

8-20-86
MAM

05-399491

8/26/86
OK'd by [signature]

PERMIT

P 37481
A 35538

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~888-2230X~~
461-9933

ELLICOTT CITY
DISTRICT 5th
DATE 8/11/86

INDEXED

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salembottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Buckskin Woods ROAD 4260 Buckskin Lake LOT 15

PROPERTY OWNER Barrett, Newton

ADDRESS _____

**BUILDING PERMIT SIGNED
AND RETURNED**
8-25-86 BOD 149998 - SPA INSIDE POOL
12-29-84 BOD 151607 - DECK

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the back (428.84') lot line and 155 feet from the right (410') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left lot line. First trench not to exceed 80 feet in length.

* Distribution box location changed to end of trench nearest house will save 25' - 30' of pipe and give more latitude with pipe grade if needed.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/few

PLANS APPROVED BY S. Abel/F. Frommelt 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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35538

APPLICATION

SEWAGE DISPOSAL TESTING

A 35538

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

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. MAISEL c/o HOWARD COUNTY LAND SERVICES BARRETT, NEWTON

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

PROPERTY LOCATION: FOLLY QUARTER (4260 BUCKSKIN LAKE DRIVE) (REDRAWN)
SUBDIVISION BUCKSKIN WOODS LOT NO. NEW LOT 15

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

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 2-17-86

REJECTED BY _____ FOR _____ DATE _____

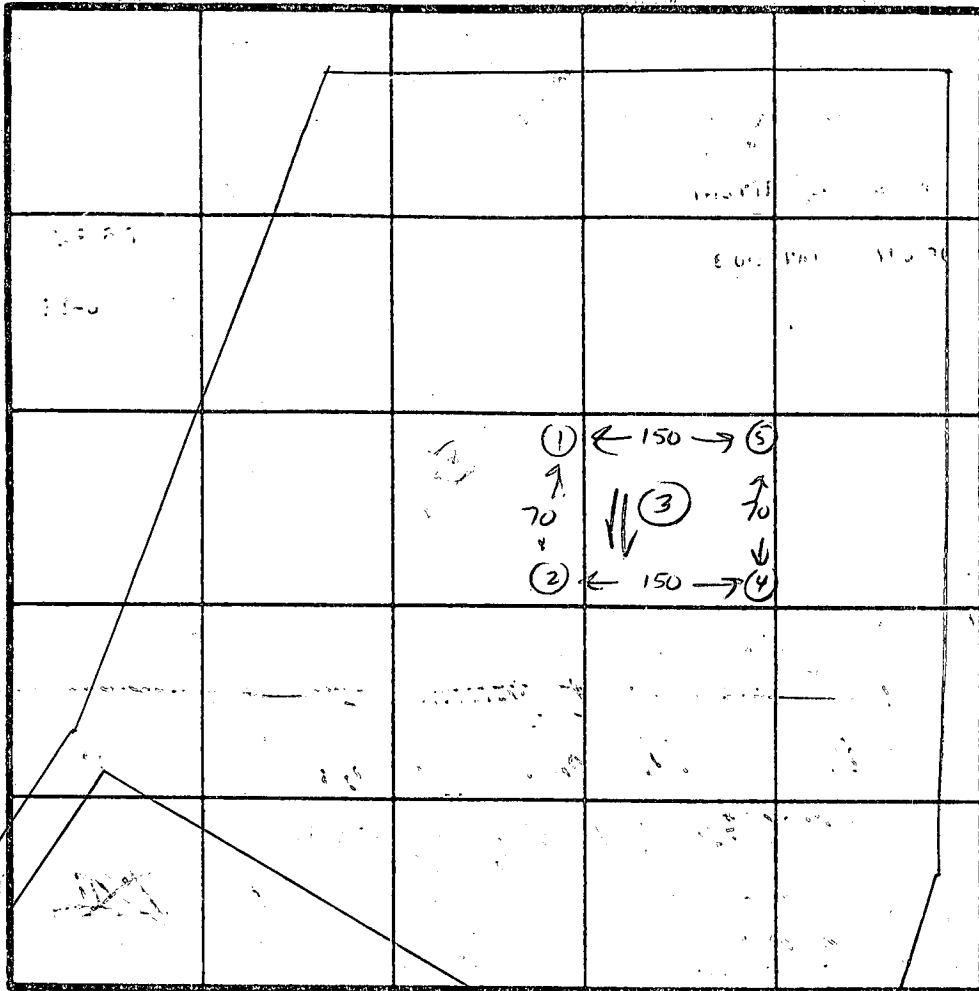
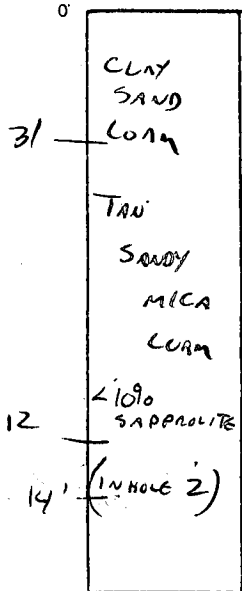
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-10-85 - P.M.C. SATISFACTORY; HOLD FOR (certified Subdivision Plat. SAU)

