

05-399564

# PERMIT

P 44507

A 35545

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

**HOWARD COUNTY**

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 6/14/89

DATE SYSTEM APPROVED 10/27/89

INSPECTOR RH

## INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL  ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Buckskin Woods ROAD 4296 Buckskin Lake Dr LOT 21

PROPERTY OWNER Guy Farruggia

**BUILDING PERMIT SIGNED**

**AND RETURNED**

ADDRESS \_\_\_\_\_

*92804 B00149374 - POOL ROOM SITTING*

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 - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the trench 120 feet from the front (296.09') lot line and 230 feet from the right (517.96') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left and right 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. *OK/CW*

PLANS APPROVED BY Sid Abel DATE 3/10/89

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

**BUILDING PERMIT SIGNED**

**AND RETURNED** *10/25/89*

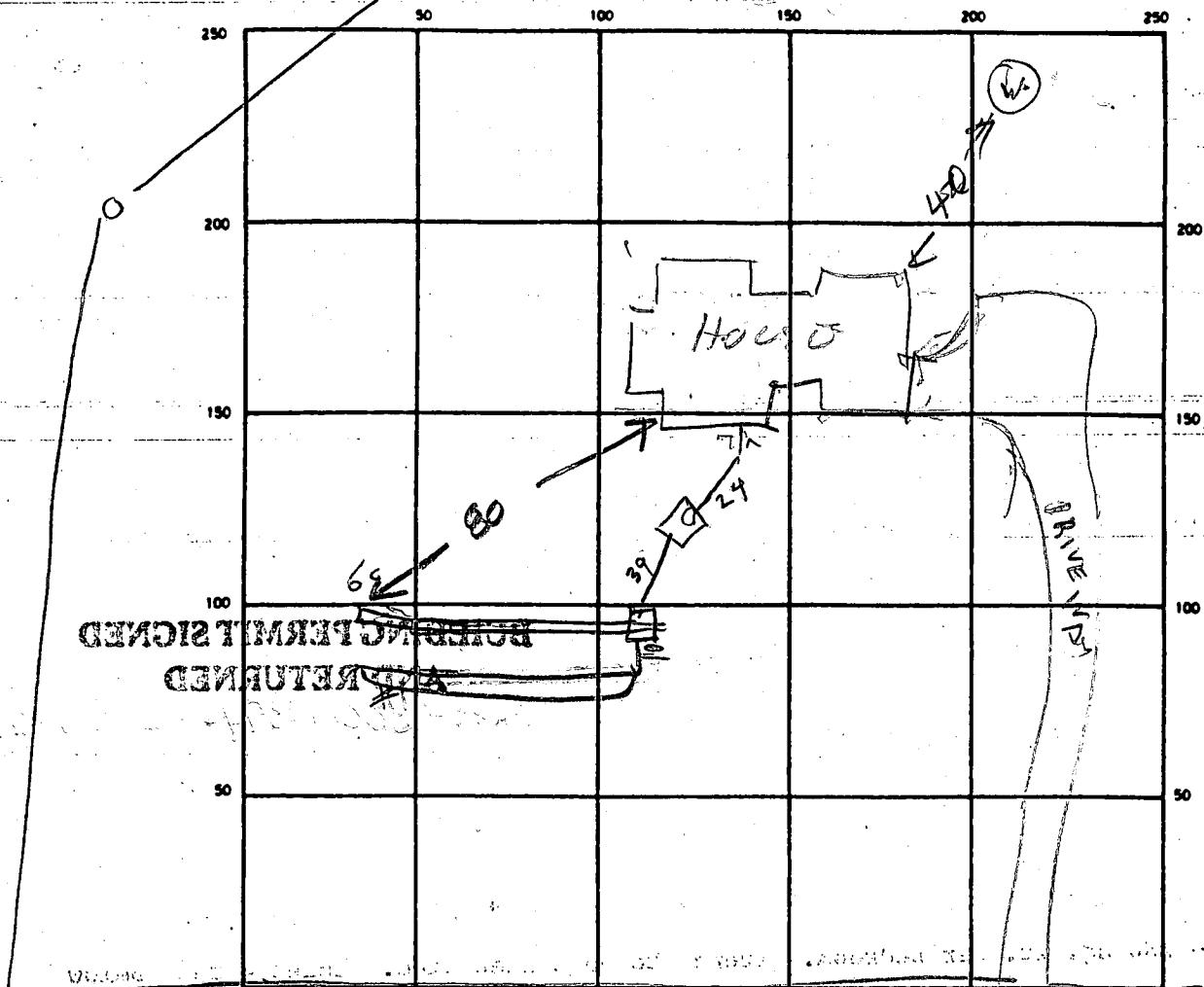
*Serial # 30430*

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

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

A 35545

*10/20/89 11:00  
10/27/89 10:00*



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BUCKSKIN LAKE DRIVE

SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD DEPTH 9/9 FT. TRENCH WIDTH \_\_\_\_\_ FT. INLET DEPTH 3/3 FT.

EFFECTIVE GRAVEL DEPTH 5/5 FT. TOTAL LENGTH 73/76 FT. 44

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

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

REMARKS 10/26/89 - OK COVER TANK ADD STONE TO TRENCHES

& MAKE TRENCH #2 LONGER R HODGE'S

10/27/89 - OK TRENCHES R 9H

DATE SYSTEM APPROVED 10/27/89

INSPECTOR Raymond Hodge

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 21

DRY WELL OR DRY WELL AND TRENCH

|           | Septic Tank | _____ sq. ft./bedroom            |
|-----------|-------------|----------------------------------|
|           |             | <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

180 sq. ft./bedroom  
220 1" e G.P.

Trench to be 2 wide.  
 Inlet 4 feet below original grade.  
 Bottom maximum depth 9 feet below original grade.  
 Effective area begins at 4 feet below original grade.  
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 OR START THE TRENCH 120 FT FROM THE FRONT (596.09) LOT LINE AND 230 FT FROM THE RIGHT (517.96) LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE AND RIGHT  
DR. RUN TRENCHES ON CONTOUR TOWARD THE LEFT LOT LINE.

