

LAYOUT 4/22/04 10:00 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 3/2/2004

APPROVAL DATE: 4/23/04

PERMIT INDEXED

P 520075
A 513618-44

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

05-436060

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Buckskin Ridge LOT NUMBER: 44

ADDRESS: 4344 Buckskin Wood Drive PROPERTY OWNER: Columbia Builders

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

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 250 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 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 left high corner of the staked SDA. Run (3) trenches on contour to right side of lot.
NOTES:	

PLANS APPROVED: MER DATE: 1/21/04

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

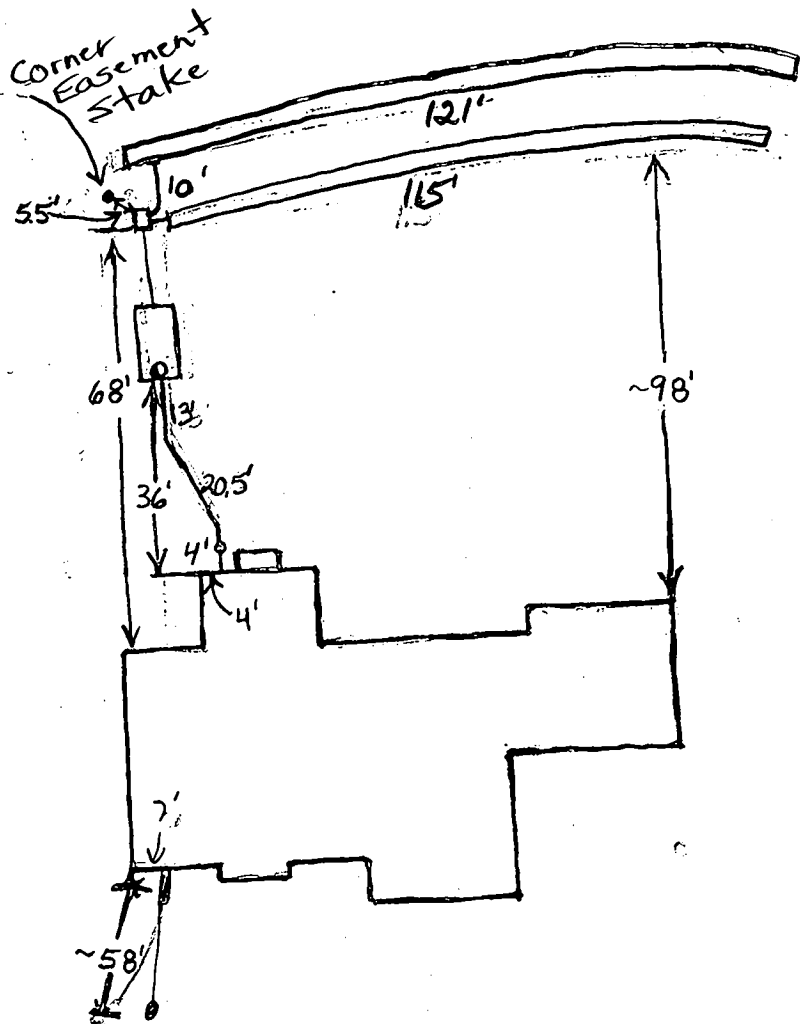
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
AND RETURNED DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

2-2-05 BOV152116-DECK

A 513618-44

NOT TO SCALE



HO-94-3213

Buckskin Wood Drive

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>236'</u>		
ABSORPTION AREA <u>708 sq ft.</u>		
DISTRIBUTION BOX LEVEL <input checked="" type="checkbox"/>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>No</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1 Foot</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL <u>N/A</u>	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 4/22/04 Installation started. Distribution box is being installed at edge of septic easement instead of the middle of the easement as per the approved B.P. plan?

Box should be installed in the middle of the easement. Too much area will be wasted if installed as per plan and trying to work around trees. Install two trenches as long as possible in top of easement to conserve area. O.K. to install trenches 6" deeper. Clay goes down to 4.5' in some areas. (BB)

4/23/04 All work done. Top trench was installed slightly above easement area to avoid removing some trees. O.K. to cover. (BB)

FINAL INSPECTOR Brian Baber

DATE OF APPROVAL 4/23/04

524°33'25"E 129.00'

LOT 44

44,629 SQ. FT.