PR # 71252
BLDG. PERMIT SIGNED
AND RETURNED 7-2-86

THIS IS NOT A PERMIT

ALL HOLES
SOIL PROFILE



X 2 MIN
158 SPFT
BDM
3'-8"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-85	1 N164	3	6132	6134	6134	6136	2 MIN
		8	VIS OK				
		12	SAND	LOAM			✓
6-7-85	2	3					✓
		8	SAND LOAM - SIMILAR TO HOLE 1				
		14	VIS OK				
6-7-85	3	3	SAND LOAM - SIMILAR TO HOLE 1				✓
		12	VIS OK				
6-7-85	4	3					✓
		8	SAND LOAM SIMILAR TO HOLE 1				
		12	VIS OK				
6-7-85	5 HIGH	3					✓
		8	SAND LOAM SIMILAR TO HOLE 1				
		12	VIS OK				

REMARKS RE-DRAWN FROM 1ST PRELIMINARY - CHECK ADJUSTED PLAT FOR LOCATIONS

TYPE OF SOIL MICA SAND LOAM

TESTED BY C. Williams

ALSO PRESENT

KETTERMAN

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 # 37596
 Date 8/28/86

Name of Installer Catonsville Plmg. & Htg.

Telephone 747-2293

License number 3104

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Newton Barrett Telephone

Subdivision Buckskin Woods Lot # 15 Well tag # - -

Site Address 4260 Buckskin Lane Dr.

 Ellicott City, MD 21043

Pump

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

Motor

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

Pitless Adapter

1. Make
2. Model #
3. Depth

2. Make Red Jacket

3. Model # 75CN1CN16ADK

4. Capacity GPM

5. Pump exceeds well capacity Yes No X

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 polybutylene
2. Size
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data

1. Depth 300ft.
2. Yield 5GPM
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: Jonathan C. Brown
 Martine Gray

Date: 8/27/86

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

C1 00483 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 35538

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 060686 Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1427

OWNER McDONOUGH JOHN last name first name
 STREET OR RFD FOLLY QUARTER RD TOWN GLENELG
 SUBDIVISION BUCKSKIN LAKE SECTION _____ LOT 15

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	
Topsoil	0	2	
Br. Mica	2	22	
Tan Mica	22	44	
Gray Mica	44	50	
Tan Mica	50	62	✓
Gray Mica	62	300	

Dry holes - 400' - 400'

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 300
 GALLONS OF WATER 40
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 18 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE ST
 Nominal diameter top (nearest inch) 6 Total depth of main casing (nearest foot) 25