2-11-86 S. Hill  
3-10-89 SA

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35345

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. MAISEL c/o HOWARD COUNTY LAND SERVICES GUY FARRUGGIA

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920  
461-4073

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. NEW LOT 21

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

COUNTRY SCHOOL 4296 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 Rec. SATISFACTORY, Hold for certified subdivision PLAT. SML

BLDG. PERMIT SIGNED  
AND RETURNED 3-10-89

BP23998 *SA*

# THIS IS NOT A PERMIT

SOIL PROFILE

①

|    |  |
|----|--|
| 0  | A1-3   |
| 4  | Yellow Red<br>CLAY LOAM<br>210%<br>SAPROLITE     |
| 12 | Yellow Brown<br>SAND LOAM<br>10-20%<br>SAPROLITE |

⑤

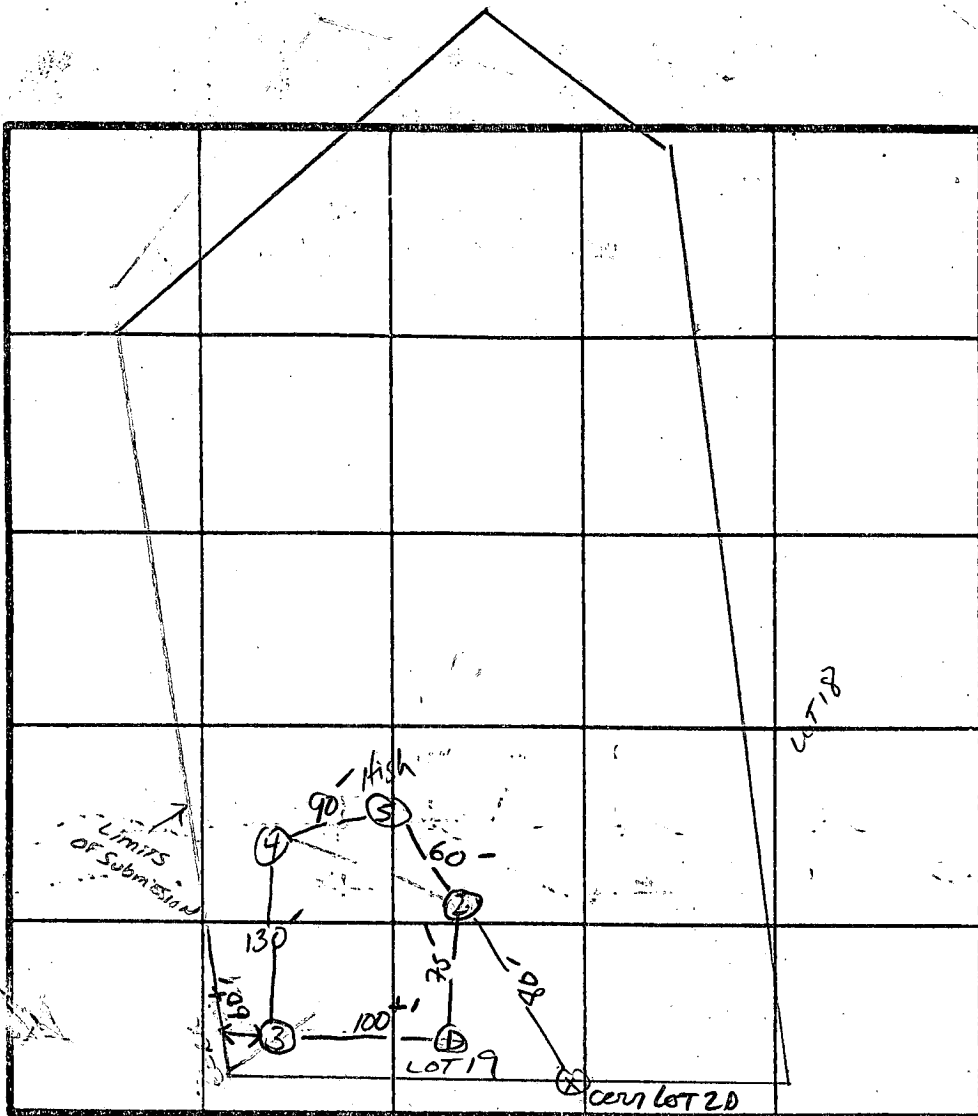
|     |  |
|-----|--|
| 0   | A1-3   |
| 6"  | Yellow Red<br>CLAY LOAM<br>210%<br>SAPROLITE               |
| 4.5 | lt. Brown<br>micaceous<br>silt SAND<br>10-20%<br>SAPROLITE |
| 12  |  |

② ③

|         |  |
|---------|--|
| 0       | A1-3   |
| 4"-4.5" | Yellow Red<br>CLAY LOAM                          |
| 12      | Yellow Brown<br>SAND LOAM<br>10-20%<br>SAPROLITE |

④

|     |  |
|-----|--|
| 0   | A1-3                                       |
| 4.5 | Yellow Red<br>CLAY LOAM<br>210% SAP.       |
| 12  | BROWN<br>SAND<br>LOAM<br>210%<br>SAPROLITE |



