

6/30/99
am 4pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511963

A 58028-C

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

#326802

DATE 6/22/99

DATE SYSTEM APPROVED 6/30/99

INSPECTOR BR

INDEXED

Covey Construction IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398

SUBDIVISION Benson Branch Overlook LOT 8 ROAD 13223 May Estates Circle

PROPERTY OWNER Hamilton Reed

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 feet down the right lot line and 55 feet off this same lot line. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/25/99 NIS

PLANS APPROVED BY Mark Rifkin DATE 3-08-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

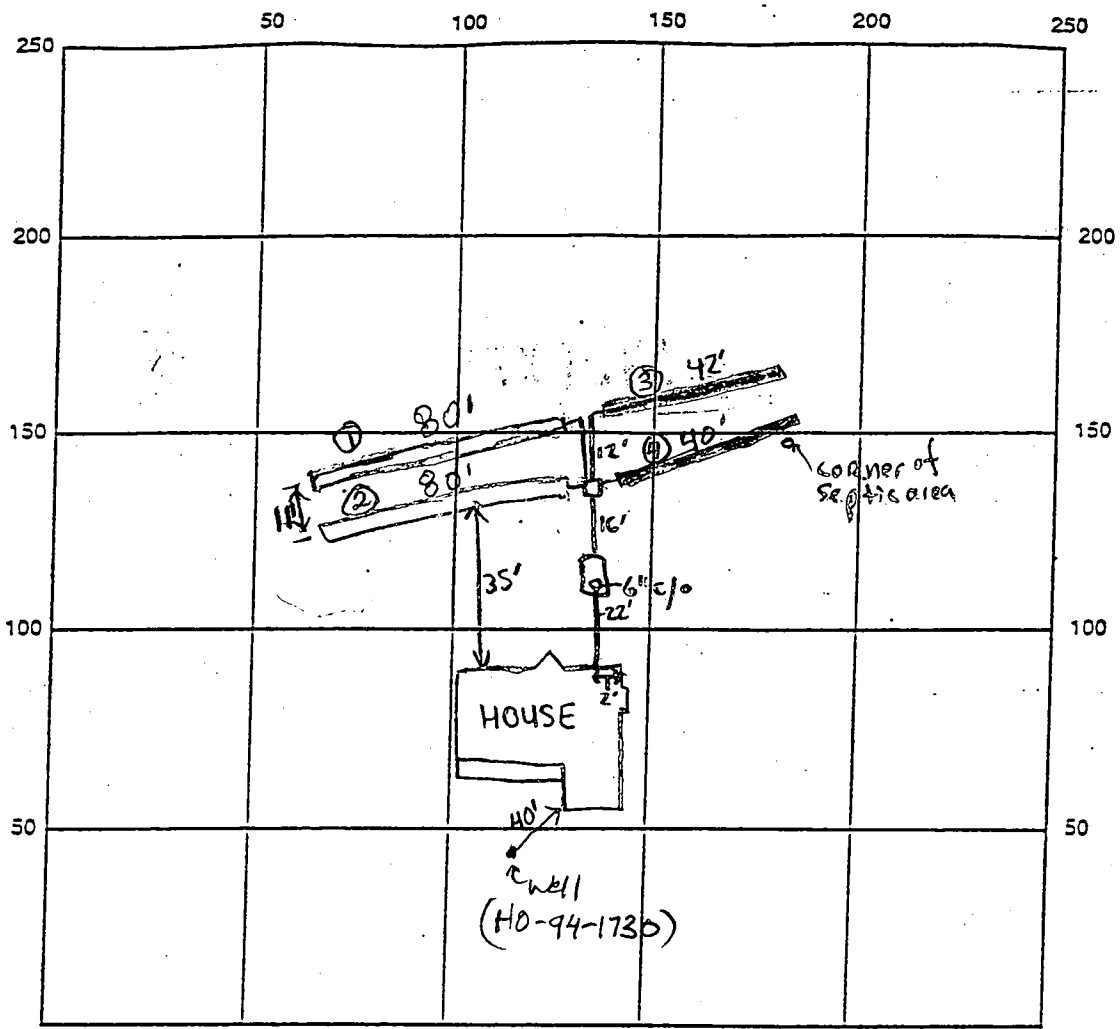
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A58028-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 MAY ESTATES CIRCLE

SEPTIC TANK LEVEL ✓ 1250 midseam CLEANOUTS 6" @ tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80-80-42-40 FT. (242)

NUMBER OF TRENCHES _____ ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/30/99 - HOUSE CONNECTION MADE OK TO CONTINUE WORK (SRK)

