

05-399637

PERMIT

P 40130

SEWAGE DISPOSAL SYSTEM

A 35552

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 9/17/87

DATE SYSTEM APPROVED 10/6/87

INSPECTOR S. Abel

Arnold Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15 (Woodbine Road), Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION Buckskin Woods ROAD 4255 Buckskin Lake Dr. LOT 28

PROPERTY OWNER Thomas Euescher

ADDRESS _____

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 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 315 feet from the front (200') lot line and 130 feet from the left (876') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left 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/JS*

PLANS APPROVED BY S. Abel DATE 2/13/86

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 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.

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.

BLDG. PERMIT SIGNED AND RETURNED 6/13/87
Serial # 38338 - Prod

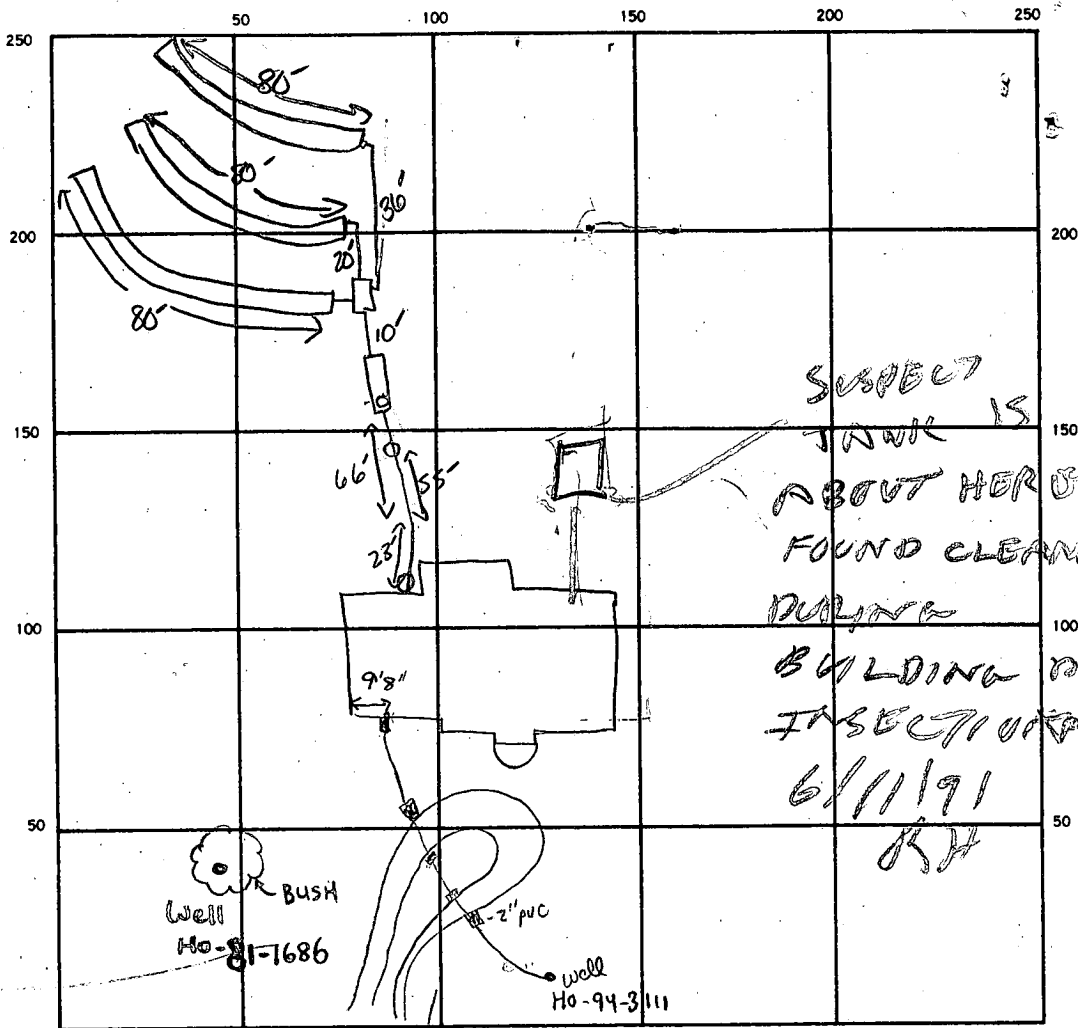
BLDG. PERMIT SIGNED AND RETURNED 6/17/87
Serial # 19015 - deck

