

LAYOUT 6/7/04 11:00 INSP 4 \_\_\_\_\_  
 INSP 2 6/8/04 - AM INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 6/2/2004

P 520394

APPROVAL DATE: 6/8/04

A 513618-K

# PERMIT INDEXED

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

Hatfields Equipment IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION: Buckskin Ridge LOT NUMBER: 11

ADDRESS: 4317 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 directly behind the garage. Run (2) trenches on contour to rear of lot.
NOTES:	

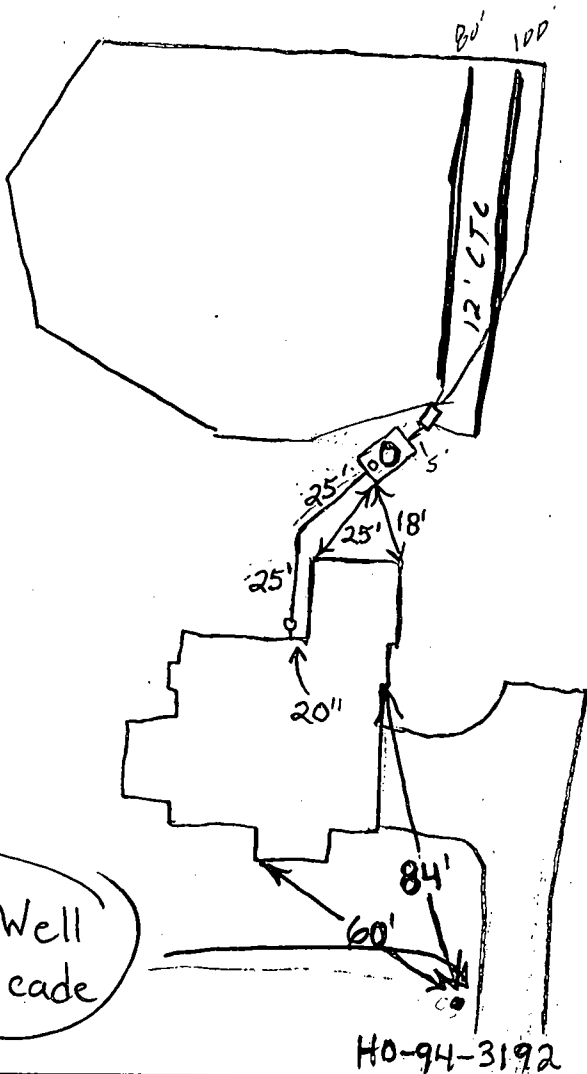
PLANS APPROVED: MER OK / MR DATE: 3/18/04

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  
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A513618K

NOT TO SCALE



Need Well Barricade

HO-94-3192

Backskin Woods Dr ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		180'
ABSORPTION AREA		540
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	18"
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Center
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	_____

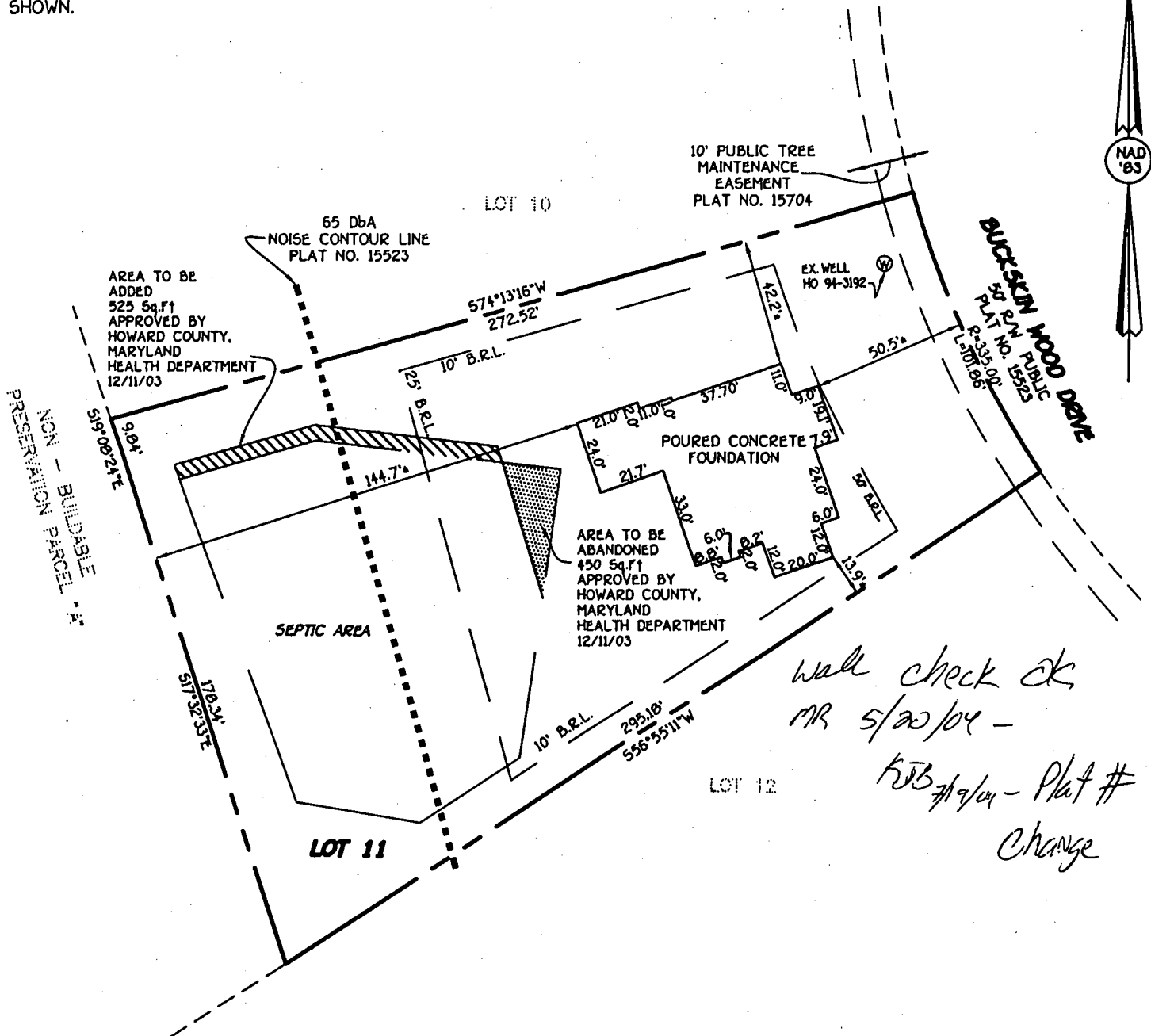
PRE-CONSTRUCTION 6/7/04 O.K. to install 1-100' trench and 1-80' trench to avoid removal of trees. Otherwise install as  
 INSTALLATION planned. Top right easement stake missing. (BB)  
 6/8/04 - OK to cover all work (SC)

