

LAYOUT 10/12/04 INSP 4 _____
INSP 2 10/13/04 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 10/8/04
APPROVAL DATE: 10/13/04

PERMIT INDEXED

P 52/527
A 513618-I

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Buckskin Ridge LOT NUMBER: 9

ADDRESS: 4325 Buckskin Wood Drive PROPERTY OWNER: Columbia Builders, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 188'
126'
2.0' 4.0'

*2-94' Trenches
2' Wide, Inlet 4.0'
Bottom at 7.5'
HOUSE SERVED BY PUBLIC WATER
(Same Amount of Grave!)*

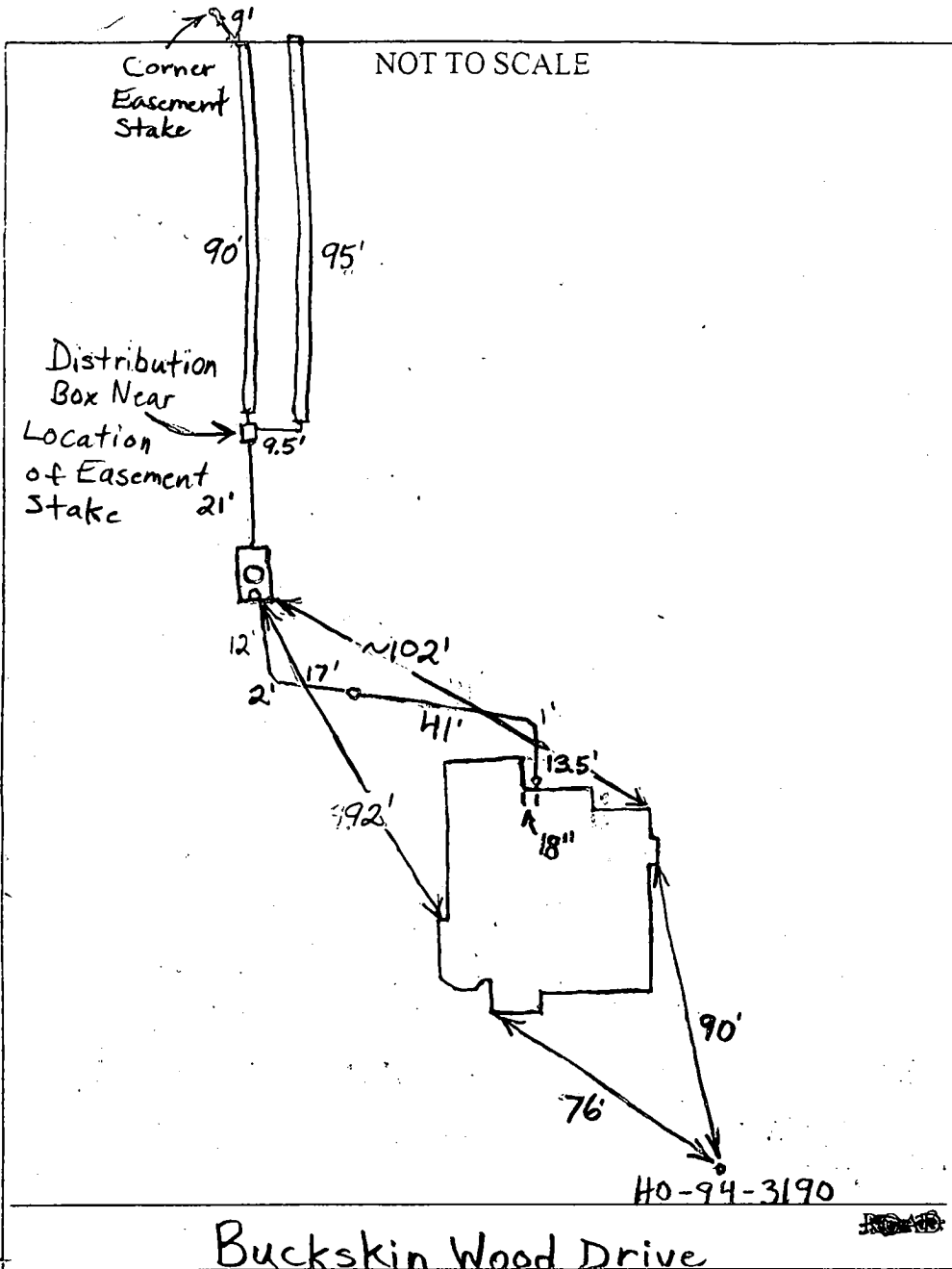
TRENCHES:	Trench to be 3.0 ^{2.0'} feet wide. Inlet 2.5 ^{4.0'} feet below original grade. Bottom maximum depth 7.0 ^{7.5'} feet below original grade. Effective area begins at 3.5 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution at the highest elevation in the approved SDA.
NOTES:	

PLANS APPROVED: Kevin J. Bell Reviewed by: _____ DATE: 6/23/04

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-I



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	4	7.5
NUMBER OF TRENCHES 2		
TOTAL LENGTH 185'		
ABSORPTION AREA 648sqft.		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT No		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
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 10/12/04 Changed trench specs. to maximize usage of the septic easement. Tank set. House connection made. (BB)