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35552



SUSPECT
TANK IS
ABOUT HERE
FOUND CLEANOUT
DURING
BUILDING PERMIT
INSPECTION
6/11/91
RH

80'er 3
180
4
720
3
240
720
6
12

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

BUCKSKIN LK. DR.

SEPTIC TANK. LEVEL ✓ 1500 GAL CLEANOUTS ✓ 1ST 2- INLINE

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD (TILE FIELD) DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 18" TOTAL LENGTH 8' 8' 8' 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL (BOTTOM AREA) 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 10/6/87 INSPECTOR S. Alu

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Zepp Plumbing & Heating, Inc. Telephone #: 410-531-6712
Address: 12447 Route 108
Clarksville, MD 21029

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Edgar W. Zepp, III License# 1782

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Benton, Bill Telephone #: 410-531-9102
Subdivision: Buckskin Woods Lot #: 28 Well Tag #: HO -94 - 3111
Site Address: 4255 Buckskin Lake Drive
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds 0</u>	Make: <u>Mpriston</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>75B07412 L</u>	Model#: <u>10-1</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>30</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house
Type: Poly
PSI: (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 18"
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Edgar W. Zepp, III date: 4/26/02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/15/02 Date Insp. Approved: 3/15/02 KG SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 9, 2002

Thomas Buescher
4255 Buckskin Lake Drive
Ellicott City, Maryland 21042

RE: **Replacement Well Issues**
Buckskin Woods, Lot #28
Well Permit #: HO-94-3111

Dear Mr. Pundzak:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-1775. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg

Steven R. Krieg,
Registered Environmental Sanitarian
Well & Septic Program

SRK
Enclosure
cc: Community Environmental Health Program
File ✓

C1 0762

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 35552 *over* 1/9/02

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
06 27 01
15 20

Depth of Well
22 340 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3111
28 29 30 31 32 33 34 35 36 37

OWNER Buescher Thomas
STREET OR RFD 4255 Buckskin TOWN Ellicott City
SUBDIVISION Buckskin Woods SECTION _____ LOT 28

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	100	✓
Sand Stone	100	105	
MICKA	105	110	
Sand Stone	110	115	✓
MICKA	115	340	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 24 NO. OF POUNDS 2400
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 110
60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y N

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 26.04.04 "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 LIC. NO. 1 M SD 112
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M D

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

DEPTH (nearest ft.)
1 HO 108 340
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
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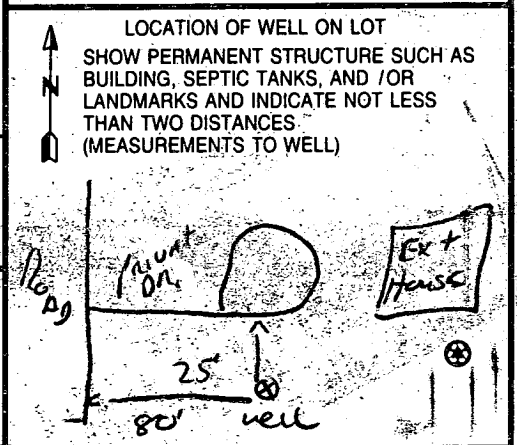
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
56 60
from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T _____ (E.R.O.S.) W O _____
70 _____ 72 _____ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from landsurface)
BEFORE PUMPING 25 ft.
WHEN PUMPING 340 ft.
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 INSTALLED PUMP: YES NO
(CIRCLE) (YES OR NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (nearest foot)
50 51