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 6/8/04

**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 0.4' (\*)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3192) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

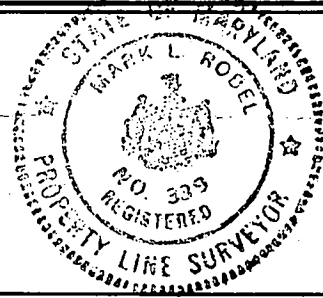


*Wall check ok  
MR 5/20/04 -  
KJB 7/19/04 - Plat #  
Change*

\*4317 BUCKSKIN WOOD DRIVE  
B.R.L. = BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 644.4'

LOT 11  
BUCKSKIN RIDGE  
LOTS 1 THRU 47 AND PRESERVATION PARCEL A  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT NO. 15704

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



*Mark L. Robel* 4/19/04  
PROFESSIONAL LAND SURVEYOR DATE  
REG. • 339

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 4/14/04  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=50'  
DATE: 4/19/04  
DRAWN BY: D.B.  
CHECKED BY: T.A.F.  
PROJECT No.: 61700

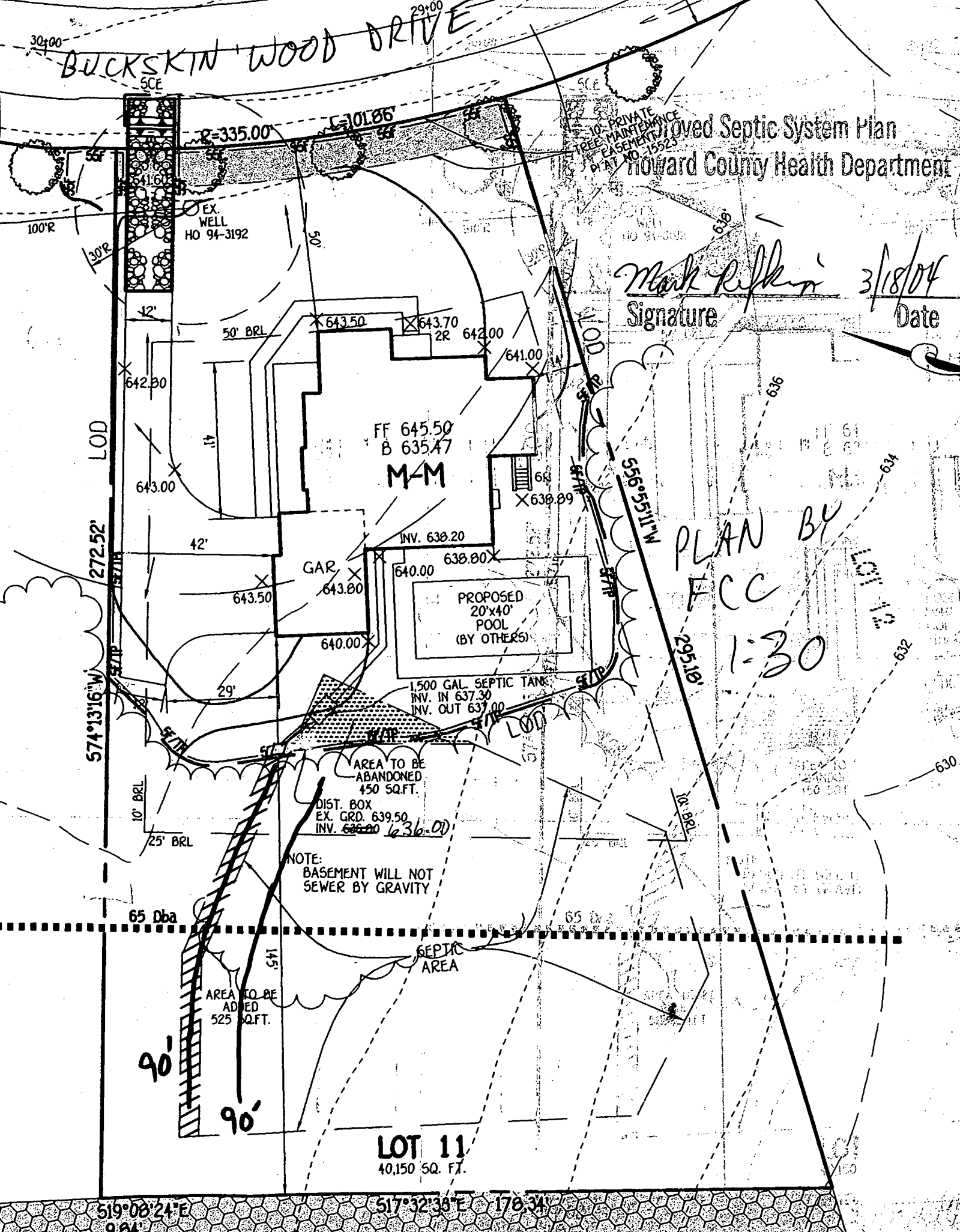
BUCKSKIN WOOD DRIVE

Approved Septic System Plan  
Howard County Health Department

Mark Rifkin 3/18/04  
Signature Date

PLAN BY  
FCC  
1:30

LOT 11  
40,150 SQ. FT.



519°08'24"E  
9.84'

517°32'38"E 170.34'

15.0'

Health

~~3-2-04~~ G

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2465 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY PERMIT APPLICATION**

PERMIT NUMBER  
B00146485 *mer*

Building Address 4317 Buckskin Wood Drive  
Ellicott City, MD 21043  
 Suite/Apt. #: N.A. SDP/WP/Petition #: GP-04-  
 Census Tract 6051.01 Subdivision Buckskin Ridge  
 Section N.A. Area N.A. Lot 11  
 Tax Map 22 Parcel X77 Grid 21  
 Zoning DR-DEO Map Coordinates 10 A-12 Lot size 40,150 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 410-992-3020

Existing Use Vacant Lot  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 200,000.00  
 Description of Work Model "M-M" House

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 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"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. efficiency units: _____ No. BR units: _____ No. BR units: _____ No. BR units: _____	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"/>
Other structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<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 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  
3/4/04  
 Date

MR 3/18/04

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 FREEZER CO INC Telephone #: 410-781-4655  
Address: 6321 BRADY AVE  
SHILOH, 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 FREEZER 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: ABAR Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 11 Well Tag #: HO-94-3192  
