

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BUCKSKIN LAKE DR

SEPTIC TANK LEVEL OK 1250 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 65 1/2 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 730 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 5/8/90

INSPECTOR Raymond Hodger

Aspire

APPLICATION

44772
~~21822~~

PERCOLATION TESTING

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE _____

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.

PROPERTY OWNER Eva Mae Chiccehitto

ADDRESS 14825 Burntwoods Rd., Glenwood 21738 PHONE 854-6369

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Buckskin Woods LOT NO. 36, Section 1

ROAD AND DESCRIPTION 4207 Buckskin Lake Dr., Ellicott City, MD 21043

TAX MAP 22 PARCEL # 526

SIZE OF LOT 3.4 acres TYPE BLDG. Single family dwelling
(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. Daniel G Blake
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/31/89 Perc Satisfactory - Hold for Alex. S. Abell

HD-216

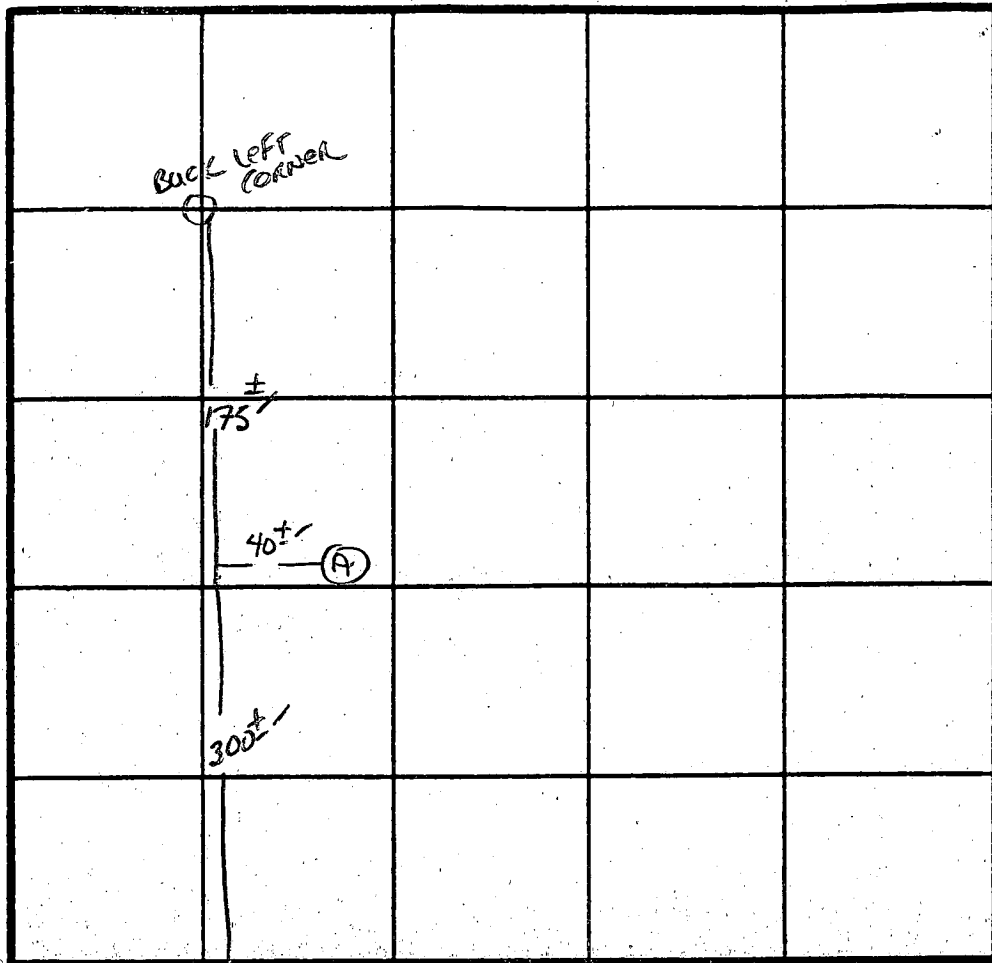
THIS IS NOT A PERMIT

A
SOIL PROFILE

0
3'
3'
14'

A1-3
Yellow Red
Silty Clay
Loam
20%
Frsp

Red Brown
Highly
Micaceous
Silt Loam
15-25%
Frsp



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BUCKSKIN LAKE DR.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/31/89	A V	14'	AS PROFILED	EST X N A-5' -				
			SOIL SAMPLE AS SOIL ENCOUNTERED DURING ORIGINAL POND TEST.					