B 1	0936	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-311/19/02
1 2 3 6			W51524 Base print or type	70 fill in this form completely 79

Date Received (APA) **05 11 01**
8 MM DD YY 13

OWNER INFORMATION

BUE SCHER Thomas E Pat.
15 Last Name Owner First Name 34

4255 Buckskin LAKE DR.
36 Street or RFD 55

ELlicott City MD. 21048
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph MAYNE **M.S.D. 11277**
76 License No. 81

Ralph E. Mayne well drilling
Firm Name

17024 Handy rd. Mt Airy MD. 21778
Address

Ralph E. Mayne **4/15/01**
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14. 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

APPROXIMATE DEPTH OF WELL **150** FEET
24 28

APPROXIMATE DIAMETER OF WELL _____ INCH
NEAREST

METHOD OF DRILLING (circle one)

AIR-ROTary **JETTED** **Jetted & DRIVEN**

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-94-311**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **410-531-3625**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

Howard
8 COUNTY 21

Buckskin LAKE
23 SUBDIVISION 42

4255 Buckskin LAKE DR.

SECTION _____ LOT _____
44 46 48 50

GLEWELG
52 NEAREST TOWN 71

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Buckskin LAKE DR.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **37**
ENTER FT. OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **35552**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **05 23 01** **Steven R. Krieg** **05 23 02**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **516** 0 0 0 EAST GRID **808** 0 0 0
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **510 808**
000 000

N **520 516**
000 000

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

6/27/01 Grant 845 am

missed loop

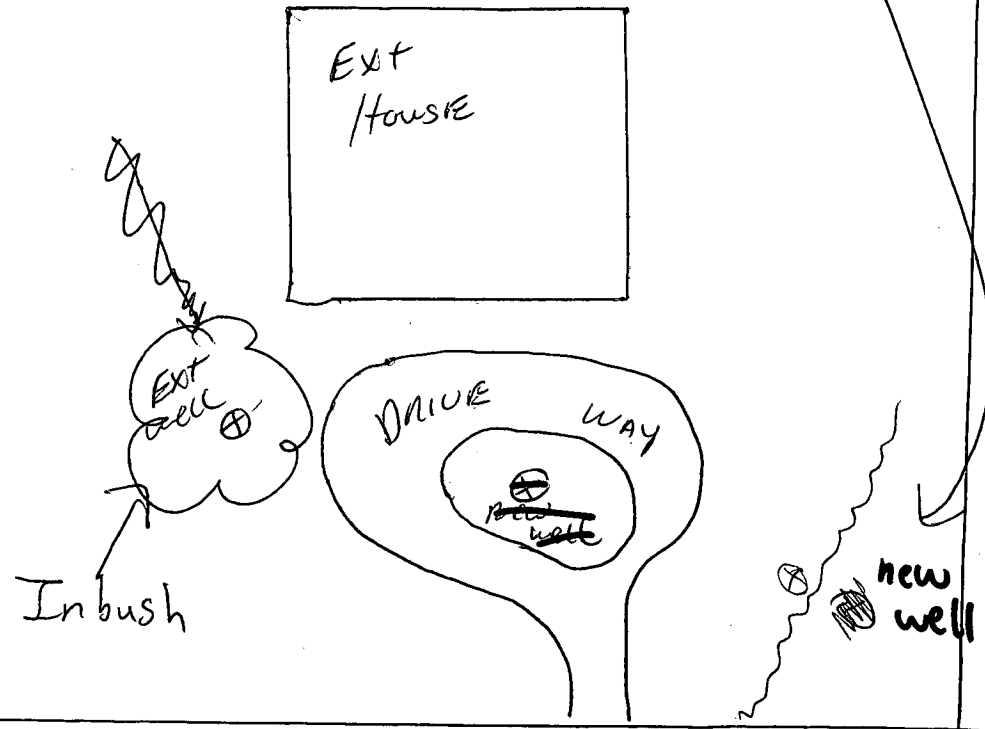
Valley Junction Rd

Buckskin LAKE DR.

