

05-399580

2-1-88
2/25/88
2/25/88
WPI + CO noon

PERMIT

P 39872
A 35547

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/17/87

DATE SYSTEM APPROVED 2/25/88

INSPECTOR C. Welch

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER _____
ADDRESS 12680 Clarksville Pike, Clarksville, MD PHONE 854-2513
SUBDIVISION Buckskin Woods ROAD 4291 Buckskin Lake Dr LOT 23
PROPERTY OWNER Elton Lester

BUILDING PERMIT SIGNED AND RETURNED
5-3-06 800 1537-1 FINISH BASEMENT

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES X NO _____
SEPTIC TANK CAPACITY 2250 GALLONS NUMBER OF BEDROOMS 5

100'
15'
465

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. 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 110 feet from the front (220') lot line and 85 feet from the right (611') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the right lot line. 9/08/86 1st trench location adjusted because of elevation relative to approved well site. Also maintain 100 feet minimum from well to septic.

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 S. Abel/B. Nixon 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.

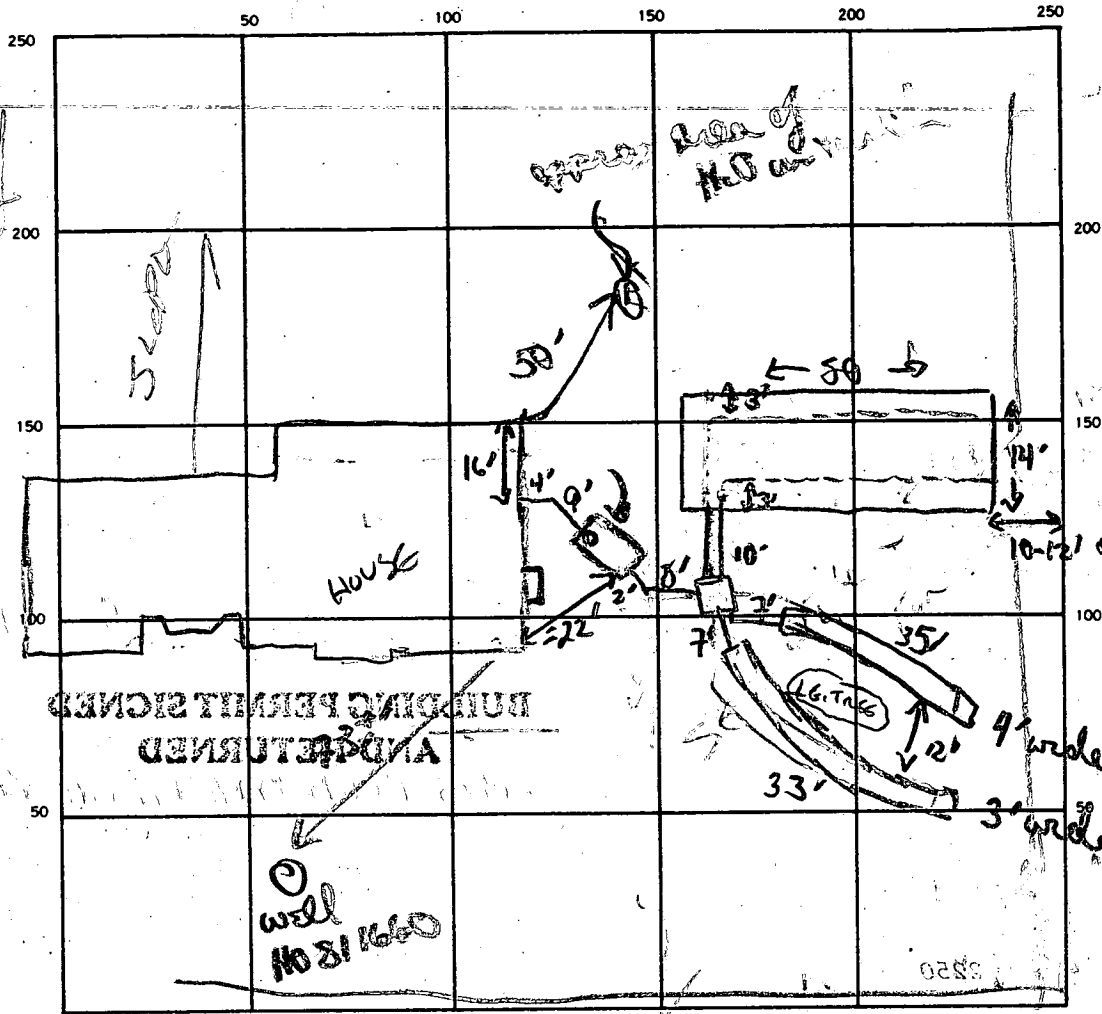
5/13/05 5 bdrms & office

- 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.