REMARKS _____

TYPE OF SOIL Clayey

TESTED BY S. Bel ALSO PRESENT J. Focke Co.

APPLICATION

PRELIMINARY

A 33658

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

DISTRICT 5th

DATE 3/14/84

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.

PROPERTY OWNER Glenelg Manor Associates Eva Mae Chiccehito

ADDRESS 12789 Folly Quarter Road, Ellicott City, Md. 21043 PHONE 531-5252

PROPERTY LOCATION: (FORMERLY PART OF LOT 6LD5)

SUBDIVISION Buckskin Farms Woods LOT NO. NEW LOT 36

ROAD AND DESCRIPTION Folly Quarter Road - use entrance to Glenelg Dehydrators and lots are 8-12-85
located behind the old sawmill. 4207 Buckskin Lake Dr.

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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. /s/ Olen Ketterman for Lois M. Maisel
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-13-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/19/84 Perc OK R/R

SEW. PERMIT SIGNED
AND RETURNED 6-14-89
BP 25992
DA

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PRELIMINARY

SEWAGE DISPOSAL TESTING

A 33658

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

DISTRICT 5th

DATE 3/14/84

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.

PROPERTY OWNER Glenelg Manor Associates

ADDRESS 12789 Folly Quarter Road, Ellicott City, Md. 21043 PHONE 531-5252

PROPERTY LOCATION:

SUBDIVISION Buckskin Farms LOT NO. _____

ROAD AND DESCRIPTION Folly Quarter Road - use entrance to Glenelg Dehydrators and lots are located behind the old sawmill.

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

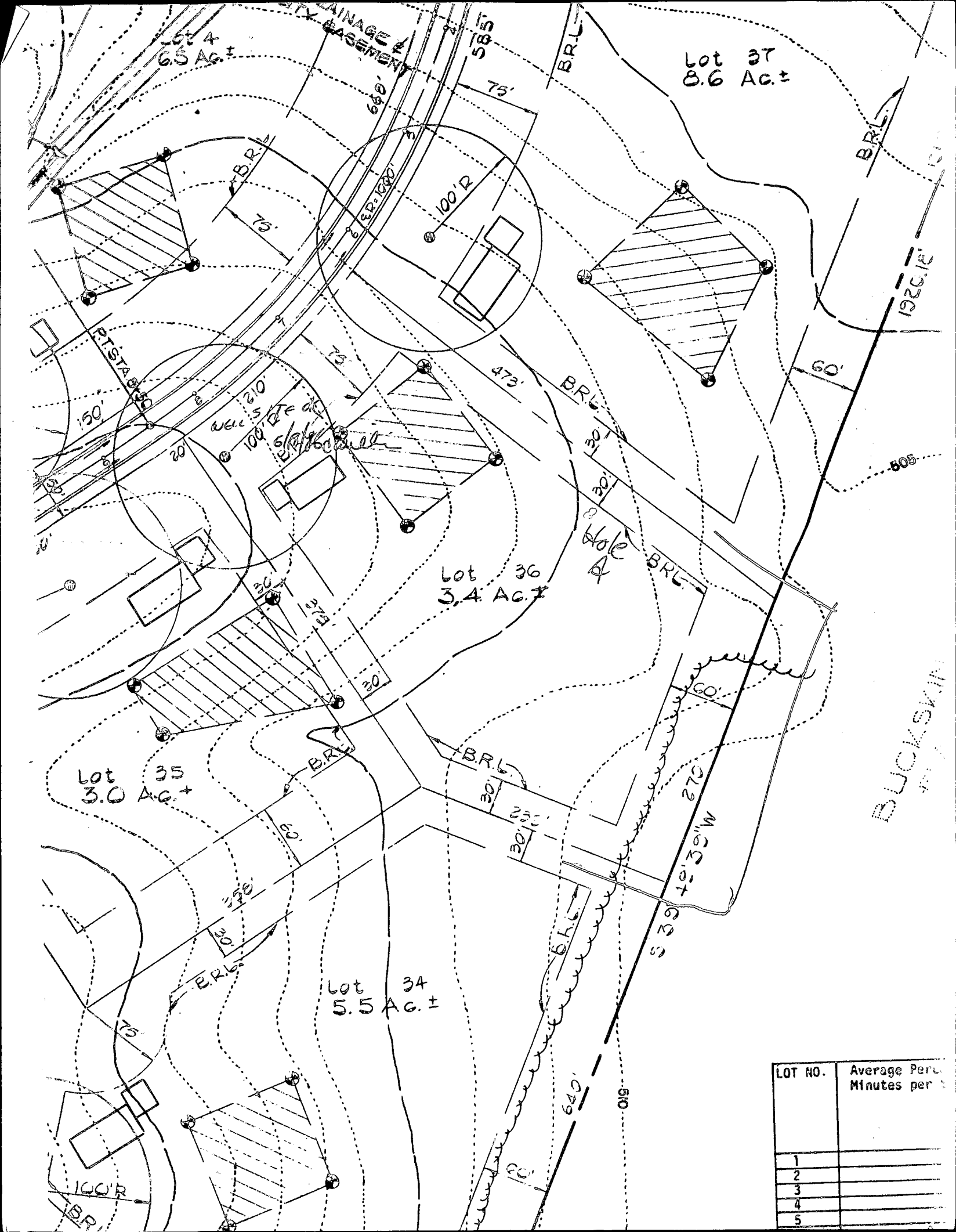
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Lot 4
6.5 Ac. ±

