

1/15/00
1/17/00
60 Frank PM
RPS#
432243

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514265

A 57577-H

ISSUE DATE 9/20/2000

APPROVAL DATE 11/17/00

INDEXED

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

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Big Branch Overlook LOT NUMBER 35 ADDRESS 14084 Big Branch Drive

PROPERTY OWNER Big Branch LLC PROPERTY OWNER'S ADDRESS 7164 Columbia Gateway

SEPTIC TANK CAPACITY 1250 GALLONS Suite 230
Columbia, MD 21046

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

****COMPARTMENTED TANK REQUIRED WITH****
****OUTLET BAFFLE FILTER****

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 140 feet up the right lot line and 105 feet off that same lot line as seen when facing the lot from Big Branch Drive. Run trenches on contour toward the left lot line. 9/15/00 O.K. (BA)

Install 4-70' Trenches

PLANS APPROVED Craig Williams DATE 8/8/00

**** Septic tank specification apply to all lots in subdivision as agreed by builder****
PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BLDG PERMIT SIGNED
AND RETURNED 12/27/01
B00133742
Screen porch + Drivk box u

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

P514265

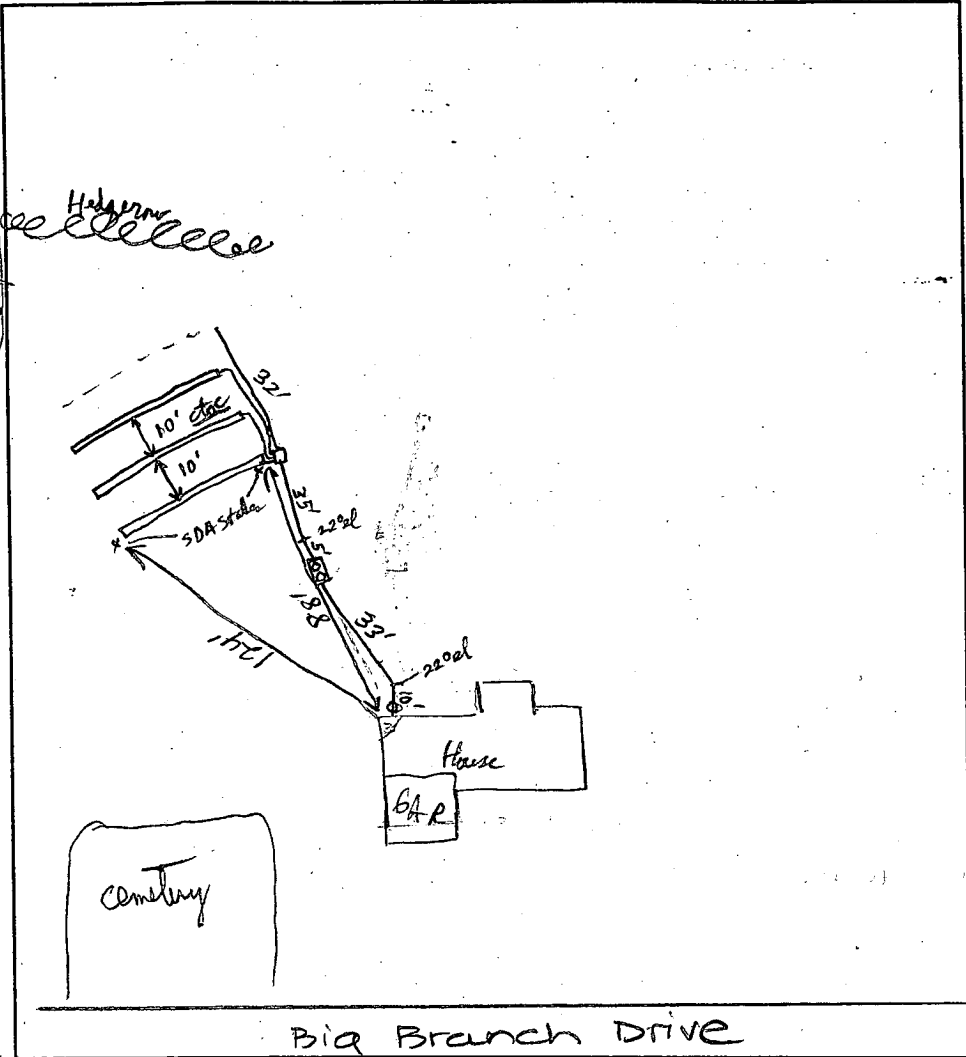
NOT TO SCALE

TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4 x 70' each
 TOTAL TRENCH LENGTH 280'
 ABSORBENT AREA 840 sqft
 DISTRIBUTION BOX LEVEL ✓
 (used auto levelers - OK)
 BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 ^{TS 2 comp} GALLONS
 MANHOLE RISER 2 x ✓
 6 INCH INSPECTION PORT NA
 (with 18" deep e. collar & filter @ outlet)
~~PUMP CHAMBER DATA~~
~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~