50' well

Thomas Burescher
4285 Buckskin Lake Dr.
Ellicott City MD

5/23/01
Proposed
well site
OK
SRU



Buck SKin LAKE DR.

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 # 40443
 Date 11/6/87
 Name of Installer F&K Plumbing & Heating Telephone 725-2392
 License Number 7079
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner _____ Telephone _____
 Subdivision Buckskin Ck Lot # 28 Well Tag # HO-81-1686
 Site Address 4255 BUCKSKIN CK DR.

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible _____
 2. Make _____
 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 _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 _____

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

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

Piping
 1. Type _____
 2. Size _____
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line _____

Well data
 1. Depth 405 ft.
 2. Yield 1 GPM
 3. Static water level 38 ft.
 4. Will water supply be disinfected by installer?

10/6/87 Pitless at 38" well line at 34-42"; inside work not complete

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: _____

Date: _____

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

C1 5317 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-35552

DATE RECEIVED

DATE WELL COMPLETED 10/14/86

DEPTH OF WELL 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1626

OWNER BUSSCHER THOMAS
 STREET OR RFD BUCKSKIN LAKE DR TOWN GLENVIEW
 SUBDIVISION BUCKSKIN LAKES SECTION LOT 28

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	
Shale	2	130	✓
Sandstone	130	135	
Micka	135	145	
Sandstone	145	150	✓
Micka	150	405	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 30 NO. OF POUNDS 3000
 GALLONS OF WATER 180
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 ft.

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

MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 40

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

DEPTH (nearest ft.)
 EACH SCREEN 1 40 2 38 3 405

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

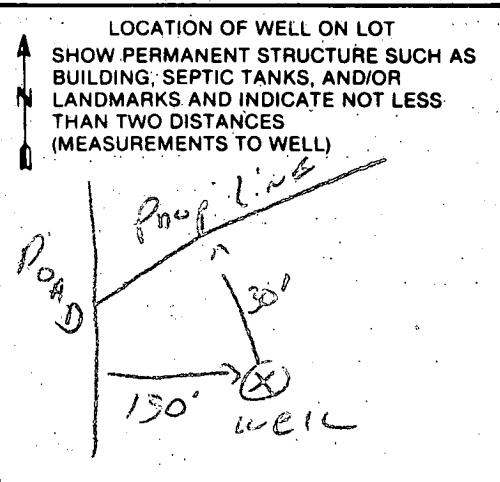
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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) 6
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 260
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } (nearest foot)



B 1 2593

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

NO-81-1686

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received

Empty date box

OWNER INFORMATION

BUESCHER THOMAS

156 BARBERRY LN

PONTE VEGRA FL 32082

B 3

LOCATION OF WELL

HOWARD

BUCKSKIN LAKE

SECTION 44-46 LOT 28

GLENELD

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Driller's Name: Daph Wayne License No. 80

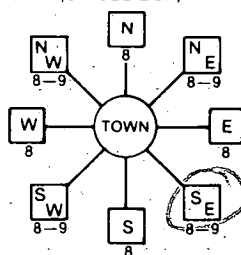
Firm Name: Wayne Drilling

Address: 920 Brown Church Rd. Mt. Airy

Signature: Daph Wayne Date: 8/20/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Buckskin Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 150 FT

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) - circled
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO. A-35552

OEP SIGNATURE: [Signature] STATE HEALTH INSERT S

DATE ISSUED: 092486 CO SIGNATURE: B. Dixon 03/24/87 EXP. DATE

NORTH GRID: 516000 EAST GRID: 0808000

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) - circled
Jetted
Jetted & Driven
AIR-ROTary - circled
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 - circled
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 deepen 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

