

LAYOUT 3/15/02 11:00 INSP 4 5/15/02 PM
 INSP 2 3/18/02 1:00 INSP 5 7/2/02 11:00
 INSP 3 4/29/02 4/29/02 INSP 6 _____
 ISSUE DATE: 3/14/2002 1:00

05-432324

P 516870
 A 56564-J

APPROVAL DATE: 7/2/02

PERMIT INDEXED

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: 42

ADDRESS: 14056 BigBranch Drive PROPERTY OWNER: Big Branch Overlook, LLC

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

PUMP CHAMBER CAPACITY (GALLONS): N/A 1250 ← COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4 ← 1500

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280 ← 3.0

TRENCHES: <u>5.0</u>	Trench to be 3.0 feet wide. Inlet 20 feet below original grade. Bottom maximum depth 40 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 125 feet from the front lot line and 70 feet from the right lot line.
NOTES:	Trenches to be <u>10 feet center to center</u> . Keep septic tanks 100 feet from well. SPECS ADJUSTED DUE TO NEED TO INSTALL TRENCH UNDER 2.5' ± CUT

PLANS APPROVED: Brian Baker OK/MB DATE: 12/20/2001
 8/23/1999

- 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 **BUILDING PERMIT SIGNED AND RETURNED**

10-23-03 BOD 144714 - ADD PLAYROOM
 6-30-04 BOD 149213 - FAMILY ROOM

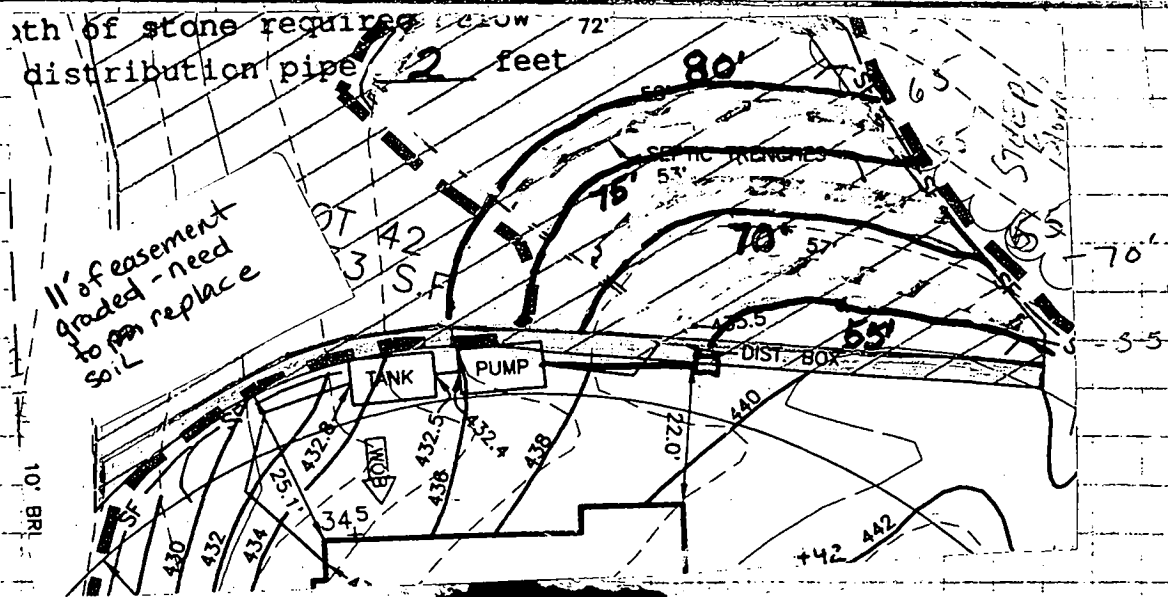
A56564-J

33' place d. b. due to cut in soil

2nd trench stretch to 65' by

Correcting SDA for Big Branch, Lot 42

Actual elevation of septic easement topo	Elevation of cut-back in easement	Needed backfill	Location from Septic Stake closest to Driveway
4'2"	6'9"	2'7"	58' Distribution Box
5'3"	7'1"	1'8"	73' 2nd trench
6'2"	8'5"	2'3"	83' 3rd trench
7'4"	9'6"	2'2"	93' 4th trench



