

4/30/99
3:00
5/3/99
HAT

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511540-C

A 58028-E

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4-26-1999

DATE SYSTEM APPROVED 5/3/99

INSPECTOR S.R.K.

326829
INDEXED

Covey Construction Co., Inc. IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Benson Branch Overlook LOT 10 ROAD 13215 May Estate 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 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet down the left lot line and 60 feet off this same lot line as seen when facing the lot from May Estate Circle. Run trenches along contour towards the right lot line.

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

ok [signature] 12-24-98

PLANS APPROVED BY Donna K. Soe DATE 12-16-98

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

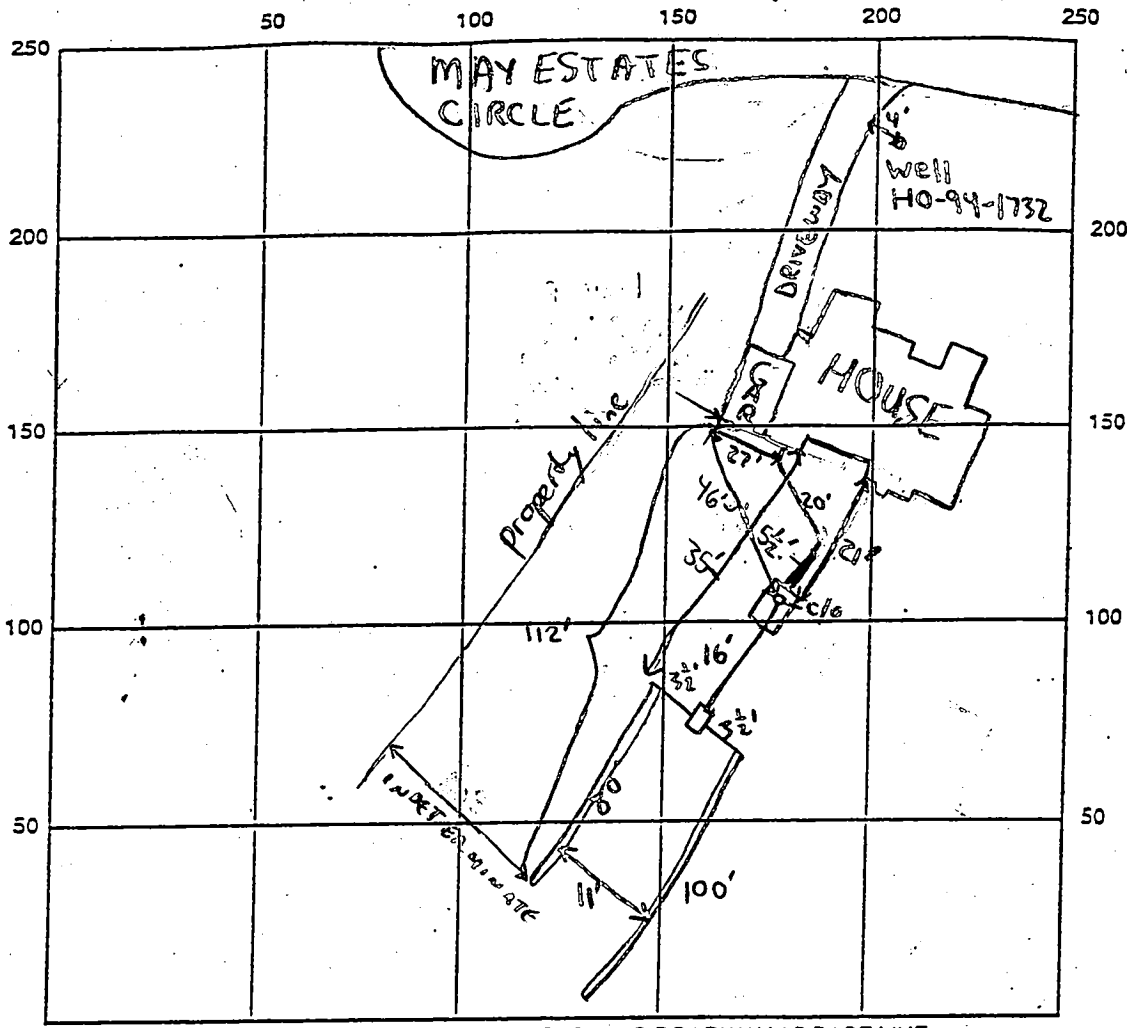
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

58028-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 250 mid-seam tank CLEANOUTS 1-6" @ tank
 DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. (720)

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 4/30/99 - OK TO COVER PIPING FROM HOUSE TO TANK & PART OF TANK
Well very close to gravel driveway, 2 piece cap not on tight S.R.K. 5/3/99 - OK TO
COVER REST OF WORK - S.R.K. WPI ON 2 piece cap secure 5/5/99 S.R.K.

