

PERMIT

Nearby Test

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 512911

A 58028 Y

DISTRICT _____

DATE 9/17/99

DATE SYSTEM APPROVED 12/30/99

INSPECTOR S.R.H.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

325466

SK Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Benson Branch Overlook LOT 25 ROAD 3604 Burgess Estates Drive

PROPERTY OWNER Hamilton Reed

ADDRESS _____

COMPARTMENTED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: 1-1250 Gallon Pump Chamber

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to health department approval of pumped septic system.

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the distribution box at the front-left corner of the upper edge of the sewage disposal easement; i.e. approximately 10 feet off the intersection of the 24' and 78' lot lines. Run trenches along contour, parallel to the 78' lot line.

NOTES - Locations of septic tank and pump pit should be adjusted as appropriate to minimize installation depth. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUILDING PERMIT SIGNED

AND RETURNED

OK 9/24/99

PLANS APPROVED BY C. Williams DATE 7-02-1999

3905 BODR 2568 - FINISH BASEMENT

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 WELLS UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) *Serial # B00123839*

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

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

BUILDING PERMIT SIGNED

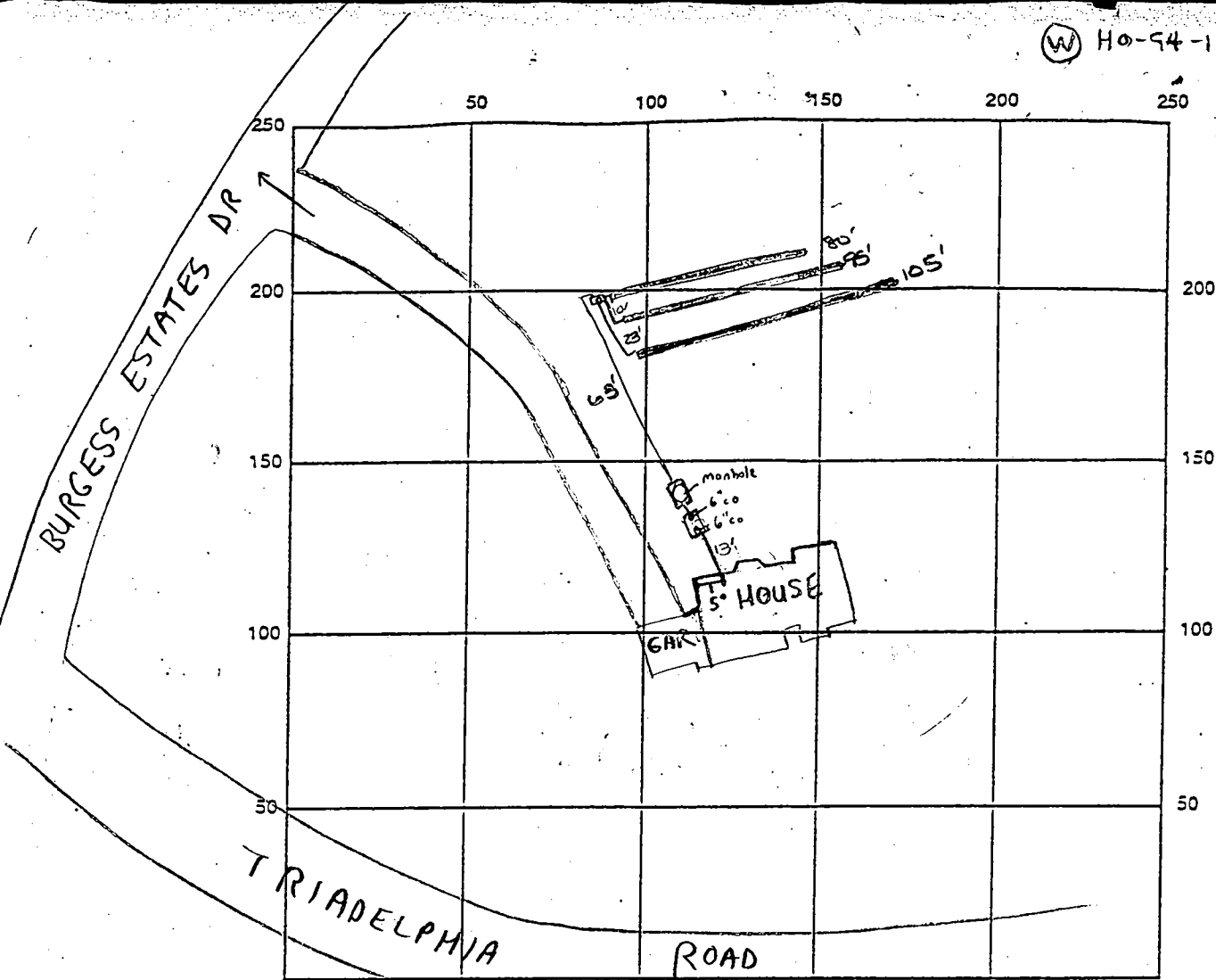
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THE PERMIT AND RETURNED**

*CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.

3/9/05

Basement

58028 Y



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal 2 comp Top Seam Septic Tank 4" on D Box
CL - 1250 gal dump pit CLEANOUTS 6" one each s.t. comp
manhole on pump pit

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
0.80 @ 105

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 295 FT. +280

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 10/27/99 A.M. OK to store trenches and continue work. DKS
10/27/99 P.M. OK to cover all septic work - Needs pump
performance test for final approval. DKS
12/30/99 - PUMP TEST OPERATIONAL, HIGH WATER ALARM OK, PUMP OK - (SRK)

DATE SYSTEM APPROVED 12/30/99 INSPECTOR Steven R. Kiezy

3/11/97
HW 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

*3/11/97
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 EDWARD HAMILTON REED.