5/13/05 6 bdrms total (with a guest bedroom) - NEED ADTL TESTING

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

A35547



①
CLAY
SAND
WATER
5' 10"
4' 10"
3' 10"
2' 10"
1' 10"

NOTES
WAS ABLE TO
KEEP GRADE
IN LEACH
BED
CALL W/ 2'
STONE

BILL WATKINS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1 S.T.

SEPTIC TANK LEVEL 2000 gal CLEANOUTS _____

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 2 1/2 FT. TRENCH WIDTH 3 x 4 + 14 for oval FT. INLET DEPTH 5' x 5' FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 33, 35 FT. leaching bed

NUMBER OF TRENCHES 2 + leaching bed ONE SIDEWALL/BOTTOM AREA 99 - 140 + 700 SQ. FT.

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

ABSORBENT AREA = 940 SQ. FT.

93
5
965
322

REMARKS HOLD FOR DISCUSSION HIT UNDERGROUND WATER
X TANK & HOUSE NOT PUT IN CORRECT AREA POSSIBLE LEACH
BED 20 x 50 4-5" ABOVE 2 x 7 STONE RIL

2/11/88 WATER AT 8' AT LOW END OF SEPTIC & RESET TANK AS NEAR AS POSSIBLE SWITCH TO SH-
2/23/88 Tank & drain box shifted to proper location. However, inlet still
5' deep. Have area to stay upper trenches w/ 4" or 5" of top of
to be 4' wide (double piped) & others 3' wide (on upper side) inlet
7'). 2/27/88 see

DATE SYSTEM APPROVED 2/25/88 INSPECTOR CWELLS

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 39872

A 35547

DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION BUCKSKIN ROAD 4291 BUCKSKIN LAKE DR LOT 23

PROPERTY OWNER _____

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

PLANS APPROVED BY _____ DATE _____

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.

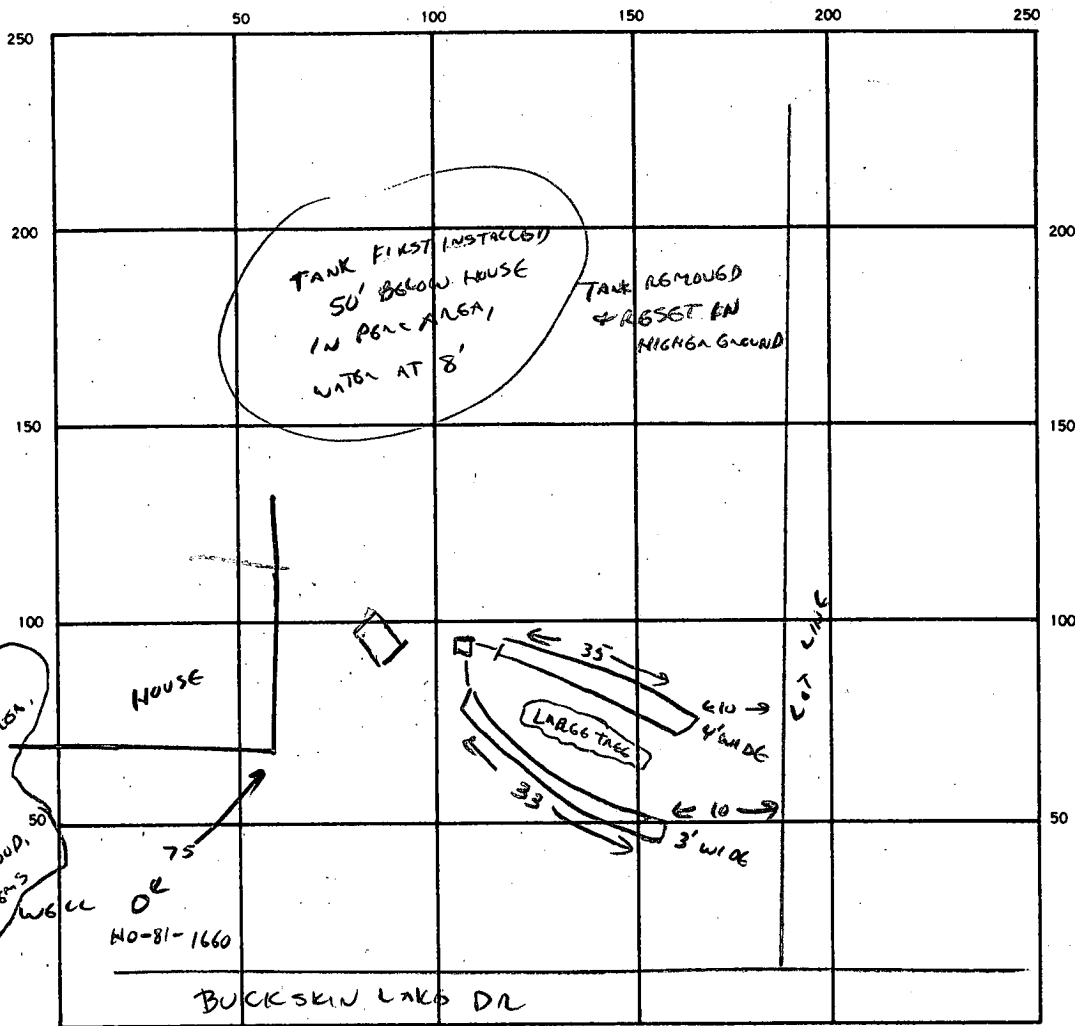
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



