

LAYOUT 5/27/04-10:30 INSP 4 _____
 INSP 2 5/28/04-PM INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/7/2004
 APPROVAL DATE: 5/28/04

**PERMIT
INDEXED**

P 520139
 A 513618-J

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043
 05-435951**

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Buckskin Ridge LOT NUMBER: 10

ADDRESS: 4321 Buckskin Wood Drive PROPERTY OWNER: Columbia Builders

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: 180 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the staked SDA corner closest to the house. Run (3) trenches on contour to left side of lot.
NOTES:	

PLANS APPROVED: MER OK RB DATE: 2/27/04

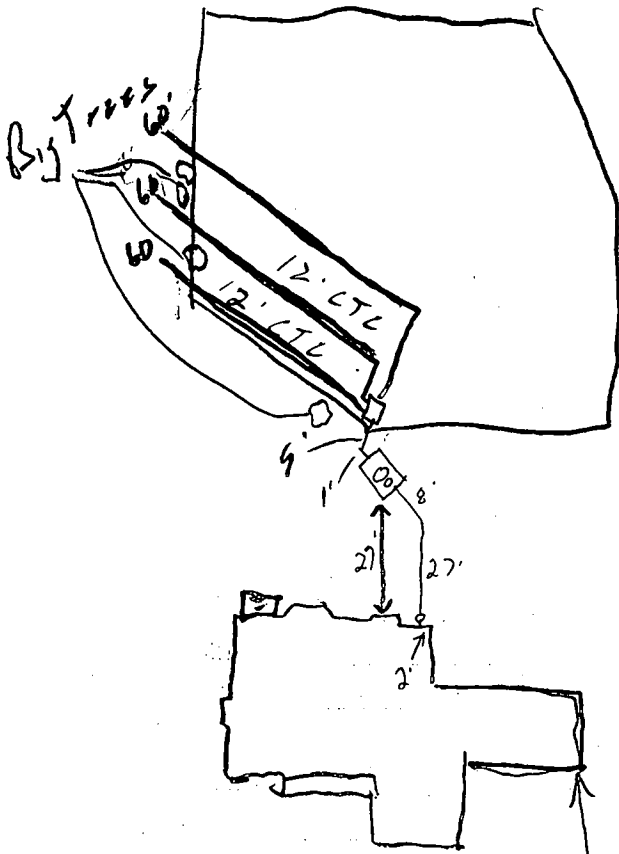
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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 OR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
 BUILDING PERMITS SIGNED ANY REQUEST FOR INSPECTION ON VOICEMAIL**

AND RETURNED
 7/14/05 300154998-DECK

A513618-J

NOT TO SCALE



Check well
distance to drive
6/24/04
Distance > 10'
H0-94-3191 O.K. (BB)
ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	180'	
ABSORPTION AREA	540 sq	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	N/A
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 5/27/04 - SRA staked, contour accurate.

Install (3) 60' trenches on contour (SO)

INSTALLATION 5/28/04 - Complete system installed. Ok
To cover (SO)

