

LAYOUT _____ INSP 4 _____
INSP 2 12/8/04 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 11/30/04

P 521596

APPROVAL DATE: 12/8/04

A 35539

PERMIT

TAX ID # 05-399505
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Buckskin Woods LOT NUMBER: 16

ADDRESS: 4266 Buckskin Lake Drive PROPERTY OWNER: Michael Zippelli

SEPTIC TANK CAPACITY (GALLONS): 500 OUTLET BAFFLE FILTER REQUIRED


PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5 Existing 4 bedrooms & adding 1 more

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____ HOUSE SERVED BY PUBLIC WATER

TRENCHES:	
LOCATION:	Place 500 gallon septic tank as shown on the approved plan. Current septic tank is 1250 gallons, adding 500 gallon tank will increase capacity to a total of 1750 gallons.
NOTES:	500 gallon septic tank is in support of Building Permit #B00150654 for increase in number of a bedroom. Building permit will be approved once tank is in place.

PLANS APPROVED: Kevin Bell Reviewed by:  DATE: 12/2/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

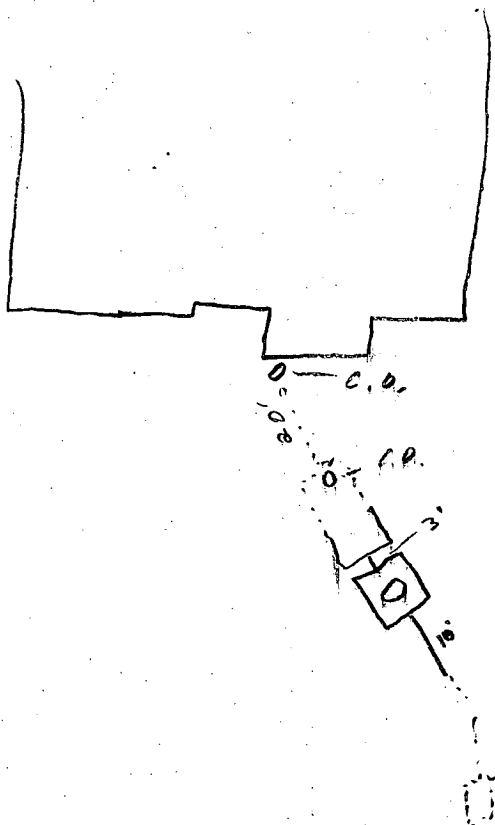
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

12-9-04 B00150654 - 1 1/2 STORY GARAGE + BDRM

A 35539

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

EX CAPACITY 1250 GAL

SEAM LOC M.d

TANK LID DEPTH 3'

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC Front

WATERTIGHT TEST

SEPTIC TANK 2 LEVEL

CAPACITY 500 GAL

SEAM LOC Top

TANK LID DEPTH 3'

BAFFLES

BAFFLE FILTER

MANHOLE LOC Center

6" PORT LOC

WATERTIGHT TEST

PRE-CONSTRUCTION _____

INSTALLATION 12/8/04 - 500 gal tank added. OK to cover (50)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

12/8/04

RECEIVED AND RETURNED

9/16/88
9/13/88

File

9-16/88
Nov

9/13/88 P.C.O.
C.B.D.

PERMIT

P 42527

A 35539 ✓

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 9/6/88

DATE SYSTEM APPROVED 9/16/88

INSPECTOR C.B.D.

{ I.C.O.P.
Time expired }

Custom Excavating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 12789 Folly Quarter Road, Ellicott City, MD PHONE 531-2876

SUBDIVISION Buckskin Woods ROAD 4266 Buckskin Lake Dr LOT 16

PROPERTY OWNER Charles Harris

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet maximum 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 or start trench 140 feet from the front (1623') lot line and 80 feet from the right (978.12') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left (190') 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.

PLANS APPROVED BY Sid Abel ^{o/HSA} 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(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 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.

DOG. PERMIT SIGNED
AND RETURNED 4/2/89
Serial # 26578

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

509 g. properland

35539

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35539

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.

