

6/16/95
ASAP
7/14/95 House
Any time
Comm 11:30 - Work not done
7/14/95 AM
DKS

6/16/95 Needs house connection

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

INDEXED

05-419557

P 50716A

A 49290

DISTRICT 5th

DATE 05/31/95

DATE SYSTEM APPROVED 7/14/95

INSPECTOR M.R. Fkin

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Bucks Haven Manor LOT 9 ROAD 7417 Bucks Haven Lane

PROPERTY OWNER Cornerstone Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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 - Place the distribution box 120 feet from the rear (111.06') lot line and 20 feet from the left (331.78') lot line as viewed from Bucks Haven Lane. Install trenches on contour toward rear of lot.

NOTES No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/31/95 DKS

PLANS APPROVED BY Ronald J. Pinkley REVISED DATE 05/03/95

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

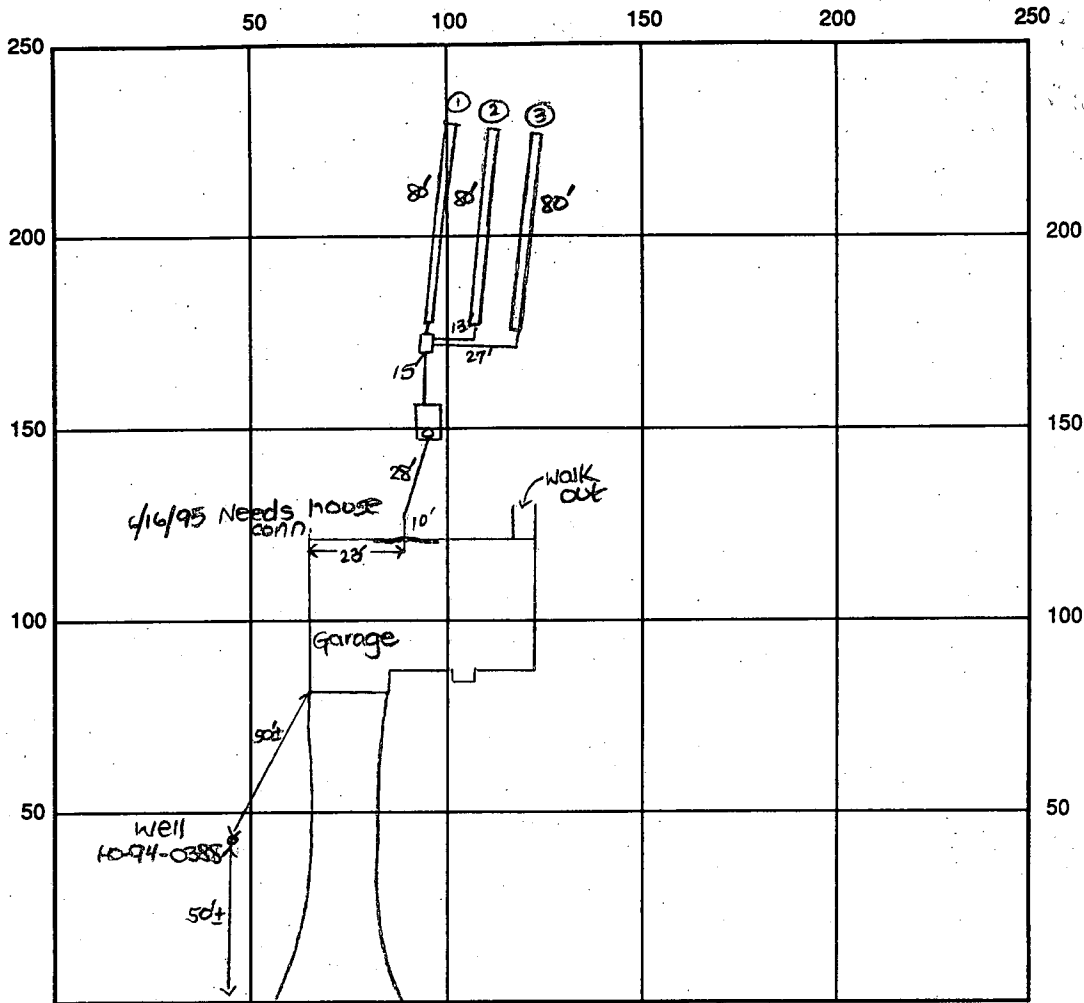
PERMIT VOID AFTER TWO YEARS

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**

A 49290



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 ①80 ③80 FT.