Approved Septic System Plan
Howard County Health Department

Mark Piffkin
Signature
SEPTIC AREA
Date 11/21/04

83' each

DIST. BOX
EX. GRD. 609.00
INV. 606.00

1,500 GAL. SEPTIC TANK
INV. IN 611.10
INV. OUT 610.80

PLACE BOX
HERE

560°39'48"W 326.08'

N65°49'42"E 321.74'

BB-2
FF 624.03
B 614.00

MORN. ROOM

INV. 611.60

622.30

GAR.

622.30

GAR.

X 622.00

X 622.00

X 613.30

X 615.00

X 622.43

X 2R

X 622.73

X 622.00

X 622.00

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BUCKSKIN WOOD DRIVE
(PUBLIC ACCESS STREET)

40' PRIVATE
TREE MAINTENANCE
EASEMENT
PLAT NO. 15705

18" RCP

18" RCP

24" PAV.
50' R/W

612 614 616 618 620

LOT 45

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0014559/mel

Building Address 4344 Buckok in Wood Drive
Ellicott City, MD 21043

Suite/Apt. #: N.A. SDP/WP/Petition #: CP-04-43

Census Tract 6051.01 Subdivision Buckok in Ridge

Section N.A. Area N.A. Lot 44
Block 21

Tax Map 22 Parcel 74 Grid

Zoning RR-DEO Map Coordinates 10 A-12 Lot size 44,629 SF.

Existing Use Vacant lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 200,000.00

Description of Work Model BB-2 house

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 _____

Contractor Company ~~Mark Construction~~ Columbia Builders

Contact Person Dee Spurling

Address Same

City _____ State _____ Zip Code _____

License No. 254

Phone _____ Fax 410-992-3020

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

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

B. James Greenfield
Print Name
12/26/03
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY ****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	<u>605526</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>120.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>1/21/04</u>	<u>Mark Kiffin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2794</u>
			Accepted by <u>[Signature]</u>	Validation # <u>28795</u>

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 #: 410-795-1405
Address: 6324 BALDWIN AVE
SUBSVILLE, MO 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): ROBERT L FEEZER CO INC License # 2122

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

Name of Property Owner: _____ Telephone #: _____

Subdivision: _____ Lot #: 44 Well Tag #: HO-94-3213

Site Address: 4344 BURNINGWOOD DRIVE
ELLICOTT CITY, MO 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

Make: STALWITZ Make: CAMPBELL Two piece watertight cap:

Model #: SSP4C02HL Model #: PT800 Screened, vented well cap:

Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:

Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:

Depth of well encountered at time of pump installation: 500 (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: FLG PVC sleeved to undisturbed soil at wall penetration:

PSI: 200 (160 psi min) Approximate length of sleeve: 5'

Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer Date: 4/27/04

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

Date Insp. Requested: _____ Date Insp. Approved: 4/29/04 (50) 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 - 0674 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 *St. Charles*

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/21/01

DEPTH OF WELL 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-3213

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 44

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: Top soil, sandy mica, white mica, grey mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) MENTONITE CLAY (B) C NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL 39 ft.

CASING RECORD MAIN CASING TYPE (S) T Nominal diameter 6 Total depth of main casing 41

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. 1 MWD 040 George F. Eastonley DRILLERS SIGNATURE

LIC. NO. 1 PA 186 041 George F. Eastonley

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

DEPTH (nearest ft.) table with columns 1-6 and rows A-C, H, S, R, E, N. Includes handwritten entries: HO 39 500

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 132 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) see plat

