

PERMIT

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

P 514710

A 56564-U

ISSUE DATE 12/13/2000

APPROVAL DATE 1/16/01

1/11/01
To Follow
Lot 26
2/16/01
a-m, 10:00
1/12/01
To Follow
Lot 39

INDEXED

Fogles 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 21 ADDRESS 14093 Big Branch Drive

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

SEPTIC TANK CAPACITY 1500 GALLONS Suite 230

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 ** TOP SEAMED, COMPARTMENTED SEPTIC TANK WITH OUTLET BAFFLE

SQUARE FEET PER BEDROOM 210 FILTER REQUIRED **

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box on high edge of designated septic area approximately 80 feet
from left lot line and 25 - 30 feet from rear lot line so that trenches of equal length (4 @ 70')
(4 @ 70') can be installed along contour.

*** RECONFIGURATION to 3 trenches @ 94' each is preferable if adequate area
exists *** 10/6/00 O.K. (BB)

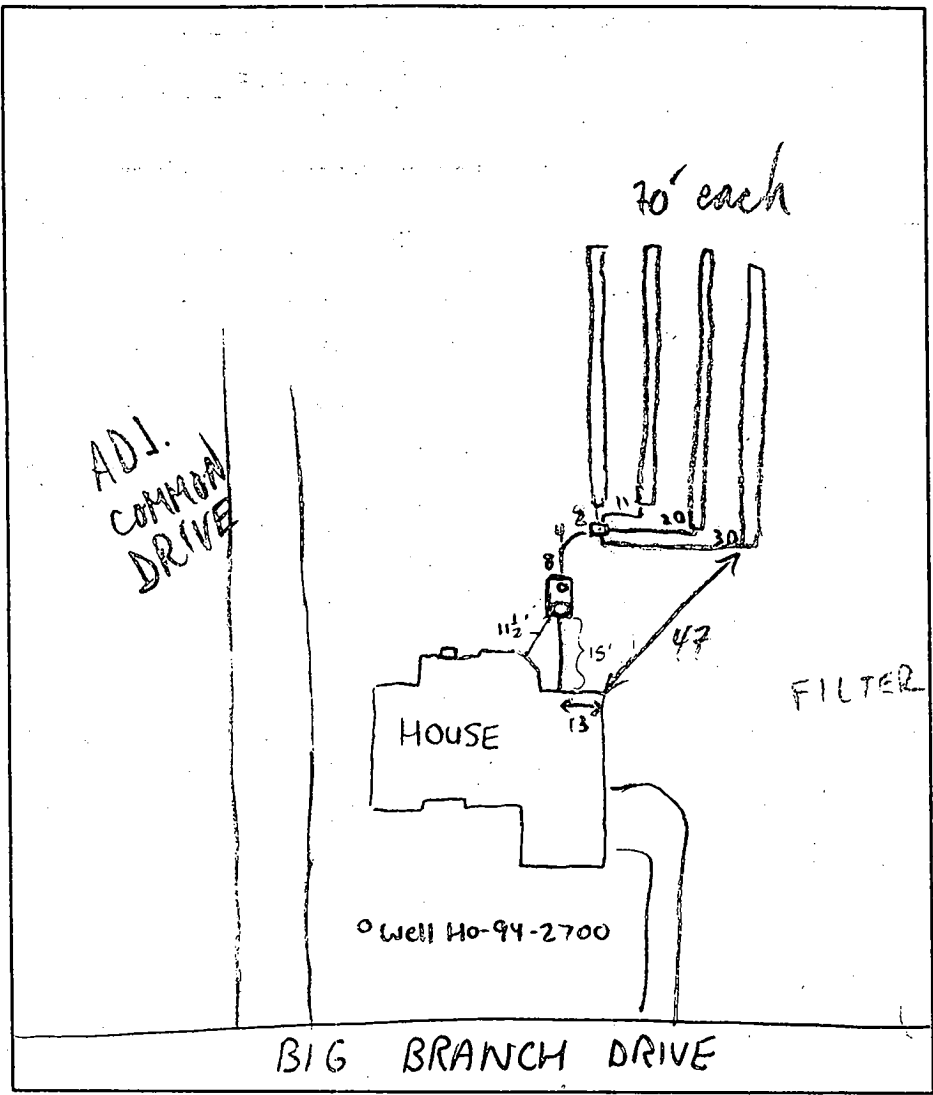
PLANS APPROVED Craig Williams DATE 8/8/2000

