

05-399475

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 6/24/87

DATE SYSTEM APPROVED 7/1/87

INSPECTOR RH

P 39774

A 35536

Merit Services IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 531-2464

SUBDIVISION Buckskin Lake Woods ROAD 4248 Buckskin Lake Dr LOT 13

PROPERTY OWNER ~~Vintage Homesteads Limited~~

ADDRESS Jay & Carrie Myers

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** - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

**LOCATION** - Place the distribution box or start the trench 220 feet from the front (136') lot line and ~~900~~ 900 feet from the left (600') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the ~~front~~ 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. *OR 1/2" @*

**NOTE:** MAINTAIN MINIMUM 100 FEET FROM TRENCHES AND WELL ON ADJOINING LOT 14.

PLANS APPROVED BY B. Nixon DATE 1/19/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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.

*Pool.*  
BLDG. PERMIT SIGNED  
AND RETURNED 4-15-96  
Serial # 64337

BLDG. PERMIT SIGNED  
AND RETURNED 4/29/89  
Serial # 27410 dech

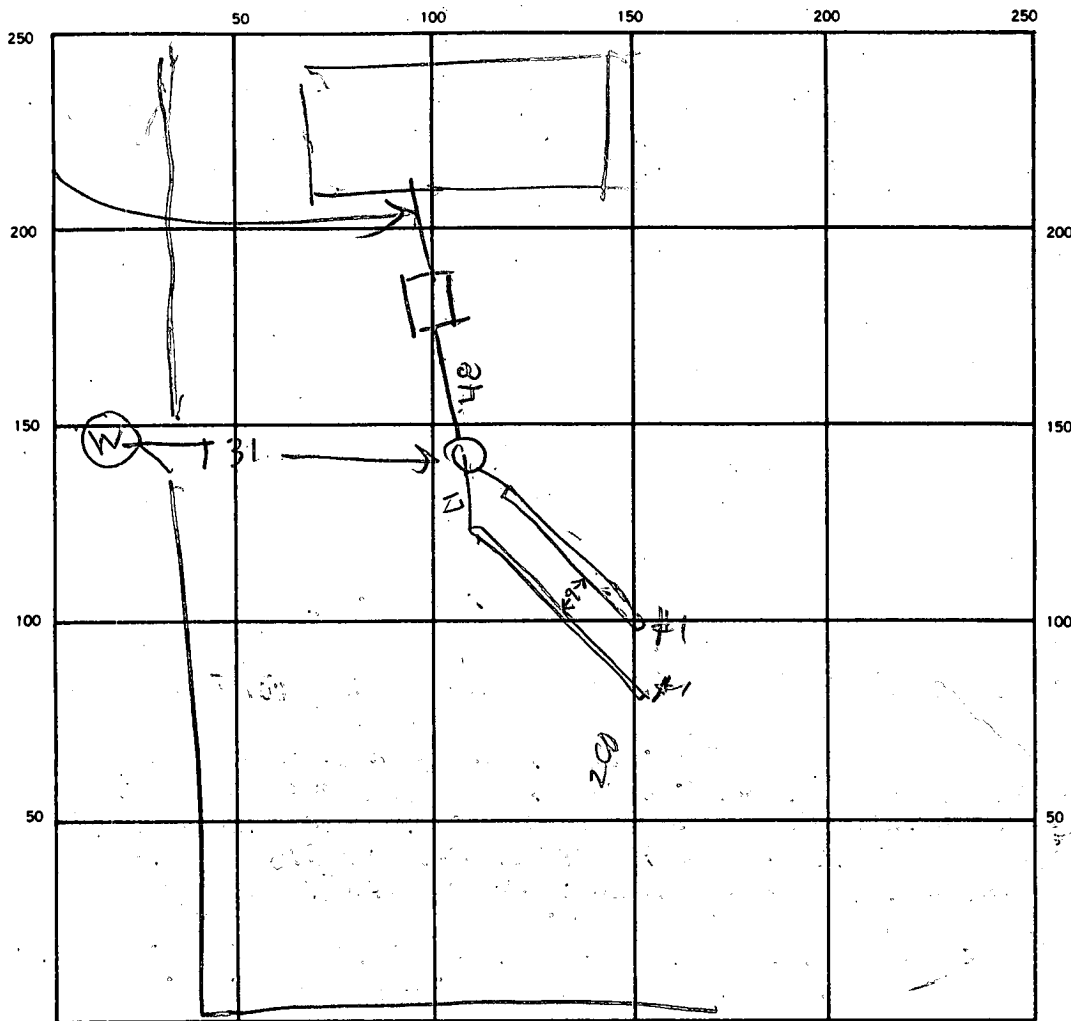
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35536

