

10/19/01
Lump
Coffin

10/25/01 Follow Up P.M. 1/28/02 - 2-3pm
10/26/01 Follow Up

1-05-432111

PERMIT

P 515977-C

SEWAGE DISPOSAL SYSTEM

A 56564-W

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 8/7/2001

410-313-2640

11/14/01 SAND MOUND

Anytime PREASSESSMENT

APPROVAL DATE 7/2/02

6/26/02 Follow Up 11:00
6/27/02 16:00
7/2/02 11:00

INDEXED

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Big Branch Overlook LOT NUMBER 23 ADDRESS 14101 Big Branch Drive

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

SEPTIC TANK CAPACITY 1500 GALLONS * TOP SEAMED, COMPARTMENTED SEPTIC TANK REQUIRED *

PUMP CHAMBER CAPACITY N/A GALLONS ** MANHOLE ACCESS AND OUTLET BAFFLE FILTER REQUIRED **

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 225

BUILDING PERMIT SIGNED AND RETURNED
10-17-02 BOD138911-DECK
4-21-04 BOD147557-FINISH BASEMENT

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting at the right front lot corner (35.36'/142.23' intersection), place the distribution box 90 feet down the front lot line and 10 feet off this same lot line. Run (3) trenches on contour to rear of lot.

INSTALL TRENCHES 10 FEET APART CENTER-TO-CENTER TO PROVIDE ADEQUATE REPAIR AREA.

4-22-02 See attach approval sand mound plan for S.B.R. home. T. Shan

PLANS APPROVED Mark E. Rifkin, R.S. OK SRK 3/19/01 DATE 3/14/2001

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

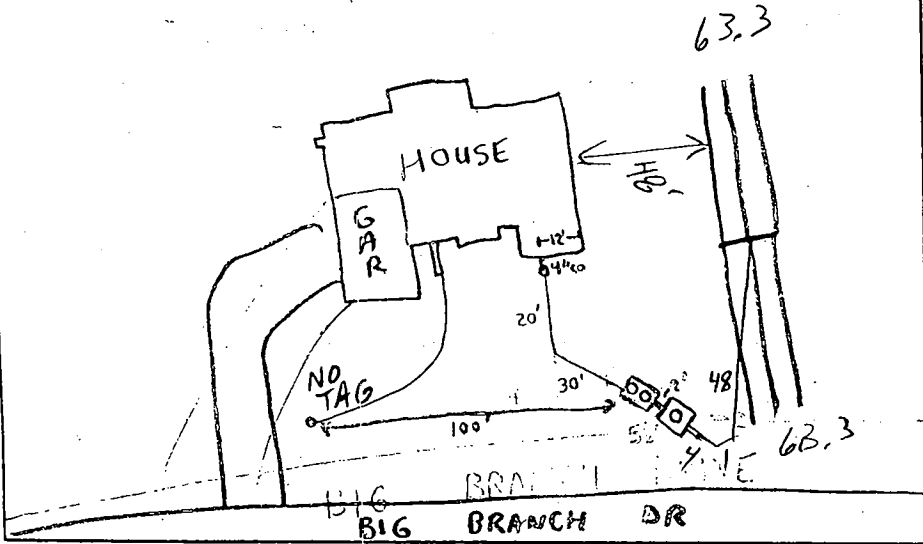
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS 56564-W

NOT TO SCALE

INDEXED

BUILDING PERMIT SIGNED
AND RETURNED



TRENCH DATA

TRENCH WIDTH Sand Mount
 TRENCH INLET DEPTH _____
 TRENCH BOTTOM DEPTH _____
 DEPTH OF STONE _____
 NUMBER OF TRENCHES _____
 TOTAL TRENCH LENGTH _____
 ABSORBENT AREA _____
 DISTRIBUTION BOX LEVEL _____
 BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

BAFFLE INV
TWO COMPARTMENT

SEPTIC TANK 1500 T.S. GALLONS
 MANHOLE RISER 1-front
1-rear
 6 INCH INSPECTION PORT NA

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 1-Compartment
 MANHOLE RISER on center
 ALARM Functional
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 10/9/01-INSTALL PER PLAN, 3-75' TRENCHES - (SRK/KG)

INSPECTION COMMENTS: 10/25/01 - INSTALLER ENCOUNTERED LARGE PERCENTAGE OF ROCK CONTENT IN APPROVED SDA, JOB SHUT DOWN - (SO) SRK
10/26/01-ARRIVED AT SITE, CONTRACTOR STARTED TO ENCOUNTER A LARGE PERCENTAGE OF ROCK (>50%) AROUND TANK & THRU APPROVED SDA (SEE PERL TANK HOLE JACKHAMMERED NOTES); (SRK) started for SM. PIP 11/14/01, 1/28/01-TANKS SET, OK TO USE AS HOLDING TANKS TEMPORARILY

ALARM TO BE SET & CALL FOR REINSPECTION OF ALARM 2/1/02 Alarm - ok (SO)

6/24/02 2" FORCE MAIN OK; STAKES SET 95'2" X 51'; OK TO START PLOWING (NO MOISTURE) (MR)

6/26/02 Starting to put out bed for gravel (SO) 6/26/02 Ready to pour gravel (SO) #2

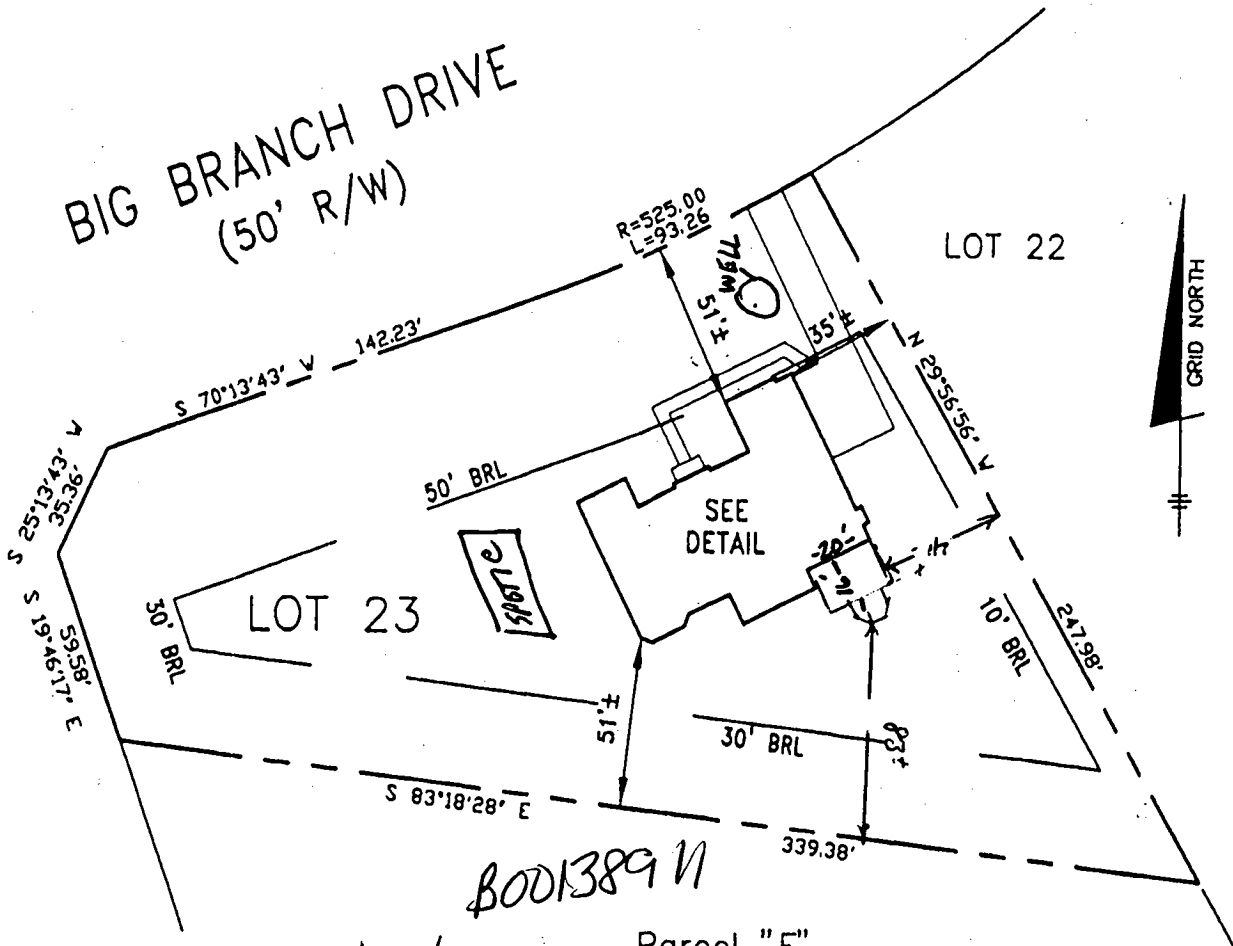
INSPECTOR [Signature] DATE SYSTEM APPROVED 7/2/02

6/27/02 Lines installed in gravel bed (SO)

7/2/02 Pump & Alarm tests OK (SO) T/C TO FOGLE'S RE-CLAY CAP ABSENT (MR)
7/2/02 CLAY CAP INSTALLED PER FOGLE'S (MR)

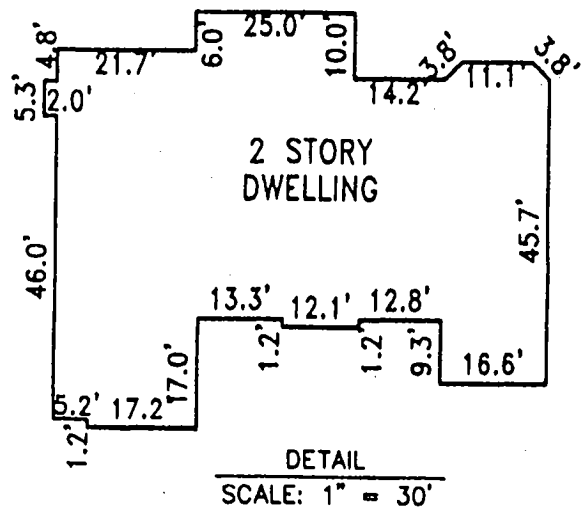
NOTE:

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.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



10/17/02
 Proposed Deck O.K.
 BB

NOTE: GRAVEL DRIVE AT TIME OF SITE VISIT.