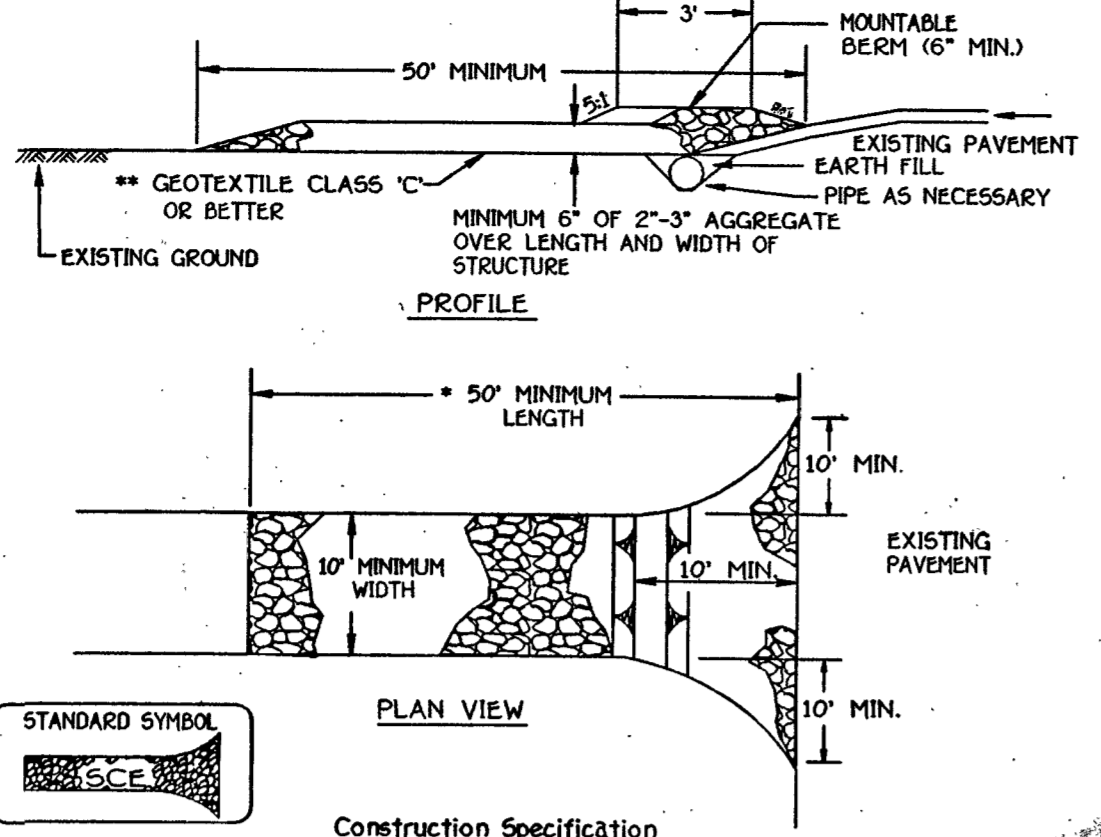
INSTALLATION 10/13/04 System finished. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Boper

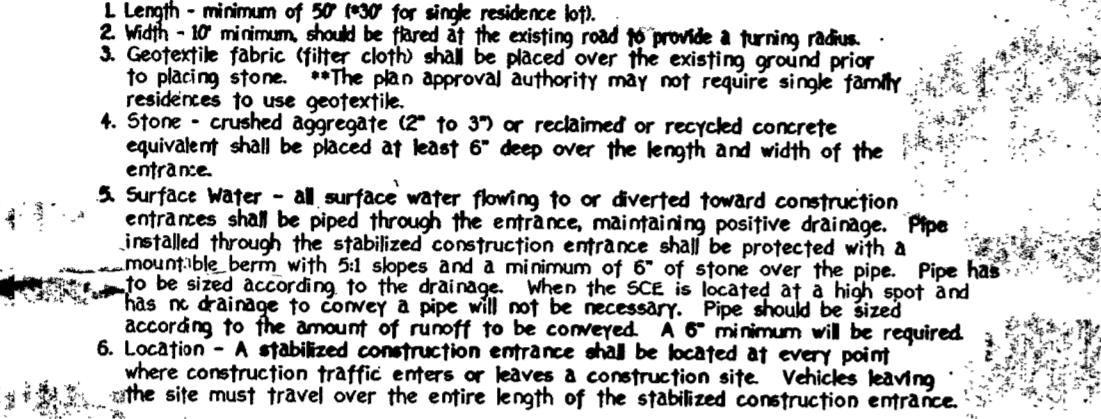
DATE OF APPROVAL 10/13/04

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 (03-15-2004).
- 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 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND DESIGNING TARGETS.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN 30 CALENDAR DAYS FOR ALL PERMITTED SEDIMENT CONTROL STRUCTURES, DICES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1 IN 8 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAP/VASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 15 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 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, FOR PERMANENT SEEDING USE: 50 LBS/1000 SQ FT, TEMPORARY SEEDING USE: 500 LBS/1000 SQ FT. TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES 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 THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
 - TOTAL AREA OF SITE: 0.922 ACRES
 - AREA TO BE ROOTED OR PAVED: 0.412 ACRES
 - AREA TO BE VEGETATIVELY STABILIZED: 0.276 ACRES
 - TOTAL CUT: 170 CUYD
 - TOTAL FILL: 8000 CUYD
 - OFFSITE WASTE/BORROW 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 OBTAINED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY GRADING OR DISTURBANCE OF GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TRENCHES FOR THE CONSTRUCTION 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