- 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

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

56564-U

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3</u>
TRENCH INLET DEPTH	<u>3</u>
TRENCH BOTTOM DEPTH	<u>5</u>
DEPTH OF STONE	<u>2</u>
NUMBER OF TRENCHES	<u>4</u>
TOTAL TRENCH LENGTH	<u>280</u>
ABSORBENT AREA	<u>840</u>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

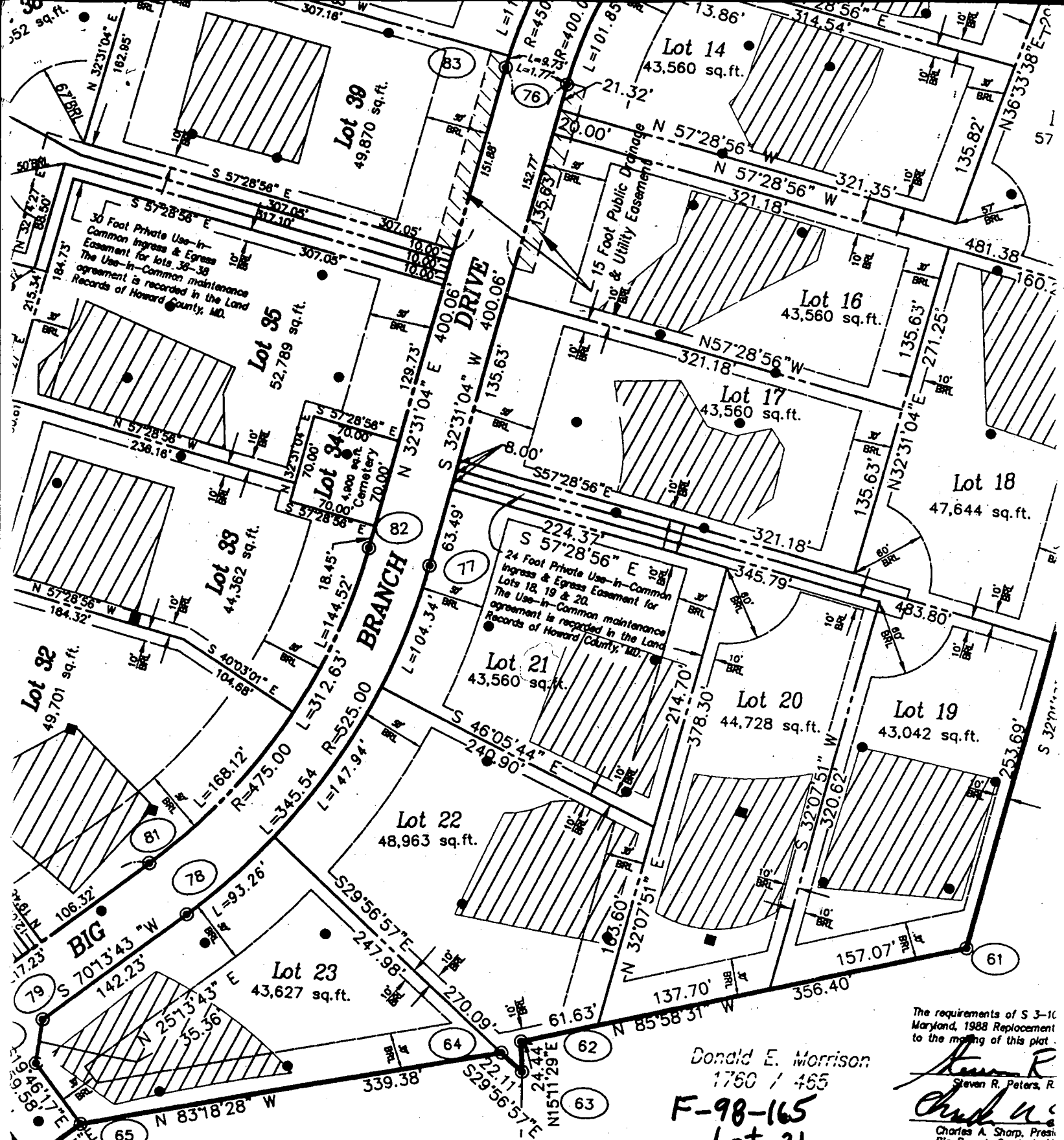
SEPTIC TANK DATA	
SEPTIC TANK	<u>1500 2 comp. Top Seam</u> GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>NA</u>
MANHOLE RISER	<u>NA</u>
ALARM	<u>NA</u>
PUMP PERFORMANCE TEST	<u>NA</u>

