

5/16/95 PM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50716 F

A 49289

DISTRICT 5th

DATE 5/13/95

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 313-2640

05-419530

DATE SYSTEM APPROVED 5/16/95

INSPECTOR DKS

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Bucks Haven Manor LOT 7 ROAD 7425 7415 Bucks Haven Lane

PROPERTY OWNER Cornerstone Homes Larry & Julie Diamond

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting at the intersection of the (66.24') and (220.56') left lot lines, go to a point 90 feet up the 220.56' lot line from your start position and then place the distribution box 45 feet off this point. Install trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/11/95 DKS

PLANS APPROVED BY Ronald J. Pinkley/Amy McMillen REVISED \_\_\_\_\_ DATE 04/06/95

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.

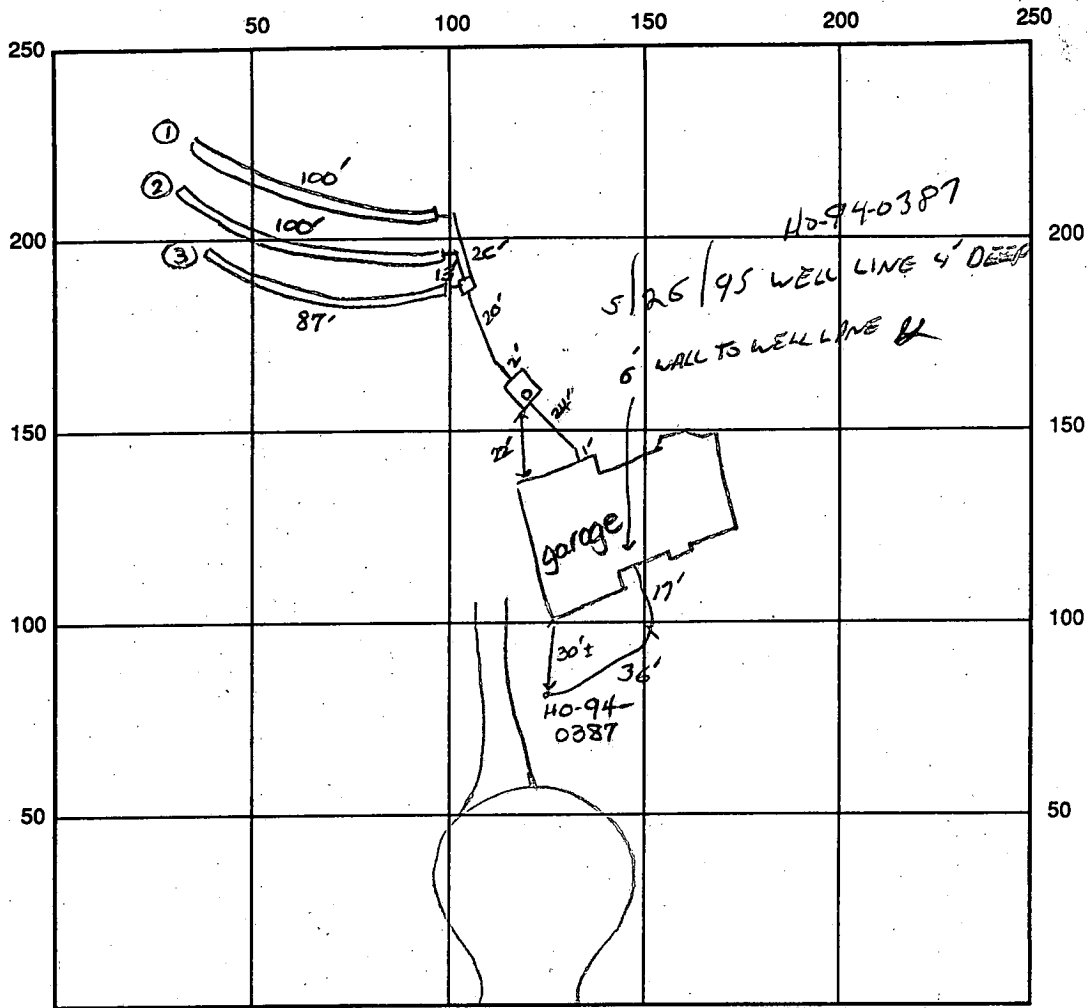
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*Add'l on Deck*  
BLDG. PERMIT SIGNED  
AND RETURNED 4-9-96

Serial # 64255  
9/13/2002 B00138 379 ROOF OVER DECK

A  
49289



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Bucks Haven Lane

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH (1) 100' (3) 87' FT.

NUMBER OF TRENCHES 3 ~~SPREADER~~/BOTTOM AREA 861 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 861 SQ. FT.

REMARKS: 5/16/95 Final - OK to cover all work. DKS

5/25/95 W.P.I. OK - JZ

DATE SYSTEM APPROVED 5/16/95

INSPECTOR Southern Joe

# APPLICATION

PERCOLATION TESTING

A 49288

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 CLEVENGER Cornerstone Homes

ADDRESS 12459 SCAGGSVILLE ROAD PHONE 531-5991

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION CLEVENGER PROPERTY Bucks Haven Manor LOT NO. Lot # 7 Prelim-lot Final lot

ROAD AND DESCRIPTION 1400' N Northwest from Intersection of Browns Bridge Road and Maryland Route 216  
7425 Bucks Haven Lane

TAX MAP 40 PARCEL # 138

**BLDG. PERMIT SIGNED  
AND RETURNED 4-16-96**  
Serial # 58536

SIZE OF LOT 53,000 Sq. Ft. TYPE BLDG. SINGLE FAMILY - 4 BRS  
(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 6/16/93 PERC AREA OK BUT LOT LINES & PERC HOLES CHANGED FROM BOTH NEW & OLD