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

Company Name: Coates Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylowville Md 21789

(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: Trideltone Ridge Big Branch Lot #: 42 Well Tag #: HO 94-1904
Site Address: 14056 Big Branch Rd

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Camfed Two piece watertight cap: yes
Model #: 75B05 Model #: N/A Screened, vented well cap: yes
Pump Capacity _____ GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 20 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 245 (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 17.8.4
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 N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
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.

Allen Compton 6-11-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/25/02 Date Insp. Approved: 4/25/02 Inspector: (50) 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 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 **4345** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 565645**

ST/GO USE ONLY
 DATE RECEIVED
11/23/98

DATE WELL COMPLETED
 MM **11** DD **30** YY **98**
 15 20
 Depth of Well
 22 **245** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1904
 28 29 30 31 32 33 34 35 36 37

OWNER **HIGHLAND DEV. CMC**
 last name first name
 STREET OR RFD **BIG BRANCH DRIVE** TOWN **DAYTON**
 SUBDIVISION **BIG BRANCH OVERLOOK** SECTION _____ LOT **27 42**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	55	
Gray Mica Rock	55	245	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1880**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **55** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **60**
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min.) **20**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **25** ft.
 17 20
 WHEN PUMPING **64** ft.
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

PUMP INSTALLED
 DRILLER-INSTALLED PUMP: YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX 29 _____
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35
 PUMP HORSE POWER _____ 37 _____ 41
 PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)
 49 50 51

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**

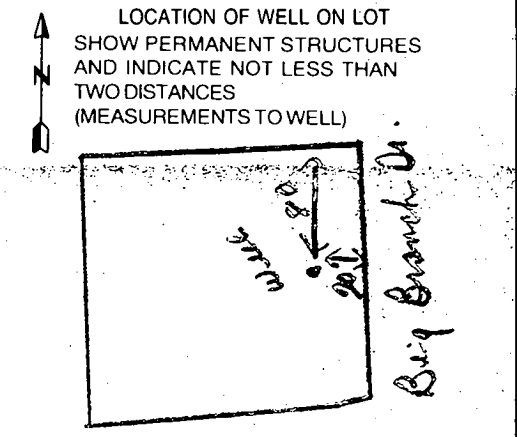
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD024**
 DRILLERS SIGNATURE **Joseph E. Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **D**

C 2
 DEPTH (nearest ft.)
HO **58** **245**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 _____ 56 _____ 60 _____
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68 _____
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



RECEIVED
 HOWARD COUNTY HEALTH DEPT.
 ENVIRONMENTAL HEALTH
 1998 NO 25 PM 1:42

B 1 6734

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1904
fill in this form completely

Date Received (APA) 8/31/98

OWNER INFORMATION

8 MM DD YY 13
Highland Development Co.
15 Last Name Owner First Name 34
P.O. Box 228
36 Street or RFD 55
Clarksville Md 21029
57 Town 70 State 72 Zip 76

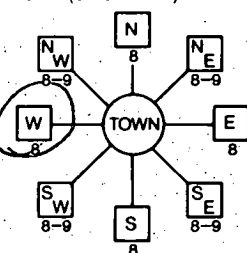
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Big Branch Overlook
23 SUBDIVISION 42
SECTION 44 46 LOT 31 42
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 MS D024
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne 8/30/98
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 N
WEST W EAST E
SOUTH S
34 25 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 5
(GAL. PER MIN.) 8 500 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- 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 A 565645
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 10 23 98 John Jay 10/27/98
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

