



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 7424 Bucks Haven Ln
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: 2001
 Lot: 6 Tax Map: 0040 Parcel: 0138

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 30,000
 Description of Work:
Install (54) ground mounted solar panels for a
16.74 kW pv system
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Robert and Tamra Kober
 Address: 7424 Bucks Haven Ln
 City: Highland State: MD Zip Code: 20777
 Phone: (301) 854-0269 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: 21st Century Power Solutions, LLC
 Address: 418 Oella Ave. Suite A
 City: Catonsville State: MD Zip Code: 21228
 Phone: (410) 418-5650 Fax: (410) 418-5650
 Email: mreaver@21cps.com

Contractor Company: 21st Century Power Solutions, LLC
 Contact Person: Rob Reichel
 Address: 418 Oella Ave. Suite A
 City: Catonsville State: MD Zip Code: 21228
 License No. : MHIC - 127486
 Phone: (410) 418-5650 Fax: (410) 418-5358
 Email: mreaver@21cps.com

Engineer/Architect Company: Solar Foundations USA
 Responsible Design Prof.: James Clifton Douglas
 Address: 1142 River Road
 City: New Castle State: DE Zip Code: 19720
 Phone: (855) 738-7200 Fax: (866) 644-5665
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>well</u>
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>Septic</u>
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

mreaver@21cps.com Print Name
 Email Address _____ Date _____
21st Century Power Solutions, LLC
 Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9-27-19</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

7-20-95
am c/19

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50967D

A 49286

DISTRICT 5th

DATE 5/28/93

05-419522

DATE SYSTEM APPROVED 7-20-95

INSPECTOR Ann

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
313-2640

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737

PHONE 988-9270

SUBDIVISION Bucks Haven Manor LOT 6 ROAD 7424 Bucks Haven Lane

PROPERTY OWNER Cornerstone Homes, Inc. / Danny Selby

ADDRESS _____

2-SEPTIC TANK CAPACITY 1250 GALLONS

*** 2-SEPARATE 1250 GALLON SEPTIC TANKS IN SERIES
REQUIRED. (See Attached Letter of May 17th For
Explanation)

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

$\frac{240}{4} = 60$
 $\frac{320}{4} = 80$
 $\frac{31960}{4} = 7990$

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From the right front lot corner, place the distribution box 150 feet down the right lot line and not more than 10 feet off that lot line. Run trenches on contour toward left side of property.

NOTES - TRENCH LENGTH MAY EXCEED 100 FEET TO MAKE MAXIMUM USE OF AVAILABLE SEPTIC AREA.
Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK 6/2/95 DKS

BLDG. PERMIT SIGNED
AND RETURNED 6-2-95
Serial # BA111912
DATE 05/22/95

PLANS APPROVED BY C. Williams

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK; DISTRIBUTION BOX; TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

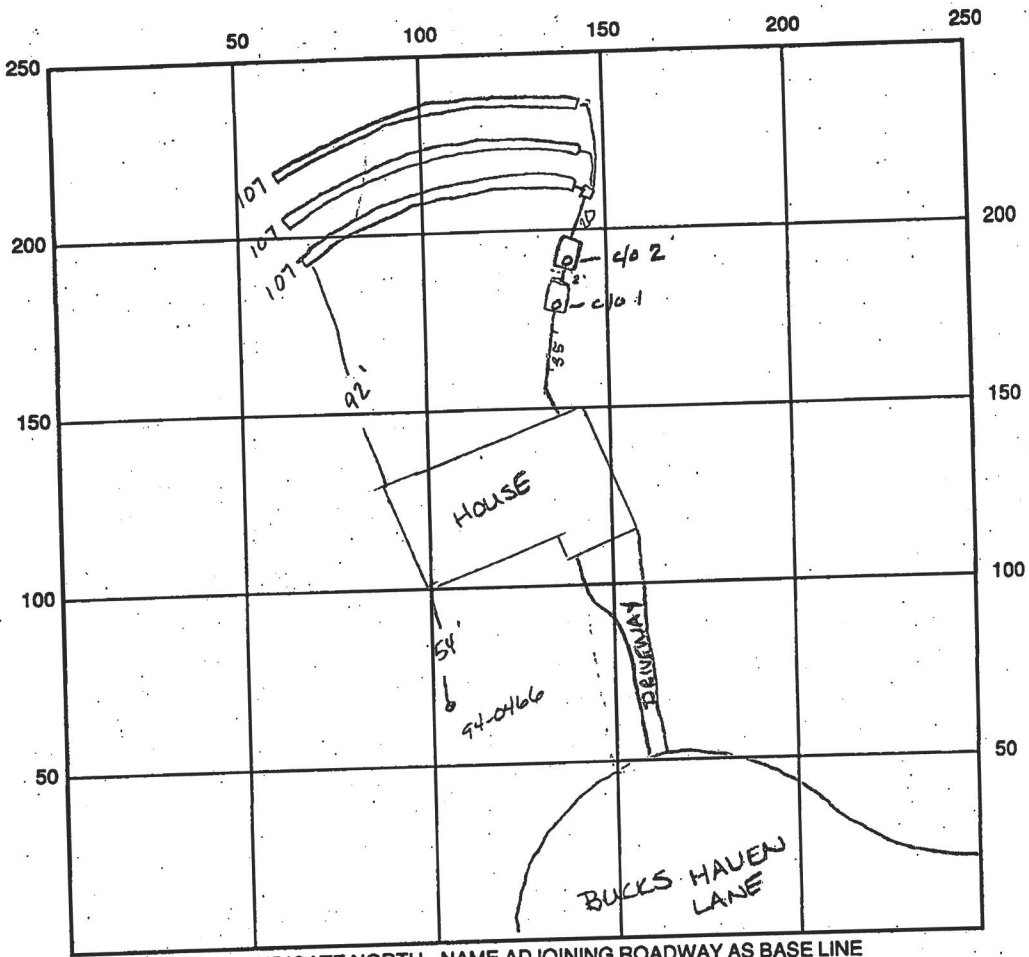
Add'l on - Deck
Serial # 62273
BLDG. PERMIT SIGNED
AND RETURNED 10-26-95