Site Address: BUCKSKIN RIDGE DR

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STANLEY Make: CAMPBELL Two piece watertight cap: ✓  
Model #: SP4E02AL Model #: D480 Screened, vented well cap: ✓  
Pump Capacity: 5 GPM Depth: ✓ (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: 60 (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  
Type: POLY  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 6'  
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. Freezer 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 observed below pitless adapter ✓

C1 0653

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER: Floyd Lane LLC; STREET OR RFD: Buckskin Wood drive; TOWN: Ellicott City; SUBDIVISION: Buckskin ridge; SECTION: ; LOT: 11

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 37; NO. OF POUNDS: 3700; GALLONS OF WATER: 222; DEPTH OF GROUT SEAL: 127 ft.

C.3

PUMPING TEST

HOURS PUMPED: 6; PUMPING RATE: 3 gal. per min.; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: 23 ft. before, 244 ft. when pumping; TYPE OF PUMP USED: submersible (S).

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

Table with columns: DESCRIPTION, FEET (FROM, TO), check-if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, etc.

CASING RECORD

MAIN CASING TYPE: ST (STEEL); Nominal diameter: 6 inch; Total depth of main casing: 140 ft.

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type: HO (OPEN HOLE); DEPTH (nearest ft.): 139 ft.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A (ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: MWD 040; DRILLERS SIGNATURE: Henry F. Esterling

LIC. NO.: MS0038; DRILLERS SIGNATURE: Bruce Thompson

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

Table for well depth and casing height with columns: E, A, C, H, S, R, E, N and rows for depth and casing height.

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

MDE-USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

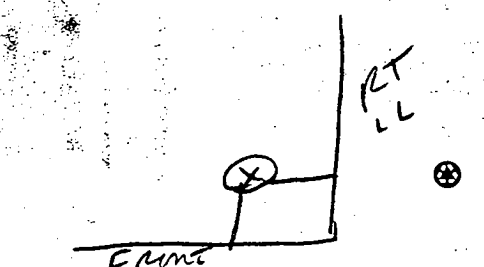
PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO)

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/below; LAND SURFACE 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)



8:00 9/28/01

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-3192  
 Location of property (road) Buckskin Wood Drive  
 Subdivision Buckskin Ridge Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 29PM  
 Distance of measuring point (M.P.) above ground 1 FT  
 Static water level (S.W.L.) below M.P. 73 FT

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:30 Pumping rate 15 GPM  
 Total time 45 min. to reach pumping water level 237 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TESTED BY PDK/E