ADDRESS 1665 Hickory Ridge Dr. Suite 215 Col. MD 21044
PHONE 740-2100-3

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

[INCLUDED IN FILE BECAUSE TEST INFO IS RELEVANT TO LOT 2 NOW 5] (EXISTING HOUSE PROS PAR B)

SUBDIVISION Bryce Benson Park Overlook LOT NO. _____

ROAD AND DESCRIPTION Tridelphia (3604 BURGESS ESTATES)

BLDG. PERMIT SIGN'D

AND RETURNED

2-2-99
Serial # 310118641

TAX MAP 22 PARCEL # 10

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 _____

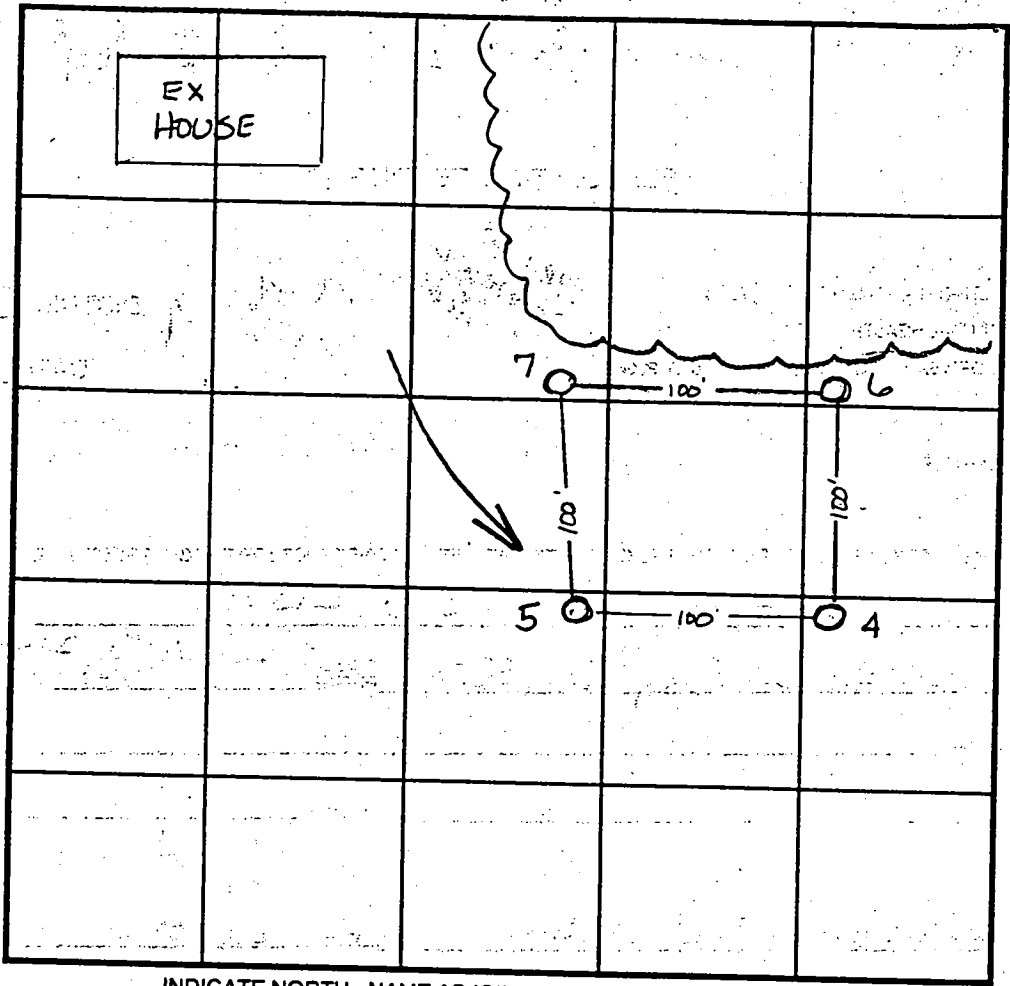
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 58028

COUNTY #

SOIL PROFILE



SOIL PRO

0' 4
dark red
SiClm

3.0
lgt orange
beigh
SiLm
micaceous
10%
shale

8.0
dark red
pink
SiSalm
10% Rx
micaceous

12.5

5.7

3.5
dark red
SiClm

red &
yellow
mottled
SiSalm
not
H₂O
related
10-15%
micaceous
shale

12.5

6

3.0
dark orange
red
SiClm

lgt orange
to
red
SiSalm
micaceous
5%
micaceous
shale

12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------------------|---------------------|-------|----------------|---------------------|-----------|
| | | | START | STOP | START | STOP | |
| 4-15-97 | 4 | 4.5 √12.5 | 10:58 | 10:59 | 10:59 | 11:01 ³⁰ | 2 1/2 min |
| | 5 | 3.5 √12.5 | 11:59 | 5:30 | min | | slow |
| | | will perc at 4.5' | | | | | OK |
| | 6 | 3.5 √12.0 | 11:03 | 11:04 | 11:04 | 11:05 | 1 min |
| | 7 | 4.0 √12.5 | 11:05 ³⁰ | 11:10 | 11:10 | 11:16 ³⁰ | 6 1/2 min |
| | | 8.5 √12.5 | 11:05 | 11:06 | 11:06 | 11:07 ³⁰ | 1 1/2 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS EXISTING WELL & SEPTIC NOT LOCATED

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Aared Spahn

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

3/14/97
thru 3/17/97

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

3/12/97
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 LIDAD

ADDRESS 4805 Hickory Ridge Dr Suite 215 Col. MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Benson Ranch Overlook LOT NO. 2

ROAD AND DESCRIPTION Tridelphi

TAX MAP 22 PARCEL # 10

SIZE OF LOT 1 acre TYPE BLDG. Single
(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

2634

no distinct
clay
layer
bright
red to
pink
micaceous
SiSalm
15-20%
very
decayed
shale