NUMBER OF TRENCHES 3 ~~CONCRETE~~ WALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 6/16/95 OK to cover all work except 2'± at house.

Needs house connection. DKS

7/6/95 NO HOUSE CONN MR

7/14/95 HOUSE CONN OK MR

DATE SYSTEM APPROVED

7/14/95

INSPECTOR

M. Ripkin

APPLICATION

PERCOLATION TESTING

A 49290

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 CLEWGER CORNERSTONE HOMES

ADDRESS 12459 SCAGGSVILLE ROAD PHONE 531-5991

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~CLEWGER PROPERTY~~ Bucks Haven Manor LOT NO. X Prelim # 13 ^{11 lot} 9 on final

ROAD AND DESCRIPTION 1400'± Northwest From Intersection Of Browns Bridge Road And
(7401 Bucks Haven Lane)

TAX MAP 40 PARCEL # 138

BLDG. PERMIT SIGNED AND RETURNED 4/6/93

SIZE OF LOT 46,000 Sq. Ft. TYPE BLDG. Serial # 58535
SINGLE FAMILY - 4 BR
(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 SITES DIFFERENT FROM EITHER PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #

NEW OR OLD TEST PLAT OR
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

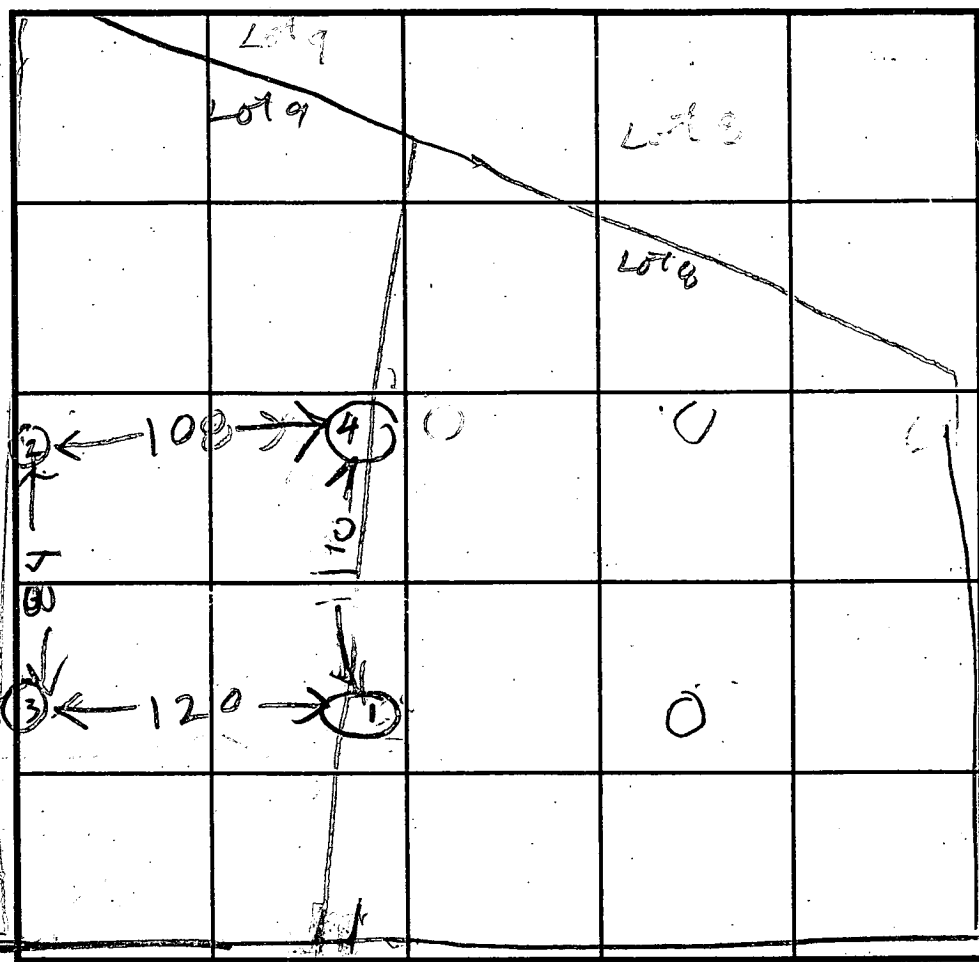
LOT 9
49290
COUNTY #

SOIL PROFILE

TOPSOIL CLAY
BROWN SAND LOAM

TOPSOIL RED CLAY
OLIVE BROWN SAND LOAM

TOPSOIL RED CLAY
BROWN SAND LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

ONLINE
SOIL PROFILE

TOPSOIL RED CLAY
OLIVE BROWN SAND LOAM

HOLE ELEVATION

(2)(3) = HIGH
