

10/24/89
AM

05-399554

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45184

A 35544

DATE 11/6/89

DATE SYSTEM APPROVED 10/27/89

INSPECTOR RIL

INDEXED

~~Hy and Lowe~~ FYOCK

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 831-7880

SUBDIVISION Buckskin Woods ROAD 4290 Buckskin Lake Dr LOT 20

PROPERTY OWNER Michael Wilson

ADDRESS _____

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

GARBAGE GRINDER? YES NO SEE NOTE ON SEPTIC SYSTEM PLANS

SEPTIC TANK CAPACITY 1250 ~~2000~~ GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide.

Inlet 3 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 feet below original grade.

LOCATION - Place the distribution box or start the trench 265 feet from the front ~~198~~ lot line and 105 feet from the right (630') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left and right lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6x18"

PLANS APPROVED BY Sid 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 SPECIFIED) **BUILDING PERMIT SIGNED**

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 12/10/83 BO 141508-EG P802

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS 8/6/03 BO 014330-LP TANK

PERMIT VOID AFTER TWO YEARS

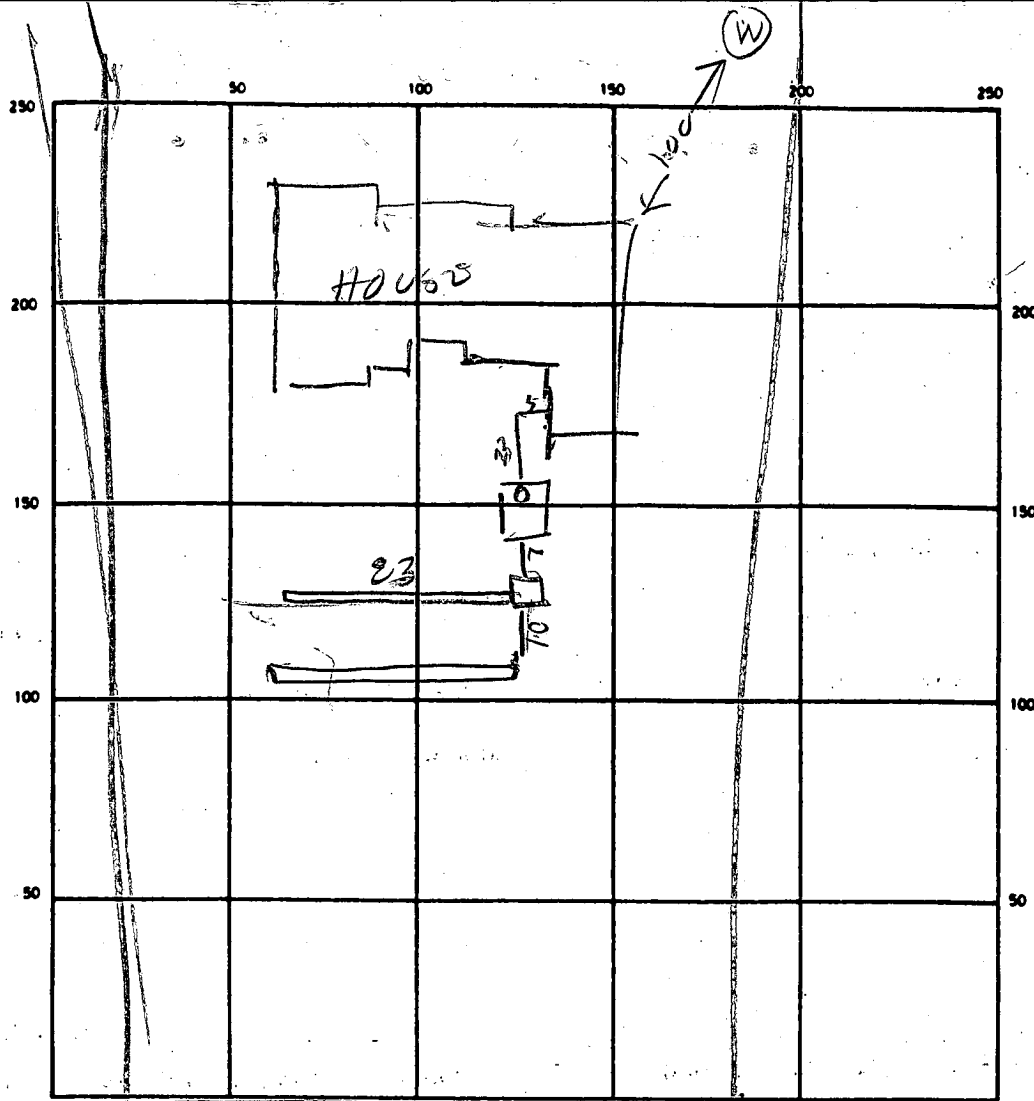
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