DATE SYSTEM APPROVED 5/3/99 INSPECTOR Steven R. Krieg

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
Preview 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 ~~John Shultz~~ c/o L.D. Hamilton REED

ADDRESS 6805 Hickory Ridge Rd Suite 215 Col. MD 21044
PHONE 740-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Benson Beach Overlook LOT NO. 7

ROAD AND DESCRIPTION Tridelphia (13215 May Estate Circle)

TAX MAP 22 PARCEL # 10

SIZE OF LOT 1 acre TYPE BLDG. Single - 4 Bdr
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 12-16-98

Serial # BR-0 11545

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
2602

0'
orange
brown
SicILM
3.5
dark
pink
red
SiLM
micaceous
10%
Rx
12.0

2603

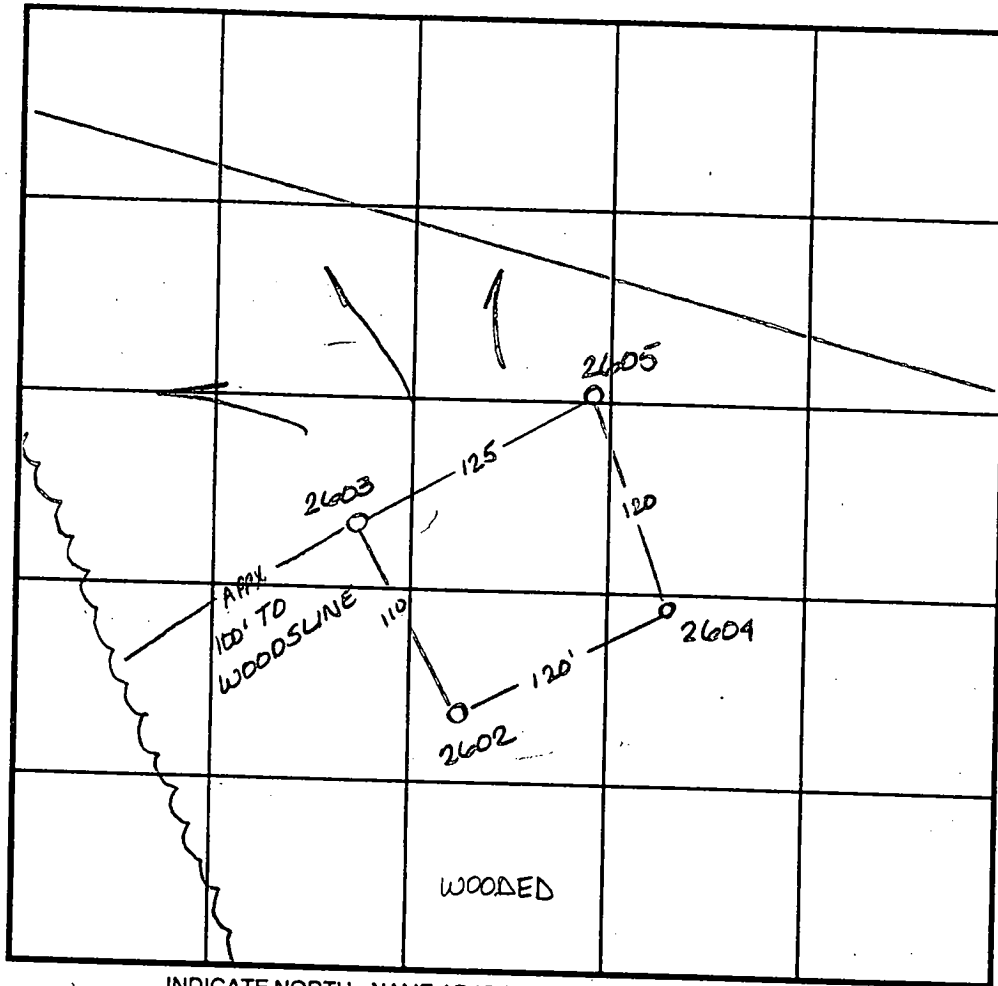
bright
orange
brown
SiCILM
3.0
dark
orange
tan
SiSaLM
micaceous
9.0
pink
SiSaLM
micaceous
5%
Rx
12.0