Lot 37
0.6 Ac. ±

Lot 36
3.4 Ac. ±

Lot 35
3.0 Ac. ±

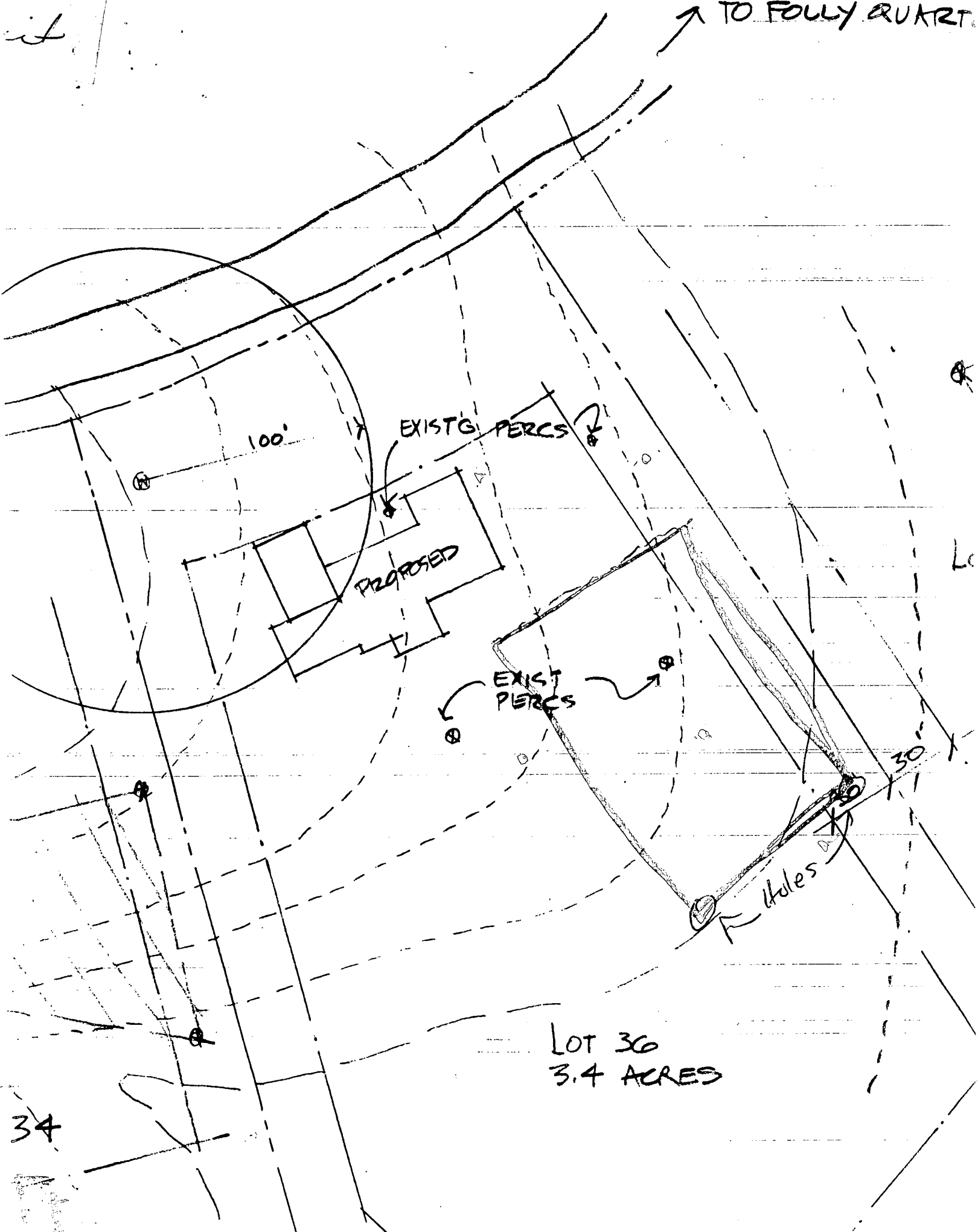
Lot 34
5.5 Ac. ±

BUCKSWIN

LOT NO.	Average Per. Minutes per
1	
2	
3	
4	
5	

57
it

TO FOLLY QUART



LOT 36
3.4 ACRES

34

C1 00594

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 33658

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

DATE RECEIVED

DATE WELL COMPLETED 062586

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1567

OWNER REUER DON last name FULLY QUARTEL RD first name TOWN GLENELE SUBDIVISION BUCKSKIN WOODS SECTION LOT 36

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sand, Sandstone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 7, NO. OF POUNDS 300.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter 6, Total depth 40.

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

SCREEN RECORD: screen type or open hole (HO), slot size 1, 2, 3.

DEPTH (nearest ft.) table with rows for casing and screen depths.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. TEST WELL CONVERTED TO PRODUCTION WELL.

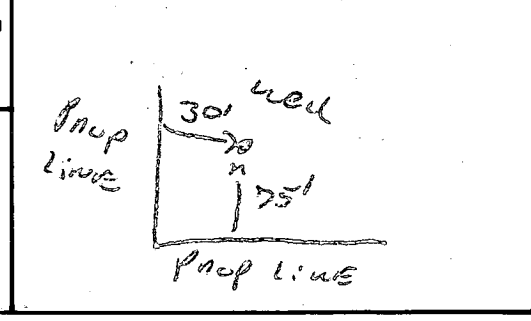
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE (Ralph E. Maynes), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 4, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 55, WHEN PUMPING 110, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED (S) submersible, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+) above, LAND SURFACE (S) (nearest foot).