PRE-CONSTRUCTION INSPECTION: 11/15/00 layout check confirmed - septic tank set, SDA staked. DKC

INSPECTION COMMENTS: 11/15/00 P.M. OK to cover from house to dist. box. DKC House connection OK, Baffles in ST. First trenches installed, (ST has effluent filter) covered, 2nd bag gravel filled - OK to proceed (Nice sandy loam soils) using roofing paper cover. 11/17/00
last trench OK OK to cover all work

INSPECTOR R. J. [Signature]

DATE SYSTEM APPROVED 11/17/00

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 410-489-4630

PROPERTY LOCATION: Big Branch Overlook Big Branch Drive

PROPERTY DIVISION ~~_____~~ LOT NO. 28 35

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 _____

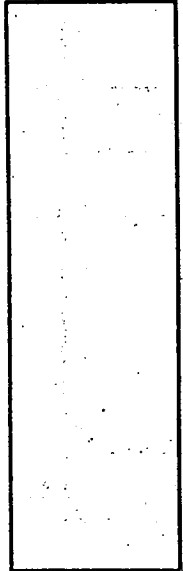
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

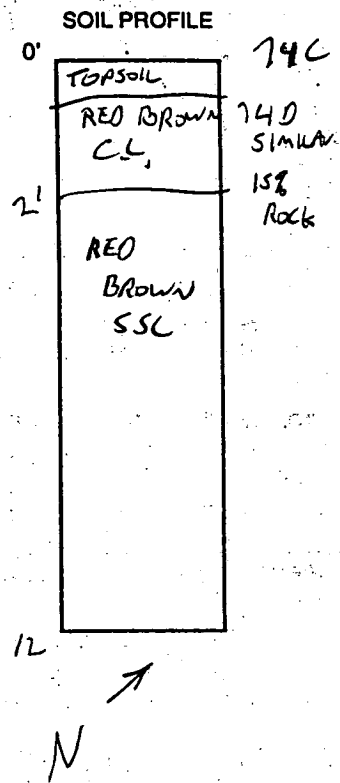
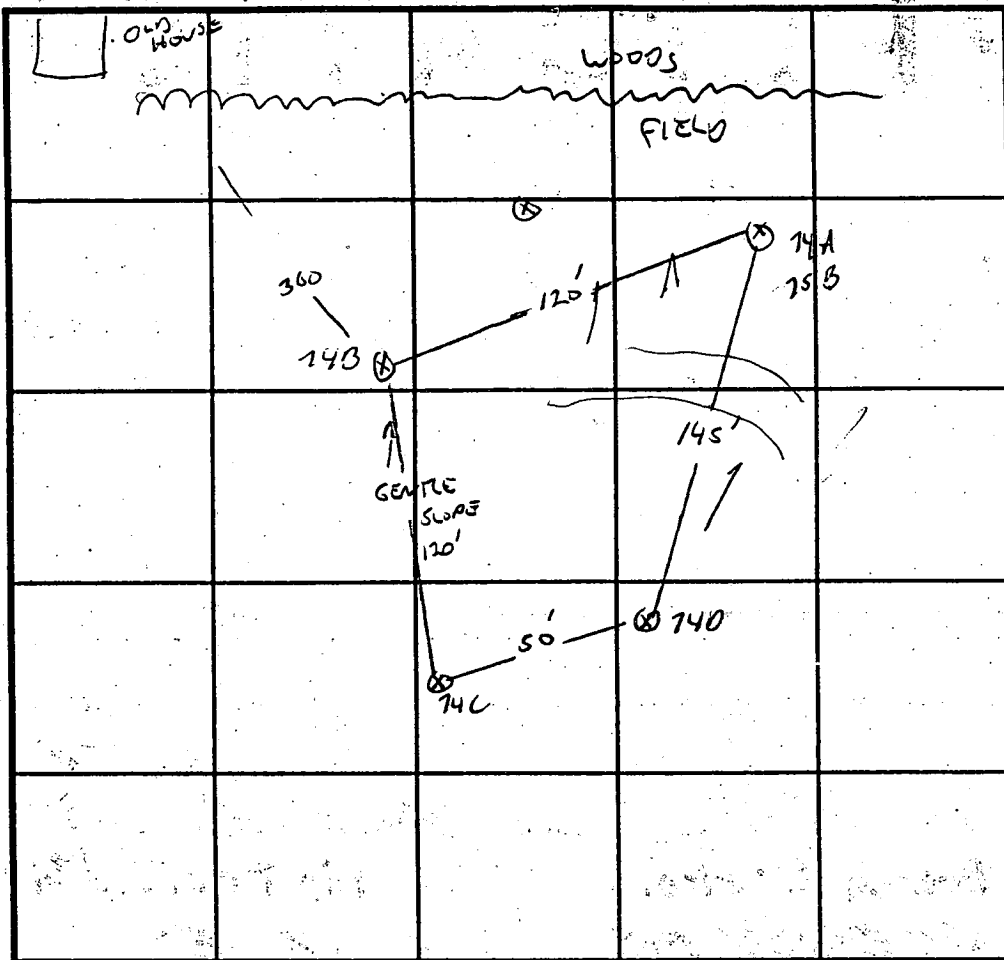
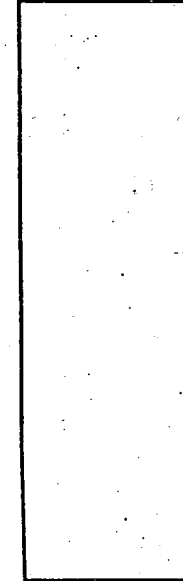
A51517