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # TEST PLATS BJT DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

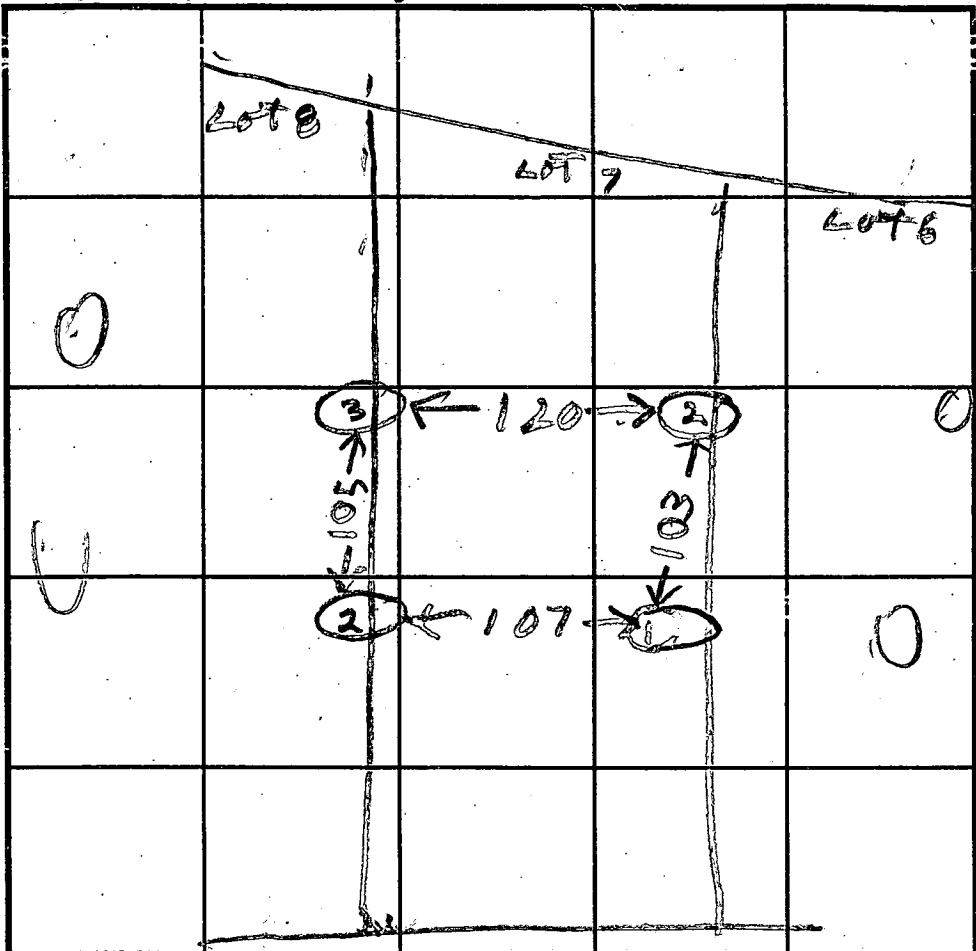
49288

LOT NEW 7

COUNTY # 01  
SOIL PROFILE (1)

ONLINE SOIL PROFILE (2)

0' BROWN CLAY  
3' BRN SAND LOAM



0' TOPSOIL RED CLAY  
4' TAN & BROWN SAND LOAM  
13'

9 HARD  
TOPSOIL  
3' BROWN CLAY  
BROWN SAND LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
TO RE 216 RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/16/93	13	4	252	254	254	258	4	ONLINE LOT 7 & 8
	25	9	OK	SHALLOW				
	7V	9.5	252	250	250	303	5	ONLINE LOT 7 & 8
	3V	3	105	106	106	102	2	ONLINE LOT 7 & 8
	2V	12	OK					
5/20/94	605 B	v12 6 1/2						5 min
		C v11 3 1/2						6 1/2 min
	604 A	v10' water @ 8', Clay to 4 1/2						Fail

REMARKS LOT LINES CHANGED BECAUSE OF ROAD CHANGE SEE EXTRACT

TYPE OF SOIL \_\_\_\_\_ TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_  
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3  
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM \_\_\_\_\_

9 HARD  
ONLINE (3)  
TOPSOIL CLAY  
OLIVE BROWN SAND LOAM

12 C CROVO CHANGED LOT LINES & PERC HOLES IN FIELD

# APPLICATION

## PERCOLATION TESTING

use with A49288 and  
A 49289 and  
~~A 49290~~  
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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Buckshaven Manor LOT NO. 11, 12, 13 (Prelim final lots 8, 9)

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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 \_\_\_\_\_