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



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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

C 1 2220 SEQUENCE NO. (ENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER AH 22258

ST/CO USE ONLY DATE RECEIVED [] [] [] [] [] [] DATE WELL COMPLETED 11/19/90 Depth of Well 270 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-1625

OWNER CHARLE HITT EVA MAE last name 4207 BUCKSKIN LAKE first name TOWN GLENELG
 STREET OR RFD SUBDIVISION BUCKSKIN WOODS SECTION LOT 310

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water-bearing
	FROM	TO	
Top Soil	0	3	
Brown Shale	3	15	
Brown mica	15	70	✓
Gray mica	70	90	
Brown mica	90	94	✓
Gray mica	94	100	
Brown mica	100	120	✓
Gray mica	120	195	
Tan mica	195	220	✓
Brown mica	220	270	
Tan mica	270	292	✓
Gravel Bed	270	292	
Tan mica	292	280	
GRAVEL SAND PACKED	280	280'	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 10 NO. OF POUNDS 50
 GALLONS OF WATER 50
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST A 190
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO
 STEEL BRASS OPEN HOLE
 PL OT
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 H 0 122 270
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 100
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50
 WHEN PUMPING 280
 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)
 above } LAND SURFACE
 below } 2 (nearest foot)
 49 50 51

CIRCLE APPROPRIATE LETTER
 A 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 410

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Boyd Chapman

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

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.)
 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)
 RECEIVED
 COUNTY

PER EASTON DAY

170' GRAVEL PACK

YIELDED 2 GPM

DROPPED GRAVEL PACK TO 200'

YIELDED 7-8[±] GPM

90 NOV 30 PM 2:54

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

Bldg Per # 25992

New Installation
 Replacement

Receipt # 45656
 Date 3/7/90

Name of Installer Bruce H. Galley Inc.

Telephone 321-7244

License number PI-009
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Eva Mae Cicchitto Telephone _____
 Subdivision Burchakin Wood. Lot # 36 Well tag # _____
 Site Address 4207 Burchakin Lake Dr.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Wellhead
- Model # 725712 B
- Capacity 7 GPM

Motor

- Horsepower 1/2
- RPM 3600
- Voltage 230
 - 110
 - 220

Pitless Adapter

- Make Martinson
- Model # BP 10
- Depth 36 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 80
- Pressure relief valve?

Piping

- Type Polyethylene
- Size 1
- NSF and/or BOCA Code approved
- Depth of supply line 36+

Well data

- Depth 200 ft.
- Yield 4 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: Bruce H. Galley

Date: 3/7/90

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

TO FULLY QUARTER RD

DEPTRENCH SEPTIC SYSTEM
IN ACCORDANCE WITH HAWAII
COUNTY HEALTH DEPT. RULES
INVERT MIN 3'-0" BELOW
MAXIMUM 8'-0" BELOW GRADE

ONE STORY DWELLING
WITH BASEMENT &
3 CAR GARAGE
FF ELEV. 548.00
BSMT ELEV. 538.33

BUDG. PERMIT SIGNED
AND RETURNED 1-14-89
BPA 3992
SAC

- TRENCH EX. EL. 535 ✓
- INU. EL. 532 ✓
- TANK EXIST. EL 535.5 ✓
- 1' INU. EL. 533.5 ✓
- HOUSE INU. EL 534 ✓ + BSMT
- EL. HOUSE 548 ✓
- EL. BASE. HOUSE 538 ✓
- WELL. EXIST. EL. 549 ✓