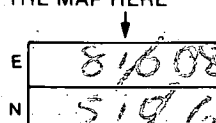
FORCE: [Signature] PERMIT No. NO-81-1686

SPECIAL CONDITIONS: H-904-285-4053 W-904-268-1628

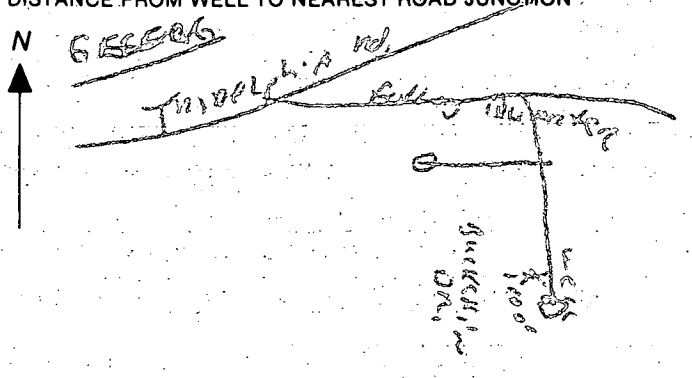
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: well
1.
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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1686
 Location of property (road) BUCKSKIN LAKE DR
 Subdivision BUCKSKIN LAKES Lot 28 Block Plat Sec.
 Well Driller RALPH MAYNE Owner BUESCHER, THOMAS

Depth of well 405 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 39 ft

I. High rate pumping -- reservoir drawdown
 Time pump started 7:30 Pumping rate 10 G.P.M
 Total time 1 hr 15 min to reach pumping water level 260 ft 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)
8:45	260 ft	60 sec		1 G.P.M
9:00	260	60		1
9:15	260	60		1
9:30	260 ft	60 sec		1 G.P.M
9:45	260	60		1
10:00	260	60		1
10:15	260 ft	60 sec		1 G.P.M
10:30	260	60		1
10:45	260	60		1
11:00	260 ft	60 sec		1 G.P.M
11:15	260	60		1
11:30	260	60		1
11:45	260 ft	60 sec		1 G.P.M
12:00	260	60		1
12:15	260	60 sec		1
12:30	260 ft	60		1 G.P.M
12:45	260	60		1
1:00	260	60		1
1:15	260 ft	60 sec		1 G.P.M
1:30	260	60		1
1:45	260	60		1
2:00	260 ft	60 sec		1 G.P.M
2:15	260	60		1
2:30	260	60		1

140 ft ↓ 50 ft open 30 days
 2:45 260 ft 60 sec 1 G.P.M

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35552

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

BLDG. PERMIT SIGNED
AND RETURNED 1/30/87
S. Abel
BP# 9865

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.

Thomas Buescher

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. 26 NEW LOT 28

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

COUNTRY SCHOOL 4255 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)

