

LAYOUT _____ INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 5/11/05 INSP 6 _____

ISSUE DATE: 5/9/2005

P 522450

APPROVAL DATE: 5/11/05

A 513618-FF

**PERMIT
 INDEXED**
 05436885

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd, Glenelg PHONE NUMBER: 410-531-6773

SUBDIVISION: Buckskin Ridge LOT NUMBER: 31

ADDRESS: 4280 Buckskin Wood Drive PROPERTY OWNER: Columbia Builders, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

*Inlet 4' 4.5' Stone
 Bottom 8.5' Below Pipe
 Trenches 2' Wide*

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 180 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in the approved SDA.
NOTES:	

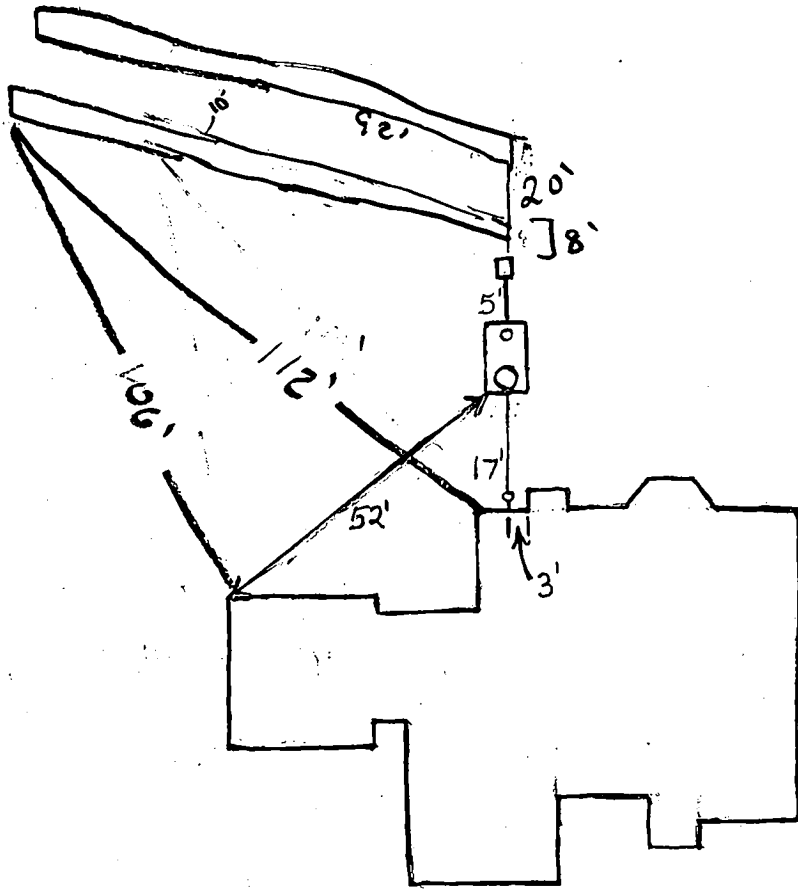
PLANS APPROVED: Kevin J. Bell Reviewed by: KJ DATE: 10/1/04

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A513618-FF

NOT TO SCALE



Buckskin Wood Drive

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		180'
ABSORPTION AREA		1050 ft ²
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	2-Comp Top
TANK LID DEPTH	1'-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

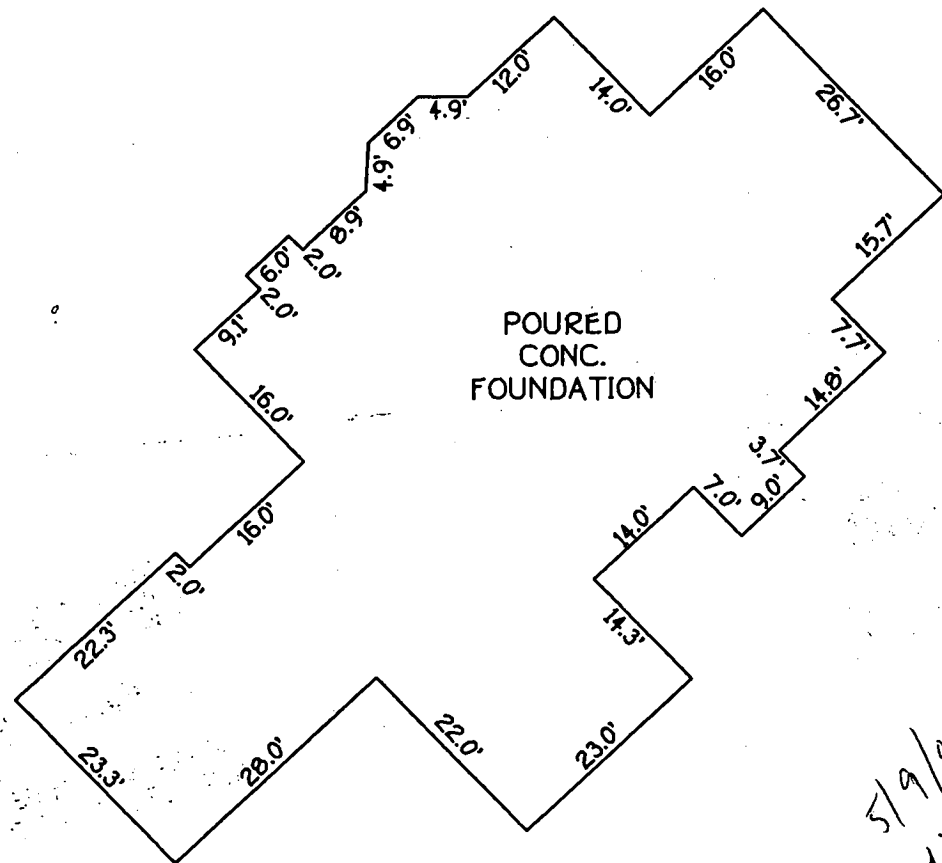
INSTALLATION 5/11/05 (PAY) OK to cover inlet at 4
 bottom 8.5 - 2' wide trenches (PAY)