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	237 FT	20 sec	385 FT	3 GPM
9:30	237 FT	20 sec		3 GPM
9:45	237 FT	20 sec		3 GPM
10:00	237 FT	20 sec		3 GPM
10:15	238 FT	20 sec		3 GPM
10:30	239 FT	20 sec		3 GPM
10:45	241 FT	20 sec		3 GPM
11:00	242 FT	20 sec		3 GPM
11:15	244 FT	20 sec		3 GPM
11:30	244 FT	20 sec		3 GPM
11:45	244 FT	20 sec		3 GPM
12:00	244 FT	20 sec		3 GPM
12:15	244 FT	20 sec		3 GPM
12:30	244 FT	20 sec		3 GPM
12:45	244 FT	20 sec		3 GPM
1:00	244 FT	20 sec		3 GPM
1:15	244 FT	20 sec		3 GPM
1:30	244 FT	20 sec		3 GPM
1:45	244 FT	20 sec		3 GPM
2:00	244 FT	20 sec		3 GPM
2:15	244 FT	20 sec		3 GPM
2:30	244 FT	20 sec		3 GPM
2:45	244 FT	20 sec		3 GPM
3:00	244 FT	20 sec		3 GPM

HD-2243:15 244 FT 20 Sec 385 3 GPM



B 1 9237

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3192

U-515311

please print or type

fill in this form completely

Date Received (APA)

06/25/01

OWNER INFORMATION 8628

Floyd Lane L L C

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

36 Street or RFD Columbia, Md 21044

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

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

Address

Signature George F. Easterday Date 6/25/2001

B 2 WELL INFORMATION 5

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

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

APPROXIMATE DEPTH OF WELL 24 28 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTARY DRive-POINT
other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER HO2000G011(01)
PERMIT No. HO-94-3192

B 3 LOCATION OF WELL

Howard CC#

8 COUNTY Buckskin Ridge 21

23 SUBDIVISION

SECTION LOT 11

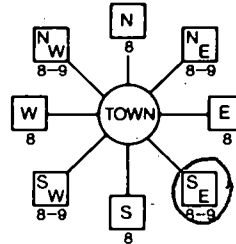
Glenelg

52 NEAREST TOWN 71

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

B 4

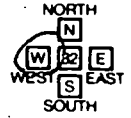
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

11 NEAR WHAT ROAD. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 20 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL:

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 CO SIGNATURE EXP. DATE 08/13/02

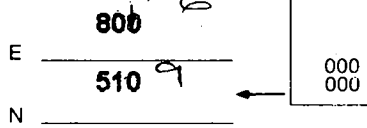
NORTH GRID 519 000 EAST GRID 0806 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

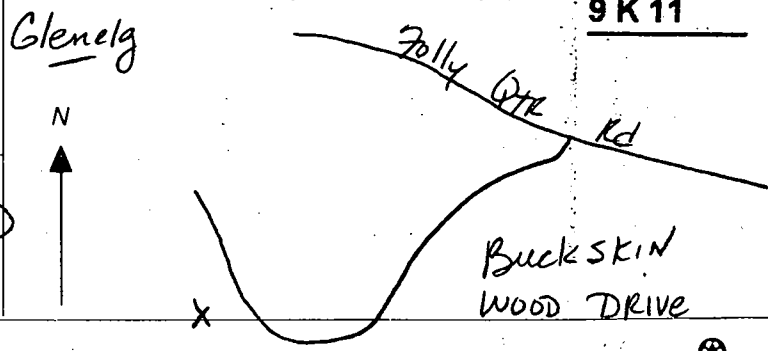
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE 6



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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Buckskin Ridge  
 Well sites for lots  
 8-13 only - as  
 stated by surveyor  
 8/14/01 DIC

N 577750

# APPLICATION

PERCOLATION TESTING

A 513618-K

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 (11)

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 Crawford*  
(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