SURVEYOR'S CERTIFICATE

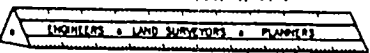
I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

David M. Harris
 REG. No. 10978



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

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
 ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

**LOCATION DRAWING
 BIG BRANCH OVERLOOK**

**LOTS 1 THROUGH 49
 PRESERVATION PARCELS A THROUGH G
 NON-BUILDABLE BULK PARCEL H**

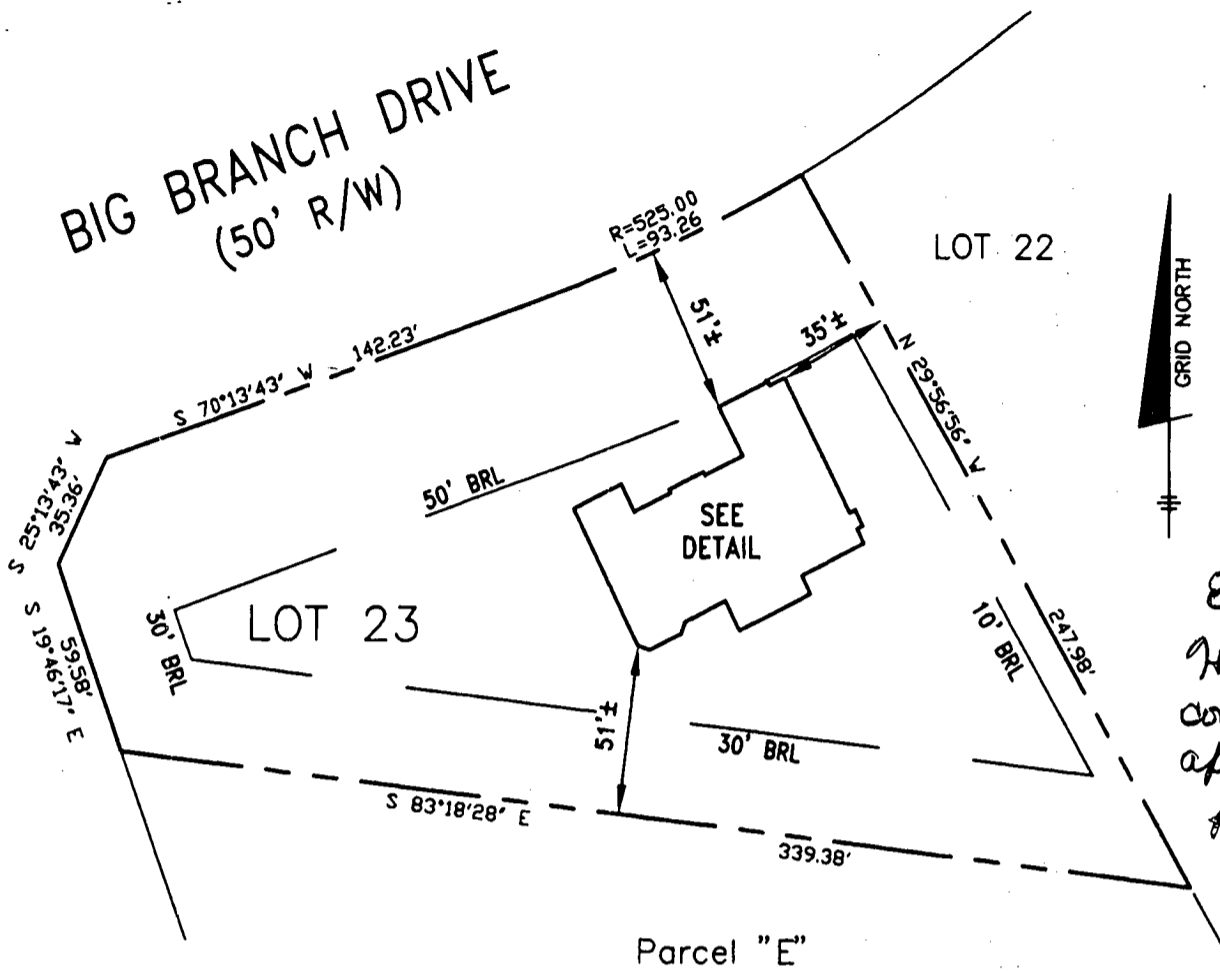
LOT No. 23

14101 BIG BRANCH DRIVE

5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 10/10/01

BIG BRANCH DRIVE
(50' R/W)



8/7/01
House location
consistent with
approved B.P.
plan. **BB**

FIRST FLOOR ELEV. = 458.0'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1.0"

SURVEYOR'S CERTIFICATE

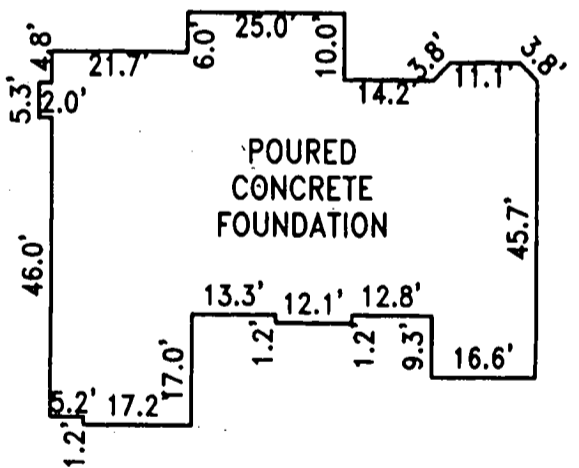
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 6/14/01; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, P.C. ENTITLED "BIG BRANCH OVERLOOK, LOTS 1 THROUGH 49, PRESERVATION PARCELS A THROUGH G, NON-BUILDABLE BULK PARCEL H", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13855.

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. 13855
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/04/86

BENCHMARK

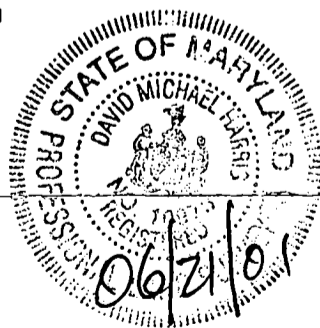
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644



FOUNDATION DETAIL

SCALE: 1" = 30'



WALL CHECK
BIG BRANCH OVERLOOK

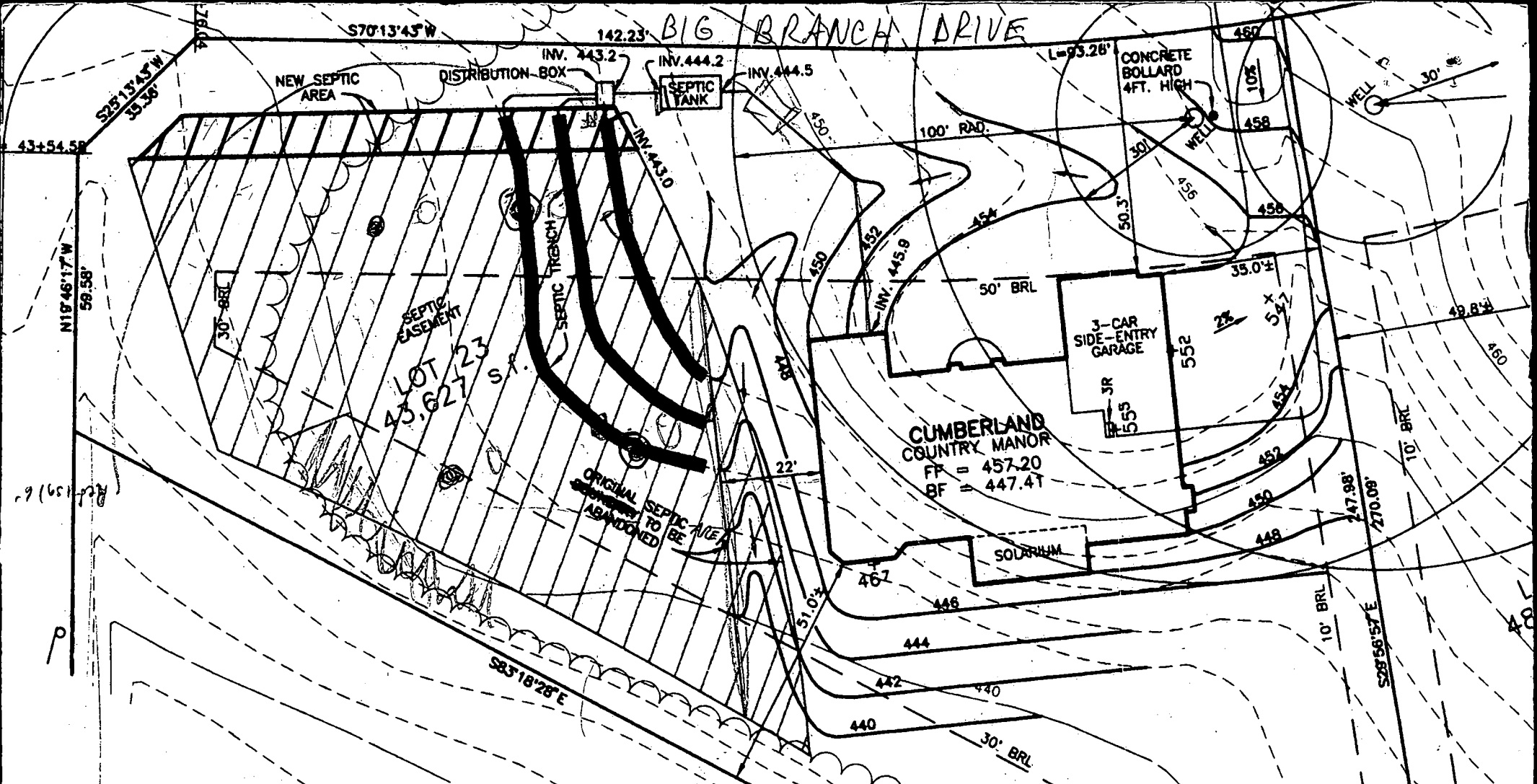
LOT No. 23

14101 BIG BRANCH DRIVE

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 6/14/01



Total linear feet of trench
required 225 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below
distribution pipe 4 feet

Approved Septic System Plan
Howard County Health Department

Mark Refkin
Signature

3/14/09
Date

1:30 PLAN BY BENCHMARK

MER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-00128747
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Building Address <u>14101 Big Branch Drive</u> <u>WATSON MD 21076</u>	Property Owner's Name _____ Address <u>7164 COLUMBIA GATEWAY DR</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>145711</u> Subdivision <u>Compton</u> Section _____ Area _____ Lot <u>23</u> Tax Map <u>27</u> Parcel <u>140</u> Grid <u>11</u> Zoning <u>R-1-D</u> Map Coordinates <u>9213</u> Lot size _____	Contractor Company <u>TOLL BROS</u> Contact Person _____ Address <u>7103 PHILADELPHIA AVE</u> <u>HUNTINGTON VALLEY PA 19006</u> City _____ State _____ Zip Code _____ License No. <u>663</u> Phone <u>412-535-9296</u> Fax _____

Existing Use <u>VACANT LOT</u> Proposed Use <u>SINGLE FAMILY HOME</u> Estimated Construction Cost \$ <u>200,000</u> Description of Work <u>Cumberland, 5 BR 4 1/2 BATH</u> <u>SOLARIUM, WALKOUT BASEMENT</u>	Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL								
<table border="1"> <tr> <th>Building Characteristics</th> <th>Utilities</th> </tr> <tr> <td>Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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</td> <td>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads</td> </tr> </table>	Building Characteristics	Utilities	Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<table border="1"> <tr> <th>Building Characteristics</th> <th>Utilities</th> </tr> <tr> <td>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>28'</u> Depth <u>37'4"</u> Width <u>37'4"</u> 2nd floor: <u>40'</u> <u>41'2"</u> Basement: <u>10'</u> <u>37'4"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</td> <td>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:</td> </tr> </table>	Building Characteristics	Utilities	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>28'</u> Depth <u>37'4"</u> Width <u>37'4"</u> 2nd floor: <u>40'</u> <u>41'2"</u> Basement: <u>10'</u> <u>37'4"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (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 _____ Title/Company _____	Print Name _____ Date <u>3/1/01</u>																																											
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** - FOR OFFICE USE ONLY -																																												
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CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

**AGREEMENT AND EASEMENT FOR
INSTALLATION OF AN INNOVATIVE AND ALTERNATIVE
ON-SITE SEWAGE DISPOSAL SYSTEM**

THIS AGREEMENT is made this 12th day of July, 2002, among Big Branch Overlook, L.L.C., hereinafter referred to as "Owner", the Howard County Health Department hereinafter collectively referred to as the "County", and the Department of the Environment, hereinafter referred to as the "Department".

