

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 10/15/2004

APPROVAL DATE: 11/18/04

PERMIT INDEXED

P 521543

A 33656

05399394

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Road, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Buckskin Woods 5

ADDRESS: 4206 Buckskin Lake Drive PROPERTY OWNER: Marvin Warble

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 56 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 6.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box or start the trench 305' from the front (455.21) lot line and 50' from the left (598.03) lot line as seen when facing the lot from Folly Quarter Road. Run trenches on contour toward the right lot line. <i>SDA MUST be Staked.</i>
NOTES:	<i>House moved back on wall check - exactly 20' from SDA.</i>

PLANS APPROVED: Kevin J. Bell *(KJB)* DATE: 5/7/04

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

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED
AND RETURNED**

12/21/04 B00151586 LP TANK

A33656

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

**AND RETURNED
BUILDING PERMIT SIGNED**

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

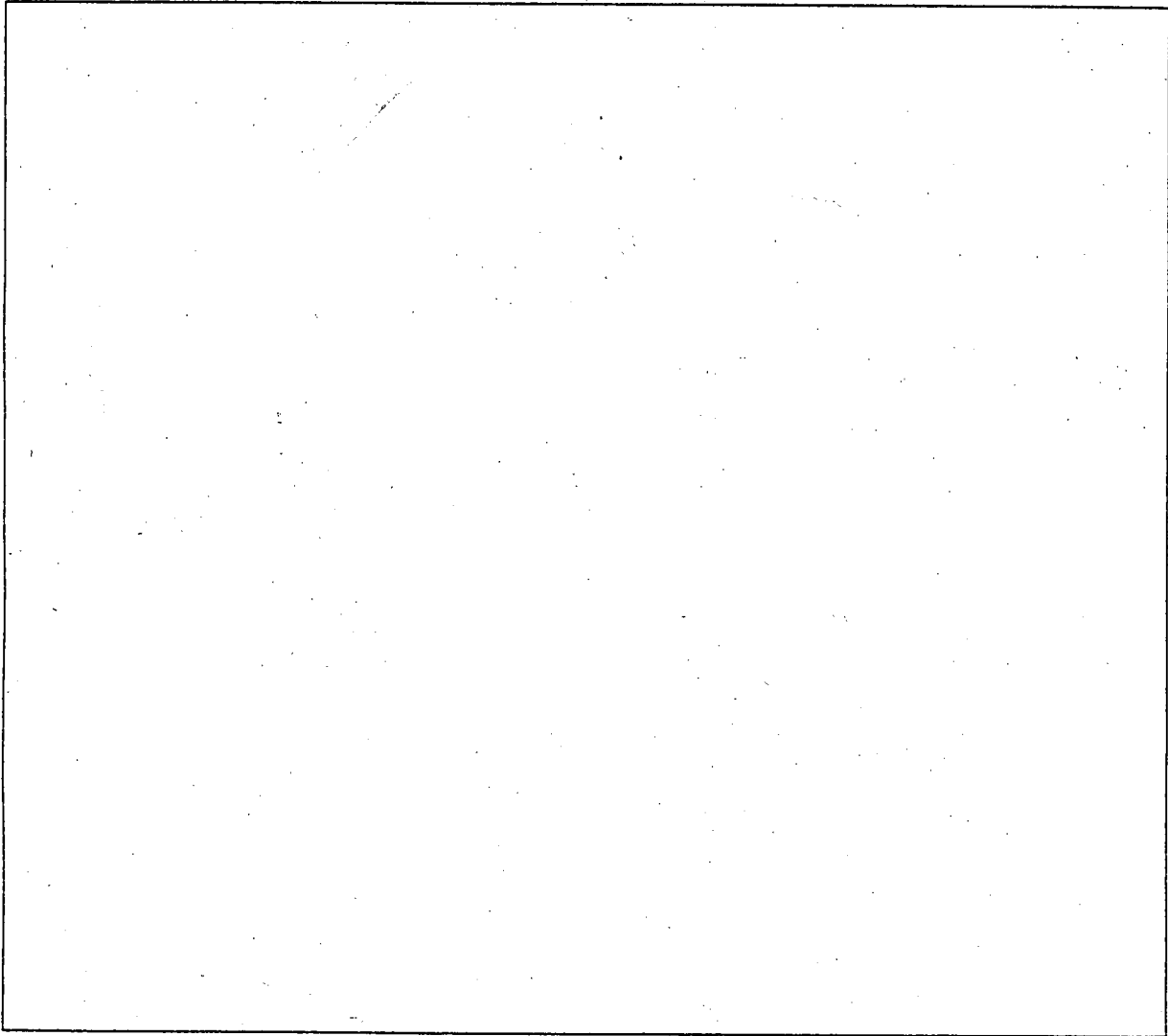
ADDRESS: _____ CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: _____