12.0

1

bright
orange
red
SiCLM

3.5

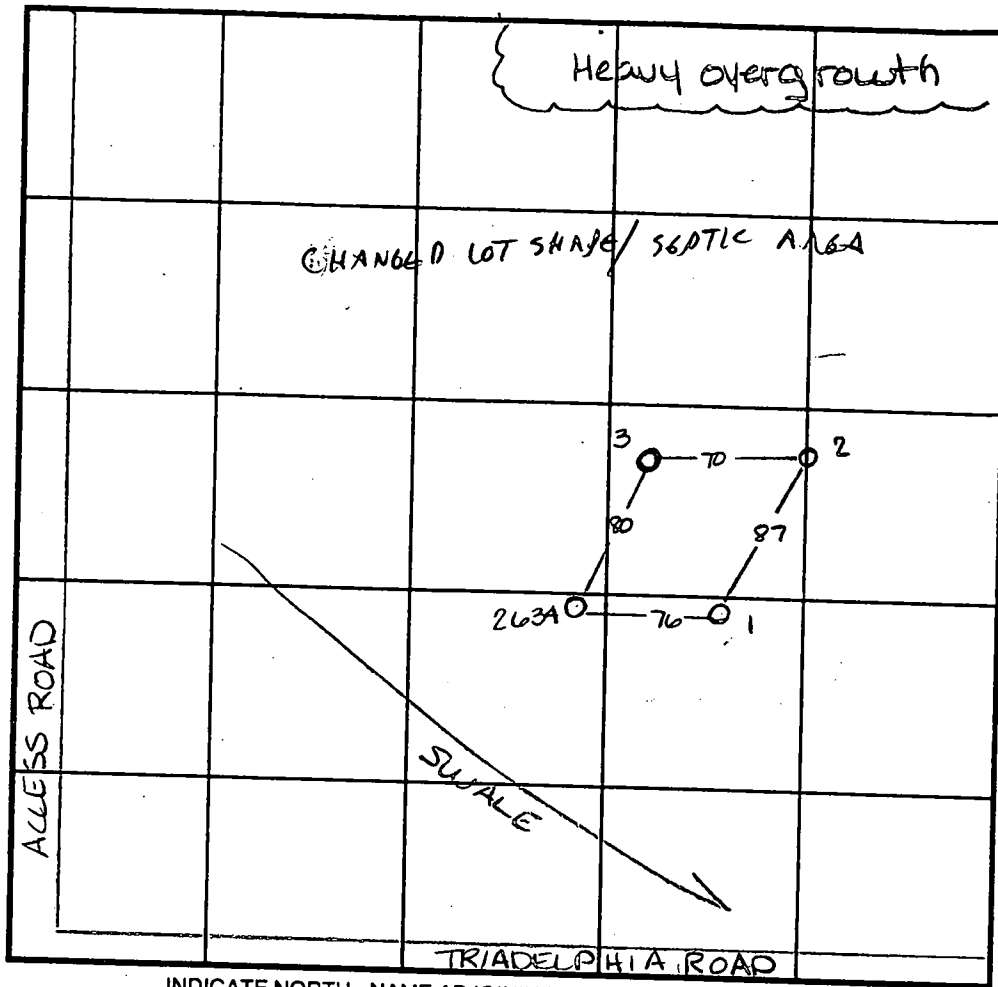
lgt
red
SiLM
micaceous
10%
shale

10.0

2

red &
yellow
mottled
SiSalm
micaceous
15%
decayed
micaceous
shale

13.0



SOIL PROFILE

3

dark
red
SiCLM
micaceous
lgt red
with
some
orange
SiSalm
10%
Rx
micaceous

3.0

12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------------|---------------------|---------------------|---------------------|---------------------|-----------|
| | | | START | STOP | START | STOP | |
| 4-15-97 | 2634 | 4.0 V13.0 | 10:34 ³ | 10:37 | 10:37 | 10:41 ³⁰ | 4 1/2 min |
| | 1 | 3.5 V12.0 | 10:45 | 10:46 | 10:48 | 10:48 | 2 min |
| | 2 | 4.5 V13.0 | 10:46 | 10:48 | 10:48 | 10:50 | 2 min |
| | 3 | 4.0 V12.0 | 10:51 | 10:54 ³⁰ | 10:54 ³⁰ | 11:00 | 5 1/2 min |
| | | 8.0 V12.0 | 10:51 ³⁰ | 10:52 ³⁰ | 10:52 ³⁰ | 10:54 | 1 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 _____

C 1 05132 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A58028B

ST/CO USE ONLY DATE RECEIVED 2/19/98

DATE WELL COMPLETED 02 05 98 Depth of Well 385

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1384

OWNER Hamilton Reed STREET OR RFD Triadelphia Rd TOWN Glenelg SUBDIVISION Benson Branch Overlook SECTION LOT 2

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, Sandstone, MICKA, Sandstone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (P) Nominal diameter 6 Total depth of main casing 55

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

SCREEN RECORD screen type or open hole (H) (O) (P) (L) (O) (T) insert appropriate code below

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...

DRILLERS LIC. NO. MS D 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D 117

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

DEPTH (nearest ft.) 53 385

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

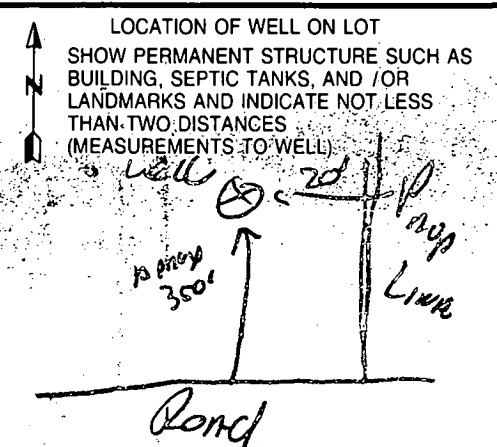
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 41 WHEN PUMPING 165 TYPE OF PUMP USED (for test) (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 () below LAND SURFACE 2 (nearest foot)



B 1 **8757** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO-DRILL WELL
 please print or type