COUNTY #

SOIL PROFILE



SSC w/ pockets of rock + white/grey SSC w/ orange mottles



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 | 74C | 3 / 12V | 3:26 | 3:29 | 3:29 | 3:35 | 6MIN |
| | | 7Vok | | | | | |
| | 74D | 3 / 12 | 3:29 | 3:31 | 3:31 | 3:35 | 4MIN |
| | | 7Vok | | | | | |
| | 74B | 3 / 12V | 3:37 | 3:39 | 3:39 | 3:43 | 4MIN |
| | | 7ok | | | | | |
| | 74A/75B | 2 / 10.5 | 3:37 | 3:39 | 3:39 | 3:41 | 2MIN |
| | | 7 / 10.5 | 3:46 | 3:48 | 3:48 | 3:50 | 2MIN |
| | | | | | | | |
| | | | | | | | |

REMARKS LOT # 35

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP / R. DEWITT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

Y

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 Drive

SUBDIVISION ~~COMMERCIAL~~ LOT NO. 35

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)

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(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 _____

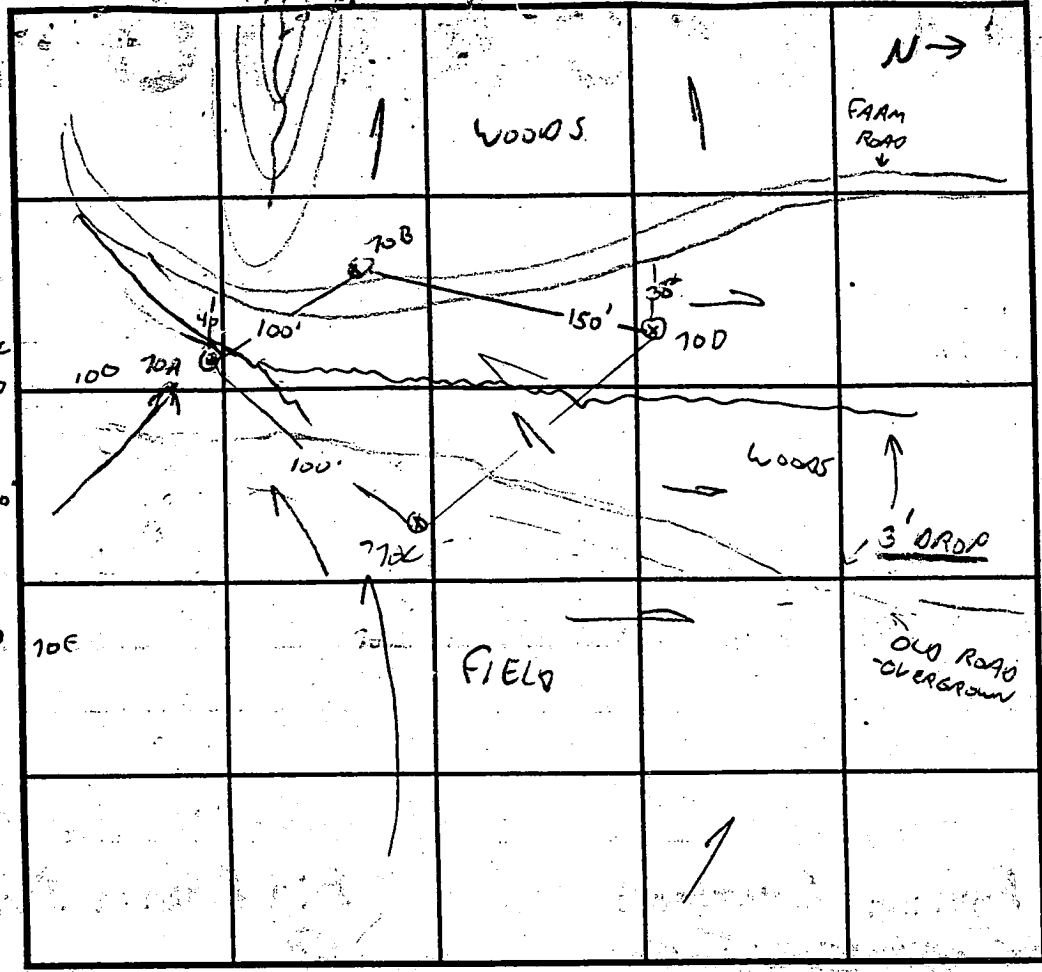
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