2604

orange
brown
SiCILM
3.0
dark
pink
micaceous
SiSaLM
12.0

SOIL PROFILE
2605

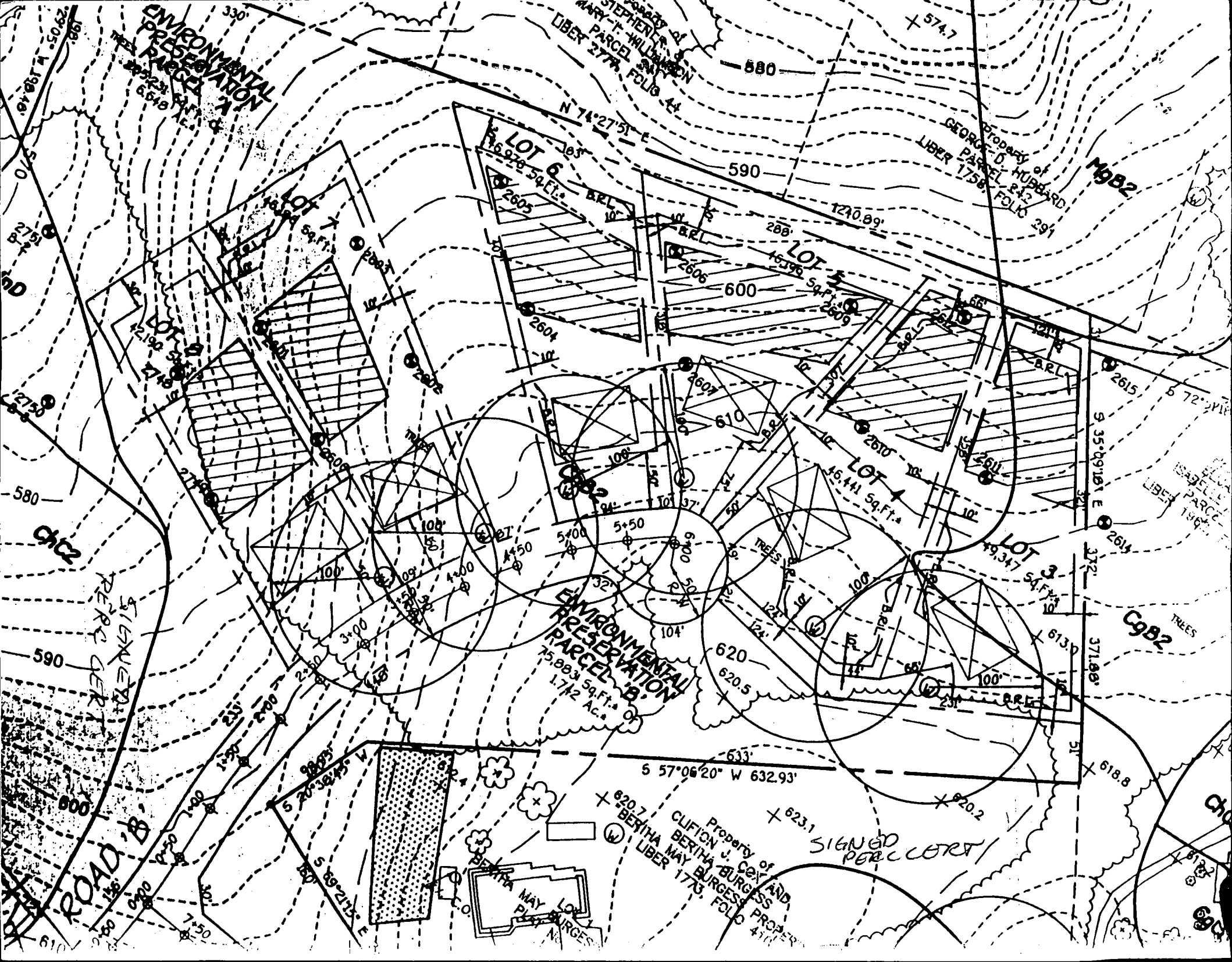
0'
orange
brown
SiCILM
3.0
lgt
orange
begh
SiSaLM
10%
Rx
micaceous
pockets
of
quartzite
12.0



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-14-97	2602	4.0 V12.0	2:00	2:03	2:03	2:08	5min
	2603	4.0 V12.0	2:24 ³⁰	2:27	2:27	2:29 ³⁰	2 1/2 min
	2604	4.0 V12.0	2:10 ³⁰	2:11	2:11	2:12	1min
	2605	4.0 V12.0	3:15 ³⁰	3:19 ³⁰	3:19 ³⁰	3:37	27 1/2 min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY AMY McMILLEN ALSO PRESENT MIKE JOHNSON
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



ENVIRONMENTAL PRESERVATION PARCEL A

PROPERTY OF STEPHEN L. & MARY T. WILLIAMSON
LIBER 2774 FOLIO 44

PROPERTY OF GEORGE D. HUBBARD
LIBER 1758 FOLIO 291

MGB2

LOT 6
16,928 Sq. Ft.

LOT 4
16,390 Sq. Ft.

LOT 1
16,441 Sq. Ft.

LOT 3
19,347 Sq. Ft.