9268

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3213

4515311 please print or type

fill in this form completely

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

LOCATION OF WELL
Howard
Buckskin Ridge
Glenelg
NEAREST TOWN

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 6/25/2001

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

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

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

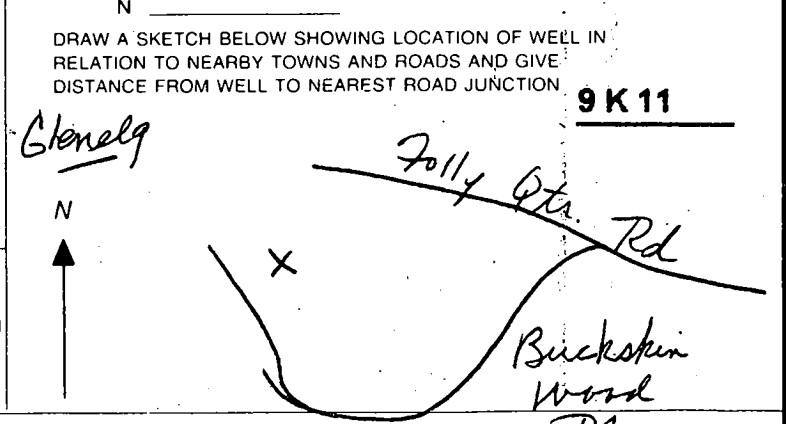
USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

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
8006
5109

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic/Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

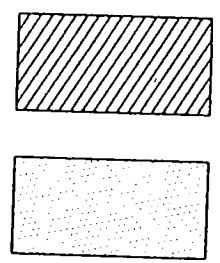
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER H02000G-01(01)
PERMIT No. 10-94-3213

