

LAYOUT 5/15/02 PM INSP 4 6/12/02 AM 8/19/02 Flu 1pm
 INSP 2 5/16 CO > 2PM INSP 5 7/31/02 Layout 10-11 8/20/02 2-2:30
 INSP 3 5/20/02 AM INSP 6 8/16/02 1:00 8/21/02 3:00
 ISSUE DATE: 5/16/2002 **PERMIT** 9/18/02 2-3:00P 516 965 -C
 APPROVAL DATE: 9/20/02 **INDEXED** 9/20/02 11:00 A 56564-B

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

05-434883

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: 2
 ADDRESS: 14009 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 HOUSE SERVED BY PUBLIC WATER

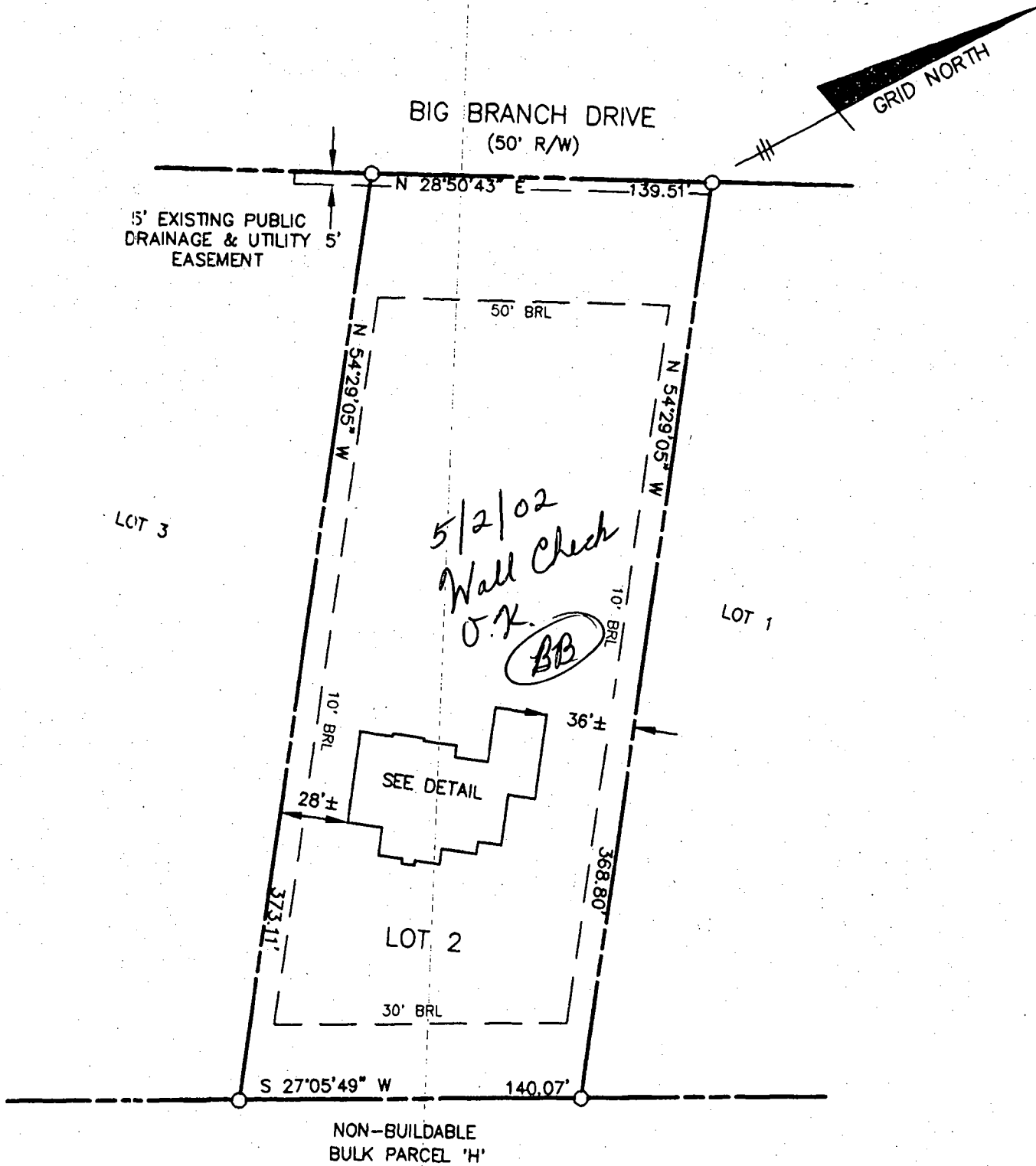
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run 3-93' trenches on contour.
NOTES:	(B) 90's 10' etc