WHEREAS, Owner owns a tract of land located at 14101 Big Branch Drive, Dayton, Maryland known as Lot 23, Big Branch Overlook recorded on plat # 13855 in the Land Records of Howard County, Maryland.

WHEREAS, Owner's land is improved and the conventional means of sewage disposal may be potentially prejudicial to the environment and/or public health.

WHEREAS, Owner's land is unsuitable for the installation of a conventional on-site sewage disposal system and owner has requested the Department's approval to install an innovative/alternative system of sewage disposal.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner must install and maintain a water meter on the incoming side of the water system or an event counter on the sewage pumping system.
- B. Owner hereby grants to the Department and the County the right to enter upon the property at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data requested and needed by the Department to develop accurate and thorough test results.
- C. Owner acknowledges and agrees that the proposed innovative/alternative system is experimental and that his or her participation is voluntary. Owner agrees that there shall be no liability on the part of the County or Department to Owner if this innovative/alternative system

500
800

fails, and that the County and the Department do not warrant or guarantee that the system will adequately or properly function.

D. Owner acknowledges and agrees that neither the County nor the Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

E. The Owner will devote such care and effort to the maintenance of the system so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

F. The Owner agrees, that, should the system be determined by the Department to pose a threat to the public health, safety or comfort, the Department may order any necessary changes or corrections and the Owner agrees to pay for all such changes or corrections. System modifications may include requirements for holding of sewage waste in tanks and regular pumping from the holding tanks. Upon the Department's request, the Owner agrees to enter into a contract acceptable to the Department to allow and pay a licensed sewage scavenger to pump on a regularly scheduled basis an approved holding tank system.

G. The Owner agrees to contact the Water Management Administration, Groundwater Permits Program and the County at least forty-eight (48) hours prior to system installation, so that the Department may lay out the system in the field with the contractor. The Owner must install this system according to the plans and specifications approved by the Department and any changes required by the Department as a result of the field layout. If installation deviates substantially from the approved plans or changes such that experimental data will be compromised or reduced, the Owner agrees to pay for all necessary corrections.

H. This agreement shall run with the land and binds the Owner, his heirs, successors, assigns except that the provisions of paragraph A & B shall be binding for a period of 5 years only after installation of the system and occupation of the home. Owner further agrees that he shall inform in writing any purchaser or lessee of the property that the system may require maintenance

or other attention. The Owner agrees to record this agreement in the land records of Howard County.

BOOK 6281 FOLIO 0502

I. This agreement shall not be construed to limit any authority of the Department to protect the public health, safety or comfort or to issue any other orders to take any other action, which is now or may hereafter be within its authority.


J. This agreement may be voided at the discretion of the Department if the system construction is not completed within six (6) months of the effective date of this agreement.

K. This agreement contains the entire agreement and understanding between the County and the Owner and the Department. There are no additional terms other than as contained in this agreement. This agreement may not be modified except in writing signed by each of the parties or by their authorized representatives.

L. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

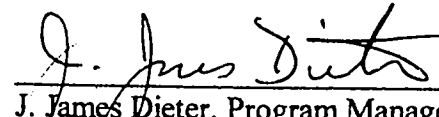
IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

DATE: 7-12-02




Doug Shipe, Vice President
Big Branch Overlook, LLC

DATE: 7/10/02



J. James Dieter, Program Manager
Wastewater Permits Program
Maryland Department of the Environment

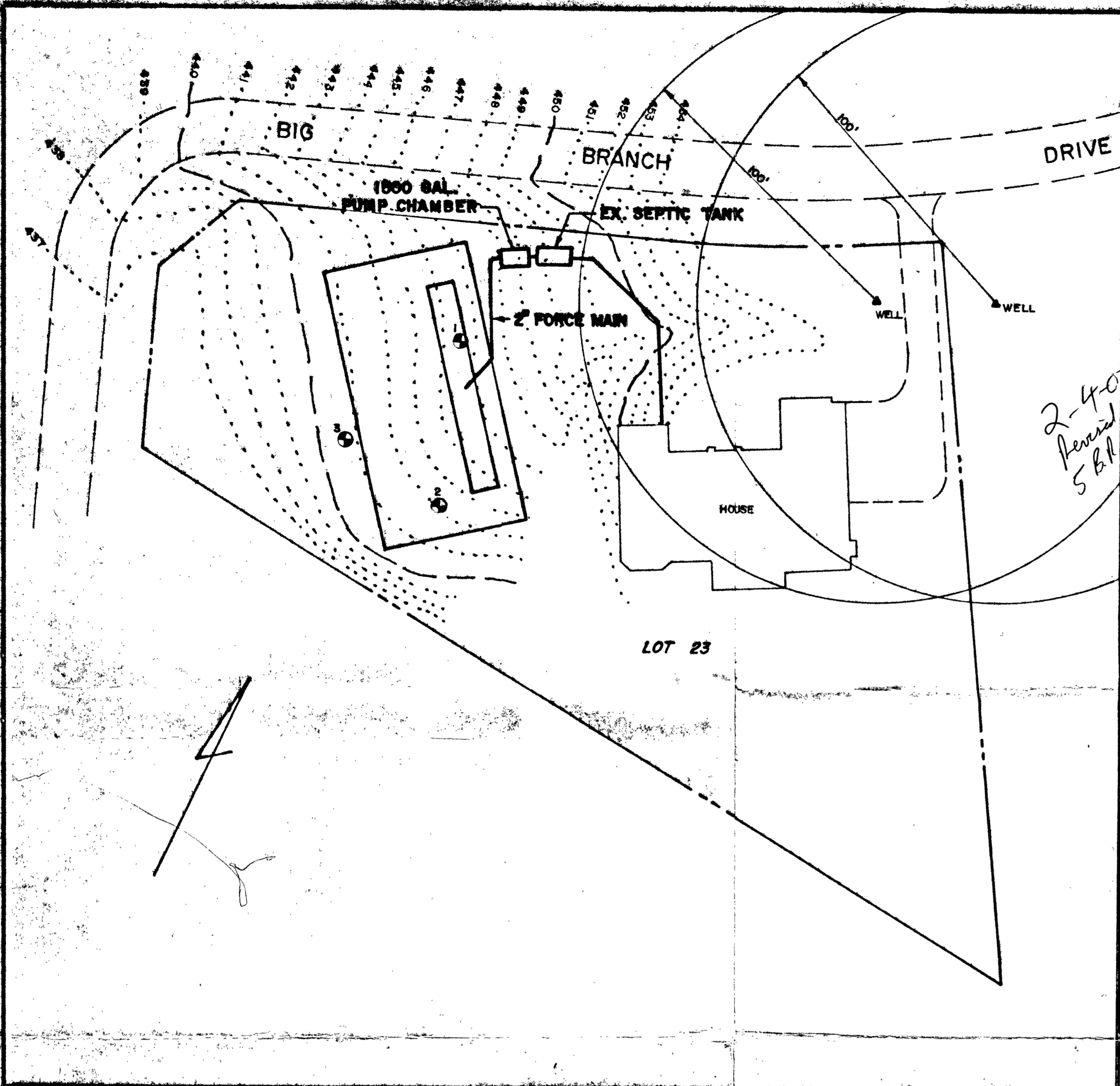
DATE: 7-12-02



Frank Skinner, Director
Bureau of Environmental Health
Howard County Health Department

LISER 6281 FOLIO 0503

IMP. FID. SURE	5.00
RECORDING FEE	20.00
TOTAL	25.00
Rest# HONG	Rest # 61559
NDR AMM	Blk # 1649
Jul 12, 2002	01:28 PM



SITE PLAN
SCALE: 1" = 30'