2/3/88
 WATER AT 8' IN SEPTIC AREA.
 NO REASON IT SHOULD HAVE
 BEEN ANTICIPATED, SOIL LOOKS GOOD, SO
 DEEP PERCS, SOIL LOOKS GOOD, SO
 NO DRAINAGE OR TUBE PROBLEMS
 WELL OR
 HO-81-1660

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 2/3/88 WATER AT 8' IN LOWER PART OF SEPTIC AREA. TANK TO BE RESET, CHANGE TO SHALLOW SYSTEM. RH/CW

2/23/88 TWO TRENCHES INSTALLED, INLET 5', BOTTOM 7' - OK TO ADD STONE & COVER

FINISH SYSTEM WITH LEACHING BED 14' WIDE X 40' FT. C/W.

2/24/88 OK to cover trenches 1 & 2. OK to add stone pipe paper to leaching pit. OK to cover line from house to S.T.

DATE SYSTEM APPROVED 2/25/88 INSPECTOR C. Williams

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 23

DRY WELL OR DRY WELL AND TRENCH

| | Septic Tank | _____ sq. ft./bedroom | Minimum Total square Feet |
|-----------|-------------|-----------------------|---------------------------|
| 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

158 sq. ft./bedroom

193

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.

SPECS ADJUSTED
(W) CONSOLIDATION OF
WELL LOCATION,
6/11/87 CW

- 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 710' E FROM THE FRONT (220') LOT LINE AND 85' E FROM THE RIGHT (611') LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE DRIVE. RUN TRENCHES ON CONTOUR TOWARD THE RIGHT LOT LINE.

2-11-86 S. AHL

9/8/86 1ST TRENCH LOCATION ADJUSTED BECAUSE OF ELEVATION RELATIVE TO APPROVED WELL SITE. ALSO MAINTAIN 100' MIN. FROM WELL TO SEPTIC

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 35547

P _____

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. ELTON LESTER

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. DA ^{NEW LOT 23}

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

COUNTRY SCHOOL 4291 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 2-17-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-10-85 HOLD for certified Subdivision Plat, Repe SATIS-