PLANS APPROVED: Steven R. Krieg OK 3/26/02 (So) DATE: 3/11/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

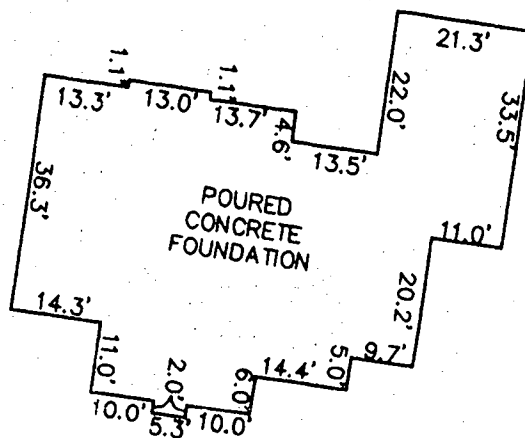
AS6564-B



TOP OF FOUNDATION WALL ELEV.= 477.5'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON APRIL 19, 2002; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, INC. ENTITLED "BIG BRANCH OVERLOOK", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13852



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK

BIG BRANCH OVERLOOK

LOT No. 2

14009 BIG BRANCH DRIVE

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 4-19-02

DRAWN BY: KLD

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. 13852
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/04/88



BENCHMARK
ENGINEERING, INC.

8400 BALTIMORE NATIONAL PIKE A SUITE 418
ELLSWORTH CITY, MARYLAND 21043
phone: 410-485-8105 A fax: 410-485-8844
www: BenchmarkPeds.com

9-25-02

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 25.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Foakes Well Drilling Telephone #: 410-795-5670
Address: 530 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 Campbell 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: Tall Brothers Telephone #: 443-535-9296
Subdivision: Tridelphia Ridge Lot #: 2 Well Tag #: HO 94-2658
Site Address: 14009 Big Branch Drive

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Bruiser Make: Campbell Two piece watertight cap: yes
Model #: 68805 Model#: Screened, vented well cap: yes
Pump Capacity: 6 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 300 (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 17.5.3
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 n/a

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: [Signature] date: 9-25-02

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

Date Insp. Requested: 9/3/02 Date Insp. Approved: 9/3/02 Inspector: (SO) SRK
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 07744

SEQUENCE NO. (MDE USE ONLY)

STATE OF MICHIGAN 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 5 13 00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2658

OWNER: BIG BRANCH LLC
STREET OR RFD: BIG BRANCH DRIVE
TOWN: DAYTON
SUBDIVISION: BIG BRANCH OVERLOOK SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray rock, Brown Shale, Gray rock, BROWN, Gray, White, Gray.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (94), NO. OF POUNDS (1316), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (0 to 35 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (42).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

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

DEPTH (nearest ft.) table with columns: 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, 77-78, 79-80.

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 form including: HOURS PUMPED (04), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (5 gal.), WATER LEVEL (20), BEFORE PUMPING (20), WHEN PUMPING (188), TYPE OF PUMP USED (S).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (+) above LAND SURFACE (01).

LOCATION OF WELL ON LOT form including: SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Note: NO Survey stakes.

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED (Y)
CIRCLE APPROPRIATE LETTER: A, E, P
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 M5D009
DRILLERS SIGNATURE Allen Compton
LIC. NO. 1 D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 13921

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type.

STATE PERMIT NUMBER 140 - 94 - 2658 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Big Branch Overlook LCC 15 Last Name Owner First Name 34 7164 Columbia Gateway Dr. 36 Suite 230 Street or RFD 55 Columbia MD 21096 57 Town 70 State 72 Zip 76

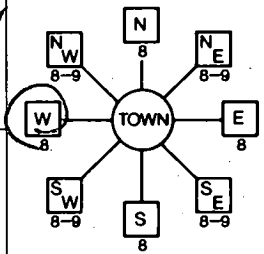
B 3 LOCATION OF WELL

Howard 8 COUNTY 21 Big Branch Overlook 14009 23 SUBDIVISION SECTION 44 46 LOT 2 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 76 Driller's Name License No. 81 Fobles Well Drilling Firm Name 580 Obercht Rd. Sykesville MD 21784 Address Allen Compton 4-14-00 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 34 30 37 ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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 050200 C. Will 5/1/01 43 MM DD YY 48 GO SIGNATURE EXP. DATE NORTH GRID 514 000 EAST GRID 0798 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN 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)