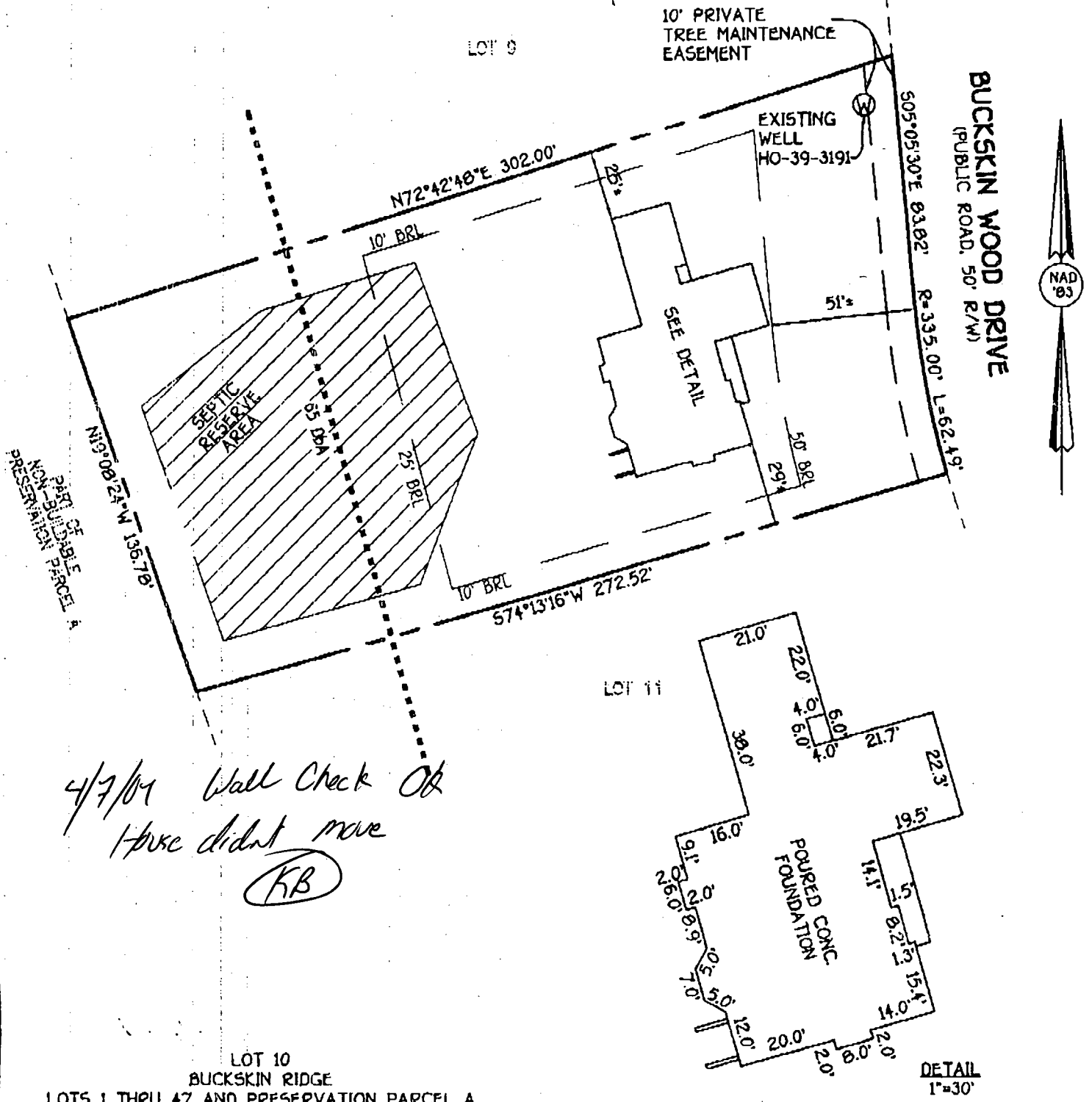
BUILDING DEPARTMENT
RECEIVED

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 5/28/04

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 COMTEMPLATED 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. 2400440021 B 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 0.5' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



LOT 10
BUCKSKIN RIDGE
LOTS 1 THRU 47 AND PRESERVATION PARCEL, A
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT NO. 15523

B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 643.7'