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
Proposed Rd. \_\_\_\_\_

X Perc Time  
INLET - 4  
BOTTOM MAX. 9

158#/BR

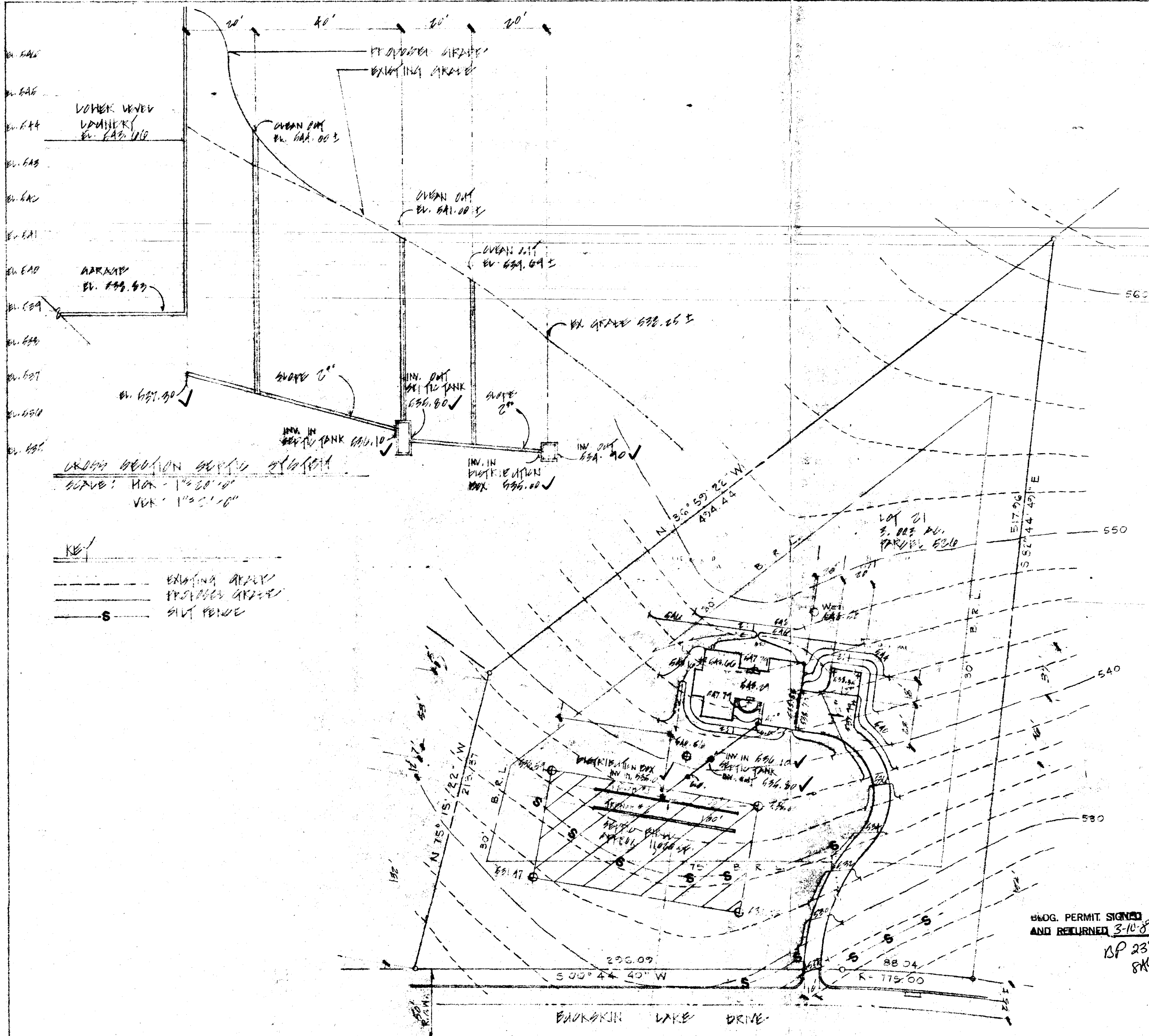
| DATE    | TEST NO. | DEPTH                    | PRE-WET |      | TEST - 1" DROP |      | TIME  |
|---------|----------|--------------------------|---------|------|----------------|------|-------|
|         |          |                          | START   | STOP | START          | STOP |       |
| 6/10/85 | 1 ✓      | 4.5"<br>12" UNIFORM SOIL | 1:33    | 1:36 | 1:36           | 1:41 | 5min  |
|         | 2 ✓      | 5"<br>12" UNIFORM SOIL   | 1:30    | 1:37 | 1:37           | 1:50 | 13min |
|         | 3 ✓      | 4.5"<br>14" UNIFORM SOIL | 1:45    | 1:47 | 1:47           | 1:51 | 4min  |
|         | 4 ✓      | 5"<br>12" UNIFORM SOIL   | 1:59    | 2:01 | 2:01           | 2:04 | 3min  |
|         | 5 ✓      | 4.5"<br>12" UNIFORM SOIL | 2:14    | 2:20 | 2:20           | 2:34 | 14min |
|         |          |                          |         |      |                |      |       |
|         |          |                          |         |      |                |      |       |
|         |          |                          |         |      |                |      |       |
|         |          |                          |         |      |                |      |       |
|         |          |                          |         |      |                |      |       |
|         |          |                          |         |      |                |      |       |

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY SABUL 0-KETTERMAN

EHP 12-1079



NOTE: THIS PLAN HAS BEEN REVIEWED INTO A DISTRIBUTION BOX REMAINS THE SAME. PLAN DATE 6/16/88

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
DIVISION OF  
ENVIRONMENTAL  
HEALTH  
3 33 PM '88

KEY  
 --- EXISTING SEWER  
 --- PROPOSED SEWER  
 S --- SILT PILE

GENERAL NOTES:

- ALL ABSORPTION TRENCHES SHALL BE 2' WIDE.
- INSTALL A #2 STONE BELOW DISTRIBUTION PIPE.
- TRENCHES SHALL BE INSTALLED ON LEVEL GROUND.
- CALL HOWARD COUNTY DEPT. OF INSPECTION AND PERMIT DIVISION, 301-992-2466 AND DEPT. OF ENV. HEALTH 301-401-9933 FOR INSPECTION OF ALL TRENCHES PRIOR TO GRAVEL INSTALLATION.
- PROVIDE OVERCUT AND CAP AT FINISHED GRADE FOR SEPTIC TANK AND BENDS.
- TOPOGRAPHY INFORMATION TAKEN FROM AN EMBURY SURVEY DATED NOV. 20, 1986 PREPARED BY FISHER, COLLINS AND CARTER, INC.
- THIS PLAN IS PREPARED FOR MR. GUY PARKAGLIA, 3430 GOVENTRY COURT DRIVE, ELLICOTT CITY, MD. 21043, PHONE: 301-401-4075
- DRIVEWAY ENTRANCE PER HOWARD COUNTY STANDARDS DETAIL R-6.06, ENTRANCE SHALL MEET EXISTING ROAD GRADE.
- HOUSE ELEVATIONS: LOWER LEVEL (GARAGE) = EL. 638.85  
 LOWER LEVEL (LANDING) = EL. 643.00  
 UPPER LEVEL (ATTIC) = EL. 648.29  
 UPPER LEVEL (LIVING ROOM) = EL. 656.00

B&O.G. PERMIT SIGNED  
AND RETURNED 3-10-87  
BP 23798  
SK

Prepared  
by  
6-16-88  
APPROVED - HEALTH  
DEPARTMENT

PARKAGLIA RESIDENCE  
 LOT 21 - BACKSKIN WOODS SUBDIVISION  
 TAX MAP 03, ZONING R  
 6th ELECTION DISTRICT, HOWARD COUNTY, MD.  
 SCALE: 1"=50'-0" REVISED 3/1/88





C1 **5270** 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-35545**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **091886** Depth of Well **226** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **MD-81-1638**

OWNER **FARR UGGIA GUY**  
 STREET OR RFD **BUCKSKIN LAKE DR** TOWN **GLENSIDE**  
 SUBDIVISION **BUCKSKIN LAKE** SECTION [ ] LOT **21**

**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    | 65  | ✓                      |
| Small Stones                                  | 65   | 80  |                        |
| Micka   | 80   | 85  |                        |
| Sand Stone                                    | 85   | 90  | ✓                      |
| Micka   | 90   | 220 |                        |

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **17** NO. OF POUNDS **1700**  
 GALLONS OF WATER **102**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from [ ] [ ] [ ] [ ] ft. to [ ] [ ] [ ] [ ] ft.  
 (enter 0 if from surface)

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

**MAIN CASING** Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**PL** **6** **28**  
 60 61 63 64 66 70

**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.)  
 EACH SCREEN 1 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. **273**  
**Ralph Wayne**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Ralph E. Wayne**

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

**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.)  WQ   
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **5**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **35** WHEN PUMPING **150**  
 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 [ ] (nearest foot)  
**-** below }

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  
*Prop Line*  
*250'*



12-90  
PM

12/28/89 anytime

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

12-Receipt # 8915375  
Date 12-27-89  
10.00

Name of Installer ROBERT SISLER, DC

Telephone 247-4908

License Number 15559 COUNTY HEALTH

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner GUY FARRUGGIA

Telephone 461-4073

Subdivision BUCKSKIN LAKE Lot # 21 Well Tag # #0-21-1638

Site Address 4296 BUCKSKIN LAKE DRIVE  
21043

Pump

- 1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible
- 2. Make MEYERS
- 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