LOCATION DIAGRAM



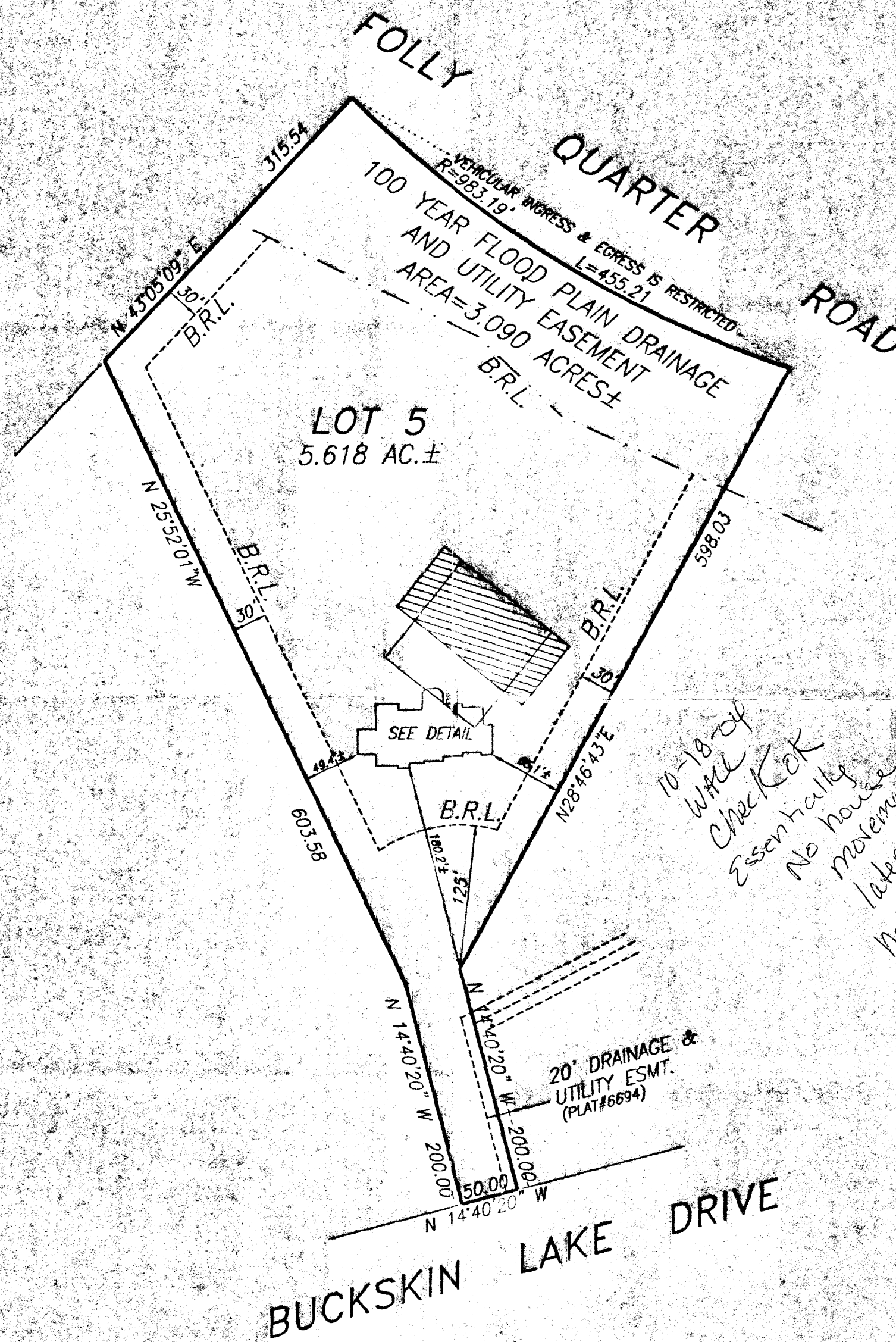
COMMENTS: _____



DATE: _____ INSPECTOR: _____


NOTES:

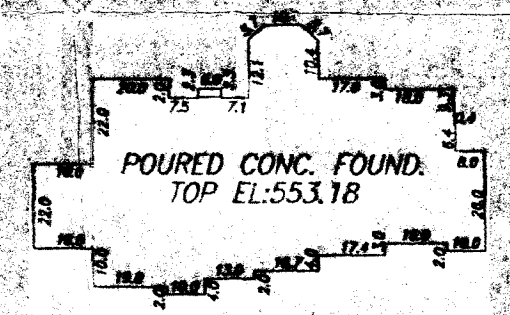
1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF LOCATION OF FENCES, GARAGES, BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 0.4'

THE PROPERTY SHOWN HEREON LIES IN ZONE A6 & C AS SHOWN ON FLOOD INSURANCE RATE MAP NO. 240044-0021B DATED: DECEMBER 4, 1996



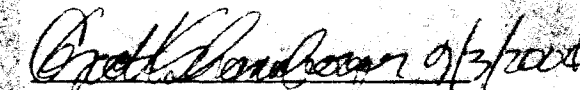
 DENOTES SEPTIC AREA PER PLAT #6694
 DENOTES SEPTIC AREA PER HEALTH DEPT. REVISION DATED 7/29/86

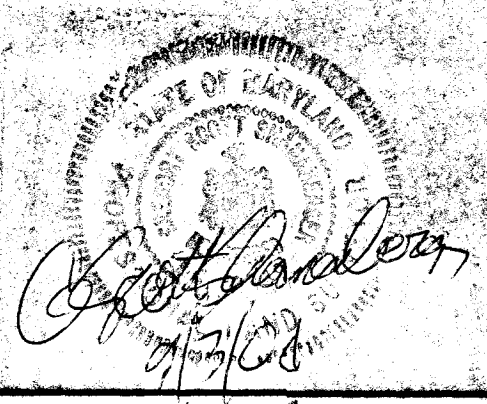
10-18-04
check OK
Essentially
No house
movement
laterally,
however, minor
fracture work
on lot by
Stately 20
from SDA




DETAIL SCALE: 1"=50'

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.


SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX:461-9893



FOUNDATION LOCATION DRAWING
 LOT 5
 SHOWN ON PLAT ENTITLED
"BUCKSKIN WOODS"
 SECTION 1, LOTS 1-37
 SHEET 3 OF 7"
 PLAT #6694
 5TH ELECTION DISTRICT, HOWARD COUNTY, MD
 SEPTEMBER 2, 2004 SCALE: 1" = 100'
 DATE OF LATEST FIELD WORK: 8/31/04

SEPTIC SYSTEM DATA

INV. AT HOUSE 541.09

SEPTIC TANK

EX. GRADE 544.5
FIN. GRADE 544.3
INV. IN 541.4
INV. OUT 541.1

DISTRIBUTION BOX

EX. GRADE 541.0
FIN. GRADE 541.2
INV. IN 538.3
INV. OUT 538.2

TRENCHES

INLET DEPTH 2 3/8
BOT. DEPTH 2 3/8
WIDTH 2 3

*NOTE: TRENCH LENGTH & ORIENTATION TO BE DETERMINED BY HEALTH DEPARTMENT AT TIME OF SEPTIC SYSTEM LAYOUT INSPECTION.