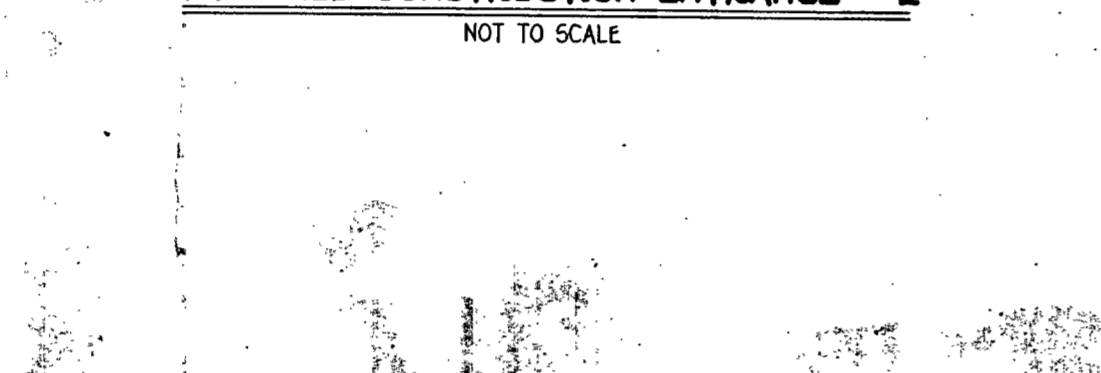
STABILIZED CONSTRUCTION ENTRANCE - 2
NOT TO SCALE

TEMPORARY SEEDING NOTES

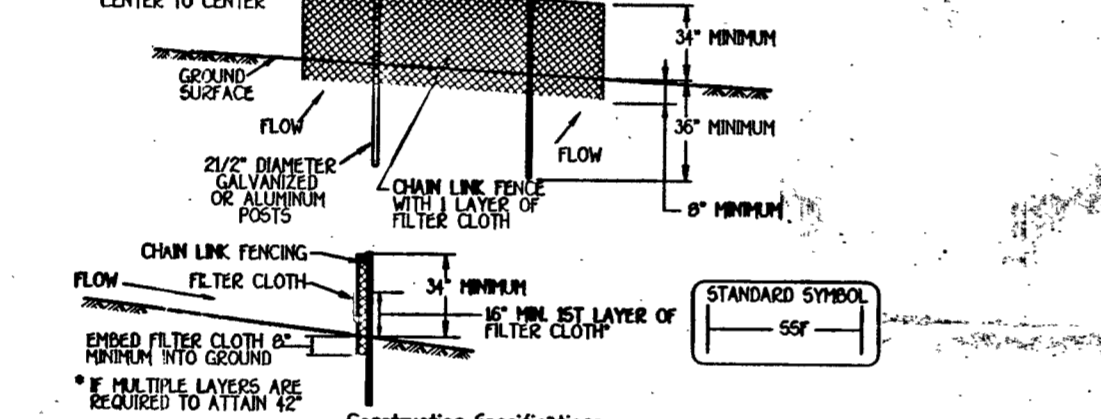
- APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE RESTORED BY OTHER ACCEPTABLE MEANS BEFORE SEEDING, IF NOT OTHERWISE LOGGED.
- SEEDING PREPARATION: LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- SOIL AMENDMENTS: APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER @ 100 LBS./1000 SQ. FT.
- SEEDING: FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BURLAP PER ACRE OF ANNUAL RYE (32 LBS./1000 SQ. FT.) FOR THE PERIOD MAY 1 THROUGH AUGUST 14, SEED WITH 3 LBS./ACRE OF WHEATGRASS (67 LBS./1000 SQ. FT.) FOR THE PERIOD NOVEMBER 16 THROUGH FEBRUARY 29. 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 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ. FT.) OF UNROOTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE OF ENHANCED ASPHALT ON SLOPES 8 FEET OR HIGHER. USE 340 GALLONS PER ACRE @ 100 LBS./1000 SQ. FT. FOR ANCHORING. REFER TO THE 1994 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