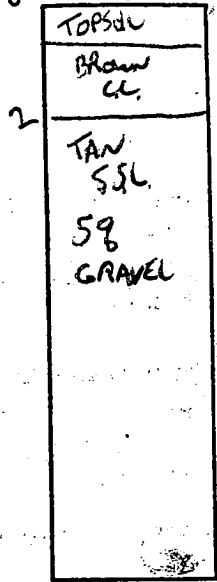
A57577

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|------------|---------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 11/15/96 | 70D | 3.5 / 12V | 11:30 | 11:32 | 11:32 | 11:34 | 2 MW |
| | | 7 ok | | | | | |
| | 70A | 3.5 / 12V | 11:38 | 11:43 | 11:43 | 11:48 | 5 MIN |
| | | 7V ok | | | | | |
| | 70C | 3 / 12.5 | 11:42 | 11:43 | 11:43 | 11:45 | 2 MIN |
| | | 7V ok | | | | | |
| 3/7/97 | 70E | 1.5 / 11.5 | 9:21 | 9:22 | 9:22 | 9:24 | 2 MIN |
| | | 2.5 | 9:21 | 9:24 | 9:24 | 9:27 | 3 MIN |
| | 70E | 2.5 / 11V | 9:32 | 9:33 | 9:33 | 9:35 | 2 MIN |

REMARKS LOT 2062 REVIEW / REVIEW LOCATION
 TYPE OF SOIL Lot 35
 TESTED BY G. SAVAGE ALSO PRESENT R. DEWIT
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 07795

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 8-7-00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No-94-2710

OWNER: BIG BRANCH OVERLOOK LLC
STREET OR RFD: BIG BRANCH DRIVE
SUBDIVISION: BIG BRANCH OVERLOOK SECTION: LOT 35

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (10), NO. OF POUNDS (940), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (0 to 43 ft).

CASING RECORD: casing types insert appropriate code below (ST, PL, CO, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (58).

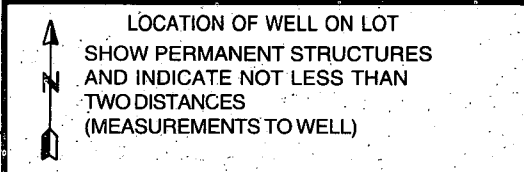
OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (ST, BR, PL, HO, OT).

DEPTH (nearest ft.) table with columns T, A, C, H, S, R, E, N and rows 1-3 for slot size and diameter of screen.

PUMPING TEST: HOURS PUMPED (04), PUMPING RATE (4.6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (1 Gal), WATER LEVEL (40 ft. before, 176 ft. when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, 02 foot).



NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

- 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...

DRILLERS LIC. NO. 1 MS D009, DRILLERS SIGNATURE, LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

No Survey States

B 1 13982

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2710

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
36 Street or RFD 55
Columbia MD 21046
57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL

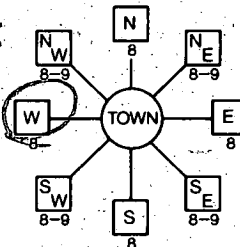
8 COUNTY 21
Big Branch Overlook 14084
23 SUBDIVISION 42
SECTION 44 46 LOT 35 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M. I. 73 76 77 78

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

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 31' 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 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 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05 26 00 Craig Wilton 5/25/00 41
43 MM DD YY 48 GO SIGNATURE EXP. DATE
NORTH GRID 511 000 EAST GRID 0795 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

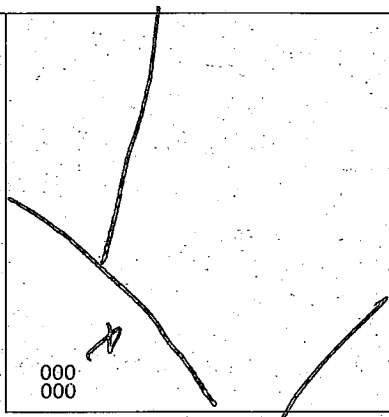
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 795
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 54 G A P 63
PERMIT No. HO - 94 - 2710
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ATTN: DAVE

