

7/12/89 2PM  
7/14/89 10 + 3PM  
7/12/89 2PM

7/14/89 } ① P.C.O.  
                  } ② P.C.O.  
                  } ③ P.C.O.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-399718

P 43610  
A 33661

DISTRICT 5th

DATE 2/14/89

DATE SYSTEM APPROVED 2/17/89

INSPECTOR R.H.

INDEXED

T & R Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 9921 Washington Boulevard, Laurel, MD 20707 PHONE 795-2392

SUBDIVISION Buckskin Woods ROAD 4219 Buckskin Lake Dr. LOT 34

PROPERTY OWNER Frank Sartor

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5 (specs per sheet)

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 up the right (470') lot line from the junction of the 470' and 150' lines and 120 feet off the same lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the front (358') lot line. NOTE: Per site elevation drawing, manhole cleanout required on septic tank.

NOTE - No trench to exceed 100 feet in length. OK/CW

PLANS APPROVED BY Sid 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 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

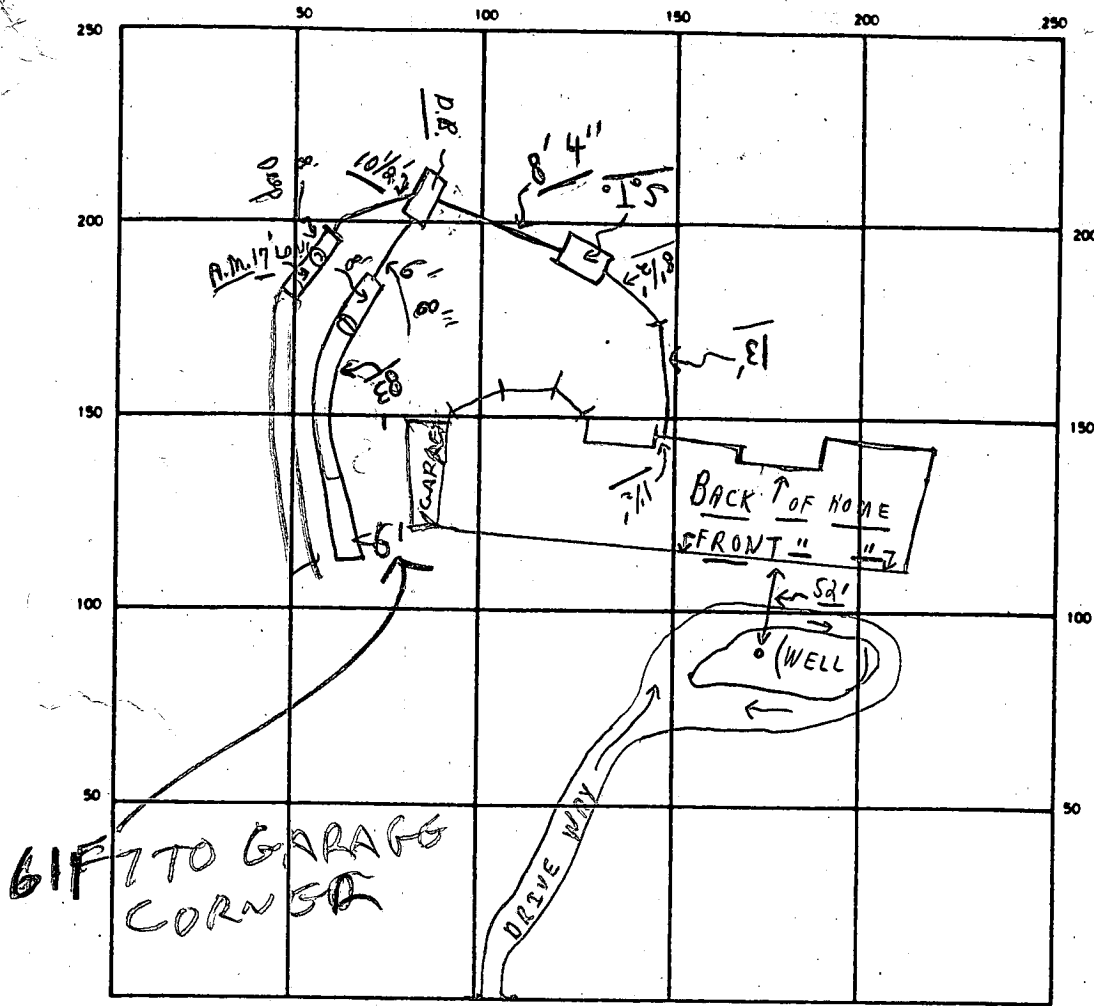
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 33661