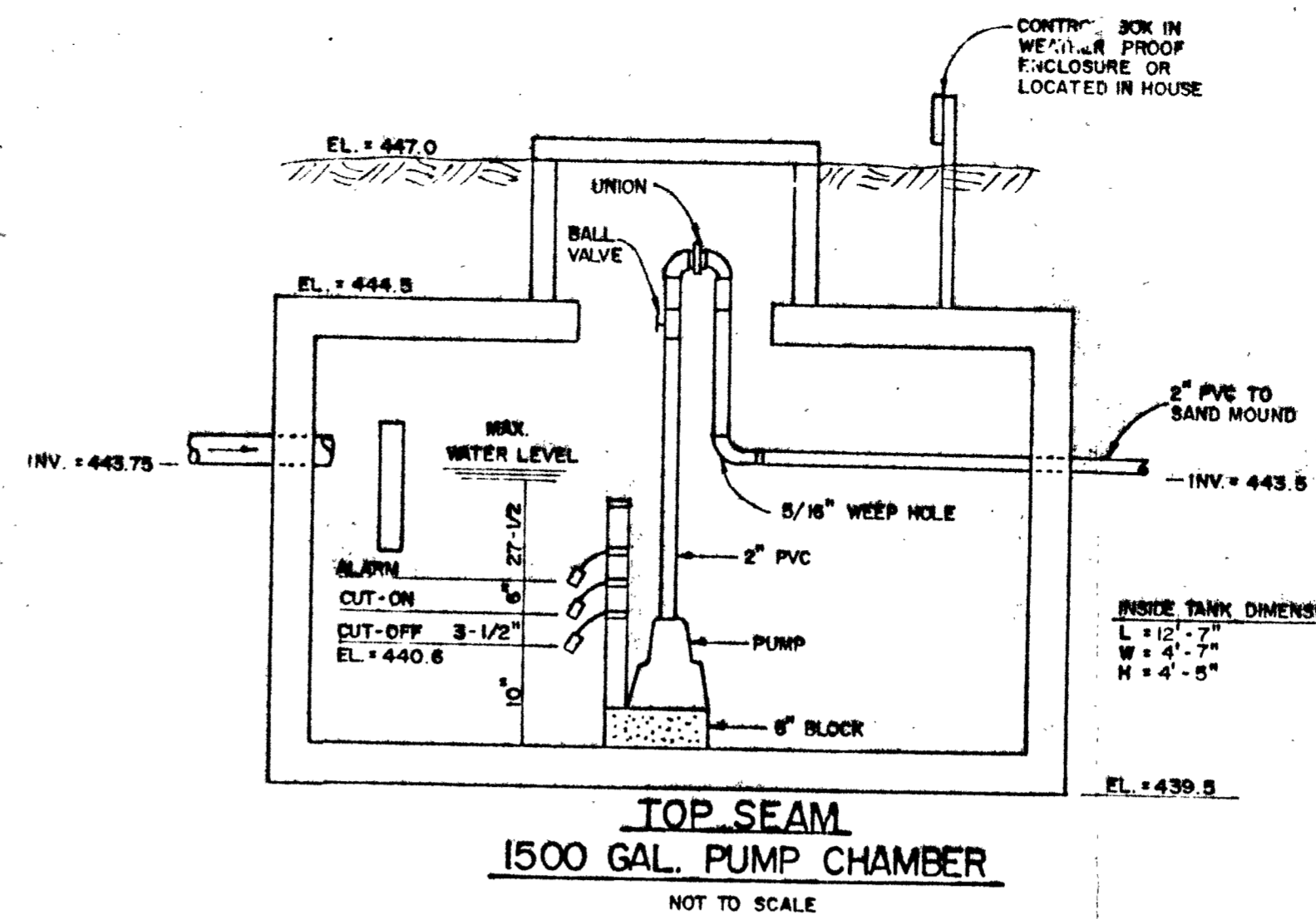
*2-4-02
Revised plan to
5 BR.*

DESIGN CRITERIA

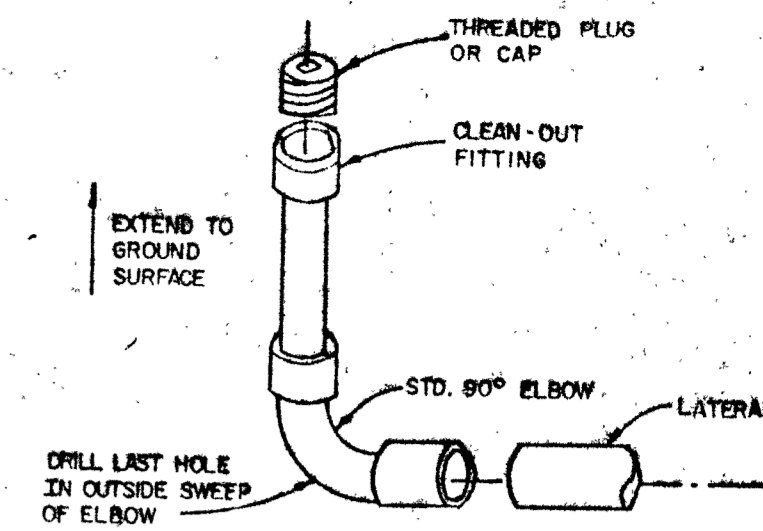
5 Bed Rooms x 150 = 750 GPD
 Loading Rate: 1.2 GPD/Sq. Ft. = 625 Sq. Ft.
 Bed 9' x 70' = 630 Sq. Ft.
 Existing 1500 Gal. Septic Tank
 1 - 1,500 Gal. Top Seam Pump Chamber
 Pump Rate - 60 Perforations @ 1.63 GPM = 98 GPM
 Mound Width = 51', Length = 95'-2"
 Basal Area Required - 3,000 Sq. Ft.
 Basal Area Provided - 43' x 70' = 3,010 Sq. Ft.

SPECIFICATIONS

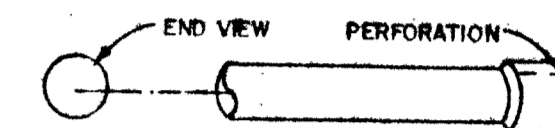
- Tank measurements and elevations are based on septic tanks and pump chambers as manufactured by Mayer Bros., Elkridge, Md. (410) 796-1434.
- All piping to be schedule 40 PVC of sizes shown.
- The force main from the pump chamber to the mid bed is to be installed with a continuous slope back to the chamber to assure complete drainage following each pump cycle.
- A submersible pump to remove 98 GPM against 13' TDH to be provided. Pump to be a Goulds Model 3885 WE 15 H, 1-1/2 hp, or equal.
- A test of the pump system and distribution piping is required prior to covering the system.
- The High Water Alarm is to be on a separate circuit. Alarm to be located in the house.



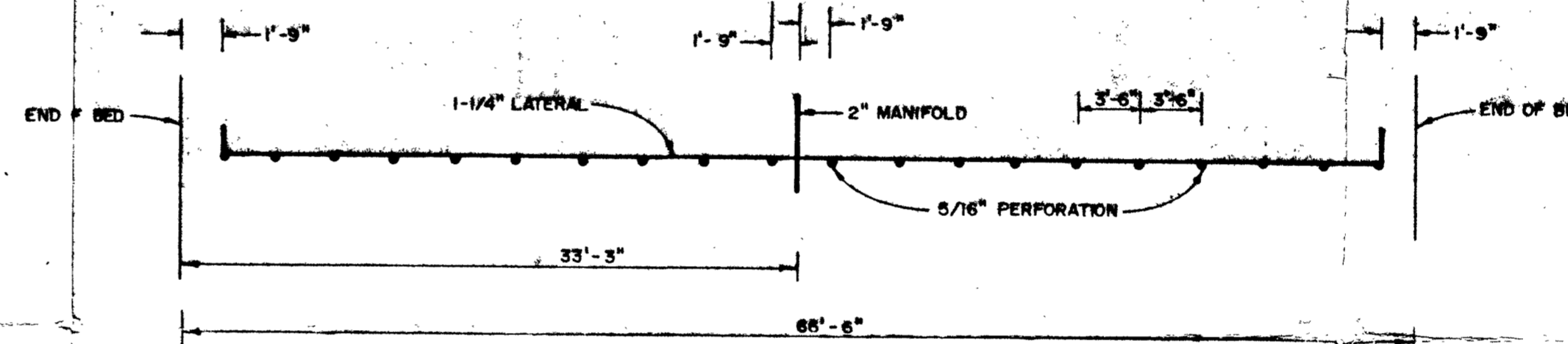
**TOP SEAM
1500 GAL. PUMP CHAMBER**
NOT TO SCALE



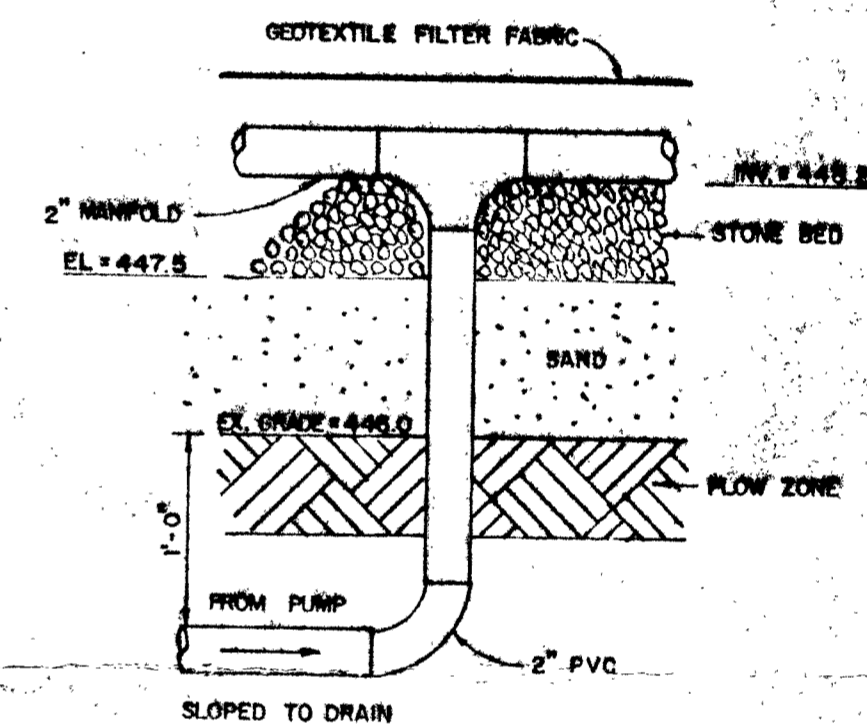
LATERAL END TURN-UP
USE ON LATERALS FARTHEST FROM PUMP
NOT TO SCALE



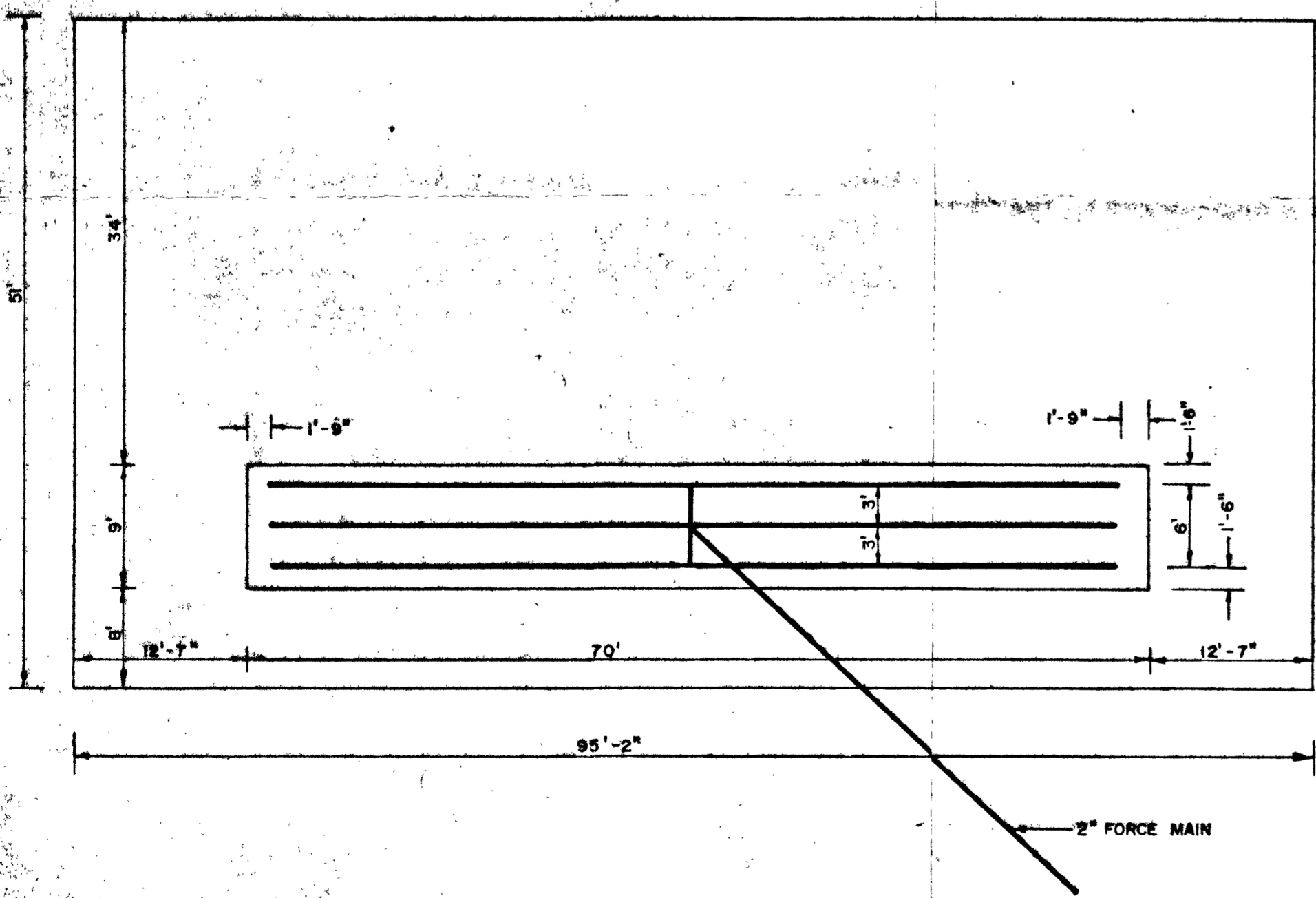
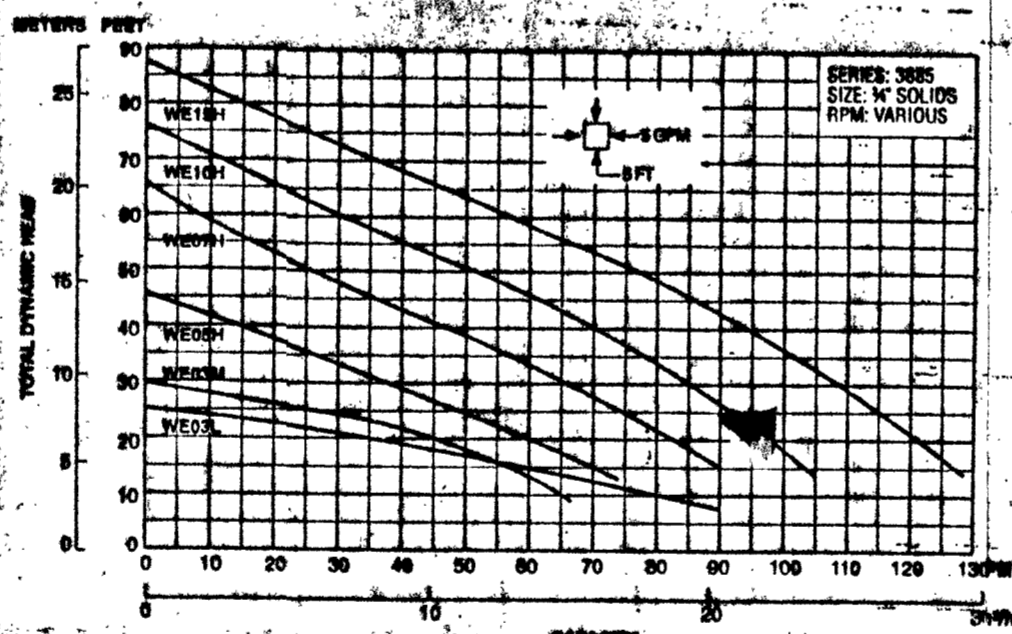
LATERAL END CAP
USE ON LATERALS NOT EQUIPPED WITH TURN-UP
NOT TO SCALE



