREV TESTS					

REMARKS LOT 73, 1: OVERGROWN, EASIAN DITCHES ARE NOT SIGNIFICANT WATER

TYPE OF SOIL CARRYING FEATURES, ADJUST EASEMENT AROUND DITCH

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

X

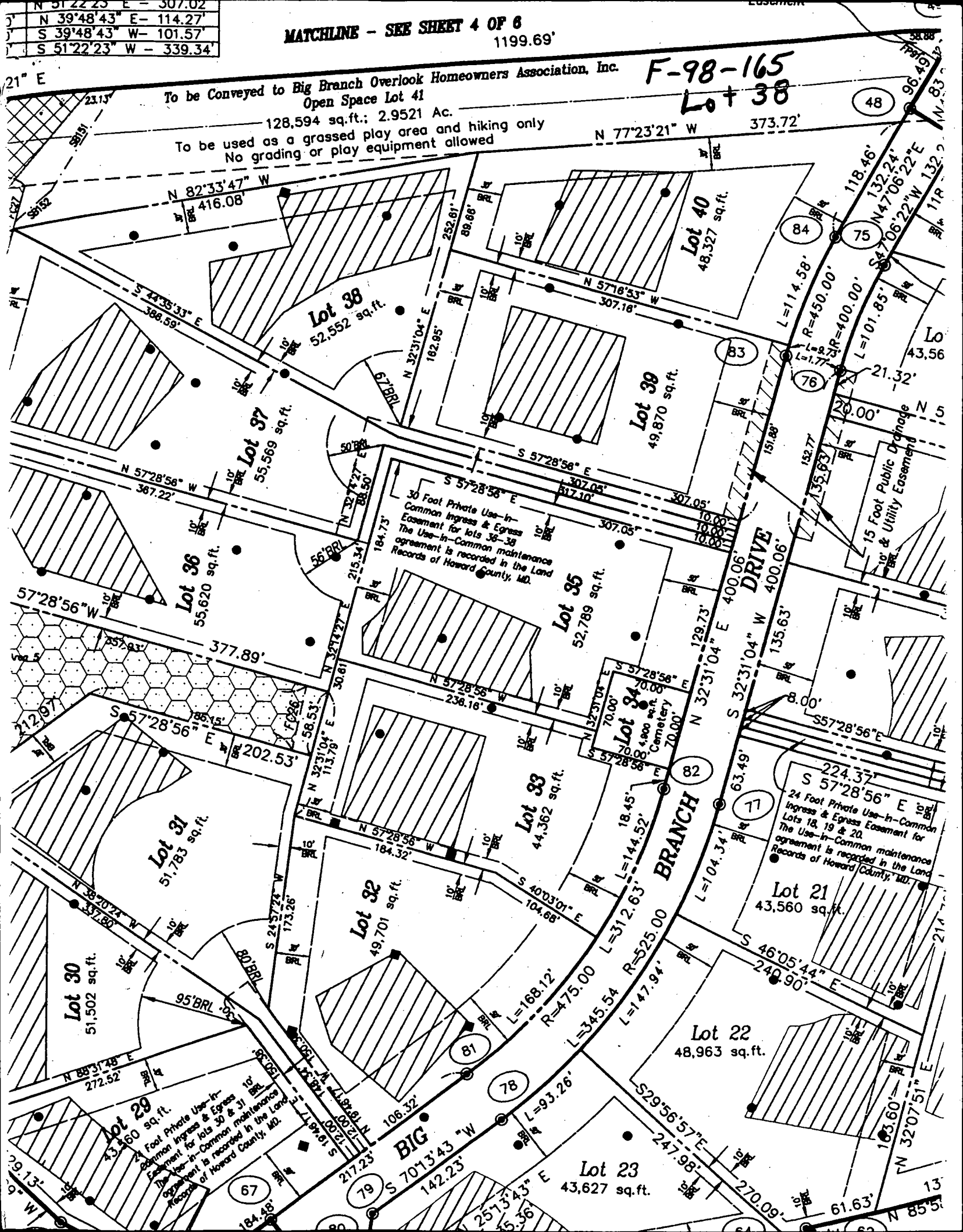
N 51°22'23" E - 307.02
N 39°48'43" E - 114.27'
S 39°48'43" W - 101.57'
S 51°22'23" W - 339.34'

MATCHLINE - SEE SHEET 4 OF 6
1199.69'

F-98-165
Lot 38

To be Conveyed to Big Branch Overlook Homeowners Association, Inc.
Open Space Lot 41

128,594 sq.ft.; 2.9521 Ac.
To be used as a grassed play area and hiking only
No grading or play equipment allowed



21° E

23.13'

388.59'

N 82°33'47" W

416.08'

S 24°35'33" E

367.22'

N 57°28'56" W

377.89'

S 57°28'56" E

202.53'

N 32°31'04" E

113.78'

S 57°28'56" E

184.32'

N 57°28'56" W

173.26'

S 24°35'33" E

272.52'

N 88°31'48" E

95' BRL

N 32°31'04" W

173.26'

S 57°28'56" E

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S 57°28'56" E

Lot 38
52,552 sq.ft.