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

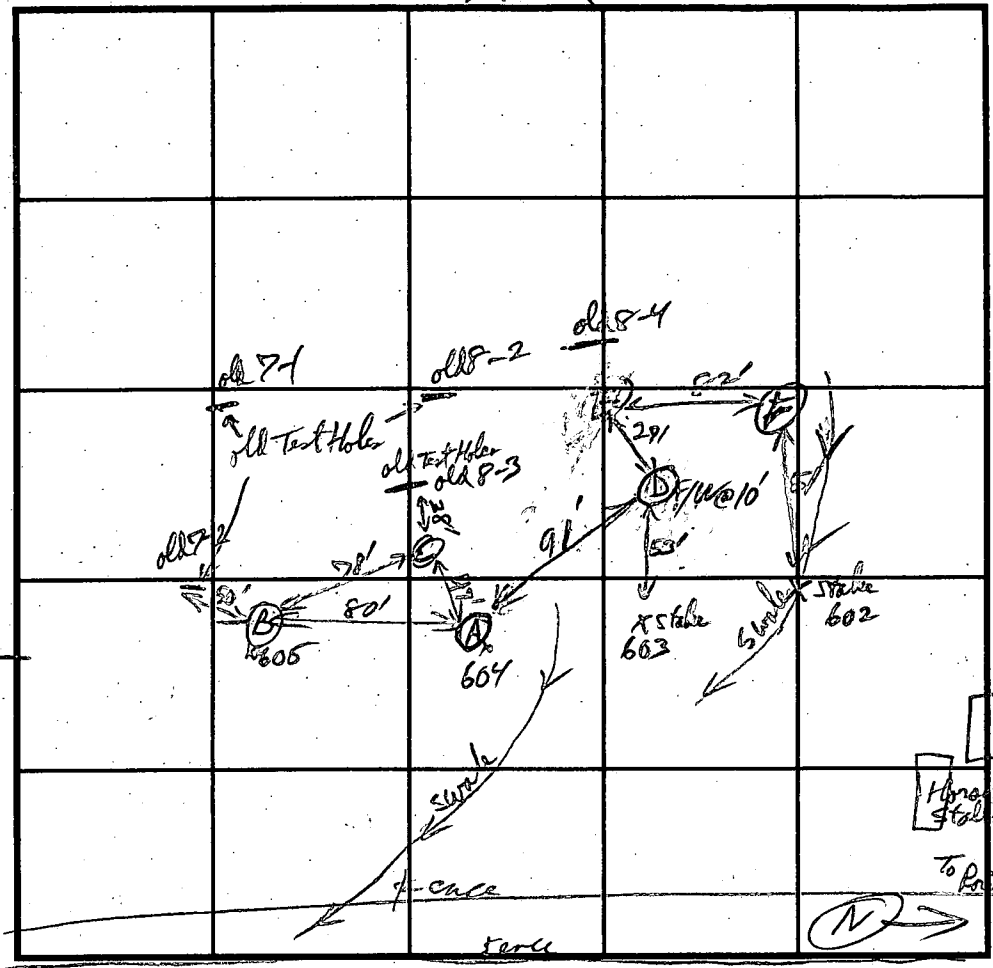
COUNTY #

SOIL PROFILE

0' 605 B  
 Red Clay - HCL  
 2 3/4' Red hL-CL  
 Micaceous mfr  
 5' Red lighter clay  
 7' LSL  
 7 1/2' Lt Brn  
 V. Mica SL

12' No stake C  
 Red CL  
 2 3/4' Red LSL  
 Yel, yel Brn + grey Brn  
 Mica SL

E  
 Yel Brn SICL  
 Red CL  
 4 1/4'  
 Var. Mica  
 Yel, creamy  
 Red Brn, Tan  
 Mica  
 Loom SL  
 10 1/2'



SOIL PROFILE

0' F  
 Red-Red Brn  
 SICL  
 2' Yel Brn  
 SICL  
 4' Red SCL  
 Red mfr  
 6' Mix yel, cream  
 + orange  
 FSL  
 10'

D  
 Red Clay-CL  
 5' Yel, yel Brn  
 + mica Lora  
 7' grey + white  
 wet Mica SL  
 + dark Brn Cover

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/20/94	Lot 11 604 (A)	10'	11:40:00	11:48:00	12:05:00	12:13:00	5 min Clay to 4 1/2'
	605 B	12'	11:20:00	12:08:00	12:08:00	12:13:00	5 min
	No stake C	11 3/2'	11:41:00	11:47:00	11:47:00	11:53:30	6 1/2 min
	(D)	11 1/2'	Water @ 11'	Water Sample @ 9'			(Fail)
	(E)	10 1/2'	12:16:00	12:18:30	12:18:30	12:24:50	6 min shallow
	F	5'	12:28:00	12:30:20	12:30:20	12:33:30	3 min