(1)(4) = LOW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/16/93	I S	3.5	1059	1104	1104	1108	4	IN COMMON LOT 8 LOT 9
	I D	7.5	1059	1160	1160	1204	4	
6/16/93	IV	12.5	OK					IN COMMON LOT 8 LOT 9
	2 S	5	1243	1245	1245	1256	6	
	2 D	11.5	OK					
	3 V	12.5	OK					
	4 S	5.5	1253	1256	1256	1258	2	IN COMMON LOT 8 LOT 9
	4 D	11	OK					

REMARKS LOT LINES CHANGED BECAUSE OF ROAD CHANGE
PERC HOLES DUG DIFFERENT FROM TEST PLAT SEE EXT

TESTED BY R. HODGES ALSO PRESENT C. CROVO OILBETTERMAN JR

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4min TRENCH WIDTH 2
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 144

C. CROVO CHANGED LOT LINES + PERC HOLES IN FIELD

APPLICATION

PERCOLATION TESTING

A 49291

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 CRENGER

ADDRESS 12459 SCAGGSVILLE ROAD PHONE 531-5991

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Now Bucks Haven Final lot 10 (Prelim lot 14)

SUBDIVISION CRENGER PROPERTY LOT NO. 10 3

ROAD AND DESCRIPTION 1400'± Northwest from Intersection of Brown's Bridge Road and Maryland Route 216

TAX MAP 40 PARCEL # 138

SIZE OF LOT 44,500 Sq. Ft. TYPE BLDG. SINGLE FAMILY
(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 6/15/93 PERC OK HOLD FOR PLAT B

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

49291
COUNTY #

LOT 10

Use with Final lot 9 Holes 3 & 4

ON LINE SOIL PROFILE

SOIL PROFILE

0'
3'
12'

