

05-354072

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42248

A 37691

DISTRICT 5th

DATE 8/1/88

DATE SYSTEM APPROVED 9/15/88

INSPECTOR RH

C. C. Cissel IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Buckskin West ROAD 4214 Buckskin Woods Drive 6 (Parcel 517)

PROPERTY OWNER Welsh Roger Fitness - Office - 964-2202

ADDRESS Home - 531-5771

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1,250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. absorbent sidewall area per bedroom. Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective areas begins 3½ feet below original grade. 2 feet of stone below distribution pipe. Shallow system beginning from right rear (337.50/366.03') lot corner. Start the first trench 200 feet down the rear (336.03') lot line and 75 feet ~~X~~ off the rear line as seen when facing property from right-of-way. Run trenches along contour towards the left ~~X~~ (376.39') lot line.

NOTE: Maintain minimum 100 feet from well to septic. ok/cw

PLANS APPROVED BY Sid Abel DATE 4/19/88

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

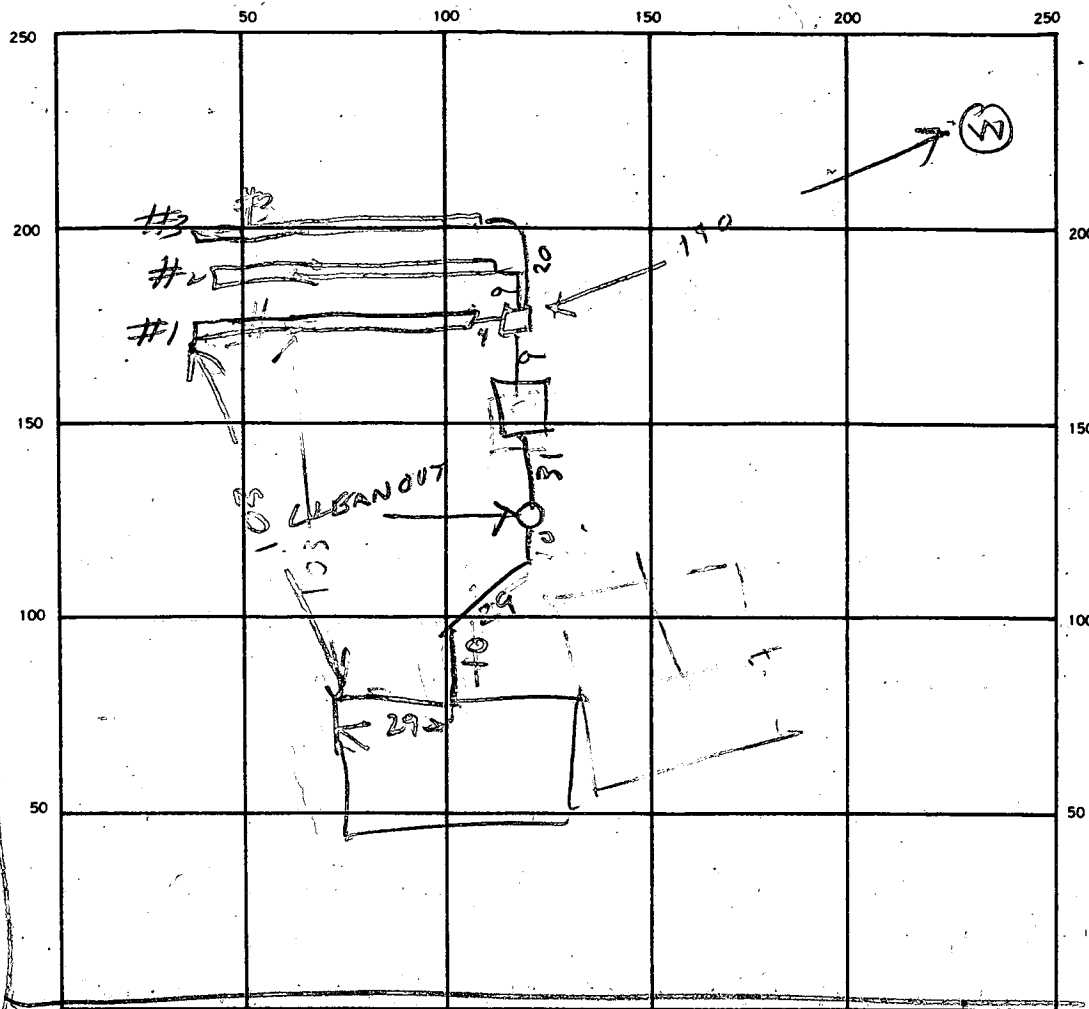
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 2769



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

BW

SEPTIC TANK. LEVEL 1500

CLEANOUTS ST
OK

DISTRIBUTION BOX. LEVEL _____

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

EFFECTIVE GRAVEL DEPTH 5 1/4 FT. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 240 SQ. FT. 240 SQ. FT. 3 INSTALL 720 REQUIS

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/15/88 LOCATION OK
8/15/88 TRENCHES OK

DATE SYSTEM APPROVED 8/15/88

INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 37691
P _____

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

DISTRICT _____
DATE 9/22/86

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 Jack Abramson Roger Fitness
ADDRESS 40 Donald Runer PHONE 465-5885