PRE-CONSTRUCTION INSPECTION: 1/11/01 HOUSE INV TO BE ADJUSTED TO MEET TRENCH SPECS; OK TO START; D.B. TO BE AT HOUSE SIDE OF SRA (MR)

INSPECTION COMMENTS: 1/12/01-OK TO CONTINUE WORK & COVER AS NEEDED, LEAVE SOME PARTS OF SYSTEM COVERED, KEEP TRENCHES 10' CTC FOR THIS JOB ONLY, RUN 4-70' TRENCHES

(SRM) 1/16/01 OK TO COVER (MR) 2/5/01 No Work Today, due to snow PP.

INSPECTOR M. Ripkin DATE SYSTEM APPROVED 1/16/01



The requirements of S 3-1C Maryland, 1988 Replacement to the map of this plat.

Steven R. Peters, R.
Charles A. Sharp, Presi
 Big Branch Overlook, LLC

Donald E. Morrison
 1760 / 465

F-98-165
Lot 21

ENGINEER / SURVEYOR

R.M. MOCHI GROUP, P.C.
 10120 A Old National Pike
 Ijamsville, Maryland 21754
 (301) 865-5858
 Attn: Mr. Robert Mochi, P.E.

OWNER / DEVELOPER

BIG BRANCH OVERLOOK, LLC
 3779 Sharp Road
 Glenwood, Maryland 21738
 (410) 489-4630
 Attn: Mr. Charles A. Sharp,
 Presiding Member

RECORDED AS PL.
 DATED 8
 AMONG THE LAND
 HOWARD COUNTY,

Owner's Dedication

Sharp, Presiding Member of Big Branch Overlook, LLC, a Maryland Limited Liability Company, hereby adopt this plan of subdivision, and in consideration of the approval of this plan by the Department of Planning and Zoning, establish the minimum building restriction lines

Big Branch

APPLICATION

PERCOLATION TESTING

58567K
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 Dr.
SUBDIVISION ~~ELLICOTT CITY~~ LOT NO. 20

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 _____

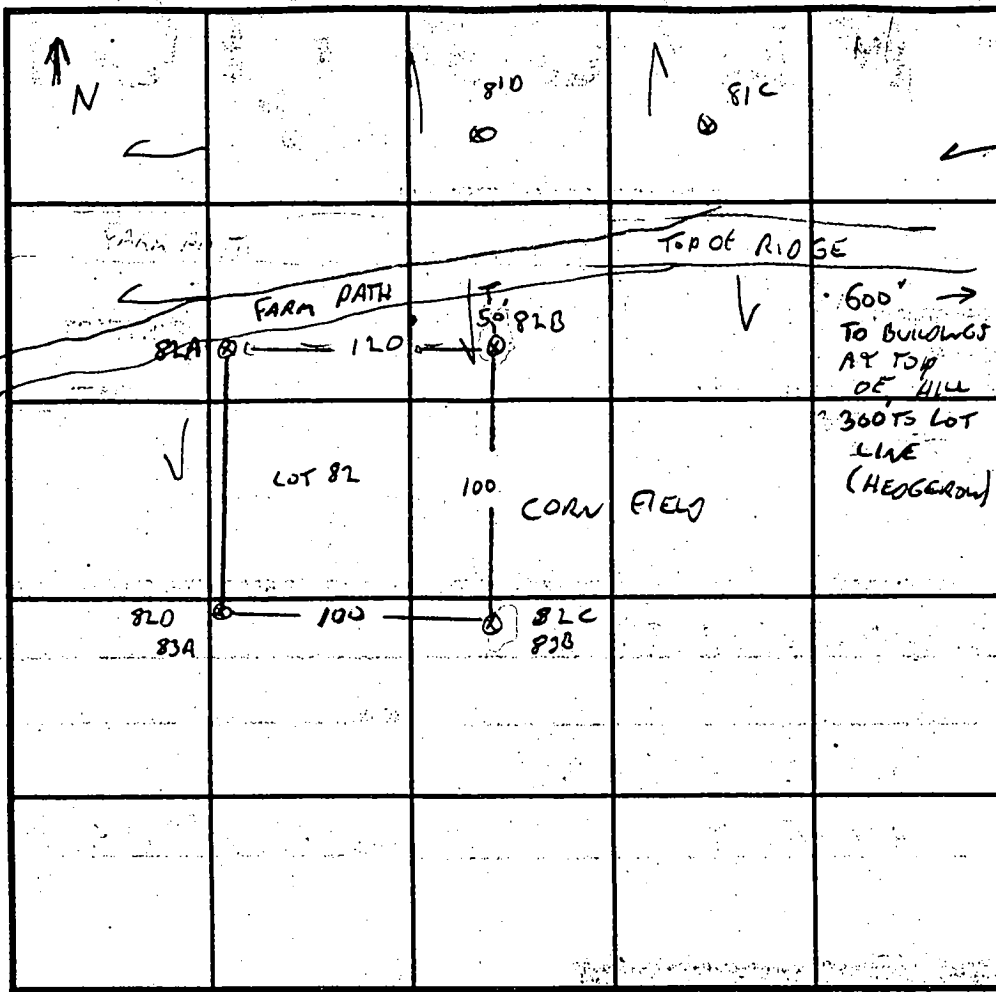
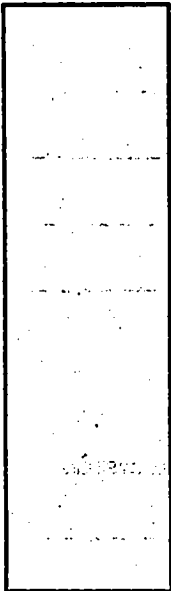
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