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

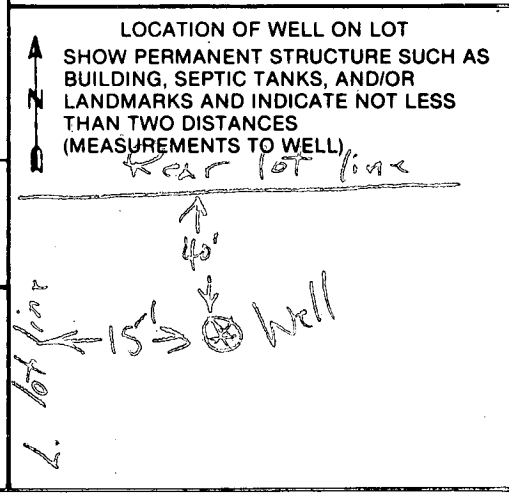
C2
 DEPTH (nearest ft.)
 1 HO 23 300
 2
 3
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 124
 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:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (nearest foot)



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. 40
 DRILLERS SIGNATURE George J. Gustafson
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Wendell P. [Signature]

B 1 **0770** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

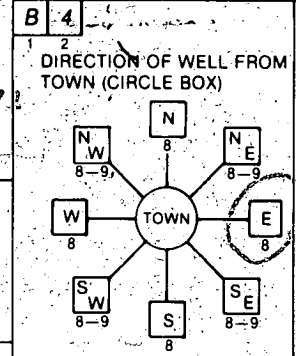
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1427
 fill in this form completely

Date Received **5-2-84**
 OWNER INFORMATION
Grant AFTER LOT 15
 MC DONOUGH TOWN
 5879 RIVERCREEK RD
 COLUMBIA MD 21046

LOCATION OF WELL
 HUNTERD COUNTY
 BLACKSKILL LAKE
 SECTION 44 LOT 15
 GLENVIEW NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3 MI**

DRILLER INFORMATION
 Driller's Name **George F. Basterday** License No. **00**
 Firm Name **F. Basterday, Inc.**
 Address **9265 BROWN CR RD Mt Airy, MD 21777**
 Signature **George F. Basterday** Date **4/21/86**



NEAR WHAT ROAD
 NORTH
 WEST
 EAST
 SOUTH

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

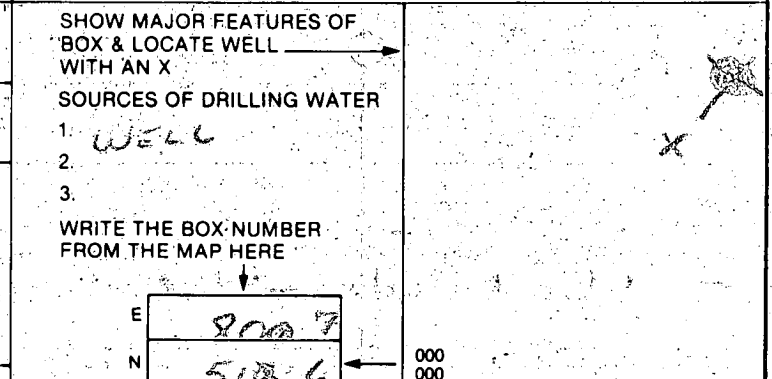
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HANOVER** COUNTY NO. **A 25538**
 OEP SIGNATURE **J. St...** STATE HEALTH INSERT S **41**
 DATE ISSUED **10/18/86**
 CO SIGNATURE **J. St...** EXP. DATE
 NORTH GRID **511000** EAST GRID **0516000**