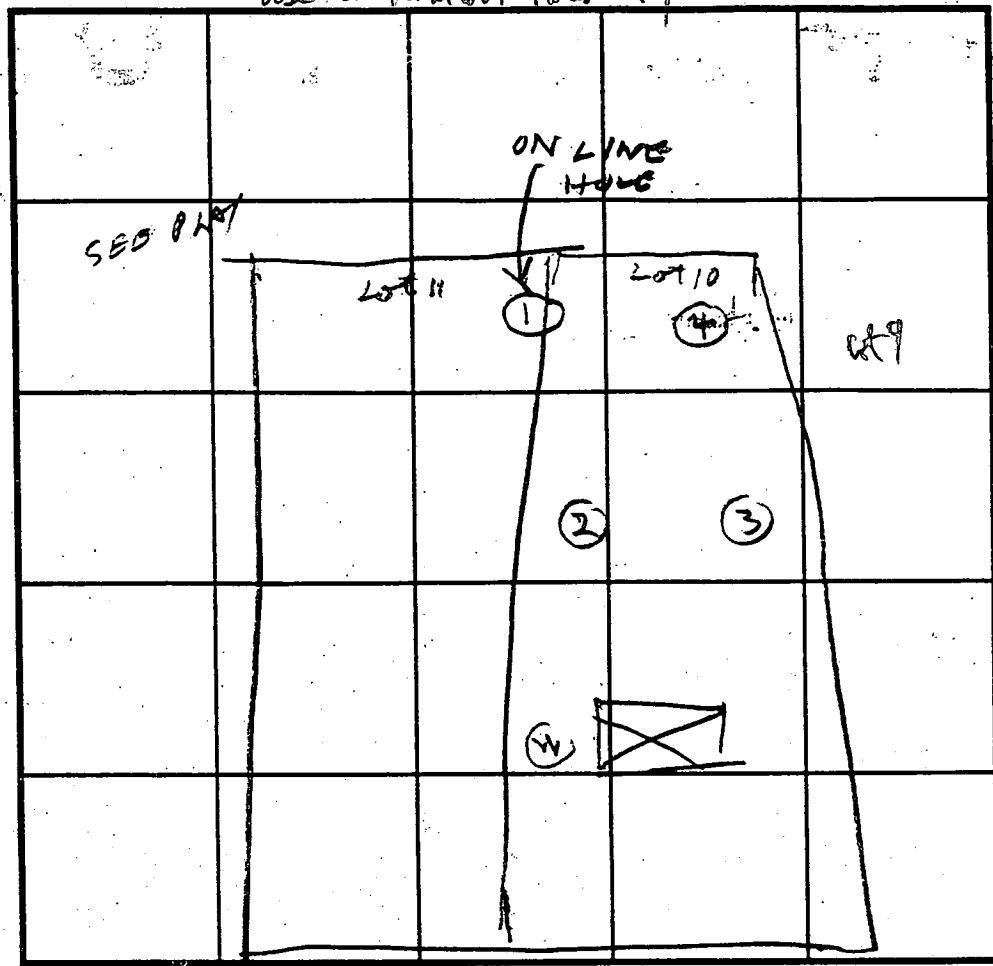
TOPSOIL CLAY
BROWN PINK WHITE SAND LOAM

3'
12.5'

TOPSOIL CLAY
BROWN SAND LOAM

0'
3'
12'

TOPSOIL CLAY
DULL BROWN SAND LOAM



0'
3'
12.5'

TOPSOIL CLAY
BROWN & WHITE SAND LOAM

HOLE ELEVATION
①② = HIGH
③④ = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/15/93	I D	7	135	137	137	140	3
	I S	3.5	135	136	136	138	1
	IV	12	OK				
	2V	12.5	OK				
use holes 3 & 4	3 V	3.5	216	217	217	220	3
	4 V	12	OK				
for upper section final lot 9	4 S	3.5	223	224	224	227	3
	4 V	12.5					

ON LOT
LOT
LOT

REMARKS: Holes Dug Similar to test REVISED TEST PLAN

TYPE OF SOIL _____
TESTED BY R. HODGES ALSO PRESENT C. CROWD
OKOTTERMAN
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 2
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

use with
Beckeloven Manor
Final lists 7, 8, 9
A 49288
A 49289
A 49290

B 1 **1280** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-0388**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **022395** **OWNER INFORMATION**
Buck Haven Farm
 15 Last Name 21 Owner 27 First Name 34
12459 Rt 216
 36 Street or RFD 55
HIGHLAND MD 20327
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD **116**
Ralph Mayne
 Driller's Name 77 License No. 80
Ralph Mayne (well drilling)
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 2/21/95
 Signature Date

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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
 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 _____

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)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **HO-94-0388**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **NO CATRINE Cleenger 531-5551-854-2018**
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