← BUCKSKIN LAKE DR. S.T. →

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle-in)

DRAIN FIELD/TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT. <sup>0 and</sup> <sub>0</sub>

EFFECTIVE GRAVEL DEPTH 5 # 5 FT. TOTAL LENGTH 0 83 } 167 FT. <sub>0 24</sub>

NUMBER OF TRENCHES 2 ONE SIDEWALL/AREA 2.35 SQ. FT. ← Need 800

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

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

REMARKS 7/14 #1 Partial - ok for stone in #1 trench and to cover to i.d. D.Box; #2 NO CHANGE - MACHINE-FLAT TIRE, 7/14/89 LATE P.M. - CBS

#3 NO CHANGE - Partial C.B.d.

7/17/89 410 P.M. VISIT ADDING STONE & COVER KIT

DATE SYSTEM APPROVED 7/17/89 INSPECTOR Raymond Hodges

# APPLICATION

PRELIMINARY

A 33661

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.

PROPERTY OWNER Glenelg Manor Associates FRANK SARTOR

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

PROPERTY LOCATION:

(FORMERLY PART OF OLD 5)

SUBDIVISION Buckskin Farms WOODS LOT NO. 22 NEW LOT 34

8-12-85

ROAD AND DESCRIPTION Folly Quarter Road - use entrance to Glenelg Dehydrators and lots are

located behind the old sawmill. 4219 BUCKSKIN LAKE DR.

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/ Olen Ketterman for Lois M. Maisel

(SIGNATURE OF APPLICANT)

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

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 3rd/24 Perc OK / Hold for Plat 03/11

BLDG. PERMIT SIGNED  
AND RETURNED

BP 17859 6/21/88

(SFD) (P)

# 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 33661

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 3/14/84

TO: THE COUNTY HEALTH OFFICER  
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PROPERTY LOCATION:

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(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

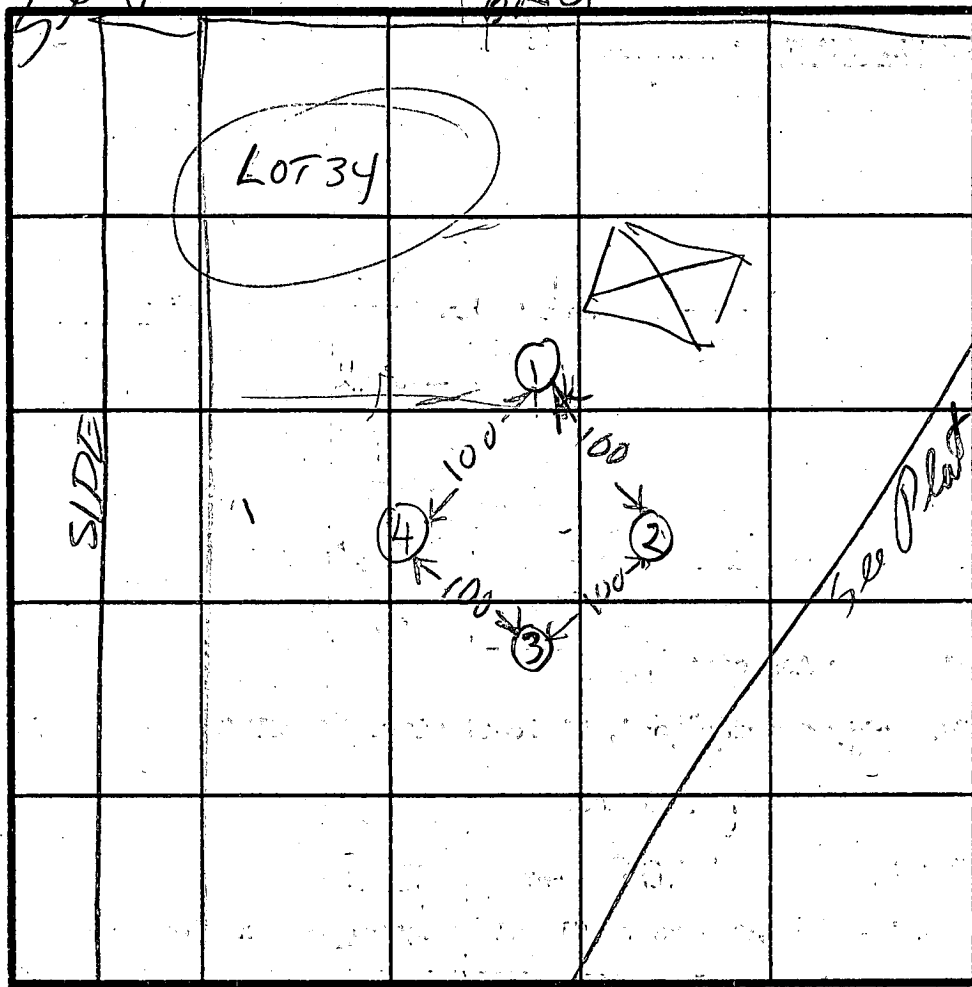
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