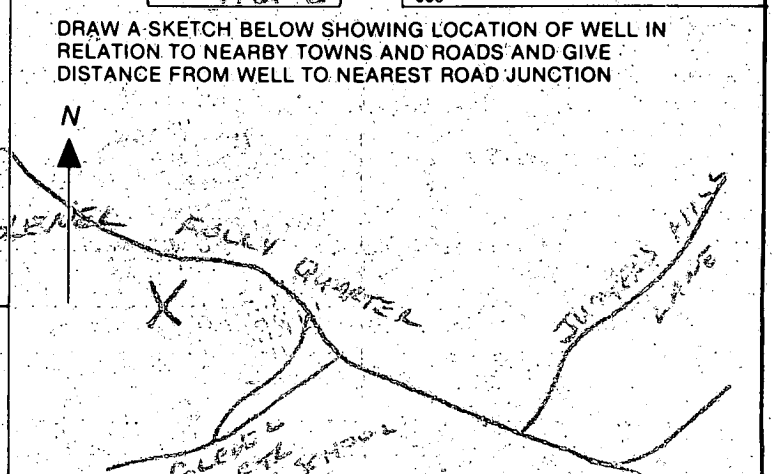
APPROXIMATE DEPTH OF WELL **200** FEET

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
 other _____



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
 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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **PS** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1427**

SPECIAL CONDITIONS

6/6/86
Bw