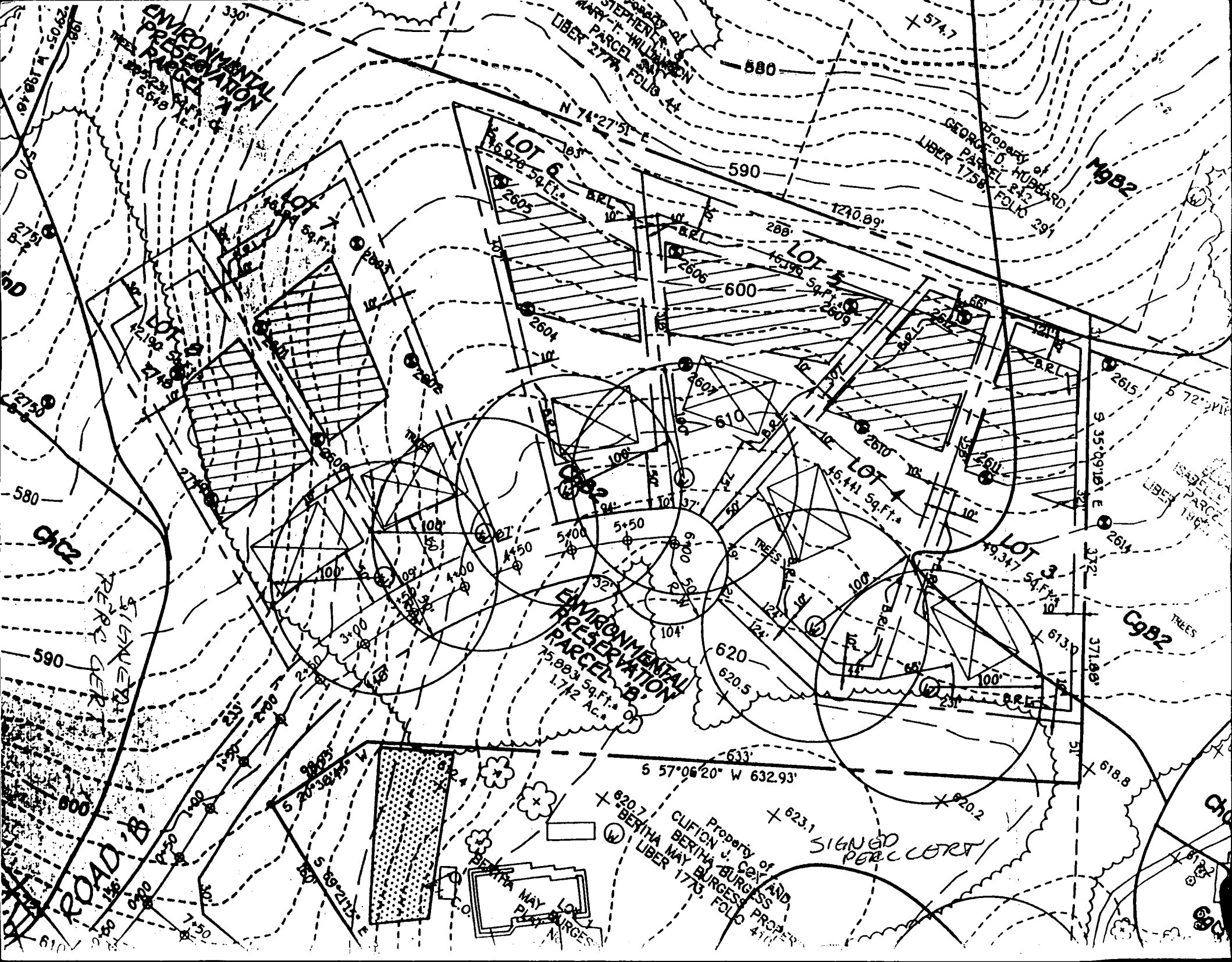
ENVIRONMENTAL PRESERVATION PARCEL B
15,883 Sq. Ft. or 1.712 Ac.

CGB2

ROAD B
ROAD C

PROPERTY OF CLIFTON J. COY AND BERITHA MAY BURGESS
LIBER 1776 FOLIO 411

SIGNED PER CORT



Property of
MORTON J. &
BARBARA WASSERMAN
PARCEL 144
LIBER 2328, FOLIO 101

p. 98-06

**ENVIRONMENTAL
PRESERVATION
PARCEL 'A'**

TREES
375,643 Sq.Ft. or
8.799 Ac.±

LOT 6
43,347 Sq.Ft.±

LOT 7
46,106 Sq.Ft.±

LOT 8
42,190 Sq.Ft.±

LOT 5
40,608 Sq.Ft.±

LOT 4
45,033 Sq.Ft.±

**ENVIRONMENTAL
PRESERVATION
PARCEL 'B'**

CENTERLINE 86,610 Sq.Ft.± or
CURVE DATA 2.043 Ac.±

S.C. Sta. 0+00.00 To
B.T. Sta. 5+93.33
R=515.00'
L=426.83'
DELTA=47°39'12"