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

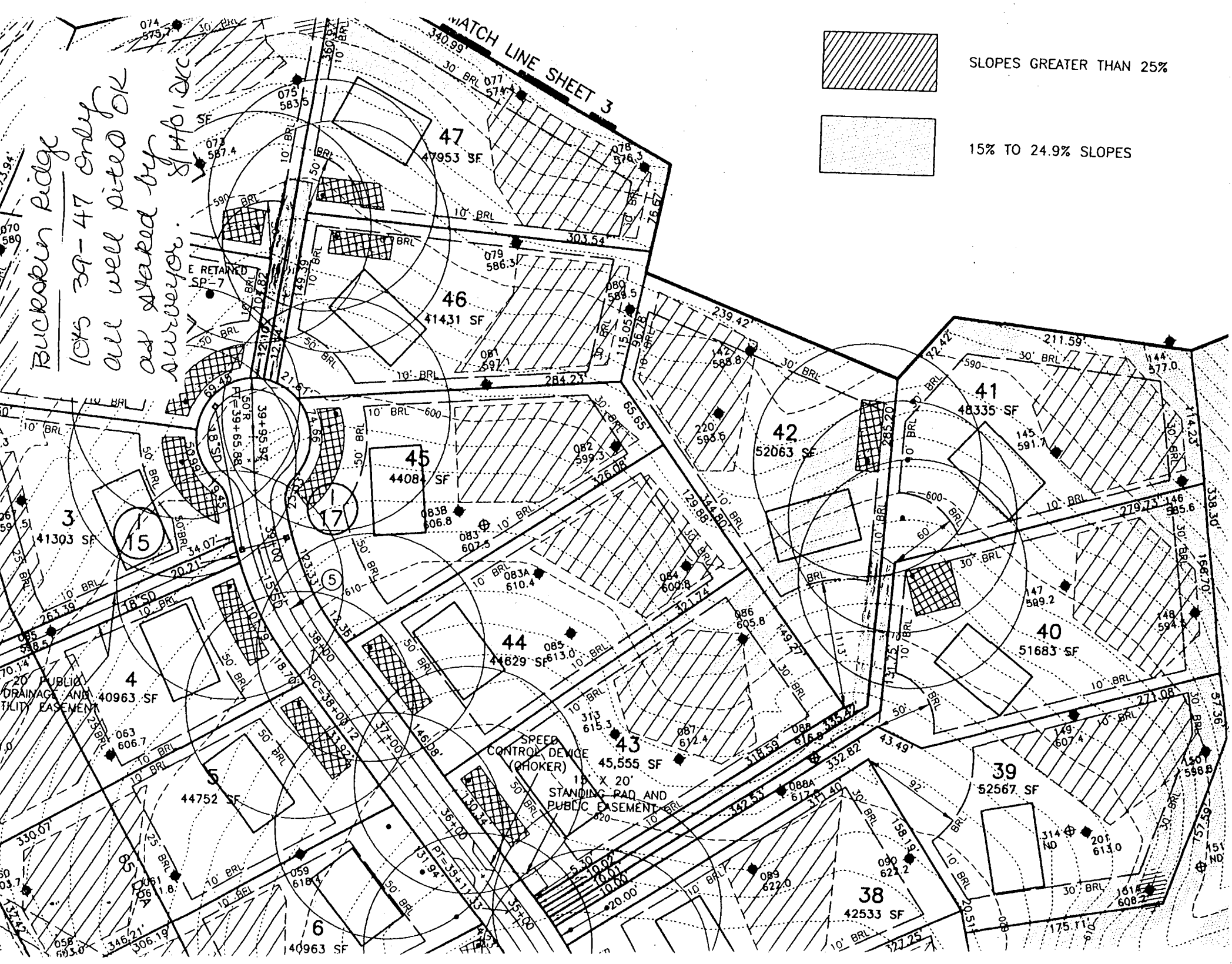
WATCH LINE SHEET 3



SLOPES GREATER THAN 25%

15% TO 24.9% SLOPES

*Buckhorn Ridge
lots 39-47 only
all well pited OK
as stated by
Surveyor. SMO, DKC*



APPLICATION

PERCOLATION TESTING

A 513618-44

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. 17 (45) (44)