REMARKS Shallow systems only

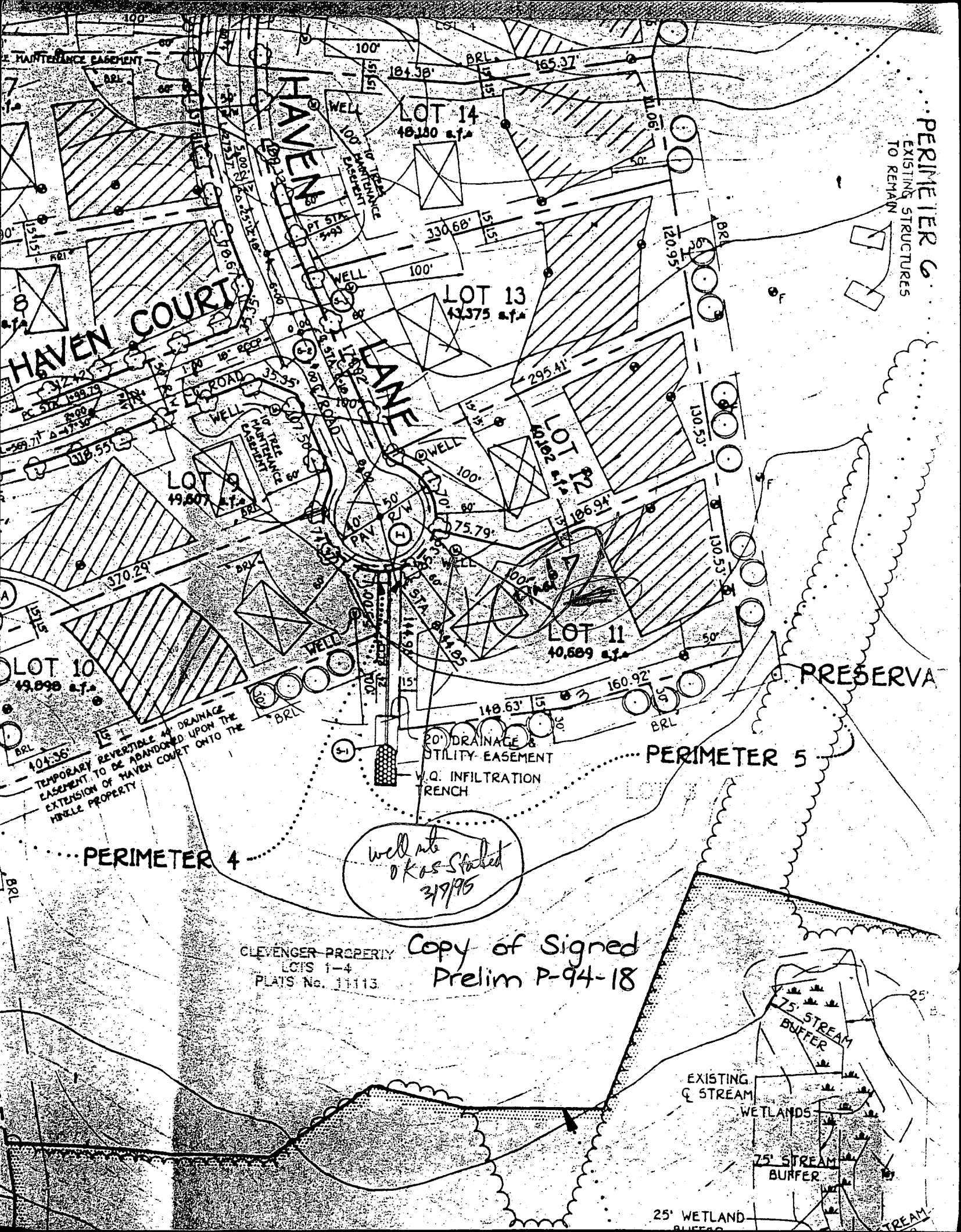
TYPE OF SOIL \_\_\_\_\_

TESTED BY [Signature] ALSO PRESENT O. Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

PERIMETER 6  
EXISTING STRUCTURES  
TO REMAIN



HAVEN COURT

HAVEN DRIVE

LOT 10  
49,098 s.f.

LOT 13  
43,375 s.f.

LOT 12  
40,162 s.f.

LOT 11  
40,609 s.f.

LOT 14  
48,180 s.f.