355711



16
4.5

20.5
6.4

7.25

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BUCKSIN LAKE DRIVE
ST

SEPTIC TANK LEVEL 1250 CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 7.5 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4.5 4.5 FT. TOTAL LENGTH 9.3 7.8 16 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 724 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/24/89 LOCATION OK. TRENCH #1 STARTED FINISH

DIGGING TRENCH #1 & ADD STONE. DIG TRENCH #2. OK TO

COVER TANK RH 10/24/87 - ADD STONE TO TRENCH #2

INSTALL CLEANOUT ON TANK & COVER RH

DATE SYSTEM APPROVED 10/24/89

INSPECTOR B. Hodges

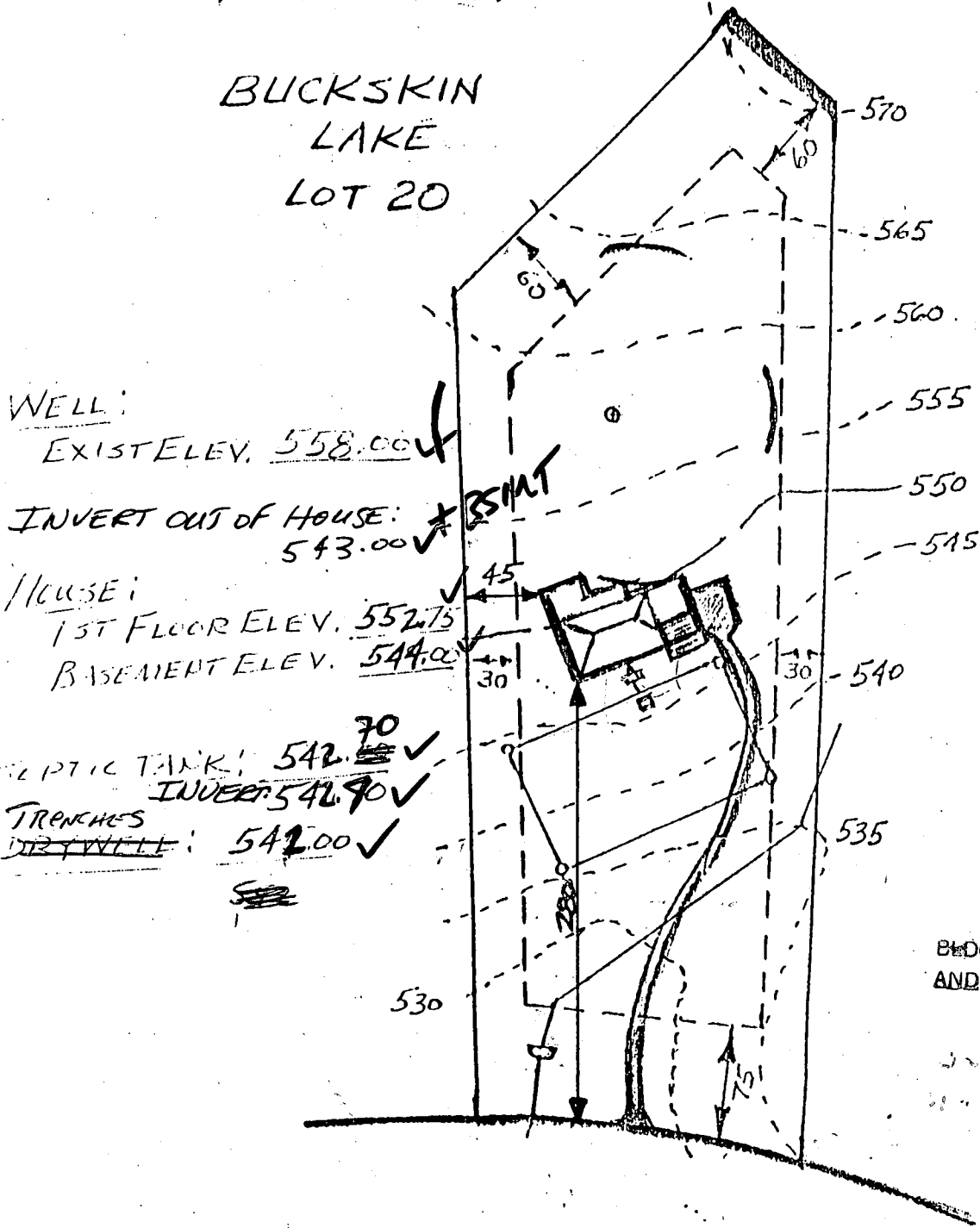
10-24-89

No garbage grinder is to be used with this system; therefore, 1250 gallon tank is required.

M. C. Wilson

M.C. WILSON

BUCKSKIN LAKE LOT 20



BLDG. PERMIT SIGNED AND RETURNED 3-9-89

BP 23880
8A

I certify that the above measurements are actual and correct for this property: *M. C. Wilson*

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 20

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom	Minimum Total square Feet
3 bedroom	1000 gallon		
4 bedroom	1250 gallon - <i>2000 gallon with G.P.</i>		
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

Trench to be 2 wide. 180 sq. ft./bedroom
220 " " " with G.O.
484/BR
BR
 Inlet 3 feet below original grade.
 Bottom maximum depth 7 1/2 feet below original grade.
 Effective area begins at 3 feet below original grade.
4 1/2 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 OR START THE TRENCH ²⁶⁵ FEET FROM THE FRONT (198') LOT LINE AND ¹⁰⁵ FEET FROM THE RIGHT (630') LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE DR. RUN TRENCHES ON CONTOUR TOWARD THE LEFT ^{AND RIGHT} LOT LINE. 2-11-86 S. ABR

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35544

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.

Michael Wilson

PROPERTY OWNER DALE Z. MAISEL / c/o HOWARD COUNTY/LAND SERVICES *JAMES 949-5042*

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

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. ~~18~~ NEW LOT 20

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG
COUNTRY SCHOOL 4290 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 Sidney 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 Perc. SATISFACTORY; Hold for Certified Subdivision Plat. SAAB