Motor

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

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth 4-5 FT

Tank

- 1. Capacity 82 GAL
- 2. Pressure relief valve? YES

Piping

- 1. Type PLASTIC
- 2. Size 1"
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line 4-5 FT

Well data

- 1. Depth 205 ft.
- 2. Yield 5 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: Robert Sisler

Date: 12-27-89

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

12/29/89 - EMB COMPLETELY COVERED PRESSURE  
TANK INSTALLED BH  
HD-215

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: H 9861 Name: FARRUGGIA County: HOWARD

Source of Sample: BUCKSKIN LAKE LOT 21 Collector: STAYER  
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H081-1638

County    
  Plant No.    
  Sampling Station    
  Date Collected    
  Time <sup>A</sup> <sub>M</sub>    
  Acid    
  Iced

Field Data:    
  pH\*    
 Chlorine Residual    
  Free    
  Total    
  Specific Conductance

| ✓ | ANALYSIS                           | CODE | RESULTS      | ✓ | ANALYSIS  | CODE | RESULTS |
|---|------------------------------------|------|--------------|---|-----------|------|---------|
|   | pH*                                | 011  |              |   | Arsenic   | 253  |         |
|   | Alkalinity (Total)                 | 040  |              |   | Barium    | 262  |         |
|   | Alkalinity (HCO <sub>3</sub> )     | 050  |              |   | Cadmium   | 273  |         |
|   | Alkalinity (CO <sub>3</sub> )      | 060  |              |   | Chromium  | 283  |         |
|   | pH*, Ca CO <sub>3</sub> SAT.       | 071  |              |   | Lead      | 302  |         |
|   | Alkalinity, Ca CO <sub>3</sub> SAT | 080  |              |   | Mercury   | 314  |         |
|   | Hardness                           | 110  |              |   | Selenium  | 323  |         |
|   | Ammonia-N                          | 143  |              |   | Silver    | 333  |         |
| ✓ | Nitrate-Nitrite N                  | 162  | <u>140.2</u> |   | Aluminum  | 192  |         |
|   | Nitrite N                          | 173  |              |   | Calcium   | 231  |         |
|   | MBAS                               | 182  |              |   | Copper    | 241  |         |
|   | Chloride                           | 091  |              |   | Iron      | 122  |         |
|   | Fluoride                           | 101  |              |   | Magnesium | 241  |         |
|   | Color*                             | 020  |              |   | Manganese | 133  |         |
|   | Turbidity*                         | 031  |              |   | Nickel    | 391  |         |
|   | Conductance*, SPEC.                | 201  |              |   | Potassium | 361  |         |
|   | Silica                             | 210* |              |   | Sodium    | 371  |         |
|   | Sulfate                            | 220  |              |   | Zinc      | 342  |         |
|   | Total Residue                      | 381  |              |   |           |      |         |
|   |                                    |      |              |   |           |      |         |
|   |                                    |      |              |   |           |      |         |
|   |                                    |      |              |   |           |      |         |
|   |                                    |      |              |   |           |      |         |

\* Results reported in units, all others in milligrams per liter (ppm)  
 Date Received \_\_\_\_\_ Date Reported SEP 20 1986 Chemist [Signature] Lab No. 64188

FARRUGGIA, Guy Water Sample Request

PROPERTY OWNER Professional Plumbing & Heating DATE OF REQUEST 01/26/90

TELEPHONE 531-5962 NEW WELL NUMBER HO-81-1638

DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

SAMPLE TYPE

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

REASON FOR REQUEST

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE 1/1/

SEPTIC SYSTEM:  Approved  Disapproved DATE 10/27/89

CONDITION: \_\_\_\_\_ A# 44501

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public 35545

CONDITION: \_\_\_\_\_

FIRST SAMPLE COLLECTOR Wilmanna TIME 2:10 DATE 01/23/90

BACTERIA W-01850, pH 6.0, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0 for b. d. 1/21

CHEMICAL W01850, LEAD & COPPER -, NITRATES -, PESTICIDE -

ACTION: clcep issued jan. 26, 1990 / C.R. 5

**(3/12/90 SEND FOLLOW UP LETTER)**

RESAMPLE COLLECTOR MENUSTIK DATE 04/18/90

BACTERIA A0-632, pH 6.6+, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, TIME 10:20

CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: 4/25/90 send F.C.P. C.B.D

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1/1/

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1/1/

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

NAME FARRUGGIA, Guy  
ADDRESS 4896 Bucklehorn for the h/r.  
C.C. MA.

INVOICE NO.  
W 01850

Permit #

# CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.

Annapolis — Salisbury — Timonium — Severna Park — Easton — Elkton

TOLL FREE: 1-800-635-0645

Bel Air: (301) 838-8411  
Westminster: (301) 876-2035

Annapolis: (301) 269-7755  
Salisbury: (301) 546-1318  
Timonium: (301) 628-2855  
Severna Park: (301) 647-7737  
Easton: (301) 820-8485  
Elkton: (301) 398-2413

Uto

LT-21  
Sample Source: Laundry Sink  
4296 Buckskin Lake Dr.  
Ellicott City, Md.

FIELD RECORD community   
non-community   
private

Date 1-23-90

Time 2:10

Iced yes   
no

Professional Plumbing & Heating  
PA 6-0

Well No. HO-81-1638

This Sample Was Taken From a Tap On The Property By Delmarva Labs, Inc.

Free Cl 0

Total Cl 0

Construction Satisfactory   
Unsatisfactory   
Not Determined

County How

Bottle No. 01859 Collector J. Gehbart 89-039-m

## LABORATORY RECORD

Presumptive Bacteriological Test

|               |       |   |   |   |   |
|---------------|-------|---|---|---|---|
| ml. of Sample | 10ml. |   |   |   |   |
| Gas, 24 hours | -     | - | - | - | - |
| Gas, 48 hours | -     | - | - | - | - |

Confirmed Bacteriological Test

|                 |       |  |  |  |  |
|-----------------|-------|--|--|--|--|
| ml. of Sample   | 10ml. |  |  |  |  |
| Coliforms       |       |  |  |  |  |
| Fecal Coliforms |       |  |  |  |  |

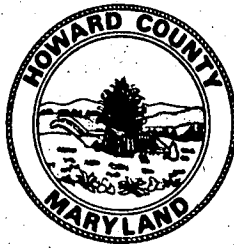
| N(NO <sub>3</sub> ) (mg/l) | Sand        | Turbidity (NTU) | (mg/l) | (mg/l) | (mg/l) | Coliforms/100ml. |       |
|----------------------------|-------------|-----------------|--------|--------|--------|------------------|-------|
|                            |             |                 |        |        |        | Fecal            | Total |
| <u>0.25</u>                | <u>NONE</u> | <u>&lt;1</u>    |        |        |        |                  |       |

