

LAYOUT 5/22/02 ^{11:00} { Kent wants to know: } IF so need to reschedule for another day 11/17/02
 INSP 2 6/12/02 AM INSP 4 6/26/02 3:00 10/16/02 2pm P+A
 INSP 3 6/25/02 2-3 INSP 5 6/27/02 3:00 10/17/02 11:30
 INSP 6 6/28/02 1:00

ISSUE DATE: 5/6/2002
 APPROVAL DATE: 10/17/02

**PERMIT
INDEXED**

P 516965-D
 A 56564-M

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

05-432-006

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: 13
 ADDRESS: 14061 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: 5
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 225 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 110' from the well and 30' off the right lot line. Run (4) trenches on contour toward left lot line as follows: 30', 50', 65', 80'.
NOTES:	

PLANS APPROVED: MER OK 5/2/02 (SO) DATE: 3/6/02

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

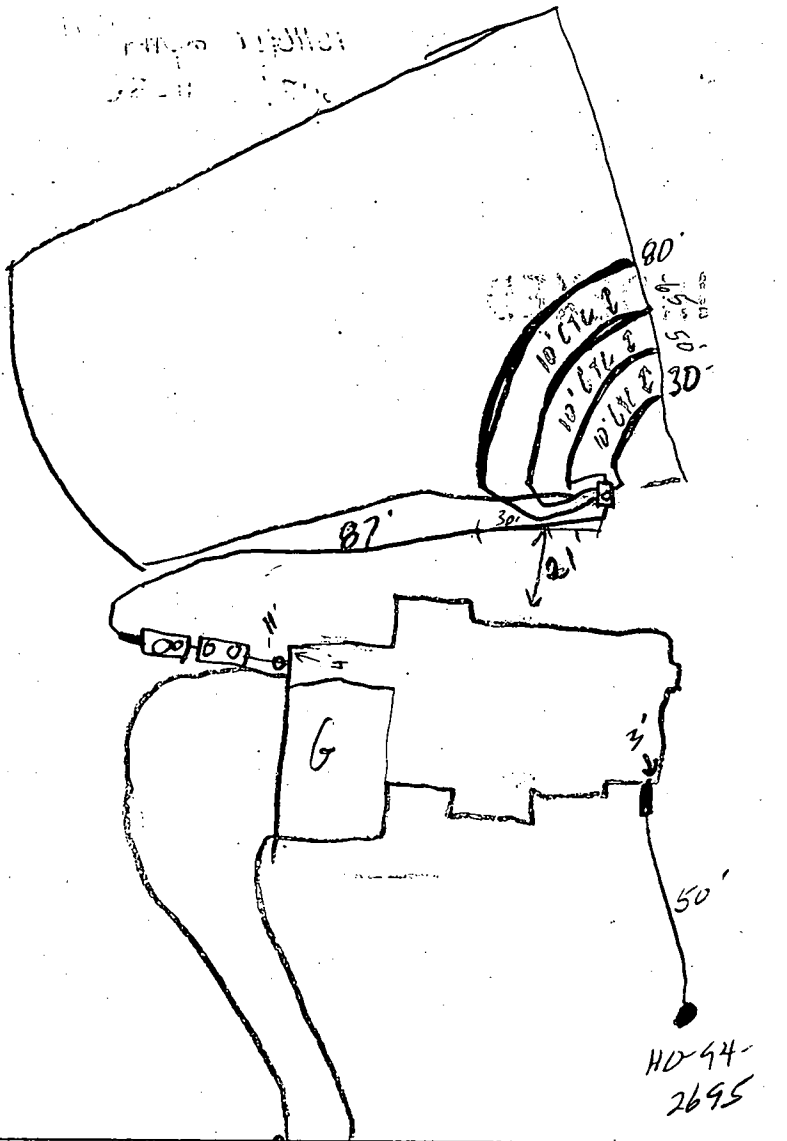
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED AND RETURNED