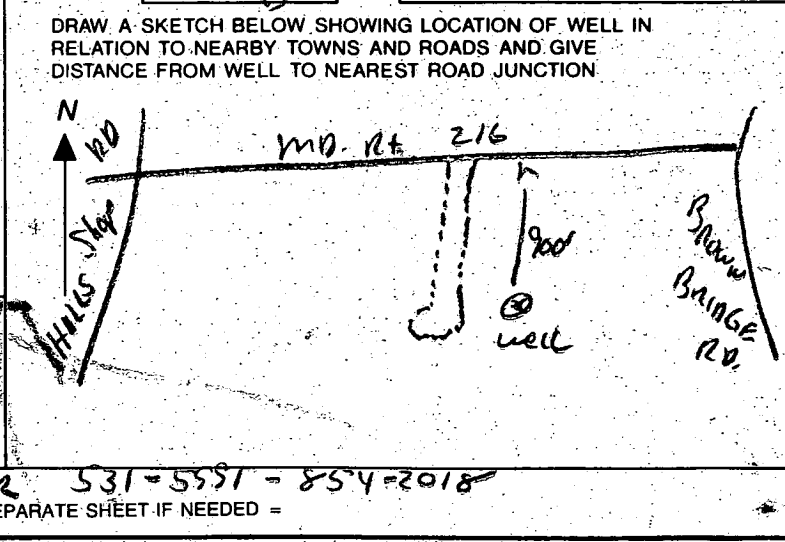
B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
Buck Haven Farm MANOR
 23 SUBDIVISION 42
 SECTION **1** LOT **9**
 44 46 48 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **MD Rt. 216**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **900**
 ENTER FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL **A49290**
Howard COUNTY NAME **A49286** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **031595** **3/15/96**
 43 48 CO SIGNATURE 51 EXP/DATE
 NORTH GRID **485000** EAST GRID **0814000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8104**
 N **4805**
 000
 000



C1 3579

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A4928649290

ST/CO USE ONLY DATE Received 033195

DATE WELL COMPLETED 032495

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0388

OWNER Bucks Haven Farm last name Bucks Haven Lane (off route 216) TOWN Highland SUBDIVISION Bucks Haven Manor SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 15, NO. OF POUNDS 1500.

CASING RECORD form: casing types ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE PL, Nominal diameter 6, Total depth 42.

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

SCREEN RECORD form: screen type or open hole (HO), SCREEN TYPE (ST, BR, PL, HO, OT).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y).

DEPTH (nearest ft.) table with columns 1-51. Includes SLOT SIZE and DIAMETER OF SCREEN.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

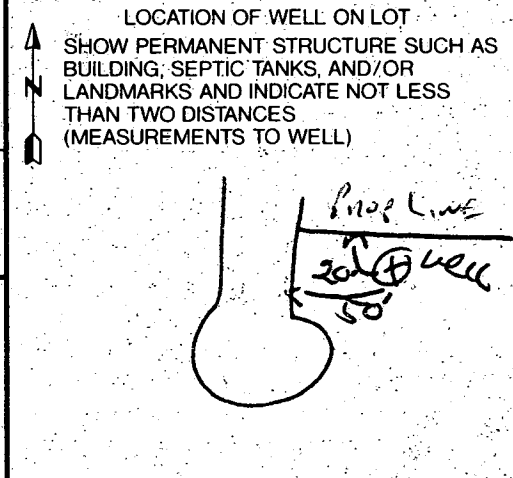
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

DRILLERS IDENT. NO. 116, SIGNATURE Nath Mayne, SITE SUPERVISOR responsible for sitework if different from permittee.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 17, WHEN PUMPING 20, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



7/6/95
* Please check for house conn.

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6/28/95

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 Cornelius Hynes
Subdivision Cucka Haven Manor Lot # 9
Site Address 747 Cucka Haven Lane