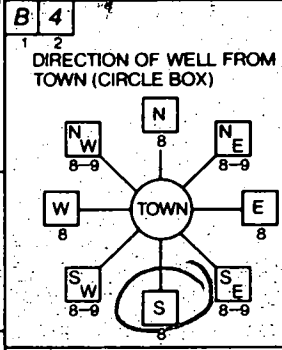
STATE PERMIT NUMBER
40-94-1384
 fill in this form completely

7 Date Received (APA)
011698

8 OWNER INFORMATION
HANELTON E REEF
 15 Last Name Owner First Name 34
10805 HICKORY CIRCLE
 38 Street or RFD 55
COLUMBIA MD 21047
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
BRANSON BRANCH QUERLO
 23 SUBDIVISION 42
 SECTION **4** LOT **2**
 44 46 48 50
FLKMELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1.3** M I.
 73 76 77 78

DRILLER INFORMATION CIRCLE MSD MGD/MWD
RALPH MAYNE **MSD**
 Driller's Name 77 License No. 80
Ralph Mayne (well Drilling)
 Firm Name
9120 Brown Church Rd Mt Airy
 Address
Yakth Mayne 1-12-98
 Signature Date



Tridelpia rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 **S** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **2.5**
 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**
 8 12 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

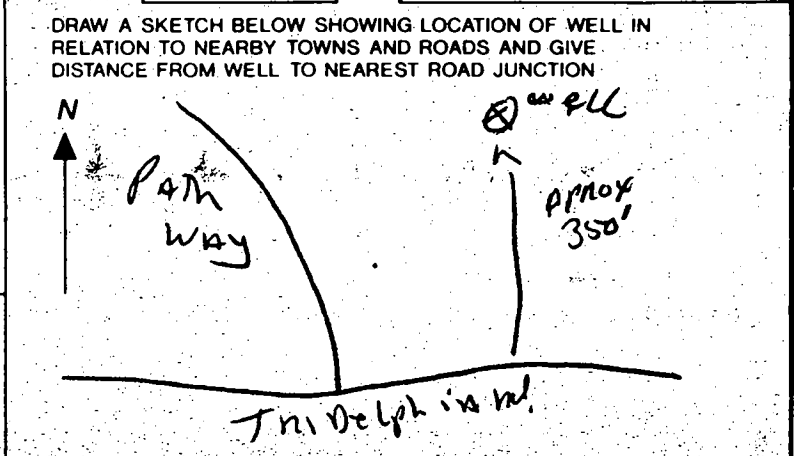
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard County A58028B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **012298** **A McMiller** 1/22/99
 43 48 CO SIGNATURE EXP DATE
 NORTH GRID **525000** EAST GRID **0210000**
 50 55 57 63

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
2/5/98 **N61N3P** **(X)**
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **80010**
 N **54025** 000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



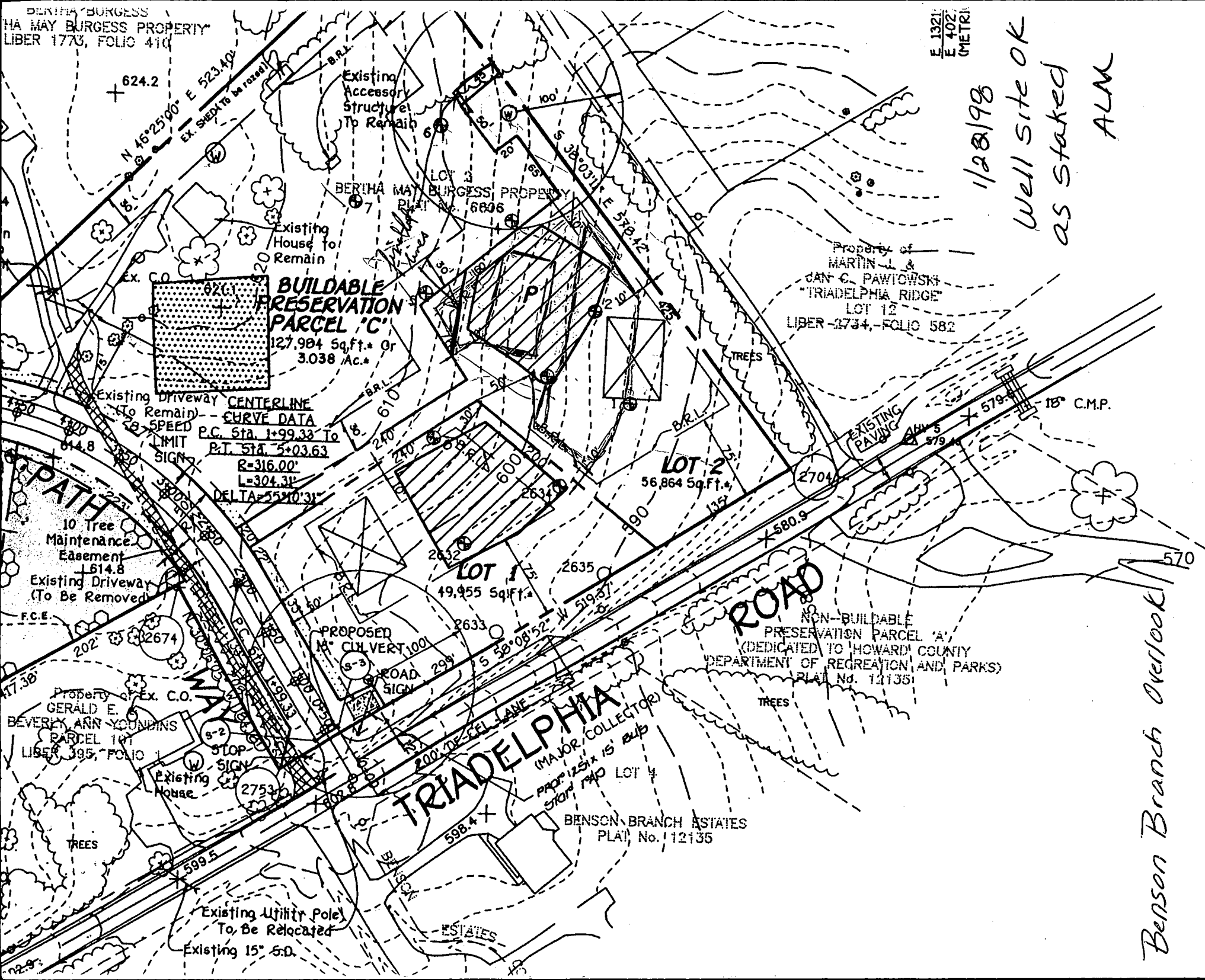
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **AM** WRITE INITIALS IN BOX
 PERMIT No. **40-94-1384**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