11-7-02 800 139259-DECK

A56564-M

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	2'	6'
NUMBER OF TRENCHES		4
TOTAL LENGTH		225'
ABSORPTION AREA		900 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	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	FE B
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	<input type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>

Big Branch Drive ROAD

PRE-CONSTRUCTION 6/12/02 Didn't do (SO) 6/13/02 lot stake, layout, a BP, tanks will need to be turned away from driveway, MINOR
 INSTALLATION IMPACT TO FUTURE TRENCHES SO/MR 6/25/02 got tanks in w/o turning - Tanks set (SO) 6/26/02 One trench installed (SO) 6/27/02 OK to cover all trenches (SO) 6/28/02 OK to cover all work (SO) 10/16/02 Alarm OK, Pump didn't work (SO) 10/17/02 Pump test OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/17/02
 BUILDING PERMITTED SIGNED AND RETURNED

Building Address 14061 BIG BRANCH DRIVE
DAYTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: F-98-105

Census Tract 00510 Subdivision BIG BRANCH OVERLOOK

Section _____ Area _____ Lot 13

Tax Map 27 Parcel 140 Grid 61

Zoning RCDMD Coordinates 9E13 Lot size 46,824

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):
N/A

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use RESIDENTIAL HOME

Estimated Construction Cost \$ 200,000

Description of Work EDGEBOOK, 5 BR, 4 1/2 BATH,
OPT #517 BMENT LEVEL GARAGE W/ GUEST SUITE
ADJVE

Contractor Company BIG BRANCH OVERLOOK LLC (TOLL BROTHERS)

Contact Person GREG SHAPARD

Address 7164 COLUMBIA GATEWAY DRIVE

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 DAVE THOMPSON

Address 8480 BALT. NAT'L PIKE SUITE 418

City ELLICOTT CITY State MD Zip Code 21043

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: Depth <u>5'11"</u> Width <u>75'8 1/2"</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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>5'8"</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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</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 USER ASSURES THE RELEVANT CREDITS AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THE PROJECT, (4) THAT HE/SHE WILL PERFORM WORK ON THE ABOVE REFERRED PROJECT IN ACCORDANCE WITH SPECIFICATIONS DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER AND INSPECT THE PROJECT AT ANY TIME DURING THE PERIOD OF INSPECTING THE WORK PERMITTED AND INSURE THEREIN.

