

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Park Overlook Ct

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK daffk 15 in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 255 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 765 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

$\frac{1}{255}$
 $\frac{3}{765}$

REMARKS: 8/2/98 OK to cover all work final A

DATE SYSTEM APPROVED 10/2/98 INSPECTOR A M Miller

APPLICATION

PERCOLATION TESTING

A 50294A

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 BRANDT / NO LAND DESIGN CO Trinity Custom Homes Inc

ADDRESS 10805 HICKORY RIDGE RD PHONE 410 740 2100

COLUMBIA, MD 21044

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BRANDT PROPERTY LOT NO. 2A 212 12

Prelim Final
212 12

ROAD AND DESCRIPTION TRIAD ELPHIA RD

GLOBAL PERMITS SIGNED

~~NO PERMITS~~ 7-2-98
Serial # 21012123
YBenn

(3704 PARK Overlook Court)

TAX MAP 22 PARCEL # 16 398; 399

SIZE OF LOT 40,000/160,000 TYPE BLDG. single family dwelling - YBenn
(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. MARK REICH
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

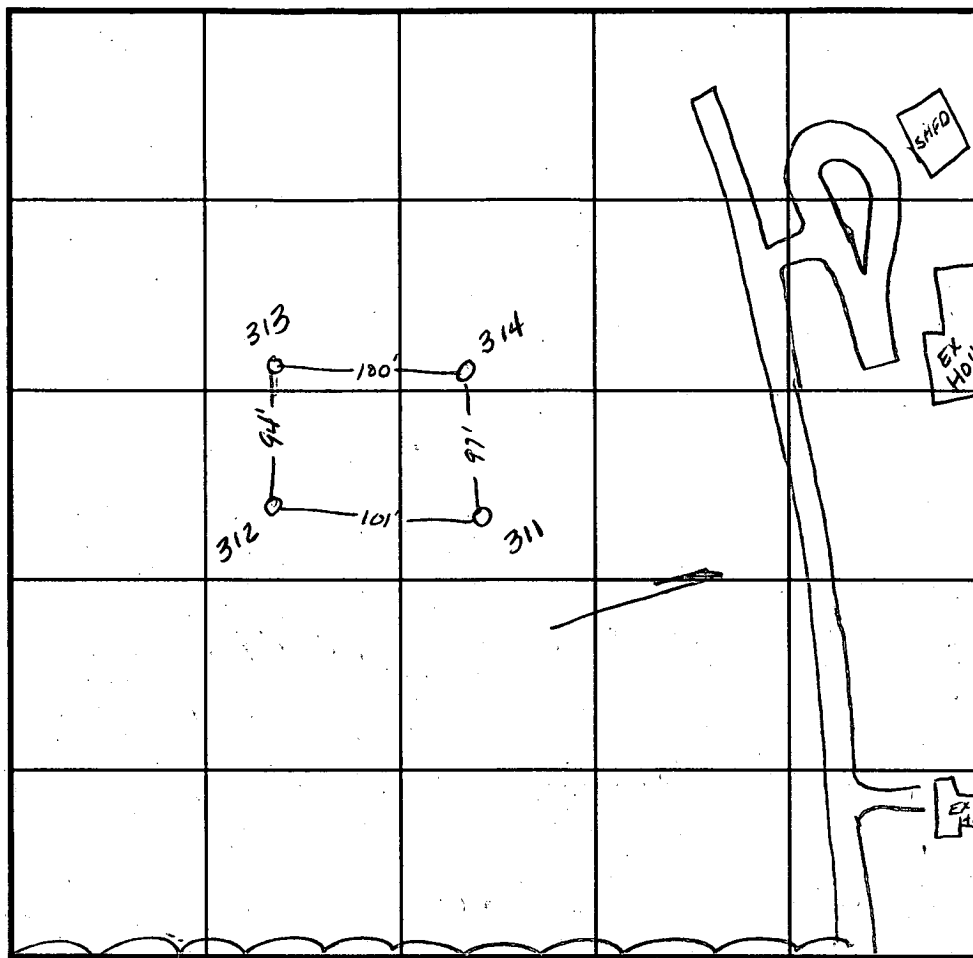
REASONS FOR REJECTION OR HOLDING _____

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

A50294A
COUNTY #



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

SOIL PROFILE
311
0' red brn c
2' lgt orange brn SL micaceous large frags of mica
11'

312
bright red CL
3' dull reddish SL
9'

whitish orange SL large frags beginning at 10'

313
red CSL
3' brn w/ some streaks (red) sil mica
11'