PIPE  
7F7  
UNDER  
GROUND



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST NEEDS MANHOLE  
 DISTRIBUTION BOX. LEVEL OK OK TO COVER MANHOLE  
 DRAIN FIELD/TILE FIELD. DEPTH 9/9 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH 5/5 FT. WITH 6" STONE  
 EFFECTIVE GRAVEL DEPTH 5/5 FT. TOTAL LENGTH 72/52/20 FT. 142  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 710 SQ. FT. 696  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS #11 187 SYSTEM TOO DEEP IN GROUND  
MANHOLE NEEDED FOR TANK ONLY 5 FT STONE  
CAN BE PUT IN TRENCH & MAINTAIN 9 FT DEPTH  
FINISH DIGGING TRENCHES TO AT LEAST 140 FT  
LONG & ADD 5 FT OF STONE R/H

DATE SYSTEM APPROVED 7/1/87 INSPECTOR Raymond Hodges

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35336

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.

*Samuel Alascia*

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

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

PROPERTY LOCATION: FOLLY QUARTER *Vintage Homestead* 531-3047  
NEW LOT 13

SUBDIVISION BUCKSKIN WOODS LOT NO. -10

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG  
COUNTRY SCHOOL 4248 BUCKSKIN CK. 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. MAISEL*  
(SIGNATURE OF APPLICANT)