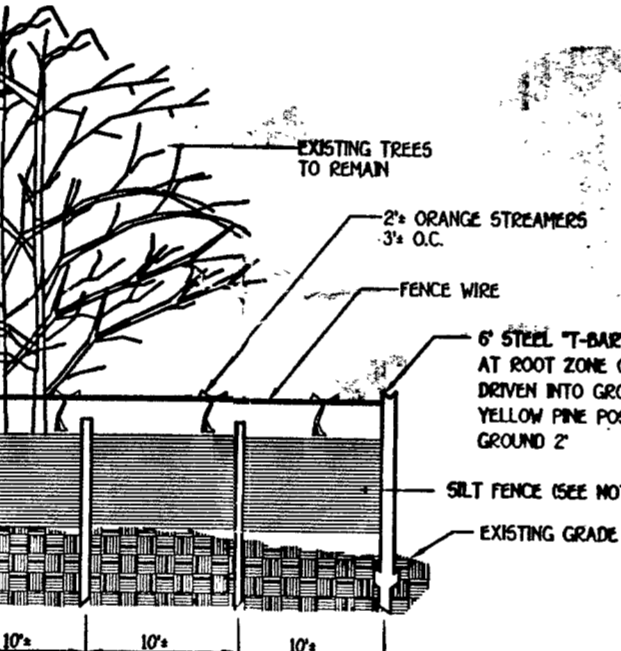
- ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:
- SEEDING PREPARATION: LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- SOIL AMENDMENTS: APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ. FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (60 LBS./1000 SQ. FT.) BEFORE SEEDING HARROW OR DISC. INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 600 LBS. PER ACRE 30-0-0 UREA-BASED FERTILIZER (60 LBS./1000 SQ. FT.) AND 500 LBS. PER ACRE (50 LBS./1000 SQ. FT.) OF 10-20-20 FERTILIZER.
- SEEDING: FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 100 LBS. PER ACRE (23 LBS./1000 SQ. FT.) OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (14 LBS./1000 SQ. FT.) OF WHEATGRASS (67 LBS./1000 SQ. FT.) OF WHEATGRASS. DURING THE PERIOD OF OCTOBER 1 THROUGH FEBRUARY 29, 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 500 LBS. PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OPTION (3) - USE 500 LBS. PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOO.
- MULCHING: APPLY 1 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ. FT.) OF UNROOTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE OF ENHANCED ASPHALT ON SLOPES 8 FEET OR HIGHER. USE 340 GALLONS PER ACRE @ 100 LBS./1000 SQ. FT. FOR ANCHORING.
- MAINTENANCE: INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDING. * FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNWEED AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OBTAIN SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



Construction Specifications



NOT TO SCALE

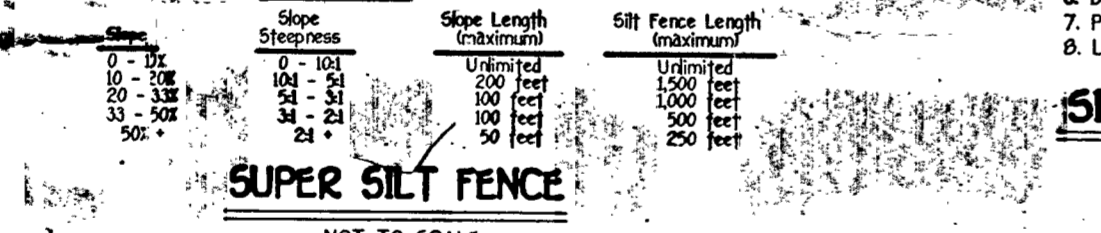


NOT TO SCALE

DESIGN CRITERIA

Slope	Slope Length (Minimum)	Silt Fence Length (Minimum)
0 - 10%	Unlimited	Unlimited
10 - 15%	100 feet	100 feet
15 - 20%	150 feet	150 feet
20 - 25%	200 feet	200 feet
25 - 30%	250 feet	250 feet
30 - 35%	300 feet	300 feet
35 - 40%	350 feet	350 feet
40 - 45%	400 feet	400 feet
45 - 50%	450 feet	450 feet

NOT TO SCALE



NOT TO SCALE



NOT TO SCALE

NOTE
THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 94-3190 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT AND EROSION CONTROL DEVICES AS SHOWN ON PLAN.
- CLEAR AND GRUB TO LIMITS OF DISTURBANCE AND MASS GRADE TO SUB-BASE.
- INSTALL TEMPORARY SEEDING.
- CONSTRUCT BUILDINGS.
- FINISH GRADE SITE AND INSTALL PERMANENT SEEDING AND LANDSCAPE.
- REMOVE SEDIMENT CONTROL DEVICES AS UPLAND AREAS ARE STABILIZED AND PERMISSION IS GRANTED BY E/S CONTROL INSPECTOR.

1 DAY
1 DAY
1 DAY
1 DAY
2 MONTHS
1 DAY
2 DAYS

REVISION: Add sewer clean out 6-23-04

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD COUNTY CONSERVATION DISTRICT.

John K. Blanton 6/15/04
HOWARD COUNTY CONSERVATION DISTRICT DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

Jim Meyer 6/15/04
HOWARD COUNTY CONSERVATION DISTRICT DATE

LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
-S/T- -S/T-	SILT FENCE & TREE PROTECTION
-S- -S-	SUPER SILT FENCE
---	PROPOSED WALKOUT
LOD	LIMITS OF DISTURBANCE
○	EXISTING STREET TREES FROM F-01-191

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CONTINENTAL SQUARE OFFICE PARK 1072 BALTIMORE NATIONAL FREE
ELICOTT CITY, MARYLAND 21042
410-481-2895