FINAL INSPECTOR PAY

DATE OF APPROVAL 5/11/05

GENERAL NOTES:

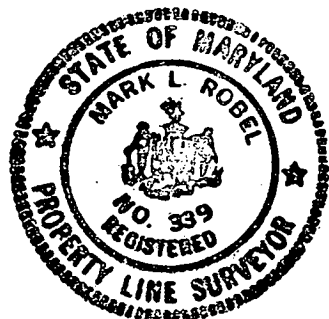
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING 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 LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR 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. 2400440021B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1.0' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3174) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



POURED CONC. FOUNDATION

*5/9/05
Wall Check ok
K. Moore*

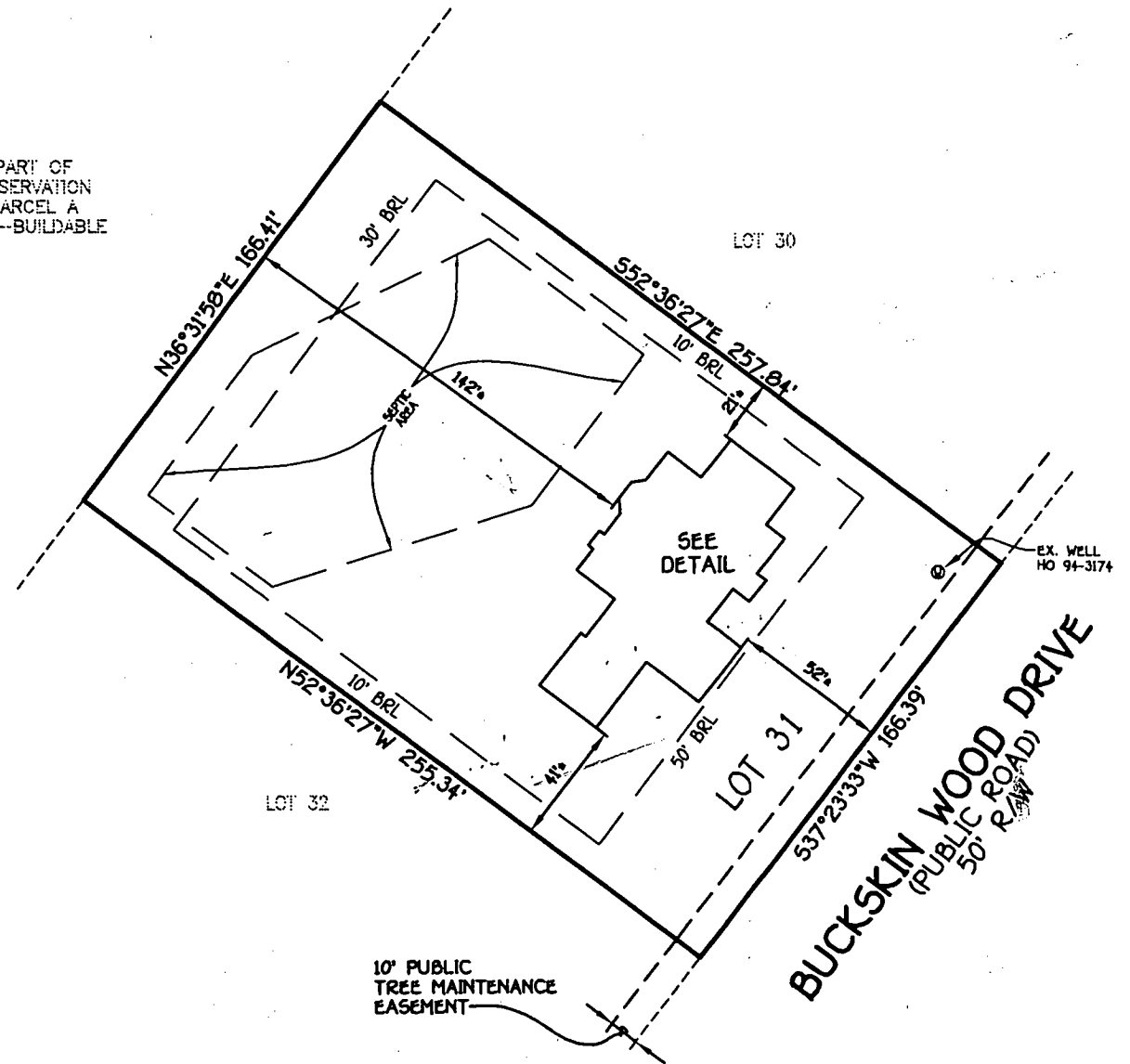
DETAIL:
1"=20'



Mark L. Robel
PROFESSIONAL LAND SURVEYOR
REG. 339
DATE 3/08/05



PART OF PRESERVATION PARCEL A NON-BUILDABLE



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2/21/05
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 03/08/05
DRAWN BY: VLJ
CHECKED BY: MLR
PROJECT No.: 61700