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

FCC

Mark Z. Kobl 4/5/04
PROFESSIONAL LAND SURVEYOR DATE
REG. 339

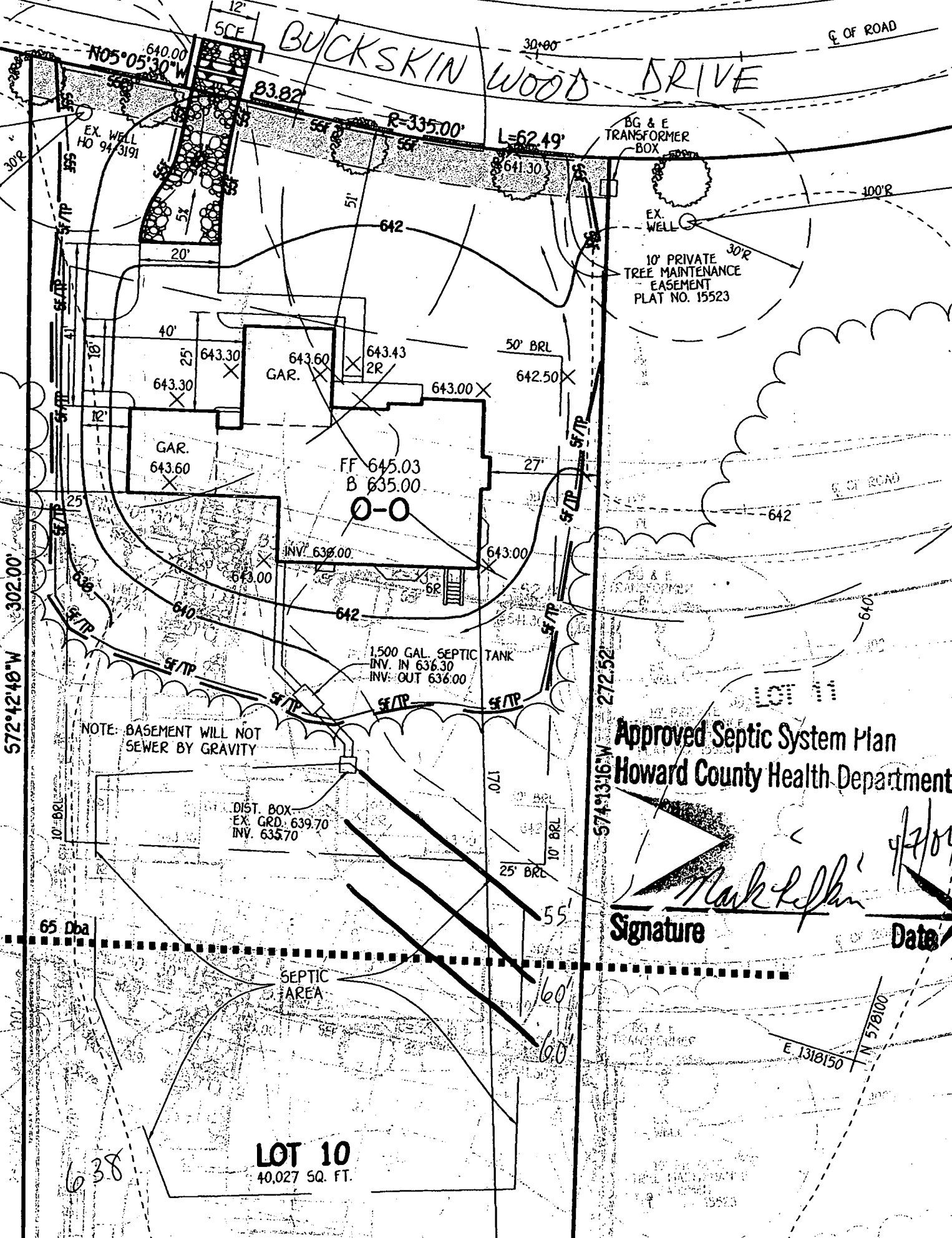
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/31/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 4/5/04
DRAWN BY: T.P.F.
CHECKED BY: M.L.R.
PROJECT No.: 61700

Hartfield

BUCKSKIN WOOD DRIVE



NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

DIST. BOX
EX. GRD. 639.70
INV. 635.70

1,500 GAL. SEPTIC TANK
INV. IN 636.30
INV. OUT 636.00

Approved Septic System Plan
Howard County Health Department

Mark Keffler
Signature

4/2/04
Date

LOT 10
40,027 SQ. FT.