GRASS COURT

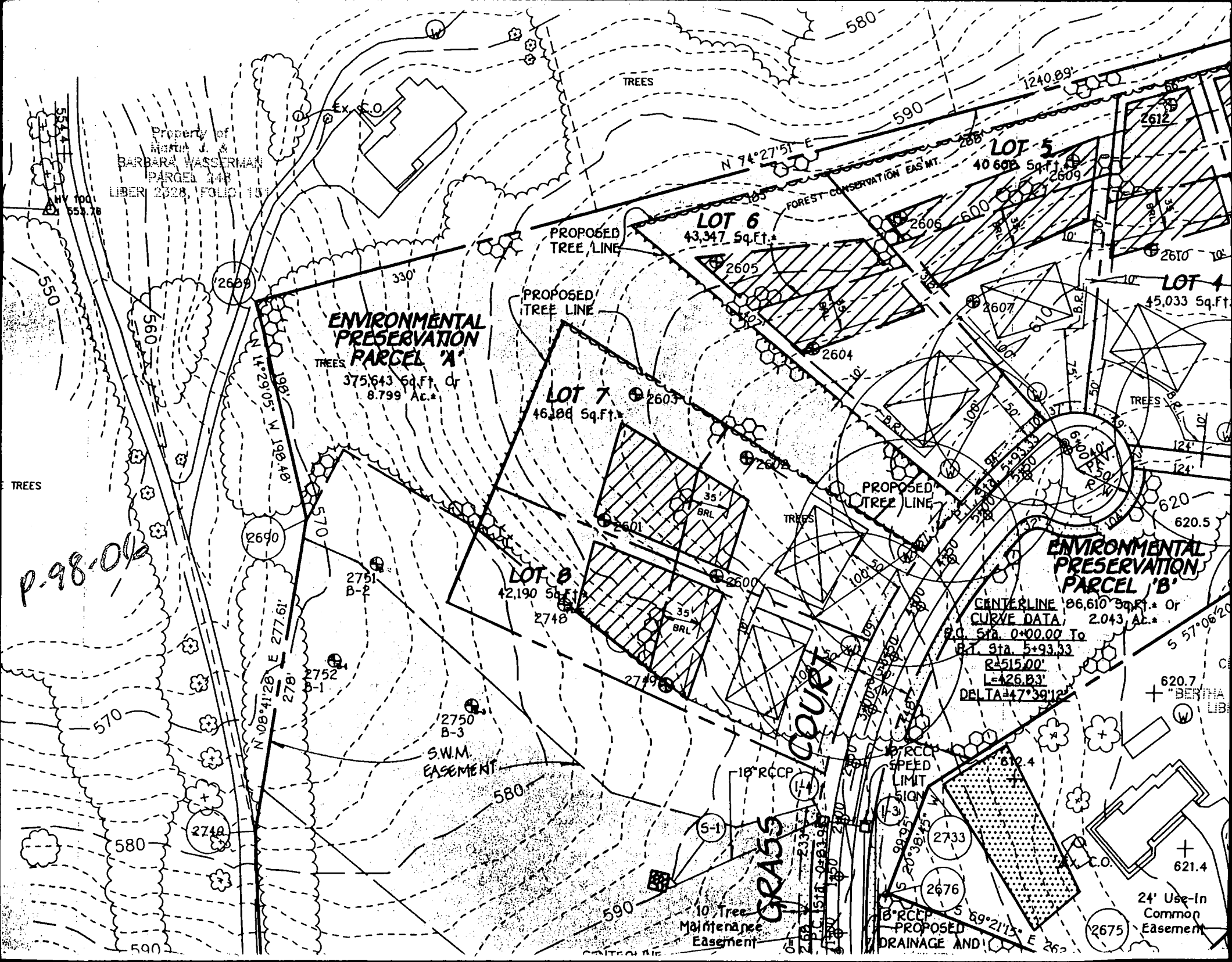
S.W.M.
EASEMENT

10' Tree
Maintenance
Easement

18" RCCP
SPEED
LIMIT
SIGN

18" RCCP
PROPOSED
DRAINAGE AND

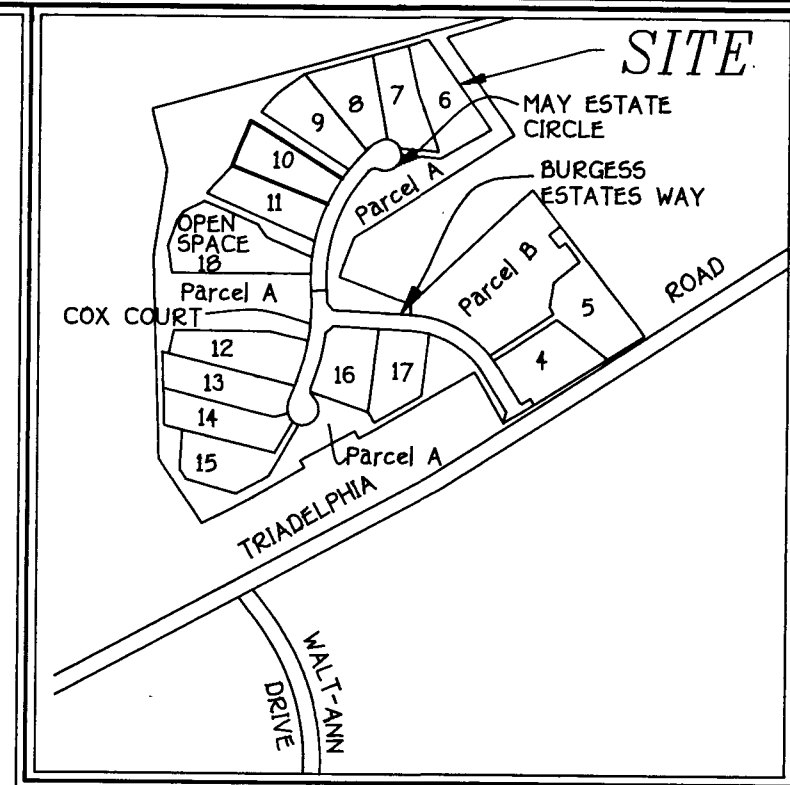
24' Use-In
Common
Easement



TOPSOIL SPECIFICATIONS - SOIL TO BE USED AS TOPSOIL MUST MEET THE FOLLOWING:
 TOPSOIL SHALL BE A LOAM, SANDY LOAM, CLAY LOAM, SILT LOAM, SANDY CLAY LOAM, LOAMY SAND.
 OTHER SOILS MAY BE USED IF RECOMMENDED BY AN AGRONOMIST OR SOIL SCIENTIST AND APPROVED BY THE
 APPROPRIATE APPROVAL AUTHORITY. REGARDLESS, TOPSOIL SHALL NOT BE A MIXTURE OF CONTRASTING
 TEXTURE SUBSOILS AND SHALL CONTAIN LESS THAN 5% BY VOLUME OF CINDERS, STONES, SLAG, COARSE
 FRAGMENTS, GRAVEL, STICKS, ROOTS TRASH, OR OTHER MATERIALS LARGER THAN 1 1/2" IN DIAMETER.