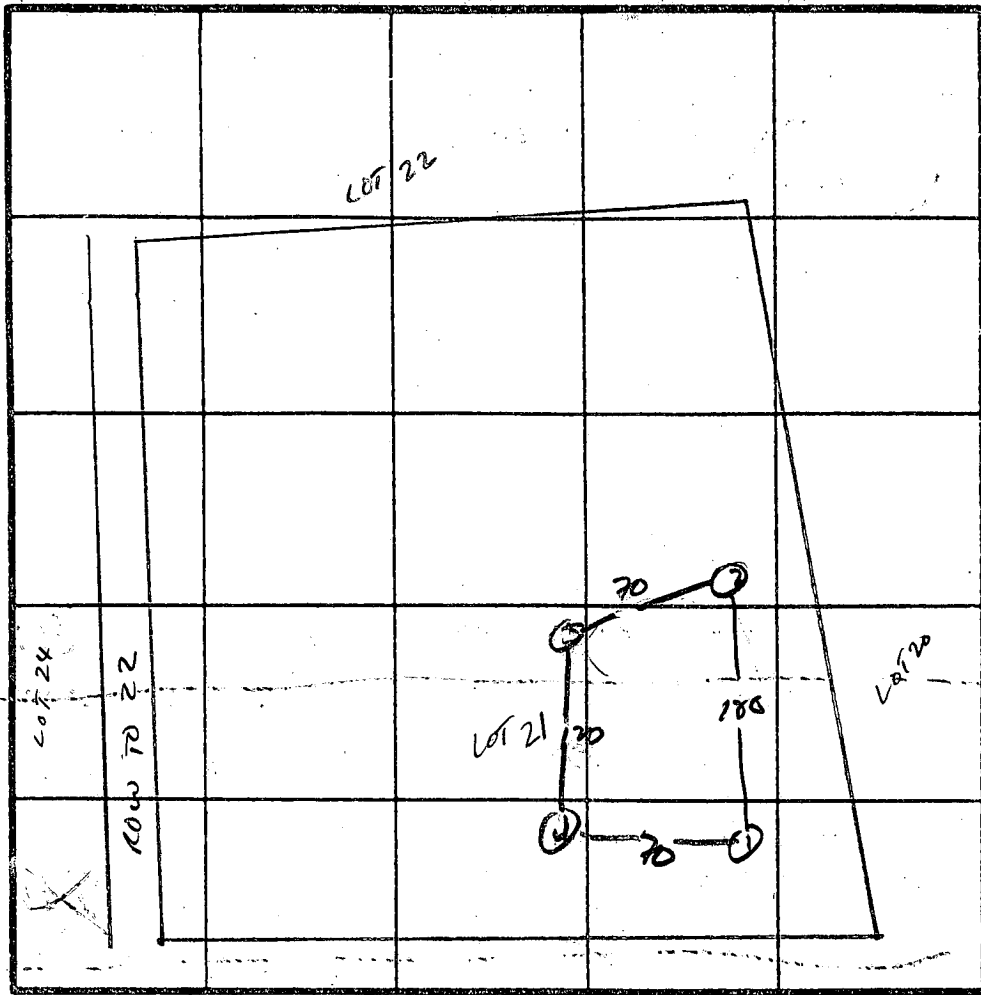
Sidney S. Abel

BLDG. PERMIT. SIGNED
AND RETURNED 6/18/87

BP 12685
SAB

THIS IS NOT A PERMIT

SOIL PROFILE



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

X Penetration
5min
INLET 4"
BOTTOM MAX
9"
156#/BR

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|-----------------------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 6/10/45 | 1 S V | 4 | 10:40 | 10:42 | 10:42 | 10:46 | 4min |
| | | 13 | uniform soil below 4" | | | | |
| | 2 S V | 4 | 10:50 | 10:51 | 10:51 | 10:54 | 3min |
| | | 12 | SAME AS #1 | | | | |
| | 3 S V | 4 | 11:01 | 11:03 | 11:03 | 11:06 | 3min |
| | | 12 | SAME AS #1 | | | | |
| | 4 S V | 4 | 11:10 | 11:13 | 11:13 | 11:20 | 7min |
| | | 12 | SAME AS #1 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS

TYPE OF SOIL

TESTED BY

S. Abel

O. KETTERMAN

ALSO PRINT

LOT 18
3.2 AC±

LOT 27
3.7 AC±

NOT BUILTABLE UNTIL
APPROVED BY THE HOWARD
COUNTY HEALTH OFFICER

LOT 24
4.0 AC±

LOT 23
3.2 AC±

LOT 22
3.2 AC±

P.I. STA 33+00

P.C. STA 34+00

MINOR'S CURB
CENTRAL CURB
27'0"

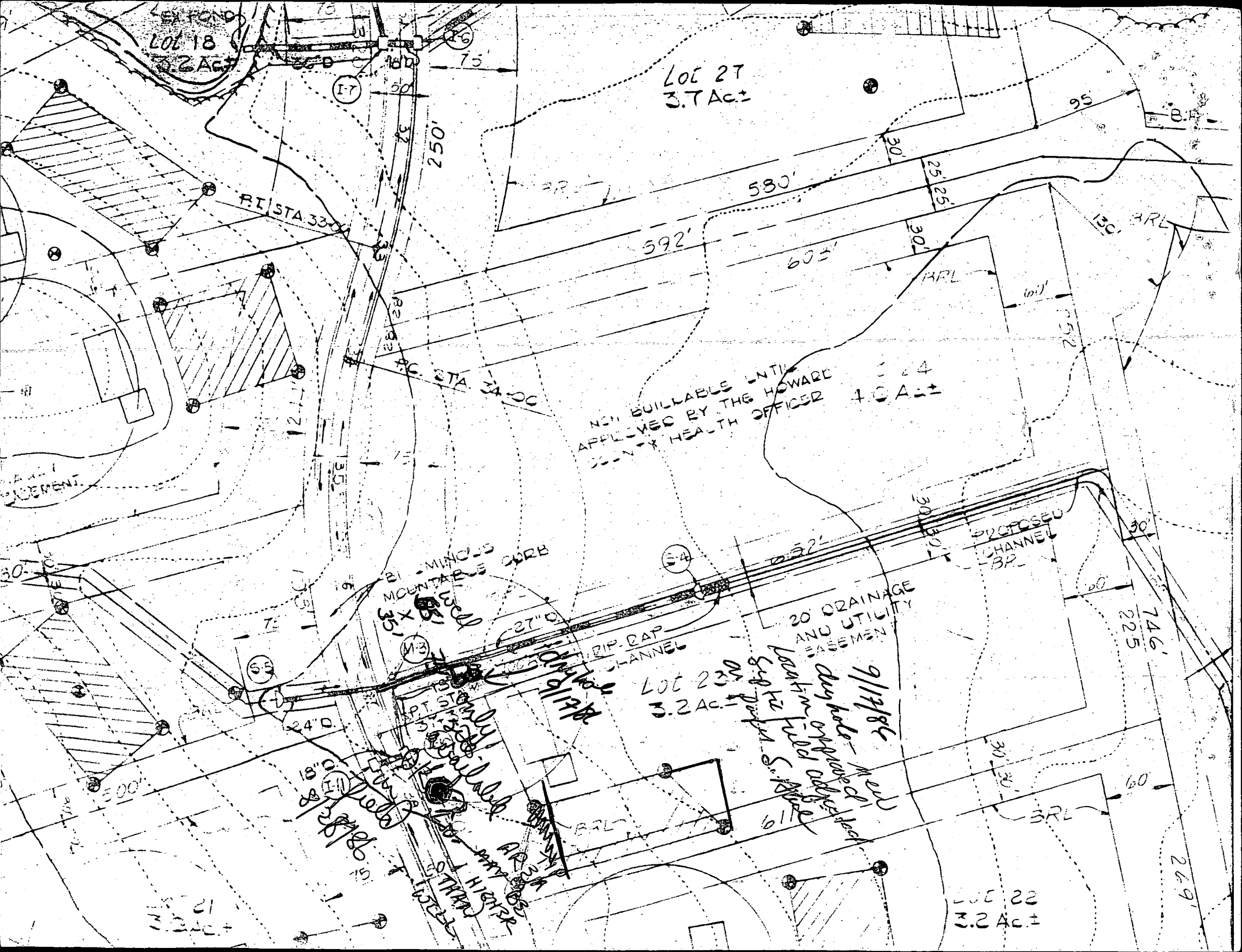
RIP RAP CHANNEL

PROPOSED CHANNEL

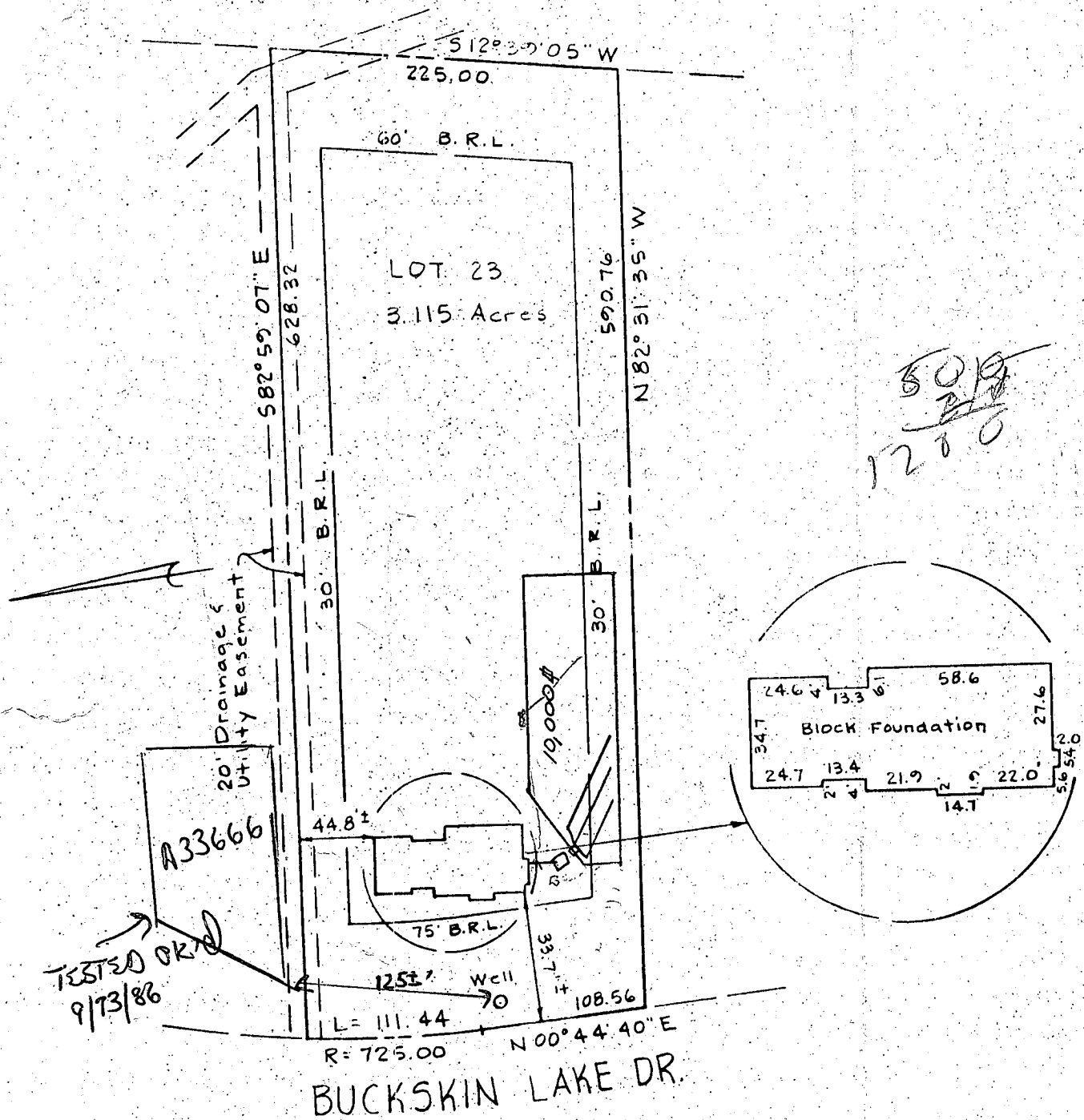
20' DRAINAGE AND UTILITY EASEMENT

9/17/86
deep hole
back in
dig the
S. 100'

AR 200
HIGHER
WELL



ADJUSTED SEPTIC RESERVE AREA
ACCEPTABLE AS DRAWN
8/18/87 CWL



I hereby certified that the information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.

B 1 2592 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

HC-81-1060
fill in this form completely

Date Received

8 13

OWNER INFORMATION

LES + CR ELTON

9202 MELLOW BROOK RD

COLUMBIA MD 21045

DRILLER INFORMATION

Ralph Mayne 273 77 License No. 80

Ralph Mayne (well driller)

9120 Barron Church rd. Mt Airy

Ralph Mayne 8/20/86

LOCATION OF WELL

HOWARD 8 COUNTY 21

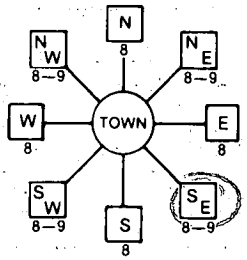
BUCKSKIN LAKE 23 SUBDIVISION 42

SECTION 44-46 LOT 23 48 50

ELEWELG 52 NEAREST TOWN 71