PRESERVA

PERIMETER 5

PERIMETER 4

well into  
Kos Staked  
3/9/95

CLEVENGER PROPERTY  
LOTS 1-4  
PLATS No. 11113

Copy of Signed  
Prelim P-94-18

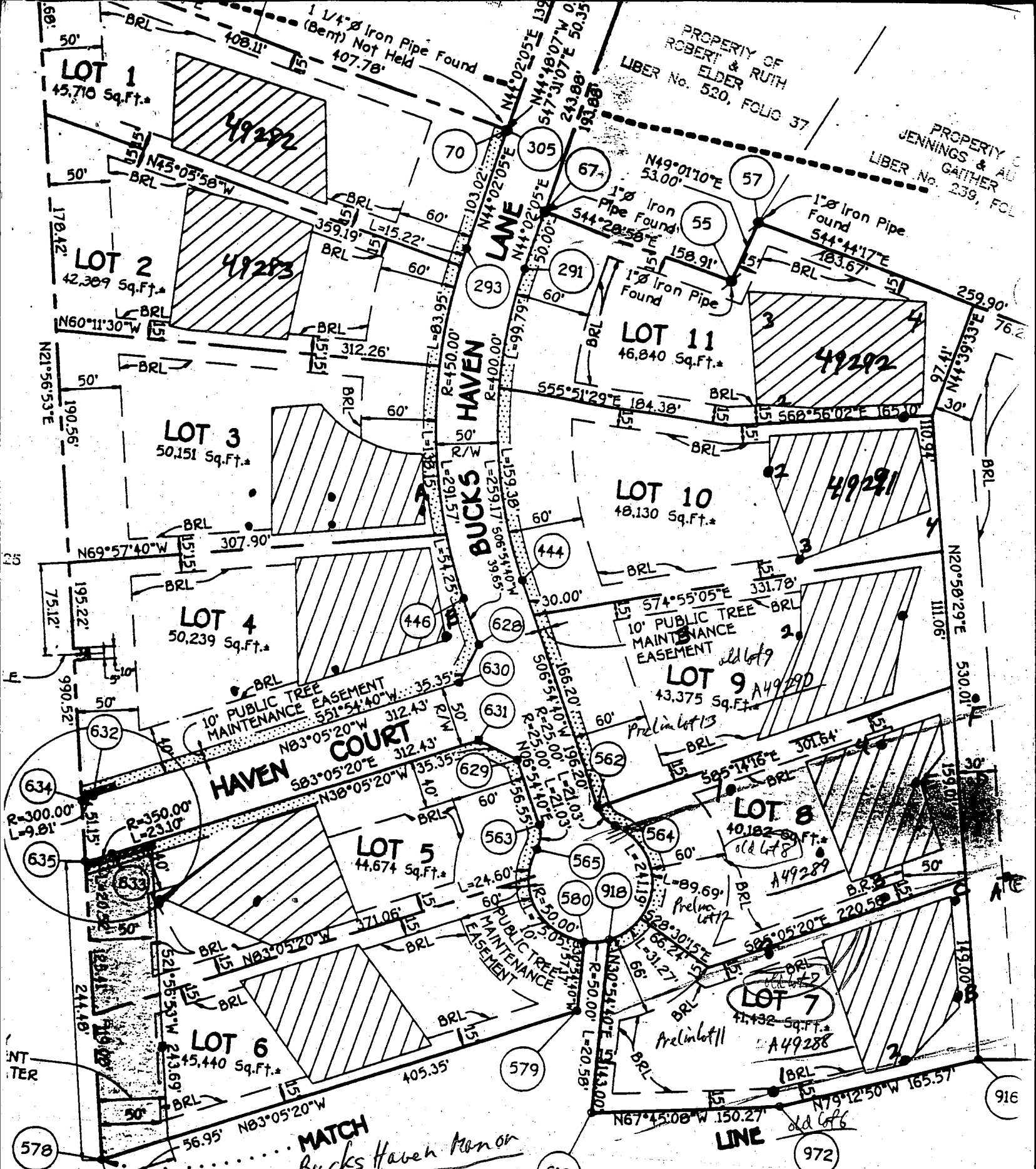
EXISTING  
Q STREAM

WETLANDS

75' STREAM  
BUFFER

25' WETLAND  
BUFFER

STREAM

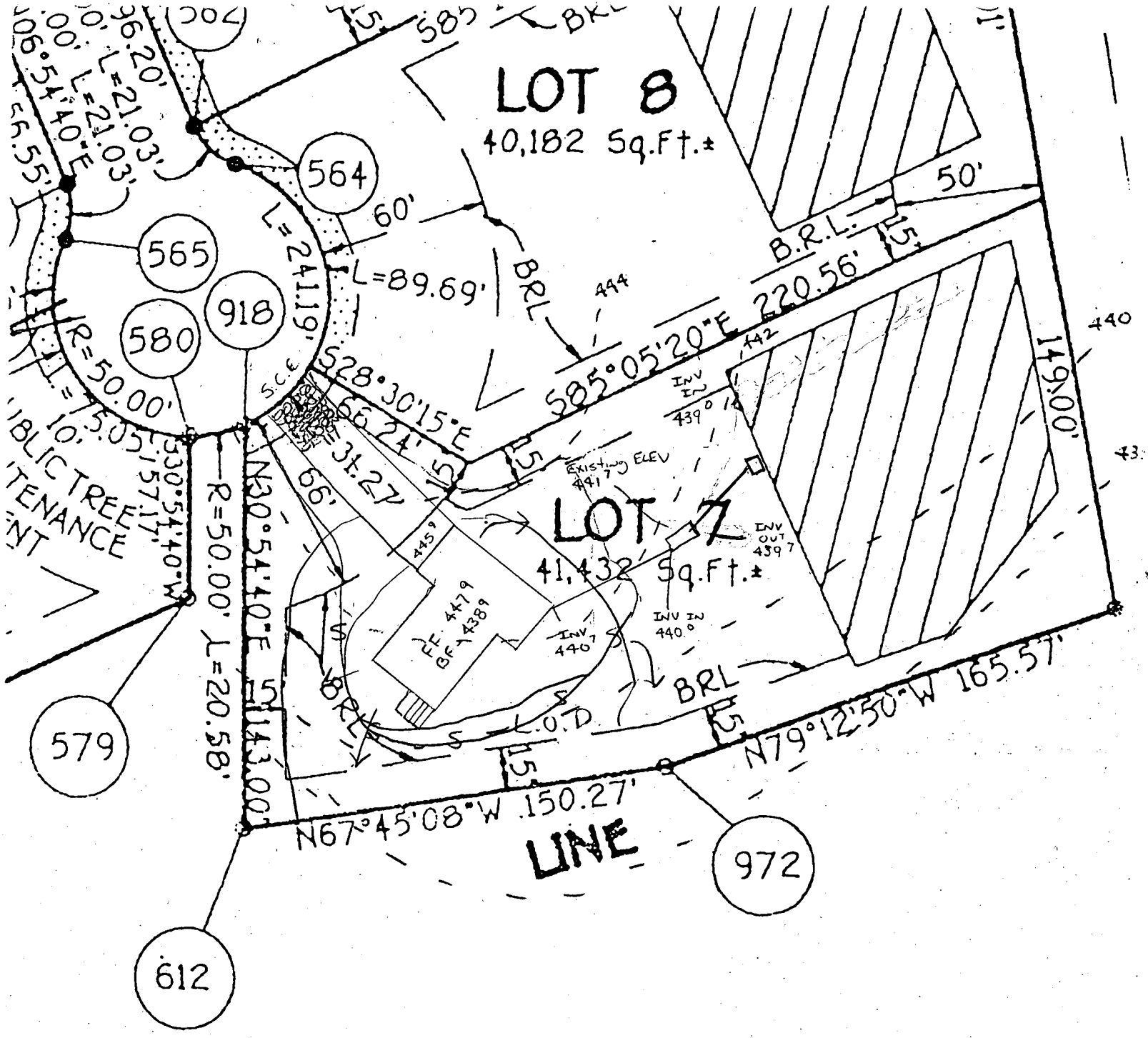


**MATCH**  
*Bucks Haven Manor*  
 Copy of Final Plan E-75-04  
 with corrected location of perimeters  
 overlaid from original field notes

**THIS SHEET**

RECORDED	11
TO BE RECORDED	0
IN PARCELS TO BE RECORDED	11
RECORDED	11.446 Ac.
TO BE RECORDED	13.041 Ac.
PARCELS TO BE RECORDED	0