PROSPECTIVE BUYER: _____
ADDRESS: _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Buckskin West LOT NO. 6
ROAD AND DESCRIPTION 4214 BUCKSKIN WOOD DRIVE - EXTENDED

TAX MAP _____ PARCEL # _____
SIZE OF LOT 3 ACRES TYPE BLDG. SFD
(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 _____

REJECTED BY _____ FOR _____ DATE _____

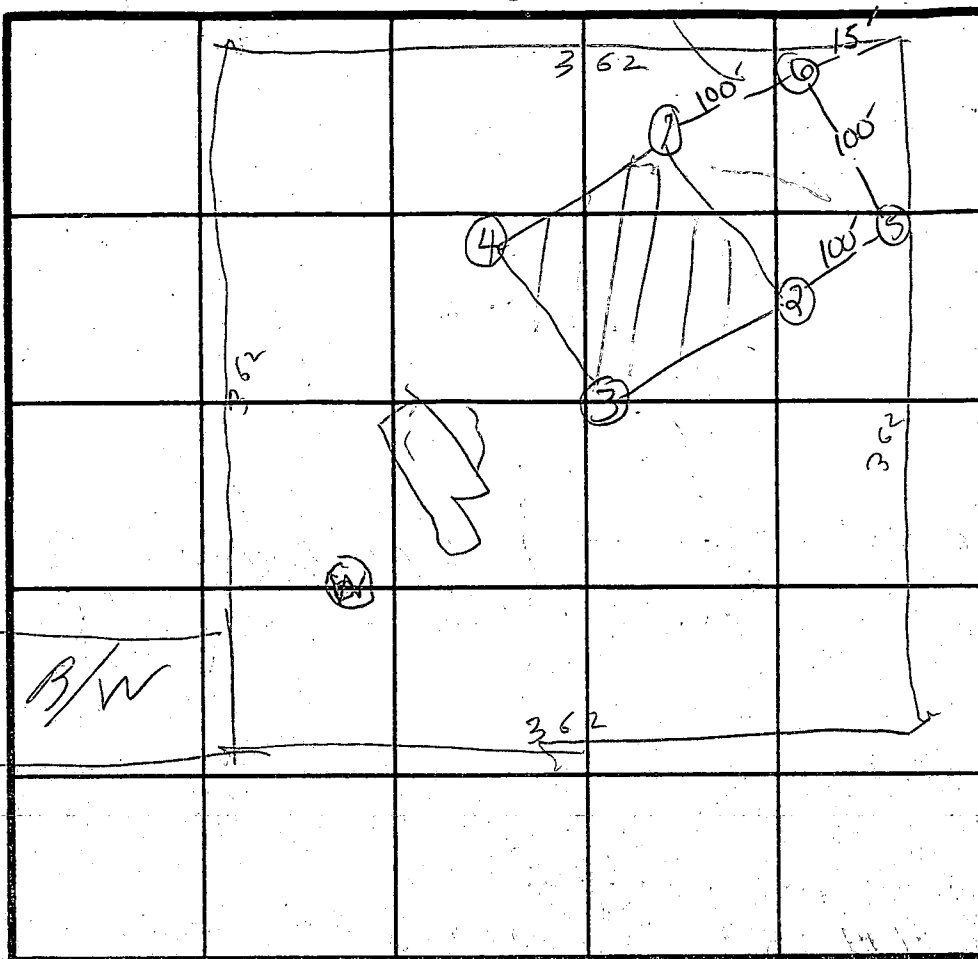
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/24/86 - PERC OK HOLD FOR CERTIFIED PLAT
8/5/87 Repair OK HOLD FOR PLAT. S. The

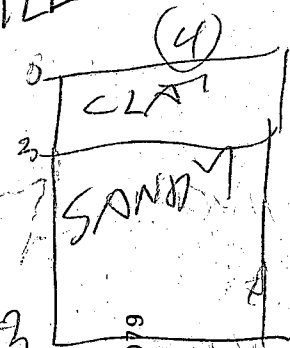
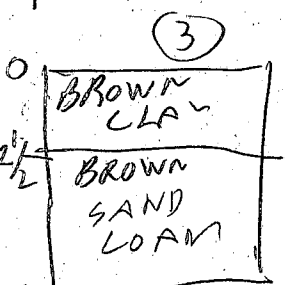
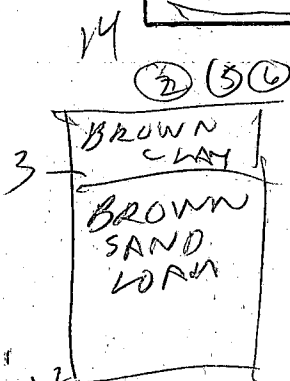
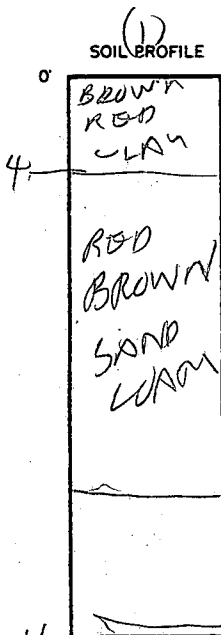
BLDG. PERMIT SIGNED
AND RETURNED 7-19-88
BPT7512 SA