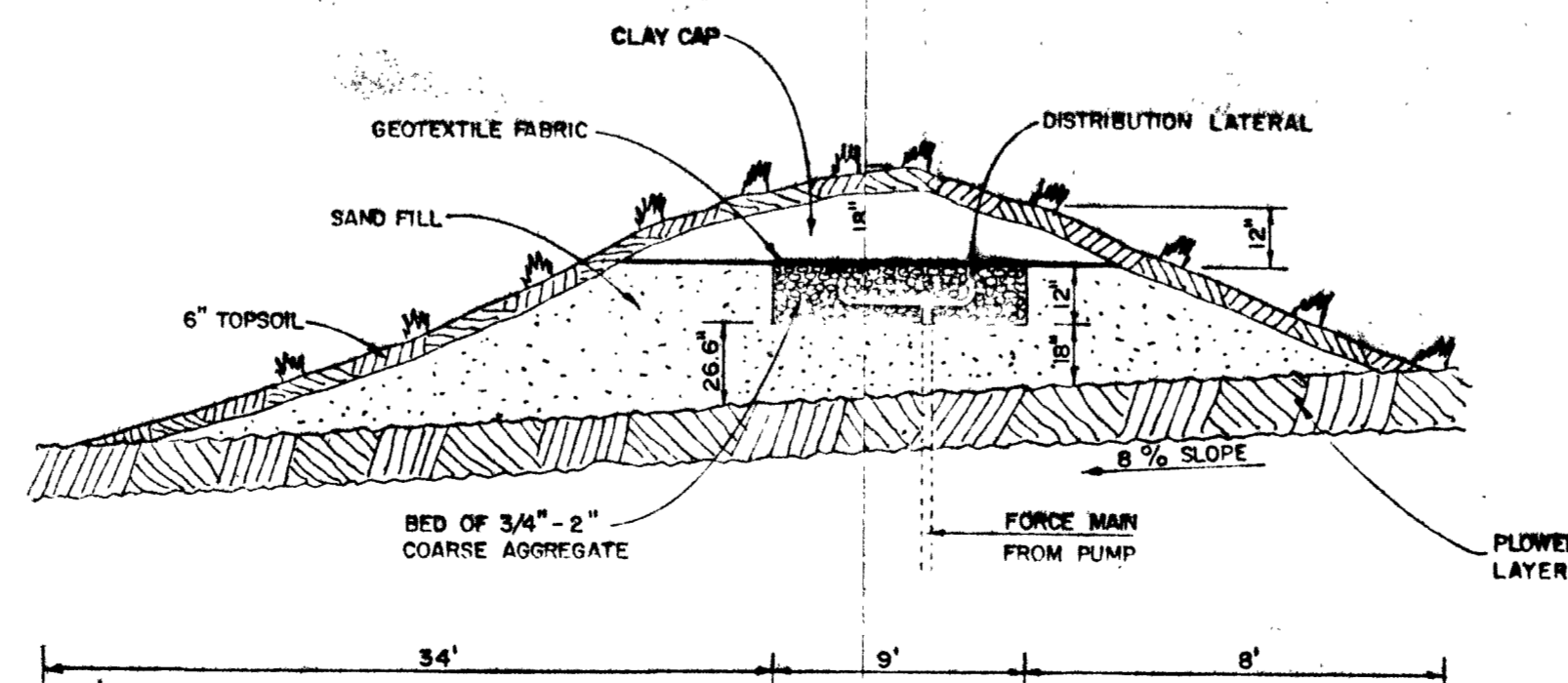
LATERAL DETAIL
SCALE: 1/8" = 1'



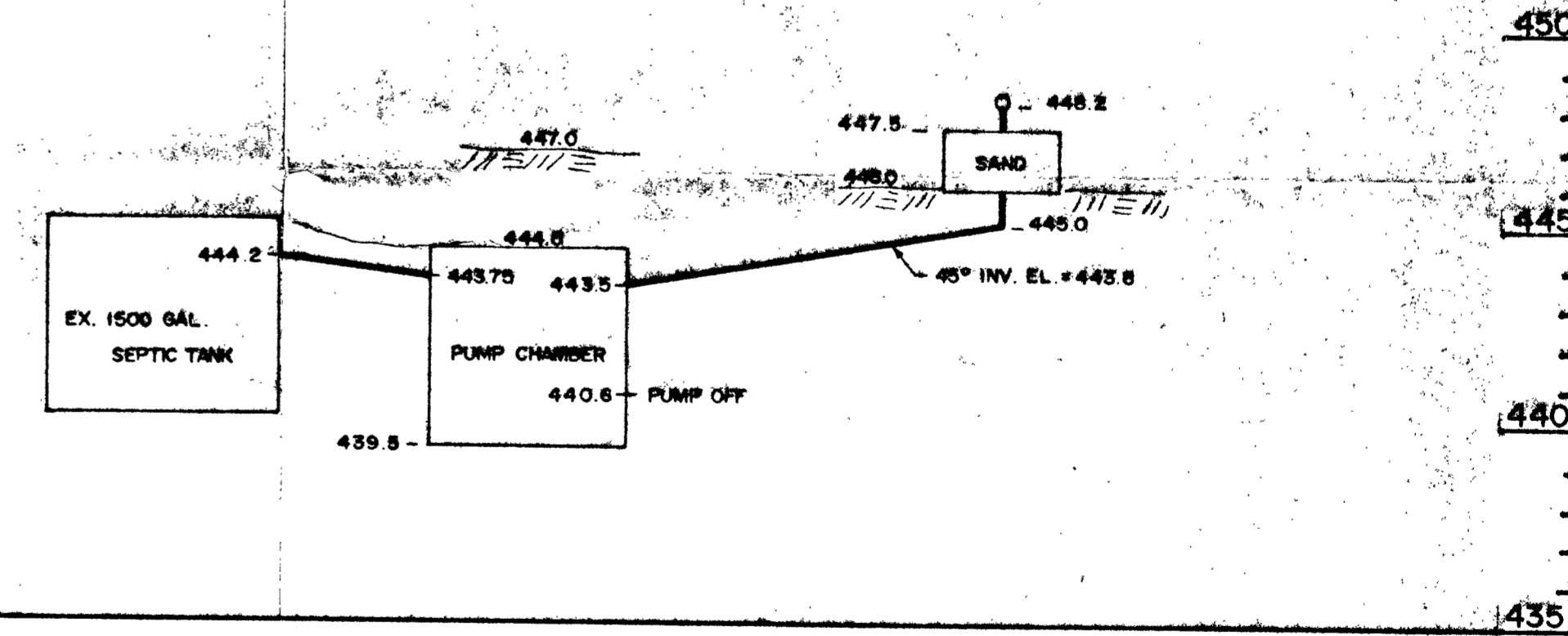
SUPPLY LINE - MANIFOLD DETAIL
NOT TO SCALE



MOUND LAYOUT
SCALE: 1" = 10'



MOUND DESIN
NOT TO SCALE



HYDRAULIC PROFILE
SCALE: 1/4" = 1'
H=NTS



James R. Clise

REDESIGNED - 5 BED ROOMS - JAN. 2002 JDC

S/E ENGINEERING, INC.
WESTMINSTER, MARYLAND

SCALE: AS SHOWN	APPROVED:	DRWN: RSK
DATE: DECEMBER, 2001	JDC	DES: JDC

LOT 23, BIG BRANCH OVERLOOK
HOWARD COUNTY

SANDMOUND DRAWING NO. _____ OF _____

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Odrecht Rd
Stylesville, 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 #: 443-535-9296
Subdivision: Big Branch Lot #: 23 Well Tag #: HO-94-~~0000~~
Site Address: 14101 Big Branch Dr 1757

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>105807422</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>yes</u>

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*

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>2'</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: 10-2-01

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

Date Insp. Requested: 9/28/01 Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input type="checkbox"/> NO TAG
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 4113

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 58567N

DATE RECEIVED MM DD YY 10 14 98

DATE WELL COMPLETED MM DD YY 10 14 98

DEPTH OF WELL 22 440' 26 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL 80-94-1757

OWNER HIGHLANDS P&W CMC last name first name TOWN DAYTON
STREET OR RFD BIG BRANCH DRIVE
SUBDIVISION BIG BRANCH OFFSHORE SECTION 1 LOT 2423

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-57), Gray Micaceous Rock (57-440').

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1410), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0-44).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (61).

OTHER CASING (if used) form with fields: diameter, depth.

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), DEPTH (59, 440).

PUMPING TEST form with fields: HOURS PUMPED (6), PUMPING RATE (1), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (33, 385), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+), LAND SURFACE (2).

NUMBER OF UNSUCCESSFUL WELLS: 0

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 MSD024 DRILLERS SIGNATURE Joseph L. Mayne

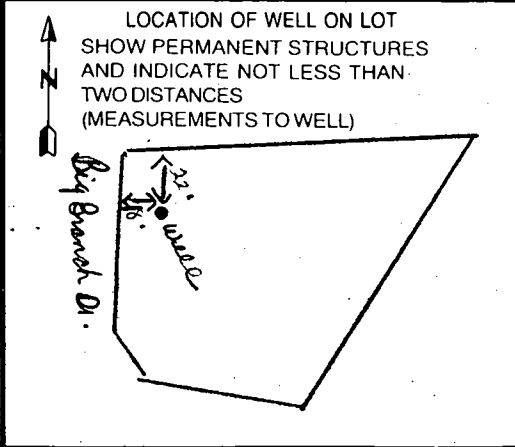
LIC. NO. 1 MSD027 SIGNATURE Sarah Mayne

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

DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes handwritten entries: 59, 440.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1757
 Location of property (road) BIG BRANCH DR.
 Subdivision BIG BRANCH DUGLACK Lot 2473 Block Plat Sec. 1
 Well Driller JOSEPH MAYNE Owner HIGHLAND DEV. CO.