CHARLES HARRIS

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

SUBDIVISION BUCKSKIN WOODS LOT NO. ~~17~~ NEW LOT 16

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

COUNTRY SCHOOL 4264 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. MAISEL
(SIGNATURE OF APPLICANT)

APPROVED BY Sichay Abel FOR Deep Trenches DATE 2-11-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

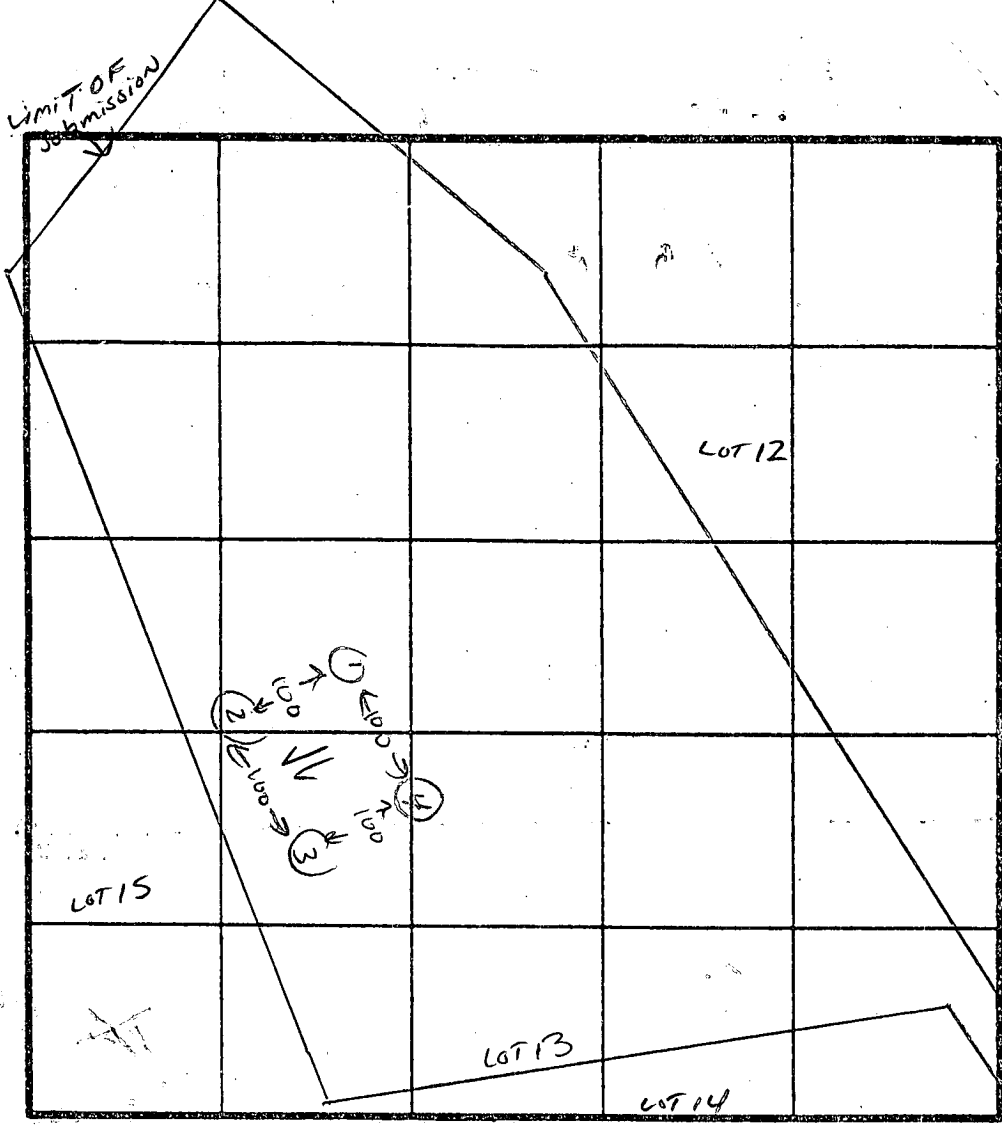
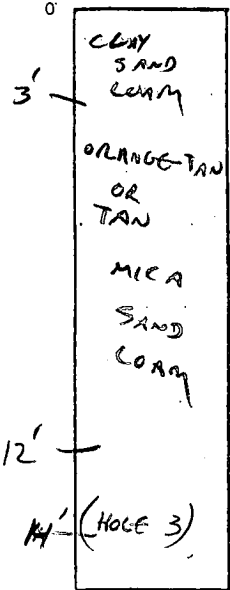
REASONS FOR REJECTION OR HOLDING 6-10-85 Rec. Satisfactory. Hold For Certified Subdivisions Plat. Sale

BLDG PERMIT SIGNED
AND RETURNED 5/27/87
87862
BP12202

THIS IS NOT A PERMIT

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 ↓ PROPOSED Rd.