Telephone (410) 379-0157
Well Tag # _____

Pump

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

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

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

7-6-95

40-94-0388
pitless adaptor OK
4' below grade
ACW

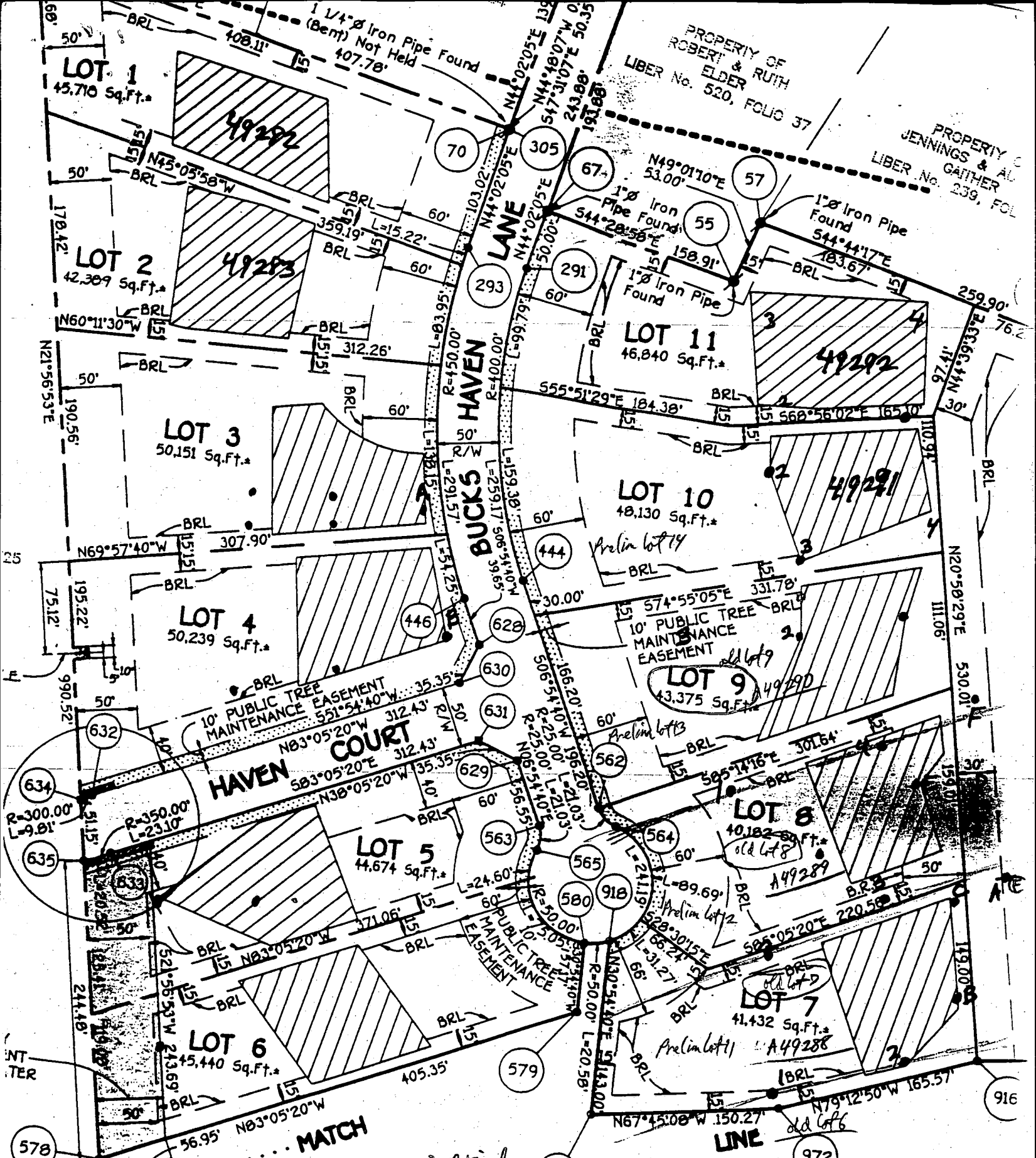
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Charles A. Klein