SOIL PROFILE
314
0' reddish CSL mica
4.5' brn w/ reddish tint sil mica 5% shale throughout
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-30-94	311	4' V12'	5:22	5:23	5:23	5:24	1 min
	311	repour	5:24	5:25 ¹⁵	5:25 ¹⁵	5:27	1 3/4 min
	312	Visual to 12.5'					OK
	313	3.5' V12'	6:56	6:58	6:58	7:00	2 min
	314	5' V12'	1:04 ⁴⁵	1:06	1:06	107 ³⁰	1 1/2 min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT MARK Reich
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180 ft²

Copy of signed

WAYMON SCOTT

Percolation Certification

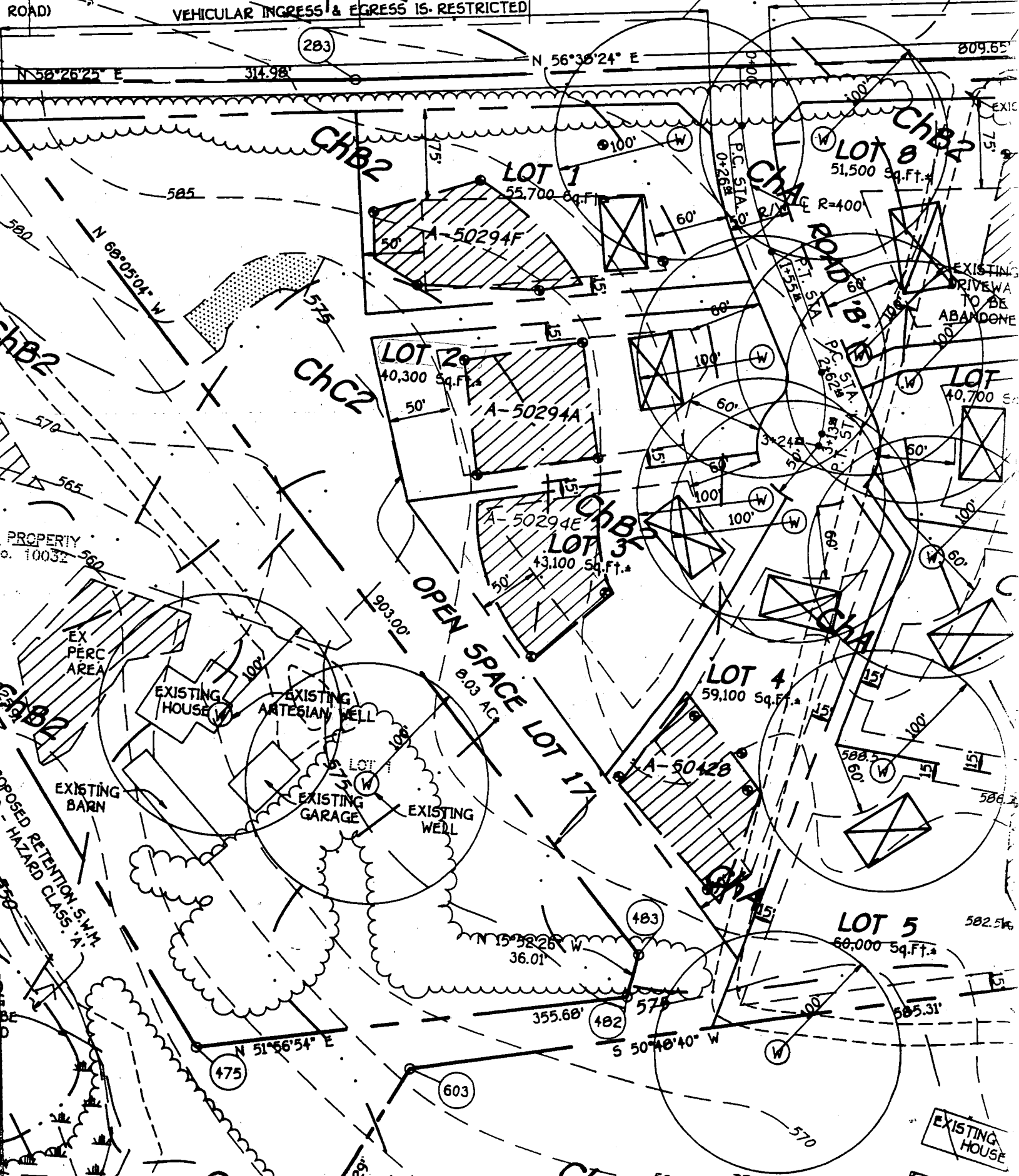
plat ROAD

EX. 50' R/W

LOT 2A

VEHICULAR INGRESS & EGRESS IS RESTRICTED

VEHICULAR INGR...