THIS IS NOT A PERMIT

LOT 6



HOLE ELEVATION
 39 = HIGH
 12 = LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/24/86	13	5	1015	1016	1016	1017	1
	14	14	OK				
	25	3 1/2	1024	1025	1025	1026	1
	2V	12	OK				
	39	4	1030	1031	1031	1032	1
	3V	12	OK				
	45	3	1036	1037	1037	1039	2
8/5/87	4V	7	1036	1037	1037	1039	2
	6	3.5"	10:24	10:25	10:25	10:27	2 MIN
		13" UNIFORM SOIL	below		3"		
	5	3.5"	10:27	10:28	10:28	10:30	2 MIN
		12.5" UNIFORM SOIL	below	2.5" SOME PINK CLASTS			

AV
 TIME
 1 MIN
 MAXIMUM
 DEPTH
 3 FT

REMARKS HOLES DUG PER SURVEYOR STAKE DETAILS SOIL PROFILE NOT NECESSARY PER RR

TYPE OF SOIL B HODGES

TESTED BY B HODGES

ALSO PRESENT G. R. RICH BORN
 OKETTER MARY POP

EH-12-1019

B 7 2000 SEQUENCE NO. (OEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2151
fill in this form completely

Date Received

8 13

OWNER INFORMATION

MASOVERAN KEVIN

5242 HESPERUS DR

COLUMBIA MD 21094

B 3

LOCATION OF WELL

HOWARD COUNTY

BUCKSKIN WEST

SECTION 44-46 LOT 6

CLERELS

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Ralph Mayne 273

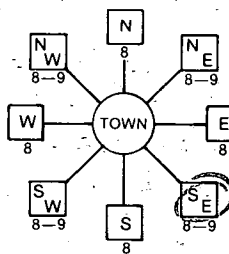
Ralph Mayne (well drilling)

9170 Brown Church Rd. Mt. Airy

Ralph Mayne 3/31/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 4000 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. A 37691
OEP SIGNATURE DATE ISSUED 062687 B Nufon 12/26/87
NORTH GRID 518000 EAST GRID 0808000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

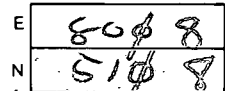
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

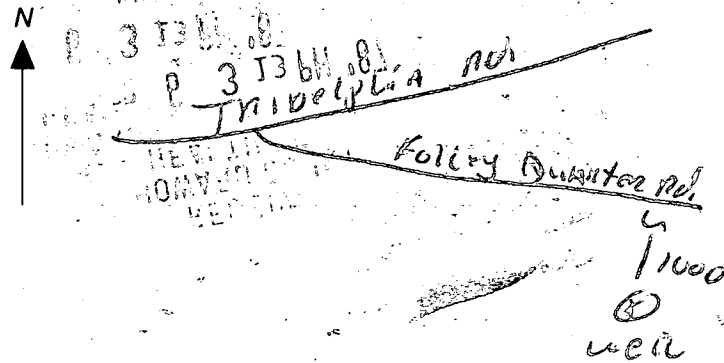
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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)

APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT NO. HO-81-2151

SPECIAL CONDITIONS 599-4257

C1 5953 SEQUENCE NO. (OEP 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 A 37691

DATE Received

DATE WELL COMPLETED 092587

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2151

OWNER McGOVERN KEVIN STREET OR RFD BUCKSKIN WOOD DRIVE TOWN GLENELG SUBDIVISION BUCKSKIN WEST SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes entries for Top Soil, Sandy Sandstone, Micka, and Sandstone Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 42, NO. OF POUNDS 200.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth 25.

OTHER CASING (if used) section with empty boxes for diameter and depth.

SCREEN RECORD: screen type or open hole HO, DEPTH (nearest ft.) 400.

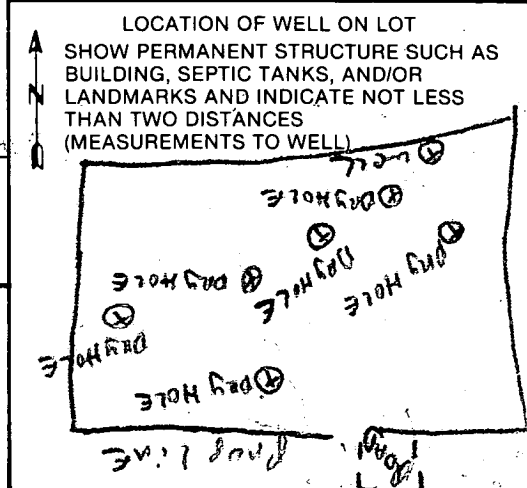
SCREEN RECORD table with columns for depth (8-51 ft) and slot size/diameter of screen.

GRAVEL PACK section with fields for from, to, and F IN BOX 68.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, WQ, TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

PUMPING TEST: HOURS PUMPED 4, PUMPING RATE 2, METHOD USED Buck, WATER LEVEL 149, WHEN PUMPING 300, TYPE OF PUMP USED S (submersible).