$\bar{X} = 2 \text{ MIN}$
 $158 \frac{\text{lb}}{\text{sq FT}}$
 $3' - 8'$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-85	1	3	6:17	6:19	6:19	6:21	2 MIN
		8	VIS	SAND	LOAM		
		12		VIS OK	- LOAM		✓
6-7-85	2	3					
		8	VIS SIMILAR TO	HOLE 1			
		12		VIS OK	- LOAM		✓
6-7-85	3	2					
		8	VIS. SIMILAR TO HOLE 1				
		12		VIS OK	- LOAM		✓
6-7-85	4	3					
		8	VIS. SIMILAR TO HOLE 1				
		12		VIS OK	- LOAM		✓

REMARKS REDESIGNED FROM 1ST PRELIM. CHECK ADJUSTED PLAT FOR LOCATION

TYPE OF SOIL _____

TESTED BY C. Wiltham SO PRESENT KEPTENMAN

EHE 12-1079

C1 5217 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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-35539**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **07/11/88** Depth of Well: **345** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HD-81-1588**

OWNER: **HARRIS CHARLES** (last name first name)
 STREET OR RFD: **BUCKSKIN LAKE DRIVE** TOWN: **GLEWELG**
 SUBDIVISION: **BUCKSKIN LAKES** SECTION: [] LOT: **16**

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	
Small flow	0	3	
Copy from hole	33	345	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS: **12** NO. OF POUNDS: **1128**
 GALLONS OF WATER: **72**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **2** ft. to **57** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE: **SA** Nominal diameter: **6** Total depth: **60**
 top (main) casing (nearest inch) of main casing (nearest foot)

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN: 1 **110** 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11 [] 12 [] 13 [] 14 [] 15 [] 16 [] 17 [] 18 [] 19 [] 20 [] 21 [] 22 [] 23 [] 24 [] 25 [] 26 [] 27 [] 28 [] 29 [] 30 [] 31 [] 32 [] 33 [] 34 [] 35 [] 36 [] 37 [] 38 [] 39 [] 40 [] 41 [] 42 [] 43 [] 44 [] 45 [] 46 [] 47 [] 48 [] 49 [] 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. **338**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

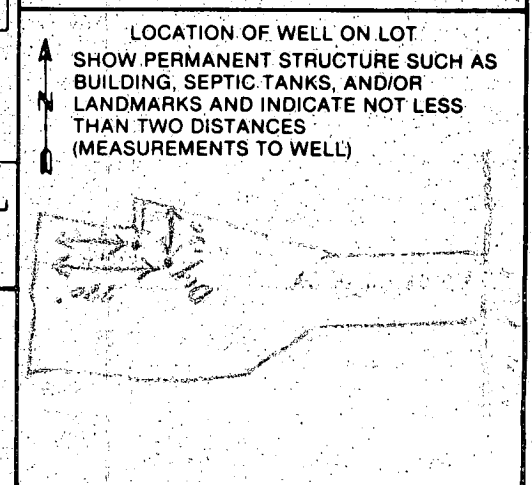
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.Q.
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) [] []
 PUMPING RATE (gal. per min. to nearest gal.) **75**
 METHOD USED TO MEASURE PUMPING RATE **meter**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING [] [] [] []
 WHEN PUMPING **20.5**
 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 (CIRCLE) (YES or NO) 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) [] [] [] [] [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE (nearest foot)
 (-) below } [] [] (nearest foot)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1588
 Location of property (road) BUCKSKIN LAKE DR
 Subdivision BUCKSKIN LAKES Lot 16 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner HARRIS, CHARLES

Depth of well 345'
 Distance of measuring point (M.P.) above ground, 1'
 Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 17
 Total time 30 min to reach pumping water level 20.5' 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	115	5		12
9:30	205	5		12
9:45	205	24	205	25
10:00	205	24	41	22
10:15	205	24	164	25
10:30	205	24	13	22
10:45	205	24	220	22
11:00	201	24		22
11:15	201	22	240	22
11:30	201	22	225	22
11:45	201	22	226	22
12:00	201	22		22
12:15	201	22		22
12:30	201	22		22
12:45	201	22		22
1:00	201	22		22
1:15	201	22		22
1:30	201	22		22
1:45	210	22		22
2:00	206	30		2
2:15	202	26		22
2:30	202	24		22
2:45	202	24		22
3:00	202	24		22
3:15	202	24		22
3:30	202	24		22

NOTE
 5/1/87
 found chemical
 sample sent in
 N1073

B 1 5002 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-81-1588
fill in this form completely

Date Received

8 0 0 0 13

OWNER INFORMATION

MARRIS CHARLES
15 Last Name Owner First Name 34

5001 WILD GINGER CT.
36 Street or RFD 55

COLUMBIA MD 21044
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name: [Signature] 238
77 License No. 80

Firm Name: WELLS DRILLING

Address: 512 Ridge Rd Mt. Airy Md.