Date Time  
Received: 1-24-90 7:24  
Examined: 1-24-90 7:58  
Reported: 1-26-90 9:00

[Signature]  
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate Present \_\_\_\_\_  
Absent \_\_\_\_\_



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

January 26, 1990

*Reply to:*

Charles Streaker, Sanitarian  
461-9933 or 461-9934

Professional Plumbing & Heating  
1421 Sulfer Spring Road  
Arbutus, Maryland 21227

Re: Buckskin Woods - Lot 21  
4296 Buckskin Lake Drive  
Well Permit No. HO-81-1638

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on October 27, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1638. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

September 18, 1986  
Date Well Approved

January 23, 1990  
Date of Water Sample

*Charles Streaker, JEN*  
Approving Authority  
Charles Streaker, Sanitarian  
Water and Sewerage Program ✓

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CBS:cm

Bureau of Environmental Health

3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944  
Technical Services 461-9955

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehnen Joseph, Ph. D., Director

Lab. No 017389

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

|   |   |
|---|---|
| <b>SAMPLE TYPE:</b>                         | Source <u>GUY FARRUGGIA</u>   |
| Community <input type="checkbox"/>          | Location: <u>4296 BUCKSKIN LAKE DR. (KITCHEN TAP)</u>   |
| Non-Community <input type="checkbox"/>      | Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Private <input checked="" type="checkbox"/> | Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:10</u> <input type="checkbox"/> am. <input checked="" type="checkbox"/> pm. |
| Check Sample <input type="checkbox"/>       | Collector # <u>89-122</u> Bottle No. <u>AD-632</u>  |
| Special <input type="checkbox"/>            | Collector Name <u>MEWUSTIK</u> County <u>HOWARD</u>   |

|   |   |  |   |
|---|---|--|---|
| <input type="text" value="13"/><br>County | <input type="text" value="—"/><br>Plant No. | <input type="text" value="—"/><br>Sampling Station | <input type="text" value="041890"/><br>Date Collected |
|---|---|--|---|

pH  + Res. Cl: Free  Total  Card No.

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

| ml. of Sample | 10ml.                |                      |                      |                      |
|---------------|----------------------|----------------------|----------------------|----------------------|
| Gas, 24 hours | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gas, 48 hours | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**CONFIRMED TEST**

| ml. of Sample     | 10ml.                |                      |                      |                      |
|-------------------|----------------------|----------------------|----------------------|----------------------|
| Coliforms †       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fecal Coliforms ‡ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|             |
|-------------|
| No. of Pos. |
| <u>0</u>    |

Presumptive Coliforms/100 ml. (Membrane Filter) =  
\*\*  
Verified Coliforms/100ml. (Membrane Filter) =   
SPC Dil. 1:..... Col. Counted:  
Standard Plate Count §/ml.

- \*\* using m Endo-Agar LES at 35°C incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5°C incubation
- § using Plate Count Agar at 35°C incubation

Laboratory

18 APR 90 13 08  
Recd.  
18 APR 90 14 0249  
Exam  
20 APR 90 13 54  
Rept.

|   |                                     |
|---|-------------------------------------|
| Annapolis <input type="checkbox"/>          | Cumberland <input type="checkbox"/> |
| Cambridge <input type="checkbox"/>          | Frederick <input type="checkbox"/>  |
| Central <input checked="" type="checkbox"/> | Salisbury <input type="checkbox"/>  |
| Cheverly <input type="checkbox"/>           |                                     |

Remarks \_\_\_\_\_  
Bacteriologist Caan



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

April 25, 1990

*Reply to:*

Charles Streaker, Sanitarian  
461-9933 or 461-9934

Mr. Guy Farruggia  
4296 Buckskin Lake Drive  
Ellicott City, Maryland 21043

Re: Buckskin Woods - Lot 21  
4296 Buckskin Lake Drive  
Well Permit No. HO-81-1638

Dear Mr. Farruggia:

This is to advise you that the septic system was installed, inspected and approved on October 27, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

### FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1638.

April 18, 1990  
Date of Final Sampling

April 25, 1990  
Date of Acceptance

*Charles Streaker*

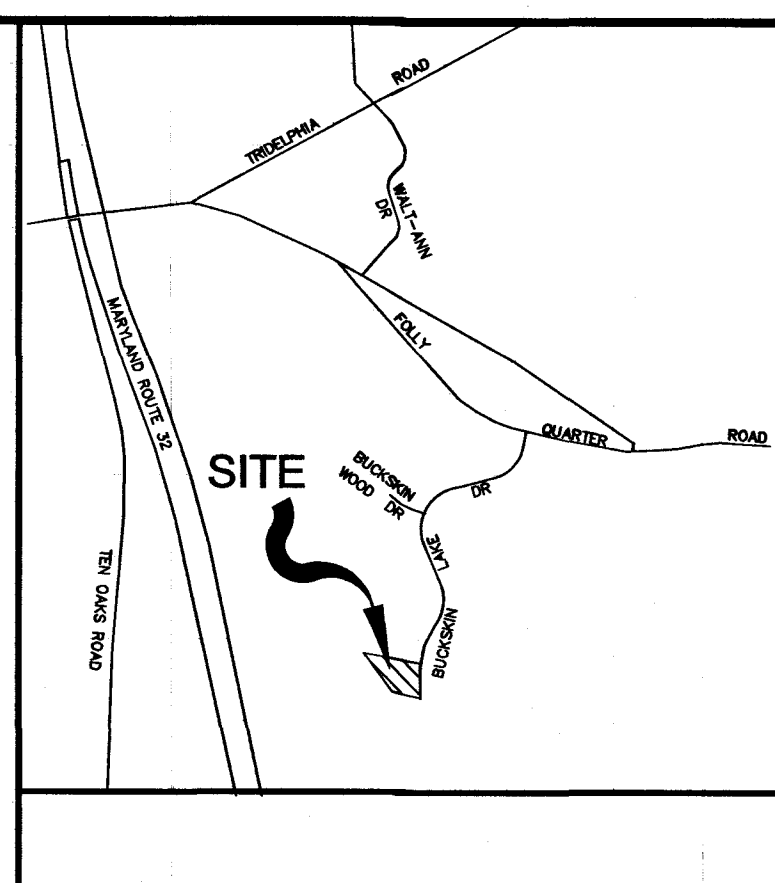
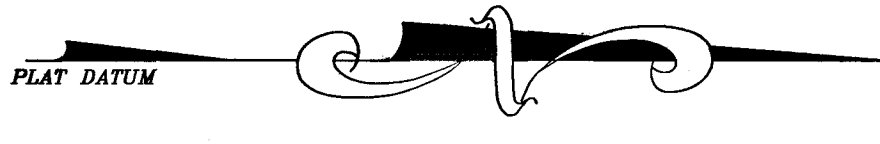
Charles Streaker, Sanitarian  
Water and Sewerage Program