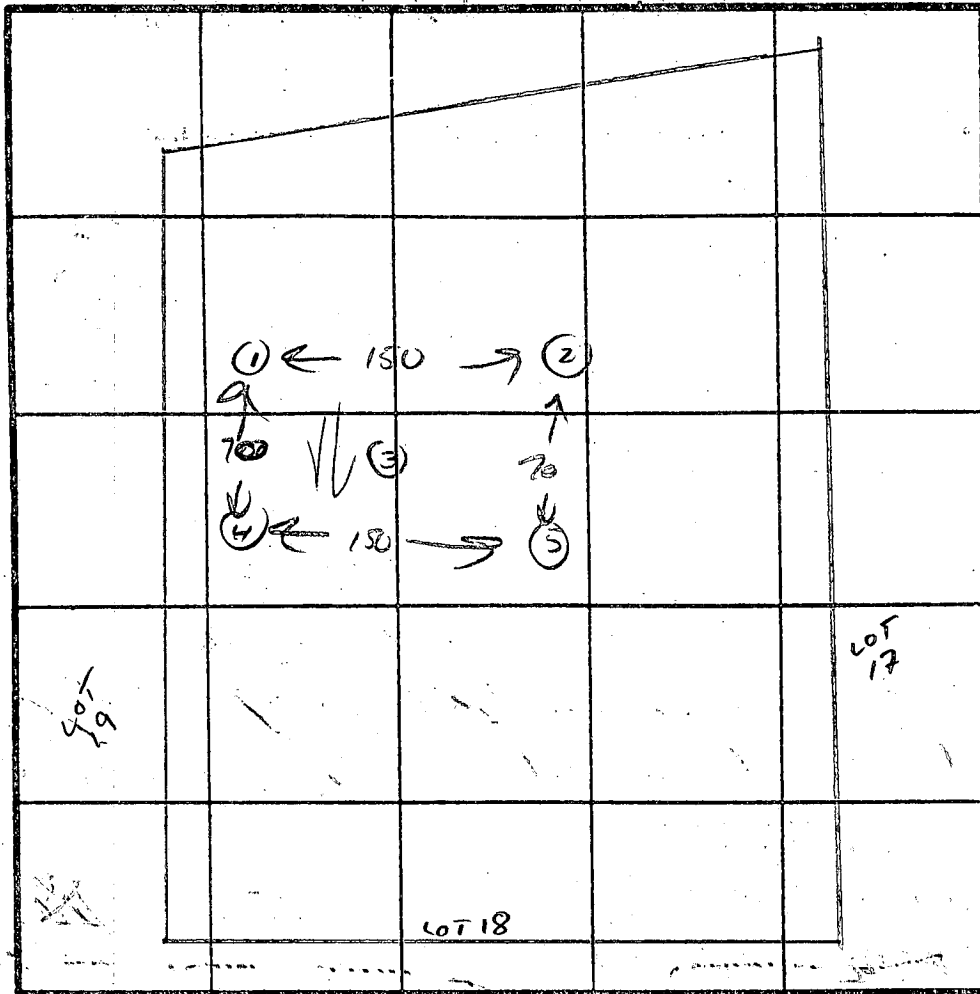
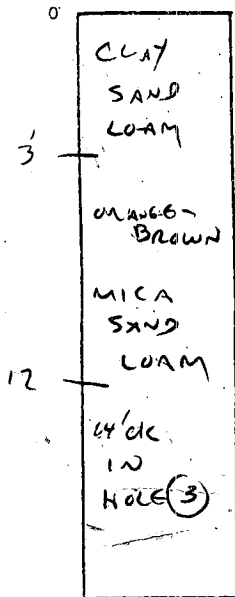
BLDG. PERMIT SIGNED
AND RETURNED 3-9-89

THIS IS NOT A PERMIT

BP 23880 SA

ALL HOLLS

SOIL PROFILE



X 2 MIN
158 SPT
BDRM
3-9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PROPOSED Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-85	1	3 8	5:36	5:38	5:38	5:40	2 MIN
		12					
6-7-85	2	3 8					
		12					
6-7-85	3	3 14					
6-7-85	4	3 8					
		12					
6-7-85	5	3 8					
		12					

REMARKS Cut REVISED - SEE SURVEYOR'S PLAT FOR LAYOUT

TYPE OF SOIL MICA-SAND LOAM

TESTED BY Cwellman

ALSO PRESENT (KSTICMAN)

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 # 45178
Date 11-3-89

Name of Installer A & M Plumbing
Roger Arrowood

Telephone 875-2395

License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner M. C. WILSON Telephone (301) 949-5049
Subdivision BUCKSKIN LAKE Lot # 20 Well Tag # _____
Site Address 4290 BUCKSKIN LAKE DR.
ELLICOTT CITY, MD. 21043

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make MYERS
3. Model # SZN102N1010
4. Capacity 10 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 1 hp.
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

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

Tank
1. Capacity 82
2. Pressure relief valve? _____

Piping
1. Type HP Blue Plastic
2. Size 1"
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? 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: 11-3-89