Signature: [Signature] Date: 6/12/86

B 3

LOCATION OF WELL

HOWARD
8 COUNTY 21

BUCKSKIN LAKE
23 SUBDIVISION 42

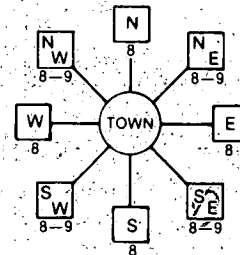
SECTION 44-46 LOT 16 48-50

6 LENOPE
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2.3 MI
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Lake Dr.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37
DISTANCE FROM ROAD

ENTER FT or MI 50 FT
38 39

B 2

WELL INFORMATION

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
COUNTY NAME

A-35539
COUNTY NO.

OEP SIGNATURE
DATE ISSUED

STATE HEALTH INSERT-S

070386 R. Wilson
49 CO-SIGNATURE 48 01/03/87
52 EXP. DATE

NORTH GRID 516000
50 55

EAST GRID 0807000
57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH. NEAREST

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 BA WRITE INITIALS IN BOX PERMIT No. MD-81-1588
67 68 70 71 72 73 74 75 76 77 78 79

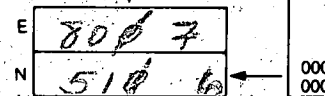
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

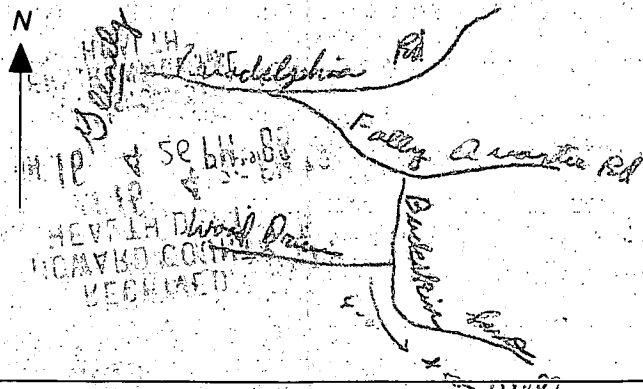
SOURCES OF DRILLING WATER

1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

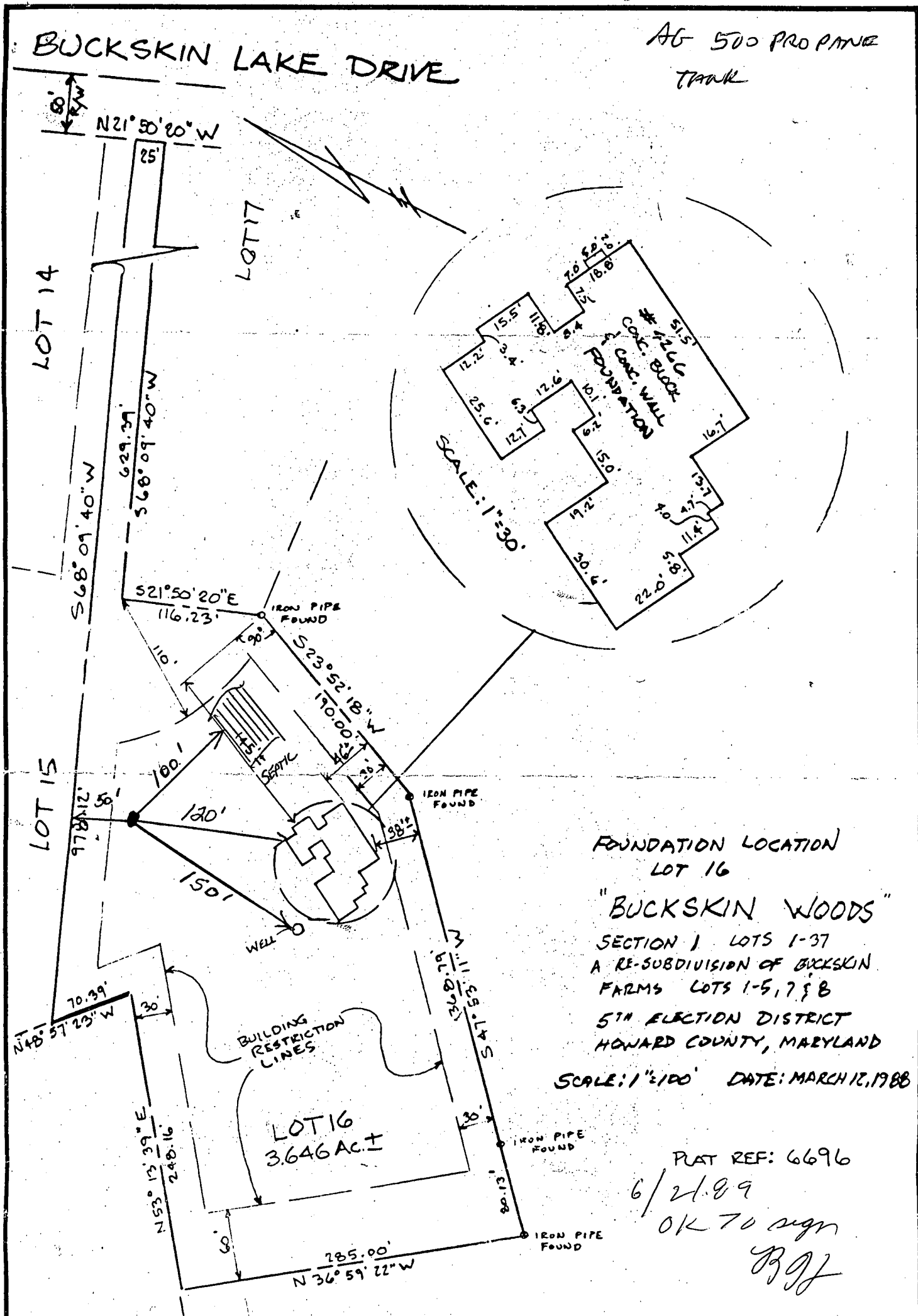


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



BUCKSKIN LAKE DRIVE

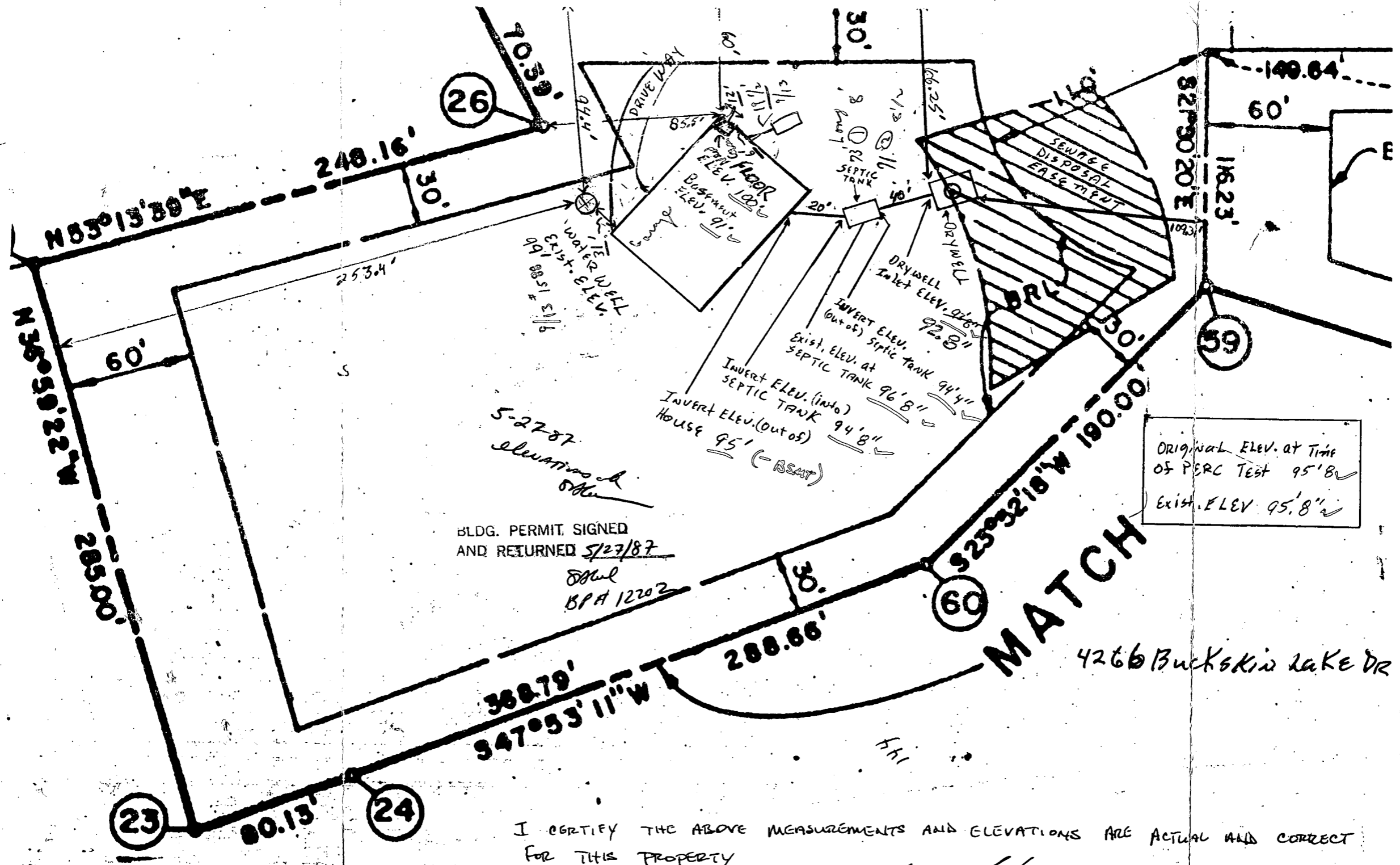
AG 500 PROPANE
TANK



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS BY A TRANSIT - TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS LOT LINES AND NO VIOLATIONS OF ANY SET BACK RESTRICTIONS.