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



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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE

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

93495 27 casing
 25 open

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2151
 Location of property (road) BUCKSKIN WOOD DR.
 Subdivision BUCKSKIN WEST Lot 6 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner MC GOVERN, KEVIN

Depth of well 400^{ft}
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 140^{ft}

I. High rate pumping -- reservoir drawdown
 Time pump started 8:45 Pumping rate 9 GPM
 Total time 30 min to reach pumping water level 300 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill I gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	300 Ft	30 Sec	Flow Meter Reading (if used)	2 GPM
9:30	300 Ft	30 Sec		2 GPM
9:45	300 Ft	30 Sec		2 GPM
10:00	300 "	30 "		2 "
10:15	300 "	30 "		2 "
10:30	300 "	30 "		2 "
10:45	300 Ft	30 Sec		2 GPM
11:00	300 Ft	30 Sec		2 GPM
11:15	300 Ft	30 Sec		2 GPM
11:30	300 "	30 "		2 "
11:45	300 "	30 "		2 "
12:00	300 "	30 "		2 "
12:15	300 Ft	30 Sec		2 GPM
12:30	300 Ft	30 Sec		2 GPM
12:45	300 Ft	30 Sec		2 GPM
1:00	300 "	30 "		2 "
1:15	300 "	30 "		2 "
1:30	300 "	30 "		2 "
1:45	300 Ft	30 Sec		2 GPM
2:00	300 Ft	30 Sec		2 GPM
2:15	300 Ft	30 Sec	2 GPM	
2:30	300 "	30 "	2 "	
2:45	300 "	30 "	2 "	
3:00	300 Ft	30 Sec	2 GPM	
3:15	300 Ft	30 Sec	2 GPM	

part
smaller
45 lot ~~111~~ 20085

1000
1000
1000
1000

1000
1000
1000

8/16/88 ANYTMS

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 # 42331
Date 8/11/88
Name of Installer ISAAC ALLEN NEWTON III Telephone 426-6074
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 9025 ST. LIC
Name of Property Owner FITNESS Telephone _____
Subdivision Buckskin West Lot # 6 Well Tag # NO-81-2151
Site Address 4214 BUCKSKIN LAKE DR.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make GEORGIA PACIFIC
3. Model # _____
4. Capacity 8 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 3/4 H.P.
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity 42 GAL
2. Pressure relief valve? YES

Piping PLUMBO RECHANGED TO 200# PVC
1. Type 700# PVC
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth 260 ft.
2. Yield _____ GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? NO

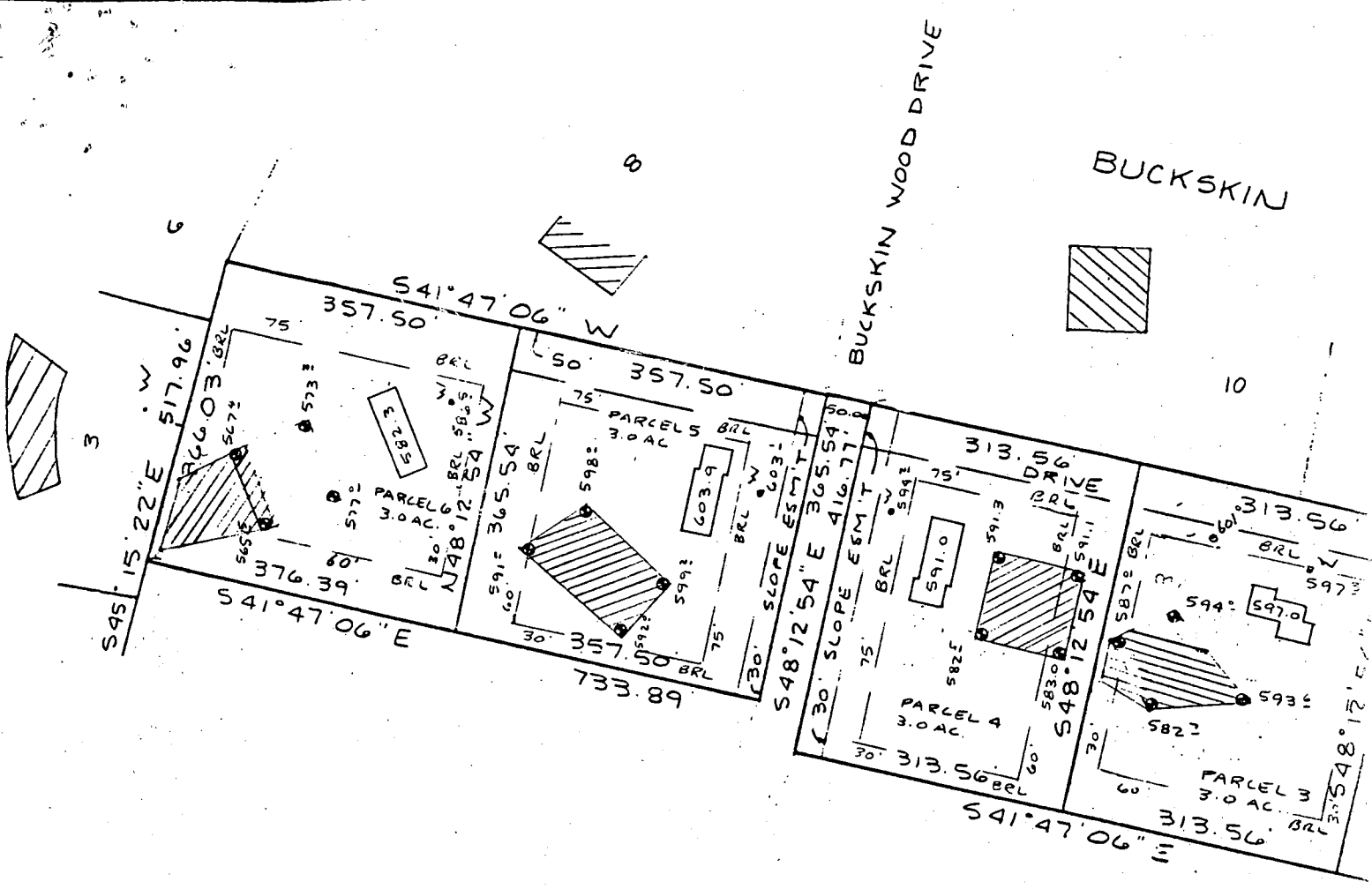
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).