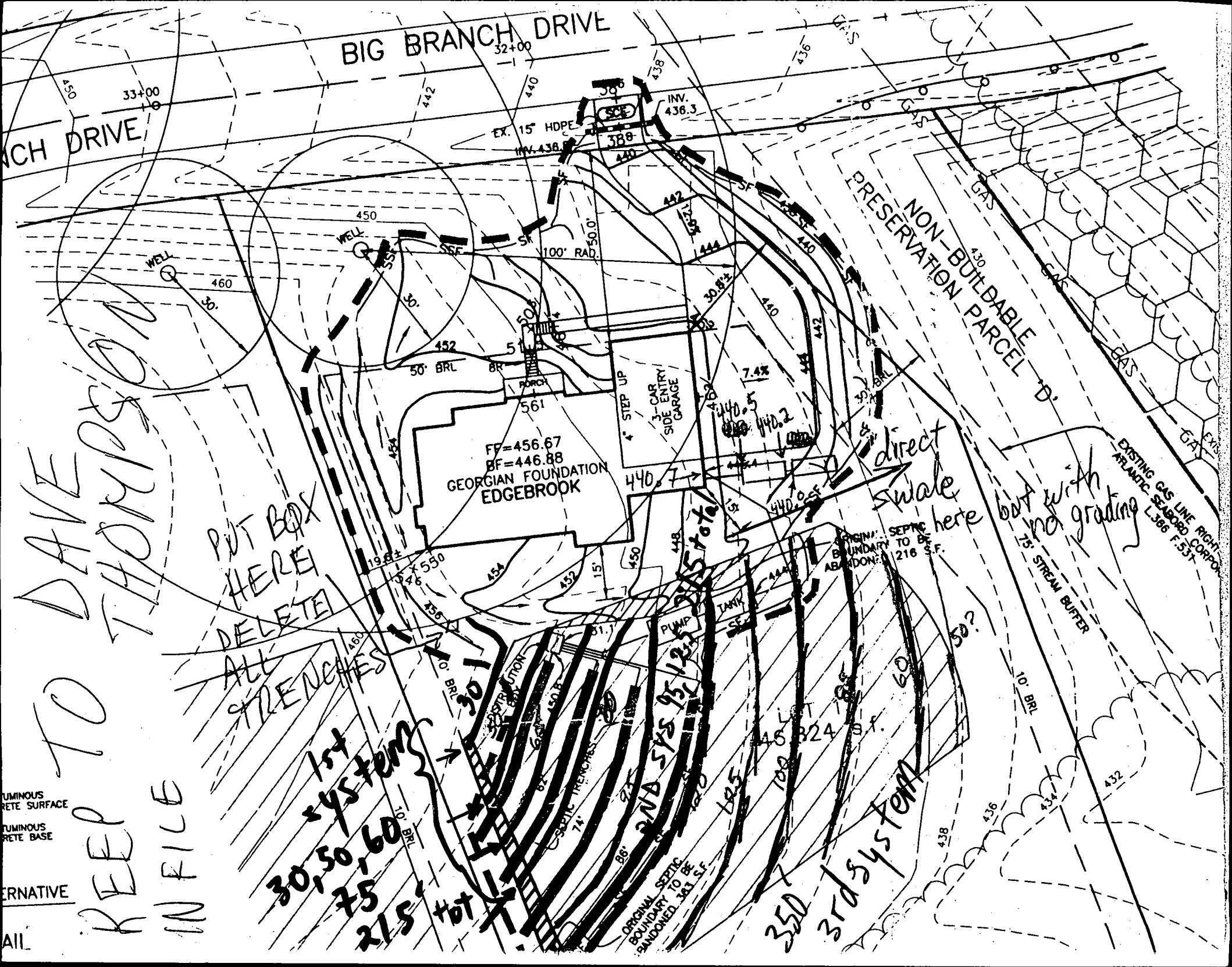
G. Shapard
 Applicant's Signature
PROJECT MANAGER / TOLL BROTHERS INC.
 Title/Company

GREG SHAPARD
 Print Name
1/9/02
 Date

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

FOR OFFICE USE ONLY			PROPERTY ID#
AGENCY	DATE	SIGNATURE APPROVAL	<u>53213</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> State Highways			Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>3/5/02</u>	<u>Mark Kiffin</u>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			Sub-total paid \$ _____
<input checked="" type="checkbox"/> Sediment Control approval required prior to issuance?			Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Check # <u>826624</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Validation # <u>39842</u>
ONE STOP SHOP <input type="checkbox"/>			Accepted by <u>[Signature]</u>

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



BIG BRANCH DRIVE

CH DRIVE

NON-BUILDABLE PRESERVATION PARCEL 'D'

FF=456.67
BF=446.88
GEORGIAN FOUNDATION
EDGE BROOK

KEEP TO DAVE THOMPSON
IN FILE

PUT BOX HERE
DELETE ALL TRENCHES

1st system
30, 50, 75, 60
215' tot

30' BRL
SEPTIC TRENCHES
PUMP
TANK

2nd system
95, 125, 125
245' tot

3rd system
350'

direct swale here but with no grading

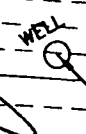
LUMINOUS CONCRETE SURFACE
LUMINOUS CONCRETE BASE
ALTERNATIVE
PAVING

EXISTING GAS LINE RIGHT OF WAY
ATLANTIC SEABOARD CORP
L386 F.53T

75' STREAM BUFFER

ORIGINAL SEPTIC BOUNDARY TO BE ABANDONED 216 S.F.

ORIGINAL SEPTIC BOUNDARY TO BE ABANDONED 381 S.F.