C. Brooke Miller
C. BROOKE MILLER
PROPERTY LINE SURVEYOR #135

PREPARED BY:
C. BROOKE MILLER R.P.L.S.
13054 TARRAGON RD.
FEISTERSTOWN MD.
21136
PHONE: 301-853-7517



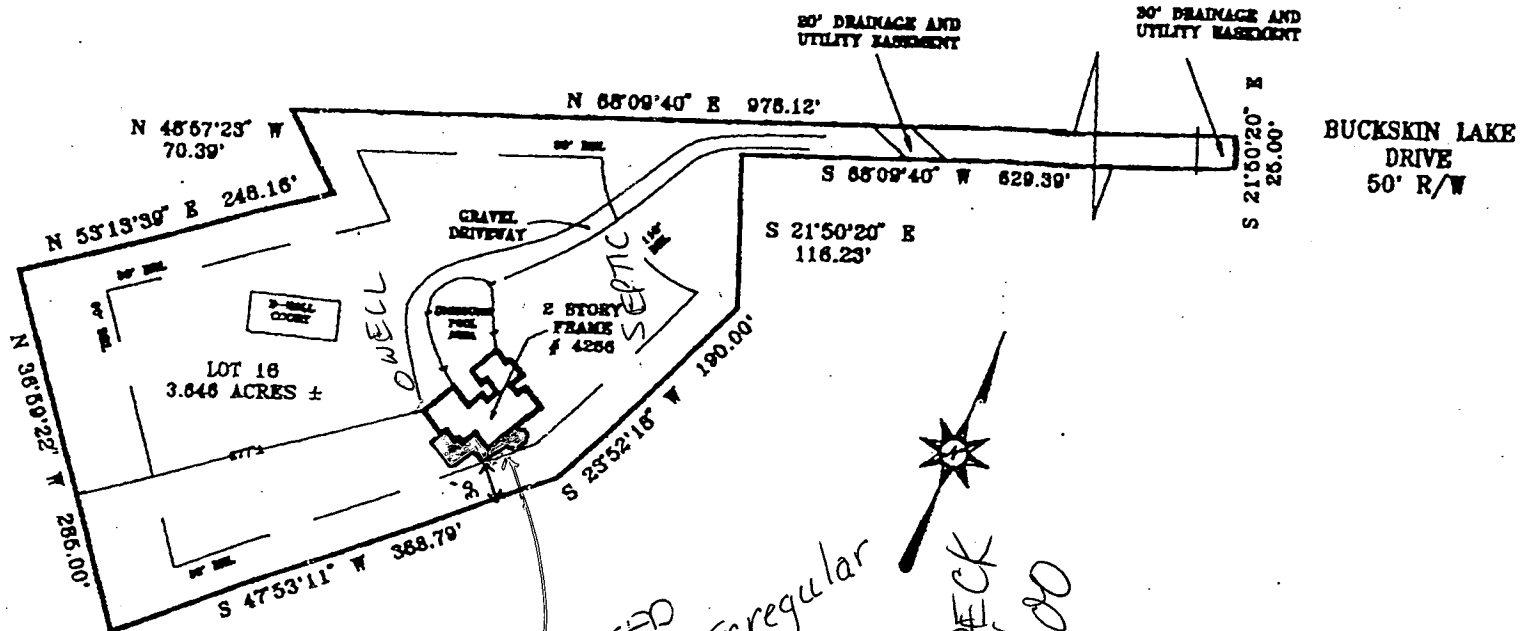
ORIGINAL ELEV. AT TIME
 OF PERC TEST 95' 8"
 EXIST. ELEV. 95' 8"

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

Harv Harris

NOTES:

- 1) S.R.L. Information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone Information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unknown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1/2"



Proposed
42' x 30' Irregular
DECK

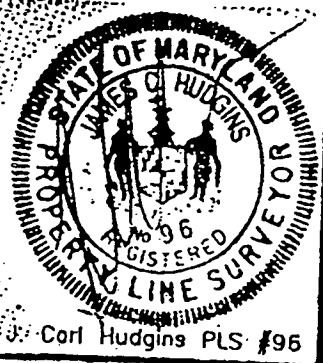
NO OBJ.