*GRAVITY SEWER SERVICE TO BASEMENT IS AVAILABLE

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE ON APRIL 13, 2004.
2. B.R.L. DESIGNATES BUILDING RESTRICTION LINE
3. ***** DESIGNATES LIMIT OF DISTURBANCE
4. THIS AREA DESIGNATES A PRIVATE SEWAGE RESERVE AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS RESERVE AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS INTO THE PRIVATE SEWAGE RESERVE AREA.
5. TOTAL AREA DISTURBED: 29,721 SF±
6. REVISED PRIVATE SEWAGE RESERVE AREA PER 7/29/86 HEALTH DEPT REVISION.
7. THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NO. H001-1611) HAS BEEN FIELD LOCATED BY SHANABERGER & LANE PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

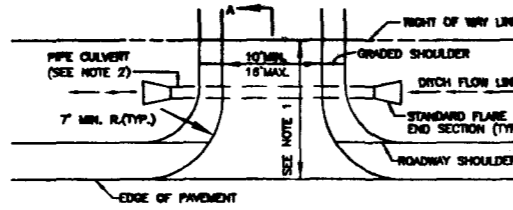
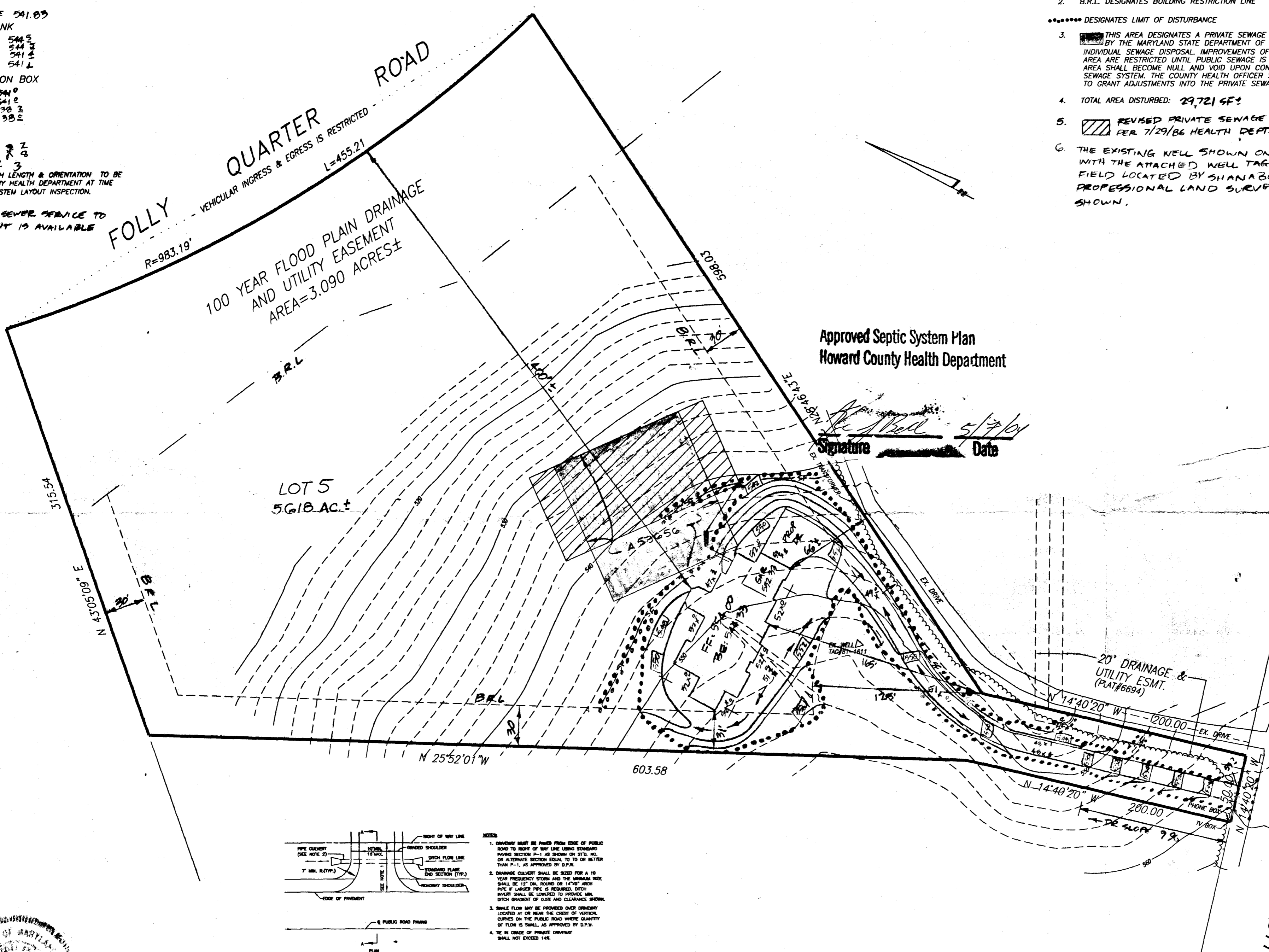
FOLLY QUARTER ROAD
R=983.19'
L=455.21'
VEHICULAR INGRESS & EGRESS IS RESTRICTED

100 YEAR FLOOD PLAIN DRAINAGE AND UTILITY EASEMENT AREA=3.090 ACRES±

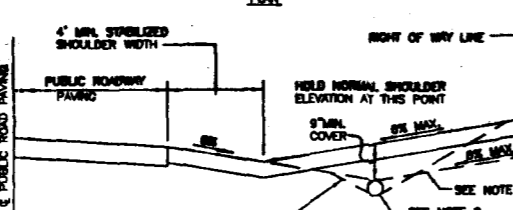
Approved Septic System Plan
Howard County Health Department

[Signature]
Signature Date 5/7/04

LOT 5
5618 AC±



- NOTES:
1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT OF WAY LINE USING STANDARD PAVING SECTION P-1 AS SHOWN ON STD. NO. OF ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.R.
 2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM AND THE MINIMUM SIZE SHALL BE 12" DIA. ROUND OR 14"70" ARCH PIPE IF LARGER PIPE IS REQUIRED. DITCH INVERT SHALL BE LOWERED TO PROVIDE MIN. DITCH GRADIENT OF 0.5% AND CLEARANCE SHOWN.
 3. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY LOCATED AT OR NEAR THE CREST OF VERTICAL CURVES ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL, AS APPROVED BY D.P.R.
 4. TIE IN ORIGIN OF PRIVATE DRIVEWAY SHALL NOT EXCEED 14%.