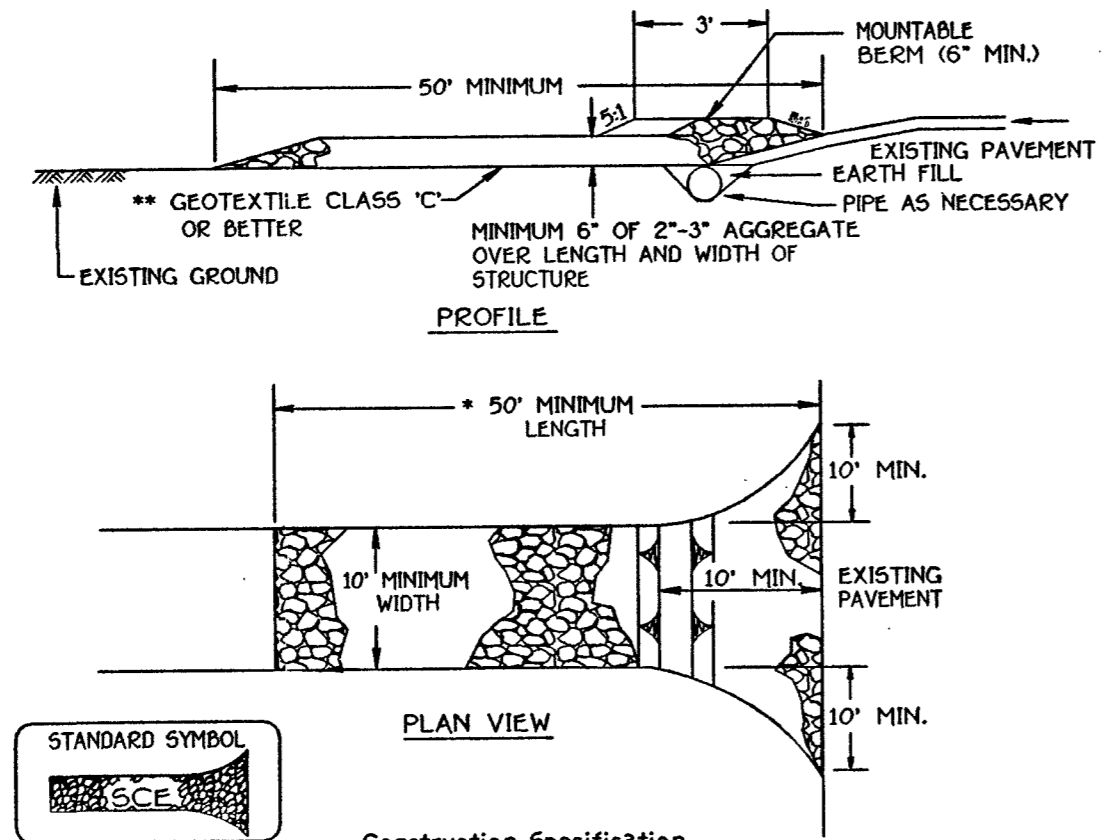
LOT 31
REVISION PLAT
BUCKSKIN RIDGE
LOTS 1 THRU 47 AND
PRESERVATION PARCEL A
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT NO. 15703

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

4280 BUCKSKIN WOOD DRIVE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. = 626.9'±

SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (3/1/99).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, AND REVISIONS THEREOF.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN 37 CALENDAR DAYS FOR ALL PERMITTED SEDIMENT CONTROL STRUCTURES, DICES, PROTECTED SLOPES AND ALL SLOPES STEEPER THAN 3:1 IN 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAPS/DAMNS SHOWN MUST BE FINISHED AND MAINTAINED AS SPECIFIED ABOVE IN ACCORDANCE WITH THE PREVIOUS EDITIONS OF CHAPTER 12 OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, AND REVISIONS THEREOF. TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMPOSING SEEDING MATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMITTED FOR THEIR REMOVAL. HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
 - TOTAL AREA OF SITE: 0.80 ACRES
 - AREA DISTURBED: 0.157 ACRES
 - AREA TO BE SOOPEL OR PAVED: 0.157 ACRES
 - AREA TO BE VEGETATIVELY STABILIZED: 0.300 ACRES
 - TOTAL CUT: 0.75 CUBIC YDS.
 - TOTAL FILL: 0.75 CUBIC YDS.
 - OFFSITE WASTEWATER/SEWAGE AREA LOCATION: N/A
- ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
- ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERMITTER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER THAN GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TECHNIQUES FOR THE PROTECTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.



Construction Specification

- Length - minimum of 50' (30' for single residence lot).
- Width - 10' minimum, shall be filled in existing road to provide a turning radius. Geotextile fabric (filter cloth) shall be placed over the existing ground prior to placing stone. **The plan approval authority may not require single family residences to use geotextile.
- Stone - crushed aggregate (2" to 3") or reclaimed or recycled concrete equivalent shall be placed at least 6" deep over the length and width of the entrance.
- Surface Water - all surface water flowing to or diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a mountable berm with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe has to be sized according to the drainage. When the pipe is located at a high spot and has no drainage to convey a pipe will not be necessary. Pipe should be sized according to the amount of runoff to be conveyed. A 6" diameter pipe will be required.
- Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance.

TEMPORARY SEEDING NOTES

- APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REINTEGRATED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.
- SEEDING PREPARATION**
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- SOIL AMENDMENTS**
APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER @ 185,000 SQ. FT.
- SEEDING**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1/2 BUSHEL PER ANNUAL RYE (32 LBS./ACRE) OR SEED WITH 1/2 BUSHEL PER ANNUAL RYE (32 LBS./ACRE) OF WHEATGRASS (107 LBS./1000 SQ. FT.). FOR THE PERIOD NOVEMBER 15 THROUGH FEBRUARY 28, PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOO.
- MULCHING**
APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ. FT.) OF UNROTTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE OF CAL./1000 SQ. FT. OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 6 FEET OR HIGHER, USE 340 GALLONS PER ACRE @ CAL./1000 SQ. FT. FOR ANCHORING. REFER TO THE 1994 MARLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

- ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:
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- SOIL AMENDMENTS**
APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ. FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (45 LBS./1000 SQ. FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER (9 LBS./1000 SQ. FT.) AND 500 LBS. PER ACRE 0-15-15 FERTILIZER (10-20-20 FERTILIZER).
- SEEDING**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE 2:3 LBS./1000 SQ. FT. OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (4 LBS./1000 SQ. FT.) OF KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ. FT.) OF WHEATGRASS. DURING THE PERIOD OF OCTOBER 15 THROUGH FEBRUARY 28, PROTECT SITE BY OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING OPTION (2) - USE SOO. OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEED.
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- MAINTENANCE**
INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.
* FOR PUBLIC PONDS SUBSTITUTE CHEMICK CROWMETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.

