

05-399459

# PERMIT

P 39591

A 35534

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

DATE 7/17/87

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

DATE SYSTEM APPROVED 7-17-87

INSPECTOR S. Abel

Chuck Ashby IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Buckskin Woods ROAD 4236 Buckskin Lake Dr. LOT 11

PROPERTY OWNER Howard County Land Services

ADDRESS \_\_\_\_\_

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** - 163 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

**LOCATION** - Place the distribution box 170 feet from the front (420') lot line and 215 feet from the left (405') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the front (420') 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. *ff*

PLANS APPROVED BY S. Abel DATE 2/11/86

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.

AND RETURNED  
BUILDING PERMIT SIGNED  
54502  
TO YOU

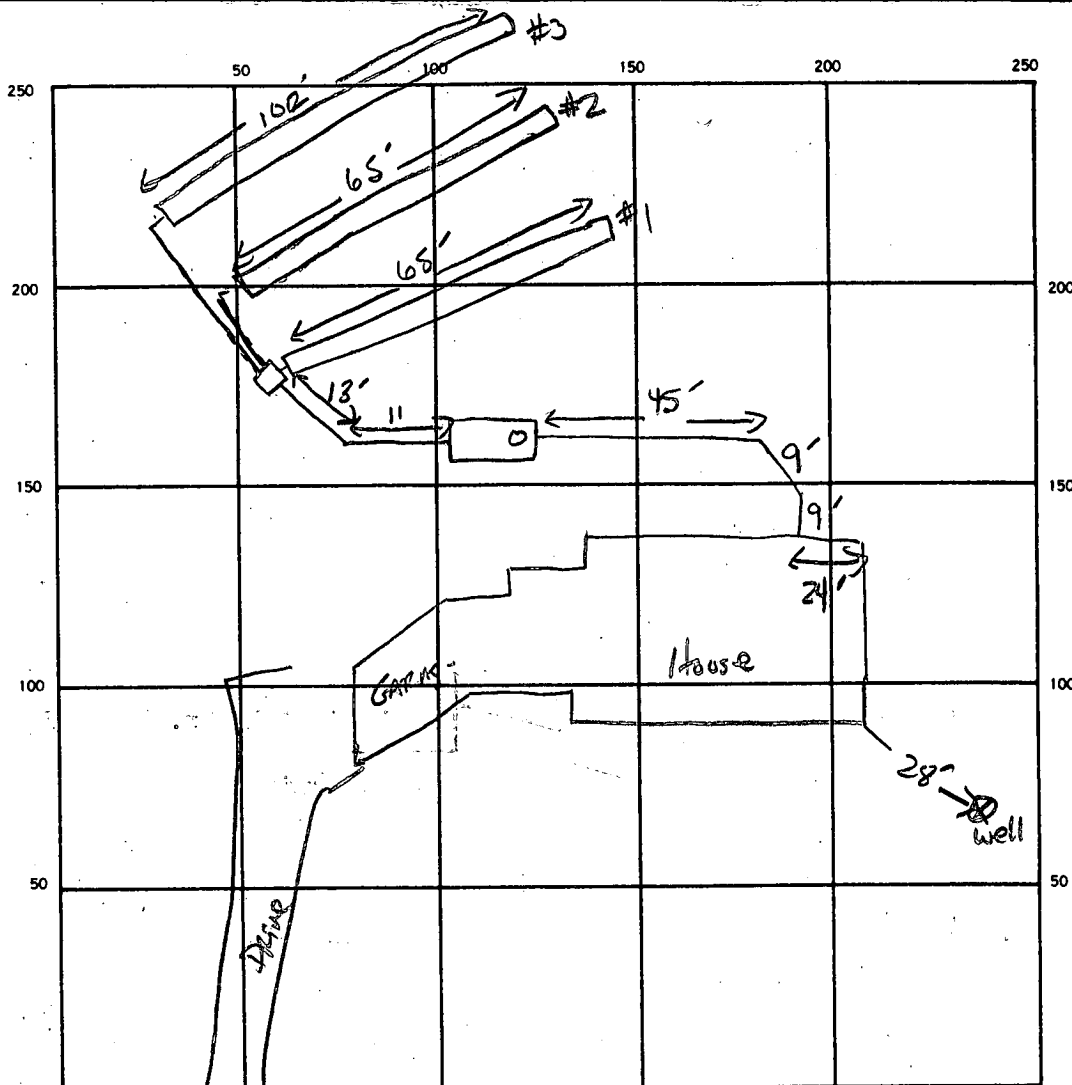
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A  
35534

7/16/87  
10:00  
7/17/87  
AM ASAP



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

BRECKIN LK. DR.