Water Sample Dates:  
January 23, 1990  
April 18, 1990

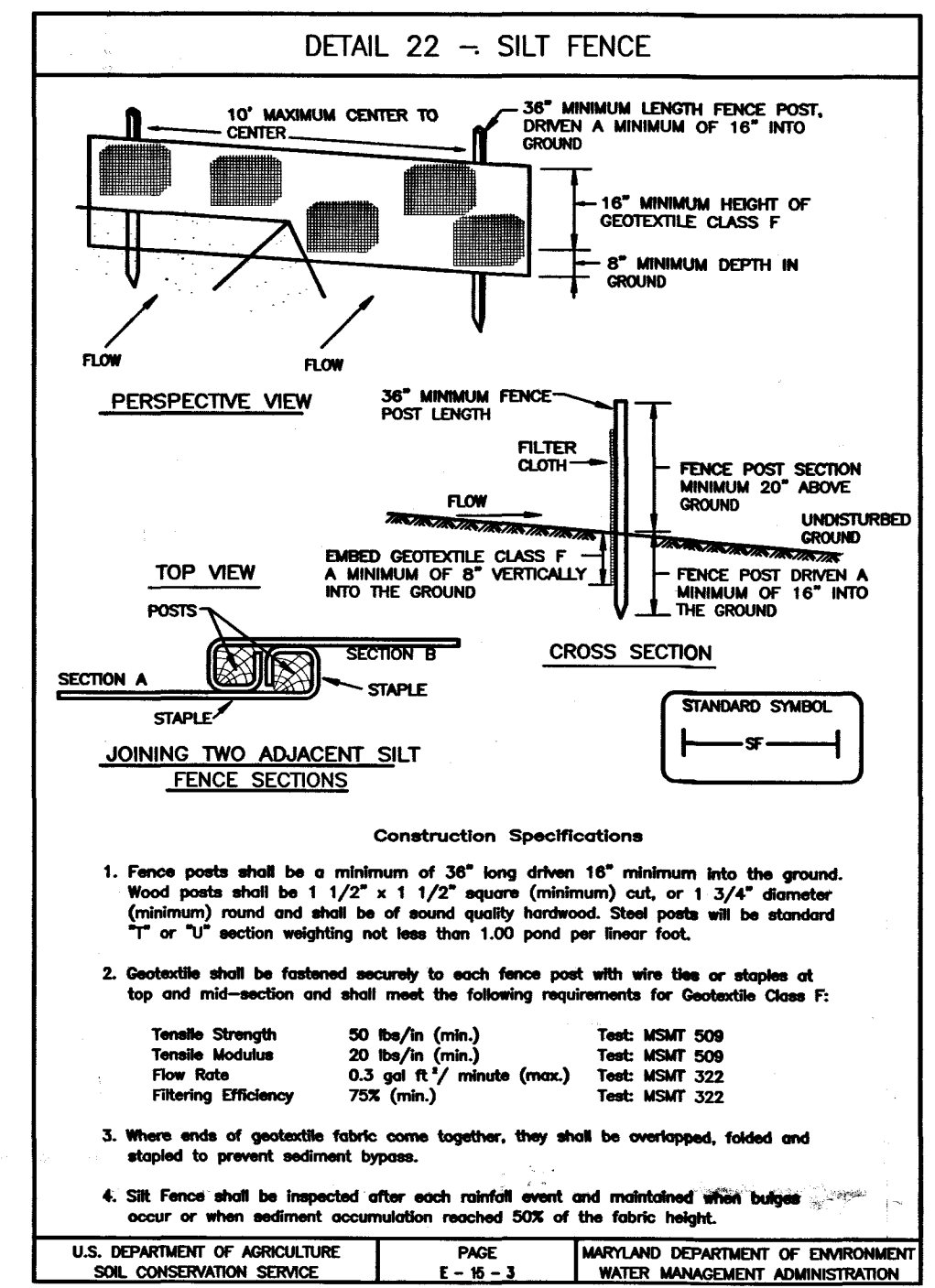