APPROVED BY *Sidney Abel* FOR *Deep Trenches* DATE 2-11-86

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

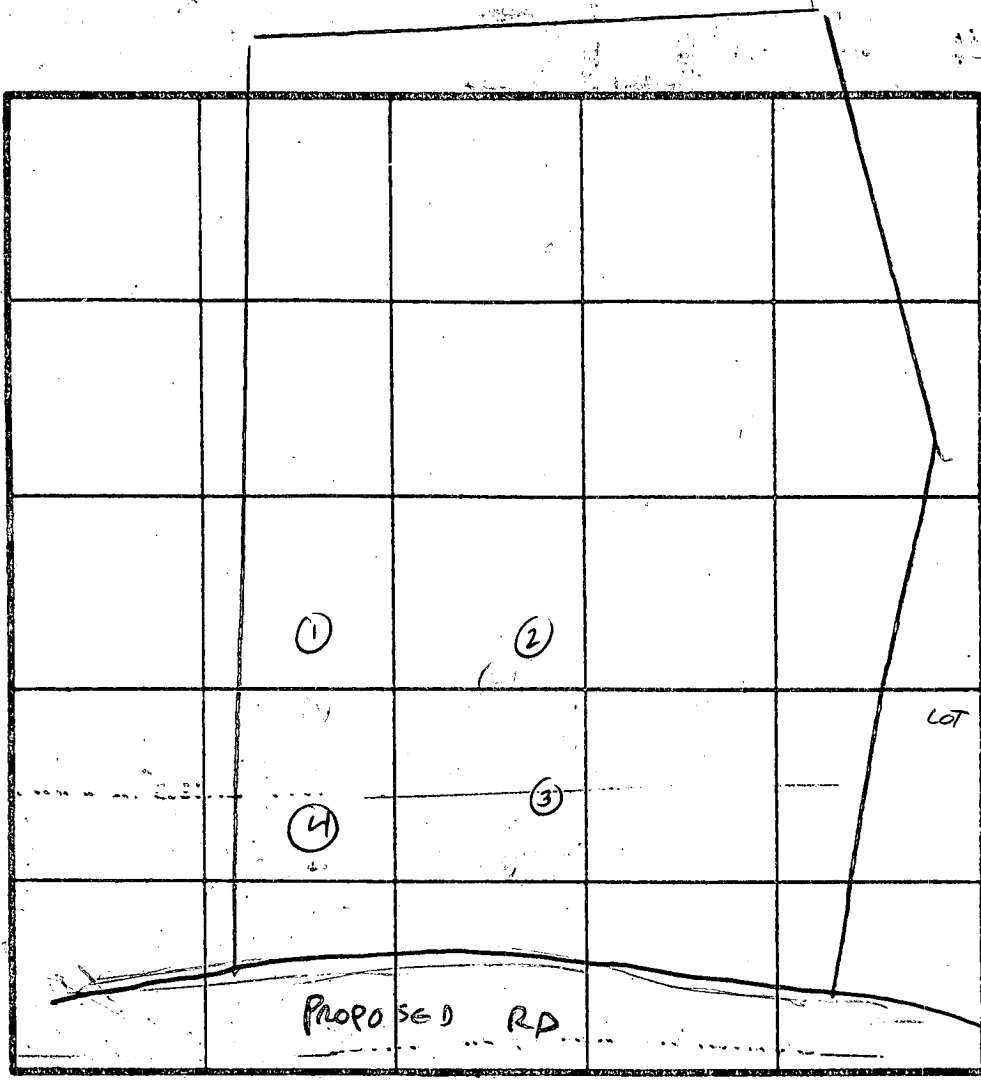
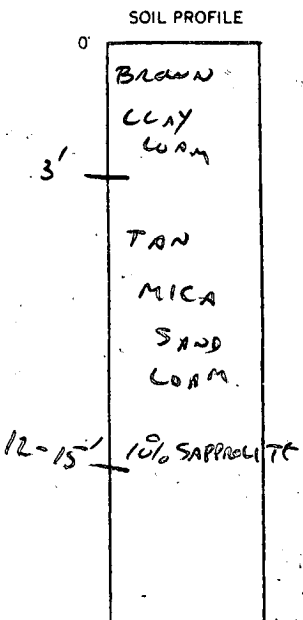
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5-29-85 Perc. Satisfactory, hold for Certified Subdivision Plat SAH

*BP # 9870*

BLDG. PERMIT DENIED  
AND RETURNED 2-25-87

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

2 PERC TIME  
INLET 3'  
BOTTOM MAX 9'

158 #/BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-28-85	1	3 8	NOT TESTED	60	STORM	COAL INK	OK
		13	VISUAL - SAMPLE AS		OTHER HOLE		
5-28-85	2	3 8	2118	2120	2122	2124	2 MIN OK
		12	MICA SAND	LOAM			
5-28-85	3	3 8	2306	2108	2108	2110	2 MIN OK
		12	MICA SAND	LOAM			
5-28-85	4	3 9	2106	2108	2108	2110	2 MIN OK
		15	MICA SAND	LOAM			

REMARKS \_\_\_\_\_

TYPE OF SOIL MICA SAND LOAM

TESTED BY CWILLEN

ALSO PRESENT O. KETTERMAN

EH-12-1079

C1 3813 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 35536

DATE RECEIVED  
 8 13

DATE WELL COMPLETED  
 15 20 013087

DEPTH OF WELL  
 22 26 305  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 28 29 30 31 32 33 34 35 36 37 HQ-21-1867

OWNER GAPP SCOTT  
 STREET OR RFD BUCKSKIN LAKE DR. first name TOWN GLENELG  
 SUBDIVISION BUCKSKIN LAKE SECTION LOT 13

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	
Toys Soil	0	2	
Sandy	2	25	
Shard Stone	25	30	✓
Micka	30	45	
Shard Stone	45	50	✓
Micka	50	325	

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 16 NO. OF POUNDS 1600  
 GALLONS OF WATER 42  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 05 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 PL 6 38