TO
PROPOSED DECK
MR. 3/8/00

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 26 of 45 Community Panel # 240044-00 268 Effective date: December 4, 1985

This is to certify that I have surveyed the property shown hereon, being known as
LOT 18
4266 BUCKSKIN LAKE DRIVE
recorded in the Land Records of Howard County, Maryland in Plat Bk. 6696 Liber Folio for the purpose of locating the improvements thereon.

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



Carl Hudgins PLS #96

LOCATION DRAWING
4266 BUCKSKIN LAKE DRIVE
BUCKSKIN WOODS
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.	Scale: 1" = 150'
16205 Old Frederick Road Mt. Airy, Maryland 21771 Ph. (410)442-2031 Fax No. (410)442-1315	Date: DECEMBER 8, 1995
	Field by: JLM
	Drawn by: JLM
	Drawing # 1787200L

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 330 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00122796
Building Address <u>4266 Buckskin Lake Dr.</u> <u>Ellicott City Md 21042</u>		Property Owner's Name <u>Smith - Gary + Stacia</u> Address <u>4266 Buckskin Lake Dr</u>	
Suite/Apt. #: <u> </u> SDP/WP/Petition #: <u> </u>		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>	
Census Tract <u>6051.01</u> Subdivision <u>Buckskin Woods</u>		Home Phone <u>410-531-1907</u> Work Phone <u>410-865-8684</u>	
Section <u> </u> Area <u> </u> Lot <u>10</u>		Applicant's Name & Mailing Address, (if other than stated hereon): <u>BPS, Inc. - Pat O'Lea</u> <u>2602 Parallel Path</u> <u>Abingdon Md 21009</u>	
Tax Map <u>22</u> Parcel <u>535</u> Grid <u>21</u>		Phone <u>410-515-1717</u> Fax <u>410-515-2213</u>	
Zoning <u>RR-DEO</u> Map Coordinates <u> </u> Lot size <u> </u>		Contractor Company <u>Abbey Contractors, Inc</u>	
Existing Use <u>SFD</u>		Contact Person <u>Dennis Puts</u>	
Proposed Use <u>Same w/ Deck</u>		Address <u>293 Dellcrest Dr.</u>	
Estimated Construction Cost \$ <u>20,000</u>		City <u>Forest Hill</u> State <u>MD</u> Zip Code <u>21050</u>	
Description of Work <u>Const Open Wood Deck on rear of</u> <u>SFD w/ steps to grade. Irregular</u>		License No. <u>21663</u>	
Occupant or Tenant <u>Owner</u>		Phone <u>410-375-6165</u> Fax <u> </u>	
Contact Name <u> </u>		Engineer or Architect Company <u> </u>	
Address <u> </u>		Contact Person <u> </u>	
City <u> </u> State <u> </u> Zip Code <u> </u>		Address <u> </u>	
Phone <u> </u> Fax <u> </u>		City <u> </u> State <u> </u> Zip Code <u> </u>	
Building Description - COMMERCIAL		Building Description - RESIDENTIAL	

Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>30'</u> Width <u>48'</u> 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: <u>Post & Pier</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:	
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THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