519°08'24"E 136.78'

G 8741

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313.2465 INSPECTIONS (410)313.1810
AUTOMATED INFORMATION (410) 313.3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00146353 *meek*

Building Address 4321 Buckskin Wood Drive
Ellicott City, MD 21043
Suite/Apt. #: N.A. SDP/WP/Petition #: GP-04- 51
Census Tract 6051.01 Subdivision Buckskin Ridge
Section N.A. Area N.A. Lot 10
Tax Map 22 Parcel 2477 Grid 21
Zoning BR-DEO Map Coordinates 10 A-12 Lot size 40,027 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 410-992-3020

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 200,000.00
Description of Work Model "00" House
2 story, full bsmt., 10 Rm, 5 FB, 1 HB, FP,
2 Garages (4 BR)

Contractor Company Columbia Builders, Inc.
Contact Person Dee Sperling
Address Same
City _____ State _____ Zip Code _____
License No. 254 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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> N/A #13D _____ N/A #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THERETO; (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
Pres., Columbia Builders, Inc.
Title/Company

B. James Greenfield
Print Name
2/26/04
Date

meek 2/27/04

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

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 BARNETT AVENUE
SHREVEVILLE, MD 21794

(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: _____ Telephone #: _____
Subdivision: _____ Lot #: 10 Well Tag #: HO-94-3191
Site Address: BUCKSKIN RIDGE DR.
2 LUCOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STALITE Make: CANPA-21 Two piece watertight cap:
Model #: SSP4002HL Model #: PAROD Screened, vented well cap:
Pump Capacity 5 GPM. Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM. NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 400 (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: POLY PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 6'
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.

Signature of company representative responsible for installation: Robert L. Fezer Date: 6/23/04

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

Date Insp. Requested: _____ Date Insp. Approved: 6/24/04 BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
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
Water supply line sleeved adequately at house connection
Adequate grout covered below pitless adapter

C1 0652

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 OK 26 NUMBER 1179013

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM/DD/YY 9/25/01

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3191

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, shale, gray mica, sand stone, quartz, and gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 25, NO. OF POUNDS 3500, GALLONS OF WATER 150, DEPTH OF GROUT SEAL 0 to 77 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter top (main) casing 6, Total depth of main casing 80.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 1 M.WB 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 481 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

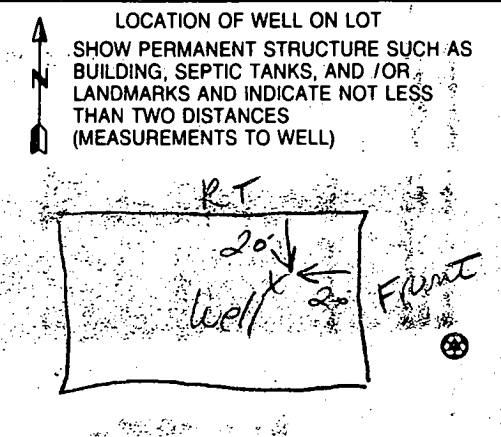
DEPTH (nearest ft.) table with columns for casing types and depths. Includes entries for H0 78 and 400.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 68 ft before, 182 ft when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED (S) submersible, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 11, PUMP COLUMN LENGTH 37-41.



B 1 9235

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3191

W515311 please print or type

fill in this form completely

OWNER INFORMATION 8627
Date Received (APA) 08/28/01
Floyd Lane L LC
P. O. Box 999
Columbia, Md 21044

LOCATION OF WELL
Howard COUNTY
Buckskin Ridge
SECTION 10 LOT 10
Glenelg
NEAREST TOWN

DRILLER INFORMATION
George F. Easterday M W D 040
Driller's Name License No. 81
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature Date 6/25/2001

Buckskin Wood Drive
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD 20 Ft.
TAX MAP BLK PARCEL

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO 13
STATE SIGNATURE INSERT S
DATE ISSUED 08/14/01
CO SIGNATURE EXP. DATE 08/30/02
NORTH GRID 519 000 EAST GRID 0806 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE 800
E 510 9
N 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)
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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
Sketch showing Folly Rd and Buckskin Wood Dr with well location marked with X.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO 2000G01 (01)
PERMIT No HO-94-3191