BUILDER/DEVELOPER
COLUMBIA BUILDERS
P.O. BOX 999
COLUMBIA, MARYLAND 21044
410-730-3940

DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

James Greenfield
SIGNATURE OF DEVELOPER DATE: 6-4-04

ENGINEER'S CERTIFICATE
I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

Earl D. Collins
SIGNATURE OF ENGINEER DATE: 6-4-04

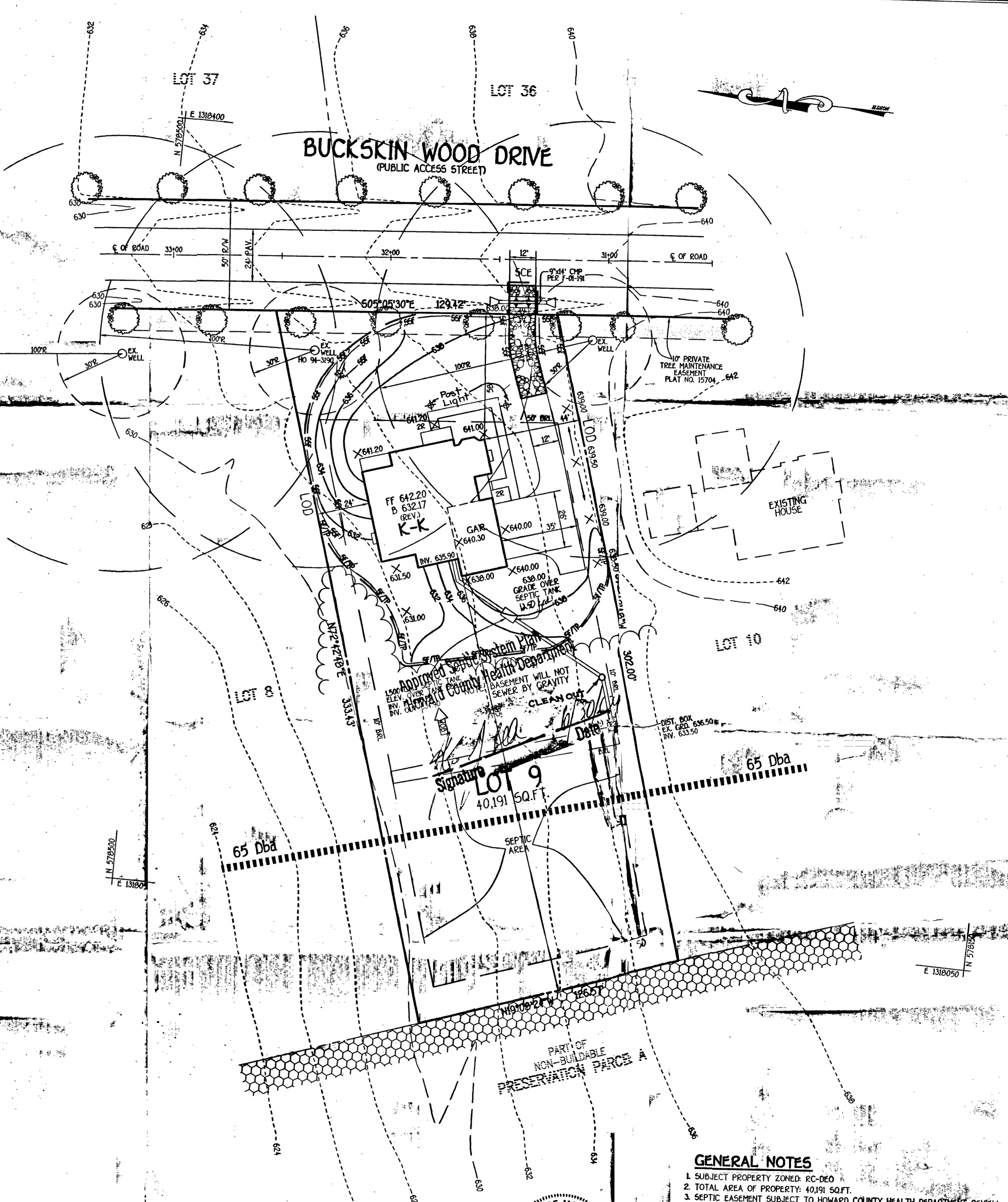
- GENERAL NOTES**
- SUBJECT PROPERTY ZONED RR-DEO.
 - TOTAL AREA OF PROPERTY: 4091 SQ. FT.
 - SEPTIC CASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
 - LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
 - CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
 - FIELD RUN TOPOGRAPHIC SURVEY DONE BY CLARK, FINEROCK & SACKETT, INC.
 - NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
 - DRIVEWAY CULVERTS SHALL BE CONSTRUCTED AT SITE DEVELOPMENT PLAN STAGE IN ACCORDANCE WITH APPROVED CULVERT SIZE SHOWN ON F-01-191.
 - STORMWATER MANAGEMENT IS PROVIDED UNDER F-01-191.
 - PLAT REFERENCE NO. 15704.

SITE DEVELOPMENT, SEDIMENT/EROSION CONTROL PLAN, NOTES & DETAILS
BUCKSKIN RIDGE
LOT 9

ZONED RR-DEO 5TH ELECTION DISTRICT
SCALE: 1"=30'

PLAT NO. 15704 HOWARD COUNTY, MARYLAND
DATE: MAY, 2004

GP 04-105



K:\SDS\PROJ\061700 BUCKSKIN RIDGE\061700 L&S Plan\061700.dwg 6/23/04 11:47:38 AM

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 Telephone #: 410-781-4655
Address: 6321 BARNETT AVE
SUDBURY, 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 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: JOEL ISSACS PLUMBING Telephone #: 410-442-5780
Subdivision: BUCKLE UP RIDGE Lot #: 9 Well Tag #: HO 94-3190
Site Address: ELLIOTT CITY, MD 21032

Submersible Pump Data

Make: STARTRIC
Model #: SP400HL
Pump Capacity: 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: CAMPBELL
Model #: PASCO
Depth: 42 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 40 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 5'
Approximate length of sleeve: 5'
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.