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: Foglet Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the 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: Toll Brothers Telephone #: 443-535-9286
Subdivision: Big Branch Dr Lot #: 35 Well Tag #: HO-94-2710
Site Address: 14084 Big Branch Dr
Glenelg, Md

Submersible Pump Data

Make: Goulds
Model #: 55B07422
Pump Capacity: 3/4 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 4' (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 1 1/2" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (feet)

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: NO

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 7'
Sleeve caulked and sealed properly: yes

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

Allen Compton
Signature of company representative responsible for installation

12/7/00
date

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

Date Insp. Requested: 12/21/00 & 1/4/01 Date Insp. Approved: 1/10/01
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
Contact well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

(MR) SRK

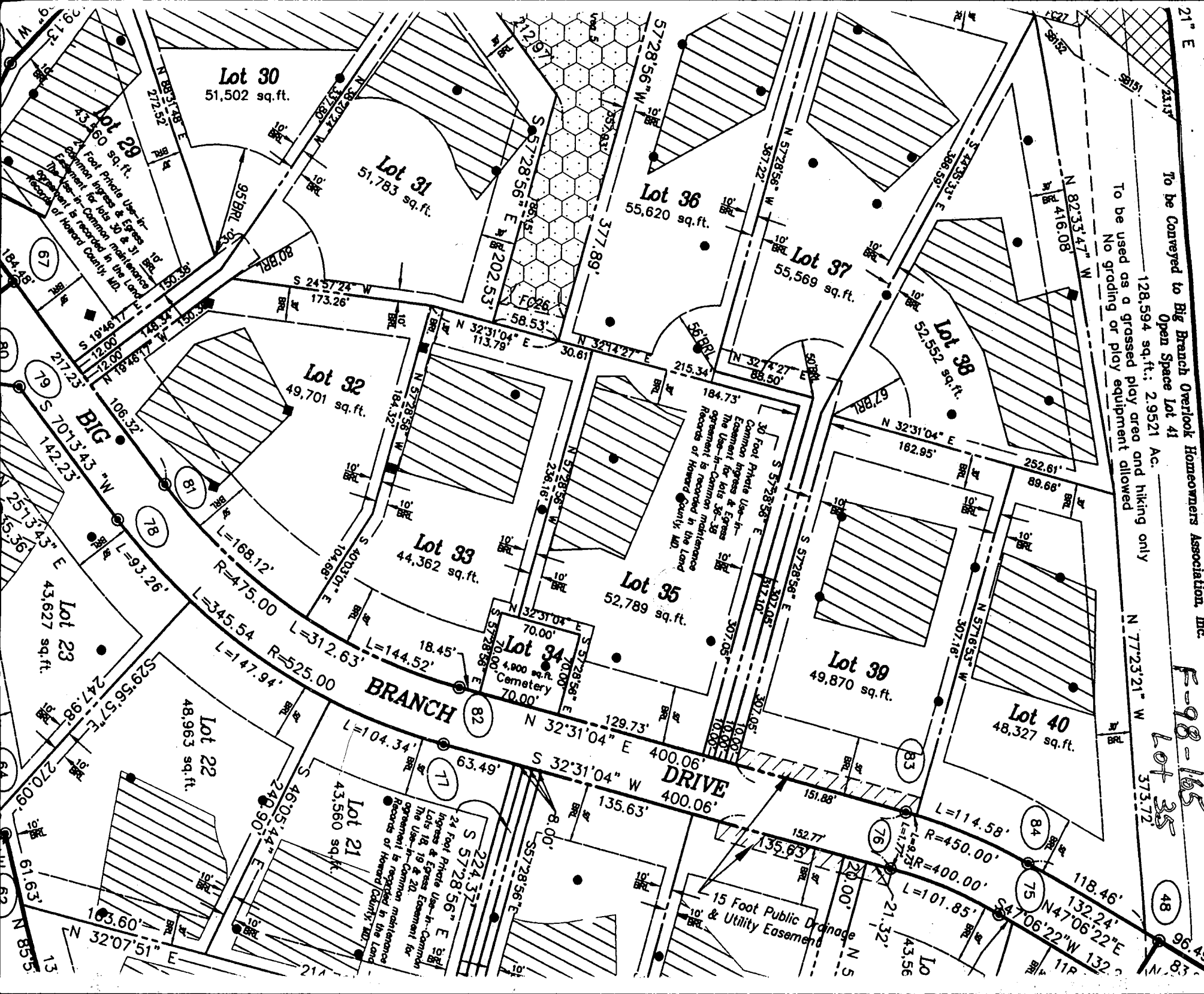
| | |
|---------------|---------|
| N 39°48'43" E | 114.27' |
| S 39°48'43" W | 101.57' |
| S 51°22'23" W | 339.34' |

MACHINE - SEE SHEET 4 OF 6
1199.69'

To be Converted 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

F-98-165
Lot 35



Lot 30
51,502 sq.ft.