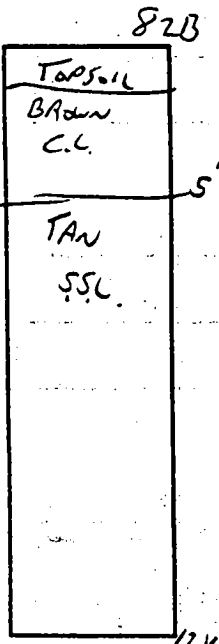
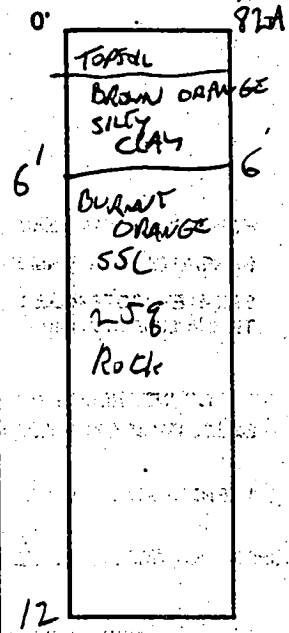
58567K
A57577

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	
12/3/96	82A	2.5/12V	1:41	1:42	1:42	1:44	2MIN
		8V OK					
	82B	5/12V	1:40	1:44	1:44	1:50	6MIN
		8V OK					
	82C/83B	3/12V	1:54				
		8V OK					
	82D/83A	3.5/12V	1:55	1:56	1:56	1:59	3MIN
		7.5	1:55	1:57	1:57	2:01	4MIN

REMARKS LOT 21

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. SHAW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

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: Foales Well Drilling Telephone #: 410-795-5670
Address: 580 Church Rd
Sylkesville, Md 21154

(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: Hill Brothers Telephone #: 410-535-9096
Subdivision: Tridelona Ridge Lot #: 21 Well Tag #: HO-04-2700
Site Address: Big Branch Dr
Delmar Md

Submersible Pump Data
Make: Goulds Pitless Adapter Make: Campbell Well Cap and Electric Conduit
Model #: 565109126 Models:
Pump Capacity 5 GPM Depth: 4 (36" min) Two piece watertight cap: Yes
Well Yield: 1 GPM NSF approved: Yes Screened, vented well cap: Yes
Depth of well encountered at time of pump installation: 450 (feet) Cap secured to casing: Yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Conduit min 1 1/2" B.G.: Yes
Conduit secured to well cap: Yes
Torque wrenches 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 House Connection
PSI: 160 (160 psi min) PVC sleeved to undisturbed soil at wall penetration: Yes
Depth of supply line: 4 (36" min) Approximate length of sleeve: 5
Sleeve caulked and sealed properly: Yes

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

Signature of company representative responsible for installation: Allen Compton date: 1-27-00