Signature of company representative responsible for installation: Robert L. Feazer

date: 10/12/04

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

Date Insp. Requested: _____ Date Insp. Approved: 11/12/05 BB 10/13/04

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓ BB
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade Need to Reattach Tag
Water supply line sleeved adequately at house connection ✓
Adequate gradut observed below pitless adapter ✓

11/12/05
Tag O.K.
BB

C1 0651

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 (K60* 11-19-01)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9/25/01

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3190

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, Fractured Zone, and Gray Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 31, NO. OF POUNDS 3100, GALLONS OF WATER 186, DEPTH OF GROUT SEAL 92 ft.

CASING RECORD: MAIN CASING TYPE St, Nominal diameter top (main) casing 6 inch, Total depth of main casing 100 feet.

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

SCREEN RECORD: screen type or open hole (ST), diameter of screen 1 inch, slot size 1.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A (Well abandoned), 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...

DRILLERS LIC. NO. 1 MWD040, DRILLERS SIGNATURE George F. Eustenley

LIC. NO. 1 WSD038, SITE SUPERVISOR (sign. of driller or journeyman) Bruce Thompson

DEPTH (nearest ft.) table with columns 1-21 and rows E, C, H, S, R, E, N.

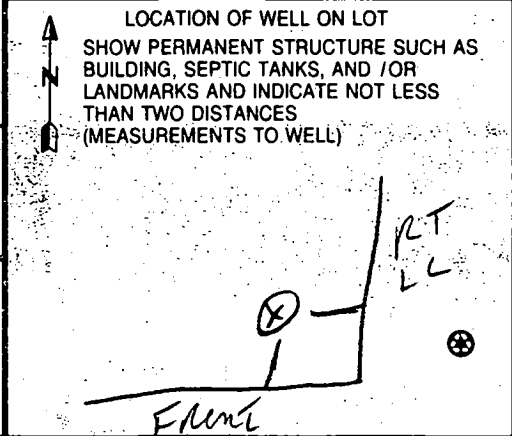
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 81 ft. BEFORE PUMPING, 132 ft. WHEN PUMPING.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED S (submersible), CAPACITY 31 GALLONS PER MINUTE, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 41.



B 1 9236

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3190

W 515311 please print or type

Date Received (APA)

06/28/01

OWNER INFORMATION

8626

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

LOCATION OF WELL

B 3

Howard

CC#

8 COUNTY

Buckskin Ridge

23 SUBDIVISION

SECTION 44 46

LOT 48 50

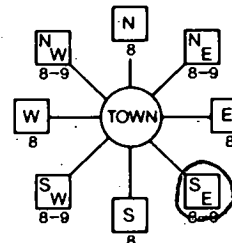
Glenelg

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4

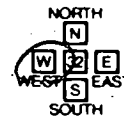
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

DRILLER INFORMATION

George F. Easterday M W D 040

L. Franklin Easterday, Inc.

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

Address

George F. Easterday 6/25/2001

Signature Date

B 2

WELL INFORMATION

5

APPROX. PUMPING RATE (GAL. PER MIN.)

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

13

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

08/14/01

43 MM DD 48

CO SIGNATURE

EXP DATE

NORTH GRID 519 000

EAST GRID 0800 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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

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

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

APPROX. PERMIT NUMBER HO 2002G01 (01)

PERMIT No HO-94-3190

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

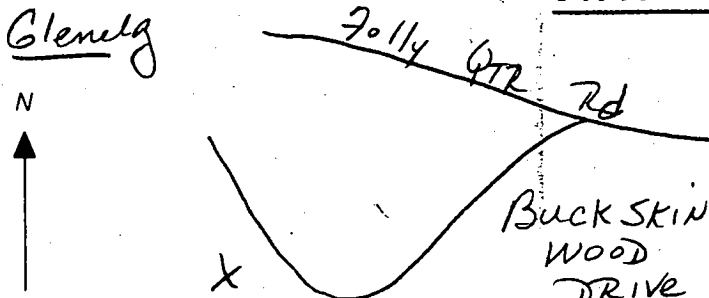
800

E 510 9

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

9 K 11



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A 513618-I

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. 45 (9)

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.

B. James Greenfield
(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

0' [Empty vertical box for soil profile]

[Empty vertical box for soil profile]

[Empty vertical box for soil profile]

SOIL PROFILE

0' [Empty vertical box for soil profile]