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEEN 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
PERMIT NO. HO-94-1904
70 71 72 73 74 75 76 77 78 79

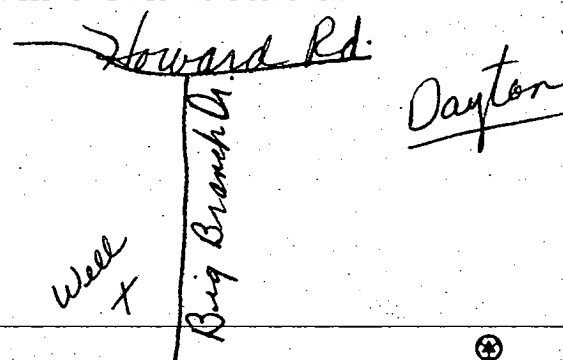
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- Well
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790
N 510
000
000

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



APPLICATION

PERCOLATION TESTING

A 56544J

P _____

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

DISTRICT 5TH

DATE 4/17/96

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: Big Branch Overlook Big Branch Drive

SUBDIVISION ~~_____~~ LOT NO. 42, 108

ROAD AND DESCRIPTION HOWARD ROAD 3000' E 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 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

565 643

COUNTY #

← N

SHEET 102

SOIL PROFILE

7H 116

Similar TO
7E,
158
Rock

DRY

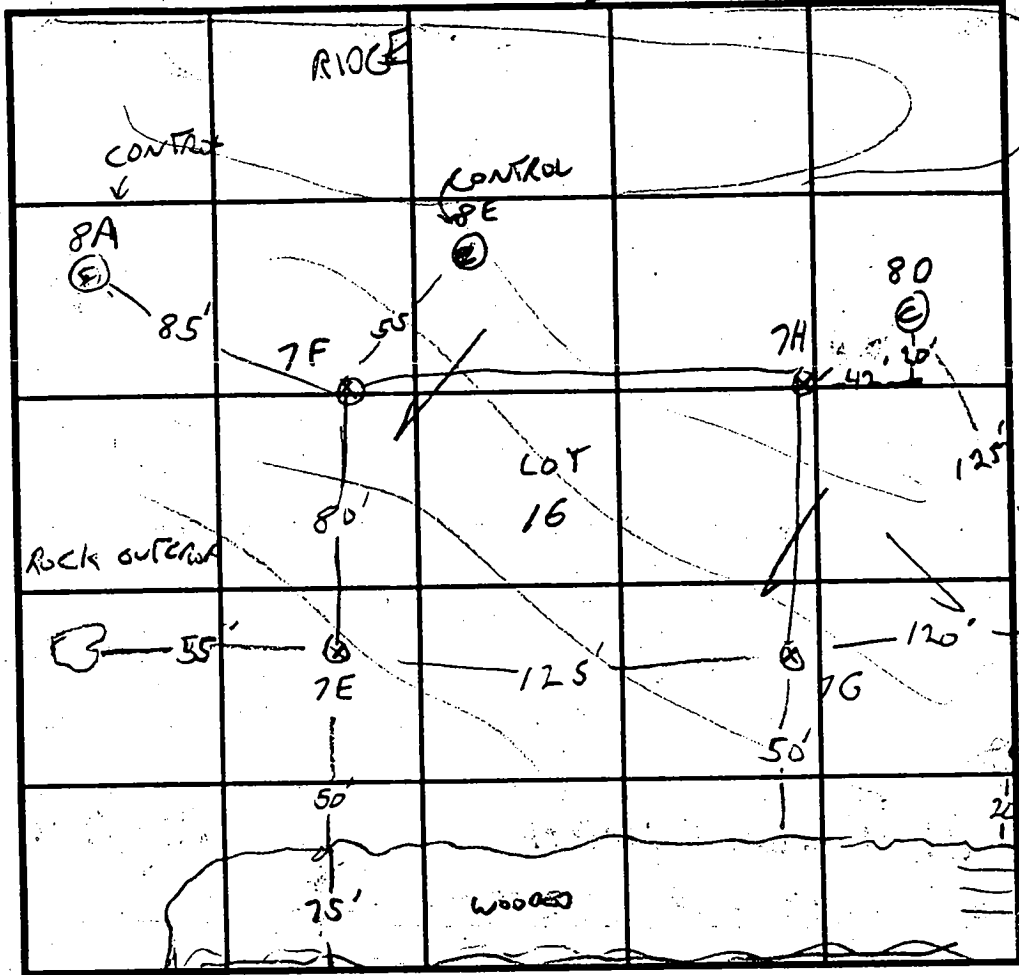
SOIL PROFILE