SPECIAL CONDITIONS
NOTIFY APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



APPLICATION

PERCOLATION TESTING

A 513618-J

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:

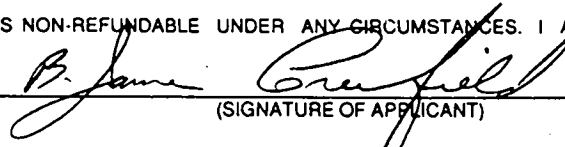
SUBDIVISION _____ LOT NO. 8 (10)

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

ROUTE 32

COUNTY # _____

SOIL PROFILE

47

0' topsoil
 6" br org brn sa cl lm
 4" med pk brn sa mica lm
 13' 15%+ sapr sh

49

0' topsoil
 6" br red org brn sa cl lm
 4" pale red org tan sa mica lm
 13' 15%+ sapr sh

46

0' topsoil
 6" org brn cl lm
 4" pale pk brn sa mica lm
 13' 15-20% saapr sh

SOIL PROFILE

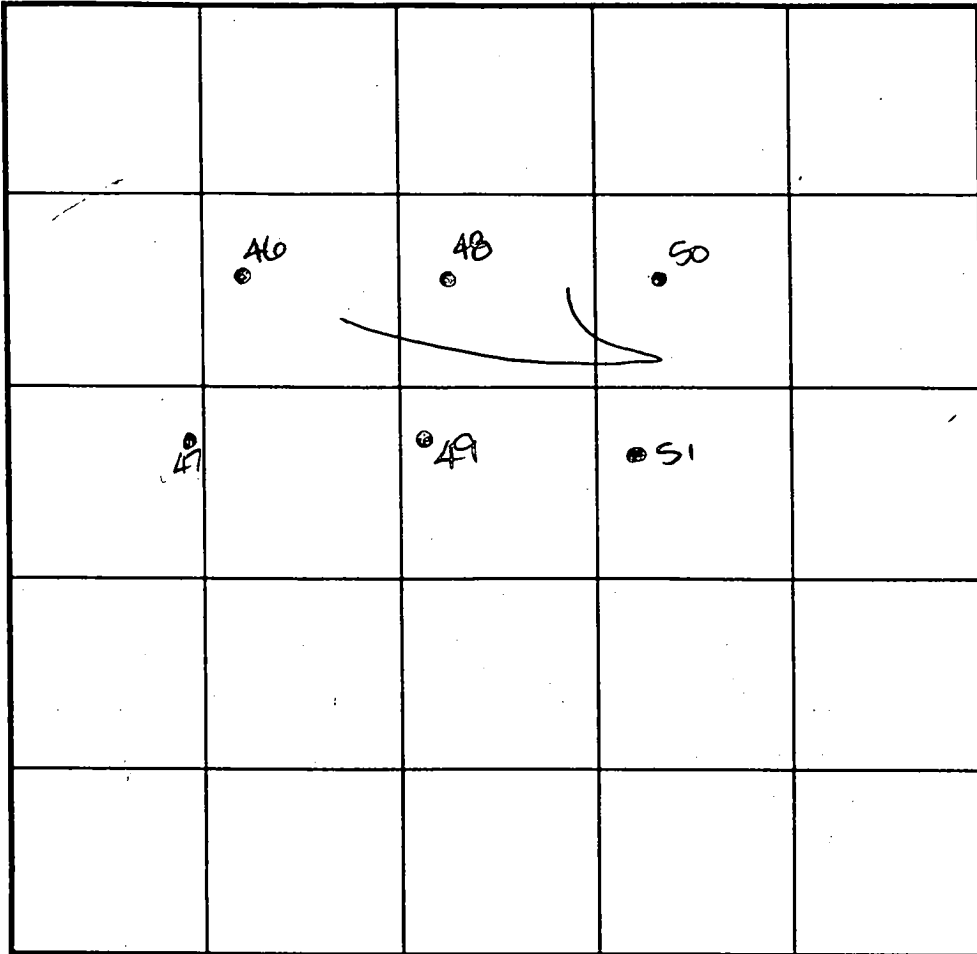
48/50

0' topsoil
 6" med org brn cl lm
 3" pale org red tan sa mica lm
 12' 15%+ sapr sh