6/30/99 Septic system O.K. Can cover all work (BB)

DATE SYSTEM APPROVED 6/30/99 INSPECTOR Brian Baker

3/11/97
thru 4/16/97

APPLICATION

PERCOLATION TESTING

A 58028

P _____

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

3/21/97
previews OK
ALM

DISTRICT _____

DATE 3/17/97

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 OSCAR SHULTZ C/O LAD & D HAMILTON REED

ADDRESS 4805 Hickory Ridge Rd Silver Spring Md 21044 PHONE 740-2100-3

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Bryce Benson Ranch Overlook LOT NO. 5

ROAD AND DESCRIPTION Tridelphia (13223 MAY ESTATES CIRCLE)

TAX MAP 22 PARCEL # 10

BLDG. PERMIT SERIAL #
~~AND RETURNED~~ 3-12-97
Serial # 701011649

SIZE OF LOT 1 acre TYPE BLDG. Single - 4 BRM
(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

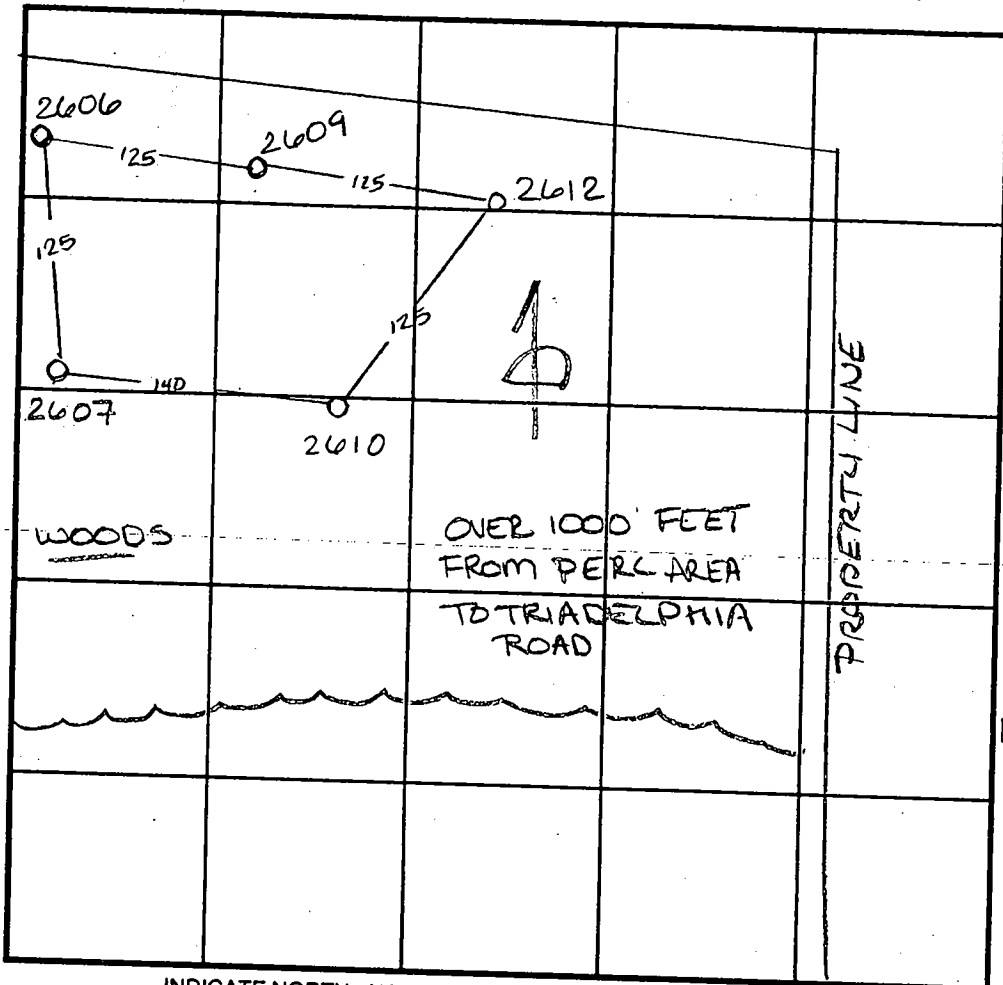
COUNTY #

SOIL PROFILE
2609
0' orange brown silclm
3.0' 1gt orange tan silm
5.0' 30% vein of Rx
7.0' 10% shale through out

2610
orange brown silclm micaceous
8.0' 20% Rx decayed 1gt beige silm micaceous

2607
bright orange bn silclm
3.0' dark orange tan silclm micaceous
9.0' pink silclm micaceous 5% Rx
12.0'