Lot 22  
See Plat

BACK



HOLE ELEVATION  
①② = HIGH  
③④ = LOW

TIME 3'  
INLET 3'  
BOTTOM MAX 9'

158 #/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

①  
SOIL PROFILE  
0  
BROWN CLAY  
3  
PINK & BROWN SAND LOAM

②  
BROWN CLAY  
LIGHT BROWN SAND LOAM

③  
BROWN CLAY  
PINK & BROWN SAND LOAM

④  
BROWN CLAY  
PINK & BROWN SAND LOAM  
EH-12-1079

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/20/84	1S 1V	5 1/2 12 1/2	1026 LOOKS	1020 OK	1028	1031	3
3/20/84	2S 2V	3 1/2 12	1033 LOOKS	1036 OK	1036	1039	2
	3S 3V	3 13	1042 LOOKS	1045 OK	1045	1047	2
	4S 4V	4 1/2 12 1/2	1052 LOOKS	1053 OK	1054	1055	2

REMARKS 3/20/84 Perc Holes dug per plat see plat R.H

TYPE OF SOIL  
TESTED BY R. HODGES

OKETTERMAN

ALSO PRESENT

Mind's Ease  
Sartor Home Care  
4219 Buckskin Lake Drive  
Ellicott City, Maryland 21241  
301 531-5272

A# 33661

✓ on  
10/23 P.M

October 18, 1991

HOLD FOR  
GUIDELINES

Mr. Craig Williams  
Director, Water and Sewer Program  
Bureau of Environmental Health  
3525 Ellicott Mills Drive Suite H  
Ellicott City, Maryland 21043

Dear Mr. Williams,

I am applying to the Maryland Office on Aging under Section 11, Chapter 14.11.07, Article 70b of the Annotated Code of Maryland for a certificate to operate a Senior Assisted Housing Group Home. This facility will be located at 4219 Buckskin Lake Drive Ellicott City, Maryland 21041.