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-8933 FOR INSPECTION OF SEPTIC SYSTEM.

A
49286



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 21250 gal in series OK CLEANOUTS c/o 1 OK / c/o 2 OK
 DISTRIBUTION BOX LEVEL OK baffle is in per contractor
 DRAIN FIELD/TITLE DEPTH 4 per contractor FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①107 ③107 FT. = 321 total linear ft of trench
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT. 321
3
960
 ABSORBENT AREA — SQ. FT.

REMARKS: 7-20-95 OK to cover all work final AEM

DATE SYSTEM APPROVED 7-20-95 INSPECTOR Amy McMillen

APPLICATION

PERCOLATION TESTING

A 49286

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT FIFTH

DATE May 26, 1993

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 CATHERINE CLAINGER Cornerstone Homes

ADDRESS 12459 SCAGGSVILLE ROAD PHONE ~~531-599~~ 379-0157

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~CLAINGER PROPERTY~~ Bucks Haven Manor LOT NO. 5 Phase 1 of 10 Final Lot 6

ROAD AND DESCRIPTION 1400'± NORTHWEST FROM INTERSECTION OF BROWN'S BRIDGE ROAD AND MARYLAND ROUTE 316
(7417 Bucks Haven Lane)

TAX MAP 40 PARCEL # 138

SIZE OF LOT 43,000^{sq} TYPE BLDG. SINGLE FAMILY SED - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 4/6/95
Serial # 58537

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 8/16/93 - LOT OLD 5 FAILED BUT NEW LOT 5

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # CREATED SEE ATTACHED SHEET ON NEW 5

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # PERC OK ON NEW 5
HOLD FOR PLAT