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- SEEDING PREPARATION**
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- SOIL AMENDMENTS**
APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER @ 185,000 SQ. FT.
- SEEDING**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1/2 BUSHEL PER ANNUAL RYE (32 LBS./ACRE) OR SEED WITH 1/2 BUSHEL PER ANNUAL RYE (32 LBS./ACRE) OF WHEATGRASS (107 LBS./1000 SQ. FT.). FOR THE PERIOD NOVEMBER 15 THROUGH FEBRUARY 28, PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOO.
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- MAINTENANCE**
INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.
* FOR PUBLIC PONDS SUBSTITUTE CHEMICK CROWMETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.

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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: ROBERT L FEEZER CO INC Telephone #: 410-781-4655
Address: 6321 BARKSTAVENUE
SUKESVILLE, 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): ROBERT L FEEZER CO INC License # 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: _____ Telephone #: _____
Subdivision: BUCKSKIN RIDGE Lot #: 31 Well Tag #: HO 94-3174
Site Address: 4280 BUCKSKIN WOOD DRIVE
SILICOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STALITE Make: CAMPBELL Two piece watertight cap:
Model #: SSPHEDJHL Model #: PAROD Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42' (36" min) Cap secured to casing:
Well Yield: 1.2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors or Cable guards are required. Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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.

Robert L. Feezer 5/13/05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/16/05 Date Insp. Approved: 9/15/05 GAC.
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely Bolts
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing Loose
Correct well tag attached properly and casing 8" above finished grade BB
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter Repaired
9/15/05
GAC

C1 0635

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)

COUNTY NUMBER 13 OK KG 11-19-01

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

10/4/01

22 600 (TO NEAREST FOOT)

HO-94-3174

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Elkport City SUBDIVISION Buckskin Ridge SECTION LOT 31

WELL LOG

Not required for driven wells

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 28 NO. OF POUNDS 2800

GALLONS OF WATER 168

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 77 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 82

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

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

HO 80 600

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 2 3

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 O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 250 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 INSTALLED 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)

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)

See plat

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: sand, sand/clay, shale, gray shale.

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 28.04.04 "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 MWD 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 041

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

10/10/01 12:00

Review (KG)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-94-3174
 Location of property (road) Buckskin wood Drive
 Subdivision Buckskin Ridge Lot 31 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 190M
 Distance of measuring point (M.P.) above ground 2 FT
 Static water level (S.W.L.) below M.P. 50 FT

I. High rate pumping -- reservoir drawdown

Time pump started 1215 Pumping rate 15 Gpm
 Total time 30 min to reach pumping water level 249 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 gallon bucket	FLOW METER READING (if used) <u>Read 8.2</u>	CALCULATED FLOW (gallons per minute)
1245	249 FT	50 Sec	385 FT	1.2 GPM
100	249 FT	50 Sec	M	1.2 GPM
115	249 FT	50 Sec		1.2 GPM
130	249 FT	50 Sec		1.2 GPM
145	249 FT	50 Sec		1.2 GPM
200	249 FT	50 Sec		1.2 GPM
215	249 FT	50 Sec		1.2 GPM
230	249 FT	50 Sec		1.2 GPM
245	249 FT	50 Sec		1.2 GPM
260	249 FT	50 Sec		1.2 GPM
275	249 FT	50 Sec		1.2 GPM
290	249 FT	50 Sec		1.2 GPM
305	249 FT	50 Sec		1.2 GPM
320	249 FT	50 Sec		1.2 GPM
335	249 FT	50 Sec		1.2 GPM
350	249 FT	50 Sec		1.2 GPM
365	250 FT	50 Sec		1.2 GPM
380	250 FT	50 Sec		1.2 GPM
395	250 FT	50 Sec		1.2 GPM
410	250 FT	50 Sec		1.2 GPM
425	250 FT	50 Sec		1.2 GPM
440	250 FT	50 Sec		1.2 GPM
455	250 FT	50 Sec		1.2 GPM
470	250 FT	50 Sec		1.2 GPM
485	250 FT	50 Sec		1.2 GPM
500	250 FT	50 Sec		1.2 GPM
515	250 FT	50 Sec		1.2 GPM
530	250 FT	50 Sec		1.2 GPM
545	250 FT	50 Sec		1.2 GPM
560	250 FT	50 Sec		1.2 GPM
575	250 FT	50 Sec		1.2 GPM
590	250 FT	50 Sec		1.2 GPM
605	250 FT	50 Sec		1.2 GPM
620	250 FT	50 Sec		1.2 GPM
630	250 FT	50 Sec		1.2 GPM
HD-224696	250 FT	50 Sec	385 FT	1.2 GPM

1.2 GPM

B 1 **9256** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 W515311 please print or type

STATE PERMIT NUMBER
 HO - 94 - 3174
 70 fill in this form completely 79

Date Received (APA) **06-28-01** OWNER INFORMATION **8648**

8 MM DD YY 13
Floyd Lane L L C

15 Last Name Owner First Name 34
P. O. Box 999

36 Street or RFD 55
Columbia, Md 21044

57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**

8 COUNTY **Buckskin Ridge** 21

23 SUBDIVISION 42

SECTION **31** LOT **48 50**
Glenelg

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M 11
 73 76: 77- 78

DRILLER INFORMATION

George F. Easterday MW D **040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

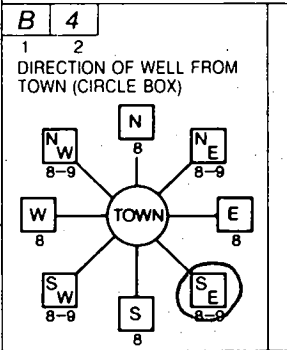
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday **6/25/2001**

Signature Date



Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **20** 37
 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION **5**

1 2
 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)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL.