**OWNER & DEVELOPER**  
 #2  
 #31  
 MRS. CATHERINE CLEVINGER  
 12459 ROUTE 218  
 HIGHLAND, MARYLAND 20777  
 MR. & MRS. MU SU BAEK  
 12515 SCACCELLA



Approved Septic System Plan  
 Howard County Health Department

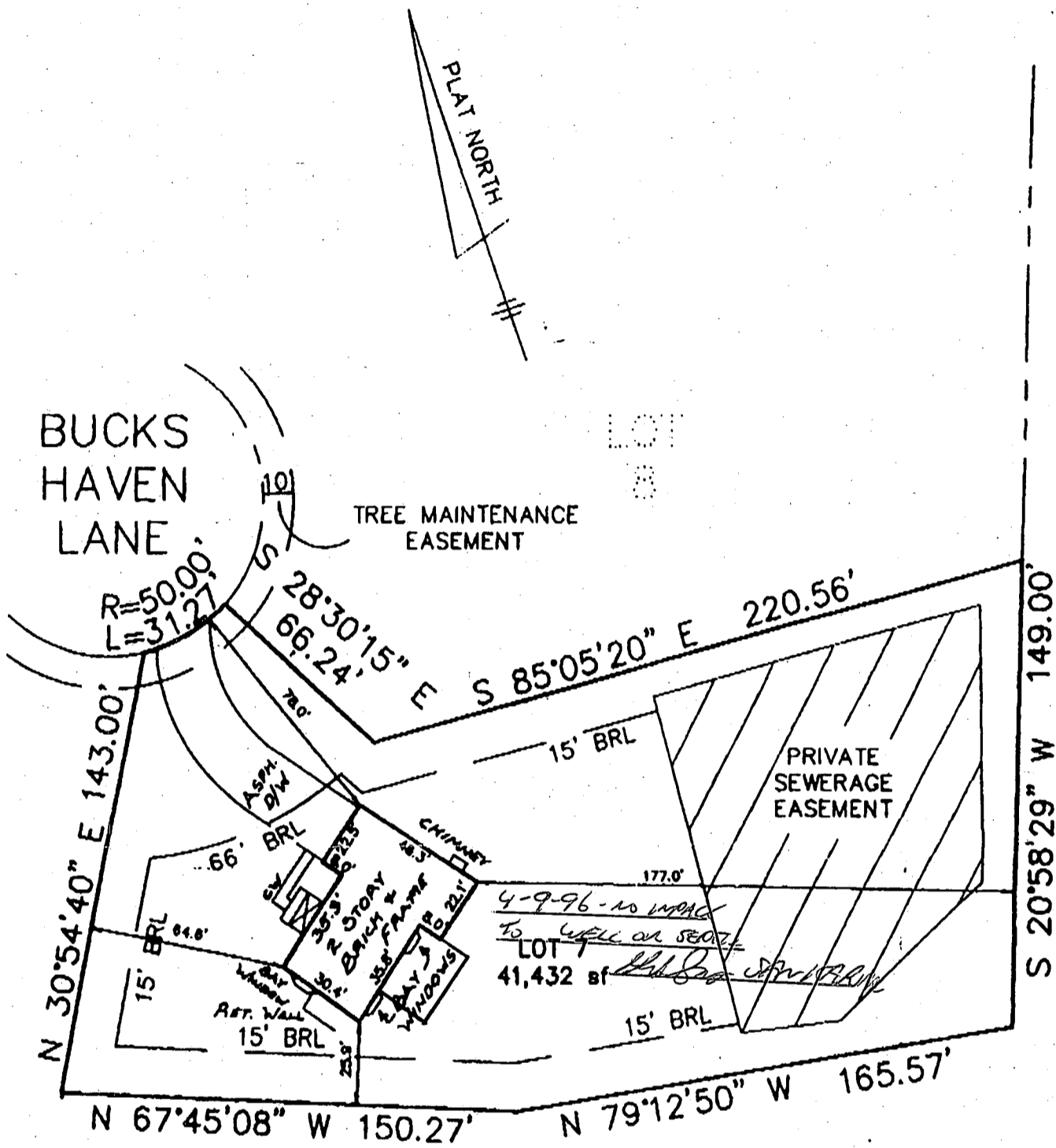
GRADING PLAN / PLOT PLAN  
**BUCKS HAVEN MANOR**  
 LOT 7  
 BUCKS HAVEN LANE

*Amey M. Miller* 4-6-95  
 Signature Date

Trench length to be determined  
 at time of septic permit  
 issuance

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.



TOP OF FOUNDATION  
WALL ELEV. = 445.0  
PER 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.

*[Signature]* 7/10/95  
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  
ELLCOTT CITY, MARYLAND 21043  
(410) 485-6105

LOCATION DRAWING  
**BUCKS HAVEN MANOR**  
LOT 7  
7425 BUCKS HAVEN LANE

5th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE : 1" = 50' DATE : 4/21/1995

EMERGENCY/TEMP NO. IF ANY

B 1 1281  
SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

STATE PERMIT NUMBER  
H0-94-0387  
fill in this form completely

Date Received (APA) 022395  
OWNER INFORMATION  
BUCKHAVEN FARM  
12459 RT 216  
HIGHLAND MD 20722

B 3 LOCATION OF WELL  
HOWARD  
BUCKSHAVEN  
HIGHLAND  
MILES FROM TOWN 1 MI

DRILLER INFORMATION  
RALPH MAYNE  
9120 Brown Church Rd. Mt. Airy  
2/21/95

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) E  
NEAR WHAT ROAD MD RT 216  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) EAST  
DISTANCE FROM ROAD 1000 FT