THIS IS NOT A PERMIT

4926 old Lot 5

New part of Final lot

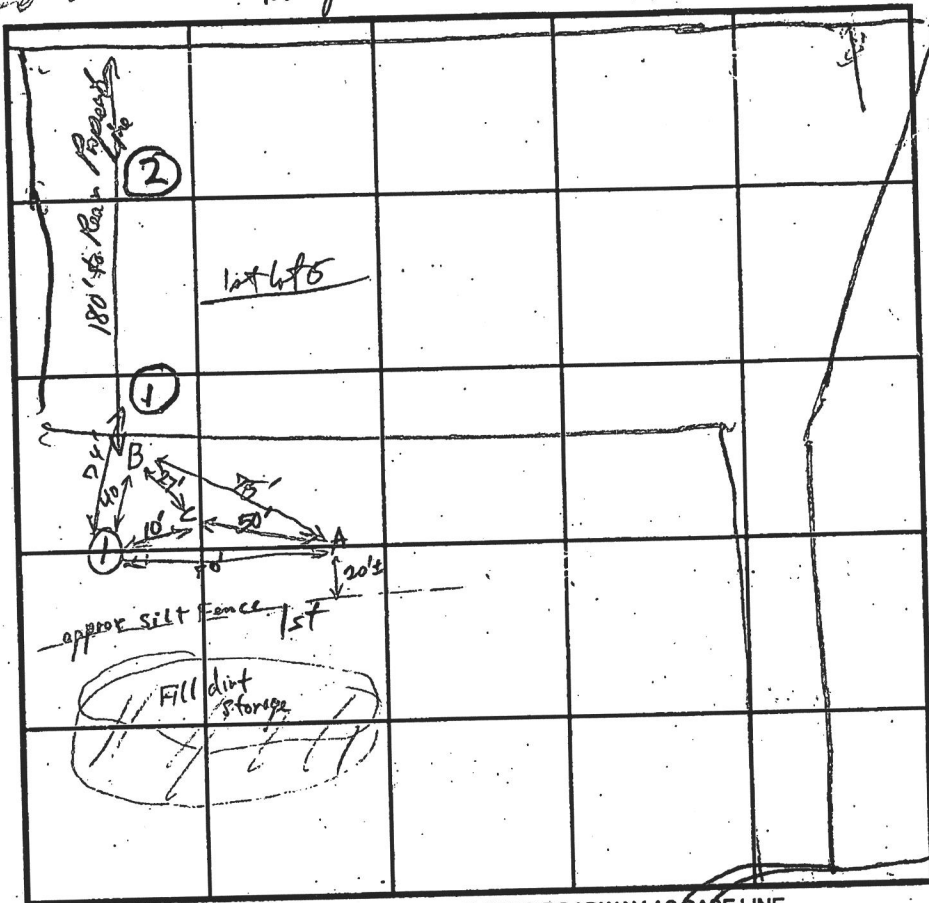
COUNTY #

SOIL PROFILE

0' TOP SOIL
 4' BROWN CLAY
 BROWN SAND LOAM
 FEW ROOTS
 7' MOIST
 8 1/2' WATER

0' (2) TOP SOIL
 BROWN CLAY
 5' SAND LOAM
 6 1/2' MOIST
 7 1/2' WATER

6A
 3' Red Brn CL
 4' Red Brn - Rd SCL -> SL
 4' Mix Mid Brn Mica Loam
 Moist
 7-8' Mid Gray + v. dk Brn Fi mica Loam
 m-c 23d Black + v. dk Brn Mottles
 v. Moist - wet



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL FILE 618

0' Red Brn CL

4' Red SL - Rd Brn Moist
 Mix some Brn mica loam

6' pale sandy Brn FLS-SL
 c 3A cream + pinkish tan mottles and c1-2d black stains + conc.
 v. Moist - wet
 Very permeable water table

9' 6C

Red Brn h CL - Rd slight Moist

4' Red h SL Moist

5' Mix Mid-Light Brn v. moist
 w. mica loam 2 m under brn. Bands to Blk Col (c1-2p) Part. wet

7' v. pale cream to gray white v. Moist - wet
 v. v. SL PH: v. Rd + c 2d
 v. Moist - wet

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/16/93	IV	9.5	WATER	8.5	11.0	FAIL	
	2V	8	WATER	7.5	8.7	FAIL	
5/9/95	(6A)	v 10'	Not Tested		good soils begin @ 3' ± approx v. t @ 8 1/2' (6B)		Marginal shallow system only
	(6B)	v 9'	Colors suggest		water table at 8'		Fail
	(6C)	v 9'	Colors suggest		water table at 5-7 1/2'		Fail

REMARKS: **lot 5 OLD 5 FAILED SEE ATTACHED 1**

TYPE OF SOIL: **DRAWING FOR NEWS**

TESTED BY: _____ ALSO PRESENT: **ORFEEB MAN JR**

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: _____ TRENCH WIDTH: **3**

INLET DEPTH: **3 1/4** MAXIMUM BOTTOM DEPTH: **4** SQ. FT./BEDROOM: **180-210**

APPLICATION

PERCOLATION TESTING

A 49286

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT Fifth

DATE May 26, 1993

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 CAROLINE CLEWINGER Cornerstone Homes

ADDRESS 12459 Scaggsville Road PHONE ~~531-5991~~ 379-0157

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CLEWINGER PROPERTY Bucks Haven Manor LOT NO. 5 Prelim lot 10 Final lot 6

ROAD AND DESCRIPTION 1400'± Northwest from intersection of Browns Bridge Road and Maryland Route 216
(7417 Bucks Haven Lane)

TAX MAP 40 PARCEL # 138

BLDG. PERMIT SIGNED
AND RETURNED 4/6/93

SIZE OF LOT 43,000⁰¹ TYPE BLDG. Social # 585-37-
SINGLE FAMILY SFD-4Bm
(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 8/16/93 - Lot old 5 failed but new lot 5