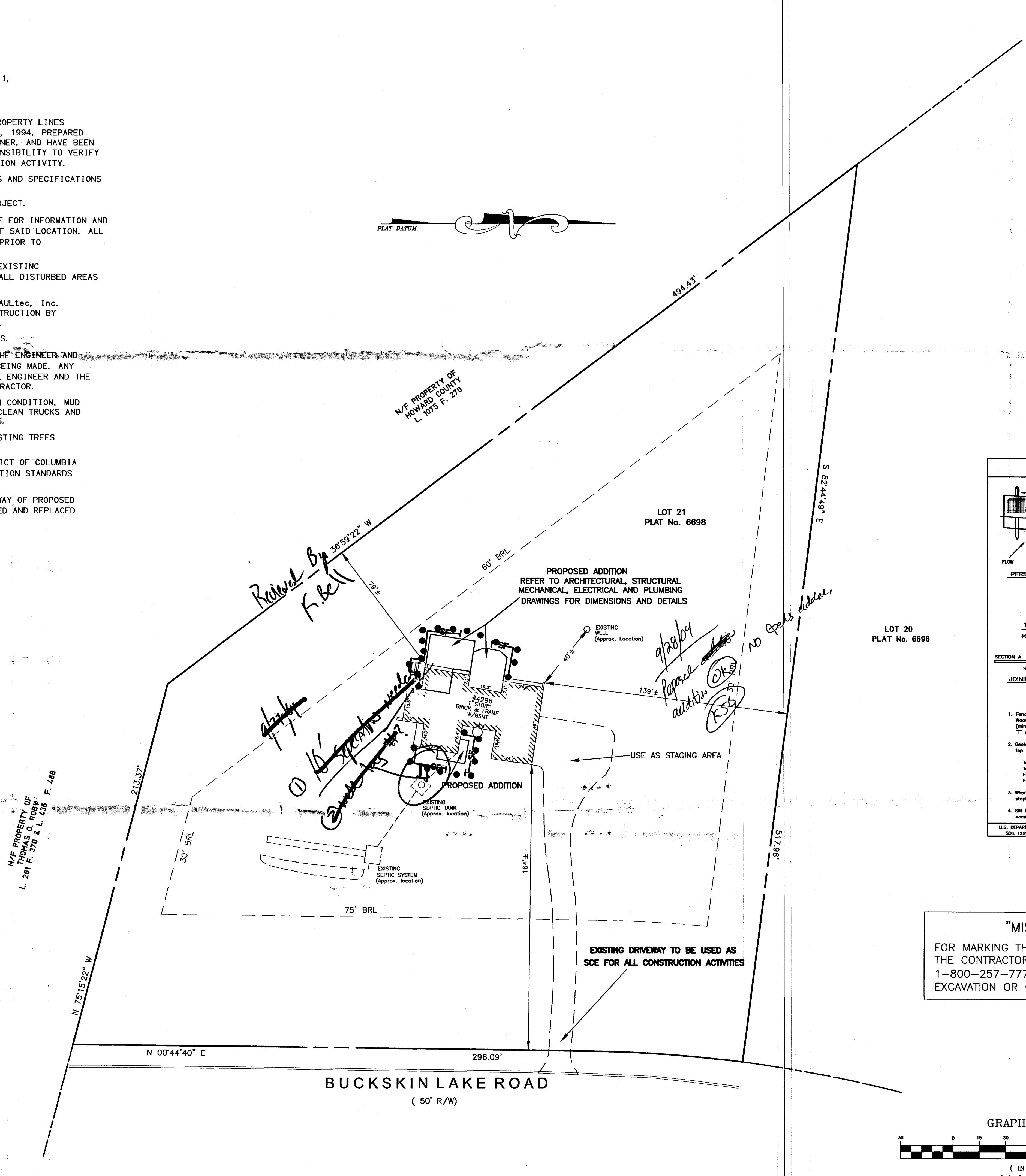
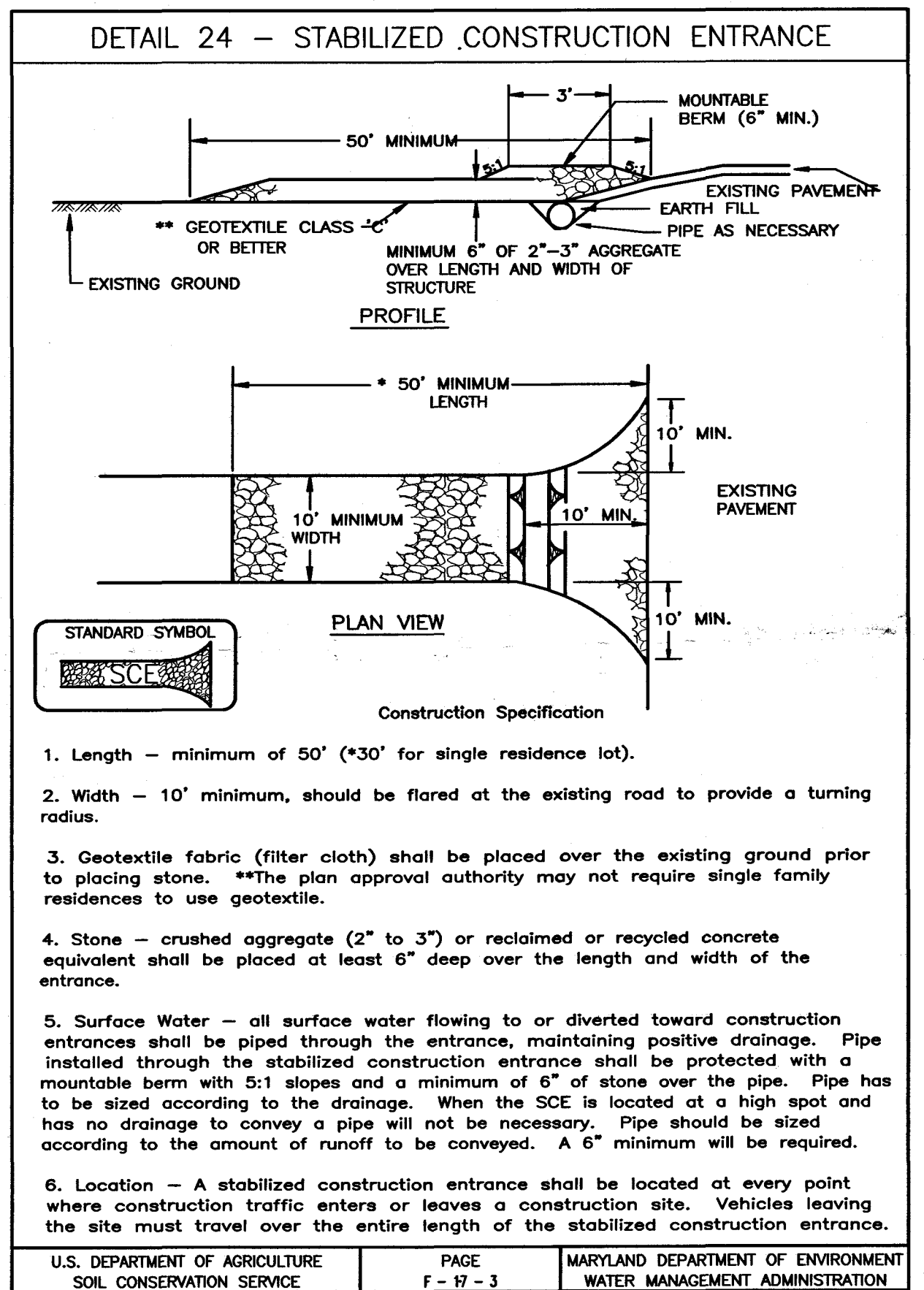
CS:cm