LOT 35

LOT 36
3.4 ACRES ±

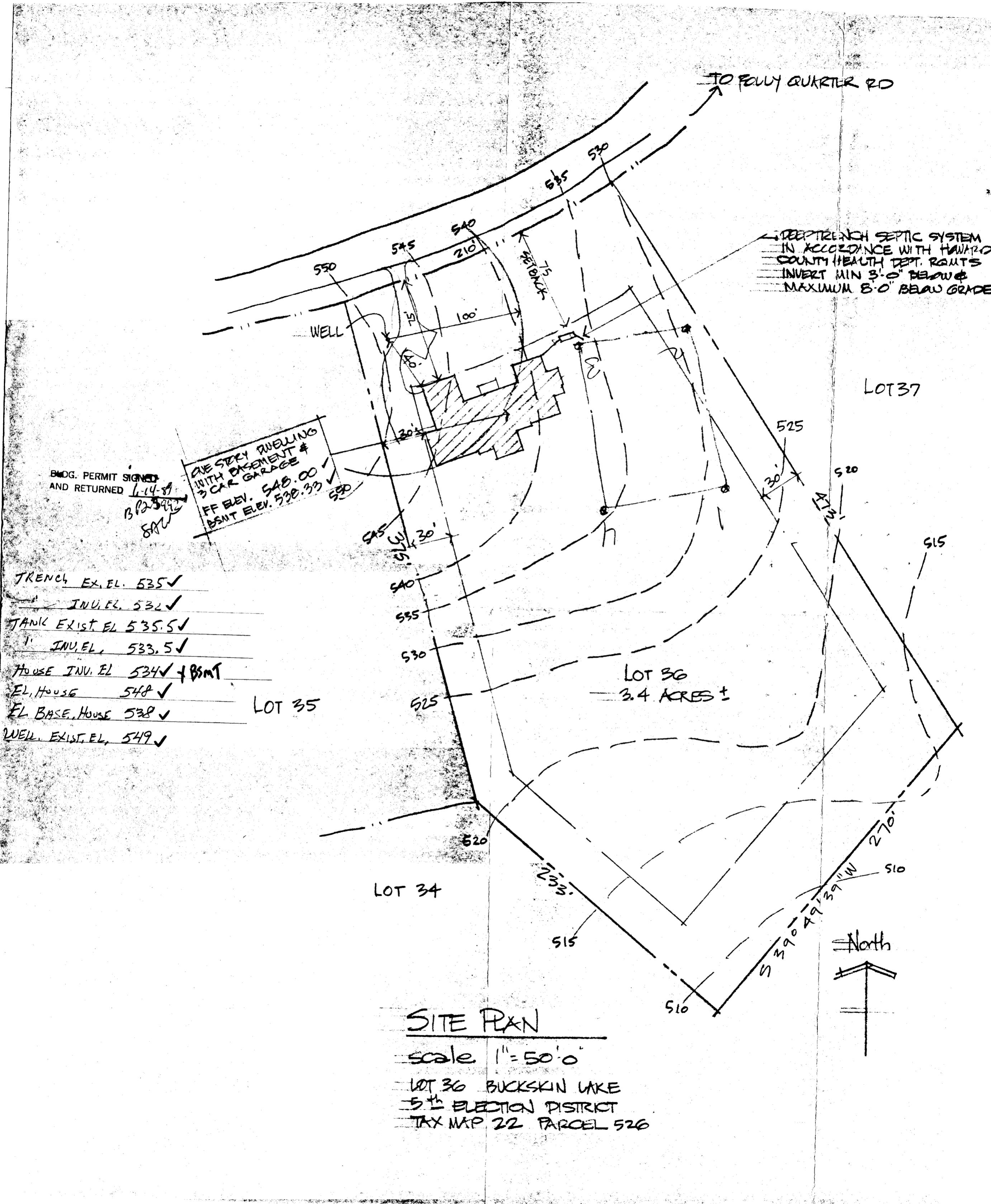
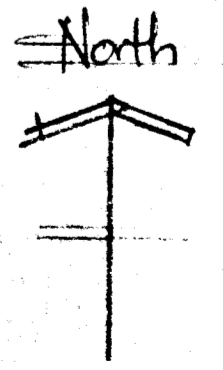
LOT 37

LOT 34

SITE PLAN

scale 1" = 50' 0"