TOPSOIL MUST BE FREE OF PLANTS OR PLANT PARTS SUCH AS BERMUDA GRASS, QUACKGRASS, JOHNSONGRASS,
 NUTSEDGE, POISON IVY, THISTLE, OR OTHERS AS SPECIFIED.

IF THE TOPSOIL IS EITHER HIGHLY ACIDIC OR COMPOSED OF HEAVY CLAYS, GROUND LIMESTONE SHALL BE
 SPREAD AT THE RATE OF 4-8 TONS/ACRE (200-400 POUNDS PER 1,000 SQUARE FEET) PRIOR TO THE PLACEMENT
 OF TOPSOIL. LIME SHALL BE DISTRIBUTED UNIFORMLY OVER DESIGNATED AREAS AND WORKED INTO THE SOIL
 IN CONJUNCTION WITH TILLAGE OPERATIONS AS DESCRIBED IN THE FOLLOWING PROCEDURES.



VICINITY MAP
 SCALE: 1" = 600'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 610.00
 B. BASEMENT ELEVATION: 601.00
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 600.70
 D. INVERT IN AT SEPTIC TANK: 600.40
 E. INVERT OUT AT SEPTIC TANK: 600.10
 F. PROPOSED GRADE OVER SEPTIC TANK: 604.00
 G. INVERT AT DISTRIBUTION BOX: 600.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 603.00
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.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

NOTE: TOPOGRAPHY IS BASED ON APPROVED FINAL ROAD DRAWINGS.

Approved Septic System Plan
Howard County Health Department

Signature

Date

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

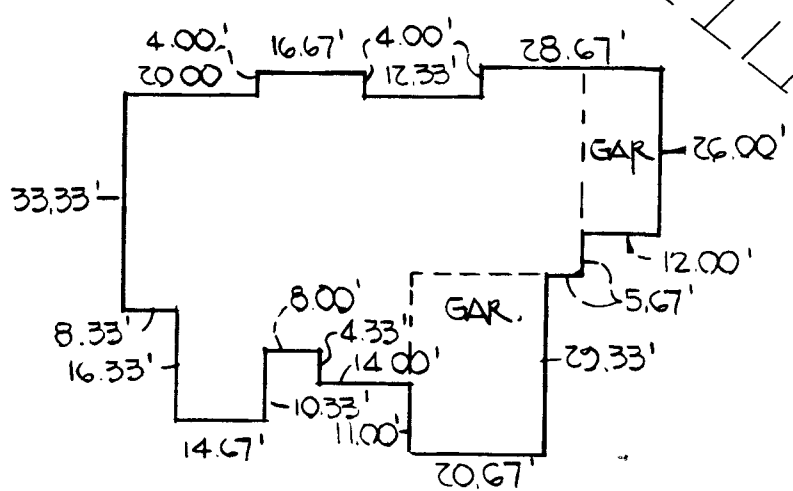
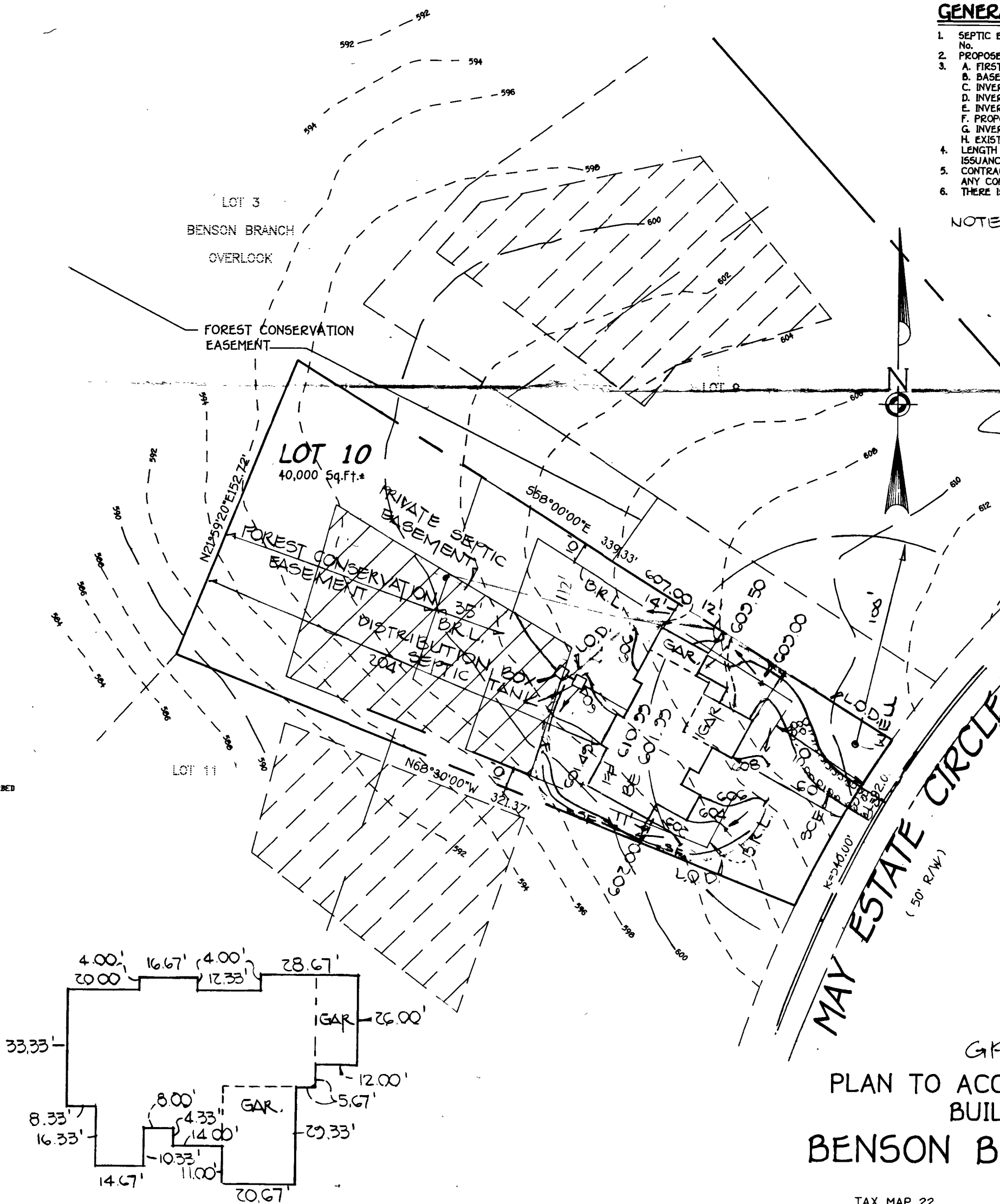
Depth of stone required below distribution pipe 4 feet