7E

TOP
BROWN CLAY

TAN SANDY LOAM
DRY

4.5'



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

REG
CLAY
LOAM
+ SANDY
CLAY
LOAM

GREY
SANDY
LOAM

ROCK

STRONG
BROWN
CLAY
LOAM


TRANSITION/
STRONG BR
LOAM
RED QUARTZ
ROCKS -
ALLUVIAL

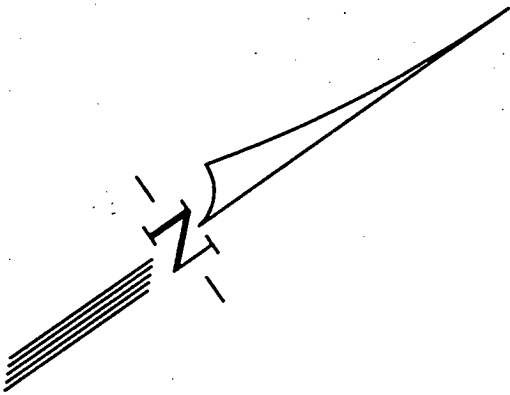
TAN SANDY
LOAM S&S
SANDSTONE ROCK
LET BRIDGE
CLAY EVID
ON ROCKS
IN BOTTOM
OF 7E

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/29/96	7E	3'6" / 12'	12:55	12:57	12:57	12:59	2 MIN	
	7F	4' / 12'	12:55	12:59	12:59	1:04	5 MIN	
	7H	3' / 12'	1:09	1:11	1:11	1:14	3 MIN	
	7G	4' / 12'	1:10	1:13	1:13	1:19	6 MIN	
	7I	4' / 12'	4:17	4:21	4:21	4:29	8 MIN	
	7J	ULSUAL	- MARGINAL - WATER TABLE EVIDENCE					
	7K	VISUAL	- DRY					
3/7/97	370	11.5U	OK, DRY					
10/6/98	752	13						








REMARKS WATCH FOR H₂O IN 7J LOT 16 42 WATER
 TYPE OF SOIL CONFIRMATION USES LIKE 75 476 752
 TESTED BY G. SAVAGE ALSO PRESENT CHECK SHARD
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