Depth of well 440
 Distance of measuring point (M.P.) above ground 2
 Static water level (S.W.L.) below M.P. 33

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm
 Total time 45 min. to reach pumping water level 385 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	185	4 sec.	1 1/4	15.0
7:30	296	5		15.0
7:45	385	7		8.5
8:00	380	60		1
8:15	380	60		1
8:30	380	60		1
8:45	379	60		1
9:00	379	60		1
9:15	379	60		1
9:30	379	60		1
9:45	378	60		1
10:00	378	60		1
10:15	378	60		1
10:30	378	60		1
10:45	378	60		1
11:00	377	60		1
11:15	377	60		1
11:30	377	60		1
11:45	376	60		1
12:00	376	60		1
12:15	376	60		1
12:30	376	60		1
12:45	376	60		1
1:00	376	60		1
1:15	376	60		1
1:30	376	60		1
1:45	376	60		1

HD-224 376
 376
 376

B 1 6733

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-1757 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 31 98, Highland Development CMC, P.O. Box 228, Clarksville Md. 21029

LOCATION OF WELL: Howard, Big Branch Overlook, Dayton, 3 miles from town

DRILLER INFORMATION: Joseph L. Mayne M S D 021, Joseph L. Mayne Well Drilling, 5512 Ridge Rd. Mt. Airy 21771

Big Branch Dr., 25 feet from road, Tax Map 27, Blk 6, Parcel 141

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

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D)

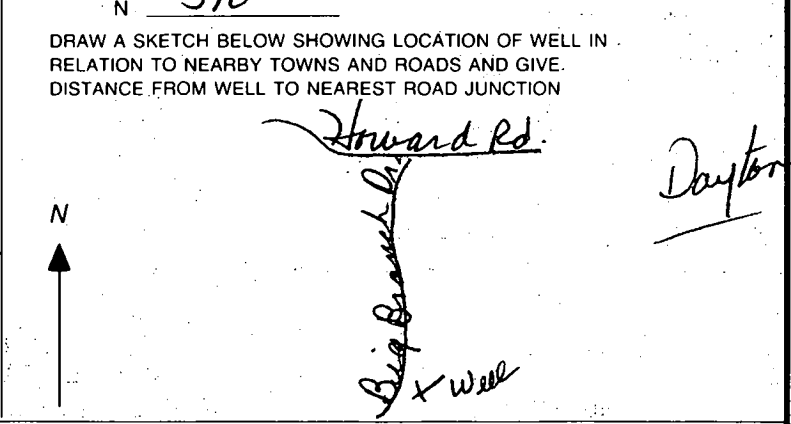
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD A-58567N, DATE ISSUED 9 23 98, EXP. DATE 9 23 99

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. Well, WRITE THE BOX NUMBER FROM THE MAP HERE E 790, N 510

METHOD OF DRILLING (circle one): AIR-ROTary, JETTED, ROTARY (Hydraulic Rotary)

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



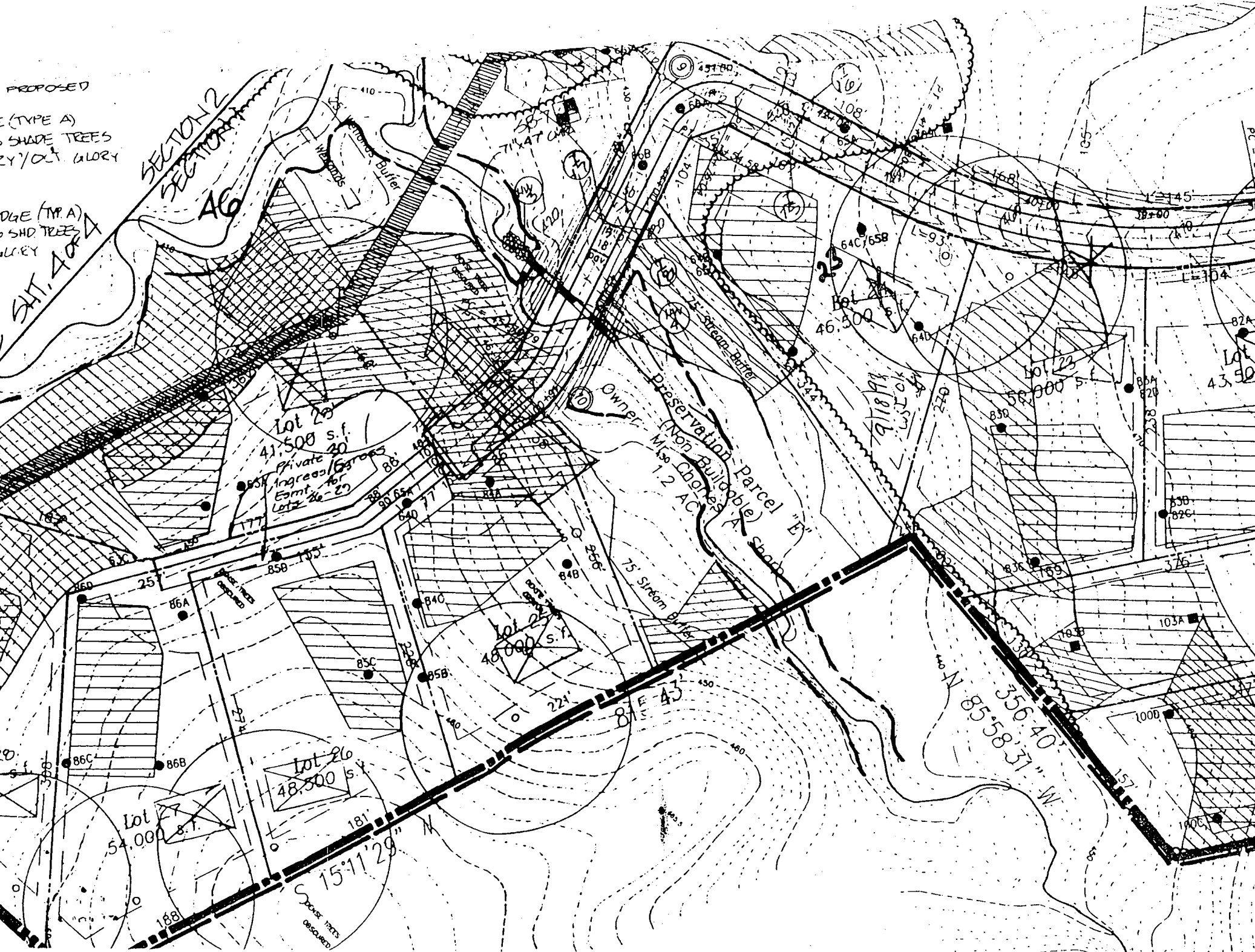
Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER 40-94-1757

PROPOSED
E (TYPE A)
3 SHADE TREES
RY/OCT GLORY

EDGE (TYPE A)
60 SHD TREES
GLORY

SECTION 2
SECTION 1
A6

SIT. 40'



Lot 25
41,500 s.f.
Private
Ingress/Egress
Easmt.
for
Lots 26-27

Owner: Preservation Parcel "E"
(Non-Bulldozable) Shaded
1.2 AC.

Lot 26
48,300 s.f.

Lot 27
54,000 s.f.

15°11'29" N
Shade trees
observed

356'40" N
85°58'31" W

PC = 384.00'

Lot 28
43,500

103A

100B

100C

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 Dr.

'B DIVISION ~~ELLICOTT CITY~~ LOT NO. 23

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

A57577

COUNTY #

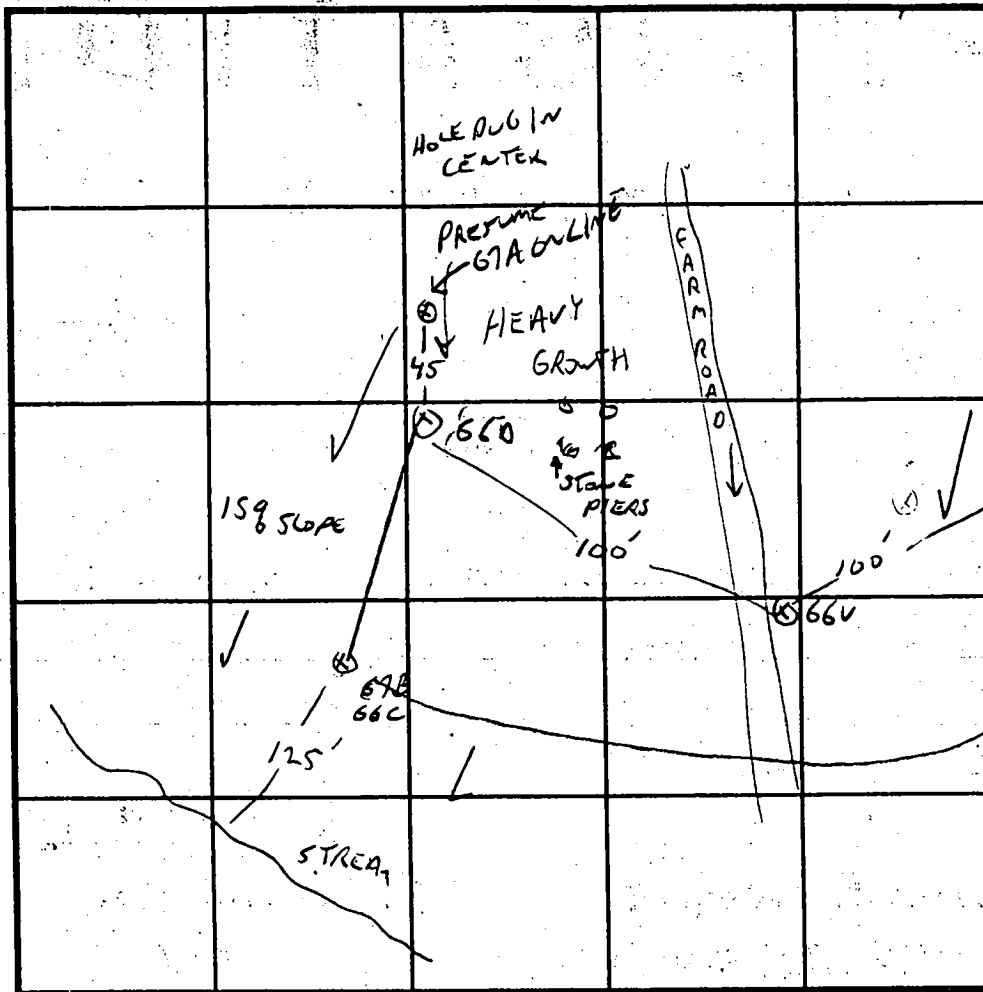
SOIL PROFILE

0'

SOIL PROFILE

660 B

TOPSOIL
Brown
CL
3-4'
ORANGE
SANDY
LOAM
9'
TAN
SSC
7'
663
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

66A

TOPSOIL

Brown +
ORANGE
Brown
CL

Brown
SANDY
FINE
LOAM
ORANGE
MOTTLED
FROM
BOTTOM
OF
HOLE

6

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/19/96	660	4'/12	3:45	3:46	3:46	3:49	3 MIN
		9'	3:45	3:46	3:46	3:48	2 MIN
	67B 66C	3.5'/12	3:50	3:53	3:53	3:55	2 MIN
		7' V OK					
11/20/96	66V	3.5'/12V	10:51	10:53	10:53	10:56	2 MIN
	66A	4'/12	3:59	4:00	4:00	4:02	2 MIN ✓
	66B	4.5'/12.5	3:59	4:05	4:05	4:08	3 MIN ✓

REMARKS ~~WET~~ DUG 15'-25' ABOVE STAKES

TYPE OF SOIL Lot 23

TESTED BY G SAVAGE ALSO PRESENT R. DEMIT C SHARD

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Y

APPLICATION

PERCOLATION TESTING

58567N

A 52577

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

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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.