**GENERAL NOTES:**

- PROPERTY OWNER: LAVARNE A. BURTON.
- PROPERTY REFERENCE: LOT 21, PLAT No. 6698 BUCKSKIN WOODS SECTION 1, TAX MAP 22 GRID 22 PARCEL 535, HOWARD COUNTY, MARYLAND.
- TOTAL ACREAGE PER COUNTY RECORDS AND PER PLAT: 3.003 ACRES.
- LOCATION OF EXISTING BUILDING AND DIMENSIONS INCLUDING TIES TO PROPERTY LINES AS SHOWN, WERE TAKEN FROM BUILDING LOCATION SURVEY DATED AUGUST 9, 1994, PREPARED BY HICKS ENGINEERING COMPANY, TOWSON, MARYLAND AND PROVIDED BY OWNER, AND HAVE BEEN SHOWN FOR INFORMATION PURPOSES ONLY. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY AND VALIDATE ALL DIMENSIONS THAT ARE TO BE USED FOR ANY CONSTRUCTION ACTIVITY.
- ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST STANDARDS AND SPECIFICATIONS OF HOWARD COUNTY, MARYLAND.
- SEE DETAIL(S) ON THIS SHEET FOR OTHER ITEMS THAT APPLY TO THIS PROJECT.
- THE LOCATION OF EXISTING UTILITIES SHOWN, IF ANY, ON THE PLANS ARE FOR INFORMATION AND GUIDANCE PURPOSES ONLY. NO GUARANTEE IS MADE AS TO THE ACCURACY OF SAID LOCATION. ALL UTILITIES ARE TO BE FIELD LOCATED AND VERIFIED BY THE CONTRACTOR PRIOR TO CONSTRUCTING ANY OF THE PROPOSED IMPROVEMENTS.
- THE CONTRACTOR SHALL TAKE PROPER PRECAUTIONS SO AS NOT TO DAMAGE EXISTING ADJACENT FACILITIES AND STRUCTURES. THE CONTRACTOR SHALL RESTORE ALL DISTURBED AREAS TO THEIR ORIGINAL CONDITION OR BETTER UNLESS NOTED OTHERWISE.
- DUE TO THE PROXIMITY OF LIVE UNDERGROUND AND OVERHEAD UTILITIES, AULtec, Inc. IS NOT RESPONSIBLE FOR ANY DAMAGE OR INJURY SUSTAINED DURING CONSTRUCTION BY ANY PERSON, VEHICLES OR EQUIPMENT USED ON OR ADJACENT TO THE SITE.
- ACCESS TO ALL EXISTING FACILITIES SHALL BE MAINTAINED AT ALL TIMES.
- IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO NOTIFY BOTH THE ENGINEER AND THE OWNER OF ANY DEVIATION FROM THESE PLANS PRIOR TO ANY CHANGE BEING MADE. ANY DEVIATION FROM THESE PLANS WITHOUT WRITTEN AUTHORIZATION FROM THE ENGINEER AND THE CONSENT OF THE OWNER, WILL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR.
- SURFACED STREETS AND PARKING AREAS SHALL BE MAINTAINED IN A CLEAN CONDITION, MUD AND DUST FREE AT ALL TIMES. ADEQUATE MEANS SHALL BE PROVIDED TO CLEAN TRUCKS AND OTHER EQUIPMENT USING EXISTING SURFACED STREETS AND PARKING AREAS.
- THE CONTRACTOR SHALL MAKE EVERY ATTEMPT TO MINIMIZE DAMAGE TO EXISTING TREES DURING CONSTRUCTION.
- ALL EROSION AND SEDIMENT CONTROL DEVICES SHALL MEET CURRENT DISTRICT OF COLUMBIA DEPARTMENT OF THE ENVIRONMENT AND MONTGOMERY COUNTY SOIL CONSERVATION STANDARDS AND SPECIFICATIONS.
- EXISTING SIGNS, GUARDRAILS AND OTHER MINOR SITE FEATURES IN THE WAY OF PROPOSED CONSTRUCTION, WHETHER OR NOT SHOWN ON THESE PLANS, SHALL BE REMOVED AND REPLACED AT NO ADDITIONAL COST TO THE CONTRACTOR.

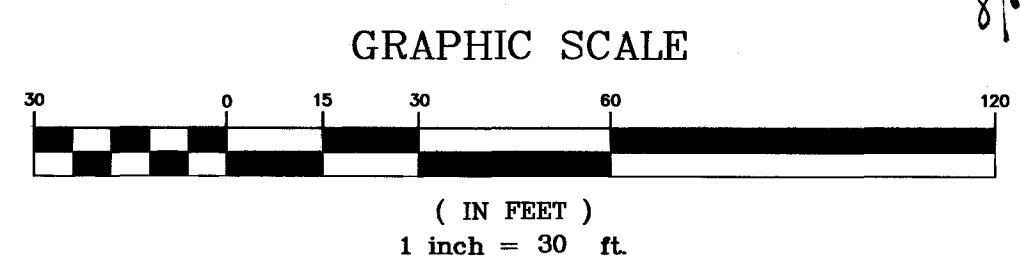
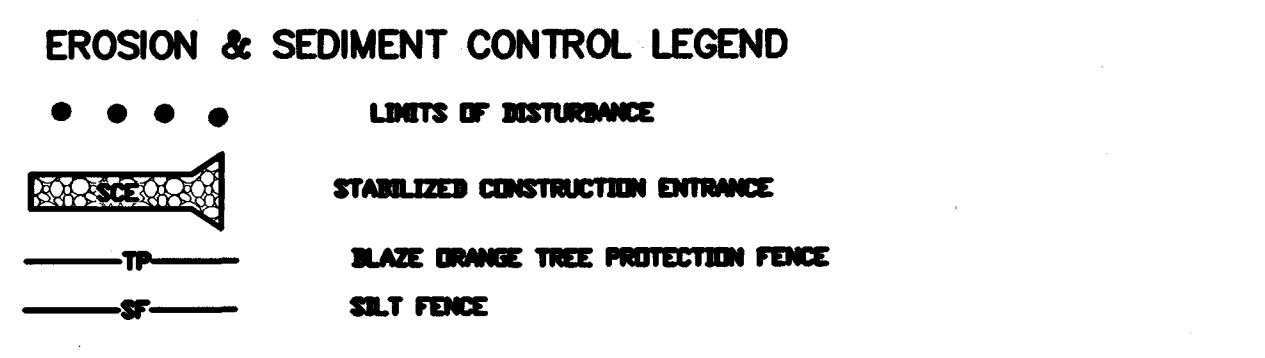


**PROPOSED IMPROVEMENT PLAN**  
 4296 BUCKSKIN LAKE DRIVE  
 ELLICOTT CITY  
 PROPERTY OF LAVARNE A. BURTON  
 HOWARD COUNTY, MARYLAND



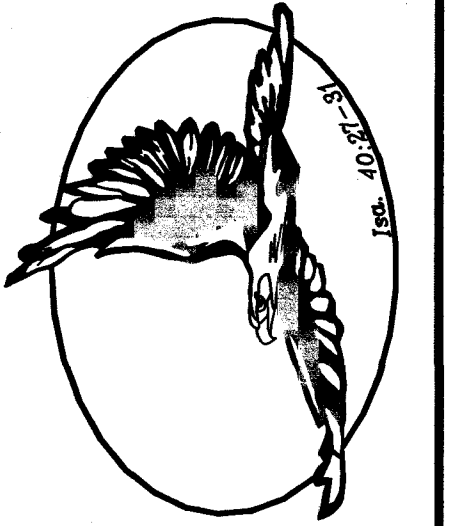
**"MISS UTILITY" NOTE**

FOR MARKING THE LOCATIONS OF EXISTING UTILITIES THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1-800-257-7777, 48 HOURS PRIOR TO ANY EXCAVATION OR CONSTRUCTION.



| DATE:           | REVISION  |
|-----------------|---|
| June 24, 2004   | Final Ding First Issued                         |
| August 25, 2004 | Added Approx. Locations of Septic field & well. |

**AULtec, Inc.**  
 9425 Horizon Run Road  
 Montgomery Village, MD, 20886  
 Tel. 301-947-6695 Fax 301-947-6695  
 E-mail: jaffu@maranath.net  
 Engineers ■ Surveyors ■ Planners ■ GIS Consultants ■ GPS Consultants



|                   |                  |
|-------------------|------------------|
| DATE:             | JUNE 2004        |
| SCALE:            | AS NOTED         |
| CONTOUR INTERVAL: | N/A              |
| DESIGN:           | JAA              |
| DRAWN:            | EBA              |
| CHECKED:          | JAA              |
| PROJ. No.         | 2004-230         |
| FILE No.          | 4296BuckskinLake |

SHEET  
**C-1**