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

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

DEPTH (nearest ft.)  
 EACH SCREEN 1 HO 36 325  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

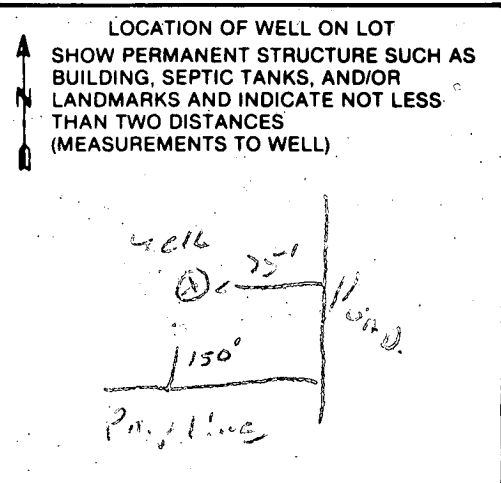
C 3  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 2  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 22.5  
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R 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: 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 (nearest foot) 2  - below }

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1867  
 Location of property (road) T.  
 Subdivision Buckska Lot 13 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner SCOTT GAPP

Depth of well 325'  
 Distance of measuring point (M.P.) above ground 2ft  
 Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 10 G.P.M.  
 Total time 45 min to reach pumping water level 225 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	225'	30 sec		26 G.P.M.
10:15	"	"		"
10:30	"	"		"
10:45	"	"		"
11:00	225'	30 sec		26 P.M.
11:15	"	"		"
11:30	"	"		"
11:45	"	"		"
12:00	225'	30 sec		26 P.M.
12:15	"	"		"
12:30	"	"		"
12:45	"	"		"
1:00	225'	30 sec		26 P.M.
1:15	"	"		"
1:30	"	"		"
1:45	"	"		"
2:00	225'	30 sec		26 P.M.
2:15	"	"		"
2:30	"	"		"
2:45	"	"		"
3:00	225'	30 sec		26 P.M.
3:15	"	"		"
3:30	"	"		"
3:45	"	"		"
4:00	225'	30 sec	26 P.M.	

B 3 2190 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-81-1867  
 fill in this form completely

Date Received  
 OWNER INFORMATION  
 8 13  
 GAPP SCOTT  
 15 Last Name Owner First Name 34  
 JZDAS FOLLEY QUARTER  
 36 Street or RFD 55  
 ELLICOTT CITY MD 21043  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 1 2  
 HOWARD  
 8 COUNTY 21  
 RUCKSKIN CREEK  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 13 48 50  
 CLAREMONT  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION  
 RALPH MAYNE 273  
 Driller's Name 77 License No. 80  
 RALPH MAYNE (well drilling)  
 Firm Name  
 920 Brown Church Rd. Mt. Airy  
 Address  
 RALPH MAYNE 1/7/86  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 1 2  
 Buckskin Dr.  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W  
 EAST E  
 SOUTH S  
 34 400 37  
 DISTANCE FROM ROAD  
 ENTER FT or MI AT 38 39

B 2 WELL INFORMATION  
 1 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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  
 HOWARD A 35536  
 COUNTY NAME COUNTY NO.  
 OEP SIGNATURE STATE HEALTH INSERT S  
 DATE ISSUED  
 01/19/87 B. Nylon 07/19/87  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 516000 EAST GRID 0807000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 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  
 E 8087  
 N 5166  
 000 000

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  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 N  
 Acworth  
 T. Philadelphia Rd  
 Folley Quarter Rd  
 Buckskin Dr.  
 well 1/7/86

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER 54 GAP 63  
 FORCE 67-68 WRITE INITIALS IN BOX PERMIT No. HO-81-1867  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 301-531-3047

5/24/97

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 \_\_\_\_\_  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer \_\_\_\_\_