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

Signature of Applicant: Isaac Allen Newton III
Date: 10-11-88
8/16/88 PRESSURE TANK INSTALLED
RITONBEN

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

8/15/88 OK TO COVER OUTSIDE WORK PRESSURE TANK CAN BE INSPECTED WHEN WATER TESTED
HD-215 RITONBEN



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

John B...
 County Health Officer
 Date 1-19-88

PERCOLATION TEST PLAT

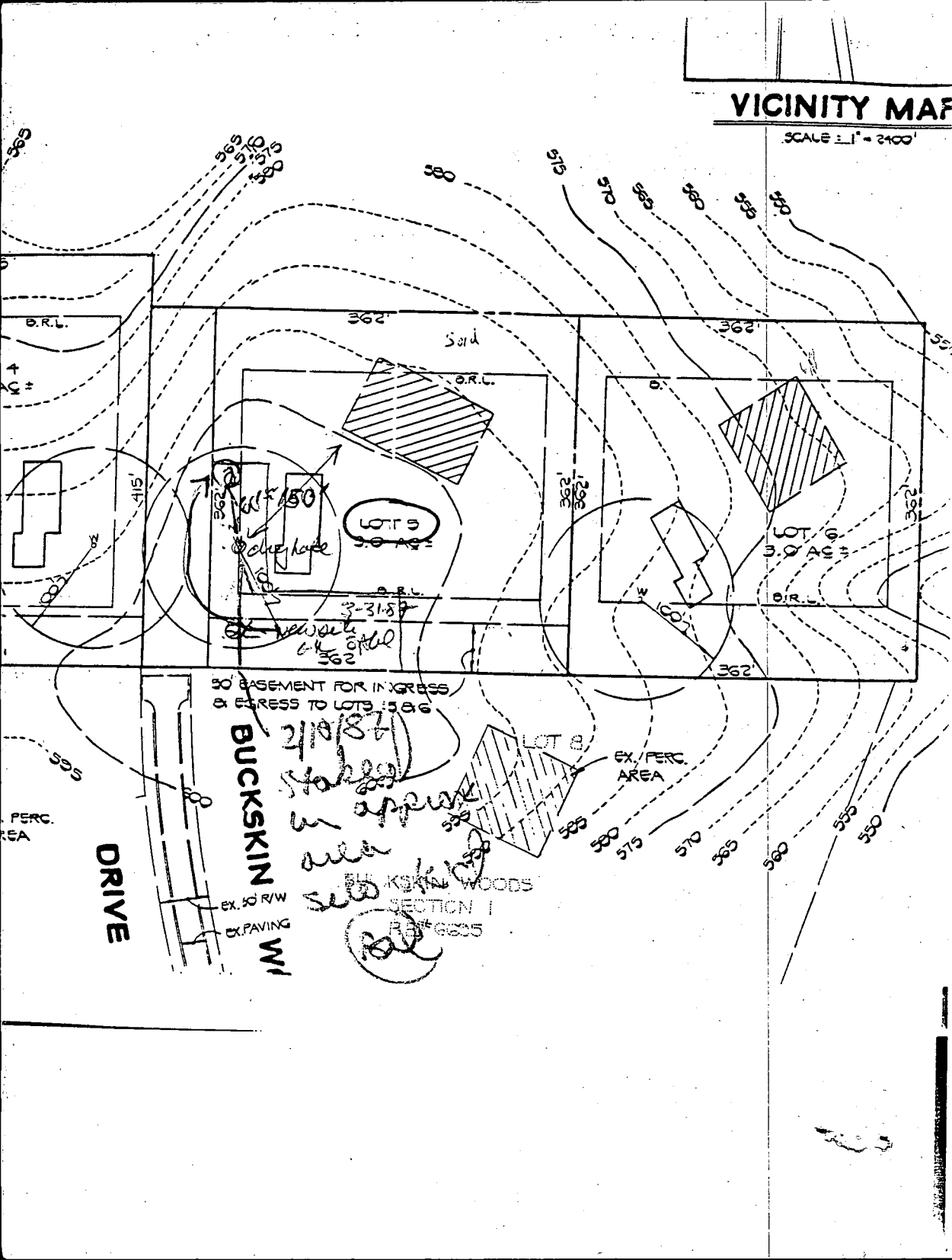
PARCELS 1-9
 FLOYD & ABRAMSON
 PROPERTY

5TH Election District
 Howard County, Maryland
 Scale 1" = 200'
 Date 12/21/87

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, MD 21771
 (301) 442-2031

VICINITY MAP

SCALE 1" = 200'