50

0' topsoil
 6" br org brn sa cl lm
 3.5" med red brn sa mica lm
 13' 30%+ sapr sh

6-8' gravel



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Folly Quarter Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		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

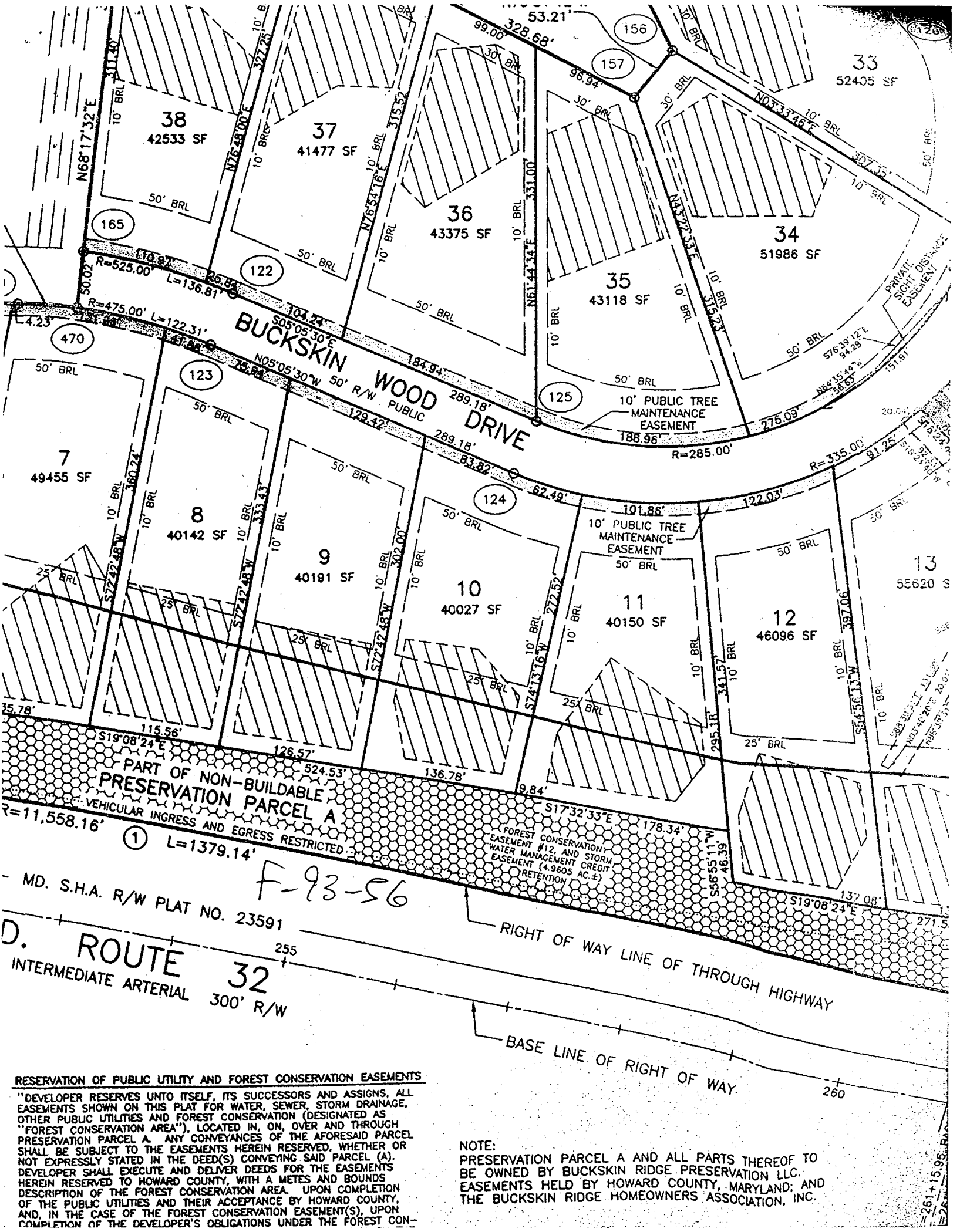
REMARKS _____ holes tested as stated

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 _____



BUCKSKIN WOOD DRIVE
PUBLIC

PART OF NON-BUILDABLE PRESERVATION PARCEL A
VEHICULAR INGRESS AND EGRESS RESTRICTED

① L=1379.14'

F-93-56

MD. S.H.A. R/W PLAT NO. 23591
ROUTE 32
INTERMEDIATE ARTERIAL 300' R/W

RIGHT OF WAY LINE OF THROUGH HIGHWAY

BASE LINE OF RIGHT OF WAY

RESERVATION OF PUBLIC UTILITY AND FOREST CONSERVATION EASEMENTS

"DEVELOPER RESERVES UNTO ITSELF, ITS SUCCESSORS AND ASSIGNS, ALL EASEMENTS SHOWN ON THIS PLAT FOR WATER, SEWER, STORM DRAINAGE, OTHER PUBLIC UTILITIES AND FOREST CONSERVATION (DESIGNATED AS "FOREST CONSERVATION AREA"), LOCATED IN, ON, OVER AND THROUGH PRESERVATION PARCEL A. ANY CONVEYANCES OF THE AFORESAID PARCEL SHALL BE SUBJECT TO THE EASEMENTS HEREIN RESERVED, WHETHER OR NOT EXPRESSLY STATED IN THE DEED(S) CONVEYING SAID PARCEL (A). DEVELOPER SHALL EXECUTE AND DELIVER DEEDS FOR THE EASEMENTS HEREIN RESERVED TO HOWARD COUNTY, WITH A METES AND BOUNDS DESCRIPTION OF THE FOREST CONSERVATION AREA. UPON COMPLETION OF THE PUBLIC UTILITIES AND THEIR ACCEPTANCE BY HOWARD COUNTY, AND, IN THE CASE OF THE FOREST CONSERVATION EASEMENT(S), UPON COMPLETION OF THE DEVELOPER'S OBLIGATIONS UNDER THE FOREST CON-