Telephone \_\_\_\_\_

License number \_\_\_\_\_

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

Name of Property Owner Vantage Homes

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well tag # HC-91-1067

Site Address 4248 Buckskin Lake Drive

Pump

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

Motor

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

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_

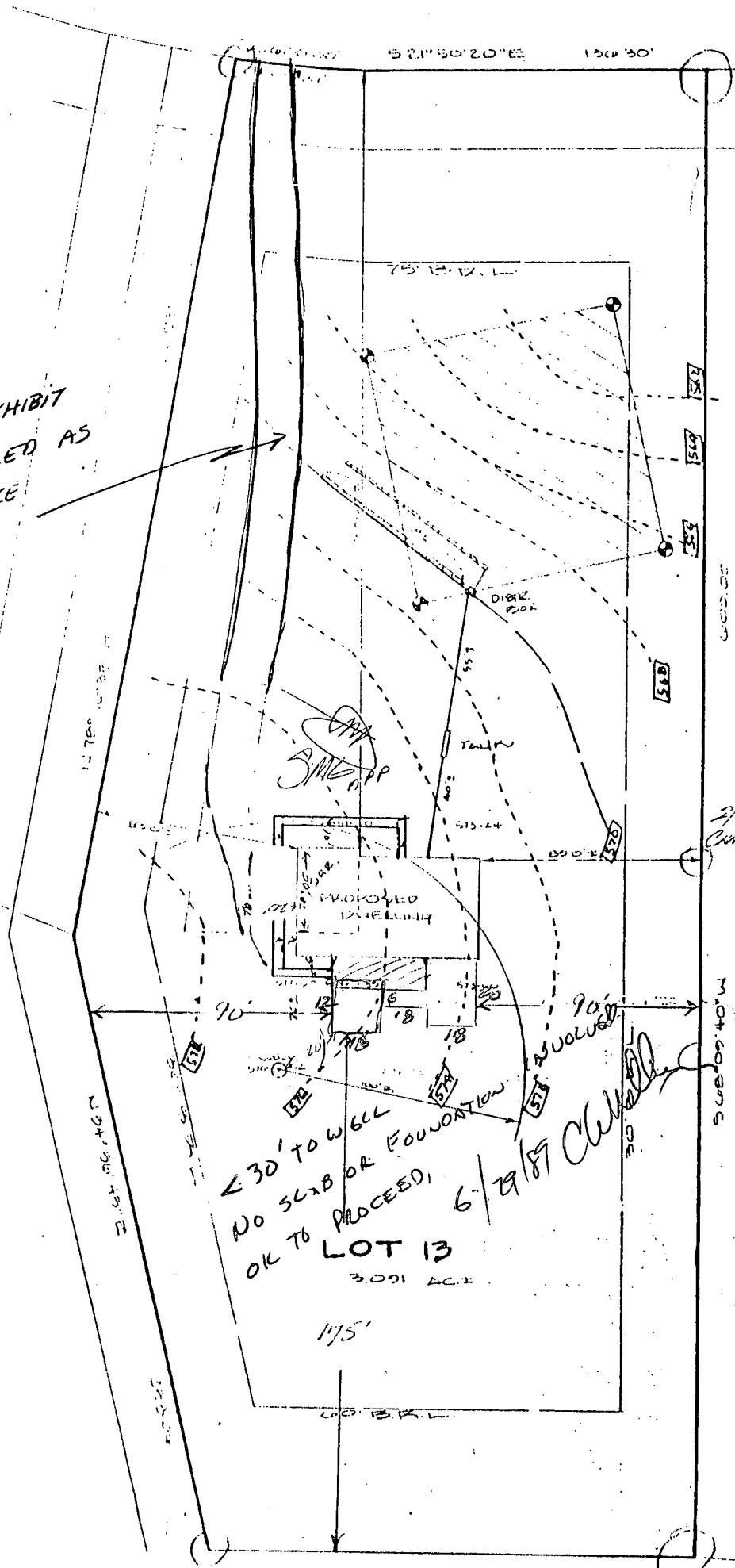
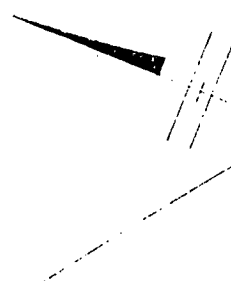
5/27/97. PITLESS ADAPTER OK Date: \_\_\_\_\_