SEPTIC TANK LEVEL ✓ 1500 GAL CLEANOUTS ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD FIELD DEPTH 5.0 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 65' 65' 102' FT. 232

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 696 SQ. FT.

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

ABSORBENT AREA 696 SQ. FT.

REMARKS VAD BELONGED  
OR IS TOOK PARTS OF TRENCH #1 & 3 TO DIGESTING #3. S. Hall

DATE SYSTEM APPROVED 7-17-87 INSPECTOR S. Hall

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 11

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<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

163 sq. ft./bedroom

Trench to be 3 wide.  
 Inlet 3.5 feet below original grade.  
 Bottom maximum depth 5 feet below original grade.  
 Effective area begins at 3.5 feet below original grade.  
1.5 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 170 FT FROM THE FRONT (420') LOT LINE AND 218 FT FROM THE LEFT (405') LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE DR. RUN TRENCHES ON CONTOUR TOWARD THE FRONT (420') LOT LINE. 2-11-86 S. AM

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35334

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 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.

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

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

PROPERTY LOCATION: FOLLY QUARTER OWNER R.U.S.

SUBDIVISION BUCKSKIN WOODS LOT NO. NEW LOT 11

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

COUNTRY SCHOOL 4236 BUCKSKIN LAKE DR

SIZE OF LOT 3 ACRES TYPE BLDG. 4  
(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.

DALE Z. MASEL  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Trenches DATE 2-11-86

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

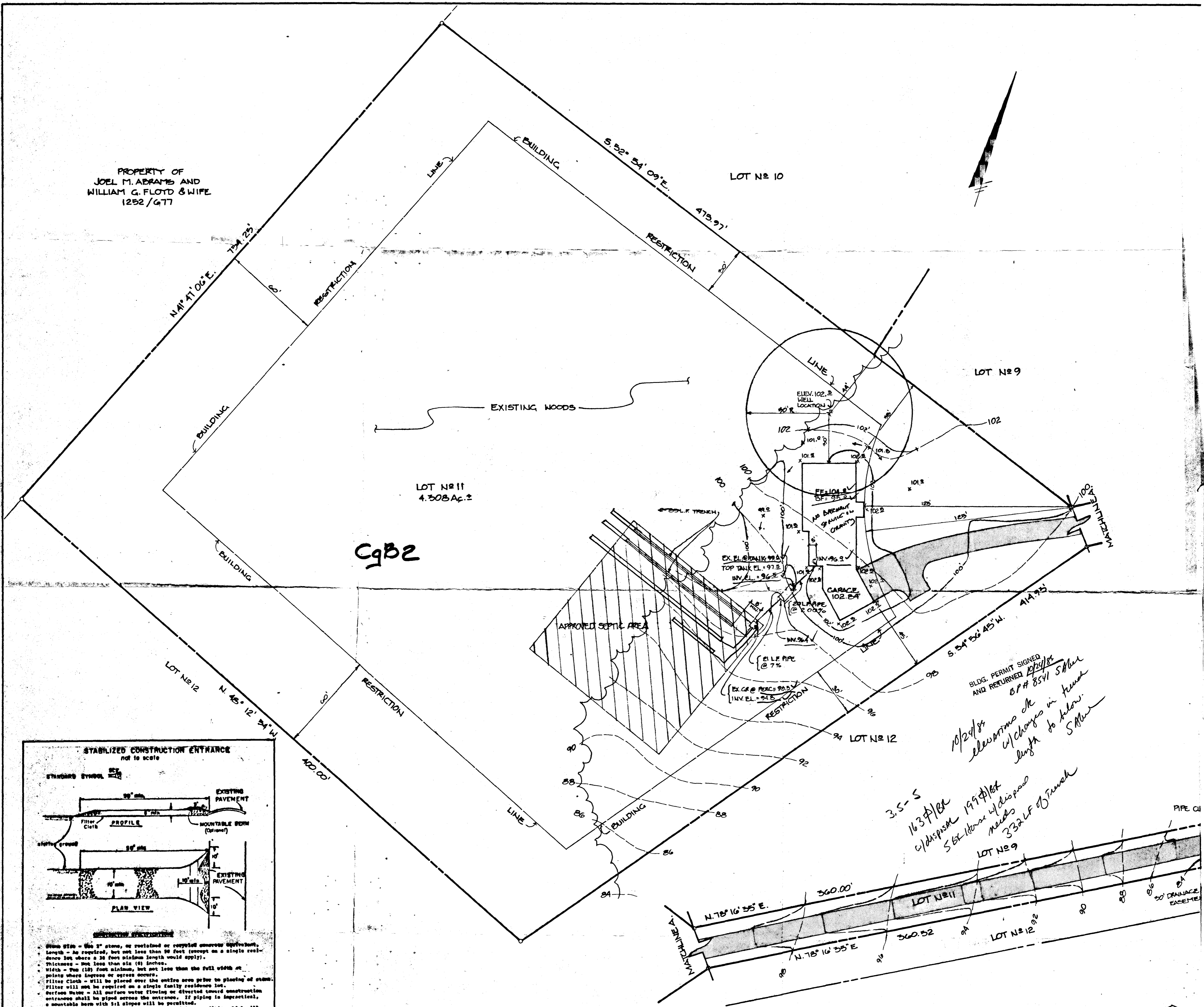
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6-4-85 Prc. SATISFACTORY; hold for review water one hole; SHAL  
hold for certified subdivision plat. SAME 8-15-85 HOLD FOR wet season Retest. SH  
1-3-86 Shallow System OK. SHAL