Date: 6/28/95

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



THIS SHEET

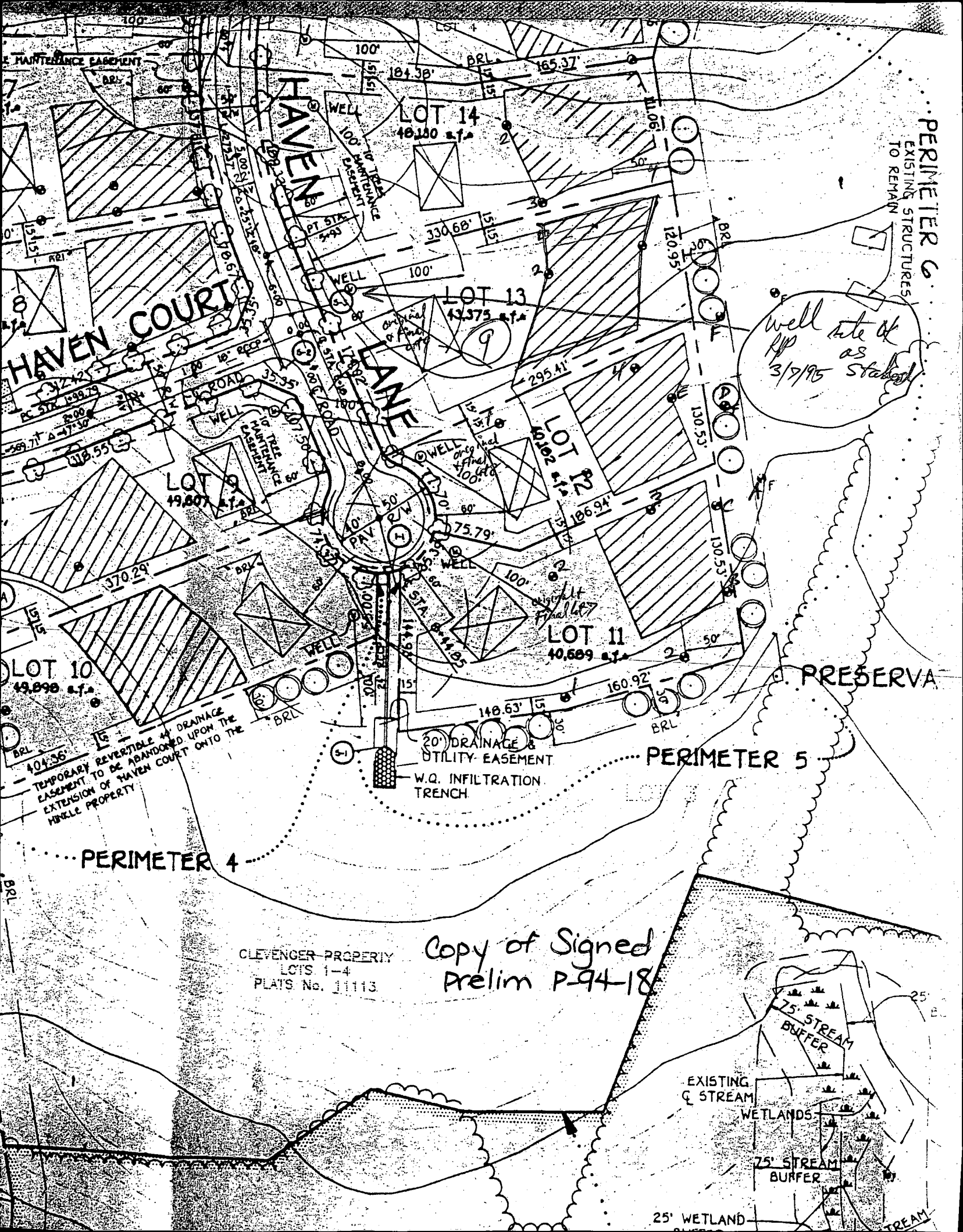
RECORDED	11
TO BE RECORDED	0
IN PARCELS TO BE RECORDED	11
RECORDED	11.446 Ac.
TO BE RECORDED	13.041 Ac.
PARCELS TO BE RECORDED	0

*Copy of Signed Final
E95-04
with correct overlay of Test Results
PP 5/3/95*

OWNER & DEVELOPER

MRS. CATHERINE CLEVINGER
12459 ROUTE 218
HIGHLAND, MARYLAND 20777

MR. & MRS. MU SU BARK
12515 SCAGGEN



555°51'29"E 184.38'

5' 500

Approved Septic System Plan
Howard County Health Department

LOT 10

130 Sq.Ft.*

BRL

BRL

331.78'

BRL

N20°50'29"E

11.06'

530.01'

159.01'

LOT 9

143,375

GAR.

FF 456'

41655

LOT 8

40,182 Sq.Ft.*

585°14'16"E

301.64'

BRL

B.R.L.