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

COUNTY #

SOIL PROFILE

82

0' topsoil
 6" org brn sa cl lm
 4' med red brn sa mica lm
 15% sa pr sh

81

0' topsoil
 6" org brn sa cl lm
 3.5' med org brn sa mica lm
 7.5' 48% sa pr sh

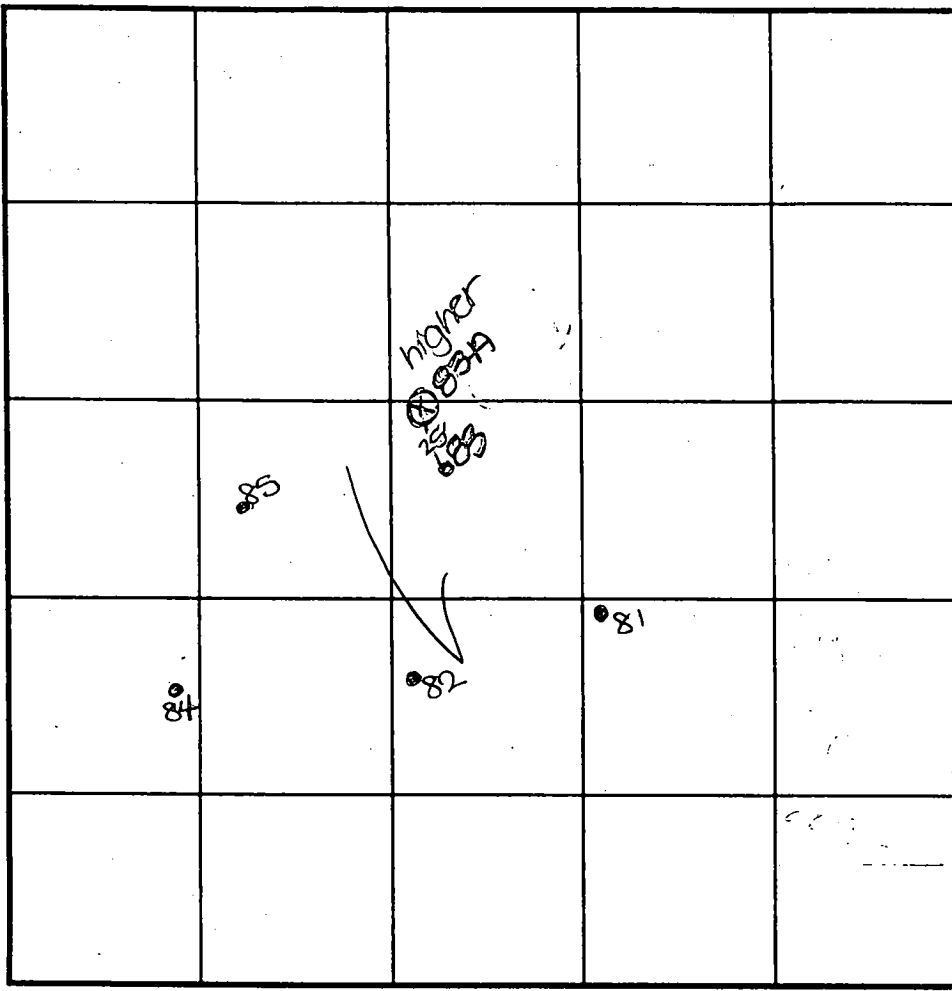
84

0' topsoil
 6" org brn cl lm
 3.5' pale org red tan sa mica lm
 4' 15-20% sa pr sh
 12'

SOIL PROFILE

85

0' topsoil
 6" org brn cl lm
 4' med org brn sa mica lm
 20% sa pr sh
 9' 48% sa pr sh
 11' 83A
 0' topsoil
 6" org brn sa cl lm
 3' pale org red tan sa mica lm
 11.5' 25% sa pr 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	82	4.5' S	2:23	2:24	2:24	2:25	2
		12.5' D	Visual	- see	profile		OK
	81	3.0' S	2:30	test stopped	- little slow		OK
		11.5' D	Visual	- see	profile		OK
	84	12.0' D	Visual	- see	profile		OK
	83A	3.0' S	2:52	2:56	2:56	3:04	8
		11.5' D	Visual	- see	profile		OK
	85	11.0' D	Visual	- see	profile		OK
	83	8.5' D	Hard	bottom	(60% R @ 6.5')		FAIL

REMARKS holes tested as stated except 83A

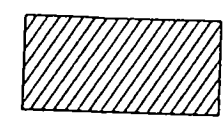
TYPE OF SOIL _____

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

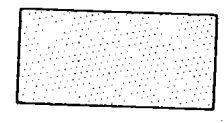
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