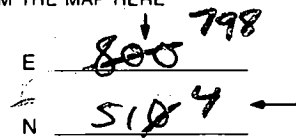
APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. 140 - 94 - 2658 70 71 72 73 74 75 76 77 78 79

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



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

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A 56564B

P _____

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

DISTRICT 5TH

DATE 4/17/90

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 CHUCK SHARP

ADDRESS 3779 SHARP ROAD. PHONE 410-489-4630

PROPERTY LOCATION:

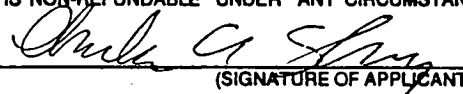
SUBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 1

ROAD AND DESCRIPTION HOWARD ROAD 3000'± FROM INTERSECTION
TRIADELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3 AC. 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 _____

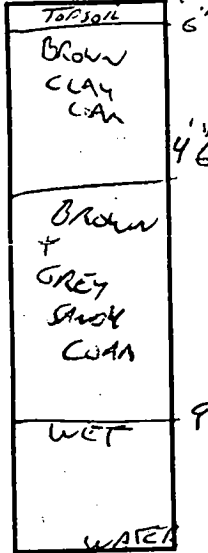
THIS IS NOT A PERMIT

56564B

COUNTY #

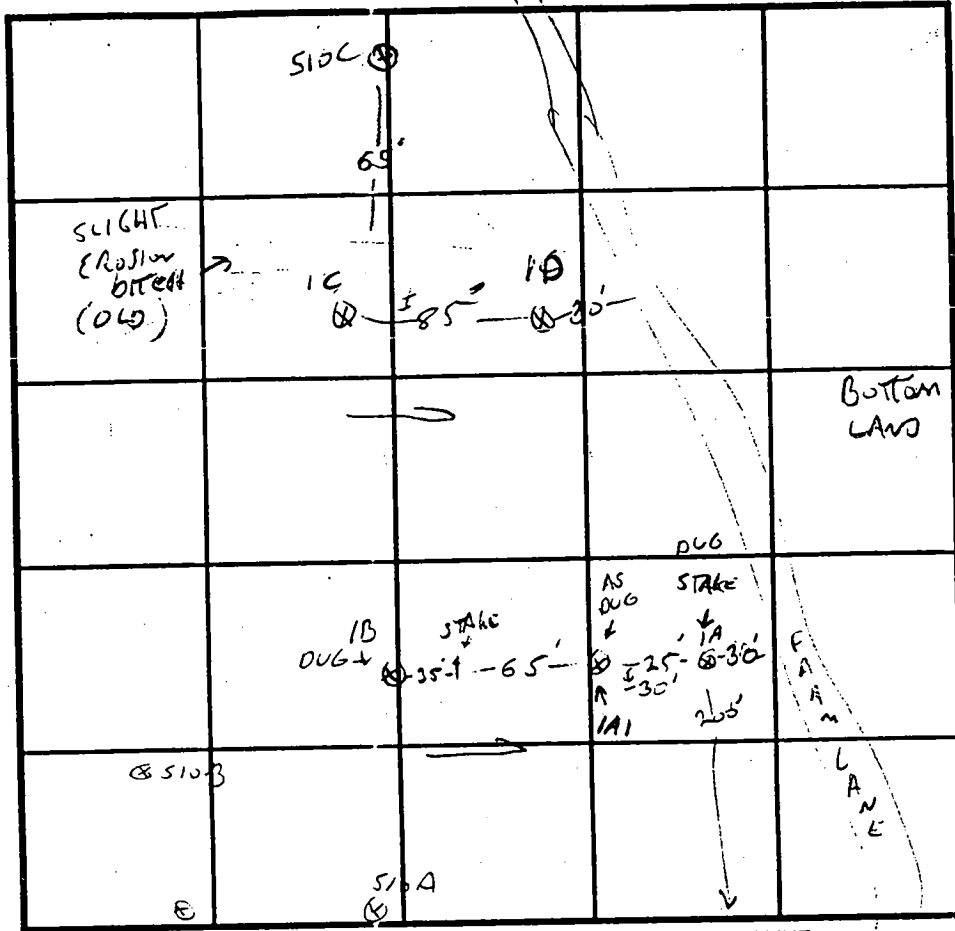
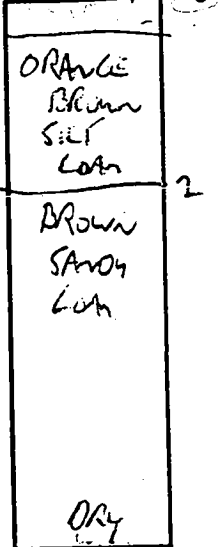
SOIL PROFILE