Lot 31
51,783 sq.ft.

Lot 36
55,620 sq.ft.

Lot 37
55,569 sq.ft.

Lot 38
52,552 sq.ft.

Lot 32
49,701 sq.ft.

Lot 33
44,362 sq.ft.

Lot 35
52,789 sq.ft.

Lot 39
49,870 sq.ft.

Lot 40
48,327 sq.ft.

Lot 34
4,900 sq.ft.
Cemetery

Lot 22
48,963 sq.ft.

Lot 21
43,560 sq.ft.

Lot 23
43,627 sq.ft.

BIG
142.23'

BRANCH DRIVE

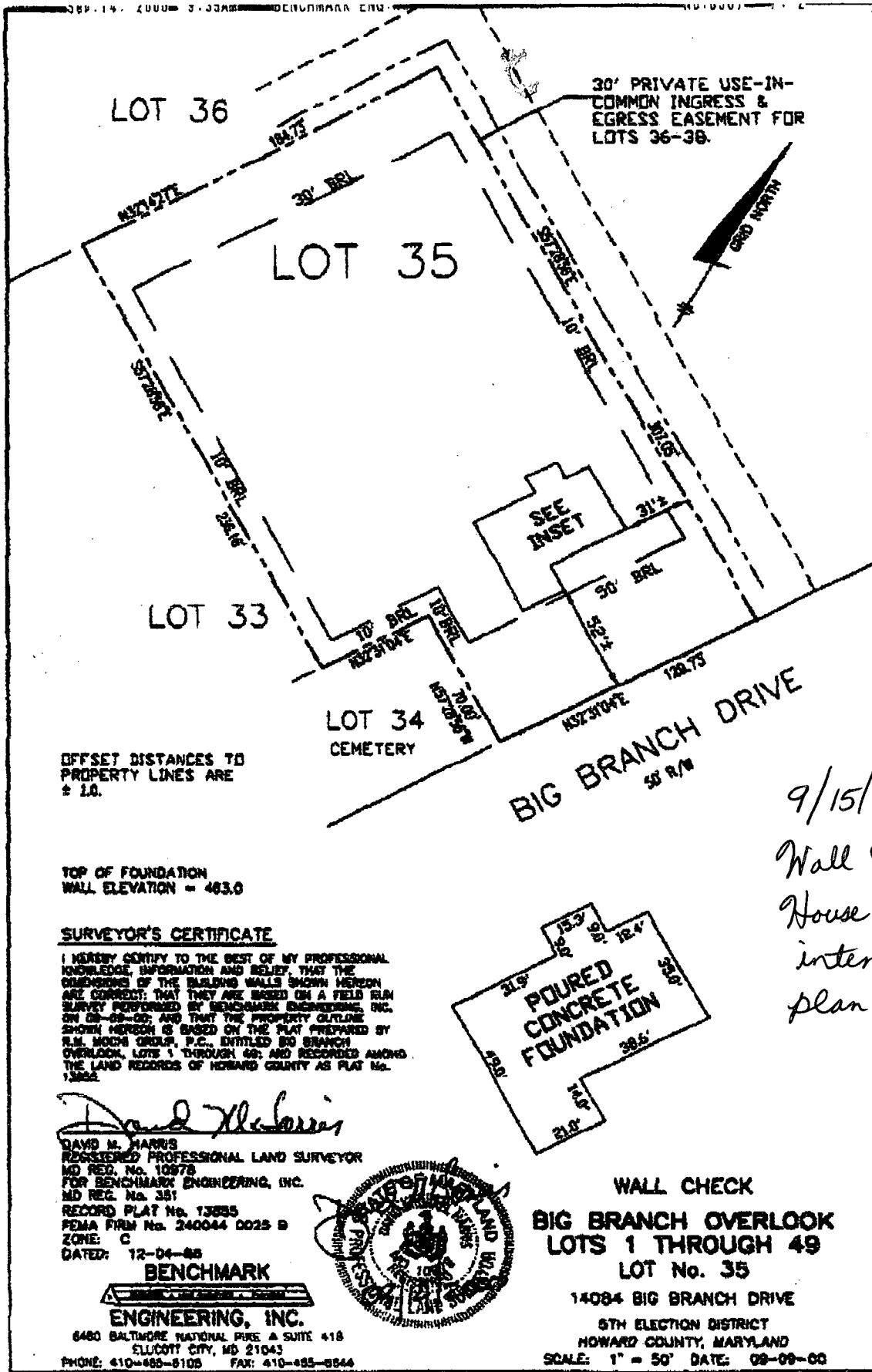
15 Foot Public Drainage & Utility Easement