GP 99-80

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT
BENSON BRANCH OVERLOOK
 LOT 10

TAX MAP 22
 THIRD ELECTION DISTRICT
 SCALE: 1" = 50'

PARCEL 10
 HOWARD COUNTY, MARYLAND
 DATE: OCTOBER, 1998



C1 04035 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/GO USE ONLY DATE RECEIVED MM/10/98 DATE WELL COMPLETED MAY 15 98

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 A58028E
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1732

OWNER Hamilton Reed last name first name
 STREET OR RFD Blue Grass Ct first name TOWN Glenkilg
 SUBDIVISION Benson Branch Overlook SECTION LOT 10

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	
Top Soil	0	2	
Sandy	2	50	
Sand Stone	50	55	✓
MICKA	55	80	
Sand Stone	80	85	✓
MICKA	85	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 17 NO. OF POUNDS 1500
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 300 ft.

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 62

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

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: 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. M D 116
 DRILLERS SIGNATURE
 LIC. NO. M D 112
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.)

1	HO	60	300
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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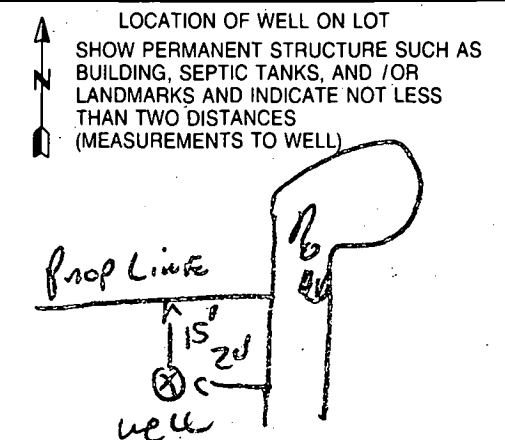
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 3
 METHOD USED TO MEASURE PUMPING RATE Back
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 52 ft.
 WHEN PUMPING 128 ft.
 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 WILL INSTALL PUMP 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 } 2 (nearest foot)



B 1	4773	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1732 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 08 21 98

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

LOCATION OF WELL

B 3 Howard

8 COUNTY 21

Benson Branch Overlook

23 SUBDIVISION 42

SECTION - LOT 10

44 46 48 50

GLENELG

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

73 76 77 78

DRILLER INFORMATION

Ralph MAYNE MS D 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

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Blue Grass Cr

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N
WEST W
EAST E
SOUTH S

34 15' 37
DISTANCE FROM ROAD 64

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

WELL INFORMATION

5

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A58028 E

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____

DATE ISSUED 9-14-98 A McMillen 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