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

B 1 **5003** 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-81-1589

fill in this form completely

Date Received
06/11/88

OWNER INFORMATION

15 Last Name: **MAHON** Owner: **MAHON** First Name: **JOSEPH**

36 Street or RFD: **5500 CEDAR LAKE**

57 Town: **COLUMBIA** 70 State: **MD** Zip: **21046**

B 3 **LOCATION OF WELL**

1 2 **HOWARD** COUNTY

23 SUBDIVISION: **AMERSHAW LAKE**

SECTION: **44** LOT: **20**

52 NEAREST TOWN: **COLUMBIA**

MILES FROM TOWN (enter 0 if in town): **0.3** MI

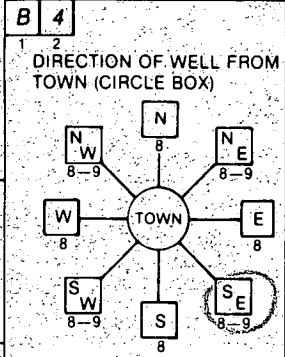
DRILLER INFORMATION

Driller's Name: **Joseph L. Mahon** License No.: **038**

Firm Name: **Joseph L. Mahon Well Drilling**

Address: **5517 Ridge Rd. Pitt. Md. 20711**

Signature: *Joseph L. Mahon* Date: **06/11/88**



NEAR WHAT ROAD: **Buckskin Lake DR.**

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**

DISTANCE FROM ROAD: **450** FT or MI

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **HOWARD** COUNTY NO.: **A-35544**

OEP SIGNATURE: **B. Nolan** STATE HEALTH INSERT S. **01/03/88**

DATE ISSUED: **07/03/86** EXP. DATE: **01/03/88**

NORTH GRID: **515000** EAST GRID: **0807000**

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)

APPROXIMATE DEPTH OF WELL: **300** FEET

APPROXIMATE DIAMETER OF WELL: **6** NEAREST INCH.

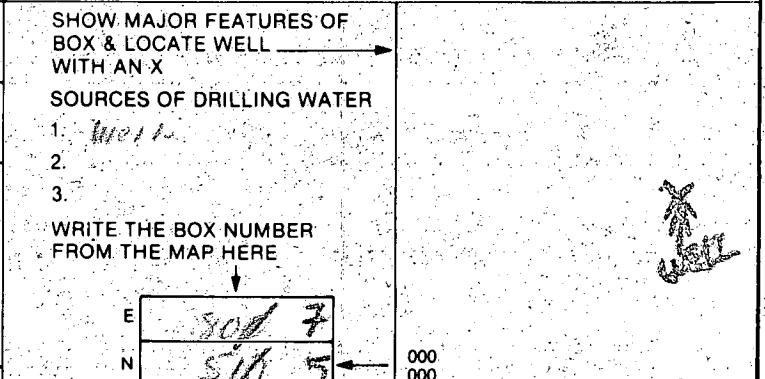
METHOD OF DRILLING (circle one)

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)

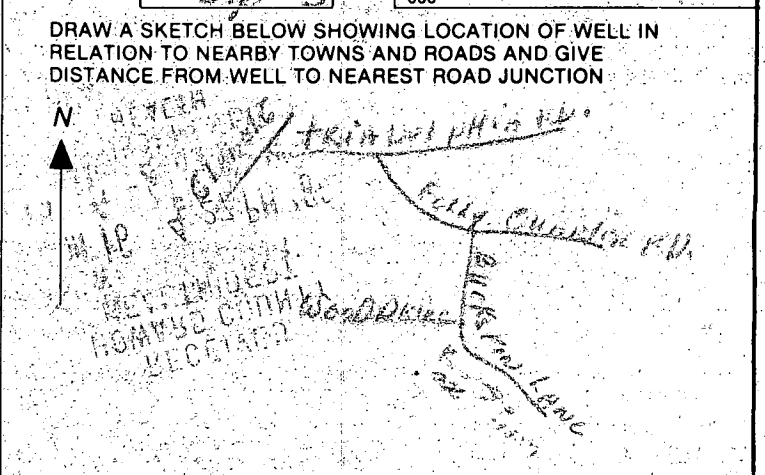
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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): _____



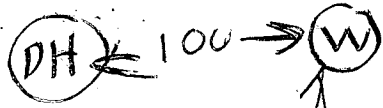
Not to be filled in by driller (OEP USE ONLY)