30 Foot Private Use-in-Common Easement for lots 36-39
The Use-in-Common maintenance Records of Howard County, MD.

24 Foot Private Use-in-Common Easement for lots 18, 19 & 20.
The Use-in-Common maintenance Records of Howard County, MD.

30 Foot Private Use-in-Common Easement for lots 30 & 31
The Use-in-Common maintenance Records of Howard County, MD.

15 Foot Private Use-in-Common Easement for lots 18, 19 & 20.
The Use-in-Common maintenance Records of Howard County, MD.



OFFSET DISTANCES TO PROPERTY LINES ARE ± 1.0.

TOP OF FOUNDATION WALL ELEVATION = 483.0

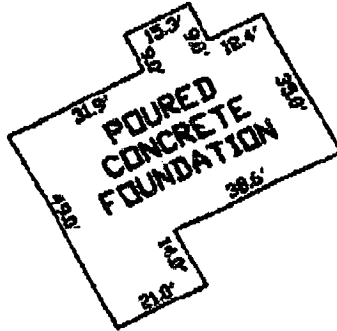
SURVEYOR'S CERTIFICATE

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 08-09-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.H. MOORE GROUP, P.C., ENTITLED BIG BRANCH OVERLOOK, LOTS 1 THROUGH 49; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13882.

David M. Harris
 DAVID M. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10978
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 381
 RECORD PLAT No. 13885
 FEMA FIRM No. 240044 0025 D
 ZONE: C
 DATED: 12-04-00

BENCHMARK ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE & SUITE 418
 ELLICOTT CITY, MD 21043
 PHONE: 410-485-8105 FAX: 410-485-8544