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  
DATE ISSUED 03/15/95  
NORTH GRID 485000 EAST GRID 0814000

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

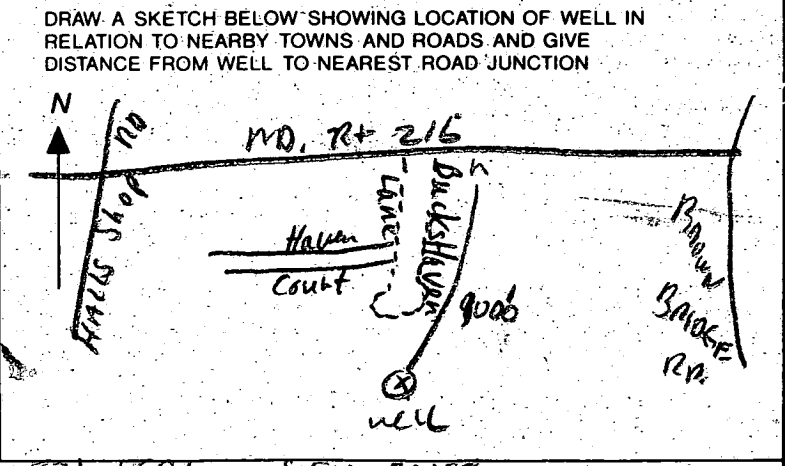
APPROXIMATE DEPTH OF WELL 150 FEET

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 814  
N 485

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 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)



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE AP PERMIT No. H0-94-0387

SPECIAL CONDITIONS % Cathrine Cleaver 531-5991 - 854-2018  
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 3578

SEQUENCE NO. (DENV. USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

A 492848

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

ST/CO USE ONLY DATE RECEIVED 03 31 95

DATE WELL COMPLETED 03 31 95

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H 0-99-0387

OWNER Bucks Haven Farm, STREET OR RFD last name Bucks Haven Lane Rd Rt 216, TOWN Highland, SUBDIVISION Bucks Haven Manor, SECTION, LOT 7

WELL LOG 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 (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 78, NO. OF POUNDS 1800, DEPTH OF GROUT SEAL 30 ft.

CASING RECORD: casing types ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE PL, diameter 6, total depth 50.

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

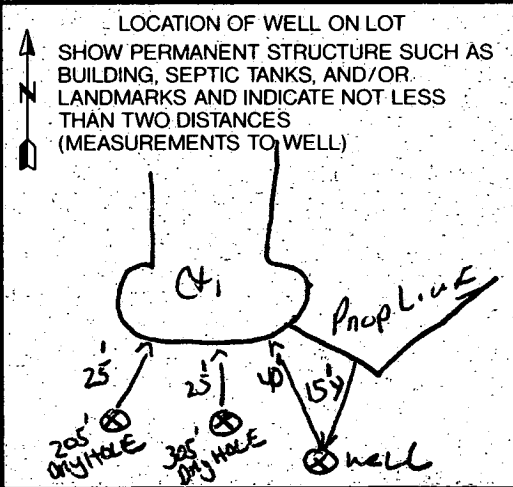
SCREEN RECORD: screen type or open hole ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 25, WHEN PUMPING 65, TYPE OF PUMP USED submersible (S).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT 2 (nearest foot).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED YES (Y) NO (N). CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

SCREEN DEPTH (nearest ft.) table with columns 1-51. Slot size, diameter of screen.



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 IDENT. NO. 116, DRILLERS SIGNATURE Jack Mame.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

5-26-95  
WPI  
unplanned

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   
Receipt # \_\_\_\_\_ Date 5/12/95  
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 Cornerstone Homes Telephone (410) 379-0157  
Subdivision Bucks Haven Manor Lot # 7 Well Tag # HO-99-0387  
Site Address 7425 Bucks Haven 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? \_\_\_\_\_

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: 5/12/95

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

Building Address 7425 BUCKS HAVEN RD.  
HIGHLAND MD 20777

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6005102 Subdivision BUCK HAV MAN RES

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 7

Tax Map 40 Parcel 138 Grid 17

Zoning RRDEO Map Coordinates 15D2 Lot size 41,432

Existing Use S.F.D

Proposed Use S.F.D + ROOF ONLY

Estimated Construction Cost \$ 413,500

Description of Work ON REAR, ON EXIST. WOOD FOUNDATION, CONSTRUCT A 24'x20' ROOF ONLY.

Occupant or Tenant "OWNER"

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name RAYMOND, LATEL & PEARLY  
Address 7425 BUCKS HAVEN RD.

City HIGHLAND State MD Zip Code 20777

Home Phone 301 854-2776 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company \_\_\_\_\_

Contact Person PATIO ENCLOSURES, INC.

Address 224 8th AVENUE, N.W.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: <u>20' 24'</u> Basement: <u>(480' ROOF ONLY)</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <u>N/A</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 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.