OK & PRESSURE TANK OK \_\_\_\_\_

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

BUCKSKIN DRIVE

DRIVEWAY EXHIBIT  
TO BE INSTALLED AS  
PER ALLOWANCE



30' 12' 30' 12' 30'  
UTILITY LINE

2/1/87  
CANNON

- DISTRIBUTION
- EXIST. ELEV. 51
- INVERT 50
- TOP STAGE 52
- TANK
- EXIST. ELEV. 51
- INVERT FOOT 50
- INVERT 51

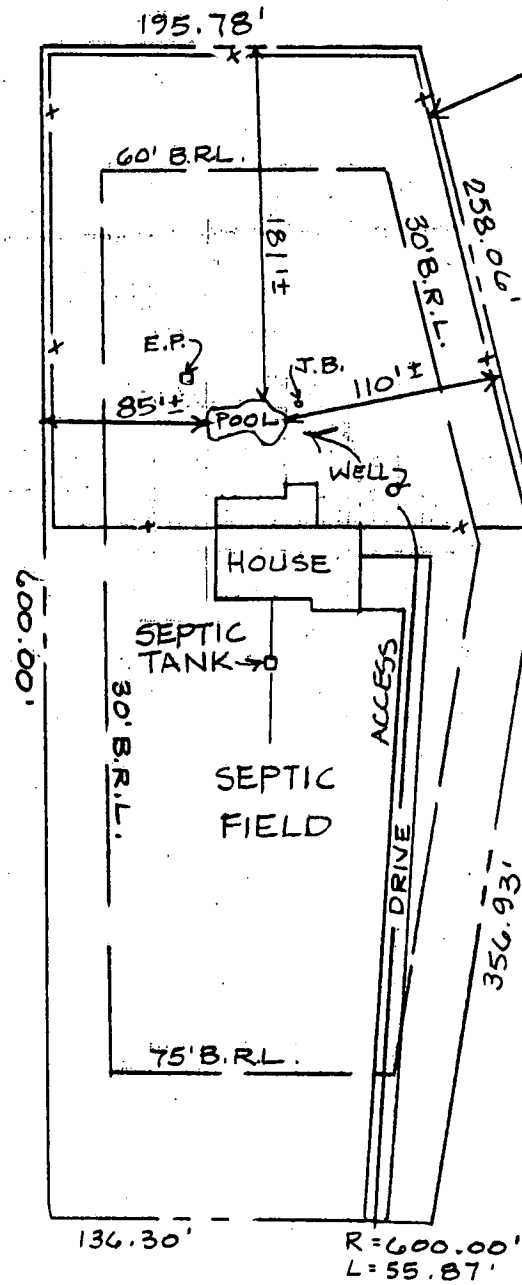
< 30' TO WELL  
NO SCLB OR FOUNDATION  
OK TO PROCEED

LOT 13  
3.091 AC

6/29/87  
CANNON

LOT 11

BS NT  
FF.  
GAR.

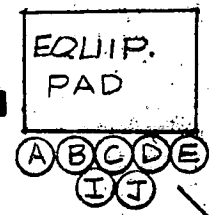


EXISTING 4' SPLIT RAIL FENCE PER CODE

4/15/96  
 proposed pool  
 as shown should  
 not impact existing  
 well and septic  
 system.