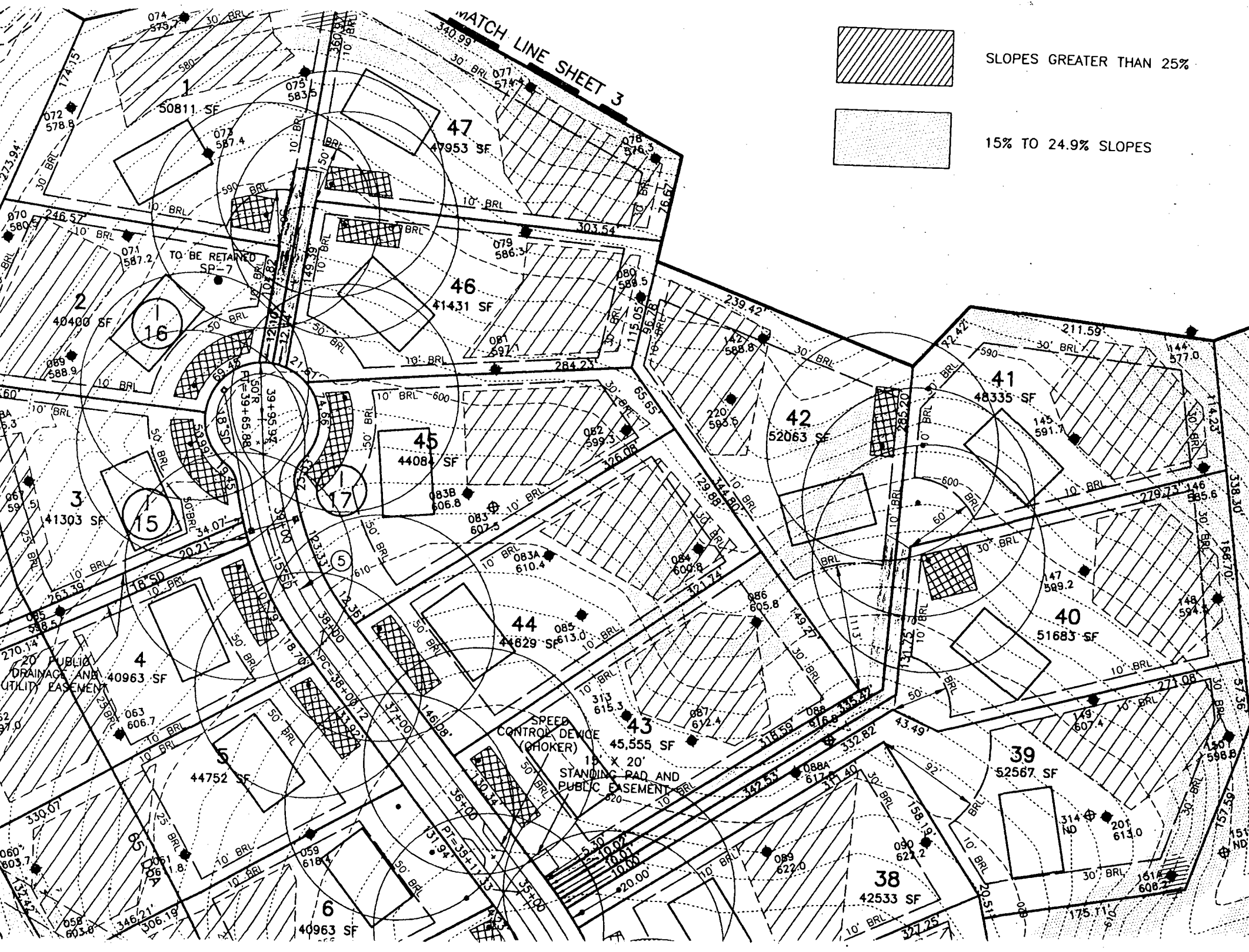
MATCH LINE SHEET 3

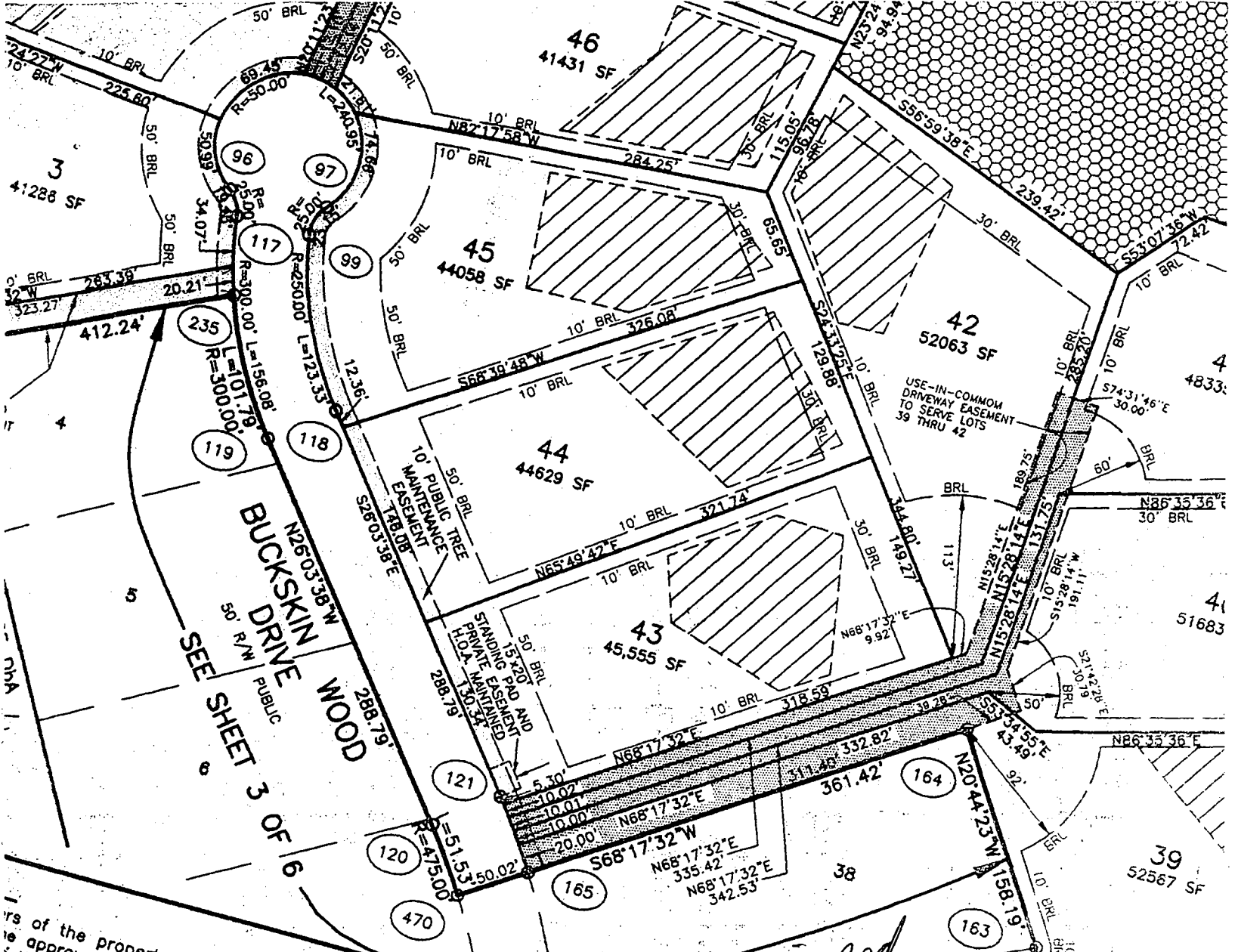


SLOPES GREATER THAN 25%



15% TO 24.9% SLOPES





rs of the property shown and described
 approval of this Final Plat by the
 iction lines, grant unto Howard County,
 maintain sewers, drains, water pipes
 at rights of way and the specific
 the beds of the streets and/or
 and other valuable consideration,
 he fee simple title to the beds of
 ion parcel, where applicable; (3)
 specific purpose of their con-
 e of any kind shall be erected on

Signed
 F-03-056

SURVEYOR'S CERTIFICATE

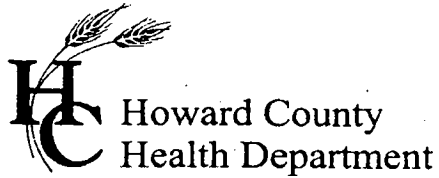
I hereby certify that the Final Plat shown and described hereon is correct; that it is a subdivision of all the land conveyed by Joel Marc Abramson to Jared T. Healy, Trustee and M. Charlotte Powell, Trustee by deed dated January 19, 2000 and recorded in Liber 4997 at Folio 647 among the Land Records of Howard County, Maryland, and all of the land conveyed by G. William Floyd and Myrna W. Floyd to Jared T. Healy, Trustee and M. Charlotte Powell, Trustee by deed dated January 19, 2000 and recorded in Liber 4997 at Folio 657 among the Land Records of Howard County, Maryland and that all monuments are in place or will be in place prior to the acceptance of the streets in the subdivision by Howard County, Maryland, as shown in accordance with the Howard County Subdivision Regulations.

J. HEALY, Trustee
 Trustee
 E POWEL, Trustee

WILLIAM L. MACHEN
 PROFESSIONAL LAND SURVEYOR
 MARYLAND #9011



20 Sept 2003
 DATE



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

July 1, 2004

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

SENT VIA FACSIMILE 410-992-3020

RE: 4344 Buckskin Wood Drive
Buckskin Ridge, Lot 44
BP # B00145591
Well Permit # HO-94-3213

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 04/23/2004. Final approval of the well line connection to the dwelling was approved on 04/29/2004.**

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-94-3213. 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: 06/18/2004
Date of Well Completion: 09/21/2001

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File

05/25/2004 11:30 5359186

PAGE 02/02

APPROVED

WALKTHRU BUILDING PERMIT

BP# 600/52/116 A# 513618-011

APP. SAN FAY

DESC. OF WORK: 14x16 Deck

with 5kgs to grade

101 21