RESIDENTIAL DRIVEWAY ENTRANCE CONNECTION TO OPEN SECTION ROADWAY

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

DEVELOPER
CARTER & SONS HOMES INC.
2355 GOLF VIEW LANE
HAMPSTEAD, MD. 21074

OWNER
MUMTAZ KHAN
6483 FREETOWN RD.
COLUMBIA, MD. 21044

SITE PLAN
LOT 5
BUCKSKIN WOODS
SECTION 1
LOTS 1-37
PLAT #6694
5TH ELECTION DISTRICT, HOWARD COUNTY, MD
SCALE: 1"=50' DATE: 4/21/04
ZONED: RC-DEO

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: Apple Plumbing & Heating Telephone #: 410-840-8119
Address: 204 Berthouven Dr. 2
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Patrick F. Schaper License# 3232

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

Name of Property Owner: Marvin W. Wachtel Telephone #: 410-804-2795
Subdivision: Buckskin Woods Lot #: 5 Well Tag #: HO-81-1611
Site Address: 4200 Buckskin Lake Dr.
Ellicott City, MD 21042

Submersible Pump Data
Make: Goulds
Model #: 9G5094LL
Pump Capacity 2.7 GPM
Well Yield: 3.0 GPM

Pitless Adapter
Make: Martinson
Model #: B10X
Depth: 42 (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit
Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 300 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors: Cable guards or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pipine to house
Type: Crossline
PSI: 110 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5'
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.

Patrick F. Schaper, Master Plumber 3/15/05
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 12/1/04 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 _____

C1 5245

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-33656

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 080286

22 26 300 (TO NEAREST FOOT)

28 37 40-81-1611

OWNER SOSIUSKI TIMOTHY STREET OR RFD BUCKSKIN LAKE DR. TOWN GLENELG SUBDIVISION BUCKSKIN WOODS SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Mic KA, Sand Stone, Mic KA.

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

NO. OF BAGS 7 NO. OF POUNDS 200 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter 5 Total depth 43

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

SCREEN RECORD screen type or open hole HO STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 1 40 2 41 3 300

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

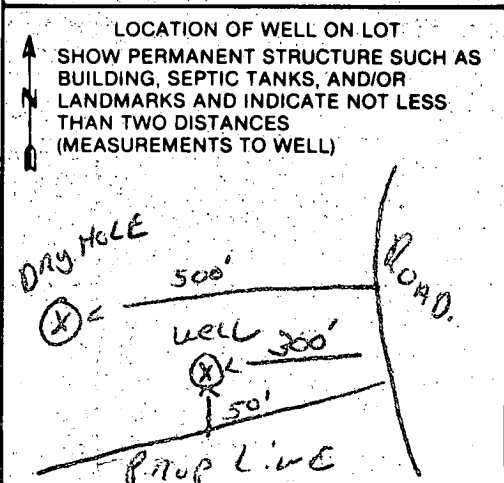
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE (Must match signature on application) 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

PUMPING TEST HOURS PUMPED (nearest hour) 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) 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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1611
 Location of property (road) BUCKSKIN LAKE DR.
 Subdivision BUCKSKIN LAKES Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner SOSINSKI, TIMOTHY

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 21
 Static water level (S.W.L.) below M.P. 33 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 10 G.P.M
 Total time 45 min to reach pumping water level 205 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	205 ft	20 sec		3 G.P.M
8:45	205	20		3
9:00	205	20		3
9:15	205 ft	20 sec		3 G.P.M
9:30	205	20		3
9:45	205	20		3
10:00	205 ft	20 sec		3 G.P.M
10:15	205	20		3
10:30	205	20		3
10:45	205 ft	20 sec		3 G.P.M
11:00	205	20		3
11:15	205	20		3
11:30	205 ft	20 sec		3 G.P.M
11:45	205	20		3
12:00	205	20		3
12:15	205 ft	20 sec		3 G.P.M
12:30	205	20		3
12:45	205	20		3
1:00	205 ft	20 sec		3 G.P.M
1:15	205	20		3
1:30	205	20		3
1:45	205 ft	20 sec		3 G.P.M
2:00	205	20		3
2:15	205	20		3
2:30	205 ft	20 sec		3 G.P.M

43 FT PL 39 open 9 bags

B 1 2555 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

HO-81-1611

fill in this form completely

Date Received

OWNER INFORMATION

8 13

SOSINSKI TIMOTHY

15 Last Name Owner First Name 34

GI 70 CLEARSTONE CT

36 Street or RFD 55

COLUMBIA MD 21045

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

1 2

HOWARD

8 COUNTY 21

BLACKSKIR LAKE

23 SUBDIVISION 42

SECTION 1 44 46 LOT S 48 50

CLEWELG

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town)

73 76 77 78

DRILLER INFORMATION

Ralph Maune

Driller's Name 77 License No. 80

Ralph Maune Well Drilling

Firm Name

9100 Francis Church Rd. 21114

Address

Ralph Maune 7-22-86

Signature Date

B 4

1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

30

NEAR WHAT ROAD

BURKIN LAKE DR

Folley Quarter Rd.

11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N

WEST W

EAST E

SOUTH S

34 37

DISTANCE FROM ROAD

ENTER FT or MI

38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A 33656

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED

07 29 86

43 48

CO SIGNATURE EXP. DATE

01/29/87

NORTH GRID 50 55

518000 EAST GRID 57 63

0808000

APPROXIMATE DEPTH OF WELL

152

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8048

5108

000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

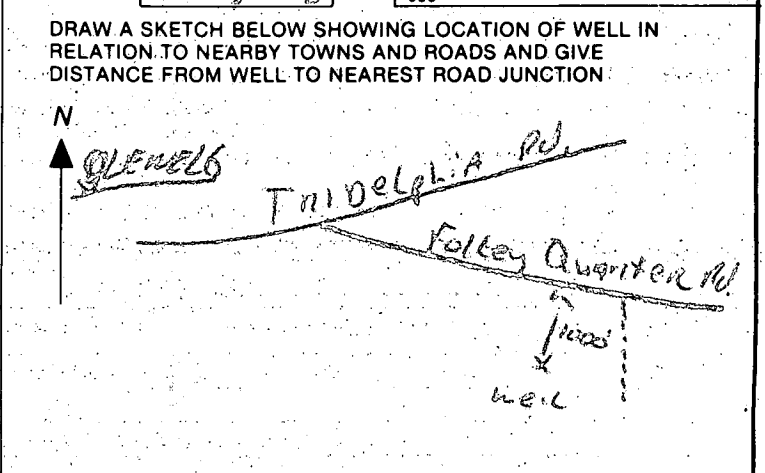
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL

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

41 52



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

APPROP. PERMIT NUMBER

54 GAP 63

FORCE INITIALS IN BOX PERMIT No. HO-81-1611

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

8/6/86

grout done
prior to
arrival

Location as per 2nd
site (field located)

OK

43' casing

39 open

10 bags

160 sample

NOTE:

Dry hole filled
in

2-3 bags

LOT 3

FOLLY QUARTER ROAD

LOT #5
5.618 ACRE

OK TO ADJUST
PENC AREA 20' LATERNALLY
ON EACH SIDE.
MAKING NEW AREA
140x67

7/29/86 CW/ellia

CAR STUDIO

MAIN HOUSE

EXIST. SEPTIC

GRASS MALL

PRIMARY WELL

WELL, ALT LOCATION

ALT. SITE OK 7/29/86 CW.

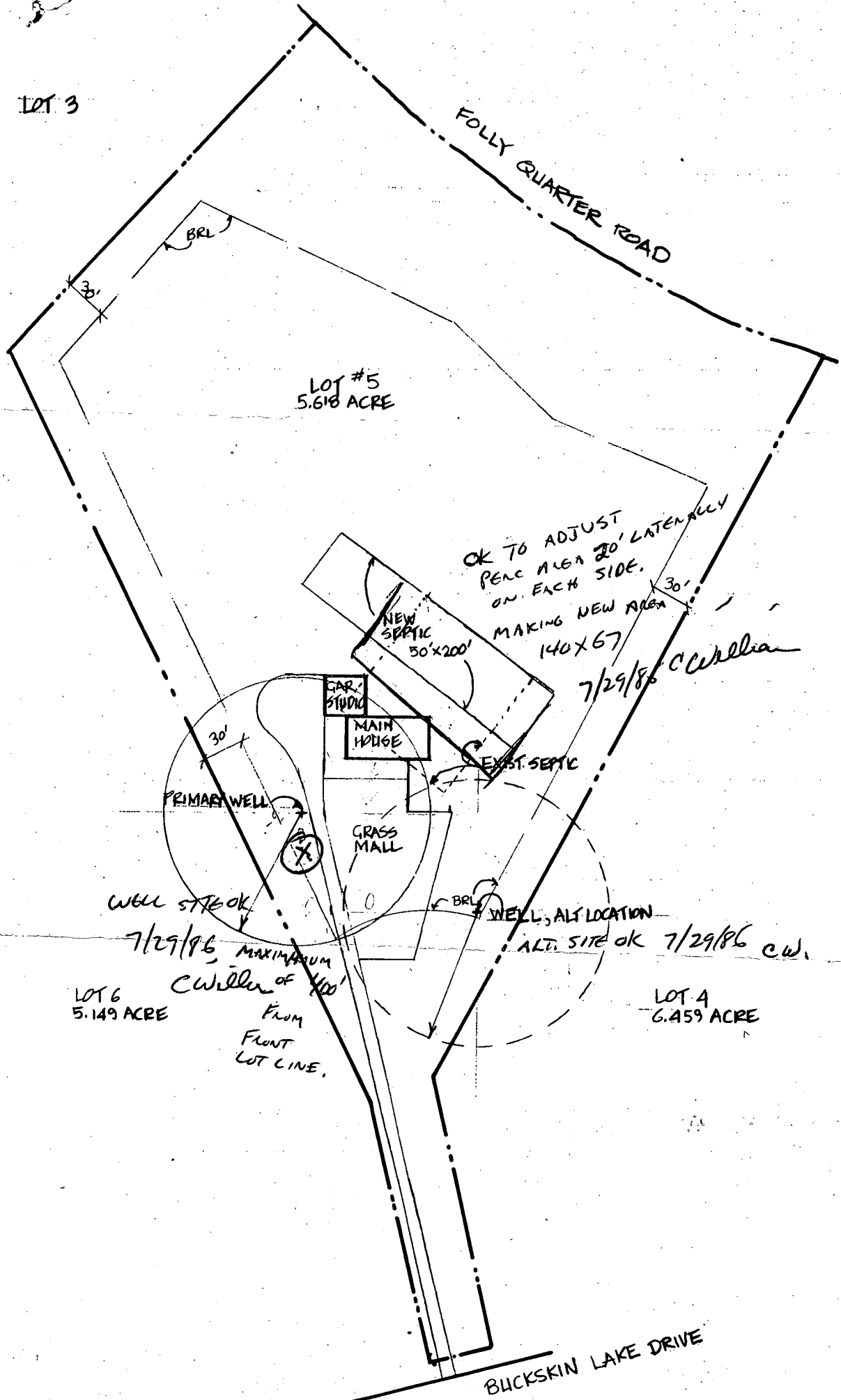
WELL STRUCK OK

7/29/86, MAXIMUM
CW/ellia of 100'
FROM
FRONT
LOT LINE.

LOT 6
5.149 ACRE

LOT 4
6.459 ACRE

BUCKSKIN LAKE DRIVE



APPLICATION

PRELIMINARY

A 33656

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 3/14/84

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.

Glenelg Manor Associates
PROPERTY OWNER

ADDRESS 12789 Folly Quarter Road, Ellicott City, Md. 21043 PHONE 531-5252

PROPERTY LOCATION:

(FORMERLY PART OF LOT OLD 2)

SUBDIVISION Buckskin Farms Woods LOT NO. ~~Lot 18~~ NEW LOT 5 8-1285

ROAD AND DESCRIPTION Folly Quarter Road - use entrance to Glenelg Dehydrators and lots are located behind the old sawmill.

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
(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.

/s/ Glen Ketterman for Lois M. Maisel

(SIGNATURE OF APPLICANT)

APPROVED BY Sedney Abel FOR Deep Munches DATE 2-11-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/14/84 Per O.P. Follyford Plant 0311

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PRELIMINARY

SEWAGE DISPOSAL TESTING

A 33656

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 3/14/84

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.