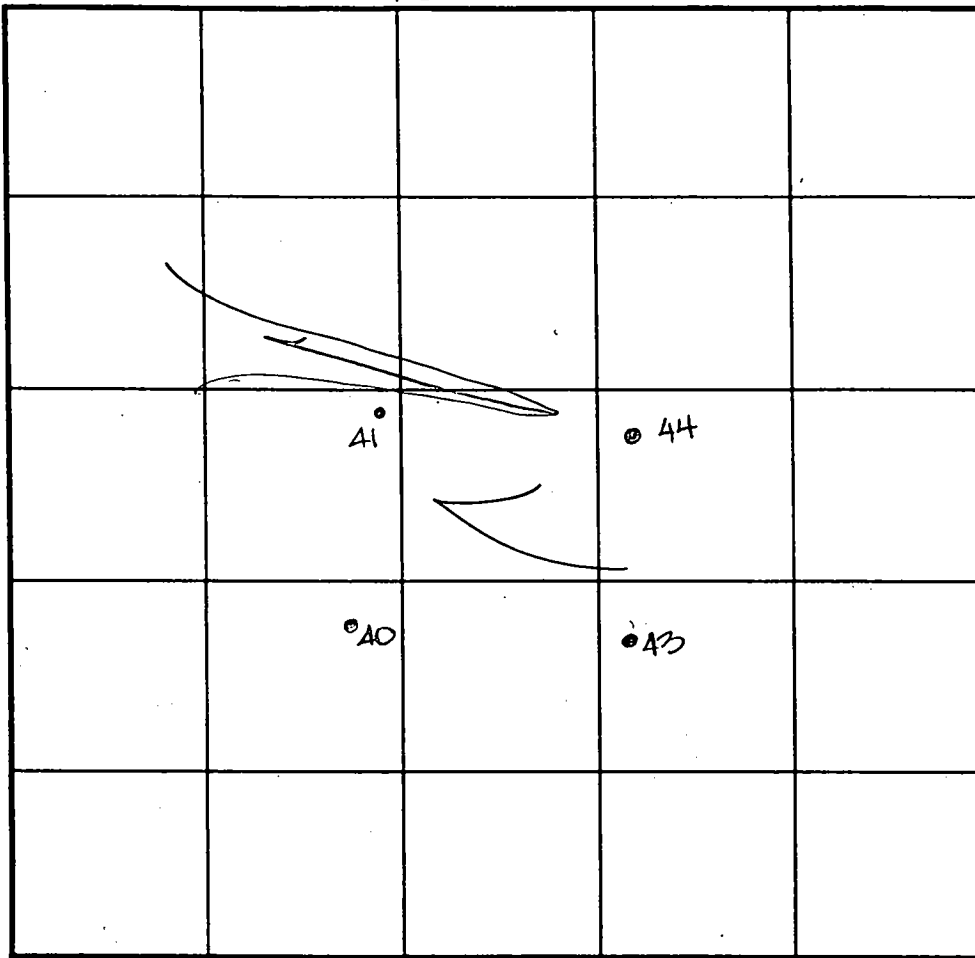
COUNTY #

SOIL PROFILE  
44

0' topsoil  
6" br org brn sa cl lm  
3.5' pale pk brn sa mica lm  
10-15% sapr sh

0' 43  
6" topsoil  
org brn sa cl lm  
3.5' pale org brn sa mica lm  
15%+ sapr sh

0' 40  
6" topsoil  
org brn sa cl lm  
4' med pk brn sa mica lm  
15%+ sapr sh  
12.5'



SOIL PROFILE  
44

0' topsoil  
6" red brn sa cl lm  
4' med pk brn sa mica lm  
10-15% sapr sh  
12.5'

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	<del>44</del>	13.0' D	visual	- see	profile		OK
	43	4.0' S	11:14	11:19	11:19	11:26	7
		13.0' D	visual	- see	profile		OK
	40 ✓	12.5' D	visual	- see	profile		OK
	41 /	12.5' D	visual	- see	profile		OK

REMARKS: holes tested as stated

TYPE OF SOIL

TESTED BY: DJS ALSO PRESENT G. Tepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