"Limit to"  
4 BR.  
2 Full Baths

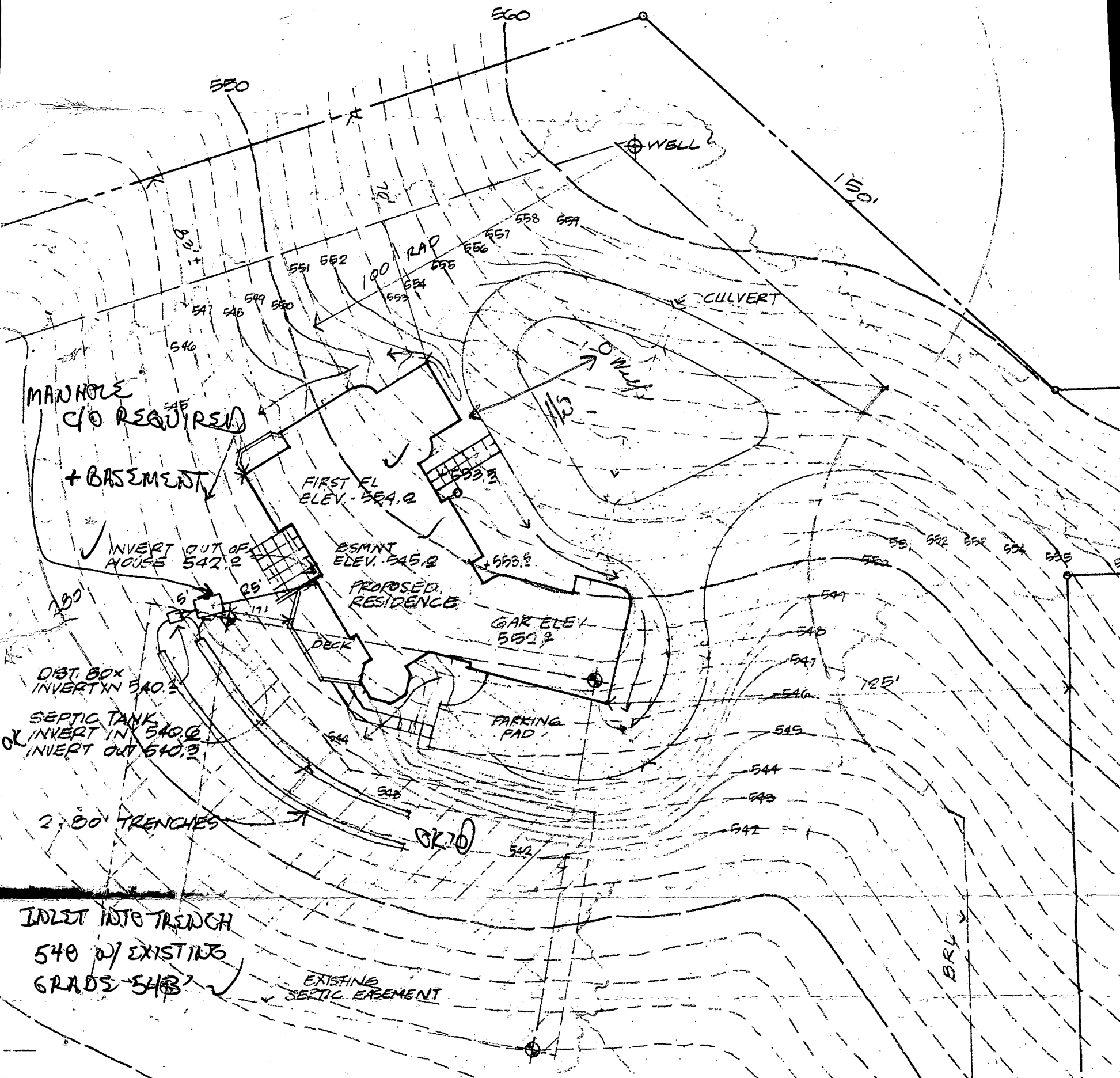
(5 BR/8ly permit)  
This property is owned by the Sartors, who are the original owners. The house contains 9 bedrooms and the intended occupancy at this time will be 8 people in 4 bedrooms. I intend to use 5 bedrooms in the future to accommodate an additional 10 people.

I need a letter of opinion from your office stating that the water and sewage facilities at the above property are sufficient for the number of people stated above.

Yours truly,  
*Sylvia Sartor*  
Sylvia Sartor

(A.M. step) 10/24/91, Rancher with basement. Left card at front door.  
Hold for a call.  
C. Bell

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
91 OCT 22 AM 11:36



REVISED COPY  
 BP 178 59 OK'D 6/21/88

BLDG. PERMIT SIGNED  
 AND RETURNED  
 6/21/88  
 5 BEDROOMS

LOT # 34  
 3.5 AC ±

STATE OF MARYLAND PERMIT TO DRILL WELL

40-81-1470 fill in this form completely

B 1 0571

SEQUENCE NO. (OEP USE ONLY)

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

please print or type

Date Received

2-10-82

OWNER INFORMATION

SANTOR CRANK

5456 WINDBORNE CA

COLUMBIA MD 21045

B 3

LOCATION OF WELL

HOWARD COUNTY

ROWNSKIN LAKE

SECTION LOT 34

GZEWELS

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

DRILLER INFORMATION

Paul Wayne License No. 80 253

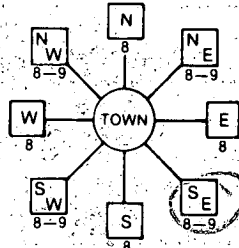
Paul Wayne Well Drilling

920 Brown Church Rd. Mt Airy

Dolph Wayne 1/5/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folley Quarter Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2000 DISTANCE FROM ROAD ENTER FT or MI 1/4

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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. 11 661 COUNTY NO.