BERIHA MARY BURGESS
BERIHA MARY BURGESS PROPERTY
LIBER 1773, FOLIO 410

E 1321
E 402
(METRI)

1/28/98
Well site OK
as staked
ALM



BUILDABLE PRESERVATION PARCEL 'C'
127,984 Sq.Ft. Or
3.038 Ac.

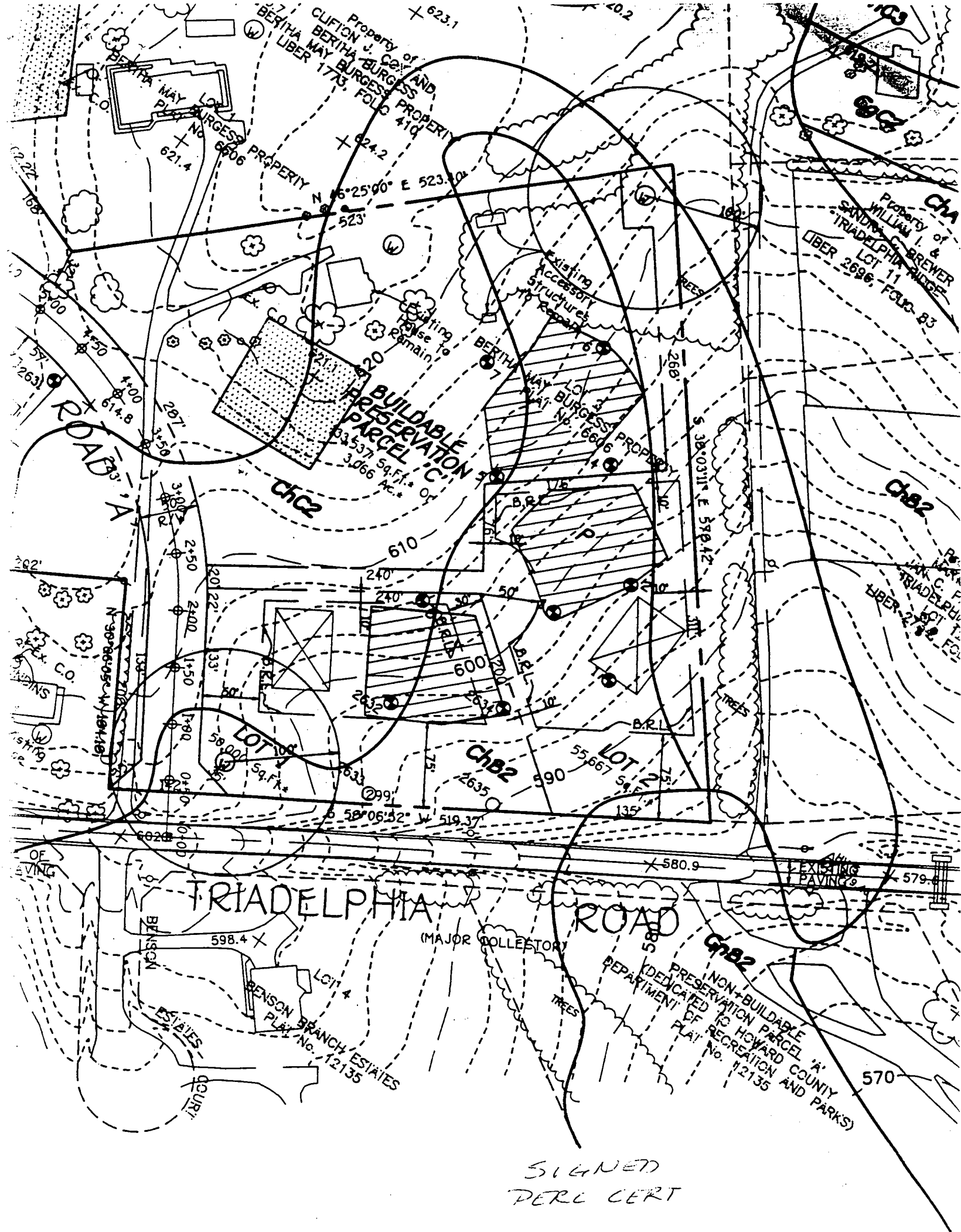
CENTERLINE CURVE DATA
SPEED LIMIT
P.C. Sta. 1+99.33 To
P.T. Sta. 5+03.63
R=316.00'
L=304.31'
DELTA=25°10'31"