5-6 DRY HOLES

OK TO DRILL

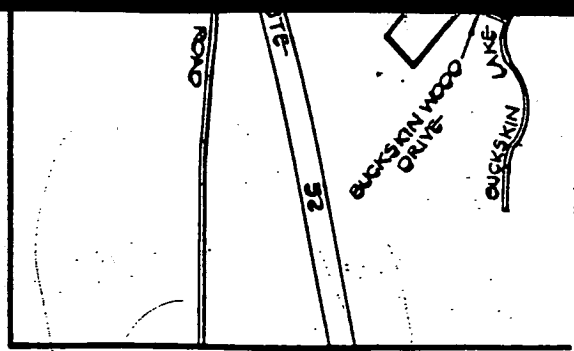
35' FROM LOT LINE

THAT BONDLES LOT 8

EVEN IF LOWER THAN

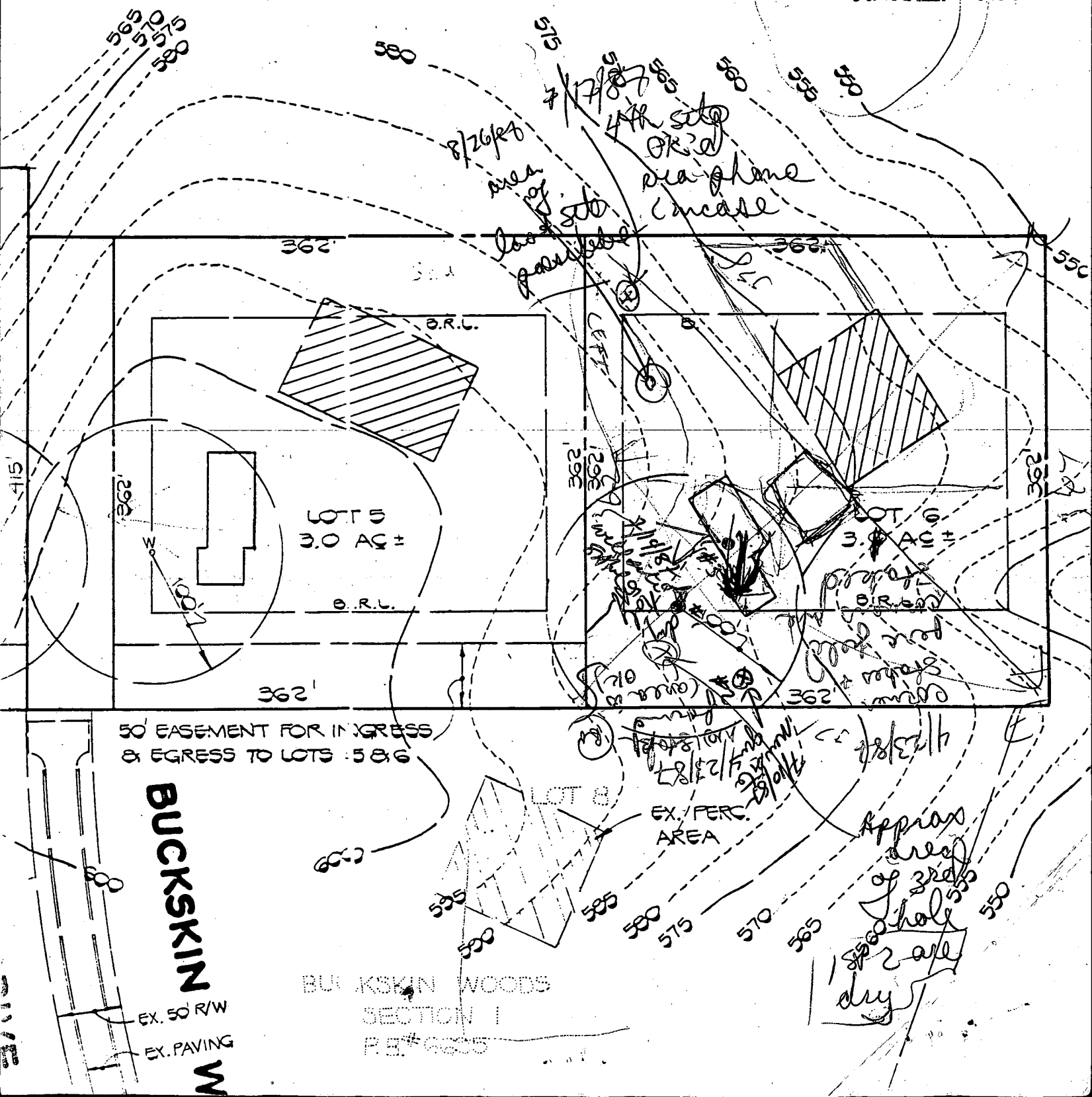
SEPTIC AREA,

8/21/87 C. William



VICINITY MAP

SCALE: 1" = 2400'