Glenelg Manor Associates

PROPERTY OWNER

ADDRESS 12789 Folly Quarter Road, Ellicott City, Md. 21043 PHONE 531-5252

PROPERTY LOCATION:

SUBDIVISION Buckskin Farms LOT NO. _____

ROAD AND DESCRIPTION Folly Quarter Road - use entrance to Glenelg Dehydrators and lots are located behind the old sawmill.

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
(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 for Glen Ketterman for Lois M. Maisel

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

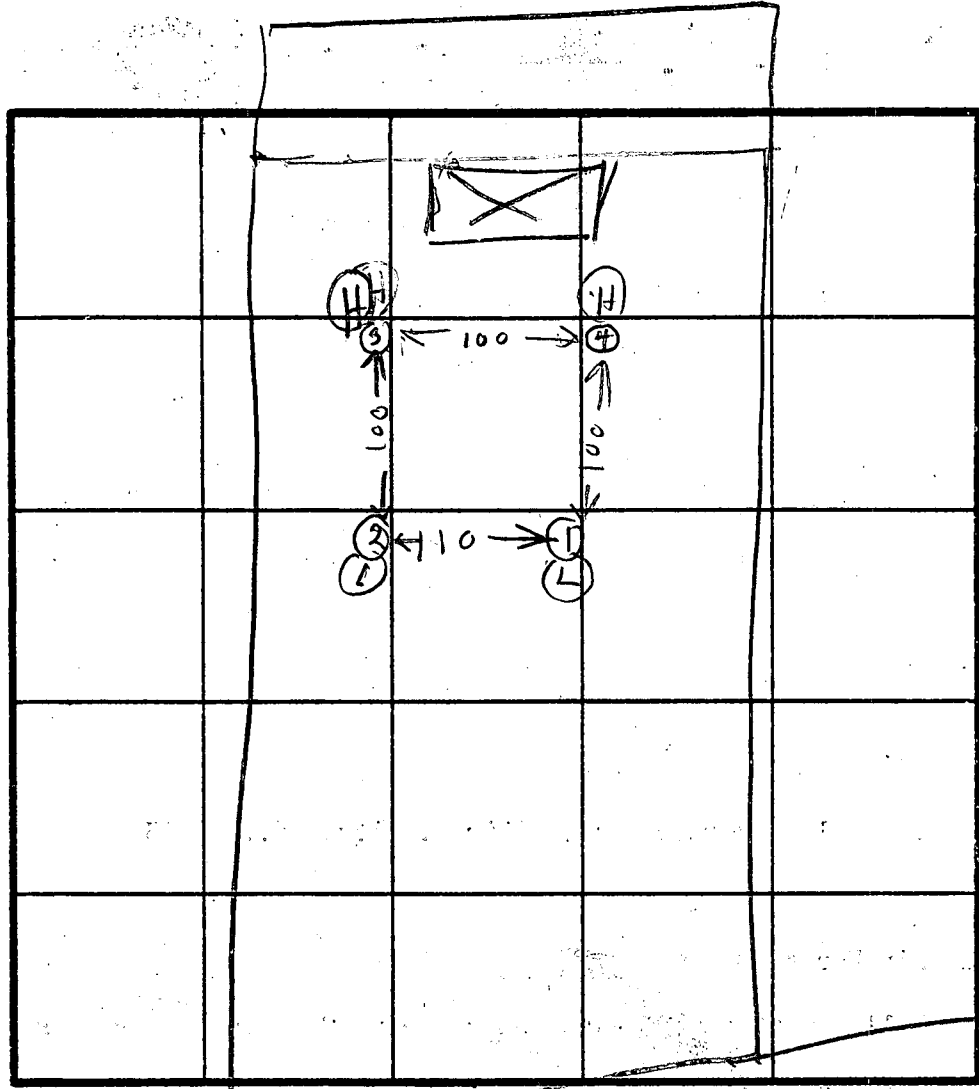
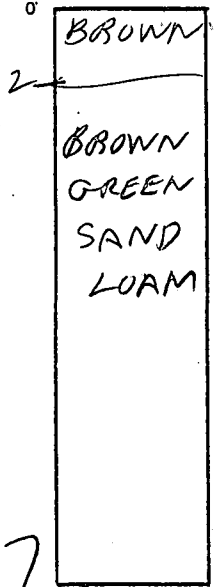
Lot 15

HOLE ELEVATION

3 4 HIGH

1 2 LOW

SOIL PROFILE

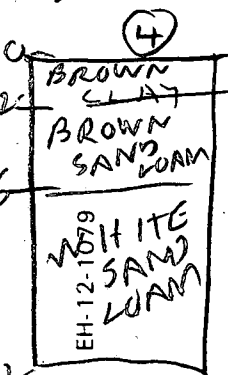
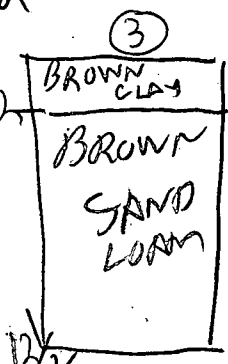
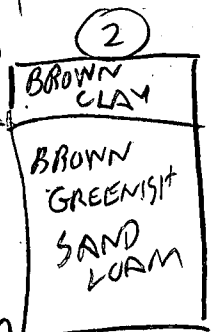


X Perc Time 4'
INLET 3'
BOTTOM MAX 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FULLY QUARTER RD

1500/BR



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/16/84	15	4	237	239	239	241	3
	1V	17	LOOKS	OK			
	25	5	253	254	254	256	2
	2V	12	LOOK	OK			
	35	4	300	312	312	317	5
	3V	12 1/2	200K	OK			
	45	4	326	327	321	327	2
	4V	12 1/2	LOOK	OK			