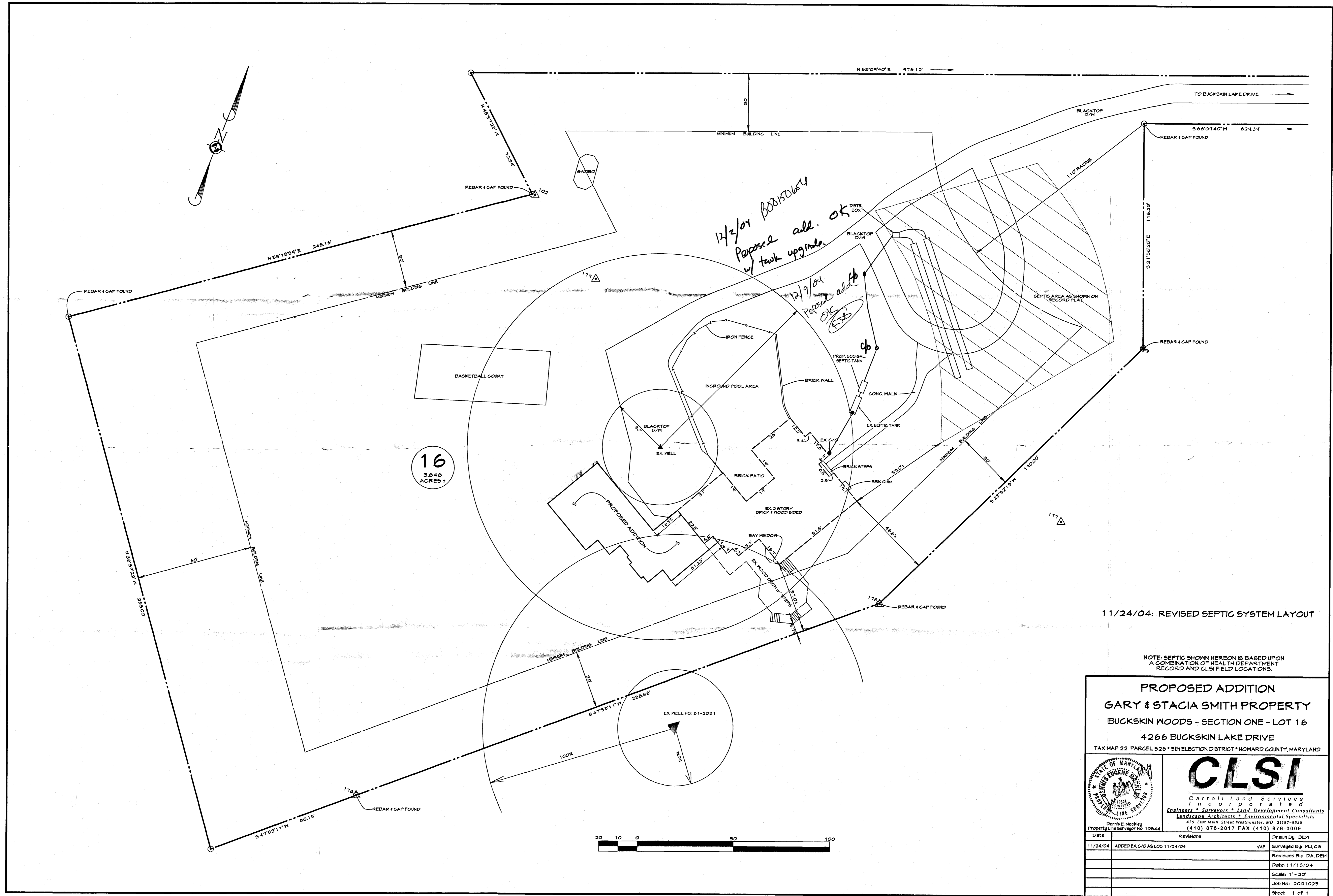
Pat O'Lea
 Applicant's Signature
BPS, Inc. - Pat O'Lea
 Title/Company
 Print Name
 Date 3-8-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>3/8/00</u>	SIGNATURE APPROVAL <u>Mark E. Riffe</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID#: Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>6409</u> Validation # _____
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CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

CAD Drawing File Name: g:\2001\2001025\dgn\lot 16.dgn



11/24/04: REVISED SEPTIC SYSTEM LAYOUT

NOTE: SEPTIC SHOWN HEREON IS BASED UPON A COMBINATION OF HEALTH DEPARTMENT RECORD AND GLSI FIELD LOCATIONS.

PROPOSED ADDITION
GARY & STACIA SMITH PROPERTY
 BUCKSKIN WOODS - SECTION ONE - LOT 16
 4266 BUCKSKIN LAKE DRIVE
 TAX MAP 22 PARCEL 526 * 5th ELECTION DISTRICT * HOWARD COUNTY, MARYLAND

CLSI
 Carroll Land Services
 Engineers * Surveyors * Land Development Consultants
 Landscape Architects * Environmental Specialists
 439 East Main Street Westminster, MD 21157-5539
 (410) 876-2017 FAX (410) 876-0009

Dennis E. Meckley
 Property Line Surveyor No. 10844

Date	Revisions	Drawn By:	Surveyed By:
11/24/04	ADDED EX G/O AS LOG 11/24/04	BEW	PLC
			DA, DEM
			Date: 11/15/04
			Scale: 1" = 20'
			Job No: 2001025
			Sheet: 1 of 1