# THIS IS NOT A PERMIT



PROPERTY OF  
JOEL M. ADAMS AND  
WILLIAM G. FLOYD & WIFE  
1252 / 677



CgB2

BLDG. PERMIT SIGNED  
AND RETURNED 10/24/84  
BY # 8541 S. Miller  
10/24/84  
electrons de  
w/changes in fence  
length to follow  
S. Miller

3.5-5  
11/3/84  
w/ disposal 199 ft/lot  
5 ft above w/ disposal  
needs  
332 LF of trench

**STABILIZED CONSTRUCTION ENTRANCE**  
not to scale

**STANDARDS SYMBOLS**

**CONSTRUCTION SPECIFICATIONS**

- Stone Size - Use 3" stone, or recycled or recycled crushed equivalent.
- Length - As required, but not less than 30 feet (except on a single residence lot where a 30 foot minimum length would apply).
- Thickness - Not less than six (6) inches.
- Width - Two (2) foot minimum, but not less than the full width at points where ingress or egress occurs.
- Filter Cloth - Will be placed over the entire area prior to placing of stone. Filter will not be required on a single family residence lot.
- Surface Water - All surface water flowing or diverted toward construction entrance shall be piped across the entrance. If piping is impractical, a portable berm with six (6) stops will be permitted.
- Maintenance - The entrance shall be maintained in a condition which will prevent tracking or flowing of sediment onto public rights-of-way. This may require periodic top dressing with additional stone as conditions demand and repair and/or cleanout of any measures used to trap sediment. All sediment spilled, dropped, washed or tracked onto public rights-of-way must be removed immediately.
- Washing - Wheels shall be cleaned to remove sediment prior to entrance onto public rights-of-way. When washing is required, it shall be done on an area stabilized with stone and which drains into an approved sediment trapping device.
- Periodic inspection and needed maintenance shall be provided after each rain.