LOT 36 BUCKSKIN LAKE
5th ELECTION DISTRICT
TAX MAP 22 PARCEL 526

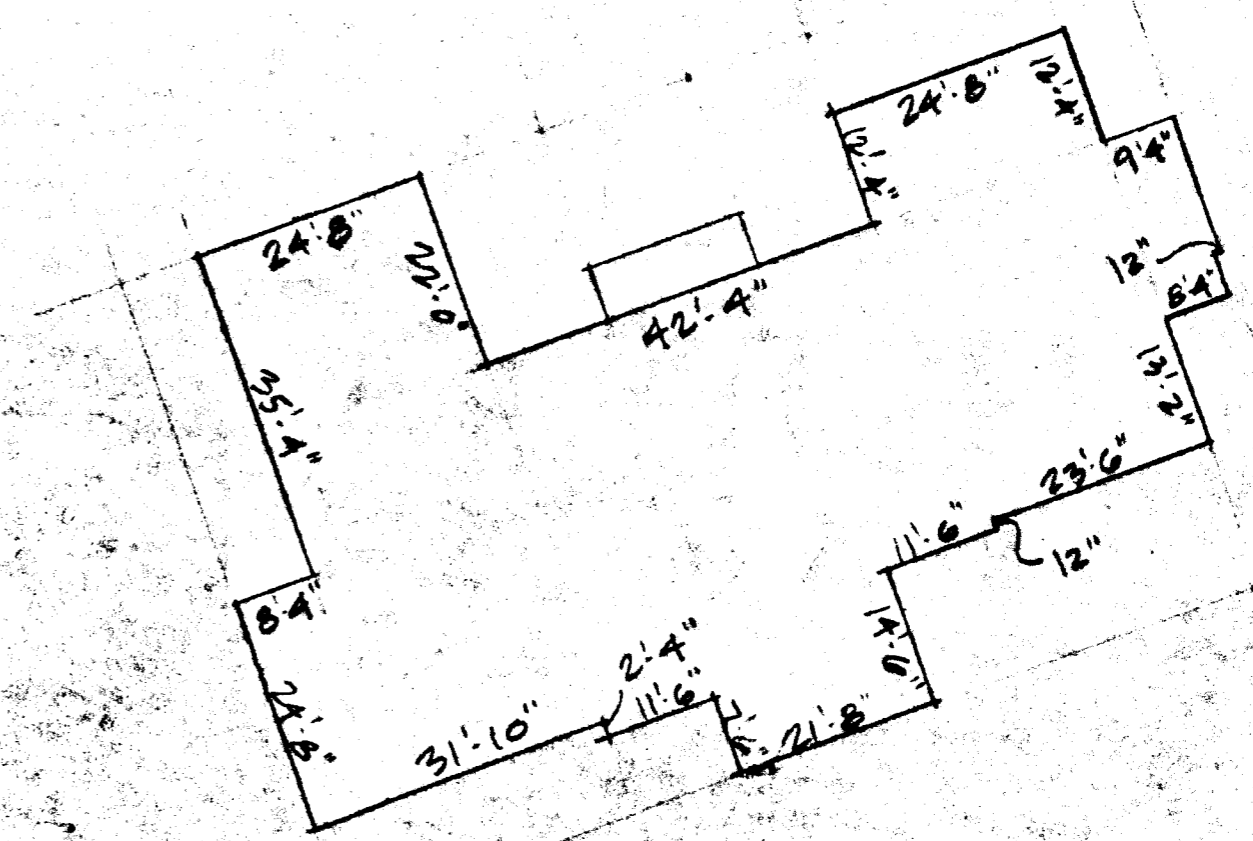


TO FOLLY QUAKER RD

DEEPTRENCH SEPTIC SYSTEM
IN ACCORDANCE WITH HOWARD
COUNTY HEALTH DEPT. ROUTS
INVERT MIN 3'-0" BELOW
MAXIMUM 8'-0" BELOW GRADE

532.15
531.15
531.15
531.15

LOT 37



ADJUSTED AREA OK
5/10/90 C.W.

DRAWING PLAN SCALE 1"=20'-0"

ONE STORY DWELLING
WITH BASEMENT &
3 CAR GARAGE
FF ELEV. 545.00
BSMT ELEV. 535.33

WELL

LOT 36
3.4 ACRES ±

LOT 35

LOT 34

SITE PLAN
scale 1"=50'-0"
LOT 36 BUCKSKIN LAKE
5th ELECTION DISTRICT
TAX MAP 22 PARCEL 526



CHICCEHITTO RESIDENCE
LOT 36 SECTION 1
BUCKSKIN LAKE
HOWARD COUNTY, MD.

Stan Ryder Jr. & Associates
Architects AIA
8308 Liberty Road • Baltimore, MD 21207
(301) 521-2367 Fax (301) 521-2464

MAY 17 1989

SPT