Gregory A. Falter (Agent)  
Applicant's Signature

GREGORY A. FALTER  
Print Name

Title/Company

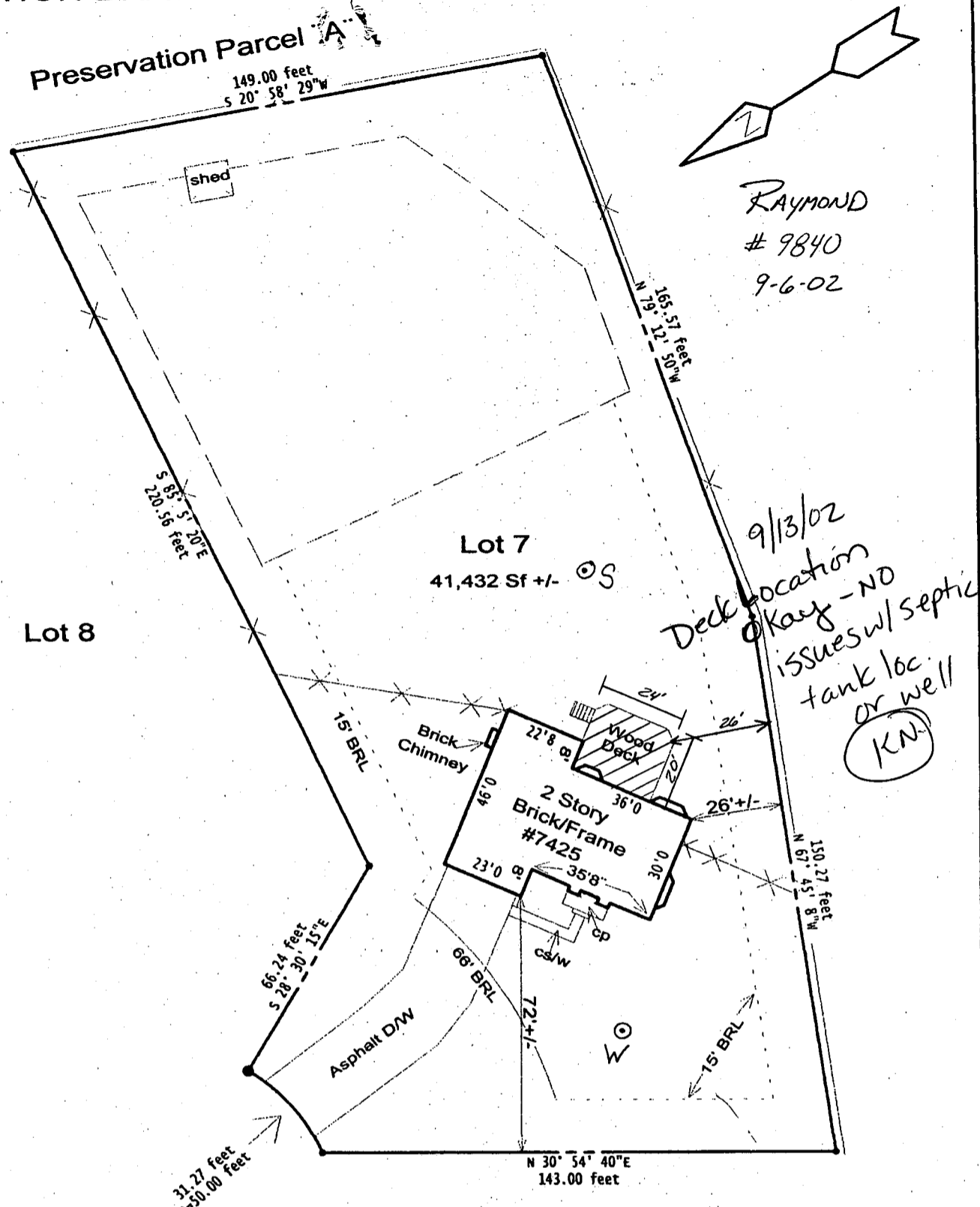
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side-St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>2608</u>
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u>
Building Official			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>9/13/02</u>	<u>Raele Thomas</u>	Lot Coverage for New Town Zone _____	Excise tax \$ _____
Health			SDP/Red-line approval date: _____	Add'l per. fee \$ _____
Fire Protection				TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>0427</u>
				Validation # <u>10755</u>
				Accepted by <u>D</u>

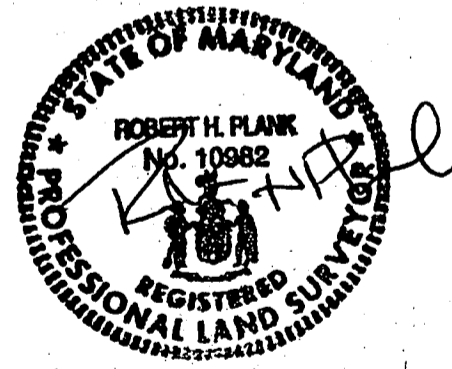
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

# LOCATION DRAWING



RAYMOND  
 # 9840  
 9-6-02

- KEY:**  
 CS/W=Concrete Sidewalk  
 CD/W=Concrete Driveway  
 CS=Concrete Stoop  
 CP=Concrete Porch  
 O/H=Overhang  
 WD=Wood Deck  
 WP=Wood Porch  
 BRL=Building Restriction Line



Project: 7425 BUCKS HAVEN LANE HIGHLAND, MARYLAND 20777 (Howard County) Deed Title: Liber: 5059, Folio: 509 Plat Ref.: Lot No. 7, BUCKS HAVEN MANOR Lots 1 thru 11 & Preservation Parcel "A", Plat No. 11620	40.00 feet Scale:	This is to certify that we have conducted a location survey of the improvements and that they are located as shown hereon.
	Date: 03/11/02 File#: 02-3175	

**SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN UNLESS OTHERWISE NOTED.** This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. This plat is not to be relied for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing. Prepared without the benefit of a title report. Note: Location survey measurements are +/- 1'.

**PROFESSIONAL LAND SURVEYOR**  
 REGISTERED—No. 10982  
  
**A.T. HOYLE SURVEYS**  
 P.O. Box 190, Lisbon, MD 21765  
 Phone: 410-442-5117 Fax: 410-442-5175