U. S. DEPARTMENT OF AGRICULTURE  
SOIL CONSERVATION SERVICE  
College Park, Md.

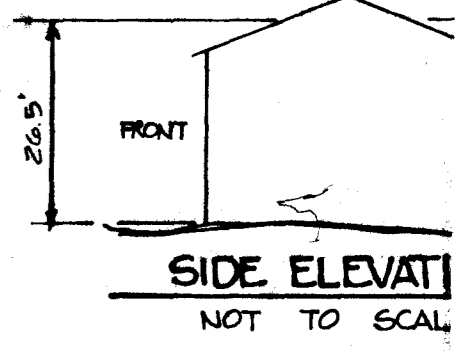
STABILIZED CONSTRUCTION ENTRANCE  
Standard Drawing  
14.03  
SCL-1

**STABILIZED CONSTRUCTION ENTRANCE**

**SOILS NOTE:**  
CgB2 CHESTER GRAVELY SALT LOAM,  
8 TO 15% SLOPES, MODERATELY ERODED.

ADDRESS CHART	
LOT NUMBER	STREET ADDRESS
11	4236 BUCKSKIN LAKE DRIVE.

SUBDIVISION NAME BUCKSKIN WOODS		SECT./AREA
PLAT # OR L/F 6696	BLOCK # ZONE R	TAX/ZONE MAP 22
WATER CODE PRIVATE		SEWER CODE



C1 5266 SEQUENCE NO. (OEP 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 A 35534

DATE Received

DATE WELL COMPLETED 082086

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-61-1635

OWNER BILAL MULLIN  
 STREET OR RFD BACKSKIN LAKE DR TOWN GLENELLG  
 SUBDIVISION BACKSKIN LAKES SECTION LOT 11

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	2	
Sandy	2	30	✓
Sand Stone	30	35	
Micka	35	60	
Sand Stone	60	65	✓
Micka	65	80	
Sand Stone	80	85	✓
Micka	85	225	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  Y NO  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 10 NO. OF POUNDS 1000  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

CASING RECORD  
 casing types insert appropriate code below  
 ST CO STEEL CONCRETE  
 PL OT PLASTIC OTHER  
 MAIN CASING TYPE PL Nominal diameter 6 Total depth of main casing 40  
 TOP (nearest inch) 63 BOTTOM (nearest foot) 66

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

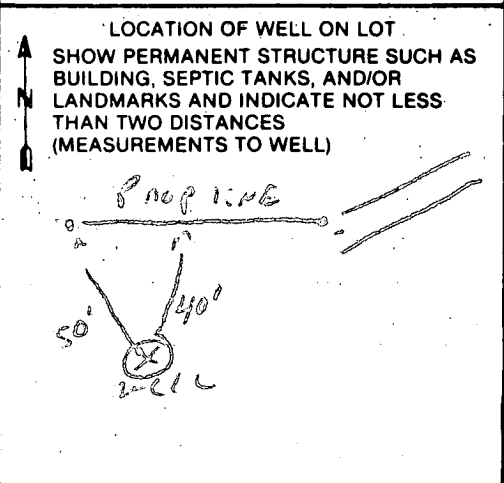
C2  
 DEPTH (nearest ft.)  
 HO 38 225  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK from to  
 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.) 70 72  
 WQ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 8  
 PUMPING RATE (gal. per min. to nearest gal.) 8  
 METHOD USED TO MEASURE PUMPING RATE bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 65  
 TYPE OF PUMP USED (for test) 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: 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } (nearest foot) 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 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  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **1746** 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

**MD-81-1125**

fill in this form completely

**OWNER INFORMATION**

Date Received

8     13

15 Last Name **ALLAN** Owner **MELVIN** First Name 34

36 **1788** Street or RFD **0474** 55 **AIL** **0+**

57 **ELLICOTT** Town 70 State **21** Zip **1043** 76

B 3 **3** LOCATION OF WELL

8 COUNTY **HOWARD** 21

23 SUBDIVISION **WALKER LAKE** 42

SECTION **1** 44 LOT **11** 50

52 NEAREST TOWN **ASSOCIATED** 71

MILES FROM TOWN (enter 0 if in town) **1** 73 **M I** 76 77 78

**DRILLER INFORMATION**

Driller's Name **Ralph Mayne** 77 License No. **80**

Firm Name **Ralph Mayne (well drilling)**

Address **9170 Brown Church Rd. Mt Airy**

Signature **Ralph Mayne** Date **7/22/85**

B 4 **4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **NEAR WHAT ROAD** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **1500** 37 DISTANCE FROM ROAD

ENTER FT or MI **1500** 38 39

B 2 **2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8   12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14       20 **180518** 25