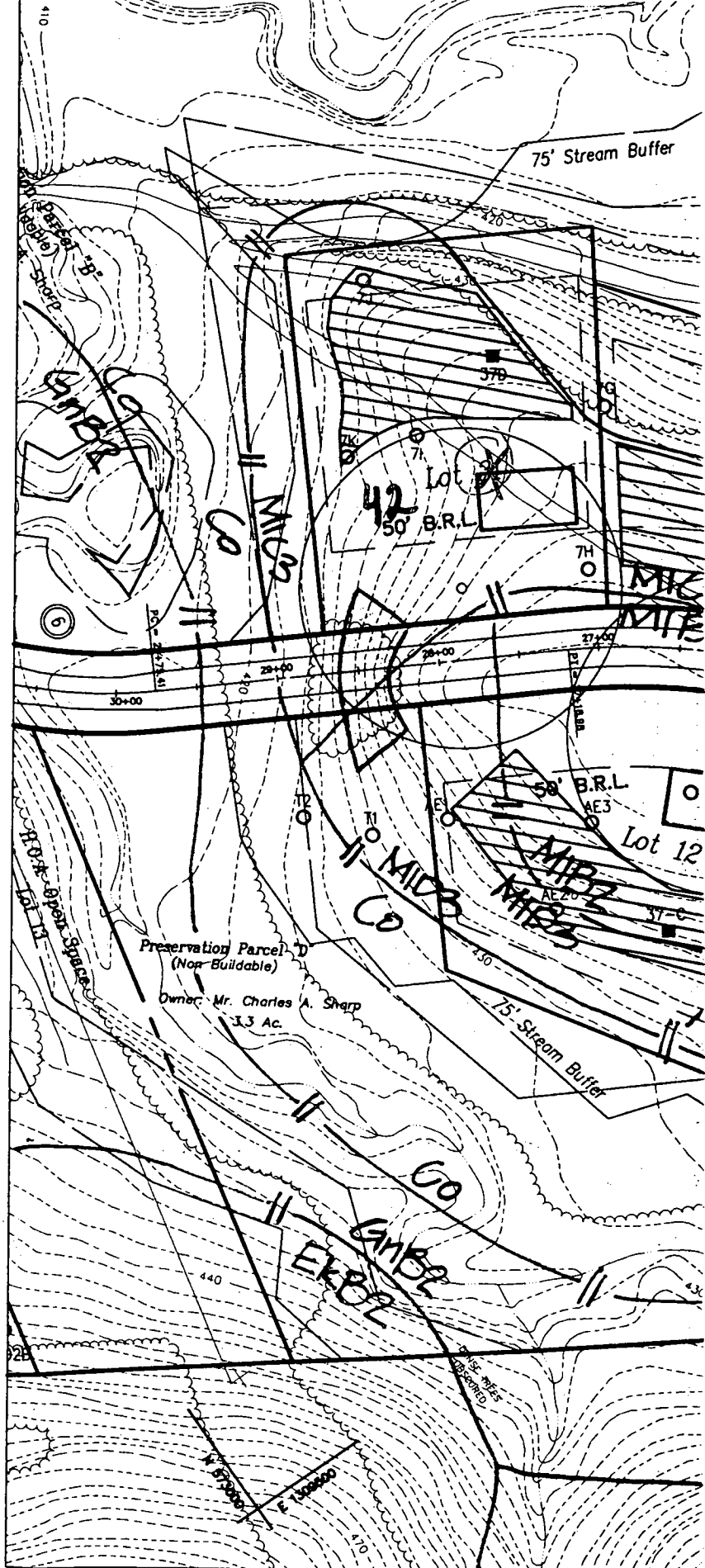
INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENTS. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AS SHOWN. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