OEP SIGNATURE DATE ISSUED

000000 CO SIGNATURE 12/1/82 EXPI. DATE

NORTH GRID 517000 EAST GRID 0819000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

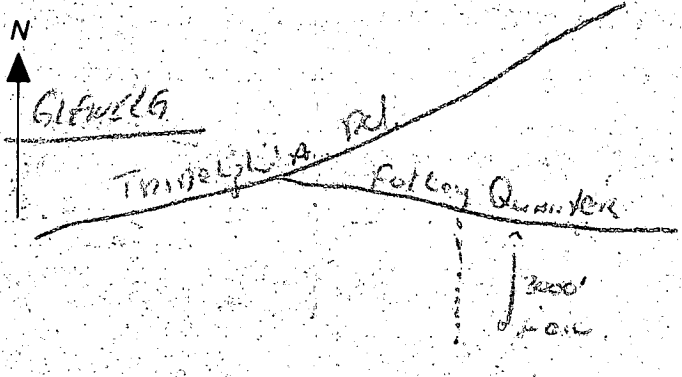
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8107
N 5107

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



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 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 25 WRITE INITIALS IN BOX PERMIT No. 40-81-1470

SPECIAL CONDITIONS

6/23/86

well location appears OK.  
boundaries not clear but appears  
to be highest area

120 sample taken (149770)

← 110  
these  
records  
→

~~100'~~ casing (2' above ground)

\* 15' open hole (soil shut apparently  
filled in)

gritted to 30+'

21 bags cement

took 60 minutes to grind

RECEIVED  
HARRIS COUNTY  
HEALTH DEPT.  
5:01 PM '86  
HARRIS COUNTY  
HEALTH DEPT.



C1 2569 (SEQUENCE NO. OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 33 66 1

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

DATE RECEIVED

DATE WELL COMPLETED 06 23 86

DEPTH OF WELL 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-1490

OWNER SARTOR FRANK last name first name STREET OR RFD FULLY QUARTER RD TOWN GLENELG SUBDIVISION BUCKSKIN LAKE SECTION LOT 34

WELL LOG Not required for driven wells.

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, and Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 21 NO. OF POUNDS 2180

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

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot) [PL] [6] [112]

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

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

DEPTH (nearest ft.) [140] [110] [205] EACH SCREEN

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 Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph S. Mayne

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

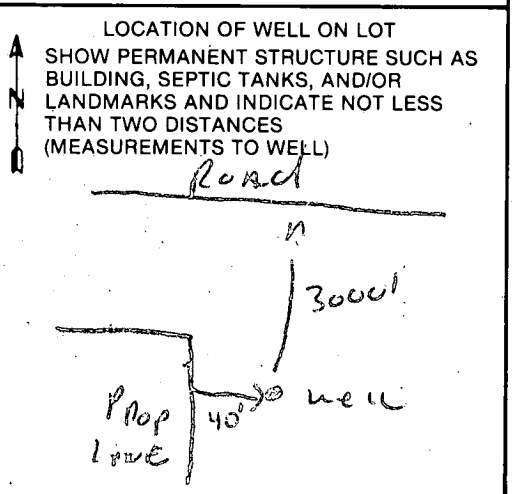
PUMPING TEST C 3

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 17 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 95 WHEN PUMPING 10 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

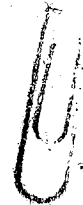
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES [NO] (CIRCLE) YES OR NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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] [- below] LAND SURFACE (nearest foot)





2/12/89 2PM



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 X Replacement      Receipt # 44050  
Date 4/25/89  
Name of Installer T & R Plumbing & Heating Telephone 725-2392  
License Number 7079  
Certified Well Pump Installer      Well Driller      Registered Plumber ✓  
Name of Property Owner FRANK SARTOR Telephone 795-2392  
Subdivision BUCKSKIN WOODS Lot # 34 Well Tag # HO-811-490  
Site Address 4219 BUCKSKIN LAKE DR

Pump  
1. Type  
a. Deep well jet       
b. Shallow well jet       
c. Submersible X  
2. Make       
3. Model #       
4. Capacity 10 GPM  
5. Pump exceeds well capacity Yes ✓ No       
6. If Yes, is low pressure cutoff switch installed? Yes ✓ No       
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards      Other     

Motor  
1. Horsepower 1/2  
2. RPM       
3. Voltage       
a. 110       
b. 220 X

Pitless Adapter  
1. Make Harvard  
2. Model #       
3. Depth 4'

Tank  
1. Capacity 42 gal equiv.  
2. Pressure relief valve? yes

Piping  
1. Type Creston  
2. Size 1"  
3. NSF and/or BOCA Code approved yes  
4. Depth of supply line 4'

Well data  
1. Depth 150-250 ft.  
2. Yield      GPM  
3. Static water level      ft.  
4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]

Date: 4/20/89

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

HD-215 6/7/89 OK TO COVER OUTSIDE WORK BH