220.56'

GRADING PLAN / PLOT PLAN

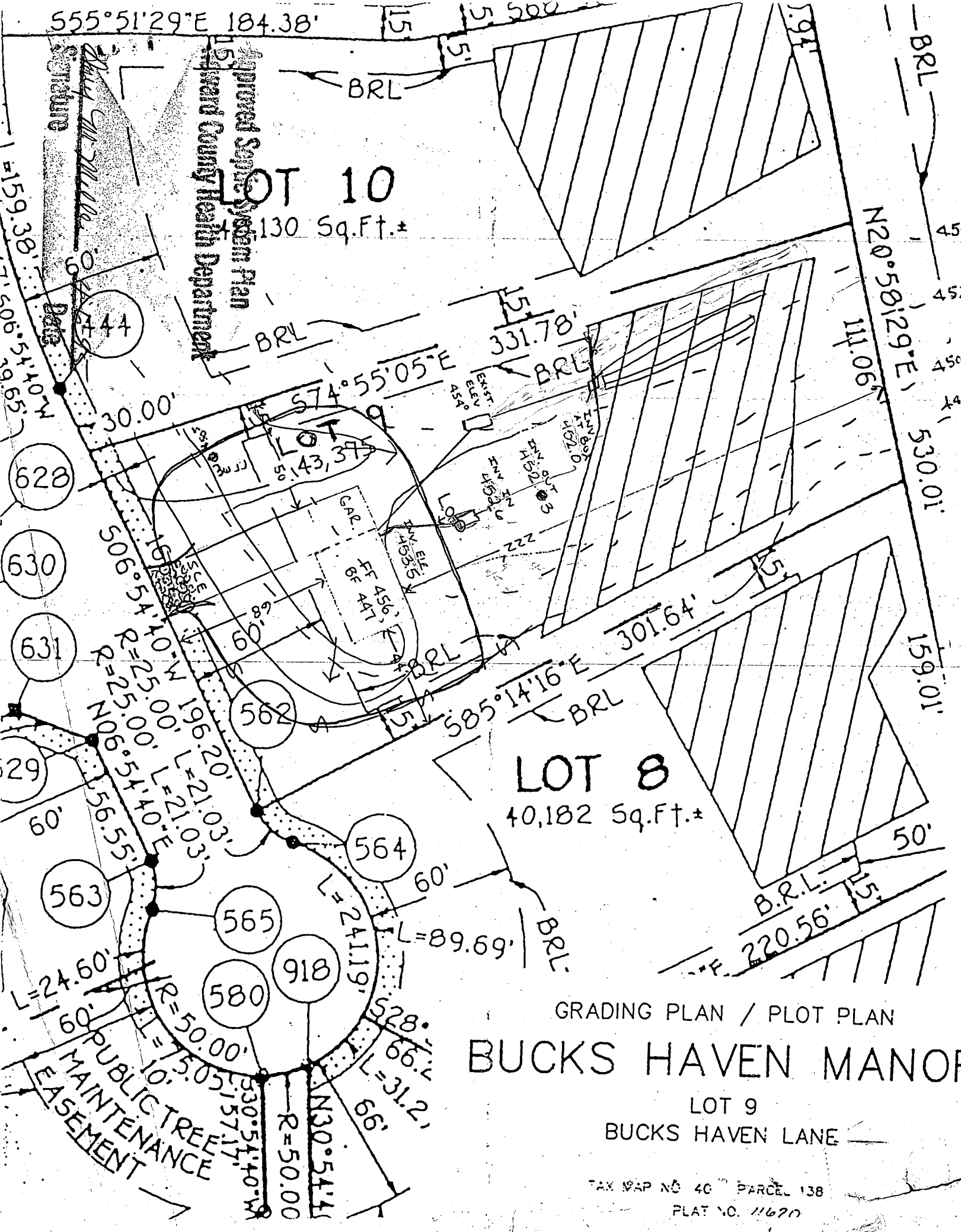
BUCKS HAVEN MANOR

LOT 9

BUCKS HAVEN LANE

TAX MAP NO 40 PARCEL 138

PLAT NO. 11670



PUBLIC TREE MAINTENANCE EASEMENT