UBDIVISION ~~C.M.C. CONSTRUCTION, INC.~~ LOT NO. ~~13~~ 13

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TRIDELPHIA ROAD (SOUTH)

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Charles A. Sharp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

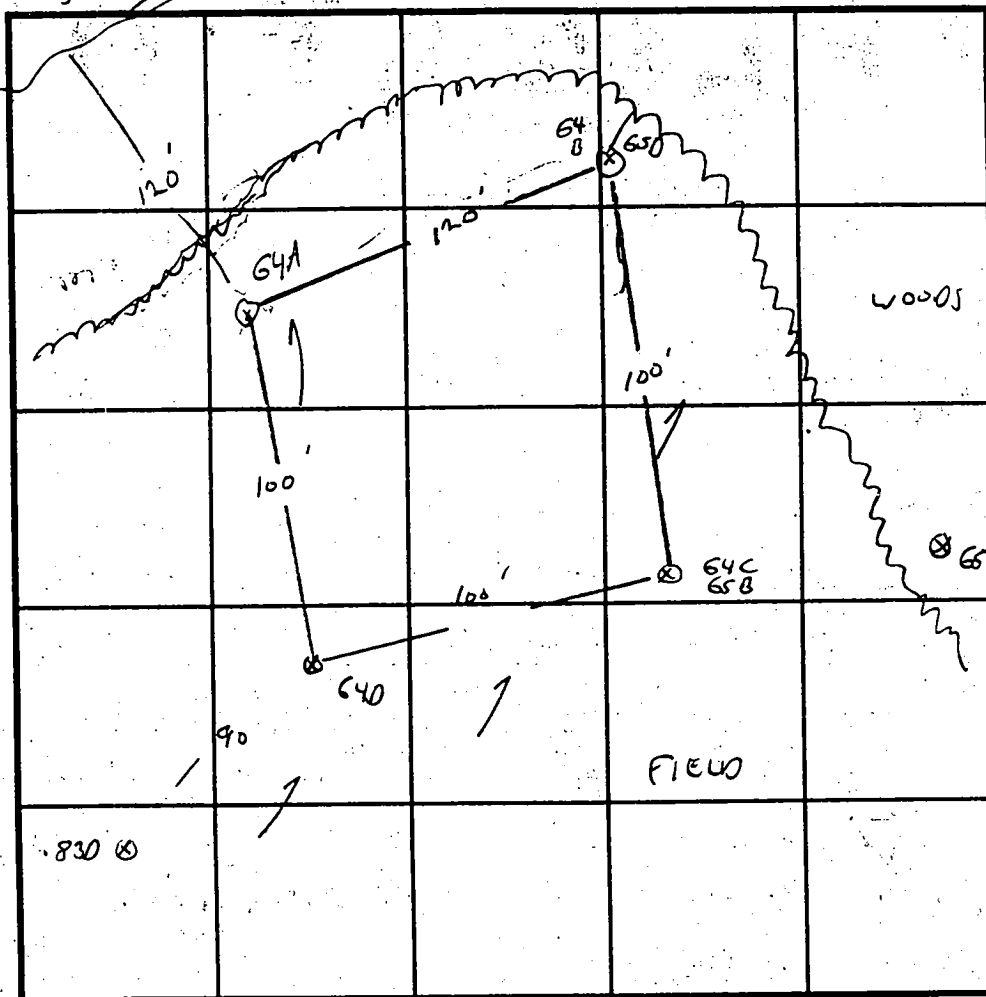
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

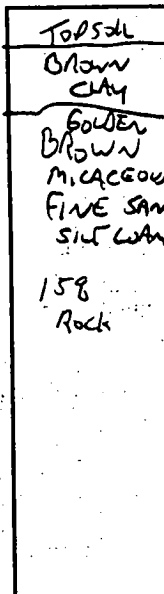
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A57577
 COUNTY #
 58567W
 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	64D	3 / 12V	235	238	238	242	4 min	
		7V ok						
	64C/65B	2.5 / 12V	236	240	240	245	5 min ✓	
		7V ok						
	64B/65A	2.5 / 10.5V	SEE LOT 65 PROFILE					6 min ✓
		7.5					2 min ✓	
	64A	3.5 / 12V	259	301	301	303	2 min ✓	
		8	259	301	301	303	2 min ✓	

REMARKS LOT 23 NOT PER PLAN

TYPE OF SOIL

SHALLOW REPAIRS

TESTED BY G. SAUSAGE

ALSO PRESENT C. SHARO

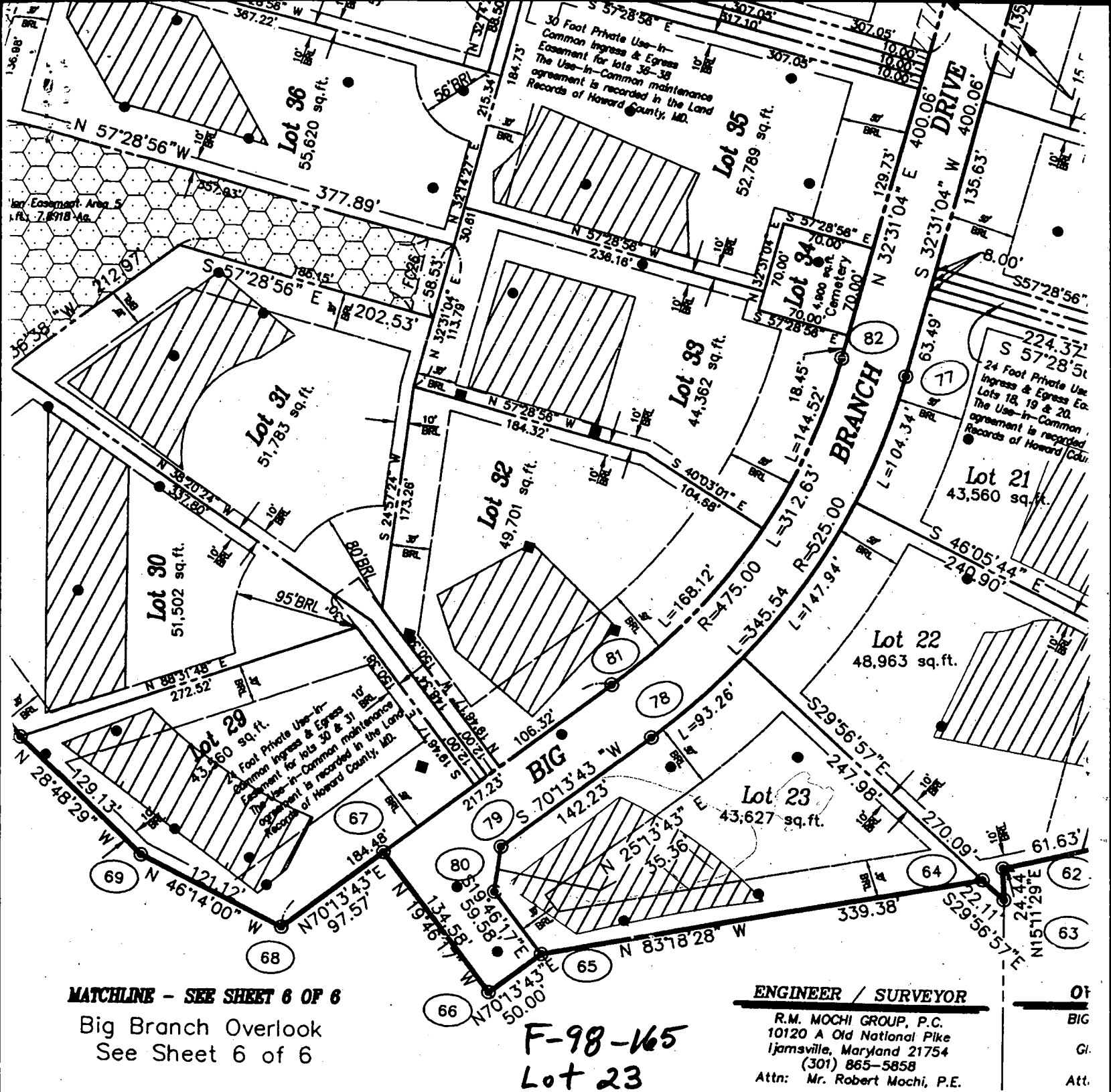
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3

TRENCH WIDTH 2

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 7

SQ. FT./BEDROOM 180



Certificate

I, Charles A. Sharp, Presiding Member of Big Branch Overlook, LLC, a Maryland Limited Liability Corporation, hereby adopt this plan of subdivision, and in consideration of the approval of the final plat by the Department of Planning and Zoning, establish the minimum building setbacks and grant unto Howard County, Maryland, its successors and assigns:

- (1) The right to lay, construct and maintain sewers, drains, water pipes and other utilities and services, in and under all roads and street right-of-ways and the easement shown hereon;
- (2) The right to require dedication for public use the beds of the streets and/or floodplains and open space where applicable and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire simple title to the beds of the street and/or roads and floodplains, storm drain facilities and open space where applicable; and
- (3) The right to require dedication of waterways and drainage easements for the purpose of their construction, repair and maintenance; and
- (4) That no building or structure shall be constructed on any lot shown on this plat which would be in violation of the minimum building setbacks and easements shown hereon.

Owner's Dedication

I, Charles A. Sharp, Presiding Member of Big Branch Overlook, LLC, a Maryland Limited Liability Corporation, hereby adopt this plan of subdivision, and in consideration of the approval of the final plat by the Department of Planning and Zoning, establish the minimum building setbacks and grant unto Howard County, Maryland, its successors and assigns:

- (1) The right to lay, construct and maintain sewers, drains, water pipes and other utilities and services, in and under all roads and street right-of-ways and the easement shown hereon;
- (2) The right to require dedication for public use the beds of the streets and/or floodplains and open space where applicable and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire simple title to the beds of the street and/or roads and floodplains, storm drain facilities and open space where applicable; and
- (3) The right to require dedication of waterways and drainage easements for the purpose of their construction, repair and maintenance; and
- (4) That no building or structure shall be constructed on any lot shown on this plat which would be in violation of the minimum building setbacks and easements shown hereon.