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: Fogle Well Drilling Telephone #: 410-795-5670
Address: 528 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 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: Trudolph Ridge Lot #: 13 Well Tag #: HO-94-2695
Site Address: 14061 Big Branch Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Coultas Bauer Make: Campbell Two piece watertight cap: yes
Model #: 85807 Model #: _____ Screened, vented well cap: yes
Pump Capacity: 8 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 8 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 17.8.4
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 NA

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: 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: 10-10-02

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

Date Insp. Requested: 10/7/02 Date Insp. Approved: 10/7/02 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & water supply line at least 30" 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 07782

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 10/3/00 OK (BB) COUNTY NUMBER 13

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

DATE WELL COMPLETED MM DD YY 8-8-00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2695

OWNER BIG BRANCH OVERLOOK LLC STREET OR RFD BIG BRANCH DR. TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION LOT 13

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.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields for diameter inch, depth (feet) from to.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, SCREEN RECORD (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

DEPTH (nearest ft.) table with columns 1-76 and rows for casing sections.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (yes/no).

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 MSD009, DRILLERS SIGNATURE Allen Compton, LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

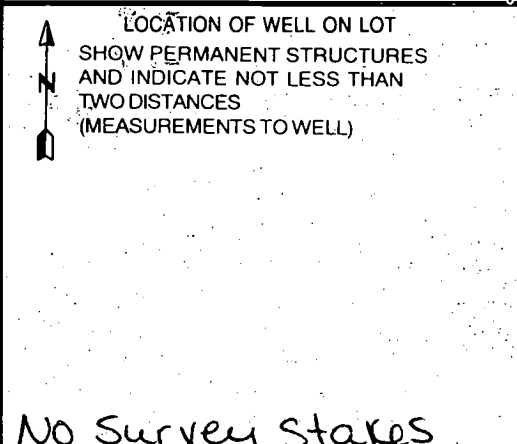
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE-POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



C1 07782

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

DATE WELL COMPLETED 8-8-00 Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2695

OWNER BIG BRANCH OVERLOOK LLC STREET OR RFD BIG BRANCH DR. TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION LOT 13

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

GROUTING RECORD form with fields for material (CM, BC), bags, pounds, gallons, and depth of seal.

CASING RECORD form with fields for casing type (ST, PL, CO, OT), diameter, and depth.

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and slot size.

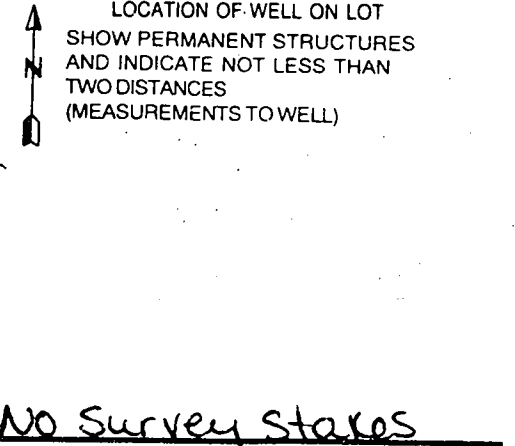
DEPTH (nearest ft.) table with columns for casing height and depth.

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 with fields for hours pumped, rate, method, water level, and pump type.

PUMP INSTALLED form with fields for driller, pump type, capacity, and horse power.



No Survey stakes

B 1 13990

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2695

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Big Branch Overlook LLC, 7164 Columbia Gateway Dr Suite 230, Columbia MD 21046

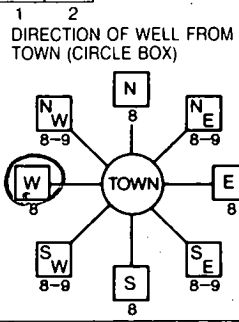
B 3 LOCATION OF WELL

Howard County, Big Branch overlook 14061, Dayton, 2 miles from town

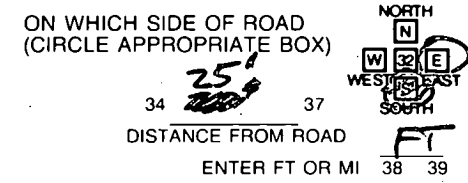
DRILLER INFORMATION

Allen Compton, MSD 009, Fogle's Well Drilling, 580 Obrecht Rd Sykesville, Md 21784