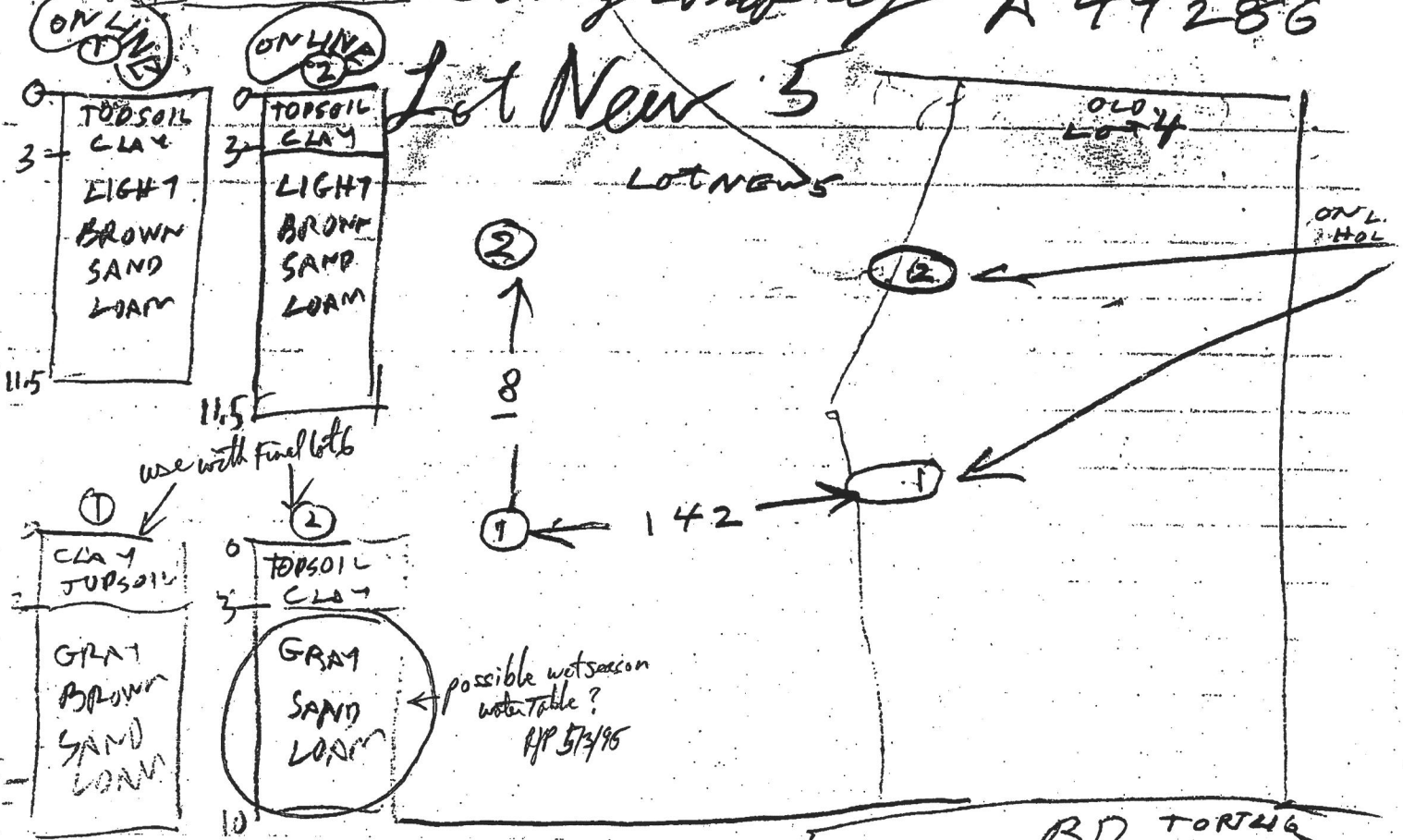
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # CREATED SEE ATTACHED SHEET ON NEW 5 DATE PERC OK ON NEW 5

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # HOLD FOR PLAT DATE _____

THIS IS NOT A PERMIT

6/14/95 use with Final lot B Cleverger Property A 49286

Lot New 5



6/15/95

1.5	4	332	235	235	238	3
IV	11.5	OK				
2.5	4	235	237	237	240	3
2V	11.5	OK	SHALLOW			
1.5	4	138	139	139	40	1
IV	11.5	OK				
2V	11.5	OK				

ONLINE
LOT 4 &
LOT NEW 5
ONLINE
LOT 4 & NEW 5

Final lot 5 (prelim lot 9)