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

FORCE: **BA** WRITE INITIALS IN BOX PERMIT No. **MD-81-1589**

SPECIAL CONDITIONS

100
25
900
260
350
129



BULKHEAD LINE DRND

2/R 86

LOCATION OF WELL TO BE
GRAVITY NEXT WEEK RIT

C1 5218

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-35544

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 365 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1589

OWNER KHW TARAK STREET OR RD BUCKSKIN LAKE DRIVE TOWN GLEADELG SUBDIVISION BUCKSKIN LAKES SECTION LOT 20

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND Stone 0 43, Conglomerate 43 365.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 346 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) 22

CASING RECORD MAIN CASING TYPE S-F Nominal diameter 60 61 Total depth of main casing 66 70

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

SCREEN RECORD screen type or open hole ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

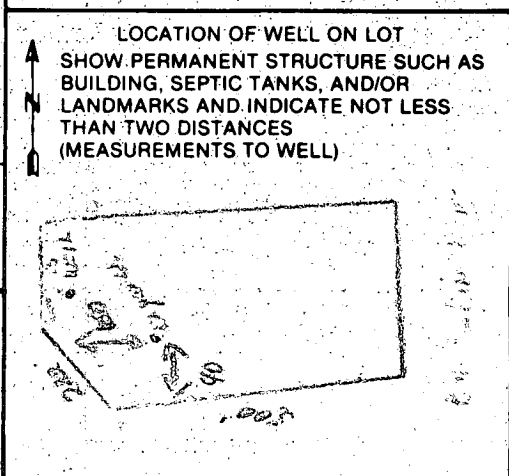
DEPTH (nearest ft.) 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 17 WHEN PUMPING 25 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: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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. DRILLERS IDENT. NO. 255 DRILLERS SIGNATURE SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Page _____ of _____
 Date 8/8/86

Review OKD 8/22/86 (RD)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1589
 Location of property (road) BUCKSKIN LAKE DR.
 Subdivision BUCKSKIN LAKES Lot 20 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner KHAN, TARIK

Depth of well 365'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 27'

I. High rate pumping -- reservoir drawdown
 Time pump started 8:00 Pumping rate 12
 Total time 45 min to reach pumping water level 284' 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	130'	5 sec.		12
8:30	227	5		12
8:45	284	5		12
9:00	284	34		12 1/4
9:15	284	34		12 1/4
9:30	284	34	289	12 1/4
9:45	289	34	27	12 3/4
10:00	288	40	262	12 1/2
10:15	288	40	1.5	12 1/2
10:30	288	40		12 1/2
10:45	289	40	1310	12 1/2
11:00	289	40	262	12 1/2
11:15	289	40		12 1/2
11:30	289	40	3930	12 1/2
11:45	289	40	120	12 1/2
12:00	289	40	513	12 1/2
12:15	289	40		12 1/2
12:30	289	40		12 1/2
12:45	289	40		12 1/2
1:00	289	40		12 1/2
1:15	289	40		12 1/2
1:30	289	40		12 1/2
1:45	289	40		12 1/2
2:00	289	40		12 1/2
2:15	289	40		12 1/2
2:30	289	40		12 1/2

(over)

575 / 389 / 40 / 1 / 1

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUG 21 11 28 AM '88
ENVIRONMENTAL
HEALTH

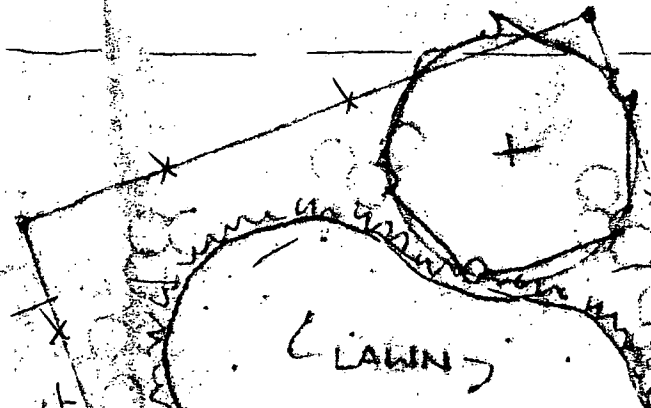
4/24/03
proposed
pool OK SRK

82041000

EXISTING WELL

PROPOSED FENCE
(per code)