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch DE, 25 feet from road



WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

- USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NO., DATE ISSUED 05 26 00, EXP. DATE 5/25/01, NORTH GRID 512 000, EAST GRID 0796 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

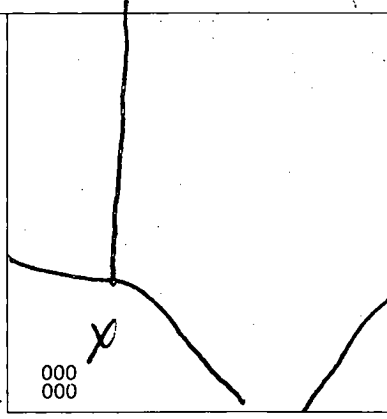
METHOD OF DRILLING (circle one): AIR-ROTARY, JETTED, CABLE, ROTARY (Hydraulic Rotary), Drive-POINT

- REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

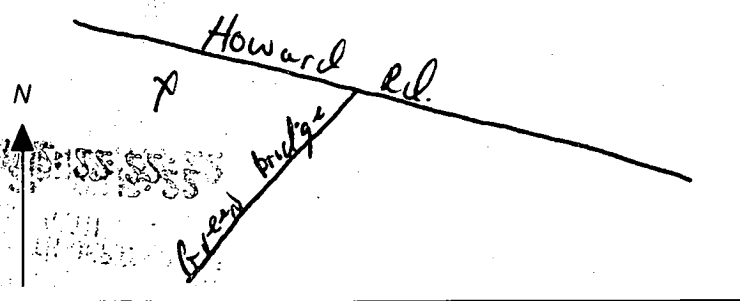
- SOURCES OF DRILLING WATER: 1., 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE: E 800 796, N 510 2



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, PERMIT No. Ho - 94 - 2695



SPECIAL CONDITIONS

APPLICATION

PERCOLATION TESTING

A 57577

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER C.M.C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION: BIG BRANCH OVERLOOK BIG BRANCH DRIVE