Inlet 3' PP 5/3/95
Bottom 6'
OR 5m

6/14/95 use with Final lot 8 Claverger Property A 49286

ONLINE 1

ONLINE 2

Lot New 5

OLD Lot 4

LOT NEWS

ONLINE HOLD

TOPSOIL CLAY
3- EIGHT
BROWN SAND LOAM
11.5

TOPSOIL CLAY
3- LIGHT BROWN SAND LOAM
11.5

2

2

8

1

142

use with Final lots

1
CLAY TOPSOIL
2- GRAY BROWN SAND LOAM

2
TOPSOIL CLAY
3- GRAY SAND LOAM

possible wet season water table?
RP 5/3/95

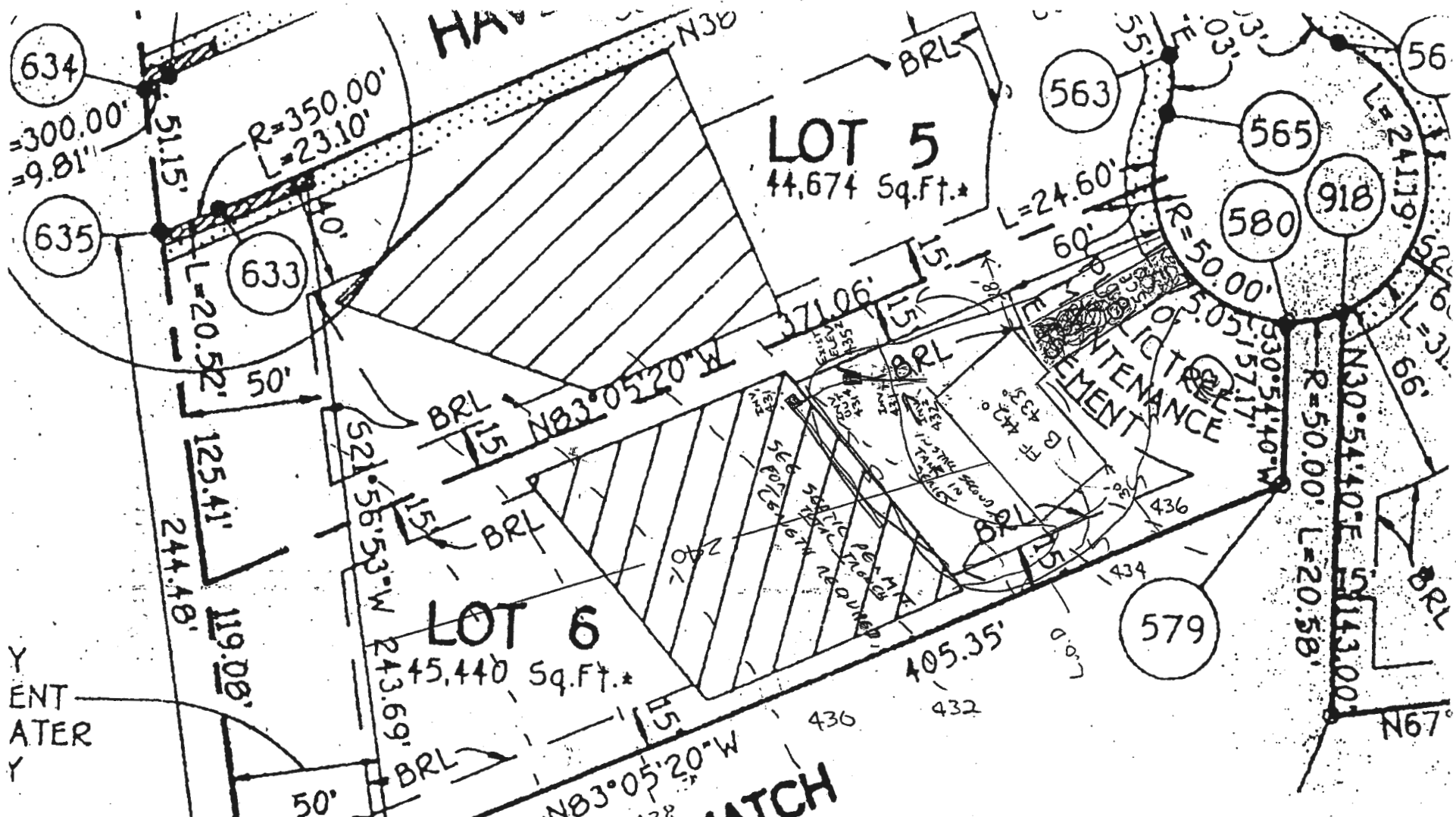
RD TORING

6/15/95	1.5	4	332	235	235	238	3
	IV	11.5	OK				
	2.5	4	235	237	237	240	3
	2V	10	OK	SHALLOW			
	1.5	4	138	139	139	40	1
	IV	11.5	OK				
	2V	11.5	OK				

ON LINE
Lot 4 &
Lot NEW 5
ON LINE
Lot 4 & NEW 5

Final lot 5 (pre-lot 9)