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

30 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

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

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

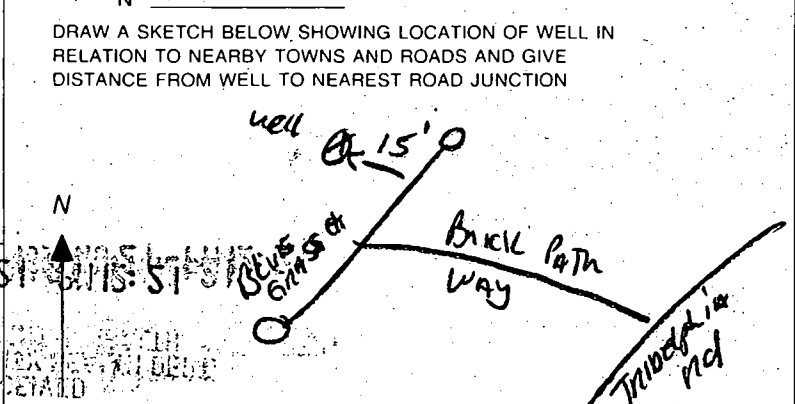
10/15/98
Grant
No insp
RM

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

APPROX. PERMIT NUMBER 54 G A P

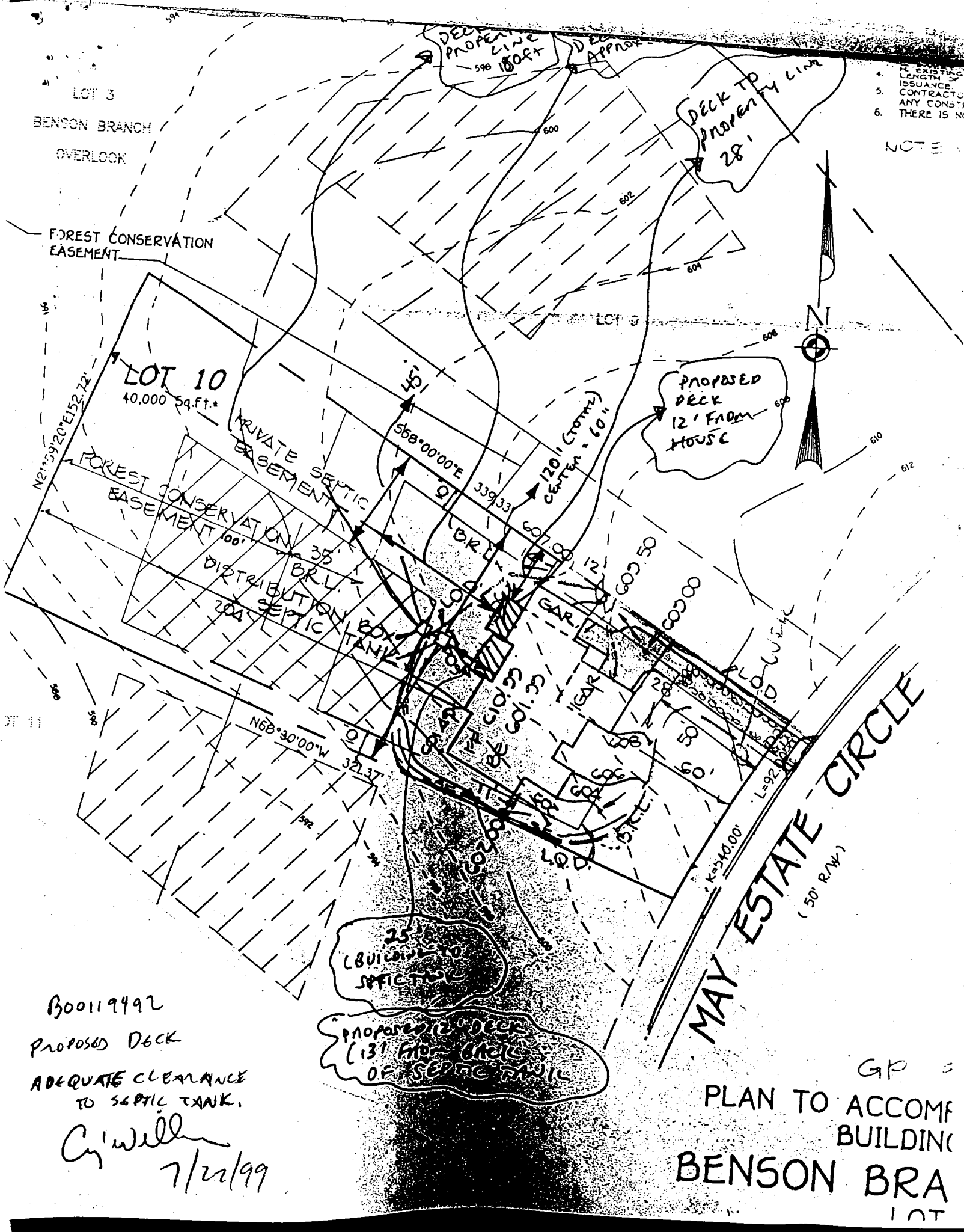
PERMIT No. HO-94-1732

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



4. IF EXISTING LENGTH OF ISSUANCE CONTRACTOR ANY CONSTR THERE IS NO
- 5.
- 6.

NOTE



B00119492
PROPOSED DECK

ADEQUATE CLEARANCE TO SEPTIC TANK.

Cy'will
7/22/99

GP
PLAN TO ACCOMP
BUILDING
BENSON BRANCH
LOT