SUBDIVISION ~~COMM. CONSERVATION RESERVE~~ LOT NO. 13

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 _____

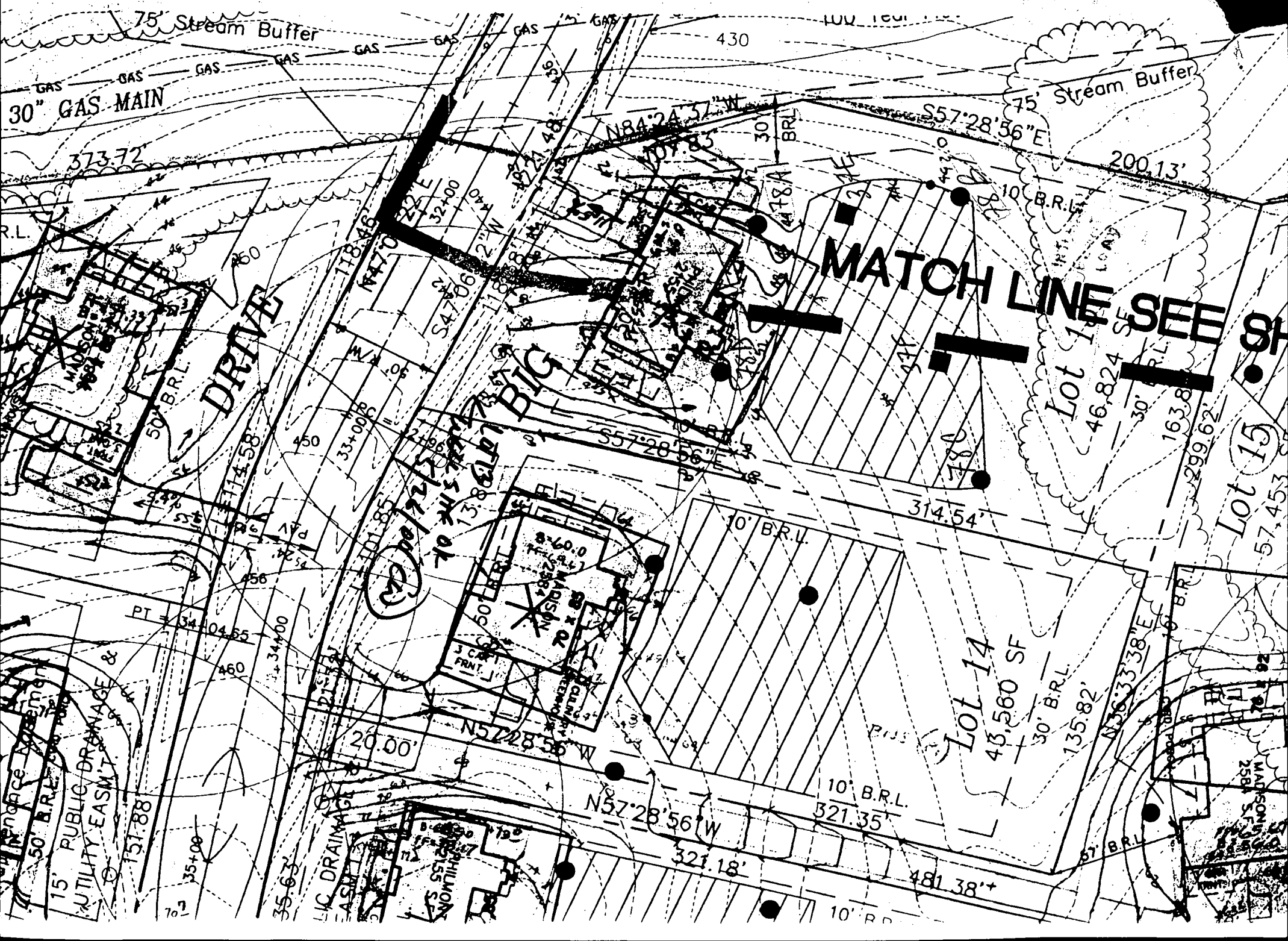
HOLD PENDING FURTHER TESTS _____

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



75' Stream Buffer

30" GAS MAIN

430

75' Stream Buffer

373.72

S57°28'56"E

200.13'

DRIVE

MATCH LINE SEE

Lot 14

Lot 15

15' PUBLIC DRAINAGE & UTILITY EASMT.

LIC DRAINAGE

LOT 14
43,560 SF

30' B.R.L.

135.82'

N36°33'38"E

16' B.R.L.

N57°28'56"W

321.18'

10' B.R.L.

321.35'

481.38'

10' B.R.L.