Inlet 3' RP 5/3/95
Bottom 6'
or 5m

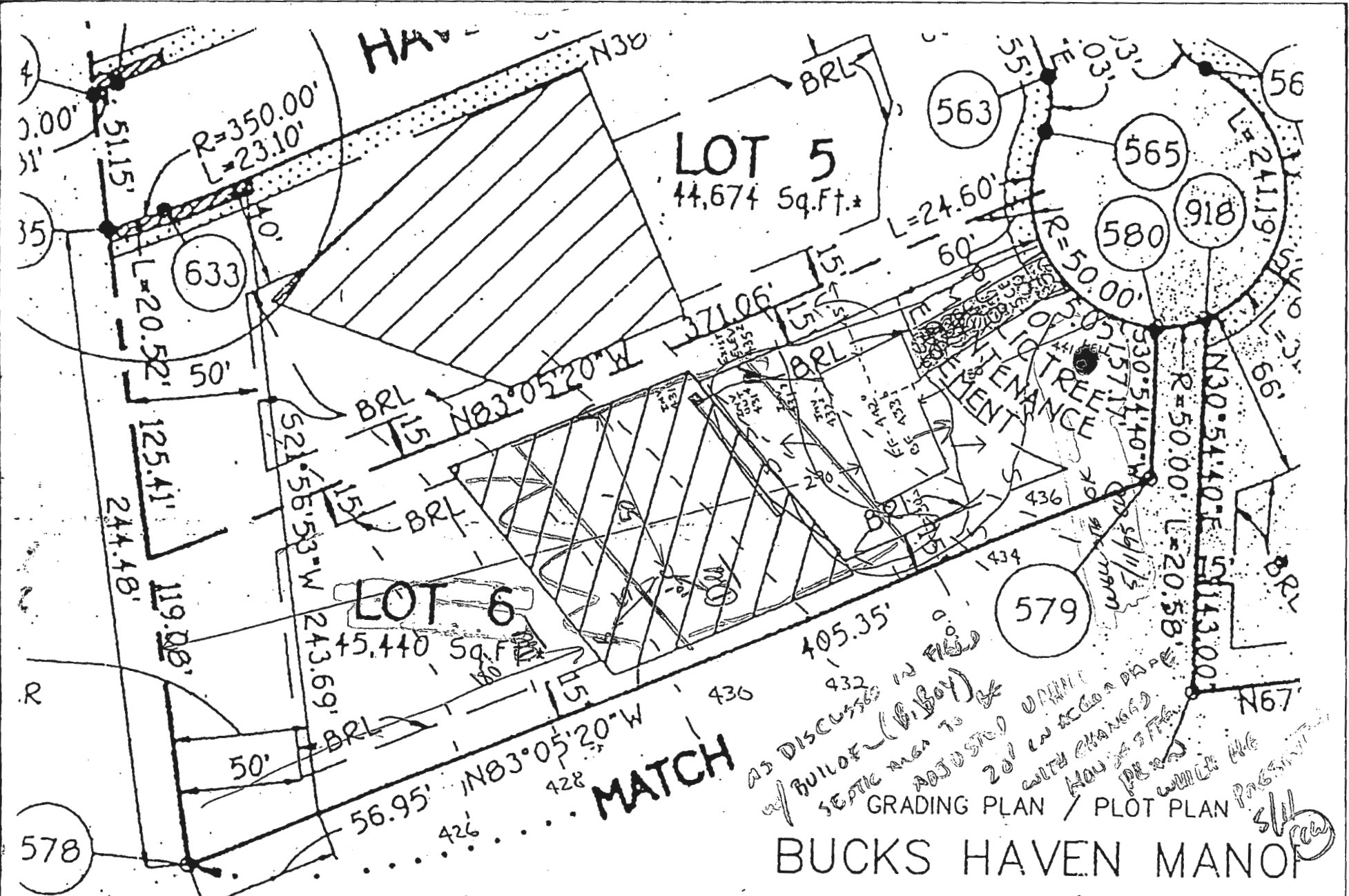


THIS SHEET
) BE RECORDED.
 CELS TO BE RECORDED.
 ATION PAGES TO

Approved Septic System Plan
 Howard County Health Department
 * SUBJECT TO INSTALLATION IN SEARSS
 OF SECOND SEPTIC TANK IN SEARSS

GRADING PLAN / PLOT PLAN
BUCKS HAVEN MANOR
 LOT 6
 BUCKS HAVEN LANE

TAX MAP NO. 40 PARCEL 138
 PLAT NO. 11620
 5TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50'
 DATE: FEB 10 1995



115 SHEET

RECORDED
TO BE RECORDED

11
0

MATCH

AS DISCUSSED IN PREVIOUS
 BUILDING (R. BOY)
 SEPTIC AREA TO BE ADJUSTED
 GRADING PLAN / PLOT PLAN
 WITH CHANGES
 NEW 5' STRIP
 PREPARED BY
 WHILE THE PRESENT