283

N 56°38'24" E

809.65'

N 58°26'25" E 314.98'

CHB2

LOT 1
55,700 Sq.Ft.
A-50294F

LOT 2
51,500 Sq.Ft.
A-50294G

ChC2

LOT 2
40,300 Sq.Ft.
A-50294A

LOT 3
40,700 Sq.Ft.
A-50294B

LOT 3
43,100 Sq.Ft.
A-50294E

OPEN SPACE LOT 17
8.03 AC

LOT 4
59,100 Sq.Ft.
A-50428

LOT 5
60,000 Sq.Ft.
A-50429

PROPERTY
No. 10032

EX
PERC
AREA

EXISTING
HOUSE

EXISTING
ARTESIAN WELL

EXISTING
BARN

EXISTING
GARAGE

EXISTING
WELL

PROPOSED RETENTION S.W.M.
HAZARD CLASS. 'A'

EXISTING
HOUSE

PARK OVERLOOK COURT

10' Public Tree Maintenance Easement

1250 Gal. Septic Tank
Inv. In 586.7
Inv. Out 585.4

Distribution Box
Ex. Grd 588.0
Inv 585.0

**Approved Septic System Plan
Howard County Health Department**

[Signature]
Signature

7/2/08
Date

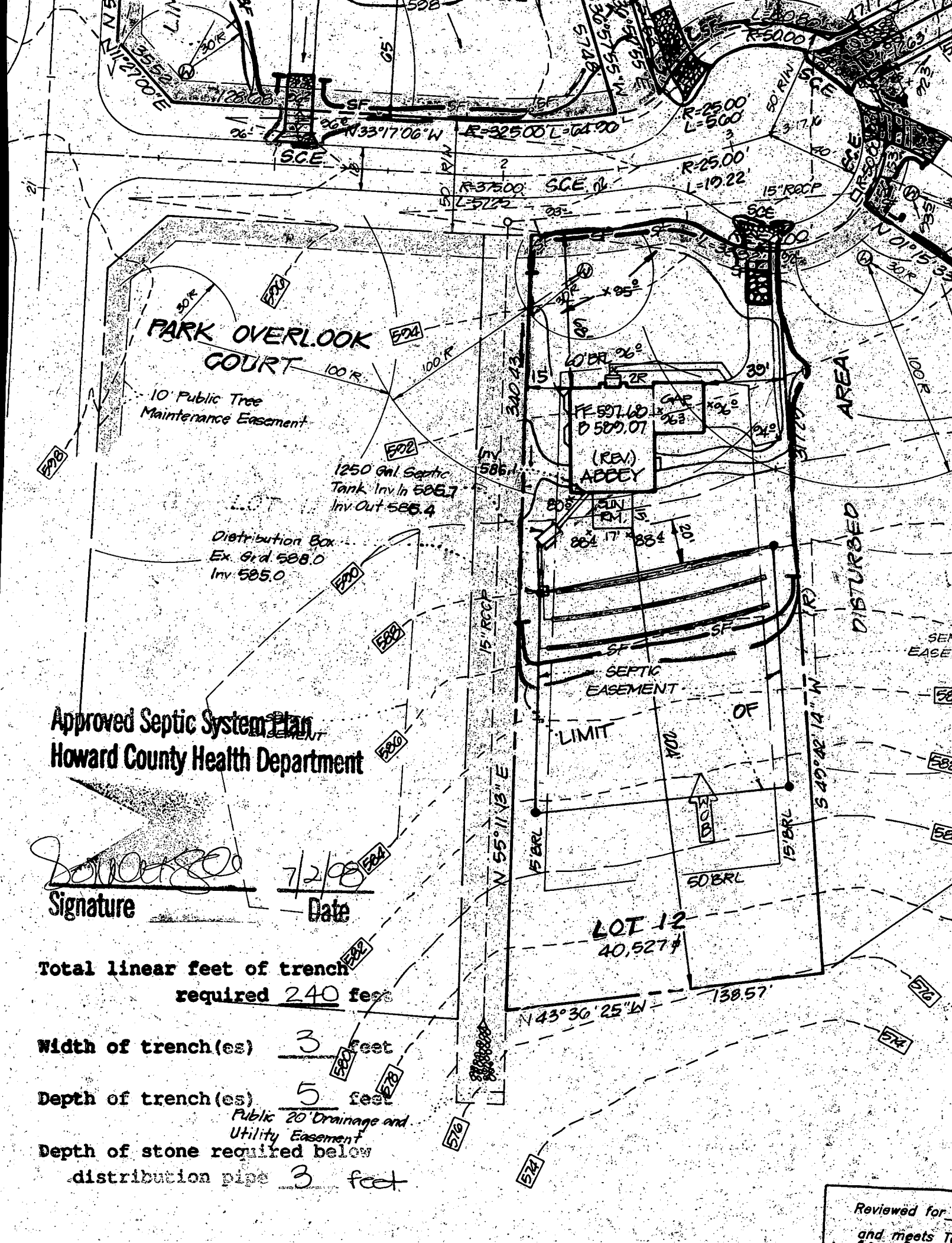
Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 3 feet
Public 20' Drainage and Utility Easement