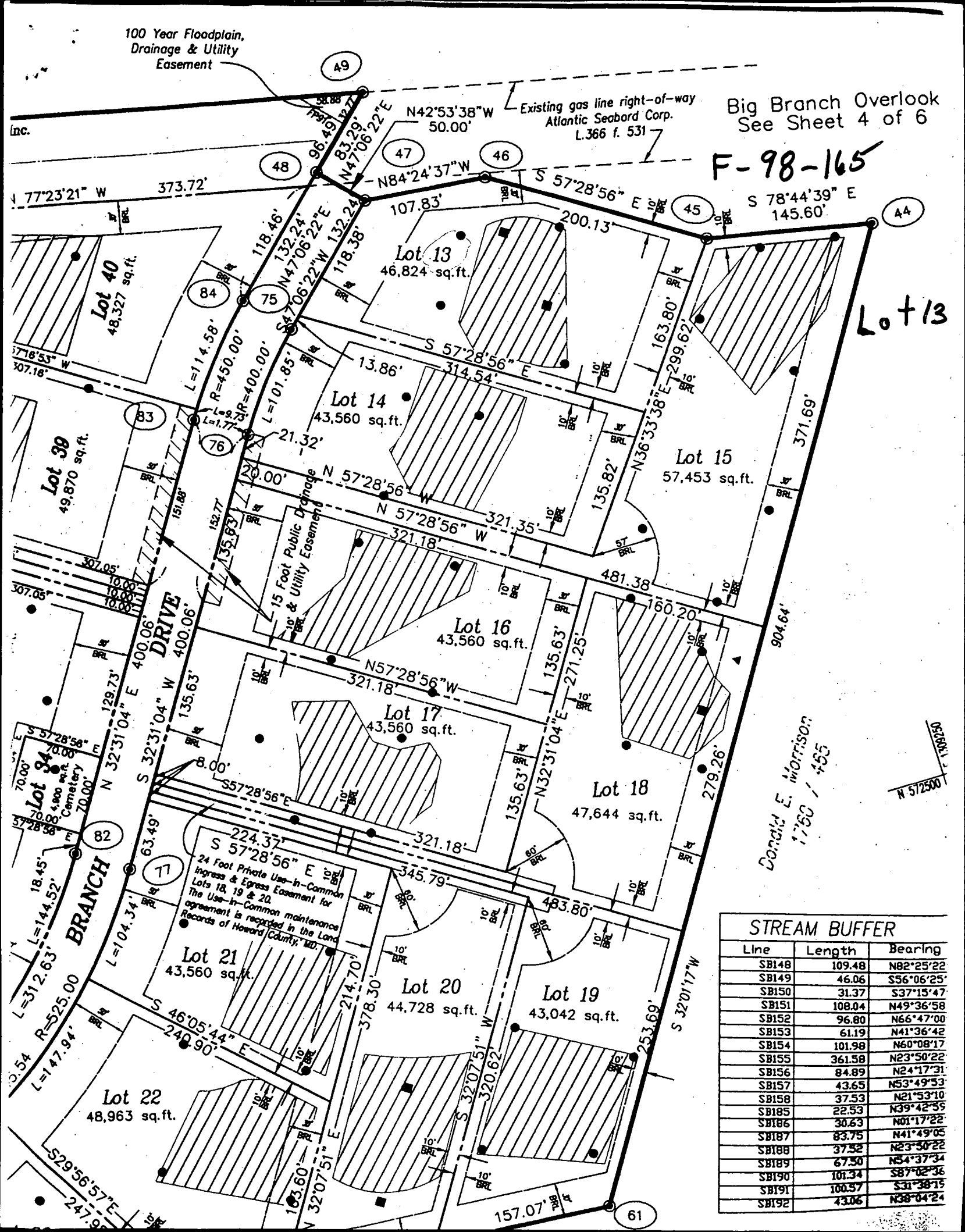
MADSON

100 Year Floodplain,
Drainage & Utility
Easement

Big Branch Overlook
See Sheet 4 of 6

F-98-165

Lot 13



STREAM BUFFER		
Line	Length	Bearing
SB148	109.48	N82°25'22"
SB149	46.06	S56°06'25"
SB150	31.37	S37°15'47"
SB151	108.04	N49°36'58"
SB152	96.80	N66°47'00"
SB153	61.19	N41°36'42"
SB154	101.98	N60°08'17"
SB155	361.58	N23°50'22"
SB156	84.89	N24°17'31"
SB157	43.65	N53°49'53"
SB158	37.53	N21°53'10"
SB185	22.53	N39°42'55"
SB186	30.63	N01°17'22"
SB187	83.75	N41°49'05"
SB188	37.52	N23°50'22"
SB189	67.50	N54°37'34"
SB190	101.34	S87°02'36"
SB191	100.57	S31°38'15"
SB192	43.06	N38°04'24"

Donald E. Morrison
1750 / 455

N 57°25'00"

P-98-14
740 Lot 13