*Tom K Soe*

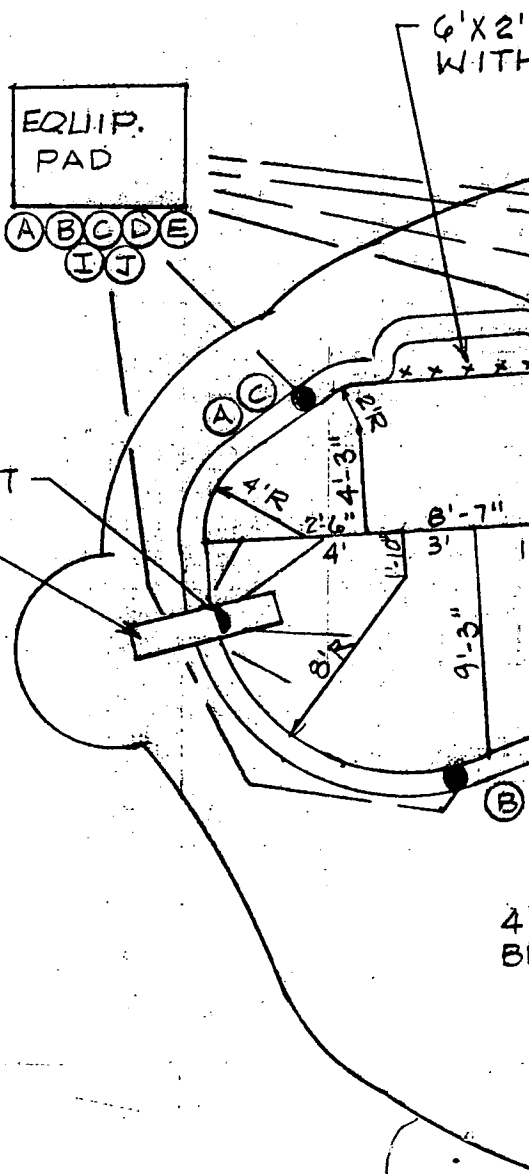
J. BOX



6' X 2' WITH

500W LIGHT

6' D.B.



BUCKSKIN LAKE DRIVE

SCALE: 1" = 100'

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043g **APR 7:16**

64-337

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

4248 BUCKSKIN LAKE DRIVE  
ELLICOTT CITY, MARYLAND 21042

GRADING/SEDIMENT CONTROL  YES  NO SDP #

DESCRIPTION OF WORK AUTHORIZED  
**CONSTRUCT REINFORCED CONCRETE INGROUND SWIMMING POOL WITH DE FILTER. POOL TO BE FILLED BY TRUCK 23' WIDE X 40' LONG 3'6" TO 9' DEEP WITH 6" DIVING BOARD TOTAL SAFT = 612 EXISTING FENCE MEETS CODE**

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
13						

SUB DIVISION: **BUCKSKIN WOODS** ZONE: **5TH** ELEC. DIST. CENSUS TR.

OWNER NAME AND ADDRESS  
**JAY & CARRIE MYERS**  
4248 BUCKSKIN LAKE DRIVE  
ELLICOTT CITY, MARYLAND 21042  
PHONE NO. **(410) 988-9118**

OCCUPANT'S NAME AND ADDRESS  
**SAME AS ABOVE OWNER**  
ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
**NONE**

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS  
**SYLVAN ROOFS, INC.**  
10840 GUILFORD ROAD,  
ANNAPOLIS JUNCTION, MARYLAND 20701  
PHONE NO. **(301) 490-1919**

UTILITIES			
WATER WELL	SEWER/SEPTIC	GAS	ELECTRICITY
TYPE OF HEAT		AC	

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application and that no work will be covered up until such inspections have been completed with.

**George A. Scherich**  
AGENT FOR CONTRACTOR  
APRIL 9, 1996  
DATE

EXISTING USE: **SINGLE FAMILY DWELLING**  
PROPOSED USE: **SAME, WITH SWIMMING POOL**  
EST. CONSTRUCTION COST: **\$ 18,000.00**  
LICENSE NUMBER: **39524**  
PERMIT FEE

FOR OFFICE USE ONLY

W/S CODE \_\_\_\_\_  
DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE \_\_\_\_\_  
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) \_\_\_\_\_  
TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET \_\_\_\_\_  
BACK (CORNER LOT ONLY) \_\_\_\_\_ SDP # \_\_\_\_\_  
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	<b>4/15/96</b>	<b>George A. Scherich</b>
FIRE PROTECTION		
STORM WATER MGM		

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

LP-89-591