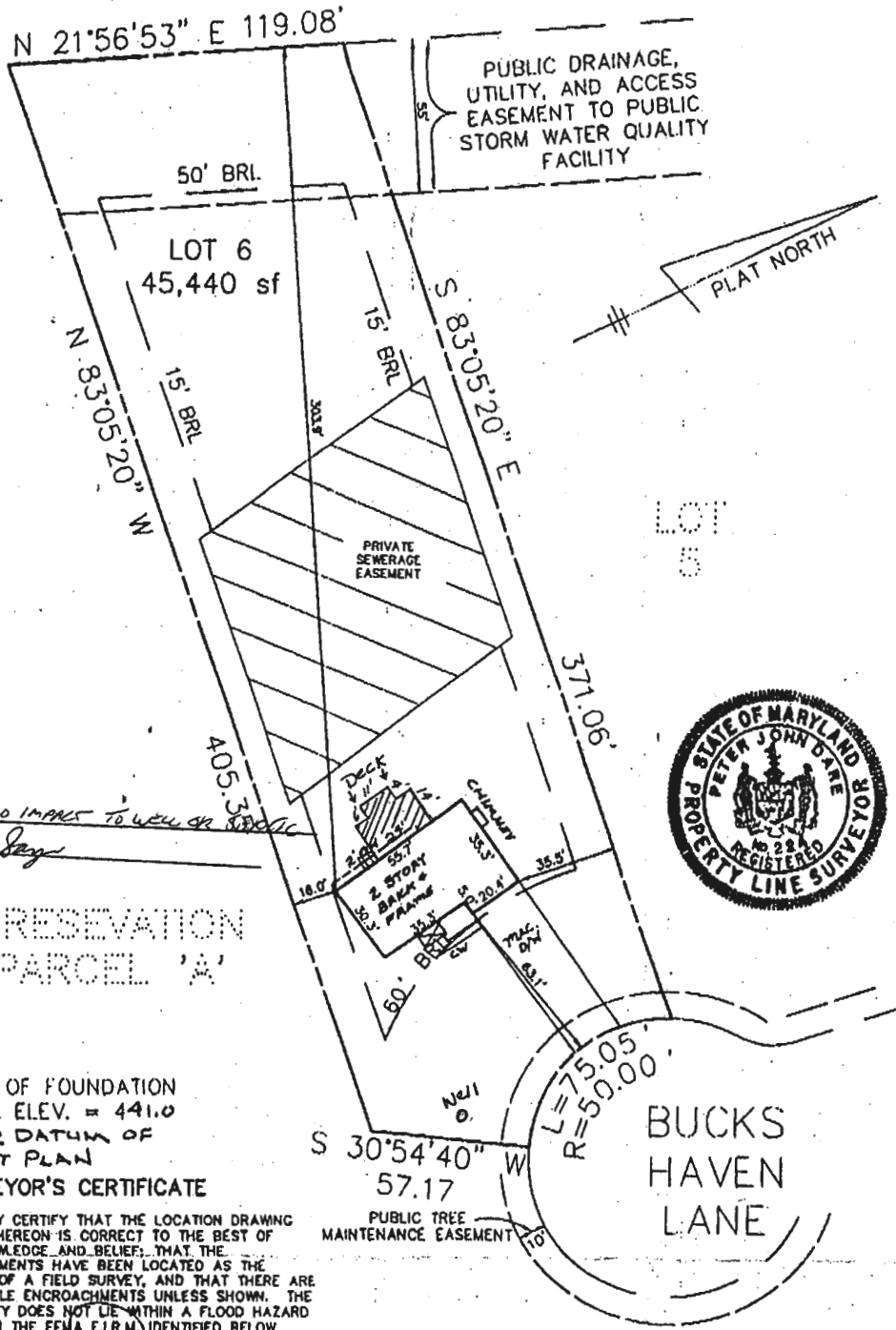
BUCKS HAVEN MANOR

LOT 6
BUCKS HAVEN LANE

TAX MAP NO. 40 PARCEL 138
PLAT NO. 11620

5TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE LOT CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



10/25/95 NO IMPACT TO WELL OR SEPTIC
Bl. L. Gray

PRESEVATION
 PARCEL 'A'

TOP OF FOUNDATION
 WALL ELEV. = 441.0
 PER DATUM OF
 PLOT PLAN

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare 9/25/95
 PETER J. DARE
 MD. PROPERTY LINE SURVEYOR #224 **FINAL**

RECORD PLAT No. 11620
 FEMA FIRM No. 240044 0038 B
 DATED DEC. 4, 1986

TSA GROUP, INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 485-6105

LOCATION DRAWING
BUCKS HAVEN MANOR
 LOT 6
 7424 BUCKS HAVEN LANE

5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE : 1" = 50' DATE : 6/20/1995

EMERGENCY/TEMP NO. IF ANY

B 1 1290
 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 HD-94-0466
 fill in this form completely

B 3 OWNER INFORMATION
 Date Received (APA) 040995
 Buck Haven Farm
 Last Name: Buck, Owner: Haven, First Name: Farm
 RT 216
 Street or RFD: 476+LAWD, MD 20727
 Town: 476+LAWD, State: 72, Zip: 20727

B 3 LOCATION OF WELL
 HOWARD
 COUNTY: HOWARD
 Buck Haven Manor
 23 SUBDIVISION
 SECTION: F, LOT: 6
 476+LAWD
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town): JMI

B 3 DRILLER INFORMATION
 MSD/MGD/MWD: 116
 Driller's Name: Ralph Mayne
 License No. 80: 116
 Firm Name: Ralph Mayne (well drilling)
 Address: 9120 Brown Church Rd Mt Airy
 Signature: Ralph Mayne, Date: 3/30/95

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 Buck Haven LA
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD: 25
 ENTER FT OR MI: FT
 TAX MAP: BLK: PARCEL:

B 2 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.: A49287A
 STATE SIGNATURE: [Signature], DATE ISSUED: 5/10/96
 NORTH GRID: 485000, EAST GRID: 0814000

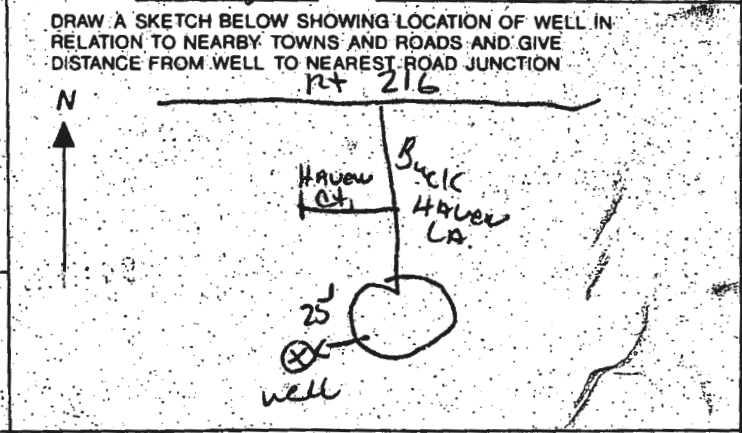
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 150 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER: 1 well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E: 8104, N: 4805

APPROXIMATE DIAMETER OF WELL: 6" 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



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):

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: GAP
 FORCE INITIALS: [Signature]
 PERMIT No.: HD-94-0466

SPECIAL CONDITIONS: 854-2018 531-5591
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

5/28/95

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3528-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 5/26/95

Name of Installer Charles A. Klein & Sons, Inc.