Howard **13**
 COUNTY NAME COUNTY NO

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **08/07/01** 41

43 MM DD YY 48 CO SIGNATURE _____ EXP DATE

NORTH GRID **519** 0 0 0 EAST GRID **0806** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

36 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic, Rotary)

97 CABLE REVerse-ROTary DRive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800

E **510 9** 000 000
 N

10/4/01 X (circled)

well 600' X (circled)

Casing 82'

Annular 77'

Bags 29

30' gravel line

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

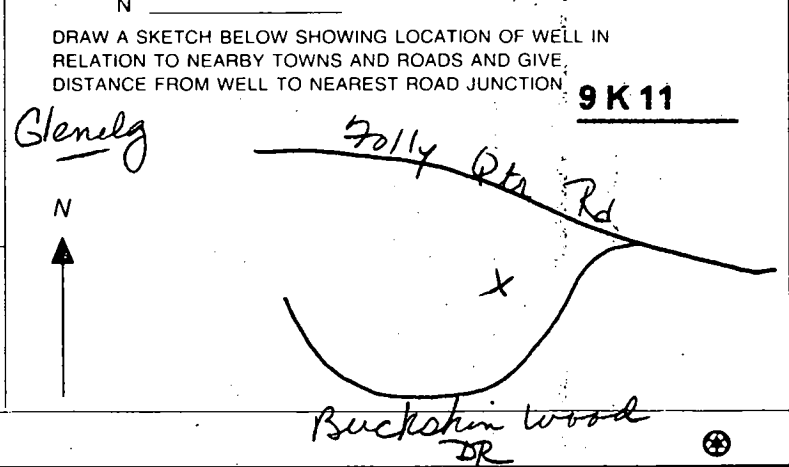
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEM AN EXISTING WELL

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



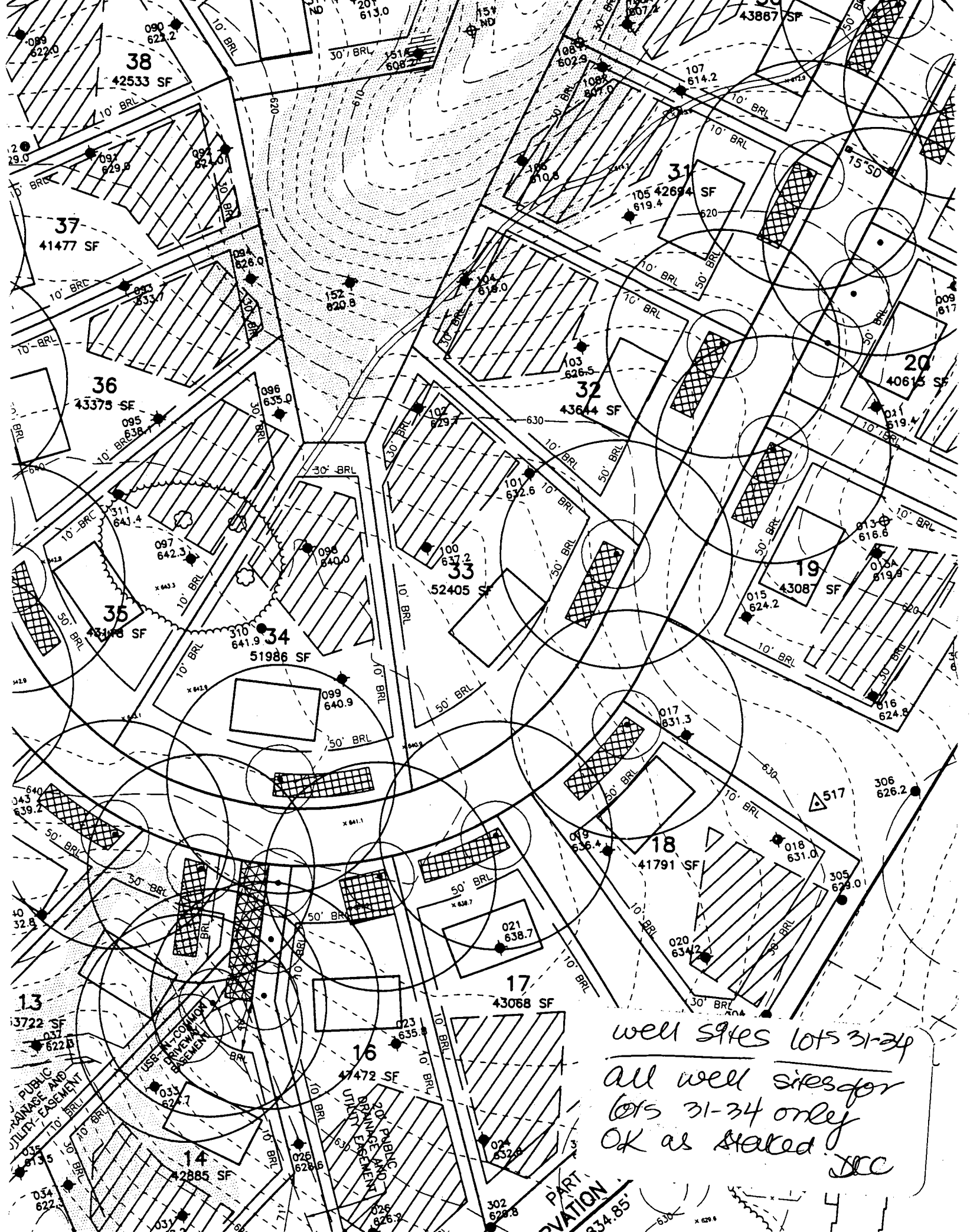
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **HO 200000011(01)**