APPLICATION

PERCOLATION TESTING

A _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____

(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 _____

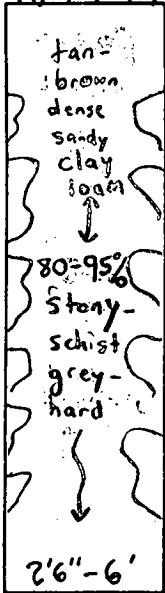
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

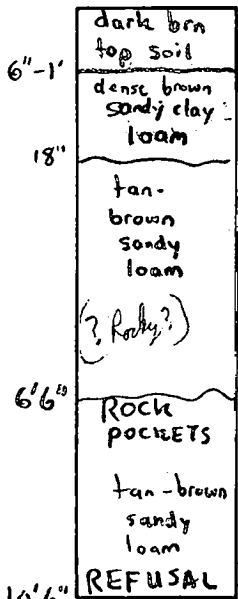
COUNTY #

SOIL PROFILE

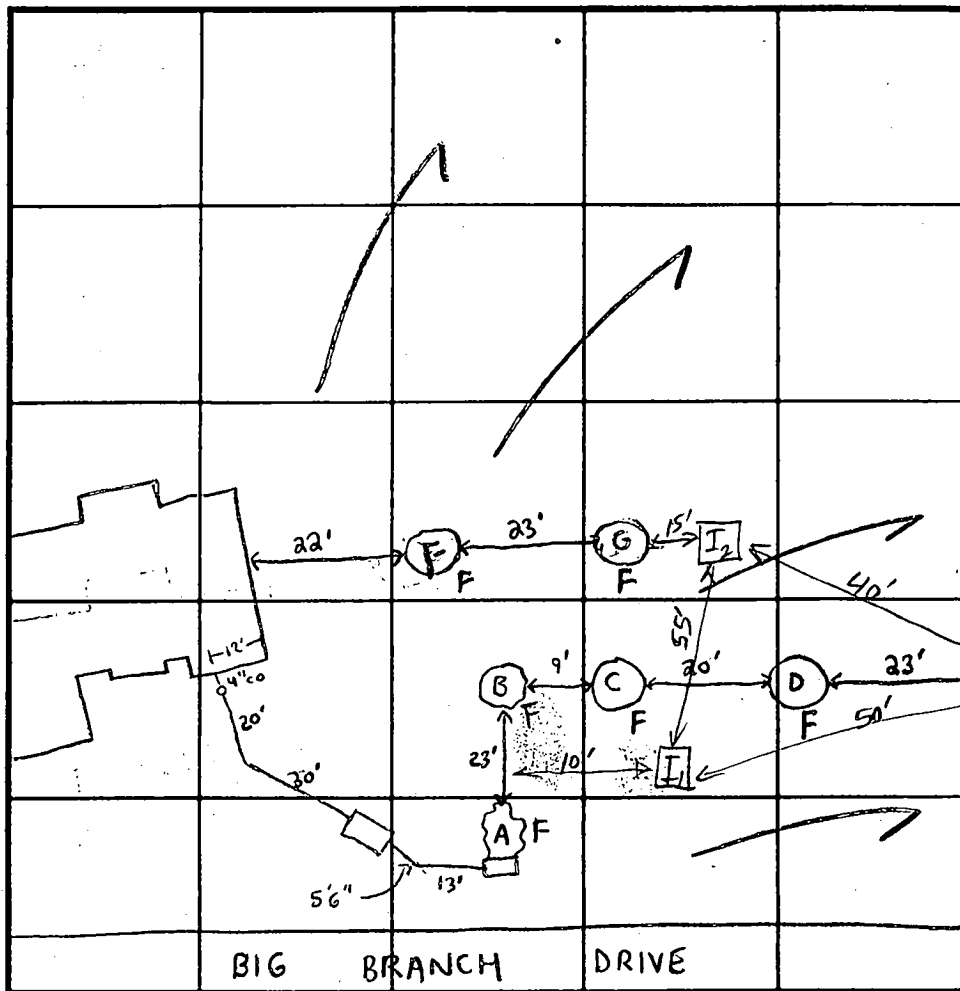
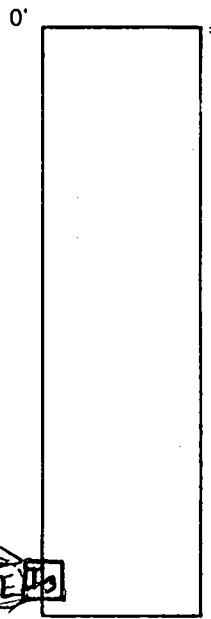
0' A, B, C, D, F, G



E



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
10/26/01	A	6' V	(80-90% ROCK)				NA	Fails conv	
			REFUSAL AT		6'				
	B & G	2'6" V	(80-90% ROCK)				NA	Fails conv	
			REFUSAL AT		2'6"				
	C	3' V	(80-90% ROCK)				NA	Fails conv	
			REFUSAL AT		3'				
	D & F	4' V	(80-90% ROCK)				NA	Fails conv	
			REFUSAL AT		4'				
	E	4' V		2:32 pm	2:33 pm	2:33 pm	2:36 pm	3 min	OK
		2'5"		2:49 pm	3:09 pm		1/2" movement at	3:09 pm	

REMARKS Sand Mound Evaluation Needed

TYPE OF SOIL *clayey very stony - Striped by RP - Soil in trench nearest dist Box and spot from backfilled pit hole E*

TESTED BY *SRV* *Water Branch (about 18") over yellow dense SCL-CL (about 27" below when to start of wetting)*

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME *5 min* TRENCH WIDTH *See ME for further details.*

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

11/14/01

TEST DATA

NAME Big Branch Overlook, LLC FILE NO A565642W
 LOCATION Big Branch Dr @ Arina E COUNTY Howard
Big Branch Subdiv Lot 23 DATE 12/3/01 *ground Moist from Front & last weeks rain*
Sunny; hi Temp high 60s
 GRID _____ E
 RECORDED BY [Signature] N
House has 4 Beds, 2 Bathrooms of closets on 2nd Floor + Master Room/Bath on First Floor = 5 Bedroom House
all holes redug fresh - Moisture from last weeks rains - No pressure applied to bit

HOLE NO.	TEST NO.	DEPTH	CLOCK TIME	ELAPSED TIME	MEASUREMENT	REMARKS (Method, Moisture, Biopores)
I1	I1	15-19 1/2"	12:02:00 12:25:00 12:46:00 1:08 1:37 1:59	<i>1/16" in 73 min to 700 Slur</i>	11 1/8" 11 1/2" 11 3/4" 11 3/4" 11 13/16" 11 13/16"	into Red Brn Mica Clay, loam (Moist) 0-7" dk Brn L (3P-vf ssk) 7"-20" + Red Brn - yellow CL (20-25% clay) (2ms ssk) Moist
	I2	13-17'	12:24:00 12:44 1:06 1:36 1:58 2:30 3:00	record	9 13/16" 10 3/16" 10 7/16" 10 12/16" 10 15/16" 11 2/16" 11 5/16"	into Red Brn Mica h Loam 0-7" dk Brn L (3P-vf ssk) - gran 7"-16" Red Brn - Brn Mica h Loam (25% clay) (2P ssk) Moist (a few blue grey Schist stones) 16"-20" + Brn - h Brn Mica h SL - h L (20% clay) v Moist (Massive)
				<i>9/16" in 84 min - 700mp</i>		
	I3	15-21"	12:51 1:18 1:38 2:00 2:30 3:01	record	10 5/8" 11 7/16" 11 11/16" 12 1/16" 12 9/16" 12 15/16"	0-7" dk Brn L (3m gran) 7-16" Red (2.5YR 4/6 - 4/8) h L - CL (2P-vf ssk) Moist 16-20" + Mix Red + Str Brn Co SL (Massive - Ls) Moist Neutral vel Brn Co SL = Blue grey gran Rock @ 3 1/2' depth
				<i>14/86" in 60 min 70mp</i>		

Big Branch
Lot 23

12/3/01

(Mud of site is 6-8%
Eastern edge get 12-14% slope)

$$\begin{array}{r} 625 \text{ sqft} \\ 12 \overline{) 7500} \\ \underline{720} \\ 30 \end{array}$$

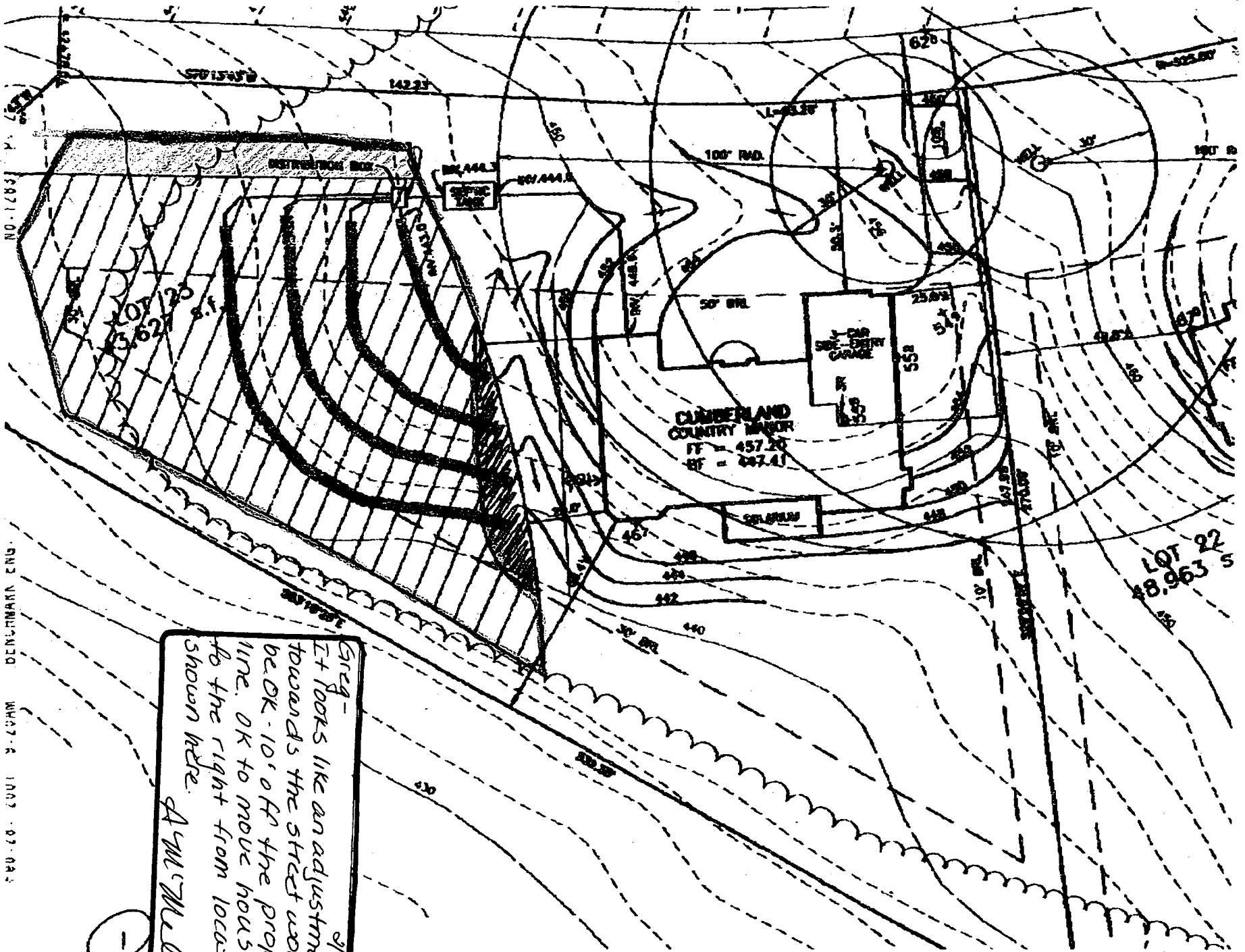
@ 120 mpi 5 Room House = 750 sqft
 $\div 12 = 625 \text{ sqft}$

$$\begin{array}{r} 12.5 \\ 50 \overline{) 625} \div 50 \text{ LF long} = 50' \times 12.5' \text{ Bed} \\ \underline{50} \\ 125 \\ \underline{100} \\ 25 \end{array}$$

~~4 Room House = 600 sqft
 $\div 12 = 500 \text{ sqft bed}$
= 50' x 10'~~

1500 sqft Basal Area Mashed 50' long x 30' wide
 $- 12 \frac{1}{2}$
 $\boxed{18.5 \text{ hours per}}$

$$\begin{array}{r} 1500 \\ 0.5 \overline{) 7500} \\ \underline{500} \\ 2500 \\ \underline{2500} \\ 00 \end{array} \quad \begin{array}{r} 1500 \\ 50 \overline{) 1500} \\ \underline{1500} \\ 00 \end{array}$$



Greg - 3/28/01
 It looks like an adjustment towards the street would be OK. 10' off the property line. OK to move house 10' to the right from location shown here.
 AWM/MLL

(-)

DENVER, CO 80202
 1007 R 1002 07 003

1821-0N