**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

COUNTY NAME **HOWARD** COUNTY NO. **A-25534**

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S  41

DATE ISSUED **08/18/86** CO SIGNATURE **A. Nelson** EXP. DATE **02/15/87**

NORTH GRID **417000** 50 55 EAST GRID **0902000** 57 63

APPROXIMATE DEPTH OF WELL **70** 24       28 FEET

APPROXIMATE DIAMETER OF WELL **4 1/2** INCH NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  JETTED  Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

31 CABLE REVERSE-ROTARY DRIVE-POINT

other \_\_\_\_\_

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

**206**

**516**

000 000

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

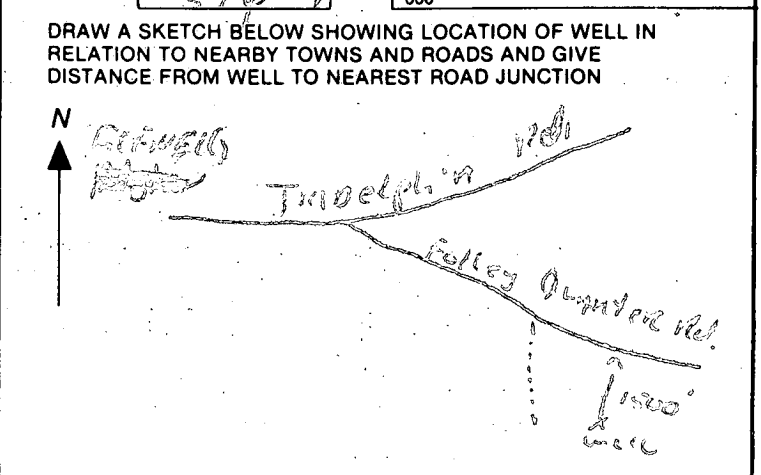
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41       52



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

APPROP. PERMIT NUMBER     **G A P** 63

FORCE **BA** WRITE INITIALS IN BOX 67 68 PERMIT No. **MD-81-1125** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Ground water**





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

New Installation X  
Replacement \_\_\_\_\_

Receipt # 29945  
Date 7/21/87

Name of Installer Cannon Water Systems Inc

Telephone 876-6880

License number 074

Certified Well Pump Installer X Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner RESIDENTIAL URBAN SYSTEMS Telephone 997-7257

Subdivision BUCKSKIN LAKE Lot # 11 Well tag # \_\_\_\_\_

Site Address 11236 BUCKSKIN LAKE DR  
E.C. MD 21043

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible X

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage X
  - a. 110 \_\_\_\_\_
  - b. 220 X

Pitless Adapter

- 1. Make Martinson
- 2. Model # 12104
- 3. Depth 4'

2. Make Drinking

3. Model # 3ALN

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No X

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards X Other \_\_\_\_\_

Tank

- 1. Capacity 82
- 2. Pressure relief valve? Yes

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 1.11

Well data

- 1. Depth 200 ft.
- 2. Yield 1 GPM
- 3. Static water level 1 ft.
- 4. 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).