PERMIT No. **HO-94-3174**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



38
42533 SF

37
41477 SF

36
43375 SF

35
43148 SF

34
51986 SF

33
52405 SF

32
43644 SF

31
42694 SF

19
4308 SF

18
41791 SF

17
43068 SF

16
41472 SF

14
42885 SF

13
3722 SF

43887 SF

20
40615 SF

well sites lots 31-34
all well sites for
lots 31-34 only
OK as stated JCC

PART
DIVISION
334.85

APPLICATION

PERCOLATION TESTING

A 513 618-FF

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 Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

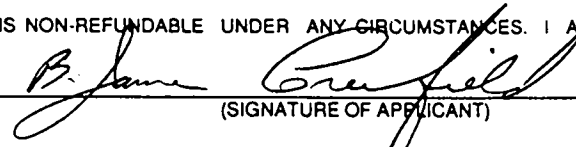
SUBDIVISION _____ LOT NO. 38 (31)

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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

108A

topsoil
org brn
sa cl lm

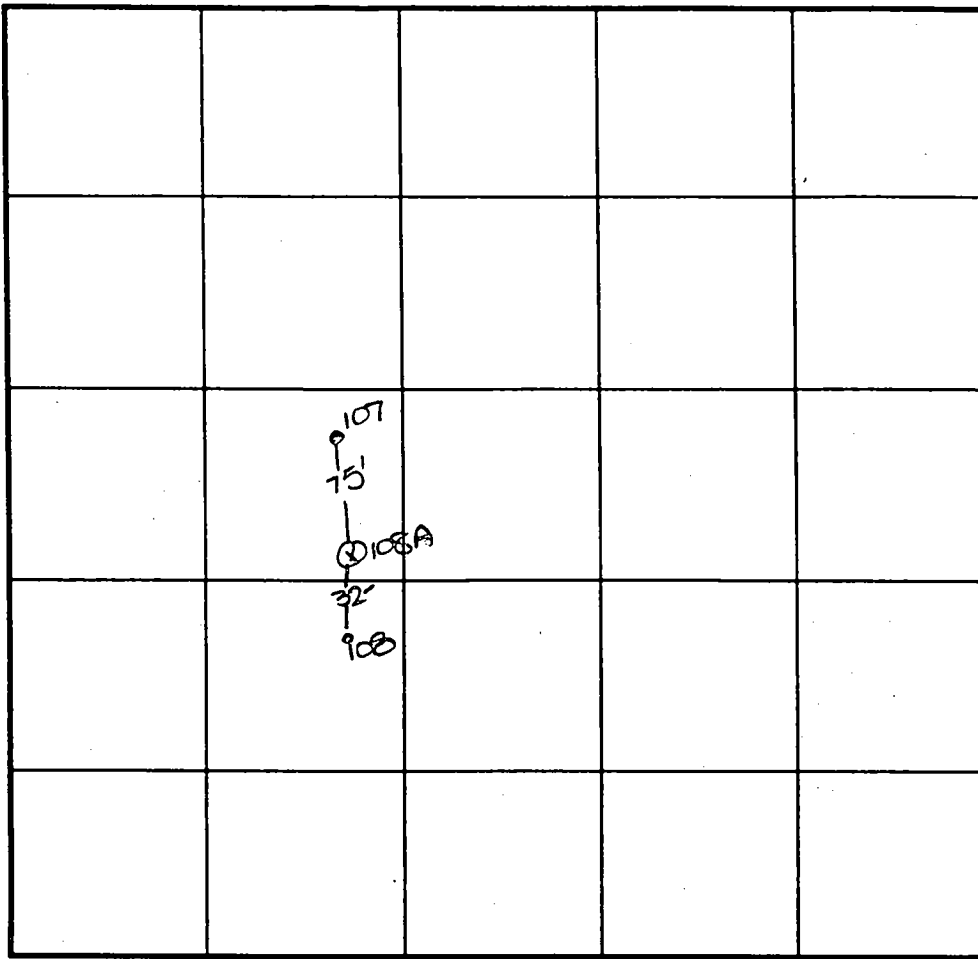
med org
to

med pl
brn
sa mica
lm

25-30%
sapr
sh

near
Hard

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-15-00	108A	3.0'S	2:35	2:37	2:37	2:40 ³	4
		10.0'D	visual - see		profile		OK