COUNTY #

SOIL PROFILE

36

topsoil

br  
org brn  
sa mica  
lm

med  
pk brn  
sa mica  
lm

15-20%  
sapr  
sh

topsoil

br  
red brn  
sa cl lm

med  
red brn  
sa mica  
lm

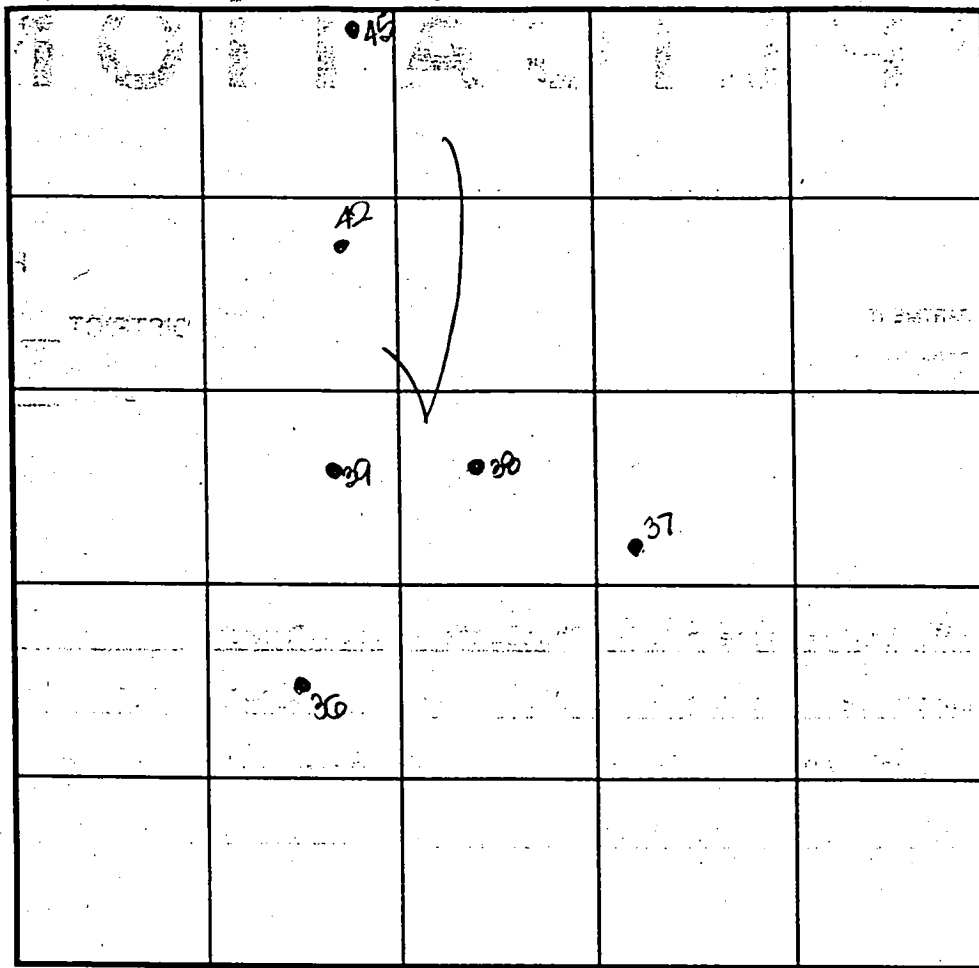
10-15%  
sapr  
sh

topsoil

br  
red brn  
sa cl lm

pale  
pk brn  
sa mica  
lm

15%  
sapr  
sh



SOIL PROFILE

49

topsoil

br  
red org  
brn

sa cl  
lm

med  
pk brn  
sa mica  
lm

15%  
sapr  
sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-2-00	36	13.5' D	visual	- see	profile		OK
	38	4.0' S	10:43	10:49	10:45	10:47	3
		12.0' D	visual	- see	profile		OK
	39	11.9' D	visual	- see	profile		OK
	42	4.0' S	10:39	11:00	11:00	11:02	2
		13.0' D	visual	- see	profile		OK
	49	4.0' S	11:05	11:06	11:06	11:08	2
		12' 8" D	visual	- see	profile		OK

REMARKS: holes tested as stated

TYPE OF SOIL

TESTED BY DKS

ALSO PRESENT C. Zepp, T. Feagge

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

# ROUTE 32

COUNTY #

SOIL PROFILE

47

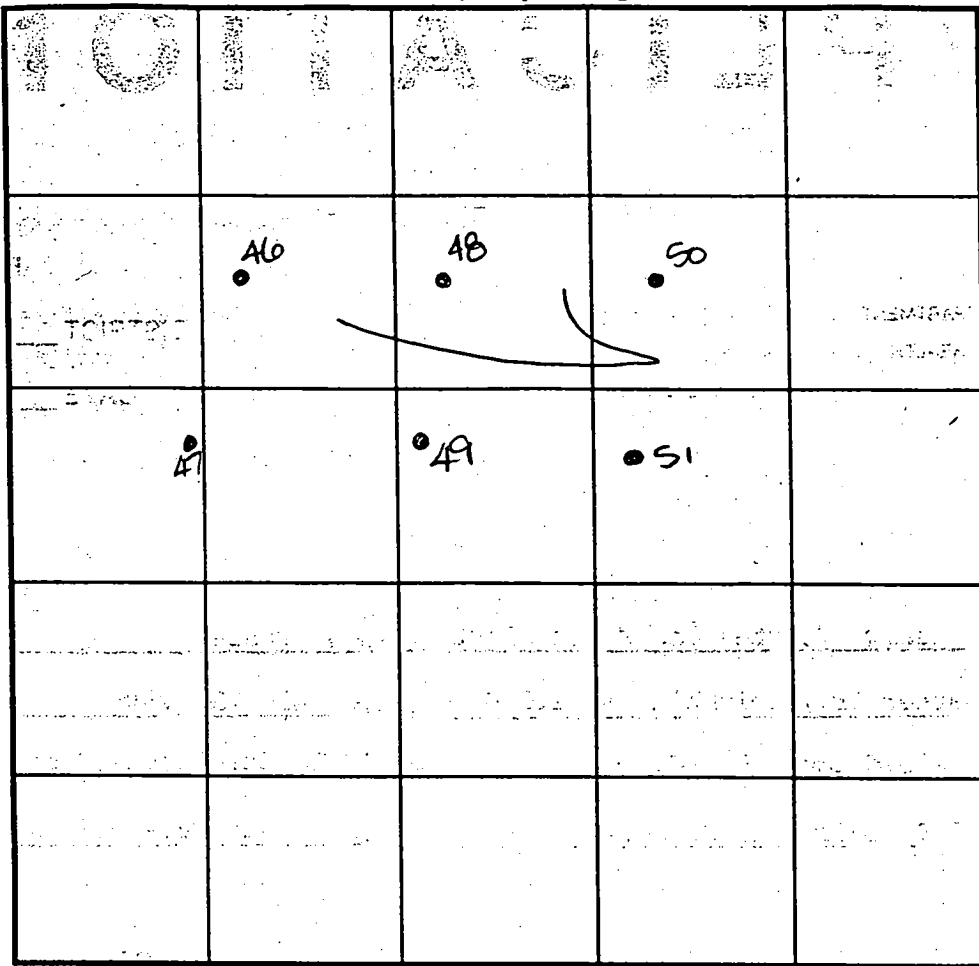
topsoil  
br  
org bmn  
sa cl  
lm  
med  
pk bmn  
sa mica  
lm  
15% or  
sap  
sh

49

topsoil  
br  
red org  
bmn  
sa cl  
lm  
pale  
red org  
tan  
sa mica  
lm  
15% sap  
sh

46

topsoil  
org bmn  
cl lm  
pale  
pk bmn  
sa mica  
lm  
15-20%  
sap  
sh



SOIL PROFILE

48/50

topsoil  
med  
org bmn  
cl lm  
pale  
org red  
tan  
sa mica  
lm  
15% or  
sap  
sh