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

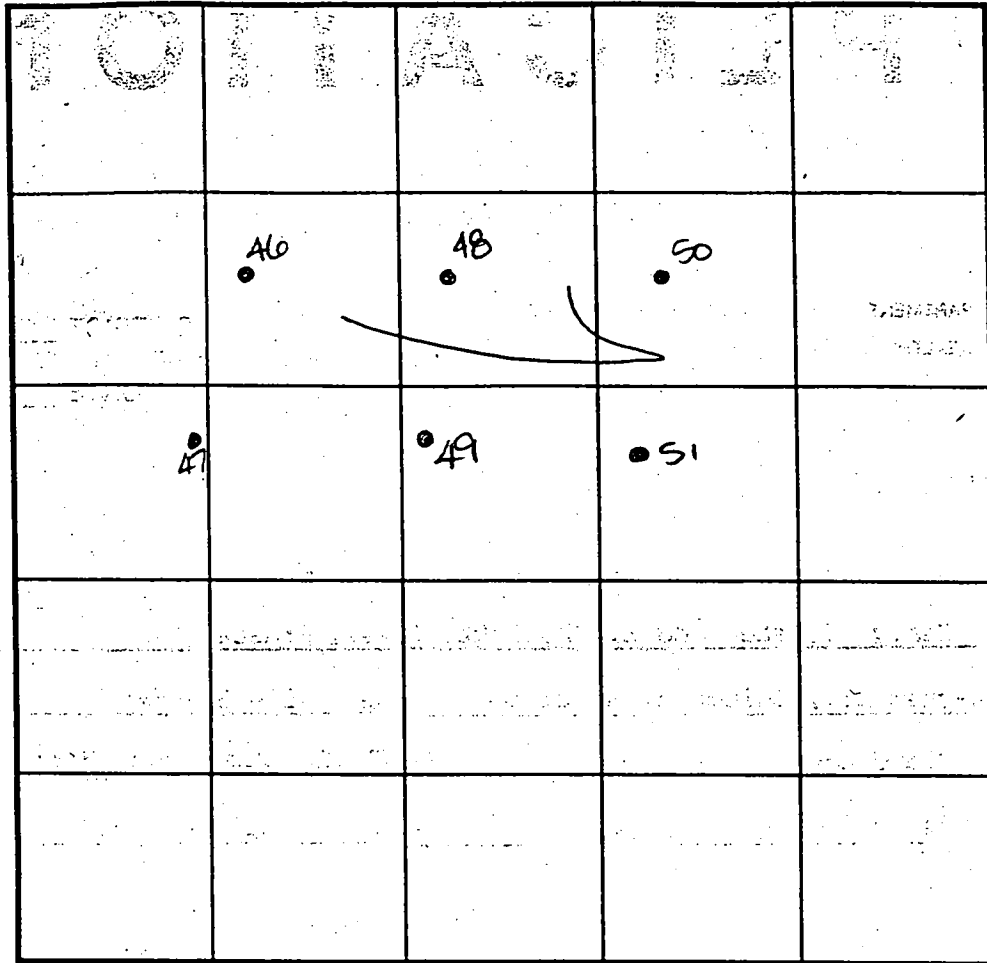
TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

ROUTE 32

COUNTY # _____
 SOIL PROFILE 47
 topsoil
 br org brn sa cl lm
 med pk brn sa mica lm
 15%+ sapr sh



SOIL PROFILE 48/51
 0' topsoil
 6" med org brn cl lm
 3' pale org red tan sa mica lm
 15%+ sapr sh

49
 topsoil
 br red org brn sa cl lm
 pale red org tan sa mica lm
 15% sapr sh

50
 topsoil
 br org brn sa cl lm
 3.5' med red brn sa mica lm
 13' 30% sapr sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rolly Quarter Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DRGR		TIME
			START	STOP	START	STOP	
8-2-00	47	4.0' S	11:37	11:44	11:44	11:58	14
		13.0' D	visual	-see	profile		OK
	49	13.0' D	visual	-see	profile		OK
	46	13.0' D	visual	-see	profile		OK
	48	3.5' S	12:04	12:09	12:09	12:21	12
		12.0' D	visual	-see	profile		OK
	50	13.0' D	visual	-see	profile		OK
	51	4.0' S	11:21	11:23	11:23	11:23	2
		13.0' D	visual	-see	profile	(30% sh)	OK