Telephone (410) 549-6960

License Number 6521

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Constance Horned

Telephone (410) 379-0157

Subdivision Archery Manor Lot # 6

Well Tag # _____

Site Address 2401 Archery Lane

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve?

Piping

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line _____

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer?

7-28-95
WPI - OK to
cover. AMM

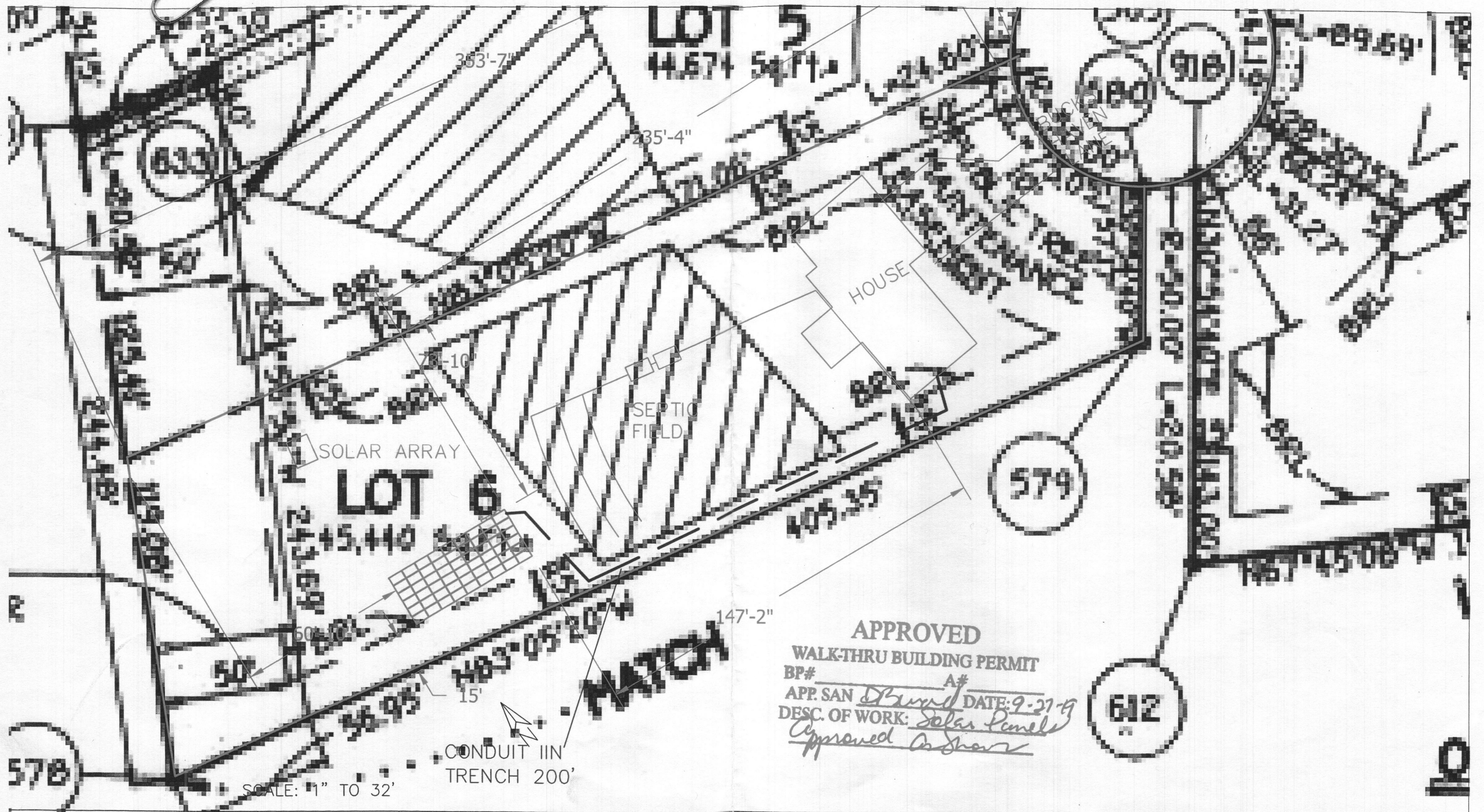
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Charles A. Klein Jr.


Date: 5/26/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *DBurr* DATE: *9-27-19*
 DESC. OF WORK: *Solar Panels*
Approved As Shown

SCALE: 1" TO 32'

21st Century Power Solutions 418 Oella Ave Catonsville, MD 21228 410.418.5650 www.21cps.com	Date:	9/21/2019	Septic Field Plan Tamra and Rob Kober 7424 Bucks Haven Lane Highland, MD 20777	PROFESSIONAL CERTIFICATION: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 50235, Expiration Date: 12-08-2020		PV 1.3
	Designed By:	Rob Reichel				
	Designer Contact:	410.418.5650				
	Revision:	0				
Jurisdiction:	Howard County					