5 - 1A



SOIL PROFILE

1510C, 1B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. HOWARD ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/26/96	1B	3' / 12"	2:15	2:22	2:22	2:32	10 MW	
X	1A	3' / 12"	2:25	2:30	2:30	2:38	8 MW	
	110	3' 6" / 12"	2:40	2:41	2:41	2:43	2:43	
	1C	3' 6" / 12"	2:42	2:52	2:52			
5/10/96	510C	11' 6"	VISUAL	OK				
3/7/97	1A1	RE-DUG - VISUAL TO	11' (WATER)					

REMARKS LOT 1 DUG DEEPER THAN PLAN 2407K SHALLOW
 TYPE OF SOIL NEW LOT 5 LOT 1 & 2
 TESTED BY G. SAVAGE ALSO PRESENT CHUCK SHARP
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 MW TRENCH WIDTH 3
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 210

X

APPLICATION

PERCOLATION TESTING

A 56564C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 5TH

DATE 1/17/96

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 CHUCK SHARP

ADDRESS 3779 SHARP ROAD. PHONE 410-489-4630

PROPERTY LOCATION:

SUBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 2

ROAD AND DESCRIPTION HOWARD ROAD 3000'± FROM INTERSECTION
TRIADELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3 AC. 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. Chuck 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 _____

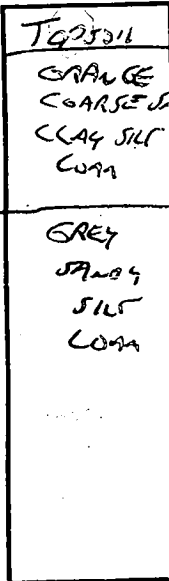
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

56564C

COUNTY #

SOIL PROFILE

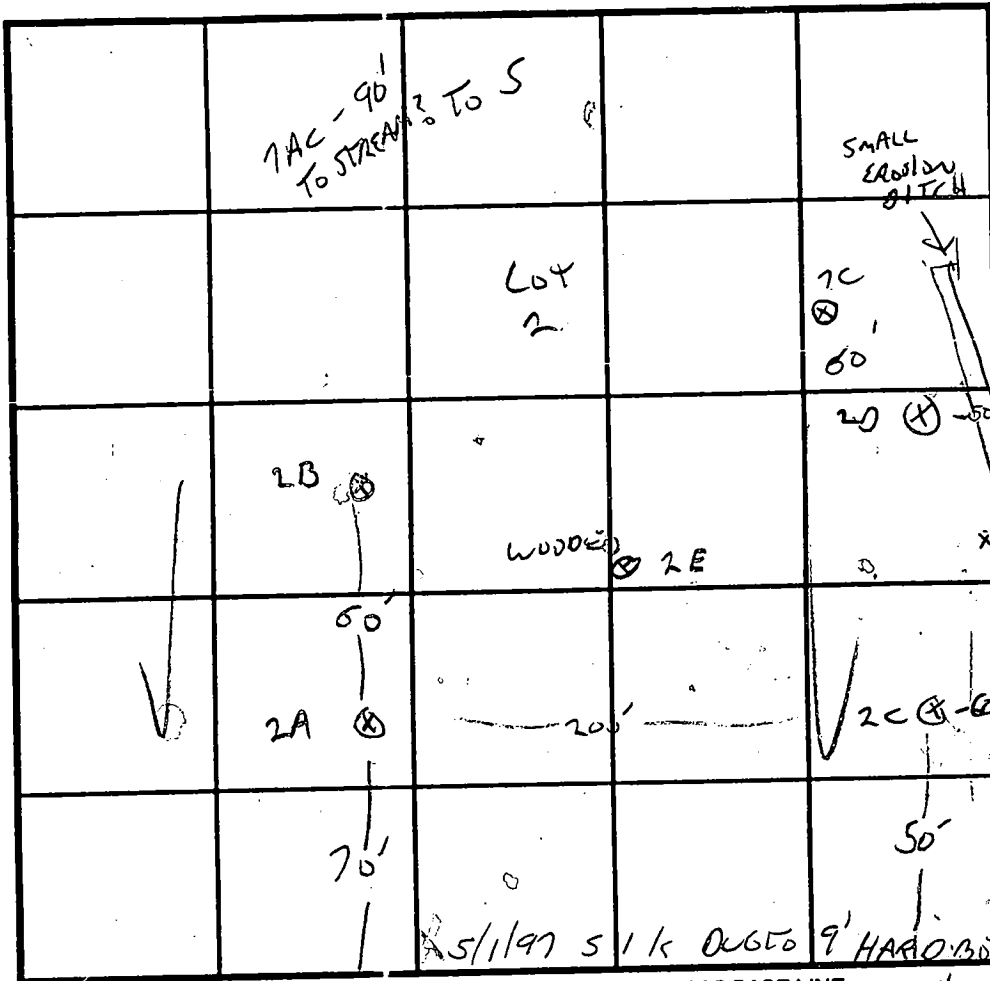
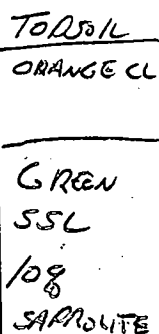