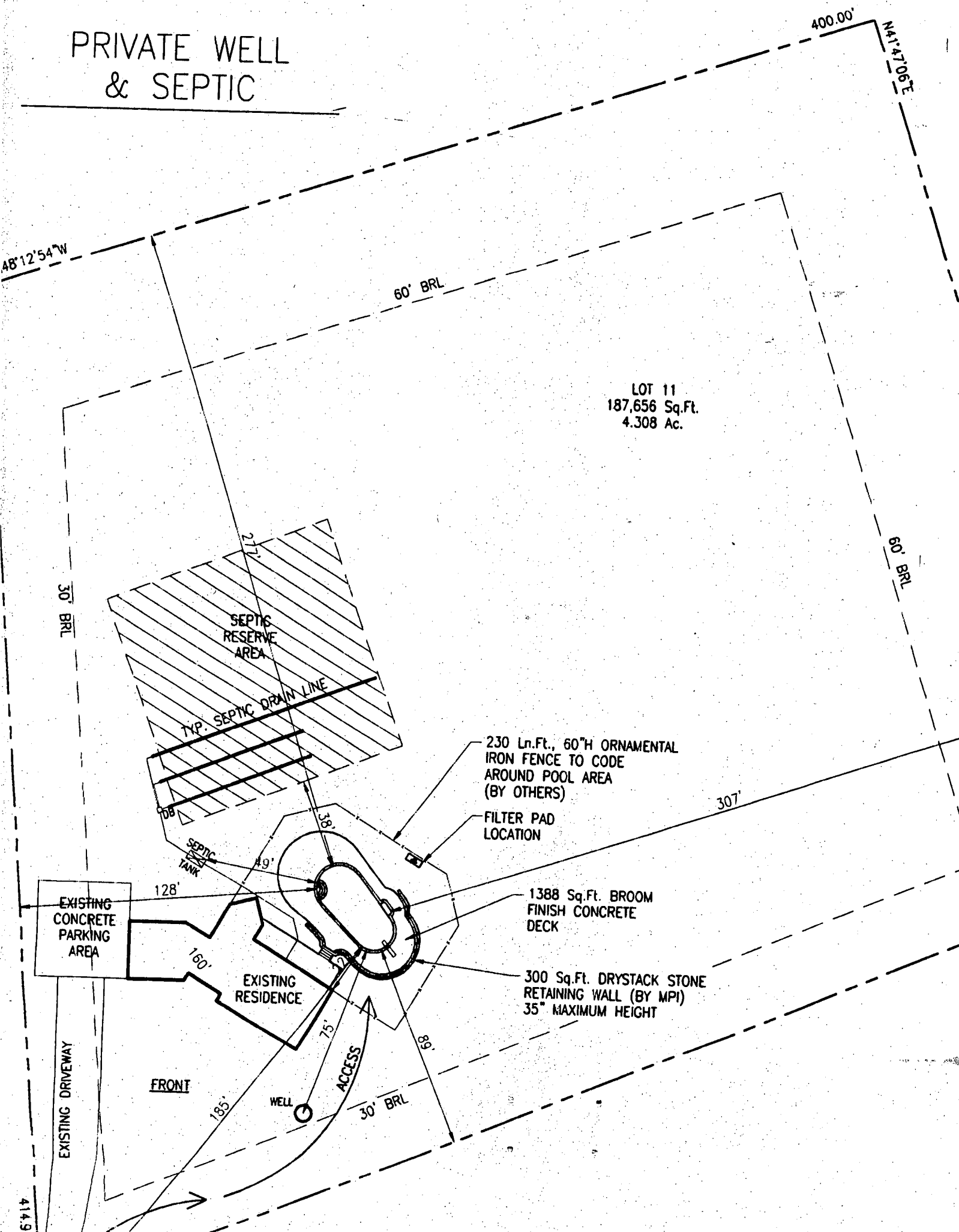
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

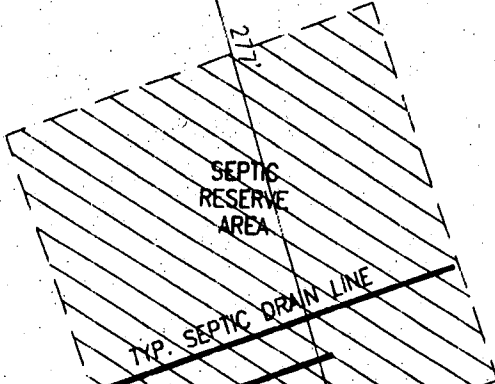
Date: 7/10/87

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

# PRIVATE WELL & SEPTIC



LOT 11  
187,656 Sq.Ft.  
4.308 Ac.



230 Ln.Ft., 60"H ORNAMENTAL  
IRON FENCE TO CODE  
AROUND POOL AREA  
(BY OTHERS)  
FILTER PAD  
LOCATION

1388 Sq.Ft. BROOM  
FINISH CONCRETE  
DECK

300 Sq.Ft. DRYSTACK STONE  
RETAINING WALL (BY MPI)  
35" MAXIMUM HEIGHT

EXISTING  
CONCRETE  
PARKING  
AREA

EXISTING  
RESIDENCE

EXISTING DRIVEWAY

FRONT

WELL

ACCESS

414.93