SOIL PROFILE
2606
0' dark orange brown silclm
3.5' 1gt orange brown silclm
20% LG-Rx micaceous
1' diameter micaceous
2612
same as 2609 but no 30% vein of rock

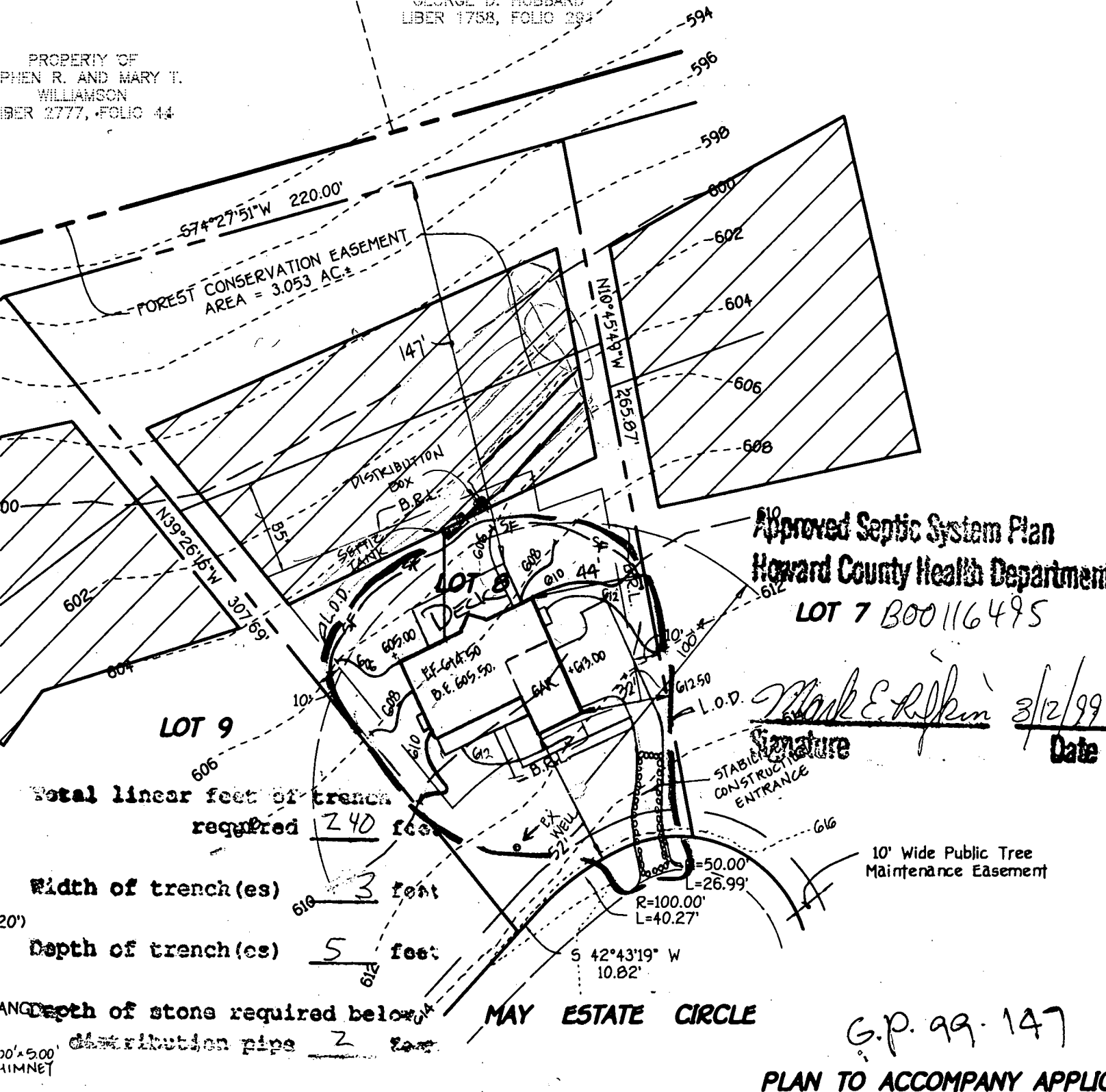


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TRIADDELPHIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME					
			START	STOP	START	STOP						
4-15-97	2609	3.5	11.0	12:49	12:50 ³⁰	12:50 ³⁰	12:53	2 1/2 min				
		7.5							11:47 ³⁰	11:48 ³⁰	11:48 ³⁰	11:50
		11.0							11:47	11:48	11:48	11:50
	2612	4.0	12.0	11:54 ³⁰	11:55 ³⁰	11:55 ²⁰	11:57 ³⁰	2 min				
		11.0							11:43	11:44	11:44	11:46
4-14-97	2607	4.0	12.0	2:18	2:19	2:19	2:21	2 min				
		8.0							2:15	2:16	2:16	2:18 ¹⁵
	2606	4.0	10.0	3:37 ³⁰	3:38 ⁴⁵	3:38 ⁴⁵	3:41	2 1/4 min				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Mike Johnson
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 ± TRENCH WIDTH 180
 INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 180