Location seems good even though drilled further down lot than originally suggested elevation of well slightly higher than 2 nearest perc holes + just $> 100'$

25' casing (1 above ground)
18' open hole
7 bags cement used

2 dry holes to be filled in

6/9/86 Pump test done
H₂O sample taken

RECEIVED
ROAD COUNTY
PLANNING DEPT.
JUN 22 1986

368°09'40"W

30' B.R.L.

M 42°25'

23' 11"

FENCE

10' 00"

TENNIS COURT

DECK
POOL

BLOCK FOUNDATION
20' x 30'

FENCE

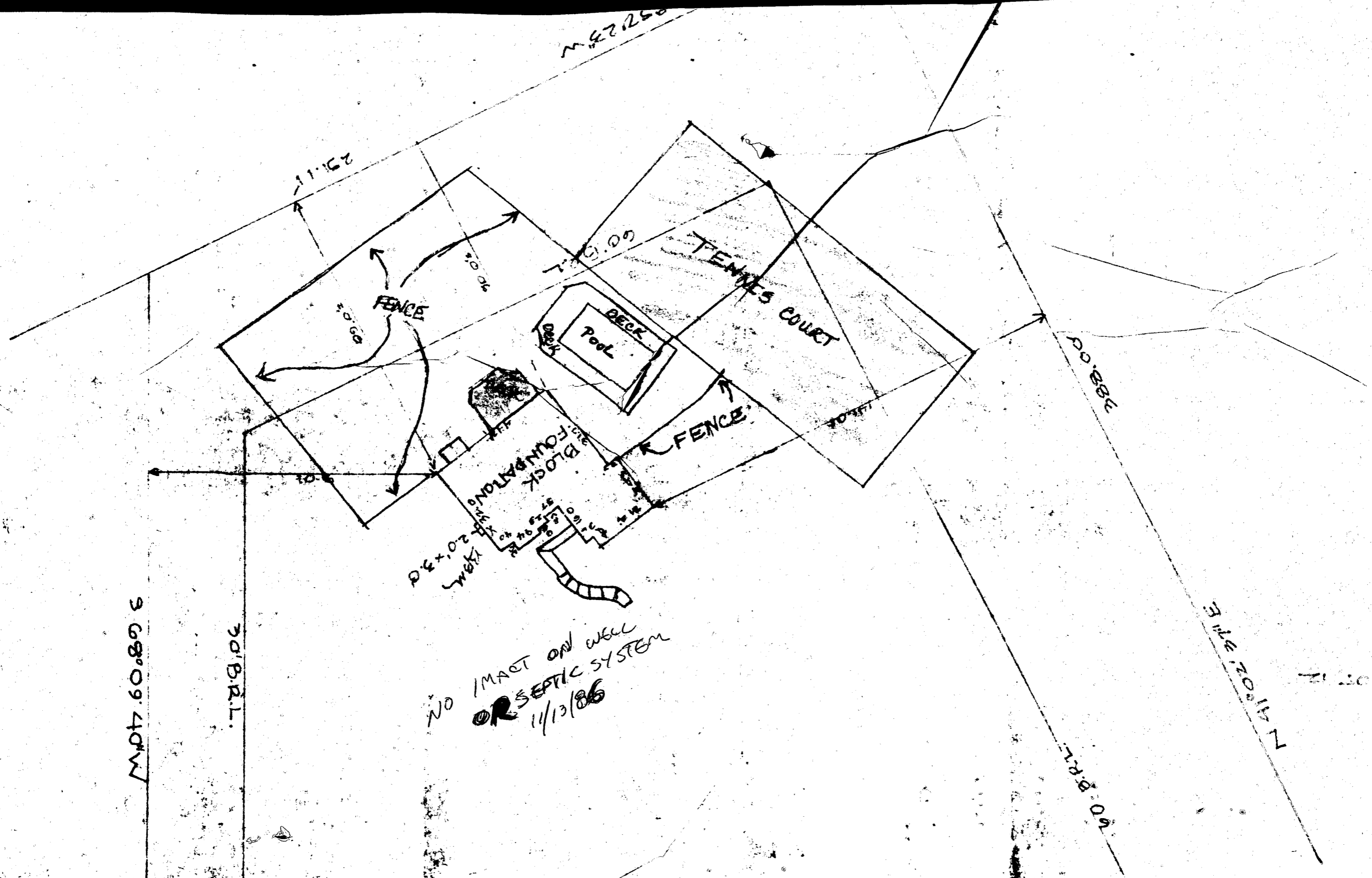
30' B.R.L.