50' EASEMENT FOR INGRESS & EGRESS TO LOTS 5 & 6

BUCKSKIN

EX. 50' R/W
EX. PAVING

BUCKSKIN WOODS
SECTION 1
P.B. # 6635

Levin & Denise McGovern

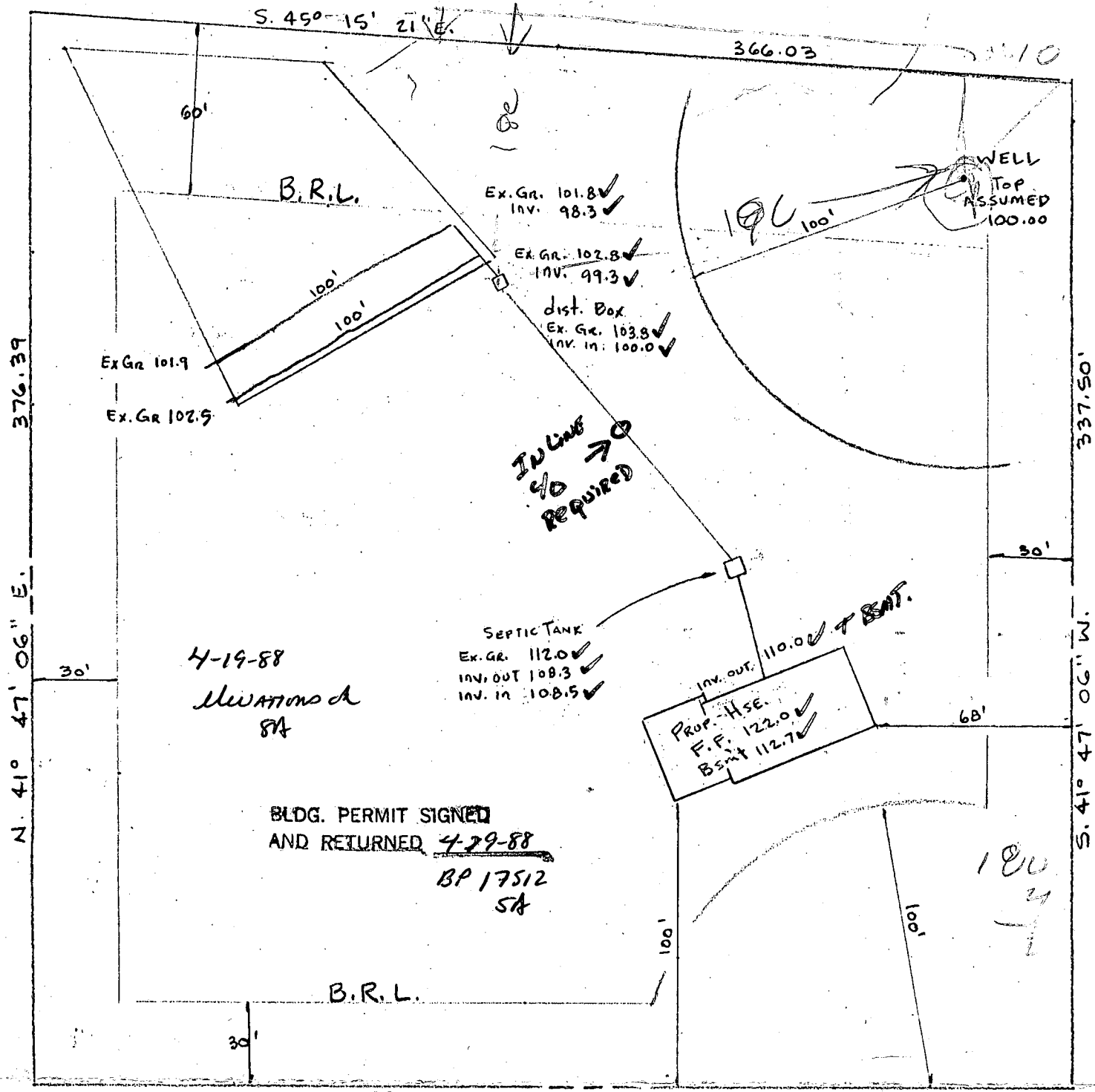
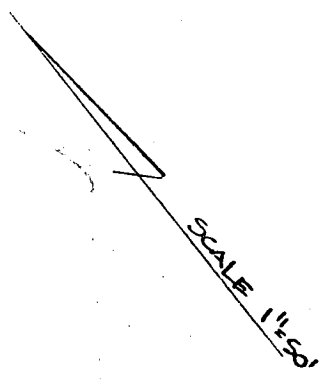
Buckskin Wood

Box 6

Present
Denise Address 5040 Nesperus Dr Columbus
Phone 997-4297

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
APR 6 3 13 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

SITE PLAN
 PARCEL 6, BUCKSKIN WEST
 CLARKSVILLE (5th) DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1" = 50'
 MARCH, 1988