WATER 11

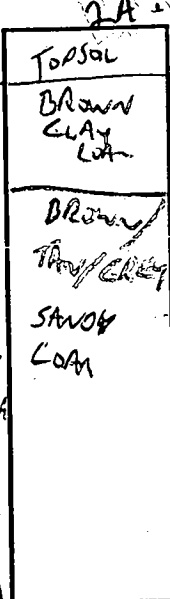
2D

SIMILAR TO 2C

DRY



SOIL PROFILE



STARTS + ENDS NO WATER ON SURFACES

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FARM ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/26/96	2A	2'6" / 11	2:55	3:02	3:11	3:16	5 MIN
	2B	3'6" / 12	2:56	2:58	2:58	3:02	5 MIN
	2C	3 / 12	3:20	NO MOIST		OK AT 4'	
	2D	3'6" / 11	3:21	3:25	3:25	3:33	8 MIN
	2C	4 /	3:30	3:32	3:32	3:34	2 MIN
4/29/96	2E	11" 6"	VISUAL - OK - DRY				
5/10/96	510C	4' / 11" 6"	11:28	11:29	11:33	11:35	2 MIN
11/14/96	114A	12V	GREEN/WHITE SSL		T-12		
11/14/96	7AC	2.5 / 12V	1:50	1:52	1:52	1:55	2 MIN
		6.5	1:50	1:51	1:51	1:53	2 MIN

REMARKS: EROSION OF CELL NOT SIGNIFICANT DRAINAGE FEATURES
 TYPE OF SOIL: 7C 12V 214 217 217 224 1 MIN

TESTED BY: G. SAVAGE ALSO PRESENT: CHUCK SHARD

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 5 MIN TRENCH WIDTH: 3

INLET DEPTH: 3 MAXIMUM BOTTOM DEPTH: 5 SQ. FT./BEDROOM: 180

NEW LOTS 6, 7, 7A X

Owner: Big Branch Overlook, LLC
Easement Holders: Howard County, Maryland &
Big Branch Overlook Homeowners' Assn.
33,304 sq. ft. or 0.77 Ac.

Forest Conservation Easement Area 1
25,092 Square Ft. or 0.58 Ac.

Oscar L. Gibsons
Tenants by
Liber 2035,

Non-Buildable
Bulk Parcel "H"
9,042 sq. ft.;
0.2076 Ac.