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Dr. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD

ENTER FT or MI 38 39

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 35547 COUNTY NO.

OEP SIGNATURE DATE ISSUED STATE HEALTH INSERT S 41

090880 B. Nelson 03/08/86 43 48 CO SIGNATURE 57 63 EXP. DATE

NORTH GRID 515000 EAST GRID 0909000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE PERMIT No. HC-81-1060 67 68 70 71 72 73 74 75 76 77 78 79

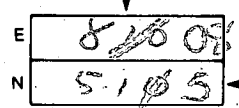
SPECIAL CONDITIONS 576-6725

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

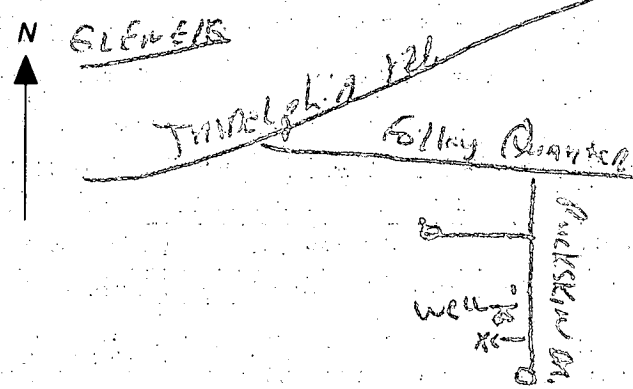
SOURCES OF DRILLING WATER

- 1. WEL
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



NOT PRESENT WELL FOR GRout 10/14/86 DRY HOLE LOCATION CHANGED PLAT NEEDED TO DETERMINE IF STECS SHOULD BE REVISED, CW.

EXCESS TURBIDITY
 NOT YET APPROVABLE.
 OK TO ISSUE A.P.