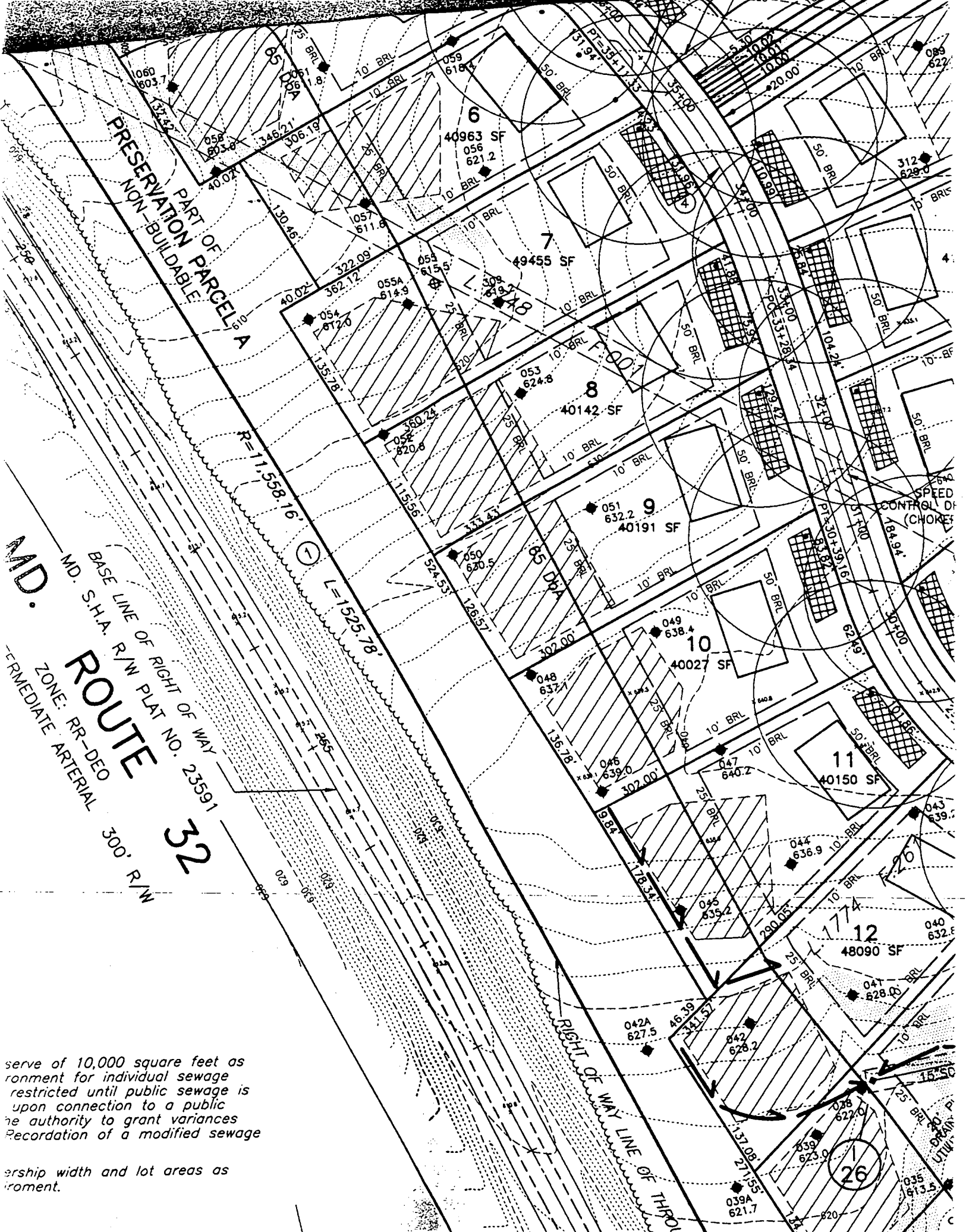
REMARKS: holes tested as staked

TYPE OF SOIL _____
 TESTED BY: DVS ALSO PRESENT: G. Zepp, T. Feaga
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

PRESERVATION
NON-BUILDABLE
PART OF
PARCEL A

MD.
BASE LINE OF RIGHT OF WAY
MD. S.H.A. R/W PLAT NO. 23591
ZONE: RR-DEO
ROUTE 32
IMMEDIATE ARTERIAL 300' R/W

serve of 10,000 square feet as
ronment for individual sewage
restricted until public sewage is
upon connection to a public
he authority to grant variances
Recordation of a modified sewage
ership width and lot areas as
roment.



G00008948

DEPARTMENT OF BUILDINGS, LICENSES AND PERMITS 3000 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2000 INSPECTIONS (410) 313-1870 ALL INFORMATION (410) 313-2800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00149124 KB
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Building Address 4325 Buckskin Wood Drive
Ellicott City, MD 21043

Suite/Apt. #: N.A. SDP/WP/Petition #: GP 04-102

Census Tract 6051-01 Subdivision Buckskin Ridge

Section N.A. Area N.A. Lot 9

Tax Map 22 Parcel 77 Grid 20

Zoning RR-DEQ Map Coordinates 10 A-12 Lot size 40,191 sq. ft.

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 706-492-3020

Existing Use Vacant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 200,000.00

Description of Work Model "X-X" house

2 story, 3 FB, 1 HB, (4 BR), Library, FP,
3 car garage, (10 RM)

Contractor Company Columbia Builders, Inc.

Contact Person Dee Spurling

Address Same

City _____ State _____ Zip Code _____

License No. 256

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Fisher, Collins & Carter

Contact Person J. Ecker

Address 10272 Baltimore Natl. Pike

City Ellicott City State MD Zip Code 21042

Phone (410) 461-2855 Fax _____

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

<p>Building Characteristics</p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p><u>Depth</u> _____ <u>Width</u> _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____</p>
---	---

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 THEREIN; (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
 Owner, Columbia Builders, Inc.

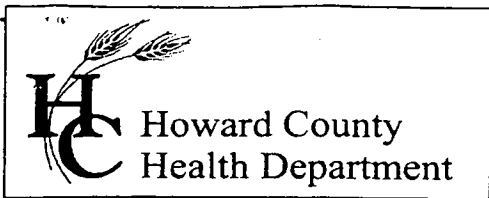
B. James Greenfield
 Print Name
6/21/04
 Date

Title/Company _____

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

AGENCY	DATE	SIGNATURE APPROVAL
and Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>6/30/04</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID# <u>67470</u>
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>157</u>
SDP/Red-line approval date _____	Validation # <u>21337</u>
	Accepted by: _____



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

January 13, 2005

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

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 9
4325 Buckskin Wood Drive
Ellicott City, MD 21043
BP #: B00149024
Well Permit # HO-94-3190

Dear Sirs:

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 10/13/2004. Final approval of the well line connection to the dwelling was approved on 01/12/2005.**

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-94-3190. 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 Sample(s): 01/07/2005
Date of Well Completion: 09/25/2001

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File