Lot 37
55,569 sq.ft.

Lot 36
55,620 sq.ft.

Lot 35
52,789 sq.ft.

Lot 34
4,900 sq.ft.
Cemetery

Lot 33
44,362 sq.ft.

Lot 32
49,701 sq.ft.

Lot 31
51,783 sq.ft.

Lot 30
51,502 sq.ft.

Lot 39
49,870 sq.ft.

Lot 40
48,327 sq.ft.

Lot 41
Open Space Lot

Lot 21
43,560 sq.ft.

Lot 22
48,963 sq.ft.

Lot 23
43,627 sq.ft.

Lot 24
43,560 sq.ft.

Lot 25
43,560 sq.ft.

Lot 26
43,560 sq.ft.

Lot 27
43,560 sq.ft.

Lot 28
43,560 sq.ft.

Lot 29
43,560 sq.ft.

Lot 30
51,502 sq.ft.

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Lot 40
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Lot 41
Open Space Lot

Lot 42
43,560 sq.ft.

Lot 43
43,560 sq.ft.

Lot 44
43,560 sq.ft.

Lot 45
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Lot 46
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Lot 86
43,560 sq.ft.

Lot 87
43,560 sq.ft.

Lot 88
43,560 sq.ft.

Lot 89
43,560 sq.ft.

30 Foot Private Use-In-Common Ingress & Egress Easement for lots 35-38
The Use-In-Common maintenance agreement is recorded in the Land Records of Howard County, MD.

24 Foot Private Use-In-Common Ingress & Egress Easement for Lots 18, 19 & 20.
The Use-In-Common maintenance agreement is recorded in the Land Records of Howard County, MD.

24 Foot Private Use-In-Common Ingress & Egress Easement for Lots 30 & 31
The Use-In-Common maintenance agreement is recorded in the Land Records of Howard County, MD.

15 Foot Public Drainage & Utility Easement

N 77°23'21" W 373.72'

N 82°33'47" W 416.08'

S 24°35'33" E 388.59'

N 57°28'56" W 367.22'

N 57°28'56" W 377.89'

S 57°28'56" E 202.53'

N 32°31'04" E 113.78'

S 57°28'56" E 184.32'

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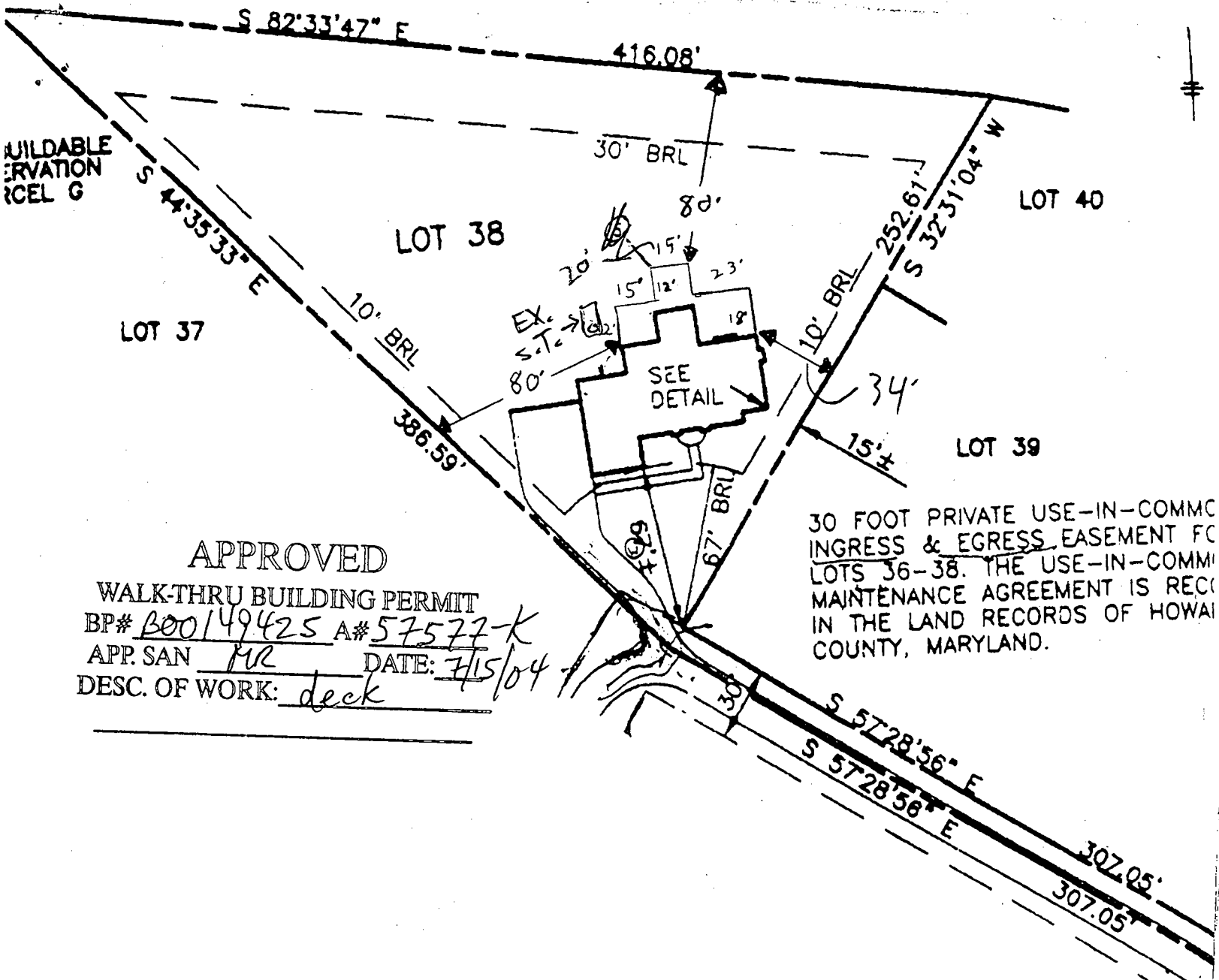
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N 57°28'56" W 377.89'