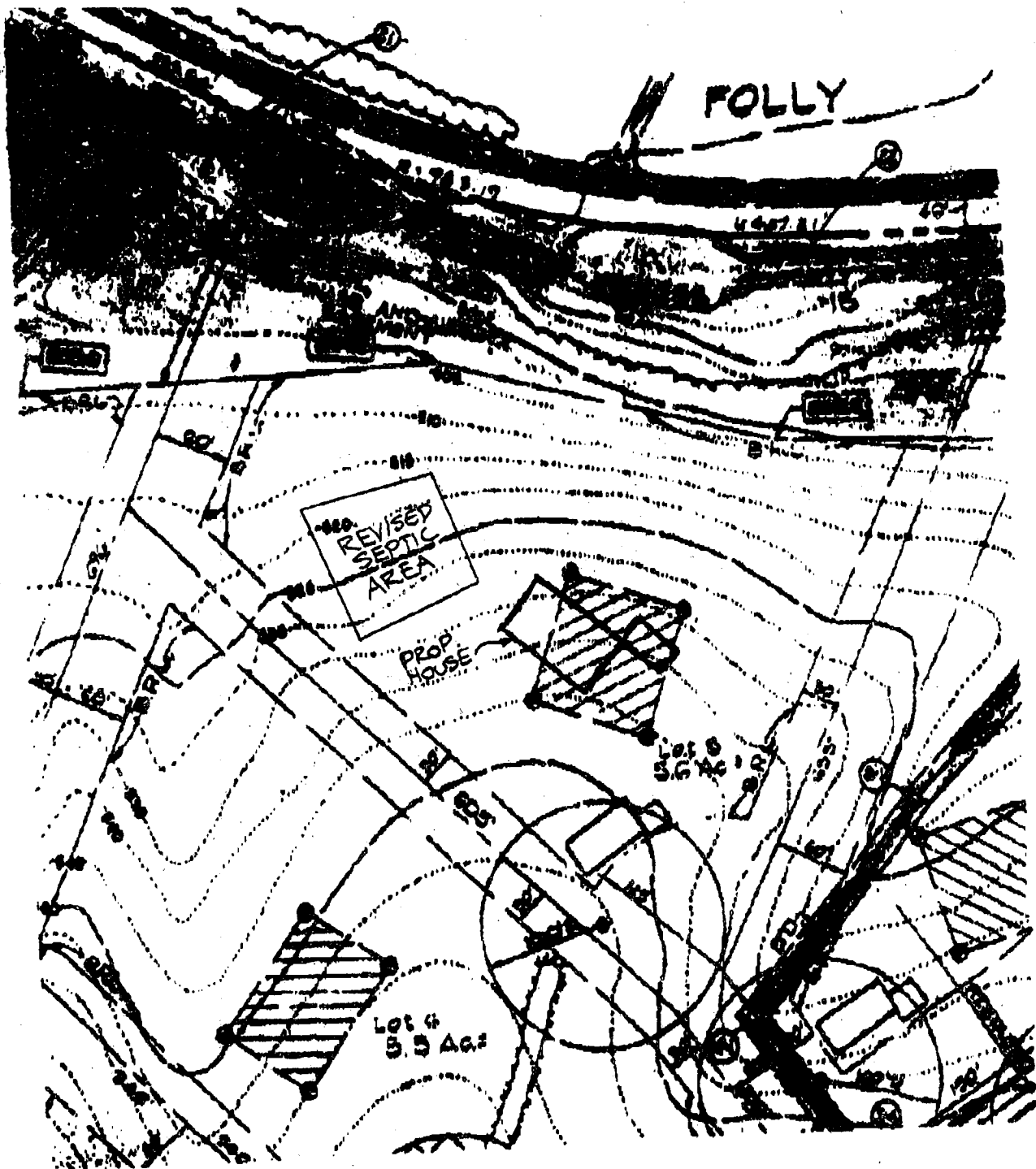
REMARKS 3/16/84

TYPE OF SOIL

TESTED BY B HODGES

0 KETTER MEM 850N 8 POP
D. BEWER

ALSO PRESENT



FOLLY

REVISED SEPTIC AREA

PROP HOUSE

Lot 4 S.S. Ags

Lot 5 S.S. Ags

FROM : Robin Ford Bldg. & Rmd19.