REMARKS \otimes = test hole not staked

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY

SOIL PROFILE 104

0' topsoil

6" dull org brn cl lm

2' br org brn sa cl lm

4' med red brn to beige sa mica lm 10% sapt sh

105

0' topsoil

6" org brn cl lm

5' med org brn sa cl lm

4' med red brn sa mica lm w/ 20% sapt sh

106

0' topsoil

6" org brn cl lm

4' med org brn to dr red brn sa mica lm 15-20% sapt sh

SOIL PROFILE 108

0' topsoil

6" org brn cl lm w/ sh frag

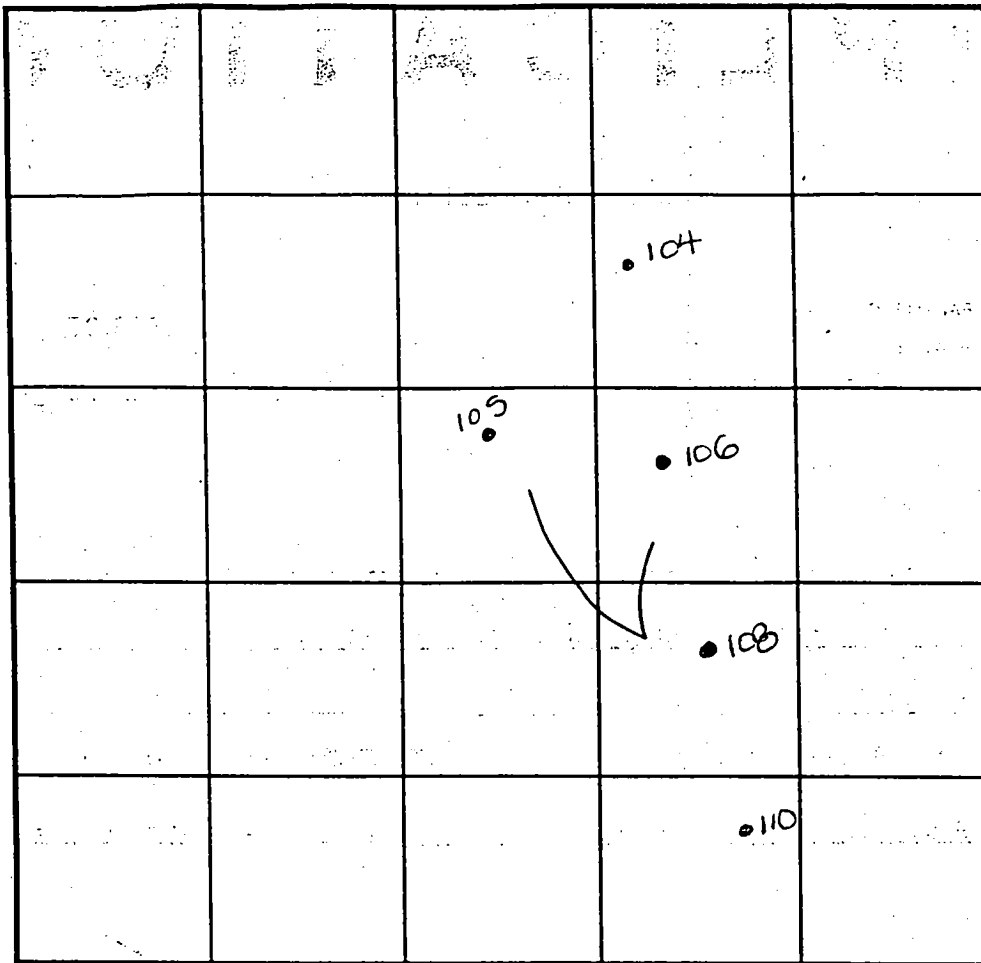
3.5' med dk brn sa mica lm w/ >60% sapt sh

11.5' 110

0' topsoil

6" org brn cl lm

org brn to dr red brn sa mica lm 15-20% sapt sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-4-00	105	3.5' S	11:28 ₃	11:34	11:34	11:43	9
		12.5' D	visual	-see	profile		OK
	104	3.5' S	11:41	little slow	test stopped		-
		13.0' D	visual	-see	profile		OK
		5.0' M	11:54	12:06	12:06	12:22	16
	106	12.5' D	visual	-see	profile		OK
	108	3.0' S	12:11	12:16	12:16	12:28 ₃	13
		11.5' D	visual	-see	profile		FAIL
	110	13.5' D	visual	-see	profile		OK
	108	6' 8" M	2:48 ₃	2:50 ₃	2:50 ₃	2:52 ₃	2 FAIL