S 57°28'56" E 202.53'

OPEN SPACE



APPROVED

WALK-THRU BUILDING PERMIT

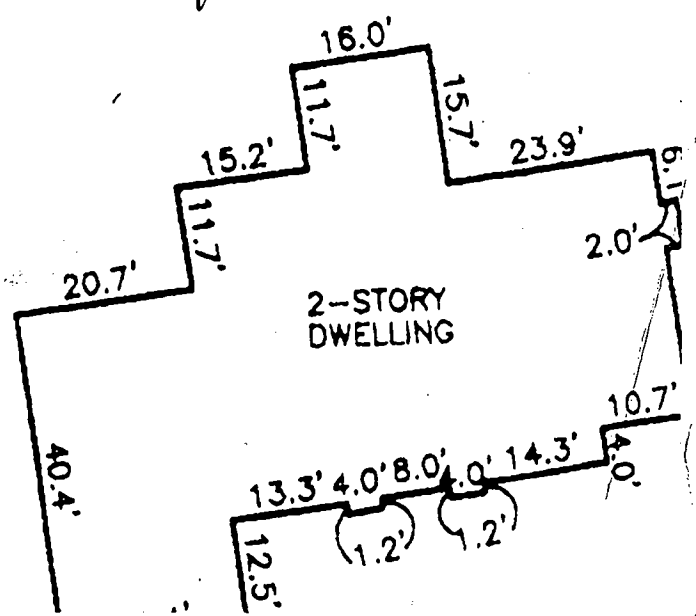
BP# 000149425 A# 57577-K

APP. SAN MR DATE: 7/15/04

DESC. OF WORK: deck

30 FOOT PRIVATE USE-IN-COMM
 INGRESS & EGRESS EASEMENT FC
 LOTS 36-38. THE USE-IN-COMMI
 MAINTENANCE AGREEMENT IS REC
 IN THE LAND RECORDS OF HOWAI
 COUNTY, MARYLAND.

1:60



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND
 BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES
 WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE
 RECORDS AND OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR
 INFORMATIONAL PURPOSES ONLY. THIS DRAWING IS NOT A
 BOUNDARY SURVEY AND HAS BEEN PREPARED
 EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED
 WITHOUT THE BENEFIT OF A TITLE REPORT.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-149425

Building Address 19072 Big Branch Drive
Dayton, MD 21036
Suite/Apt. # _____ SDP/WP/Petition # _____
Census Tract 605101 Subdivision Big Branch Circle
Section _____ Area _____ Lot 39
Tax Map 27 Parcel 141 Grid 11
RC000
Zoning _____ Map Coordinates 967 Lot size _____

Property Owner's Name Dang & Patricia Lee
Address 19072 Big Branch Drive
City Dayton, MD State MD Zip Code 21036
Home Phone 410-531-5407 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
DAVID A LOMBARDI
6502 R BELAIR ROAD
BALTIMORE, MD 21206
Phone 410-254-7200 Fax 410-254-7601

Existing Use SFD
Proposed Use SFD W/DECK
Estimated Construction Cost \$20000.00
Description of Work CONSTRUCT IRREGULAR SHAPED DECK
850' ALG 18'x24', 12'x15' + 12'x15' (2) SETS
OF STAIRS TO GRADE W/ RAMP AT SFD

Contractor Company American Deck Etc
Contact Person DAVID A LOMBARDI
Address 6502 R BELAIR Rd
City BALTIMORE State MD Zip Code 21206
License No. 355015
Phone 410-254-7200 Fax 410-254-7601

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City Same as Above State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
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 - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply _____ Public _____ Private _____
1st floor _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
No. of efficiency units _____	NFPA #13D _____
No. of 1 BR units _____	NFPA #13R _____
No. of 2 BR units _____	Other _____
No. of 3 BR units _____	
Other Structure _____	
Dimensions: <u>12' x 12' x 12'</u>	
Footings: <u>Block + Post</u>	
Roof _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 [Signature]
Project Alge
Title/Company MR 7/15/04

Print Name DAVID A LOMBARDI
Date 7/15/04

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY