

Save Reset Cancel Help

Approved 7/19/2021
RVE

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B21002430	07/06/2021
Description of Work		
SFD/Install I/G swimming pool in rear yard. Pool is 20x40, @ 800SF, 3'6" x 8' depth. Filled by truck; surrounded by fence.		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
4296	BUCKSKIN LAKE	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.97179	39.2489
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
888835	535	3	320000	634000	314000	RURAL
Legal Description						
IMPSLOT 21 3.003 A[]4296 BUCKSKIN LAKE DR[]BUCKSKIN WOODS S 1						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	21	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405399564	BUCKSKIN WOODS SECTION					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-3	RR-DEO	4933-E1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
6698			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1990	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *		
BURTON LAVARNE A TRUSTEE		
Address Line 1		
4296 BUCKSKIN LAKE DR		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
410-442-5005	Yes	
E-mail		
lavarne.burton@earthlink.net		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010025223	GALLOWAY POOL SERVICES INC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	STEVEN	T	GALLOWAY
Primary	Address Line 1		
Yes	11710 OLD FREDERICK ROAD		
	Address Line 2		
	City	State	ZIP Code
	MARRIOTSVILLE	MD	21104-0000
	Phone 1	Phone 2	Fax
	4104425005		4104425005
	E-mail		
	INFO@GALLOWAYPOOLSERVICE.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	STEVEN	T	GALLOWAY
Relationship	Full Name		
Applicant	STEVEN T GALLOWAY		
Primary	Organization Name		
Yes	GALLOWAY POOL SERVICES INC		
	Street Address		
	11710 OLD FREDERICK ROAD		
	Address Line 2		
	City	State	Zip Code
	MARRIOTSVILLE	MD	21104-0000
	Phone	Cell	Fax
	4104425005		4104425005
	E-mail *		
	INFO@GALLOWAYPOOLSERVICE.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
65000	0	0	No
Construction Type			
--Select--			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool		1/3/2022	

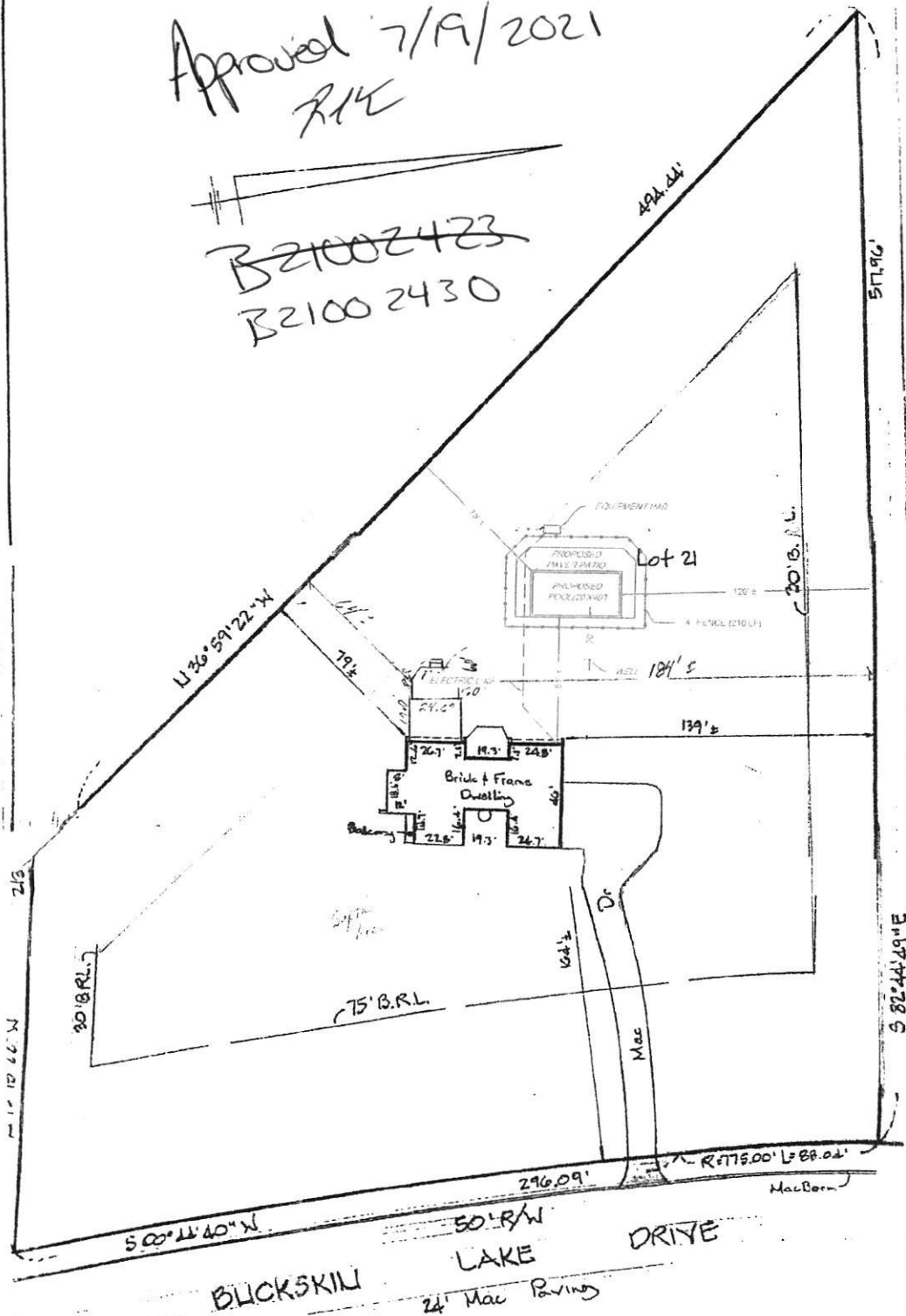
PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit Cancel

Approved 7/19/2021
RHC

~~B21002423~~
B21002430



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # ~~21002423~~ 21002430
THIS IS TO CERTIFY THAT THE IMPROVEMENTS INDICATED HEREON ARE LOCATED AS SHOWN. THIS IS NOT A PROPERTY LINE SURVEY AND SHOULD NOT BE USED AS SUCH.

H HICKS ENGINEERING CO., INC.
ENGINEERS, SURVEYORS & PLANNERS
200 EAST JOPPA ROAD - SUITE 402
TOWSON, MARYLAND 21286
TELEPHONE: (410)494-0001

LOCATION CERTIFICATION - STRUCTURES ONLY
#4196 BUCKSKIN LAKE DRIVE ; LOT 21
"BUCKSKIN WOODS, S.1, LOTS 1-37, RESUBD. BUCKSKIN FARMS, LOTS 1-5788, SHT. 70E7" HOWARD CO., MD. CMP# 6698
DATE: 9/1/94 | SCALE: 1" = 50' | FILE: 17509

05-399564

PERMIT

P 44507

A 35545

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 6/14/89

DATE SYSTEM APPROVED 10/27/89

INSPECTOR RH

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Buckskin Woods ROAD 4296 Buckskin Lake Dr LOT 21

PROPERTY OWNER Guy Farruggia

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS 92804 B00149374 - Pool Room + SITTING

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOGATION - Place the distribution box or start the trench 120 feet from the front (296.09') lot line and 230 feet from the right (517.96') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left and right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY Sid Abel DATE 3/10/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUDG. PERMIT SIGNED

AND RETURNED 10/25/89

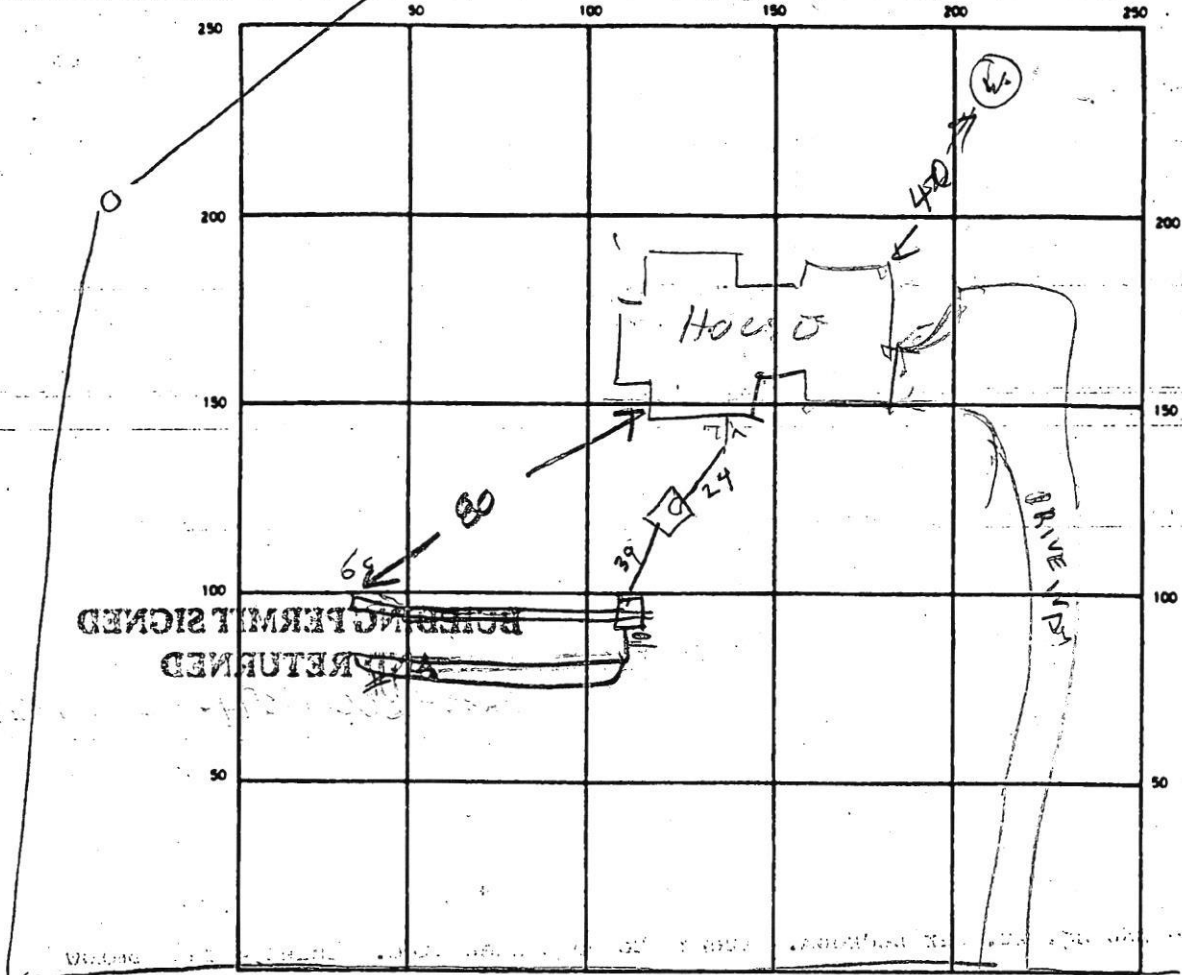
Serial # 30430

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. propane tank

A 35545

10/26/89 11:00
10/27/89 10:00



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BUCKSKIN LAKE DRIVE

SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{1}{9}$ / $\frac{1}{9}$ FT. TRENCH WIDTH _____ FT. INLET DEPTH $\frac{3}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{5}{5}$ FT. TOTAL LENGTH $\frac{73}{71}$ FT. $\frac{44}{5}$

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 120 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/26/89 - OK COVER TANK ADD STONE TO TRENCHES
& MAKE TRENCH #2 LONGER R HODGE'S
10/27/89 - OK TRENCHES R 9H

DATE SYSTEM APPROVED 10/27/89 INSPECTOR Raymond Hodge

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 21

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom
220 " " e. G.D.

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX OR START THE TRENCH 120 FEET FROM THE FRONT (096.09) LOT LINE AND 230 FEET FROM THE RIGHT (517.96) LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE AND RIGHT DR. RUN TRENCHES ON CONTOUR TOWARD THE LEFT LOT LINE.

2-11-86 S. Aull
3-10-89 SA

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35345

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE MAY 6 1985

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

GUY FARRUGGIA

PROPERTY OWNER DALE Z. MAISEL c/o HOWARD COUNTY LAND SERVICES

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920
461-4073

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. NEW LOT 21

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG

COUNTRY SCHOOL 4296 BUCKSKIN CR & DR.

SIZE OF LOT 3 ACRES TYPE BLDG. 4
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCERTABLE 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.

DALE Z. MAISEL
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-11-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-10-85 Perc. Satisfactory, Hold for Certified Subdivision Plat. Sale

REG. PERMIT SIGNED
AND RETURNED 3-10-85

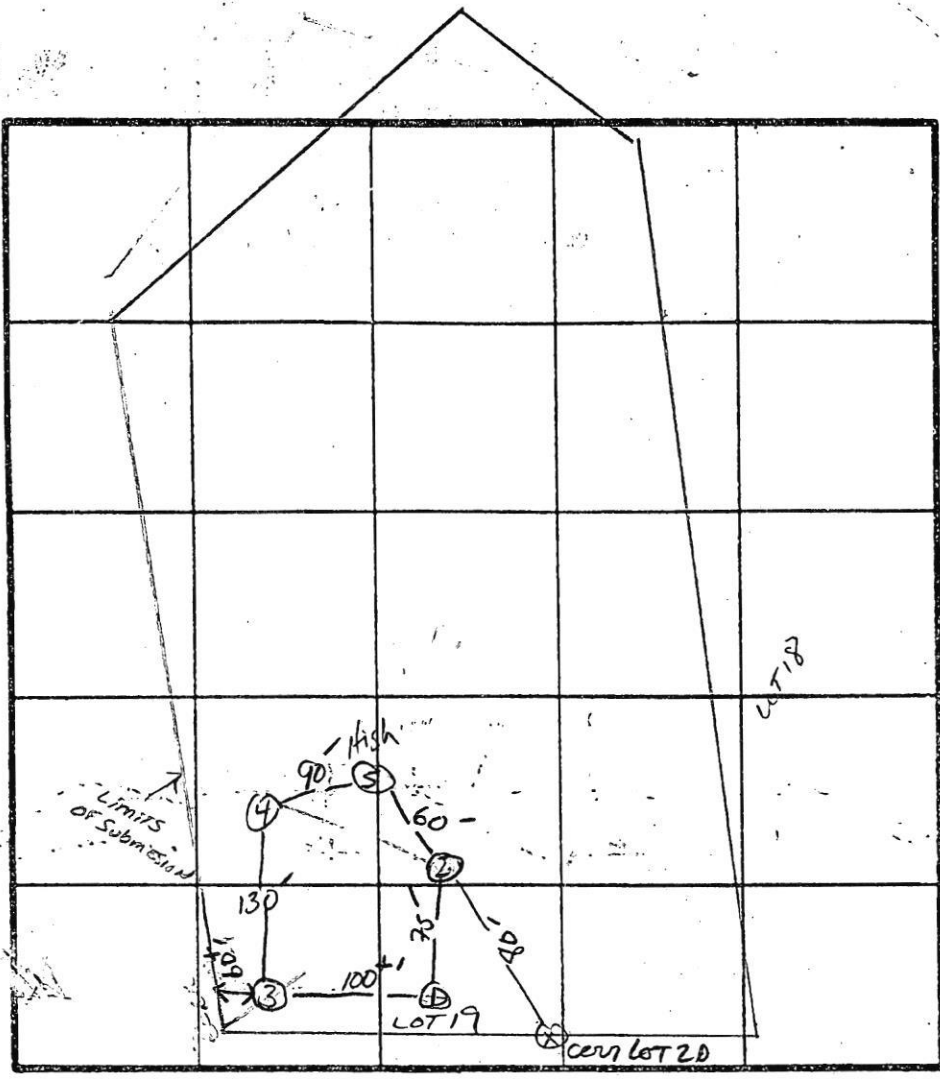
BP23998 SA

THIS IS NOT A PERMIT

①
SOIL PROFILE

0	A1-3
4	Yellow Red CLAY LOAM 210% SAPROLITE
12	Yellow Brown SAND LOAM 10-20% SAPROLITE

0	⑤ A1-3
6"	Yellow Red CLAY LOAM 210% SAPROLITE
4.5	lt. Brown micaceous silt SAND 10-20% SAPROLITE
12	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
PROPOSED ROAD

X Perc Time
INLET - 4
BOTTOM MAX. 9

158¢/BR

② ③

4"-4.5"	A1-3
	Yellow Red CLAY LOAM
12"	Yellow Brown SAND LOAM 10-20% SAPROLITE

④

6"	A1-3
4.5	Yellow Red CLAY LOAM 210% SAP.
12"	Brown SAND LOAM 210% SAPROLITE

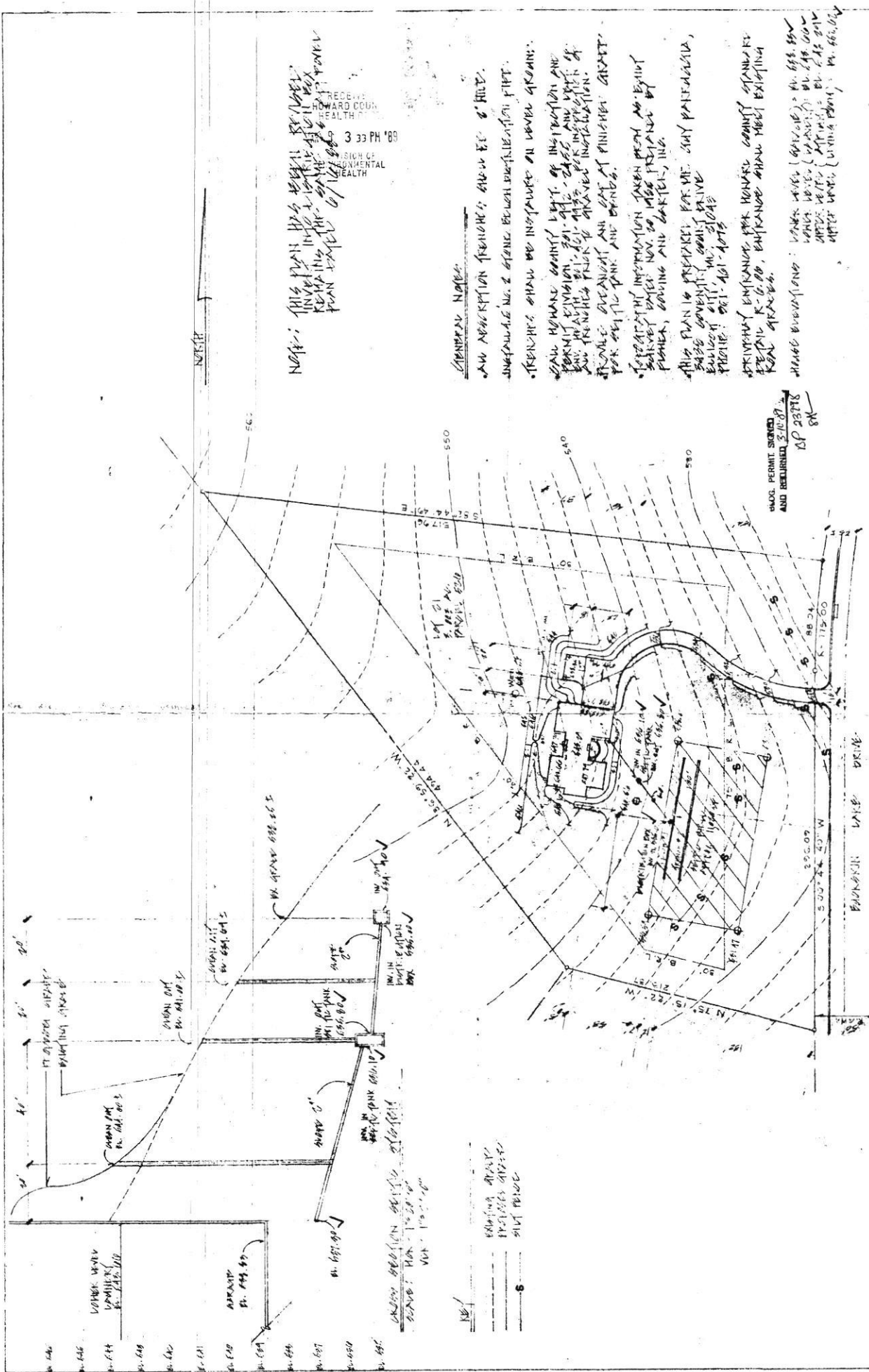
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/10/85	1 ✓	4.5" 12" UNIFORM SOIL STRUCTURE BELOW 4"	1:33	1:36	1:36	1:41	5min
	2 ✓	5" 12" UNIFORM SOIL BELOW 4.5"	1:30	1:37	1:37	1:50	13min
	3 ✓	4.5" 14" UNIFORM SOIL STRUCTURE BELOW 4"	1:45	1:47	1:47	1:51	4min
	4 ✓	5" 12" UNIFORM SOIL BELOW 4.5"	1:59	2:01	2:01	2:04	3min
	5 ✓	4.5" 12" UNIFORM SOIL STRUCTURE BELOW 4.5"	2:14	2:20	2:20	2:34	14min

REMARKS _____

TYPE OF SOIL _____

TESTED BY SAPM O-KETTERMAN

EPH 12-1079



NOTES: THIS PLAN HAS BEEN RECEIVED BY THE BOARD OF HEALTH AND THE HEALTH DEPARTMENT FOR REVIEW. THE BOARD OF HEALTH HAS APPROVED THIS PLAN FOR THE PROPOSED CONSTRUCTION OF THE PROPOSED STRUCTURE.

3 33 PM '89

SIGNATURE OF ENVIRONMENTAL HEALTH

GENERAL NOTES:

1. ALL MEASUREMENTS SHALL BE MADE TO THE CENTER OF THE PIPES.

2. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

3. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

4. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

5. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

6. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

7. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

8. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

9. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

10. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

PROPOSED STRUCTURE:

1. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

2. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

3. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

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8. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

9. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

10. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

APPROVED BY: HEALTH DEPARTMENT

DATE: 6-16-88

BY: [Signature]

PROPOSED STRUCTURE:

1. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

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3. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

4. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

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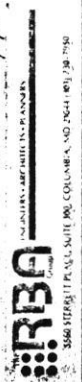
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9. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.

10. THE PROPOSED STRUCTURE SHALL BE INSTALLED ON LEVEL GROUND.



B 1 2585

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC-91-1637

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received

Grid for date received

OWNER INFORMATION

Owner information grid including last name, first name, street, town, state, zip

B 3

LOCATION OF WELL

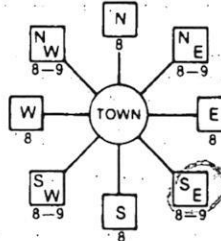
Location of well grid including county, subdivision, section, lot, nearest town, miles from town

DRILLER INFORMATION

Driller information grid including name, license number, firm name, address, signature, date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Bucks. in Or.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 250

ENTER FT or MI

B 2 WELL INFORMATION

Well information grid including approx. pumping rate, average daily quantity needed

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Health department approval grid including county name, county number, OEP signature, date issued, CO signature, exp. date, north grid, east grid

APPROXIMATE DEPTH OF WELL: 150 FEET

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
other

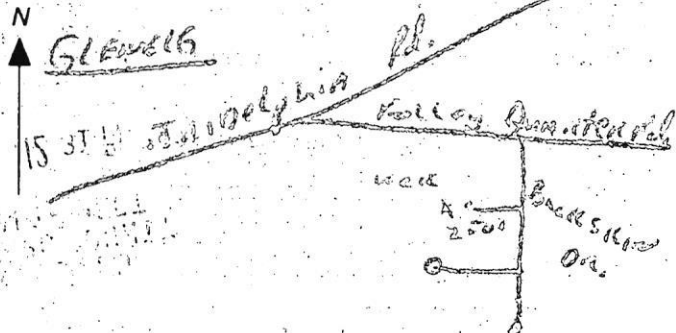
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

Grid for box number: E 8/10 09, N 5/18 5

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



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
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER: GAP

FORCE PERMIT NO. HC-91-1637

SPECIAL CONDITIONS

C1 5270

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

A-35545

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED: 1 2 3 4 5 6 7 8 9 10 11 12 13

DATE WELL COMPLETED: 09 15 86

Depth of Well: 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 10-81-1635

OWNER

FARRUGGIA

BOY

STREET OR RFD

RICKSKIN LAKE DR

TOWN

GLENELG

SUBDIVISION

RICKSKIN LAKE

SECTION

LOT 21

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Y (yes) N (no)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 75

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

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

C2

Table for screen depth with columns for depth (nearest ft.) and rows for each screen.

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273

Ralph Mays

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Ralph E. Mays

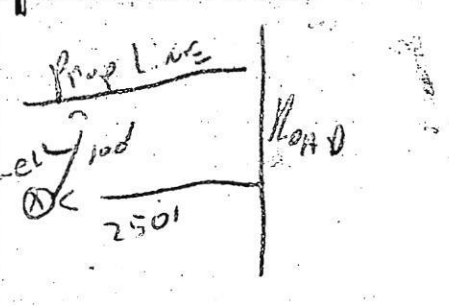
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



FARRUGGIA, Guy Water Sample Request

PROPERTY OWNER

~~Professional Plumbing~~ Heating

DATE OF REQUEST

01/26/90

TELEPHONE

531-5962

NEW WELL NUMBER

HO-81-1638 ✓

DIRECTIONS OR INSTRUCTIONS

ADDRESS

NAME

FARRUGGIA, Guy
Buckstein Woods Rd #79
4896 Buckstein Falls Rd.
E.C. MA.

SAMPLE TYPE

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

REASON FOR REQUEST

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE

SEPTIC SYSTEM:

Approved Disapproved

DATE 10/27/89

CONDITION:

A# 44501
35545

SUPPLY TYPE:

Drilled Well Hand Dug Spring Public

CONDITION:

FIRST SAMPLE

COLLECTOR

Wilmarva

TIME

2:10

DATE

01/23/90

BACTERIA W-01850, pH 6.0, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, Torbidity 4.21

CHEMICAL W-01850, LEAD & COPPER —, NITRATES —, PESTICIDE —

ACTION:

clerup issued Jan. 26, 1990 / J.E.N. / C.R.D. 5

(3/12/90 SEND FOLLOW UP LETTER)

RESAMPLE

COLLECTOR

MENUSTIK

DATE

04/18/90

BACTERIA A0-632, pH 6.6+, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 10:20

CHEMICAL _____, Other _____

ACTION:

4/25/90 send F.C.O.P. C.R.D.

RESAMPLE

COLLECTOR

DATE

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION:

RESAMPLE

COLLECTOR

DATE

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION:

INVOICE NO.
W 01850

Permit #

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.

Annapolis — Salisbury — Timonium — Severna Park — Easton — Elkton

TOLL FREE: 1-800-635-0645

Bel Air: (301) 838-8411
Westminster: (301) 876-2035

Annapolis: (301) 269-7755
Salisbury: (301) 546-1318
Timonium: (301) 628-2855
Severna Park: (301) 647-7737
Easton: (301) 820-8485
Elkton: (301) 398-2413

U70

FIELD RECORD
community
non-community
private

LT-21
Sample Source: Laundry Sink
4296 Buckskin Lake Dr.
Ellicott City, Md.

Date 1-23-90

Time 2:10

Iced yes
no

Professional Plumbing & Heating
by 6-0

Well No. H0-81-1638 Free Cl 0

This Sample Was Taken From a Tap On The Property By Delmarva Labs, Inc.

Construction Satisfactory
Unsatisfactory
Not Determined
Total Cl 0
County How

Bottle No. 01859 Collector J. Gelhart 89-039-m

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.
Gas, 24 hours	-- -- -- --
Gas, 48 hours	-- -- -- --

Confirmed Bacteriological Test

ml. of Sample	10ml.
Coliforms	
Fecal Coliforms	

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
<u>0.25</u>	<u>NONE</u>	<u><1</u>					

Date _____ Time _____
Received: 1-24-90 9:44
Examined: 1-24-90 9:58
Reported: 1-26-90 9:00

[Signature]
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption. Thiosulfate Present _____
unsafe Absent _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
January 26, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Professional Plumbing & Heating
1421 Sulfer Spring Road
Arbutus, Maryland 21227

Re: Buckskin Woods - Lot 21
4296 Buckskin Lake Drive
Well Permit No. HO-81-1638

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on October 27, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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 permit(s) HO-81-1638. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

September 18, 1986
Date Well Approved

January 23, 1990
Date of Water Sample

Charles Streaker, JEW
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

CBS:cm

Bureau of Environmental Health

3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehser Joseph, Ph.D., Director

Lab. No. 017389

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>GUY FARRUGGIA</u>
	Location: <u>4296 BUCKSKIN LAKE DR. (KITCHEN TAP)</u>
	Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:10</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Collector # <u>89-122</u> Bottle No. <u>AD-632</u>
	Collector Name <u>MEJUSTIK</u> County <u>HOWARD</u>

13
County

Plant No.

Sampling Station

04 18 90
Date Collected

pH 6.6 † Res. Cl: Free 0.0 Total 0.0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

ml. of Sample	10ml.				
Gas, 24 hours	---	---	---	---	---
Gas, 48 hours	---	---	---	---	---

CONFIRMED TEST

ml. of Sample	10ml.				
Coliforms †	---	---	---	---	---
Fecal Coliforms ‡	---	---	---	---	---

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml.

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35°C incubation

18 APR 90 13 33 Date & Hour

Recd.

18 APR 90 14 02 Exam

20 APR 90 13 54 Rept.

Laboratory

- | | | | |
|-----------|-------------------------------------|------------|--------------------------|
| Annapolis | <input type="checkbox"/> | Cumberland | <input type="checkbox"/> |
| Cambridge | <input type="checkbox"/> | Frederick | <input type="checkbox"/> |
| Central | <input checked="" type="checkbox"/> | Salisbury | <input type="checkbox"/> |
| Cheverly | <input type="checkbox"/> | | |

Remarks _____

Bacteriologist Caan



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 25, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Guy Farruggia
4296 Buckskin Lake Drive
Ellicott City, Maryland 21043

Re: Buckskin Woods - Lot 21
4296 Buckskin Lake Drive
Well Permit No. HO-81-1638

Dear Mr. Farruggia:

This is to advise you that the septic system was installed, inspected and approved on October 27, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1638.

April 18, 1990
Date of Final Sampling

April 25, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
January 23, 1990
April 18, 1990

CS:cm

PROPOSED IMPROVEMENT PLAN

4296 BUCKSKIN LAKE DRIVE
 ELICOTT CITY
 PROPERTY OF LAVARNE A. BURTON
 HOWARD COUNTY, MARYLAND

Engineers • Surveyors • Planners • GIS Consultants • GPS Consultants
 Aultec, Inc.
 9425 Horizon Run Road
 Montgomery Village, MD 20886
 Tel: 301-947-6695 Fax: 301-947-6695
 E-mail: jg@aultec.com

DATE: JUNE 2004
 SCALE: AS NOTED
 CONTOUR INTERVAL: N/A
 DESIGN: JAM
 DRAWN: EBA
 CHECKED: JAM
 PROJ. NO. 2004-200
 FILE NO. 4296BUCKSKINLAKE

SHEET C-1

DATE: JUNE 2004

GRAPHIC SCALE
 1" = 20' 0"

"MISS UTILITY" NOTE
 FOR MARKING THE LOCATIONS OF EXISTING UTILITIES
 THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT
 1-800-257-7777, 48 HOURS PRIOR TO ANY
 EXCAVATION OR CONSTRUCTION.

DETAIL 22 - SUT FENCE
 1. SUT FENCE SHALL BE 4' HIGH AND 4" WIDE.
 2. SUT FENCE SHALL BE MADE OF GALVANNEED STEEL PIPE.
 3. SUT FENCE SHALL BE SET ON CONCRETE FOUNDATIONS.
 4. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.
 5. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.
 6. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.
 7. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.
 8. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.
 9. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.
 10. SUT FENCE SHALL BE SET AT THE OUTSIDE CORNER OF THE LOT.

DETAIL 24 - STABILIZED CONSTRUCTION ENTRANCE
 1. Length - minimum of 50' (100' for steep resistance int).
 2. Width - 10' minimum, should be flared at the existing road to provide a turning radius.
 3. Slope - 1:1 maximum, should be flared at the existing road to provide a turning radius.
 4. Material - 12" crushed stone, 18" minimum, should be placed over the existing road to provide a turning radius.
 5. Location - should be located at the entrance to the site, where the existing road meets the site boundary.
 6. Construction - should be constructed in accordance with the specifications for stabilized construction entrances.
 7. Maintenance - should be maintained in accordance with the specifications for stabilized construction entrances.
 8. Inspection - should be inspected in accordance with the specifications for stabilized construction entrances.
 9. Approval - should be approved in accordance with the specifications for stabilized construction entrances.
 10. Construction - should be constructed in accordance with the specifications for stabilized construction entrances.

GENERAL NOTES:
 1. PROPERTY OWNER: LAVARNE A. BURTON.
 2. PARCELS 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

PROPOSED ADDITION
 REFER TO ARCHITECTURAL, STRUCTURAL, MECHANICAL, ELECTRICAL AND PLUMBING DRAWINGS FOR DIMENSIONS AND DETAILS

USE AS STAGING AREA

EXISTING DRIVEWAY TO BE USED AS SEE FOR ALL CONSTRUCTION ACTIVITIES

LOT 20
 LOT 21
 LOT 22

BUCKSKIN LAKE ROAD
 (50' R/W)

RAILROAD AVENUE

RAILROAD AVENUE

RAILROAD AVENUE

RAILROAD AVENUE

RAILROAD AVENUE

RAILROAD AVENUE

RAILROAD AVENUE

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GENERAL NOTES:

- PROPERTY OWNER: LAVARNE A. BURTON.
- PARCELS 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

PROPOSED ADDITION

REFER TO ARCHITECTURAL, STRUCTURAL, MECHANICAL, ELECTRICAL AND PLUMBING DRAWINGS FOR DIMENSIONS AND DETAILS

USE AS STAGING AREA

EXISTING DRIVEWAY TO BE USED AS SEE FOR ALL CONSTRUCTION ACTIVITIES

LOT 20
 LOT 21
 LOT 22

BUCKSKIN LAKE ROAD
 (50'

12:40 PM

12/28/89 anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

12-Receipt # 895375
Date 12-27-89

Name of Installer ROBERT SISLER, DC

Telephone 247-4908

License Number A15559 COUNTY HEALTH

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner GUY FARRUGGIA

Telephone 461-4073

Subdivision BUCKSKIN LAKE Lot # 21 Well Tag # 40-21-1638

Site Address 4296 BUCKSKIN LAKE DRIVE
21043

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make MEYERS
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # _____
- Depth 4-5 FT

- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- Capacity 82 GAL
- Pressure relief valve? YES

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 4-5 FT

Well data

- Depth 205 ft.
- Yield 5 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? YES

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: Robert Sisler

Date: 12-27-89

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

12/28/89 - EMB COMPLETELY COVERED PRESSURE TANK INSTALLED BH

HD-215

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 9861 Name: FARRUGGIA County: HOWARD

Source of Sample: BLOCKSON LAKE LOT 21 Collector: STAYER
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H081-1638

County: 13 Plant No. Sampling Station Date Collected 091886 Time 1015^A Acid Iced
Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>140.0</u>		Aluminum	192	
	Nitrite-N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received _____ Date Reported SEP 20 1986 Chemist MI Lab No. 64188