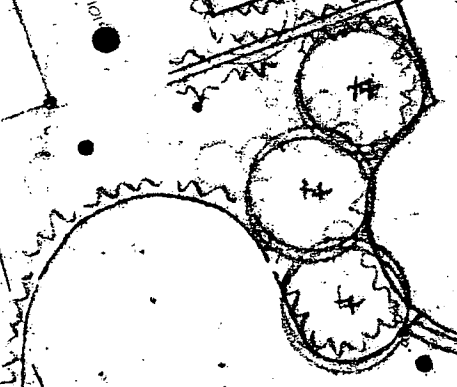
Filter
EQUIPT



PATIO
+98.5

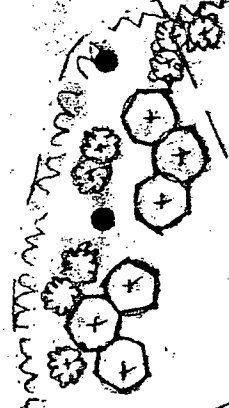
+100 HOUSE

DRIVE



LAWN

SEPTIC



BRL.

BRL.

N 02°44'49" W 517.96'

PROPERTY KNOWN AS: LOT 20

THIS PLAN CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

BUCKSKIN WOODS

SECTION 1 LOTS 1-37

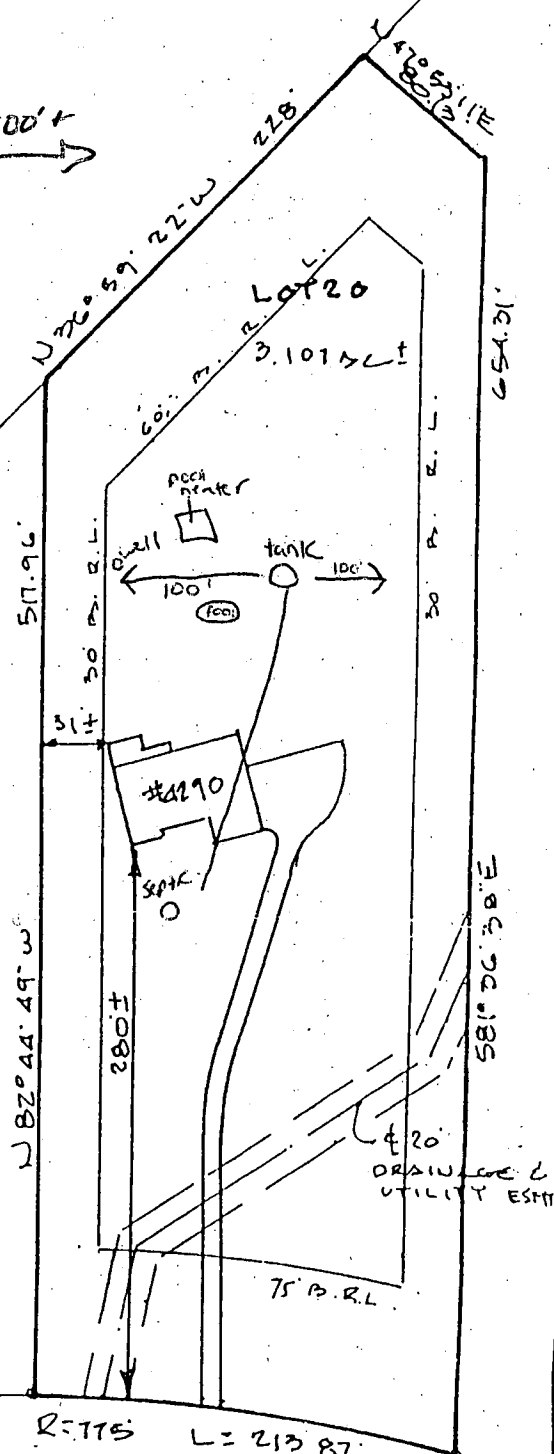
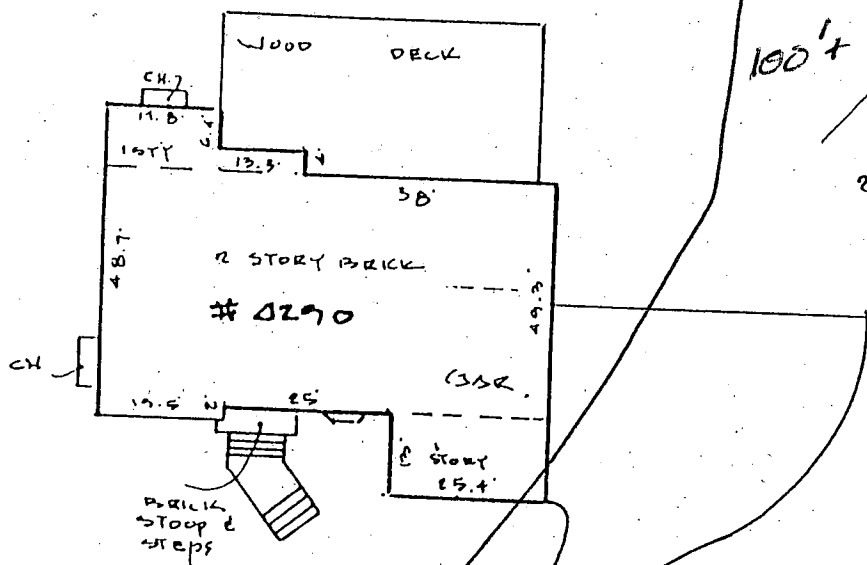
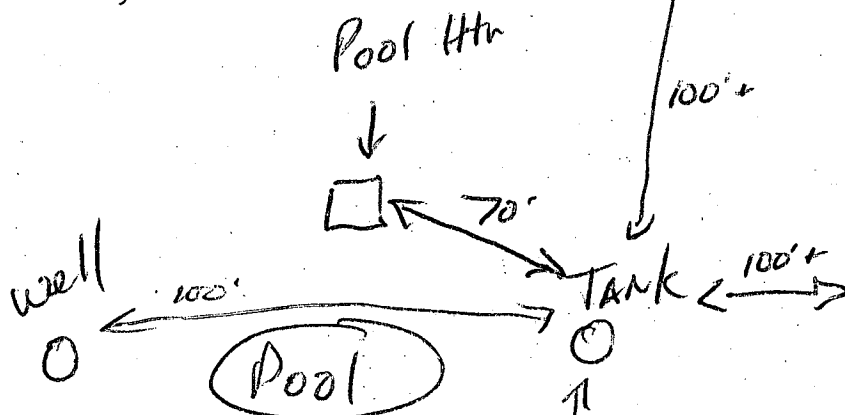
RESUB. BUCKSKIN FARMS

LOTS 1-5, 7 & 8 SHEET 1 of 7

5th ELECTION DISTRICT

HOWARD COUNTY, MD

PLAT 6698



1" = 30'
Septic

800143390
9/6/03 Proposed
L.D. Tank (at EC)

BUCKSKIN LAKE DRIVE
50' R/W

LOCATION DRAWING

CERTIFICATION

I do hereby certify that I have surveyed property known as: 4290 BUCKSKIN LAKE DRIVE

The information shown has been established pursuant to current acceptable survey procedures and available record information. This drawing is for informational purposes only and IS NOT to be used for establishment of Property Lines, Location of Structures, Garages, Buildings, or other Improvements or Future Improvements.

SEAL



Walter P. Kuehl

SCALE

1" = 100'

DATE

4-02-02

LDE Inc.

9250 Rumsey Road Suite 106
Columbia, Maryland 21045

(410) 715-1070 (Balt.)
(301) 596-3424 (Wash.)
(410) 715-9540 (Fax)