NO IMPACT ON WELL
OR SEPTIC SYSTEM
11/13/86

FILE 20117

Lot 12

30' B.R.L.

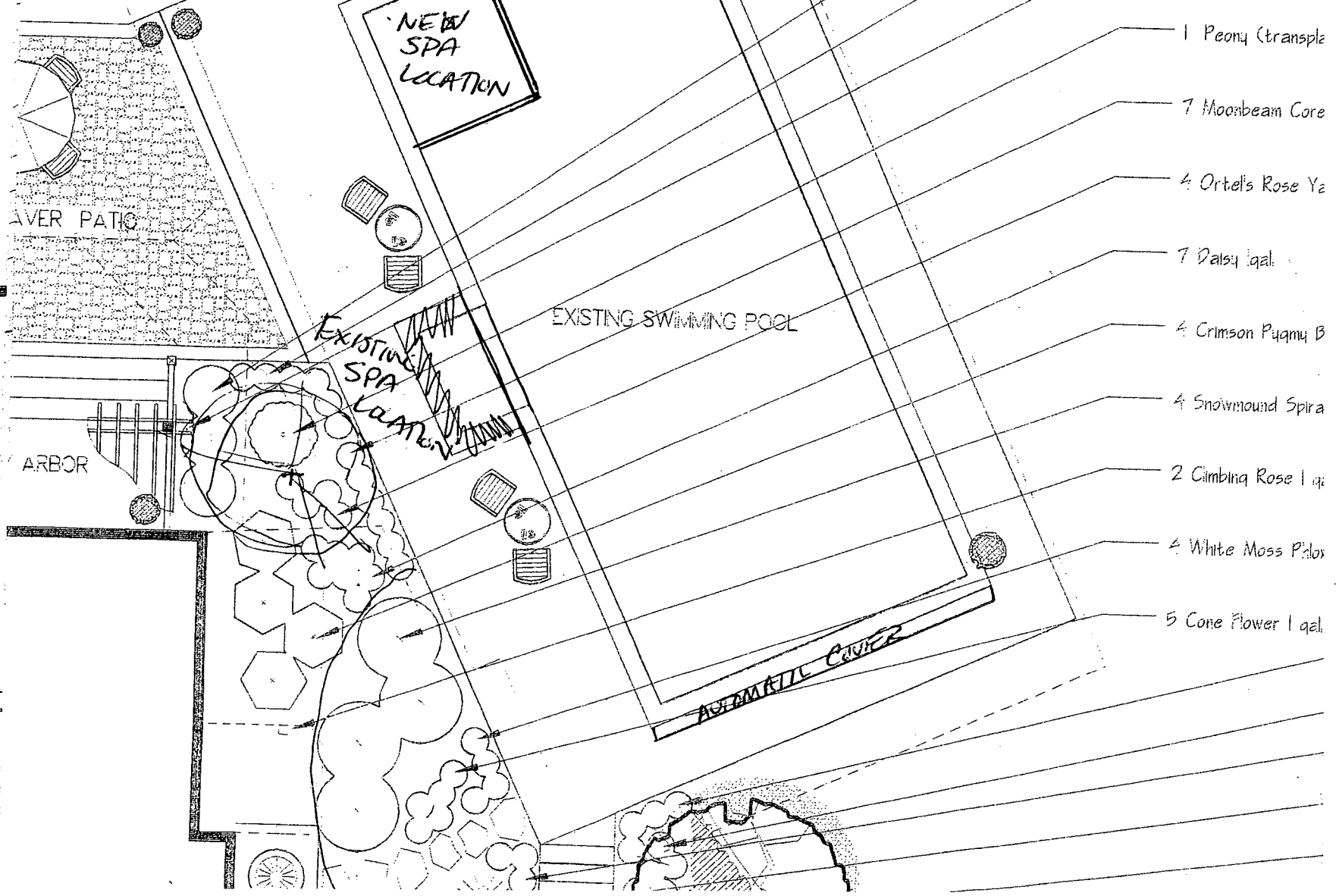


- Purple Gray Feather 1 gal.
- Siebold's Hosta (transplanted)
- Cherry Laurel 18/24 in.
- Heavenly Bamboo Nandina 7 gal.
- Purple Palace Coral Bell 1 gal.
- weeping Norway Spruce 5-6 ft
- Pachysandra 50 spp./flat
- Winter Green Boxwood 3 gal.
- Heavenly Bamboo Nandina 7 gal.

LAWN

APPROVED

WALK-THRU BUILDING PERMIT
 BP# 80014998 A# 35538
 APP. SAN KJR DATE: 8/25/04
 DESC. OF WORK: moving spa into existing pool area



- 3 Blue Veronica
- 6 Verbena 1 gal.
- 2 Japanese Wist
- 1 Peony (transpl)
- 7 Moonbeam Core
- 4 Ortel's Rose Ya
- 7 Daisy 1 gal.
- 4 Crimson Pagan B
- 4 Snowmound Spira
- 2 Climbing Rose 1 qt
- 4 White Moss Phlox
- 5 Cone Flower 1 gal.

A35538
P 37 481

Lot Number: 15
Block/Section: -
Plat Reference: 6696
Title of Plat: Buckskin Woods, Section 1

Field locate
Septic tank
cleanout & well

ADD TO PLAN
& resubmit *Kacie Norman*

APPROVED

WALK-THRU BUILDING PERMIT
BP# *00151697* A# *35538*
APP. SAN *Kacie Norman* DATE: *12/29/04*
DESC. OF WORK: *removing existing deck - replacing w/ stairs*