TRIADELPHIA ROAD
(MAJOR COLLECTOR)
PROPOSED 15' x 15' SUB
STOP PAD LOT 4

NON-BUILDABLE PRESERVATION PARCEL 'A'
(DEDICATED TO HOWARD COUNTY DEPARTMENT OF RECREATION AND PARKS)
PLAN No. 11135

BENSON BRANCH ESTATES
PLAN No. 112135

Benson Branch Overlook



Property of
CLIFTON J. COY AND
BERIHA MAY BURGESS
LIBER 1778, FOLIO 414

Property of
WILLIAM I. BREWER
TRIADELPHIA ROAD
LOT 11
LIBER 2696, FOLIO 83

**BUILDABLE
PRESERVATION
PARCEL 'C'**
33,537 Sq. Ft. or
3.066 Ac. ±

TRIADELPHIA ROAD

ROAD

BRANSON
BRANCH ESTATES
PLAY No. 12135

NON-BUILDABLE
PRESERVATION PARCEL 'A'
DEDICATED TO HOWARD COUNTY
DEPARTMENT OF RECREATION AND PARKS
PLAY No. 12135

SIGNED
PER CERT

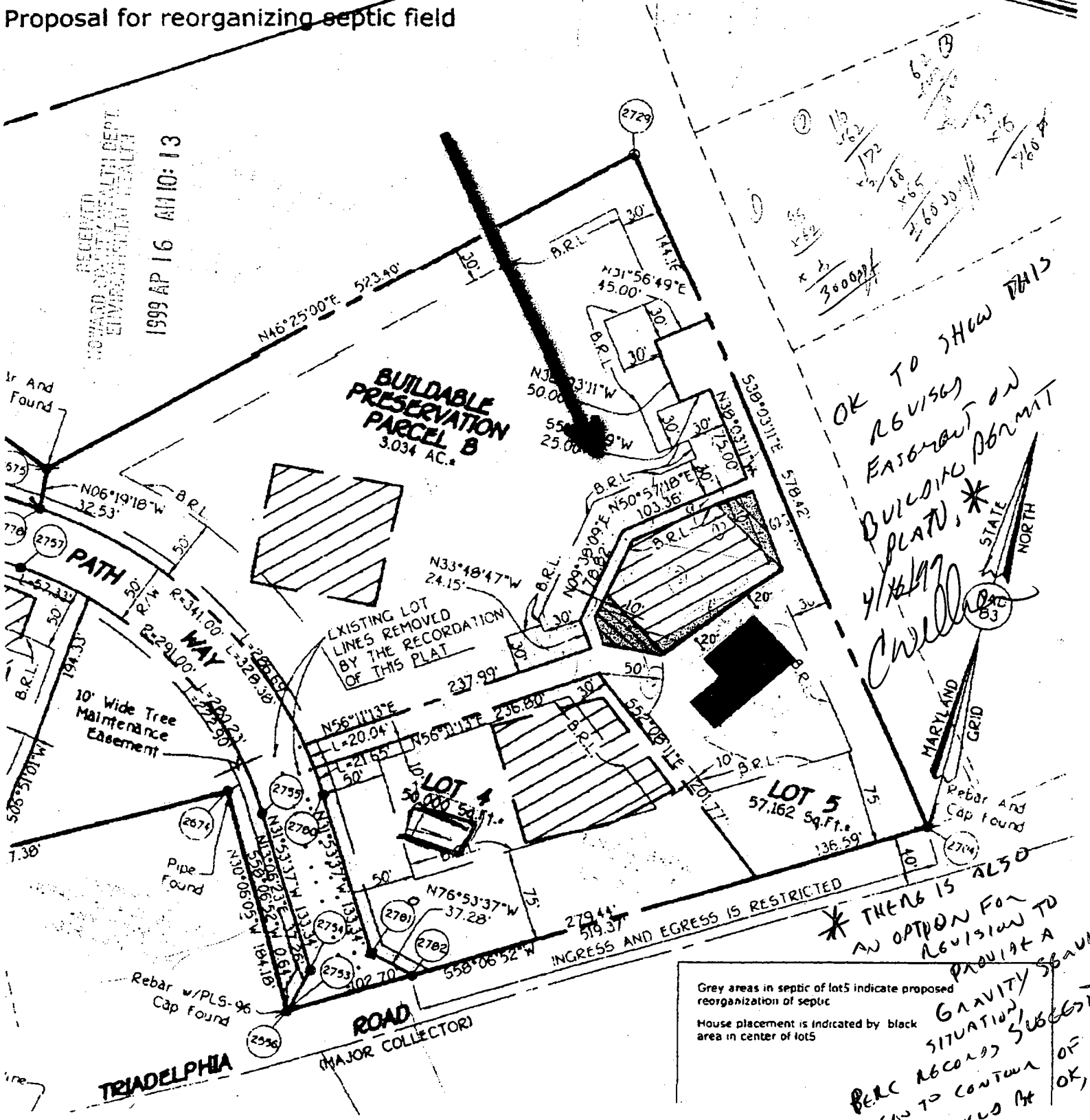
Benson Branch Overlook

SHEET 2

LOT 5 - Colette and Tad Lewis
Proposal for reorganizing septic field

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

1999 APR 16 AM 10:13



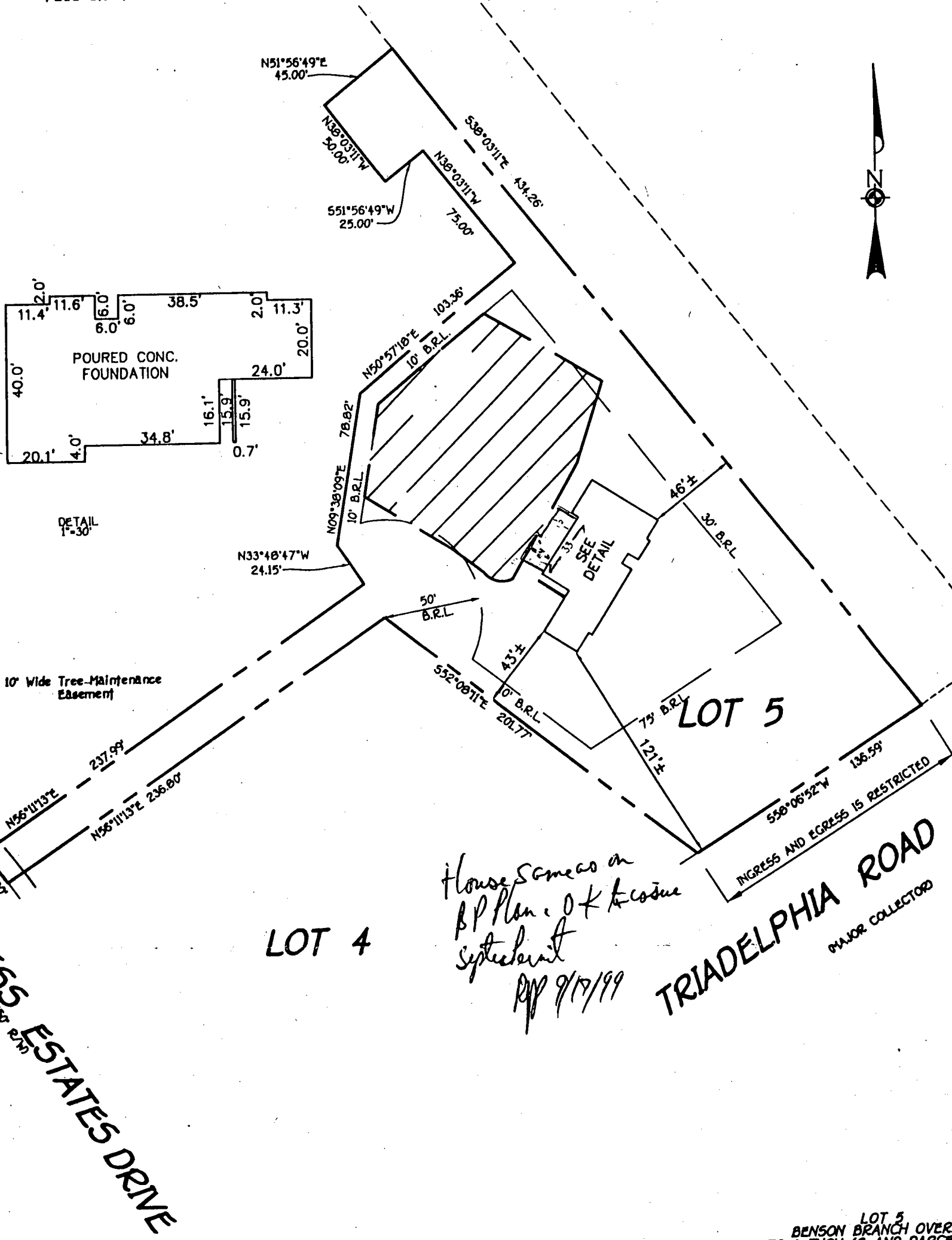
OK TO SHOW THIS