 SLOPES \geq 25%



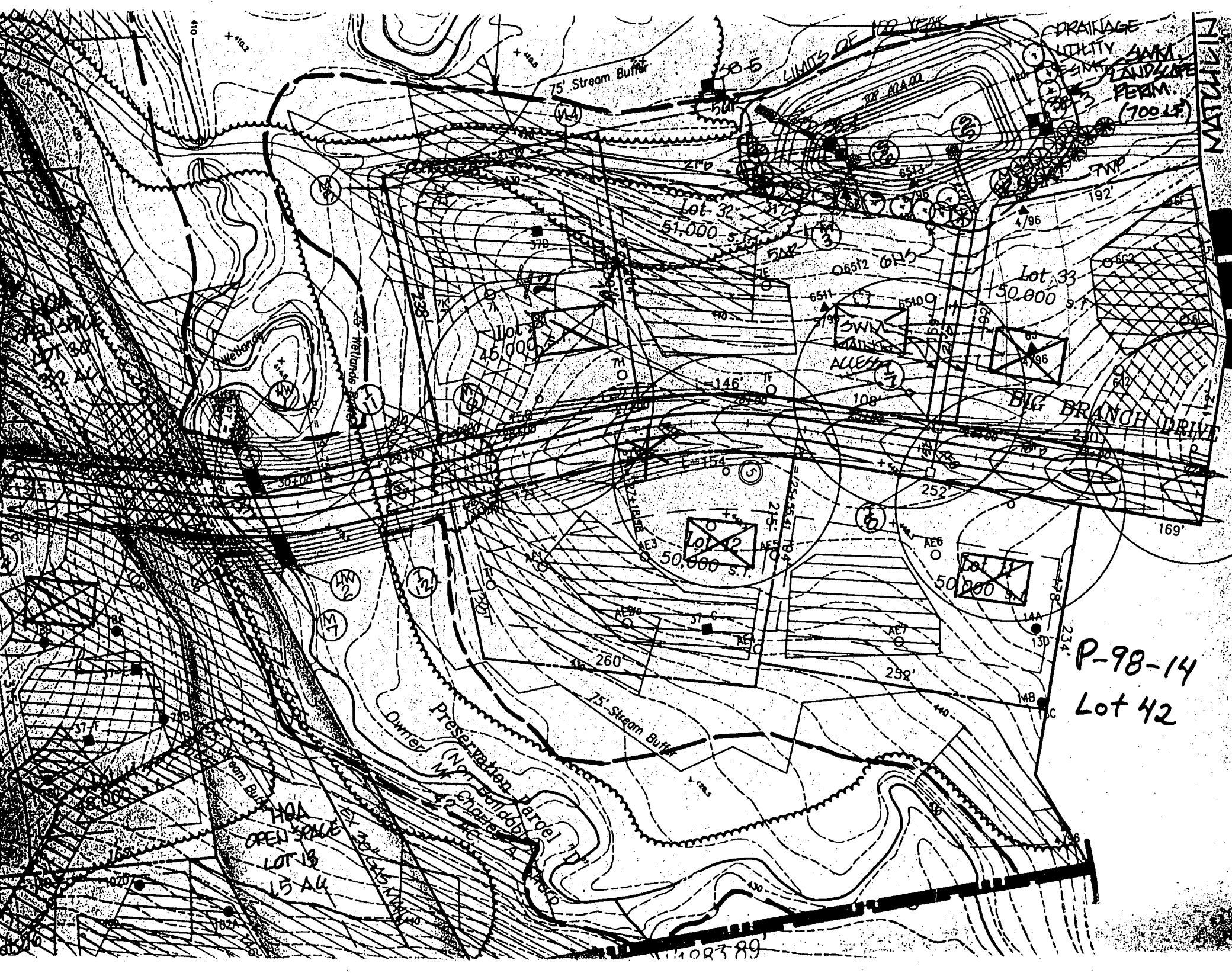
LEGEND

-  SEPTIC AREA
-  APPROXIMATE LOCATION OF WELL
-  FAILED PERC TEST LOCATION
-  APPROVED PERC TEST LOCATION (4-5/96)
-  APPROVED PERC TEST LOCATION (10-11/96)
-  APPROVED PERC TEST LOCATION (3-5/97)
-  APPROVED PERC TEST LOCATION (4/98)



REVISED PERC
CERT 11/9/98

PI



75' Stream Buffer

LIMITS OF 100 YEAR

DRAINAGE UTILITY SWM LANDSCAPE PERM (700 LF)

Lot 32
51,000 s.t.

Lot 33
50,000 s.t.

1100
45,000

Lot 42
50,000 s.t.