(RN)

only insofar as it is
company or its agent
ancing or refinancing.
ablishment or location
r other existing or
' purport to reflect
level of accuracy. The
e identification of
n may not be required
g or refinancing.
own in relation
property known as

drive
land

8/11/00

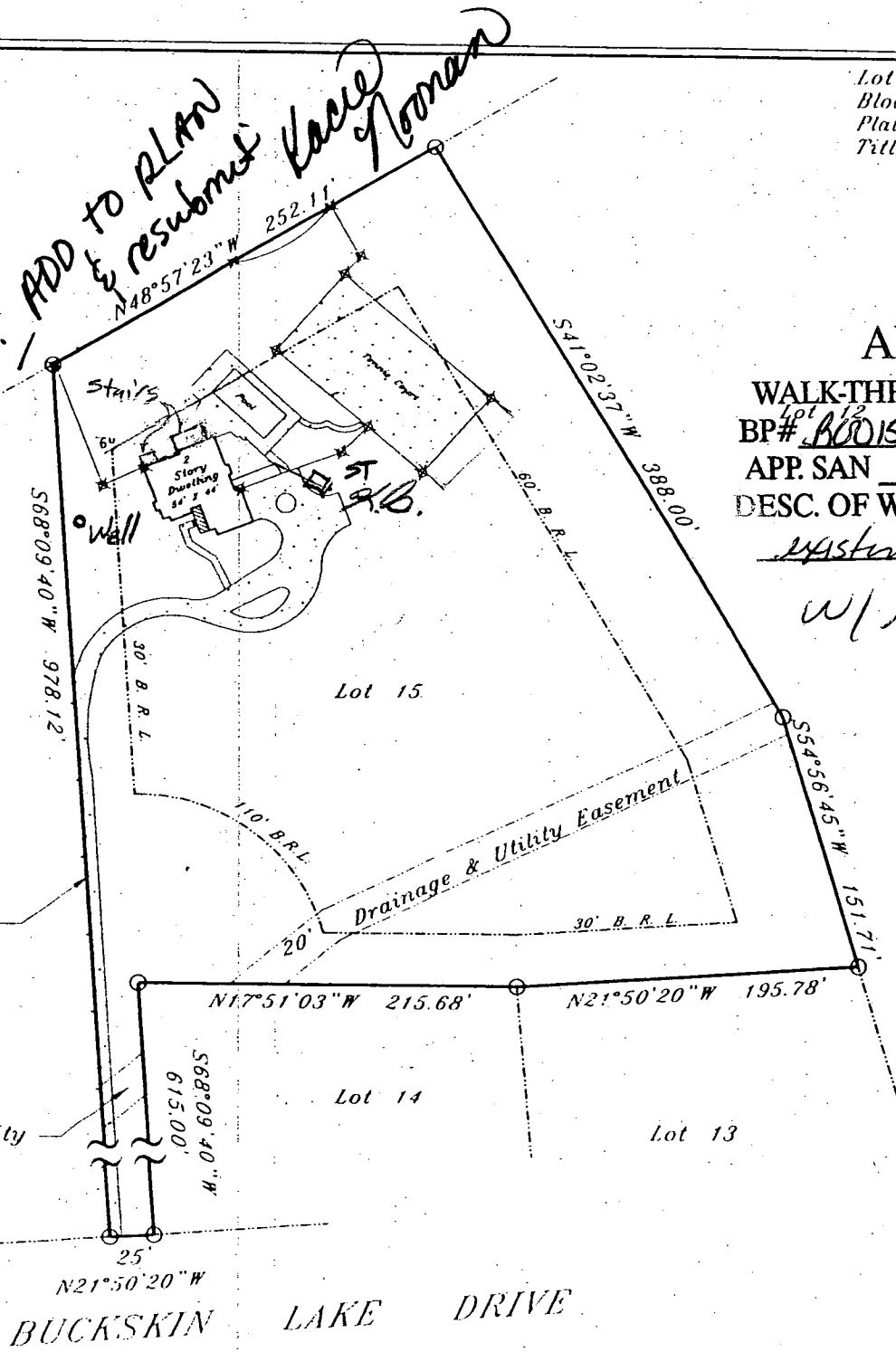
poration

e

1204

xtlondesign.com

MC-4158



BUCKSKIN LAKE DRIVE

Dwelling lies in Flood Zone