REVISED
EASEMENT ON
BUILDING PERMIT
PLAT, *
4/16/99
Chell

* THERE IS ALSO
AN OPTION FOR
REVISION TO
PROVIDE A
GRAVITY
SITUATION, SUGGEST
PERC RECORDS SUBMIT
REVISION TO CONTRACTOR
HOLE I WOULD AT OK,
HOUSE SITE POSSIBLE,
BUT LIMITED, (ALM) CW

Grey areas in septic of lot5 indicate proposed reorganization of septic
House placement is indicated by black area in center of lots

GENERAL NOTES:

- THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0021, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



LOT 5
 BENSON BRANCH OVERLAP
 LOTS 4 THRU 18 AND PARCELS
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 13376

FOUNDATION ELEV. = 597.7'
 DRAINAGE RESTRICTION LINE

[Signature] MO. DECK

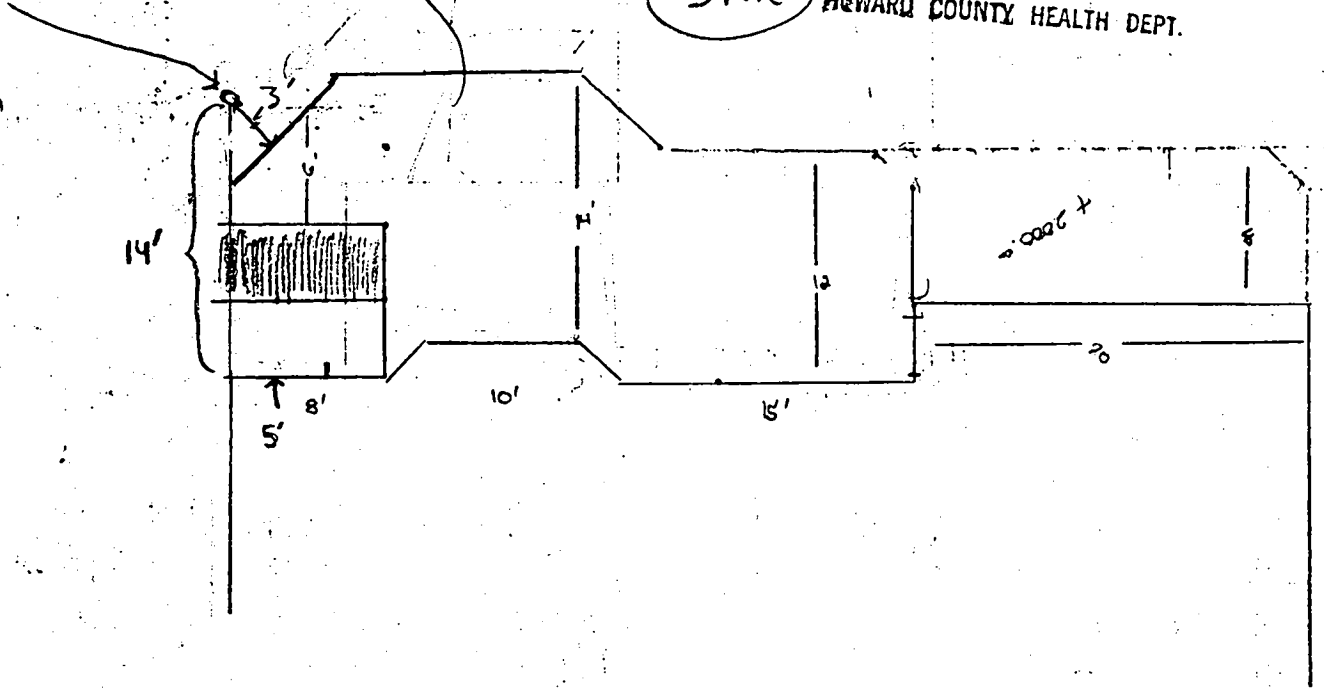
S/a/00 For BP B00123839

OFFICE - (#410)
CELL - (#41)

Maintain a minimum distance of 3' from edge of 1st septic cleanout to edge of any paved area. This is for future septic tank access.