**F-98-165
Lot 2**

Norman B. & Virginia B. Harter
Bruno William Reich
Liber 548, Folio 637

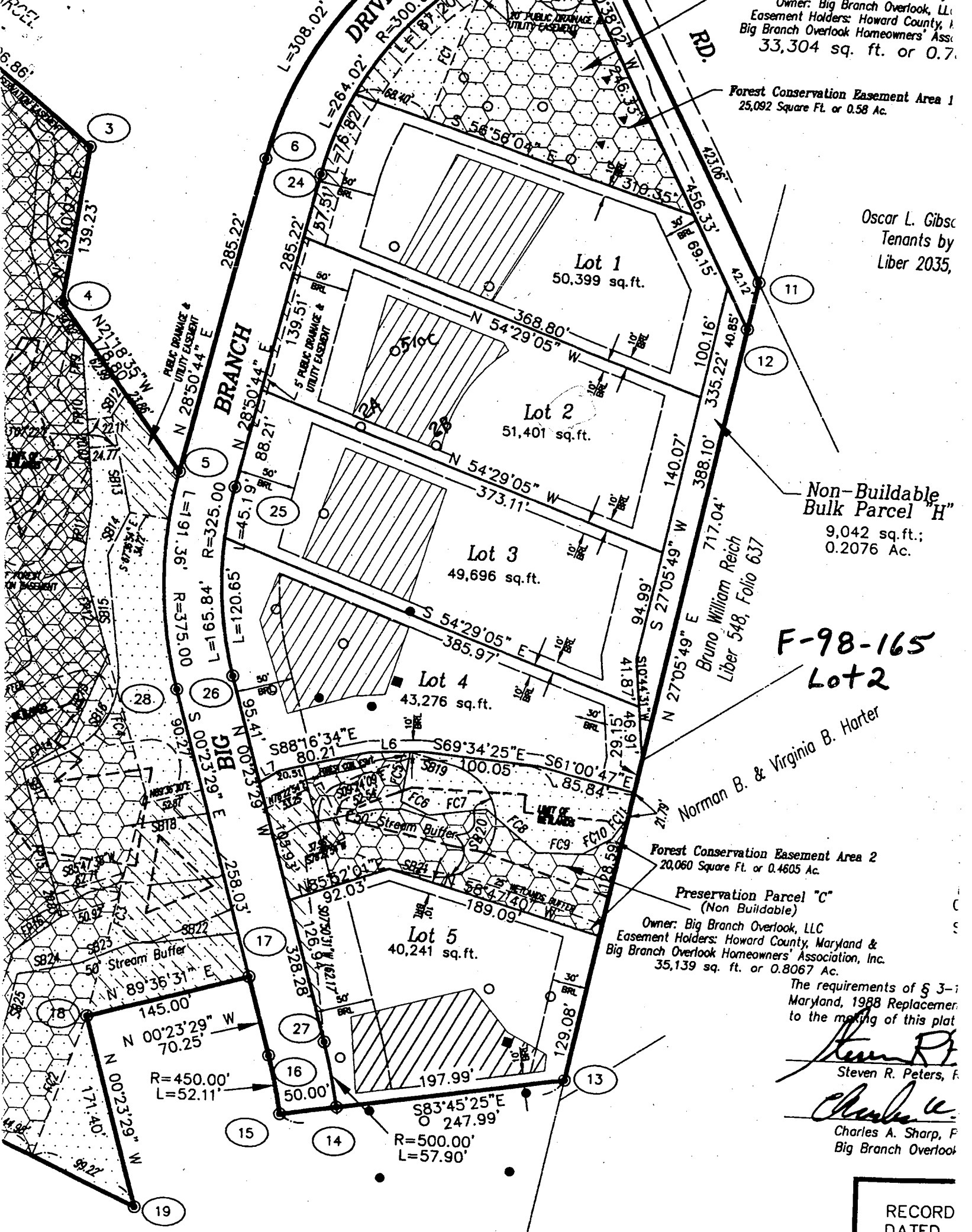
Forest Conservation Easement Area 2
20,060 Square Ft. or 0.4605 Ac.

Preservation Parcel "C"
(Non Buildable)
Owner: Big Branch Overlook, LLC
Easement Holders: Howard County, Maryland &
Big Branch Overlook Homeowners' Association, Inc.
35,139 sq. ft. or 0.8067 Ac.

The requirements of § 3-101
Maryland, 1988 Replacemen
to the making of this plat

Steven R. Peters, F.S.

Charles A. Sharp, F.S.
Big Branch Overlook



RECORD
DATED

MIT OF
PLAIN

WATER QUALITY TRAP
@ S-1 (OFF-LINE)

25' Wetlands Buffer

25' Wetlands Buffer

N28°50'44"E
285.22'

R=350.00'

BEAN DRIVE

Wetlands

Wetlands

Wetlands

Wetlands

Wetlands

Wetlands

Wetlands

Wetlands

Wetlands

Lot 8
54,000 s.f.

Lot 2
24,000 s.f.

Bruno Williams
Liber 588 Folio 637

NO CREDIT
Preservation Parcel
(Non Buildable)
Owner: Mr. Charles A. Spahr
0.8 AC

Norman B. & Virginia B. Harter
Folio 338

Lot 2
24,000 s.f.