Review _____

TURBIDITY TO B6 RESOLVED
 PRIOR TO OCCUPANCY AS
 AGREED BY DRILLER (R. MAYNE)
 AND BUILDER (AL TROGLIS)
 6/14/87 CW.

Page _____ of _____
 Date 10/17/86

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1660
 Location of property (road) BUCKSKIN LAKE DRIVE
 Subdivision BUCKSKIN LAKES Lot 23 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner LESTER, ELTON

Depth of well 385 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 37 ft

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 Pumping rate 10 G.P.M.
 Total time 30 min to reach pumping water level 125 ft below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill 1 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 12:30 | 125 ft | 15 sec | | 4 G.P.M. |
| 12:45 | 125 | 15 | | 4 |
| 1:00 | 125 | 15 | | 4 |
| 1:15 | 125 ft | 15 sec | | 4 G.P.M. |
| 1:30 | 125 | 15 | | 4 |
| 1:45 | 125 | 15 | | 4 |
| 2:00 | 125 ft | 15 sec | | 4 G.P.M. |
| 2:15 | 125 | 15 | | 4 |
| 2:30 | 125 | 15 | | 4 |
| 2:45 | 125 ft | 15 sec | | 4 G.P.M. |
| 3:00 | 125 | 15 | | 4 |
| 3:15 | 125 | 15 | | 4 |
| 3:30 | 125 ft | 15 sec | | 4 G.P.M. |
| | RETEST | AFTER GRAVEL PACK | | |
| | STATUS | 30 " | | |
| | | 15 MINUTE PUMP DOWN TO 90' | | |
| | | 46PM FOR TWO HOURS | | |
| | | WATER CLEAR, SAMPLE TAKEN | | |
| | | 2/16/88 CW/TH | | |

170 ft PL open 29' Casing

C1 5291

SEQUENCE NO. (OEP USE ONLY)

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-35547

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER

LESTER

ELTON

STREET OR RFD

BACKSKIN LAKE DR.

FIRST NAME

TOWN

GLENELG

SUBDIVISION

BACKSKIN LAKES

SECTION

LOT 23

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 FROM TO Check if water bearing

Table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include: Top Soil (0-2), Sandy (2-160), Sandstone (160-165), MICKA (165-175), Sandstone (175-180), MICKA (180-285).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

YES (Y) NO (N) grid

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 29 NO. OF POUNDS 250

GALLONS OF WATER 274 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

CASING RECORD

Casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing of main casing (nearest inch) Total depth of main casing (nearest foot)

PL 60 61 63 64 66 70

OTHER CASING (if used)

Table for other casing diameter and depth

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

Table for screen depth (nearest ft.) with grid for each screen.

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

C3

PUMPING TEST

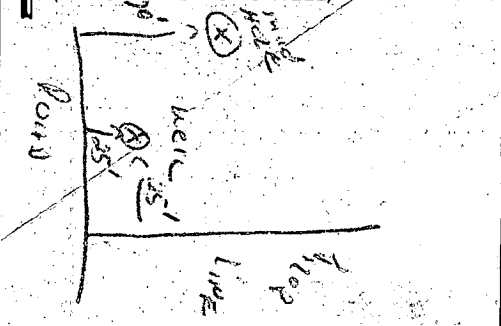
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) 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)

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)



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 # 40907
Date 2/1/88

Name of Installer G. DONALD DEMENT

Telephone 384-6493

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber #276

Name of Property Owner ELTON LESTER Telephone 9950133
Subdivision BUCKSKIN LAKE Lot # 23 Well Tag # HO 81-1660
Site Address 4291 BUCKSKIN LAKE DR ELLICOTT CITY 21043

- | Pump | Motor | Pitless Adapter |
|---|--|--|
| 1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <input checked="" type="checkbox"/> | 1. Horsepower <u>1/2</u> 2. RPM _____ 3. Voltage _____ a. 110 _____ b. 220 <input checked="" type="checkbox"/> | 1. Make <u>MARTINSON</u> 2. Model # _____ 3. Depth <u>3'</u> |
| 2. Make <u>GDULD</u> | | |
| 3. Model # <u>7EH05422</u> | | |
| 4. Capacity <u>6</u> GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 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 <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____ | | |

- | Tank | Piping | Well data |
|--------------------------------------|--|---|
| 1. Capacity <u>60</u> | 1. Type <u>Poly</u> | 1. Depth _____ ft. |
| 2. Pressure relief valve? <u>125</u> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>4'</u> | 4. Will water supply be disinfected by installer? _____ |

outside
OK 2/25/88 *Cavelin*

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).