FX NO. : 4103743696

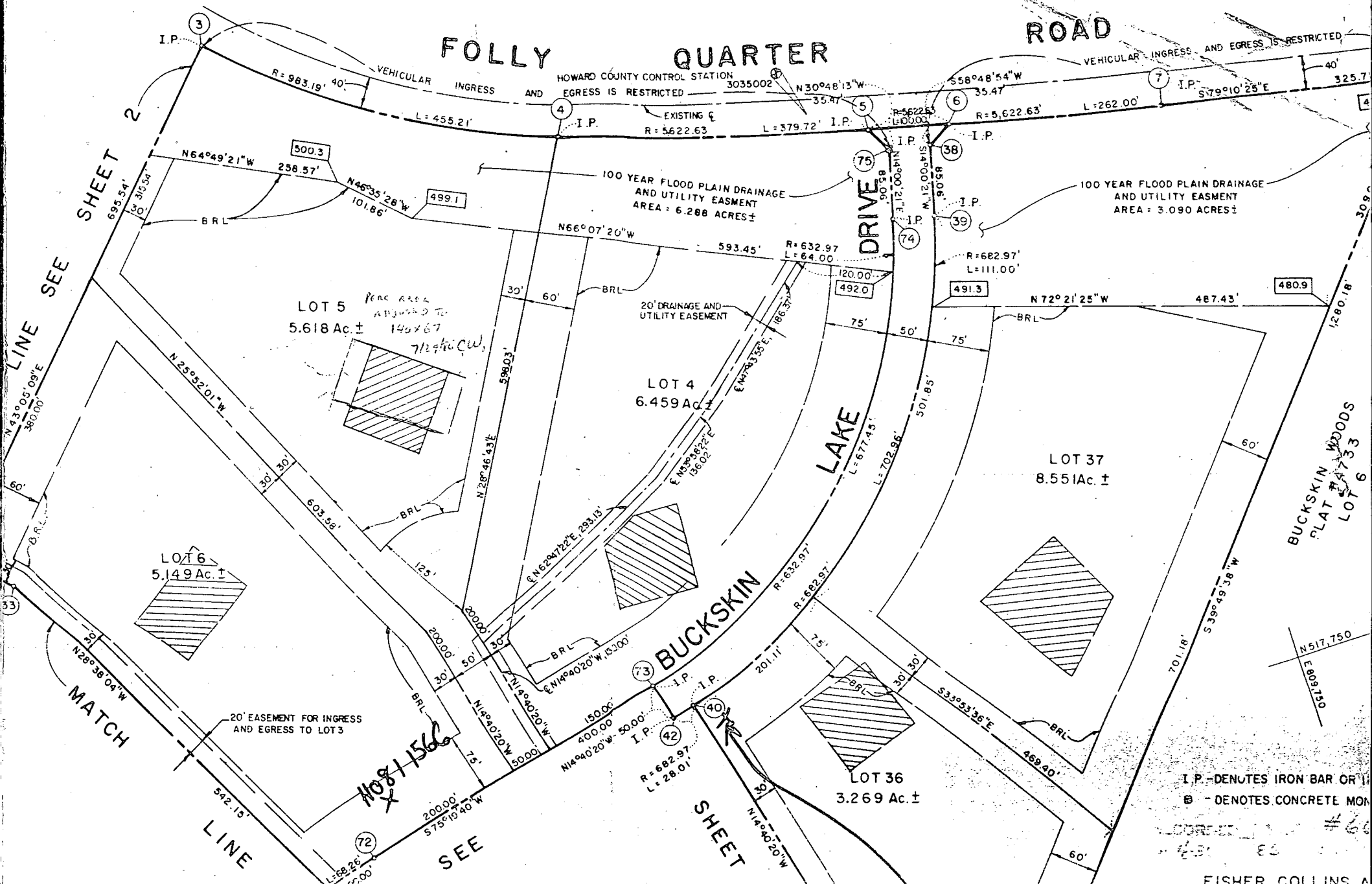
Jun. 30 2000 10:55AM P3

TEL NO.

Feb 28, 0 9:08 P.02

FOLLY QUARTER

ROAD



LOT 5
5.618 Ac. ±
PAC AREA
ADJUSTED TO
140267
71240 CW

LOT 4
6.459 Ac. ±

LOT 37
8.551 Ac. ±

LOT 6
5.149 Ac. ±

LOT 36
3.269 Ac. ±

BUCKSKIN WOODS
PLAT # 733
LOT 6

I.P. - DENOTES IRON BAR OR
C.M. - DENOTES CONCRETE MON

FISHER, COLLINS A

SEE SHEET 2

SEE SHEET

SEE LINE

MATCH LINE

SEE LINE

1081566

1517,750
E 60° 31' 00" W

SEE LINE

33

3

4

5

6

7

75

38

74

39

480.9

73

42

72

30.9

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12/21/04 BOD161586

Proposal LP Tank OK

F53



25°52'01"W

603.58

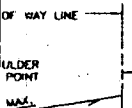
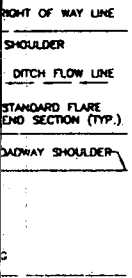
SCALE 1" = 50'

DISTANCE FROM TANK TO:

- (A) NEAREST PROPERTY LINE 21'
- (B) REAR CORNER HOUSE 11'
- (C) FRONT CORNER HOUSE 12'
- (D) SEPTIC TANK 122'
- (E) SEPTIC AREA 159'
- (F) WELL 128'

NOTES:

1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT OF WAY LINE USING STANDARD PAVING SECTION P-1 AS SHOWN ON STD. NO. OR ALTERNATE SECTION EQUAL TO TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM AND THE MINIMUM SIZE SHALL BE 12" DIA. ROUND OR 14"x9" ARCH PIPE IF LARGER PIPE IS REQUIRED, DITCH INVERT SHALL BE LOWERED TO PROVIDE MIN. DITCH GRADIENT OF 0.5% AND CLEARANCE SHOWN.
3. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY LOCATED AT OR NEAR THE CREST OF VERTICAL CURVES ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL AS APPROVED BY D.P.W.
4. THE IN GRADE OF PRIVATE DRIVEWAY SHALL NOT EXCEED 14%.



PRIVATE DRIVEWAY GRADE VARIES (RECOMMENDED MAX. GRADE 18%)

COUNTY APPLICATION

PERMIT NUMBER

B00147827 KOB

Building Address 4206 Buckskin Lake Dr
Beltsville Md 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision Buckskin Wood
Section 1 Area _____ Lot 5
Tax Map 37 Parcel 526 Grid 21
Zoning RR-OE2 Map Coordinates 10A12 Lot size _____

Property Owner's Name MARVIN W. BARRIE
3005 BRILHART MILL RD
Address 3005 BRILHART MILL RD
City HAMPSTEAD State MD Zip Code 21074
Home Phone 410 274 5532 Work Phone 214 259 3308
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use NEW RESIDENCE
Estimated Construction Cost \$ 465,000
Description of Work NEW CUSTOM SFD
3 BEDROOM, 2.5 BATH, 1.5 CAR GARAGE

Contractor Company CARTER & SAN MARCOS INC.
Contact Person KEVIN CARTER
Address 2155 GLENVIEW LA
City HAMPSTEAD State MD Zip Code 21074
License No. 00011829 (1746)
Phone 410 259 3308 Fax 410 259 8268

Occupant or Tenant General
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: <u>3</u>	Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
No. of 1 BR units: _____	NEPA #13D <input type="checkbox"/>
No. of 2 BR units: _____	NEPA #13R <input type="checkbox"/>
No. of 3 BR units: _____	Other: _____
Other Structure _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

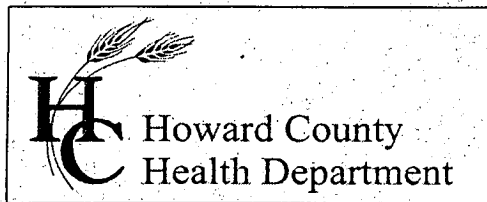
Applicant's Signature _____
Title/Company _____

Print Name KEVIN CARTER
Date 5/29/04

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/6/04</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>125</u>	<u>61887</u>
Rear: <u>Varies (See Plat)</u>	Filing fee \$ <u>100</u>
Side: <u>30</u>	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>5021</u>
	Validation # <u>40750</u>
	Accepted by <u>[Signature]</u>



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 16, 2005

Marvin Warble
3005 Brillhart Mill Road
Hampstead, MD 21074

RE: Buckskin Woods, Lot 5
4206 Buckskin Lake Drive
Ellicott City, MD 21042
BP # B00147827
Well Permit # HO-81-1611

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 11/18/2004. Final approval of the well line connection to the dwelling was approved on 12/01/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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 well permit #HO-81-1611. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 02/24/2005
Date of Well Completion: 08/07/1986

Respectfully,

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File