Lot 11
50,000

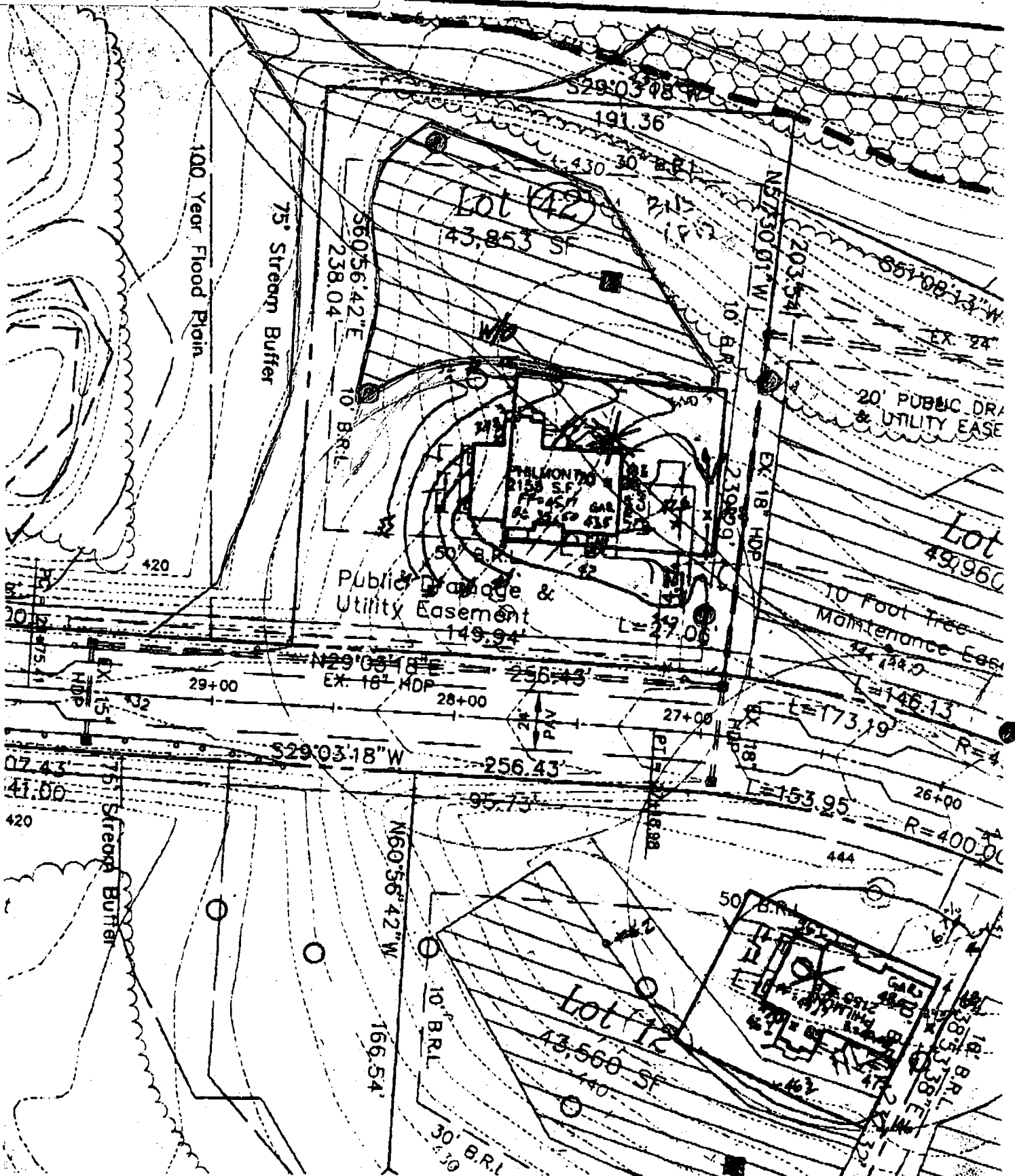
HOA
OPEN SPACE
LOT 13
15 AU

P-98-14
Lot 42

108389

Lot 42 - 2/7/01

It looks ~~like~~ like this house site works on this lot - But, any adjustments would need wet season testing
All