50

topsoil  
br  
org bmn  
sa cl lm  
med  
red bmn  
sa mica  
lm  
30% sap  
sh

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 <sub>2</sub>	12:09 <sub>2</sub>	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 <sub>2</sub>	2
		13.0' D	visual	-see	profile	(30% sh)	OK

REMARKS

holes tested as stated

TYPE OF SOIL

TESTED BY

DKS

ALSO PRESENT

G. Zepp, T. Feaga

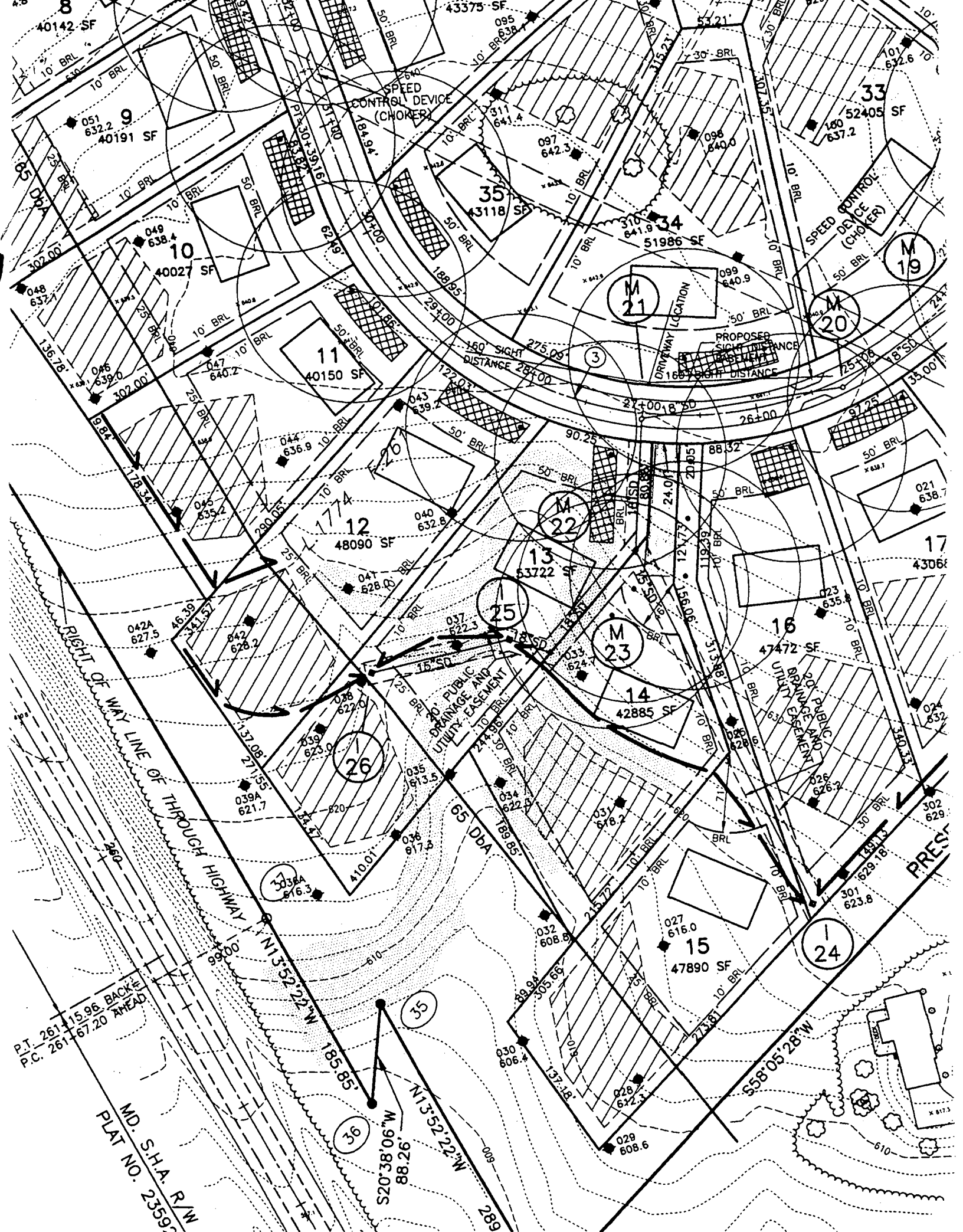
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



40142 SF

SPEED CONTROL DEVICE (CHOKER)

SPEED CONTROL DEVICE (CHOKER)

PROPOSED SIGHT TRIANGLE

DRIVEWAY LOCATION

RIGHT OF WAY LINE OF THROUGH HIGHWAY

PRESERVATION

P.T. 261+15.96 BACKSIGHT  
P.C. 261+67.20 AHEAD

MD. S.H.A. R/W  
PLAT NO. 23593

S20°38'06"W  
88.26'

N13°52'22"W  
289'