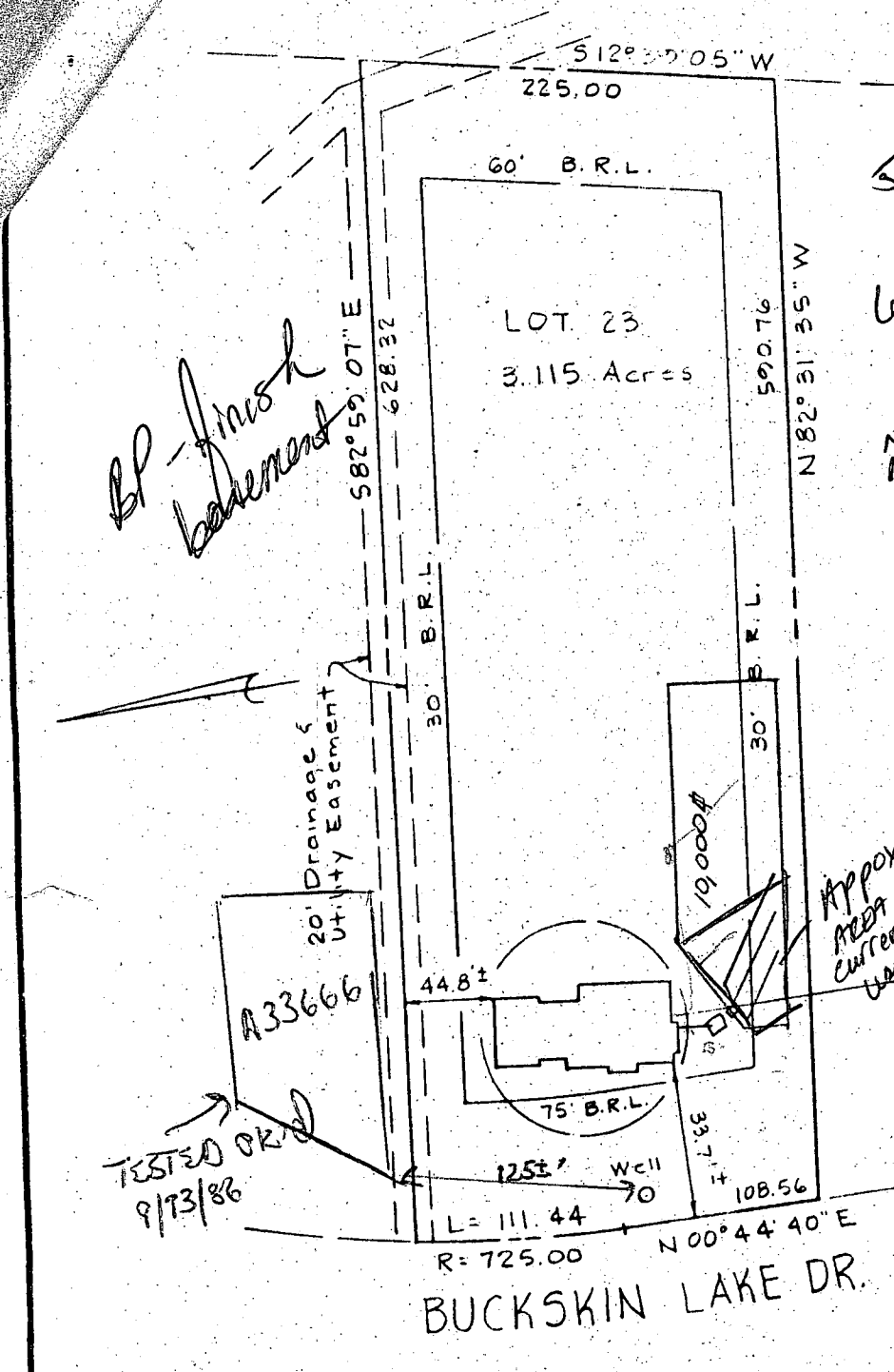
All information given above is true to the best of my knowledge.

Signature of Applicant: G. Donald Dement

Date: 2-1-88

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

ADJUSTED SEPTIC RESERVE AREA
ACCEPTABLE AS DRAWN
8/18/87 CW/llh



5/13/05
800153774
640 linear ft to fit
~5000ft avail
50' length trenches: 13
Need approx 50' x 153'
AREA AVAIL
53 x 12' CTC = 156

BP - finish
basement

TESTED OK
9/13/86

BUCKSKIN LAKE DR.
N 00° 44' 40" E
L = 111.44
R = 725.00

DUE TO WATER
TABLE SEEN
2/3/88 by
CW
Additional
testing needed
More Area
Necessary
SINCE much
sidewall
Not avail

I hereby certified that the information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.