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

Date Insp Requested: 2/5/01 Date Insp. Approved: 2/6/01 (MR)SRK
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
Correct well tag attached properly and casing 5" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

B 1 13995

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2700

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Big Branch Overlook LLC

7164 Columbia Gateway Dr Suite 230

Columbia MD 21046

B 3 LOCATION OF WELL

Howard

Big Branch Overlook 14093

SECTION LOT 21

Dayton

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Allen Compton M S D 009

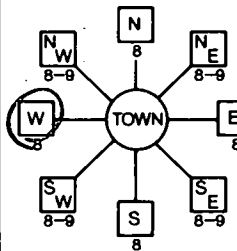
Fogle's Well Drilling

580 Obrecht Rd Sykesville Md 21784

Allen Compton 578-00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 35' 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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 Wilkins 5/25/01

NORTH GRID 509 000 EAST GRID 0795 000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

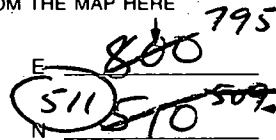
APPROP. PERMIT NUMBER

PERMIT No. Ho - 94 - 2700

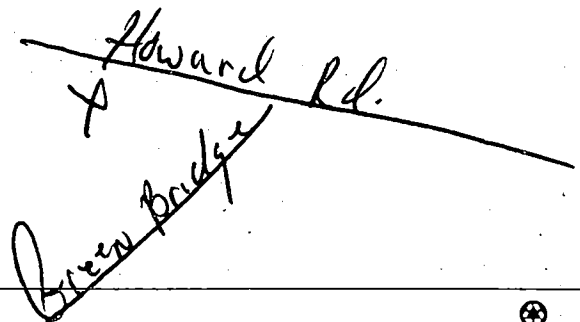
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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

C1 **07785** 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. ✓
 COUNTY NUMBER **13**

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

DATE WELL COMPLETED
 MM DD YY
8/28/00
 15 20

Depth of Well
 22 **450** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-99-2700
 28 29 30 31 32 33 34 35 36 37

OWNER **BIG BRANCH OVERLOOK**
 STREET OR RFD **BIG BRANCH DRIVE** TOWN **DAYTON**
 SUBDIVISION **BIG BRANCH OVERLOOK** SECTION _____ LOT **21**

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	
Brown shale	0	57	
Gray	57	90	
Flint	90	91	✓
Gray	91	450	

GROUTING RECORD YES NO
 Y N
 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **10** NO. OF POUNDS **140**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **41** ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
 PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **06** Total depth of main casing (nearest foot) **63**

60 61 63 64 66 70

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

E
A
C
H
C
A
S
I
N
G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
 PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: _____

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. 1 **M 5 D 0 0 9**
Debra Compton
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 **D**

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

C 2 DEPTH (nearest ft.)

T 2 **HO** 41 450

E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 3
 R 38 39 41 45 47 51
 E
 N

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 _____

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **7**
 8 9

PUMPING RATE (gal. per min.) **1**
 11 15

METHOD USED TO MEASURE PUMPING RATE **1 Gal**

WATER LEVEL (distance from land surface)
 BEFORE PUMPING **36** ft.
 17 20
 WHEN PUMPING **350** ft.
 22 25

TYPE OF PUMP USED (for test)
 A air **P** piston **T** turbine
 C centrifugal **R** rotary **O** other (describe below)
 J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES 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 } **02** (nearest foot)
 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NO Survey stakes

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 - 2700
 Location of property (road) Big Branch Drive
 Subdivision Big Branch Overlook Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller Compton/Fogle Owner Big Branch Overlook LLC

Depth of well 450
 Distance of measuring point (M.P.) above ground 2 feet
 Static water level (S.W.L.) below M.P. 36

I. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 75
 Total time 1 hour to reach pumping water level 350 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	26	4		15
11:00	119	4		15
11:15	225	5		12
11:30	314	6		10
11:45	350	7		8.5
12:00	350	50		1.2
12:15	350	50		1.2
12:30	350	50		1.2
12:45	350	50		1.2
1:00	350	50		1.2
1:15	350	50		1.2
1:30	350	50		1.2
1:45	350	50		1.2
2:00	350	50		1.2
2:15	350	50		1.2
2:30	350	50		1.2
2:45	350	50		1.2
3:00	350	50		1.2
3:15	350	50		1.2
3:30	350	50		1.2
3:45	350	50		1.2
4:00	350	50		1.2
4:15	350	50		1.2