PROPERTY OF
PHEN R. AND MARY T.
WILLIAMSON
LIBER 2777, FOLIO 44



Approved Septic System Plan
 Howard County Health Department
 LOT 7 B00116495

Signature: Mark E. Ralston
 Date: 3/12/99

Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below 2 feet
 distribution pipe

MAY ESTATE CIRCLE

G.P. 99-147

PLAN TO ACCOMPANY APPLICATION
 FOR BUILDING PERMIT
BENSON BRANCH OVER
LOTS 4 THRU 10 AND PARCELS
LOT 8

ZONED: RR-DEO
 TAX MAP NO. 22 PARCEL NO. 10 GRID
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: FEBRUARY, 1999

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 614.41
 B. BASEMENT ELEVATION: 609.41
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 603.14
 D. INVERT IN AT SEPTIC TANK: 602.50
 E. INVERT OUT AT SEPTIC TANK: 602.20
 F. PROPOSED GRADE OVER SEPTIC TANK: 606.00
 G. INVERT AT DISTRIBUTION BOX: 605.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 602.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

C1 04033

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A58028C

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 12 23 98

Depth of Well 22 225 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1730

OWNER Hamilton Reed last name first name STREET OR RFD Blue Grass Ct TOWN Glenelg SUBDIVISION Benson Branch Overlook SECTION LOT 8

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL, ST, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH) 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

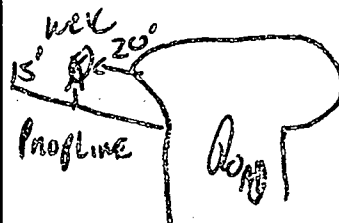
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 115 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (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, (-) below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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. 1 MSD116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD112

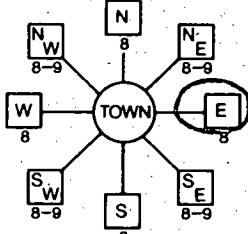

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 4771 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-1730
70 fill in this form completely 79

Date Received (APA) 0821 98 OWNER INFORMATION
 8 MM DD YY 13
Hamelton Reed
 15 Last Name Owner First Name 34
10805 Hickory Ridge
 36 Street or RFD 55
Columbia MD 21044
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY 21
Benson Branch overlook SUBDIVISION 42
 SECTION 8 LOT 8
 44 46 48 50
BLEWELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE M SD 116
 Driller's Name 76 License No. 81
Ralph MAYNE well DRILLING
 Firm Name
9120 Brown Church rd Mt Airy
 Address
Ralph Mayne 8-20-98
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 Blue Grass Cr 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 25' 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
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 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

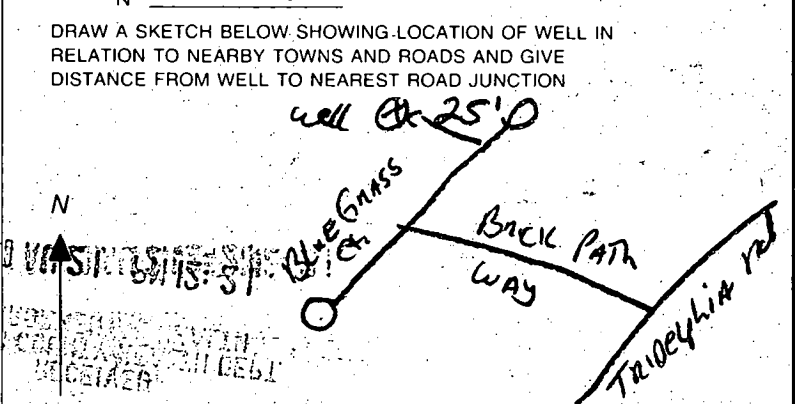
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME COUNTY NO. A58028C
 STATE SIGNATURE _____ INSERT S → _____
 DATE ISSUED 09-14-98 A M Miller 9-14-99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 523 000 EAST GRID 808 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 808
 N 5203
 000
 000

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER 54 G A P 63
 PERMIT No. HO-94-1730
 70 71 72 73 74 75 76 77 78 79