NOTE:
PRESERVATION PARCEL A AND ALL PARTS THEREOF TO BE OWNED BY BUCKSKIN RIDGE PRESERVATION LLC. EASEMENTS HELD BY HOWARD COUNTY, MARYLAND; AND THE BUCKSKIN RIDGE HOMEOWNERS ASSOCIATION, INC.

261+15.96'



Howard County
Health Department

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

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 4, 2004

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

SENT VIA FACSIMILE 410-992-3020

RE: 4321 Buckskin Wood Drive
Ellicott City, MD 21043
BP #: B00146353
Well Permit # HO-94-3191

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 05/28/2004. Final approval of the well line connection to the dwelling was approved on 06/24/2004.**

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-94-3191. 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: 07/27/2004 & 08/03/2004
Date of Well Completion: 09/25/2001

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

APPROVED

WALK-THRU BUILDING PERMIT

BP# 800154998 A# 573218-J

APP CAN AT

DATE: 11/10/05

DESC. OF WORK

440 sq ft deck

572°42'48"W 302.00'

10' BRL

NOTE: BASEMENT WILL NOT
SEWER BY GRAVITY

DIST. BOX
EX. GRD. 639.70
INV. 636.70

1500 GAL. SEPTIC TANK
INV. IN 637.00
INV. OUT 637.00

FF 645.03
B 635.00

170'

25' BRL

10' BRL

574°13'16"W 272.52'

10' PRIVATE
TREE MAINTENANCE
EASEMENT
PLAT NO. 15523

EX
WELL

TRANSFORMER
BOX

BUCKSKIN WOOD
PUBLIC ACCESS STREET

DRIVE

101 30