N. 41° 47' 06" E.

S. 41° 47' 06" W.

275
 3
 290
 700

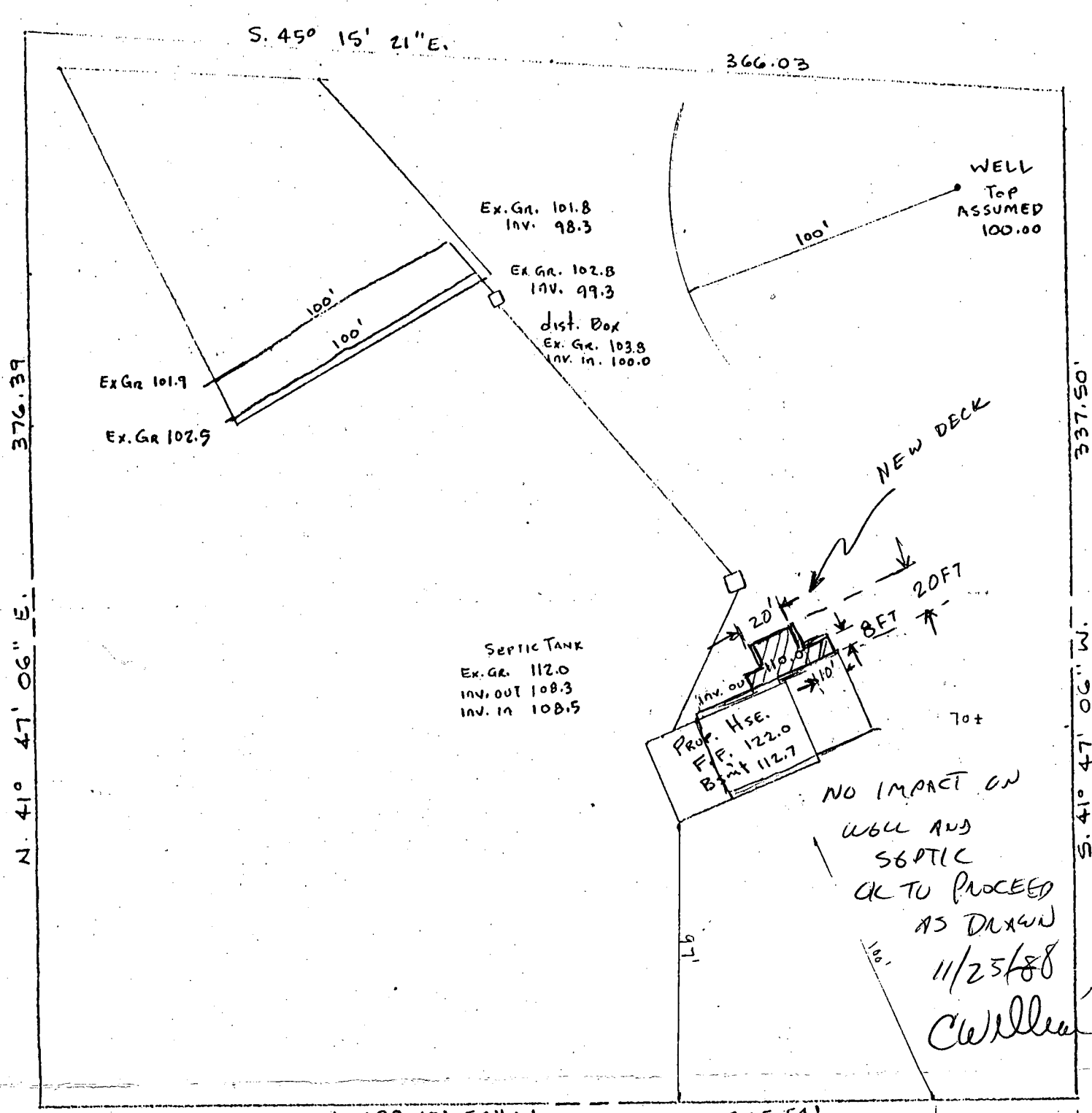
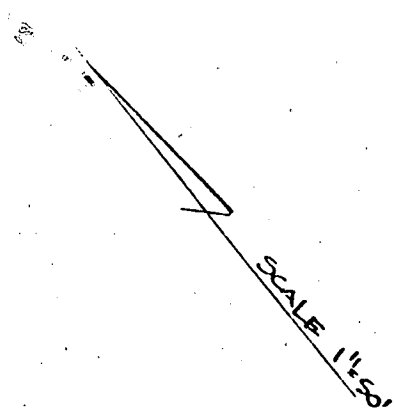
50'
 INGRESS
 EGRESS
 ESM'T

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE PLAN SHOWN HEREON IS CORRECT

W. Allen Brown 3/21/88
 MD. P.L.S. # 299

PREPARED BY
 AL BROWN SURVEYS, INC.
 7305 MINK HOLLOW RD.
 HIGHLAND, MARYLAND 20777
 (301) 854-0913

SITE PLAN
PARCEL 6, BUCKSKIN WEST
CLARKSVILLE (5th) DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1" = 50'
MARCH, 1988



NO IMPACT ON
 WELL AND
 SEPTIC
 OK TO PROCEED
 AS DRAWN
 11/25/88
 CWL

50'
 INGRESS
 EGRESS
 ESM'T

I CERTIFY TO THE BEST OF
 MY KNOWLEDGE AND BELIEF
 THAT THE PLAN SHOWN HEREON
 IS CORRECT
W. Allen Brown 3/18/88
 MD. P.L.S. # 299

PREPARED BY
 AL BROWN SURVEYS, INC.
 7305 MINK HOLLOW RD.
 HIGHLAND, MARYLAND 20777
 (301) 854-0913