Reviewed for
and meets T



10.7.98
WPI anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision Benson Branch Lot # _____ Well Tag # _____
Site Address 3104 Park Overlook Ct

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
<u>well line, P.A. 4.5' below grade</u>	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____
<u>well casing 1 1/2" above</u>		
<u>2pc well cap installed</u>		
<u>PVC conduit pipe " " " " OK TO COVER (DLS)</u>		

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

* casing extended 1.5' above grade *

10/7/98
WPI

B 1 **8206** 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
HO-94-0800
 fill-in this form completely

OWNER INFORMATION
 Date Received (APA) **051096**
TRINITY CUSTOM HOMES
 15 Last Name 13 Owner 34 First Name
6212 Devon DR
 36 Street or RFD 55
COLUMBIA MD 21044
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
BENSON BRANCH EST. SUBDIVISION
 SECTION **11** LOT **12**
GLENELG 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** **M** **1**

DRILLER INFORMATION CIRCLE: **MSD** MGD/MWD
Ralph MAYWE 176
 Driller's Name 77 License No. 80
Ralph MAYWE Well Drilling
 Firm Name
9120 Brown Church Rd WTAHY
 Address
Ralph Maywe 5/10/96
 Signature Date

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Park Over Look Ct.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **25**
 ENTER FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 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 **A50294-A**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED **053196** **A. McMillen** **5/30/97**
 EXP. DATE
 NORTH GRID **524000** EAST GRID **0810000**

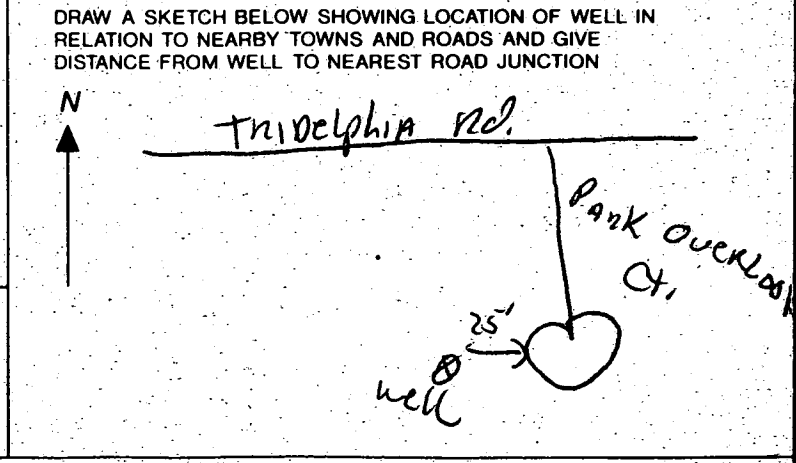
APPROXIMATE DEPTH OF WELL **150** FEET

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)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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 **800 10**
 N **520 4**

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-0800**

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

C1 7909 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 COLUMNS 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50294-A

DATE RECEIVED 03 25 97

DATE WELL COMPLETED 03 22 97

DEPTH OF WELL 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0800

OWNER Trinity Custom Homes last name Park Overlook Ct. first name TOWN Glenelg SUBDIVISION Benson Branch Est. SECTION LOT 12

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (4), NO. OF POUNDS (1400), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (30 ft).

CASING RECORD form including: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (40).

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

SCREEN RECORD form including: screen type (HO - OPEN HOLE), diameter of screen (60).

PUMPING TEST form including: HOURS PUMPED (6), PUMPING RATE (3 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (32 ft before, 280 ft when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A, C, J, P, R, S, T, O), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).

WELL HYDROFRACTURED (Y) form.

CIRCLE APPROPRIATE LETTER form with options 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...

TYPE: MWD/MSD/MGD 116 DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (Ralph S. Meyer) LIC. NO. 117

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

DEPTH (nearest ft.) form with grid for recording depth measurements (HO 35, 405).

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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