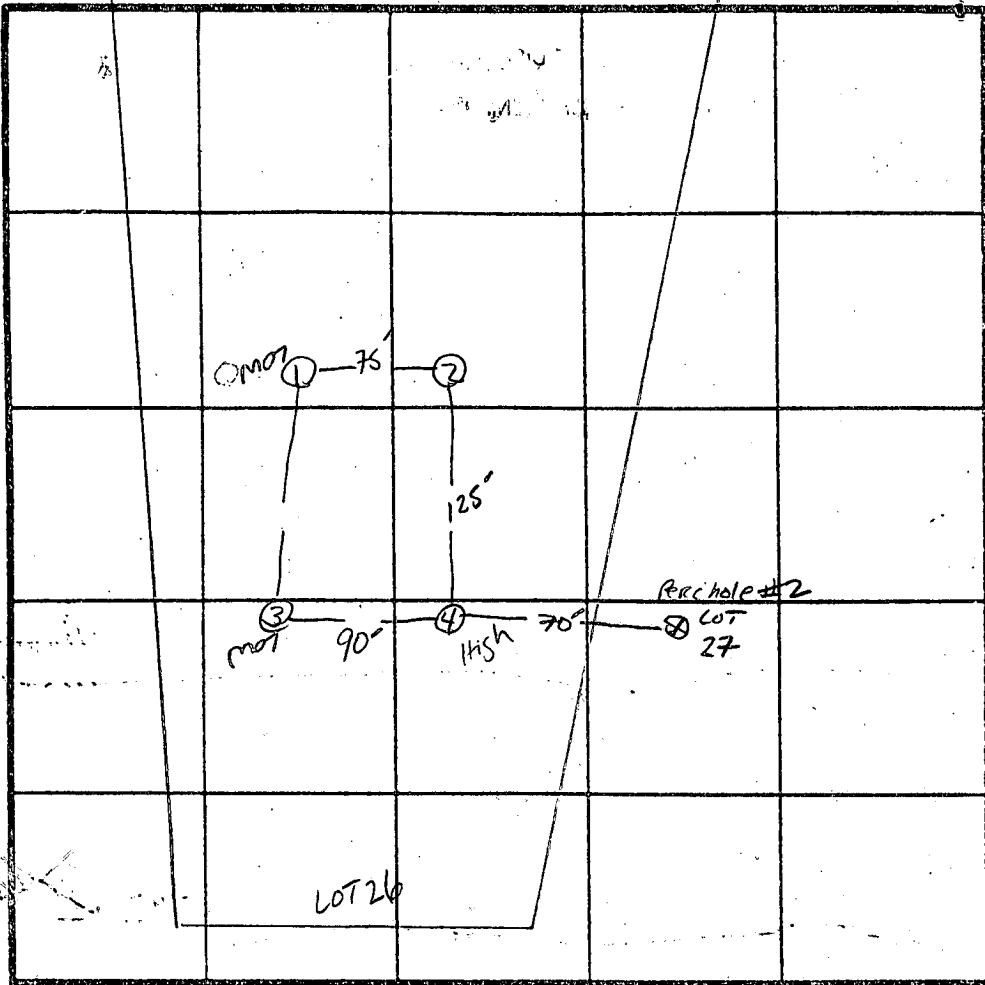
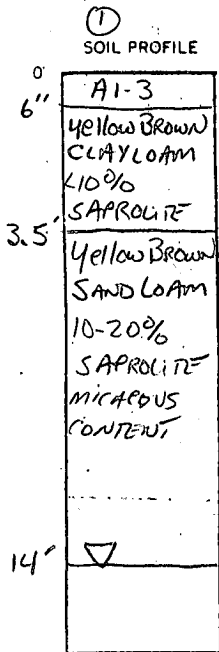
APPROVED BY Sidney Abel FOR Shallow Trenches DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

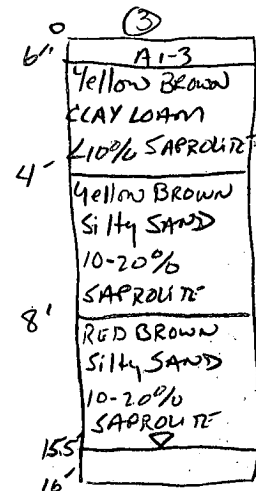
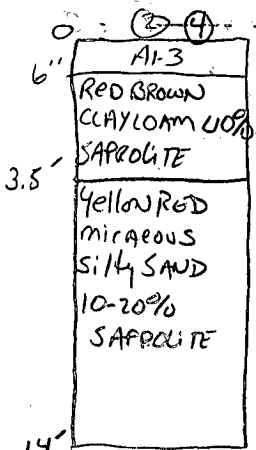
REASONS FOR REJECTION OR HOLDING 6-3-85 Perc Satisfactory; Hold for review -> WATER HOLES; Hold for certified Subdivision PAT. S Abel; 1-3-86 Shallow System only S Abel