S58°05'28"W

051 632.2

049 638.4

044 636.9

040 632.8

041 628.0

037 622.5

035 613.5

038 617.8

030 606.4

042A 627.5

042 628.2

039A 621.7

036 616.3

032 608.8

029 608.6

027 616.0

026 626.5

024 632.0

021 638.7

023 635.0

021 638.7

021 638.7

021 638.7

021 638.7

021 638.7

048 637.7

046 639.0

047 640.2

043 639.4

040 632.8

037 622.5

035 613.5

038 617.8

030 606.4

097 642.5

098 640.0

099 640.9

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

095 637.5

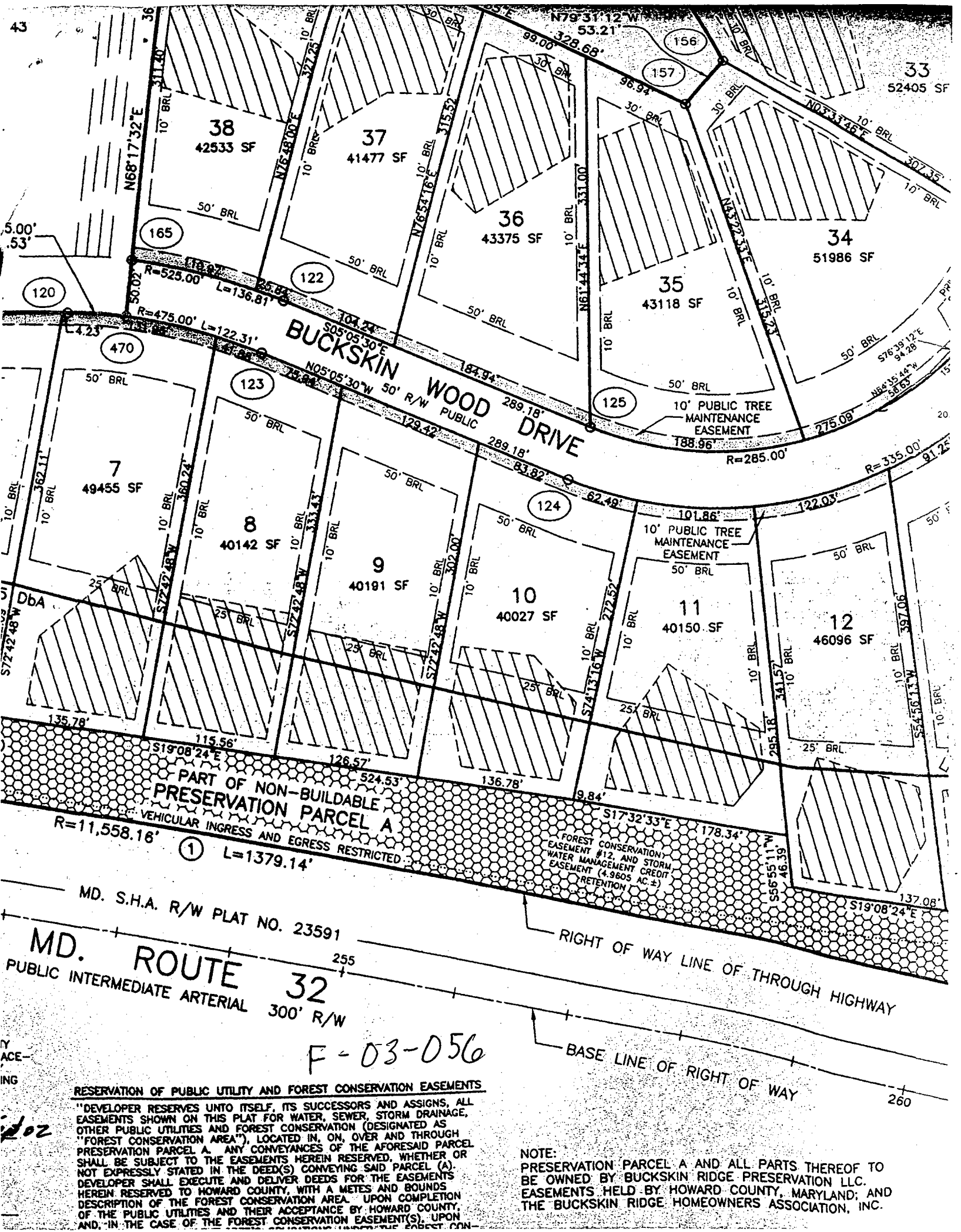
095 637.5

095 637.5

095 637.5

095 637.5

095 637.5



**BUCKSKIN WOOD DRIVE**  
 10' PUBLIC TREE MAINTENANCE EASEMENT  
 R=285.00'

**PART OF NON-BUILDABLE PRESERVATION PARCEL A**  
 VEHICULAR INGRESS AND EGRESS RESTRICTED  
 R=11,558.16' L=1379.14'

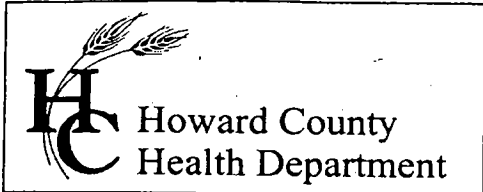
MD. S.H.A. R/W PLAT NO. 23591  
**MD. ROUTE 32**  
 PUBLIC INTERMEDIATE ARTERIAL 300' R/W

F-03-056

**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

**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.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 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

September 17, 2004

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

**SENT VIA FACSIMILE 410-992-3020**

RE: Buckskin Ridge, Lot 11  
4317 Buckskin Wood Drive  
Ellicott City, MD 21043  
BP # B00146485  
Well Permit # HO-94-3192

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 06/08/2004. Final approval of the well line connection to the dwelling was approved on 6/24/2004.**

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-94-3192. 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: 9/03/2004  
Date of Well Completion: 9/25/2001

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

BB/sjn

cc: Building Inspector's Office  
Community Services Program

File