REMARKS - holes tested as staked

TYPE OF SOIL

TESTED BY DKS

ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

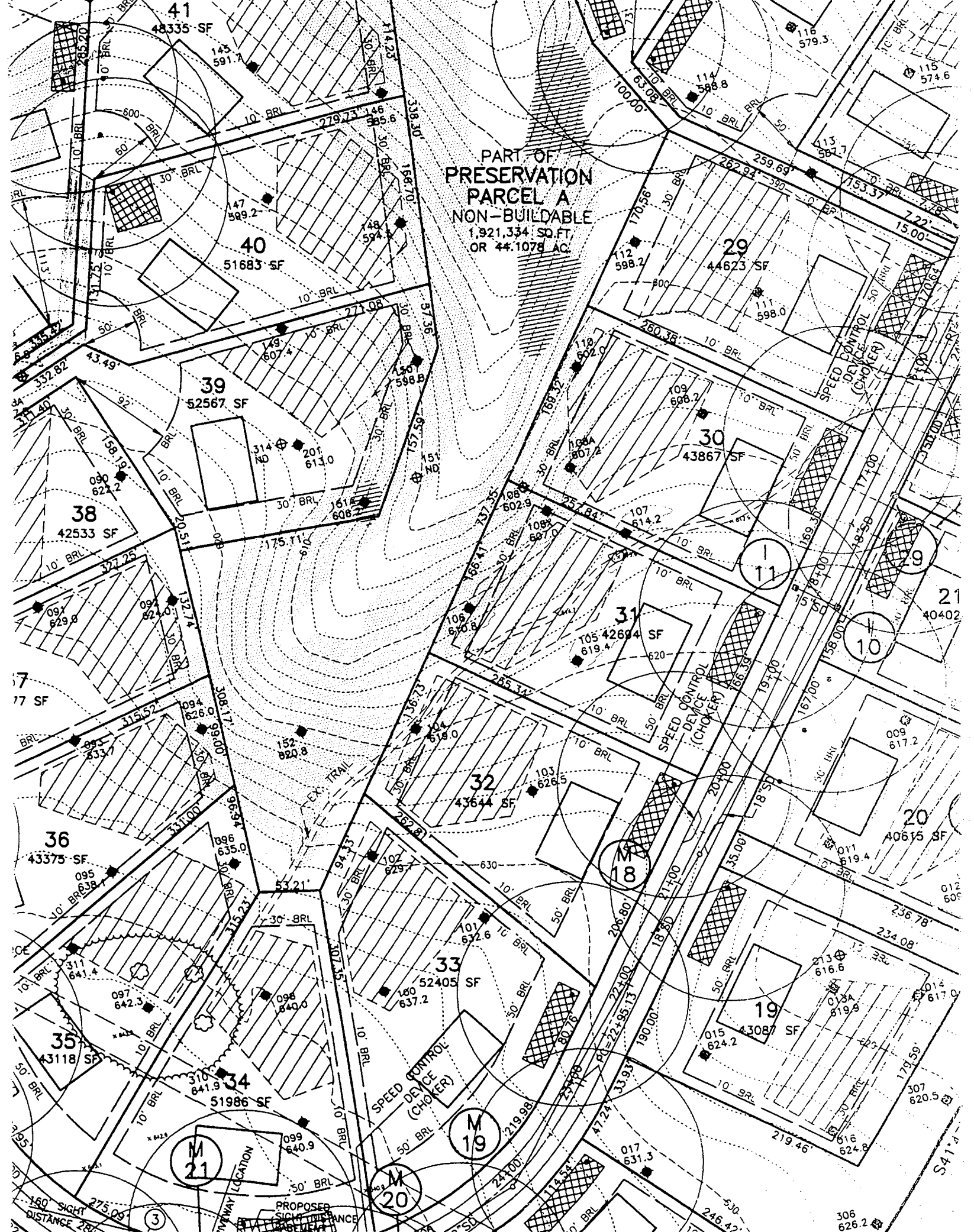
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

PART OF
PRESERVATION
PARCEL A
NON-BUILDABLE
1,921,334 SQ. FT.
OR 44.1078 AC.



G-00009025

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2855 INSPECTIONS (410) 313-1910
 AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 10750560 **KTB**

Building Address 4280 Buckekin Wood Drive
Ellicott City, MD 21043

Suite/Apt. #: N.A. SDP/WP/Petition #: GP 05-09
TAX ID # 05-436885
 Census Tract 6051.01 Subdivision Buckekin Ridge

Section N.A. Area N.A. Lot 31

Tax Map 22 Parcel 77 Grid 21

RR-DEO
 Zoning Map Coordinates 10 A-12 Lot size 42,694. sf.

Property Owner's Name Columbia Builders, Inc.
 Address P.O. Box 999
 City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone (410) 730-3939
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ ~~XXXXXXXXXX~~ \$200,000.00

Description of Work 2 story, model "O-O" house
2 story, 5 BR, 6 PB, 1 HB, study, library,
4 car garage, FP, (14 RM) 16' x 20' Deck,

Contractor Company Columbia Builders, Inc.
 Contact Person Dee Sperling
 Address Same
 City _____ State _____ Zip Code _____
 License No. 254 Phone _____ Fax (410) 992-3020

Occupant or Tenant 16' x 6' Porch, fin. base.
Media Rm.

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Fisher, Collins & Carter
 Contact Person J. Fcker
 Address 10272 Balto. Natl. Pike
 City Ellicott City State MD Zip Code 21042
 Phone (410) 461-2855 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE 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.

B. James Greenfield
 Applicant's Signature
Columbia Builders, Inc.
 Title/Company

B. James Greenfield, Pres.
 Print Name
9/30/04
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY _____ **DATE** _____ **SIGNATURE APPROVAL** _____

Land Development, DPZ _____
 State Highways _____
 Building Official _____
 Dev. Engineering, DPZ _____
 Health 10/1/04 [Signature]
 Fire Protection _____
 Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY INFO: 6-2401
 Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 3200
 Validation # _____

Accepted by _____

REPORT OF ANALYSIS

Laboratory ID #:	56313	Account #:	1550
Reference:	Buckskin Lake Lot 31	Company:	Columbia Builders
Location:	4280 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	09/13/05 1145	Source:	Well Water
Date/Time Rec'd:	09/13/05 1330	Site:	Lower Tap on Holding Tank
Chlorine nm:	Free: ND Total: ND	Treatment:	None
Collected By:	J Yeager 6176TY	pH:	6.4
		Well #:	HO-94-3174

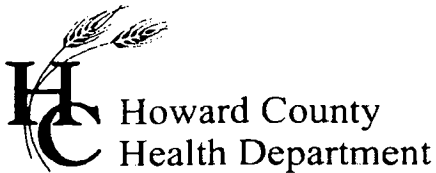
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/14/05 / 0945 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/14/05 / 0945 / C.Holland
Nitrate	<1.0	mg/L	10	601	09/13/05 / 1455 / B. Dutterer
Turbidity	2.64	NTU	<10	SM18 2130B	09/13/05 / 1455 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	09/13/05 / 1455 / B. Dutterer

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00150567

Date Reported: 09/14/05



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

September 15, 2005

Columbia Builders, Inc.
P.O. Box 999
Columbia, MD 21044

FACSIMILE SENT 410-992-3020

RE: Buckskin Ridge, Lot 31
4280 Buckskin Wood Drive
Ellicott City, MD 21043
BP #: B00150567
Well Permit # HO-94-3174

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/11/2005. Final approval of the well line connection to the dwelling was approved on 09/15/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3174. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/13/2005
Date of Well Completion: 10/14/2001

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File