THIS IS NOT A PERMIT



X Perc. Time
12
INLET 3
BOTTOM MAX 4.5

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



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/85	1 S	4"	10:46	10:49	10:49	10:55	6min
	1 V	16"	WATER AT 14" UNIFORM SOIL STRUCTURE Below 3.5"				
	2 S	3.5"	10:57	11:00	11:00	11:05	5min
	2 V	14"	DRY UNIFORM SOIL STRUCTURE Below 3.5"				
	3 S	4"	11:15	11:27	11:27	11:50	23min
	3 V	16"	WATER AT 15.5" UNIFORM SOIL STRUCTURE Below 4"				
	4 S	4"	11:06	11:09	11:09	11:14	5min
	4 V	16"	WATER AT 14" UNIFORM SOIL STRUCTURE Below 4"				

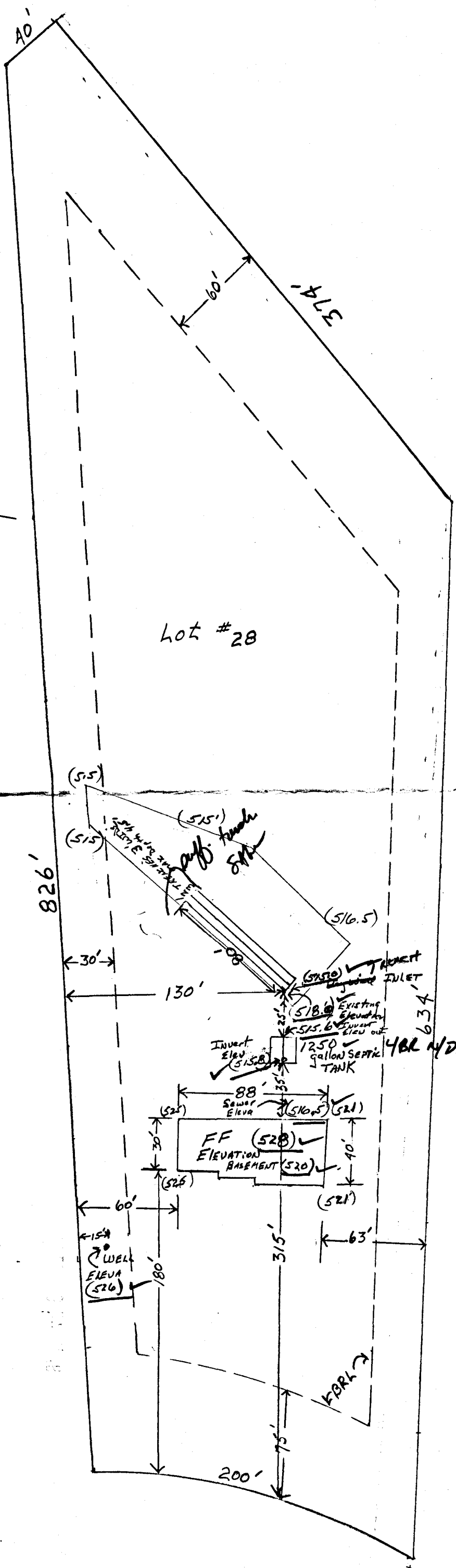
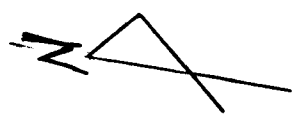
180 #1BR

REMARKS Perc. Holes Per PLAT / Shallow System

TYPE OF SOIL SABL

TESTED BY SABL

O-KETTERMAN



Lot # 28

BLDG. PERMIT SIGNED
AND RETURNED 1-30-87
S. Abel
#9865

1/30/87
elevations de
S. Abel

180 ϕ BR
3-4.5
240 LF of trench

SCALE 1" = 60'