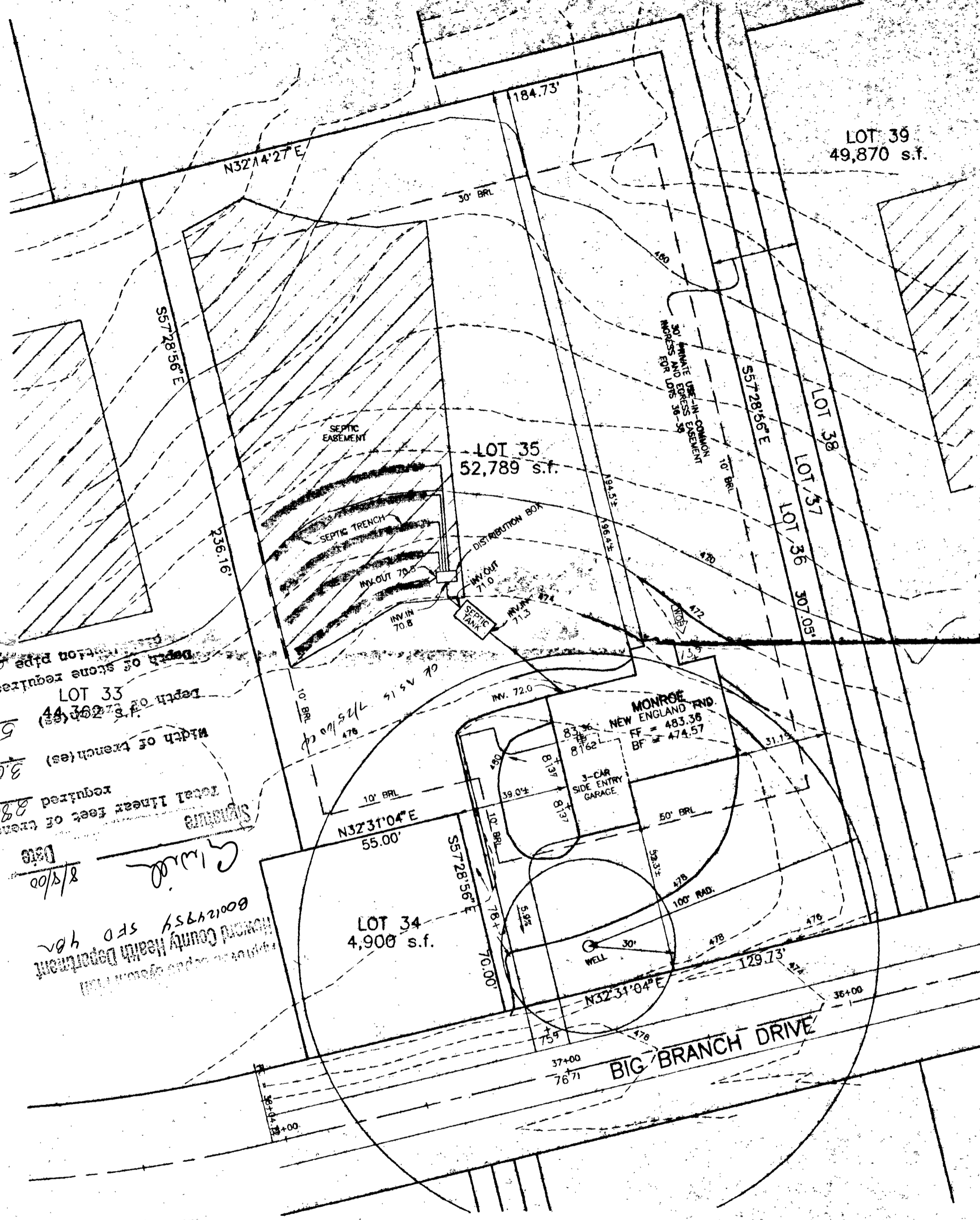


**WALL CHECK
 BIG BRANCH OVERLOOK
 LOTS 1 THROUGH 49
 LOT No. 35**

14084 BIG BRANCH DRIVE
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 08-09-00

9/15/00
 Wall check O.K.
 House where
 intended on BP
 plan. (BB)

depth of stone required below
 depth of trench pipe 8.0 feet
 depth of trench (es) 5.0 feet
 depth of trench (es) 3.0 feet
 Total linear feet of trench
 required 880 feet
 Date 8/9/00
 Signature
 Howard County Health Department
 8001249554 SPD 402



PLAN
 SCALE: 1" = 30'

PRINTED
 JUN - 8 2000

BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE & SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 FAX: 410-465-6844

PROJECT: **BIG BRANCH OVERLOOK LOT 35**
 LOCATION: TAX MAP 27 GRID 6 - PARCEL 440,141,142
 5th ELECTION DISTRICT
 PLAT: 13855
 HOWARD COUNTY, MARYLAND
 TITLE: **PLOT PLAN**

- NOTE:
1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
 3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
 4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
 5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.

KRAMER

LOT 36

30' PRIVATE USE-IN-COMMON INGRESS & EGRESS EASEMENT FOR LOTS 36-38.

GRID NORTH

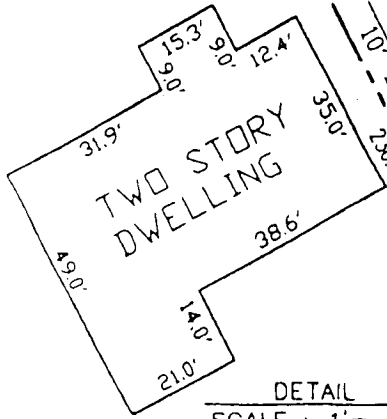
LOT 33

LOT 35

SEPTIC

D.S.T.

DECK & PORCH
OK AS SHOWN
ML
12/27/07



SCALE: 1" = 30'

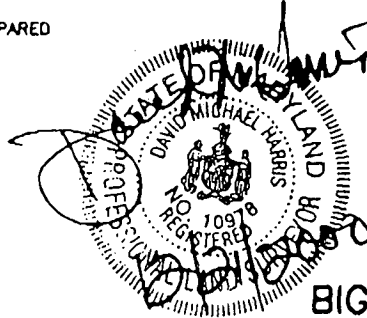
LOT 34
CEMETERY

BIG BRANCH DRIVE
50' R/W

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 OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL 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.

David M. Harris
REG. No. 10978



1:60 ±

RECORD PLAT No. 13855
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/4/86

LOCATION DRAWING
BIG BRANCH OVERLOOK
LOTS 1 THROUGH 49
LOT No. 35

BENCHMARK

Building Address 14084 Big Branch Dr. Property Owner's Name Robert Kramer
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 City _____ State _____ Zip Code _____
 Census Tract 60311 Subdivision Big Branch D. Home Phone 410 335 7472 Work Phone _____
 Section _____ Area _____ Lot 35 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 87 Parcel 11 Grid 11
 Zoning _____ Map Coordinates pc 13 Lot size _____ Phone _____ Fax _____

Existing Use _____ Contractor Company _____
 Proposed Use _____ Contact Person _____
 Estimated Construction Cost \$ _____ Address _____
 Description of Work Screen porch City _____ State _____ Zip Code _____
deck License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____ Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

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

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

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 _____ Date _____
 Print Name _____

Title/Company _____ 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: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excess tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>12/27/07</u> | <u>M. L. F.</u> | All minimum setbacks met? | TOTAL FEES \$ _____ |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | Is Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | Lot Coverage for NewTown Zone _____ | |
| | | | SDP/Red-line approval date _____ | Accepted by _____ |