PRESERVATION
PARCEL 'B'

PRESERVATION
PARCEL 'B'

S 29°03'18" W

191.36'

238.04'

30' BRL

OK FOR INTERIOR
ALTERATIONS FOR FOYER
LOT 42 & PLAYROOM
MR 10/23/03

S 60°56'42" E

10' BRL

239.29'

10' BRL

LOT 43

SEE
DETAIL

56'±

50' BRL

N 57°30'01" W

L=27.06'
R=450.00'

5.5'
PUBLIC DRAINAGE
&
UTILITY EASEMENT

20'
PUBLIC DRAINAGE
&
UTILITY EASEMENT

S 29°03'18" W

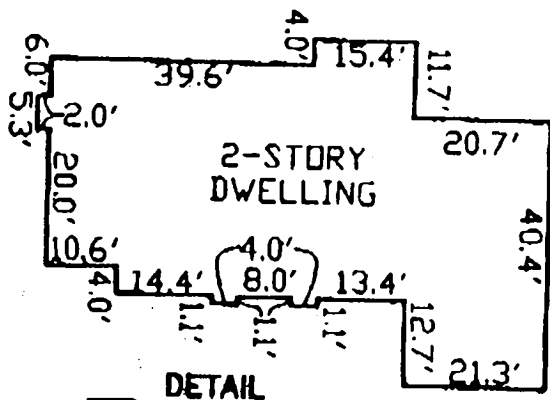
BIG BRANCH DRIVE
(50' R/W)

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.

1-40

David M. Jones
REG. No. 10978



SCALE: 1" = 30'



LOCATION DRAWING
BIG BRANCH OVERLOOK
LOTS 1 THROUGH 49
LOT No. 42

14058 BIG BRANCH DRIVE
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

BENCHMARK
ENGINEERING, INC.

4400 BELTFRONT ROAD, SUITE 410
BELTSVILLE, MARYLAND 21054
PHONE 410-466-9100 & FAX 410-466-0544
WWW.BENCHMARKENR.COM

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B 00144714

Building Address 14056 BIG BRANCH DRIVE
DARTON, MD 21036

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

Census Tract 005101 Subdivision Big Branch

Section _____ Area _____ Lot 113

Tax Map 27 Parcel 145 Grid 6

Zoning RC-100 Map Coordinates 7E13 Lot size _____

Property Owner's Name ROBERT J. SEANWIE BOVELL

Address 14056 BIG BRANCH DRIVE

City DARTON State MD Zip Code 21036

Home Phone 3015969446 Work Phone 301717273

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use Same w/ 12' x 12' Room ADDED

Estimated Construction Cost \$ 1000

Description of Work FILL IN OPEN AREA AND
RAMP ROOM ABOVE 13' X 12' / 156 SF

Contractor Company COSSENTINO REMODELING

Contact Person WAYNE COSSENTINO

Address 12107 MAYACRE TRAIL

City MARRIOTTVILLE State MD Zip Code 21104

License No. 16414

Phone 410 412 0000 Fax 410 412 5765

Occupant or Tenant ROBERT J. SEANWIE BOVELL

Contact Name Same

Address 14056 BIG BRANCH DRIVE

City DARTON State MD Zip Code 21036

Phone _____ Fax _____

Engineer or Architect Company JOHN L. SCHWEIDER, PE.

Contact Person JOHN L. SCHWEIDER

Address 100 NORTH ROLLING ROAD

City CATONSVILLE State MD Zip Code 21228

Phone 410 744 1945 Fax 410 744 8992

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____ State Certified Modular _____	Heating System: _____ 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> 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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>12' x 12' Room</u>	
Dimensions: <u>12' x 12'</u>	
Footings: <u>A/A</u>	
Roof: <u>A/A</u>	
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 THEREON; (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]

Print Name Wayne Cosentino
Date 10/23/03

Title/Company _____
Date 10/23/03

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