-SRK HOWARD COUNTY HEALTH DEPT.

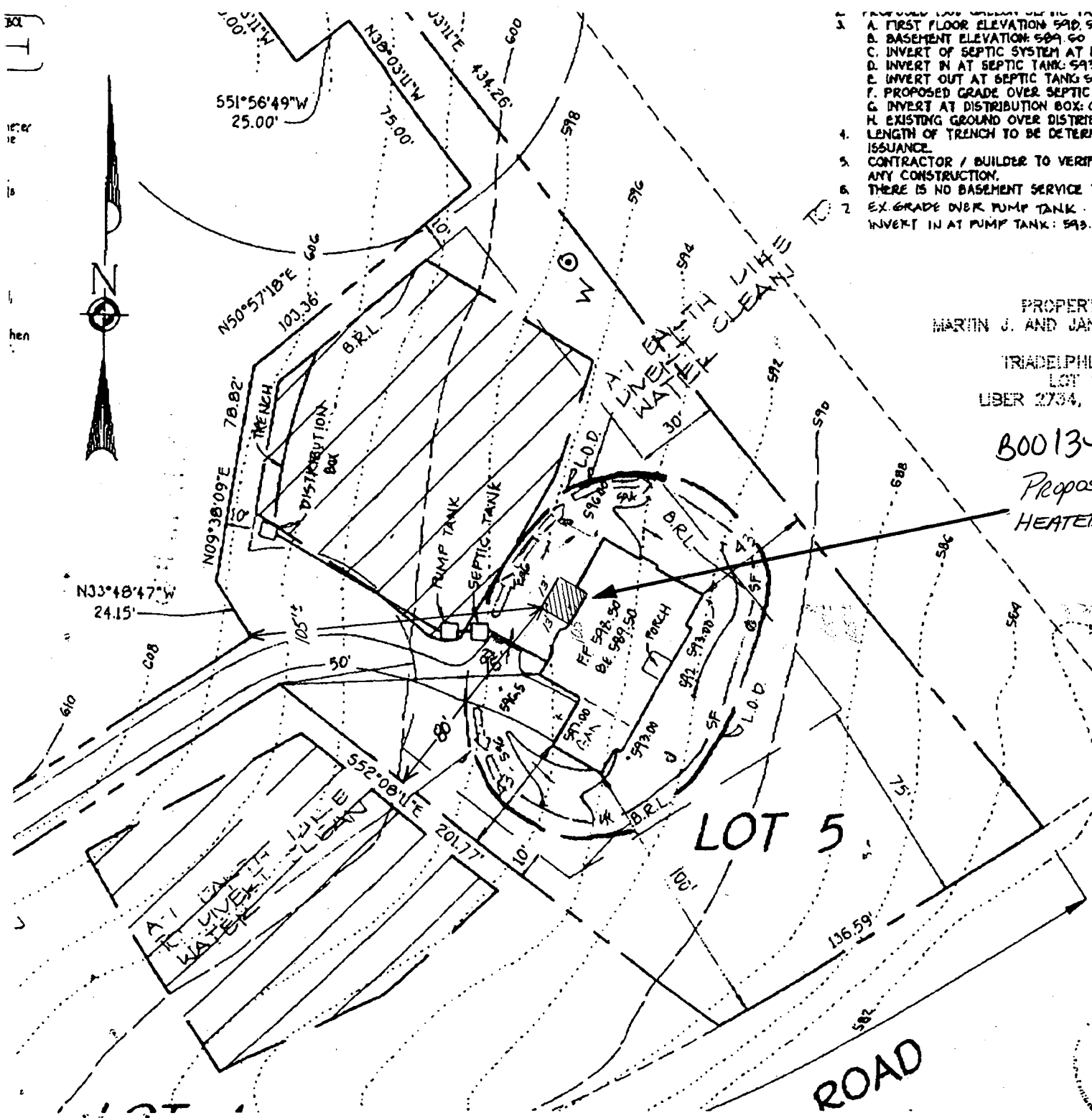
1st Septic Cleanout location



301
T



10'
12'
15'
20'
25'



1. PROPOSED GROUND OVER SEPTIC TANK: 602.00
2. A. FIRST FLOOR ELEVATION: 598.50
3. B. BASEMENT ELEVATION: 589.60
4. C. INVERT OF SEPTIC SYSTEM AT HOUSE: 594.50
5. D. INVERT IN AT SEPTIC TANK: 593.99
6. E. INVERT OUT AT SEPTIC TANK: 593.69
7. F. PROPOSED GRADE OVER SEPTIC TANK: 596.00
8. G. INVERT AT DISTRIBUTION BOX: 602.00
9. H. EXISTING GROUND OVER DISTRIBUTION BOX: 609.00
10. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
11. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
12. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
13. EX. GRADE OVER PUMP TANK: 598.50
14. INVERT IN AT PUMP TANK: 593.00

PROPERTY OF
MARTIN J. AND JAN C. PAWLOWSKI

TRIADPHILIA RIDGE
LOT 12
UBER 2734, FOLIO 582

B00134928

Proposed 13'x13'x8' (169sq)
HEATED SOLARIUM.

20' from
ST. OIC
20' from
SBA OK

Lewis # 9592
3/15/02

LOT 5

ROAD



