

11/16/89
11/9/89

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-399599

INDEXED

P 45197

A 33666

DISTRICT 5th

DATE 11/8/89

DATE SYSTEM APPROVED 11/9/89

INSPECTOR R/H

Collins Company, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 7702 Gaither Road, Sykesville, Maryland 21784 PHONE 795-8618

SUBDIVISION Buckskin Woods ROAD 4285 Buckskin Lake Dr LOT 24

PROPERTY OWNER C & J Homes, Inc. PHONE: 465-4679

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 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 first trench 75 feet off the front lot line and 110 feet off the right lot line. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

S.A.M.
S. Collins ETC 11/07/89 C.B.D.

PLANS APPROVED BY Sid Abel DATE 3/07/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP 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

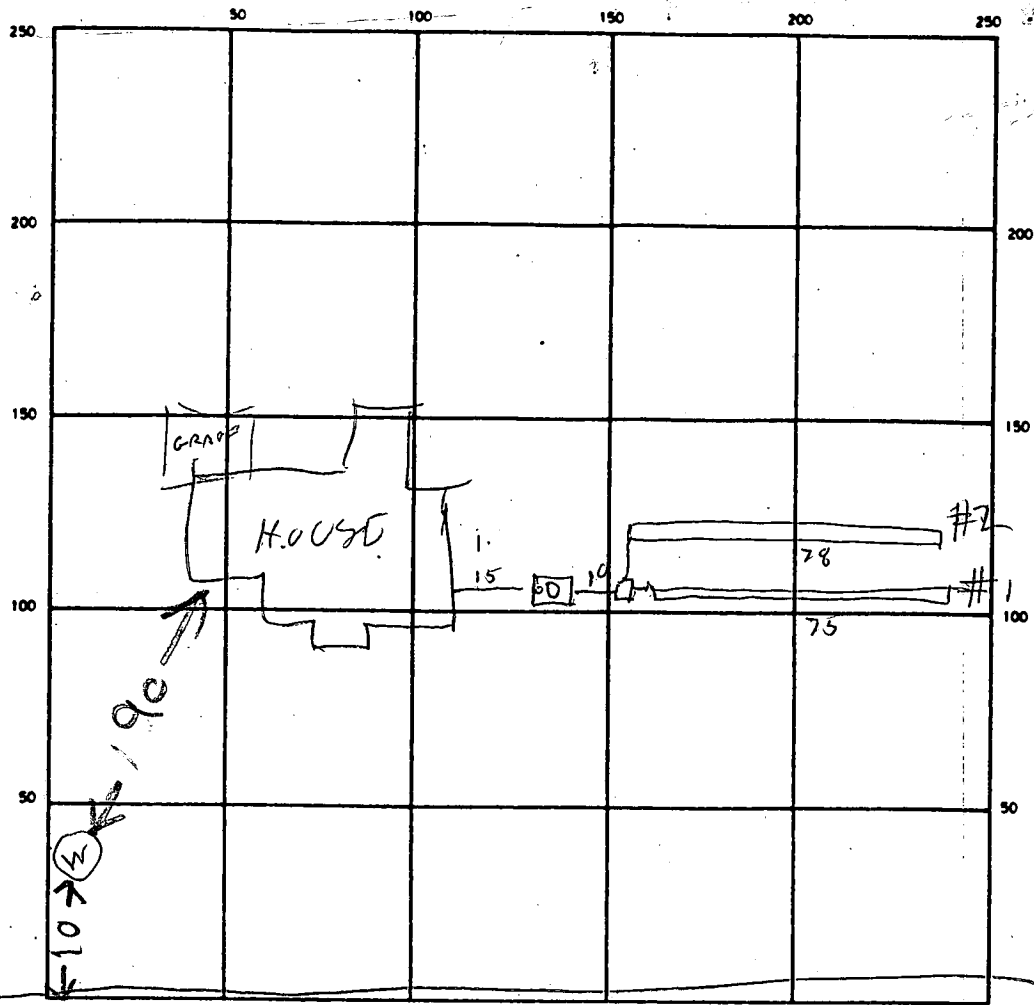
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 33666



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
BOCKSKIN LAKE DR

SEPTIC TANK LEVEL 1250

CLEANOUTS ST
PVE8 MAMMILL

DISTRIBUTION BOX LEVEL 070

DRAIN FIELD/TILE FIELD DEPTH 8 1/8 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 3 1/3 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 75 78 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 375 429 SQ FT 804 TOTAL

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

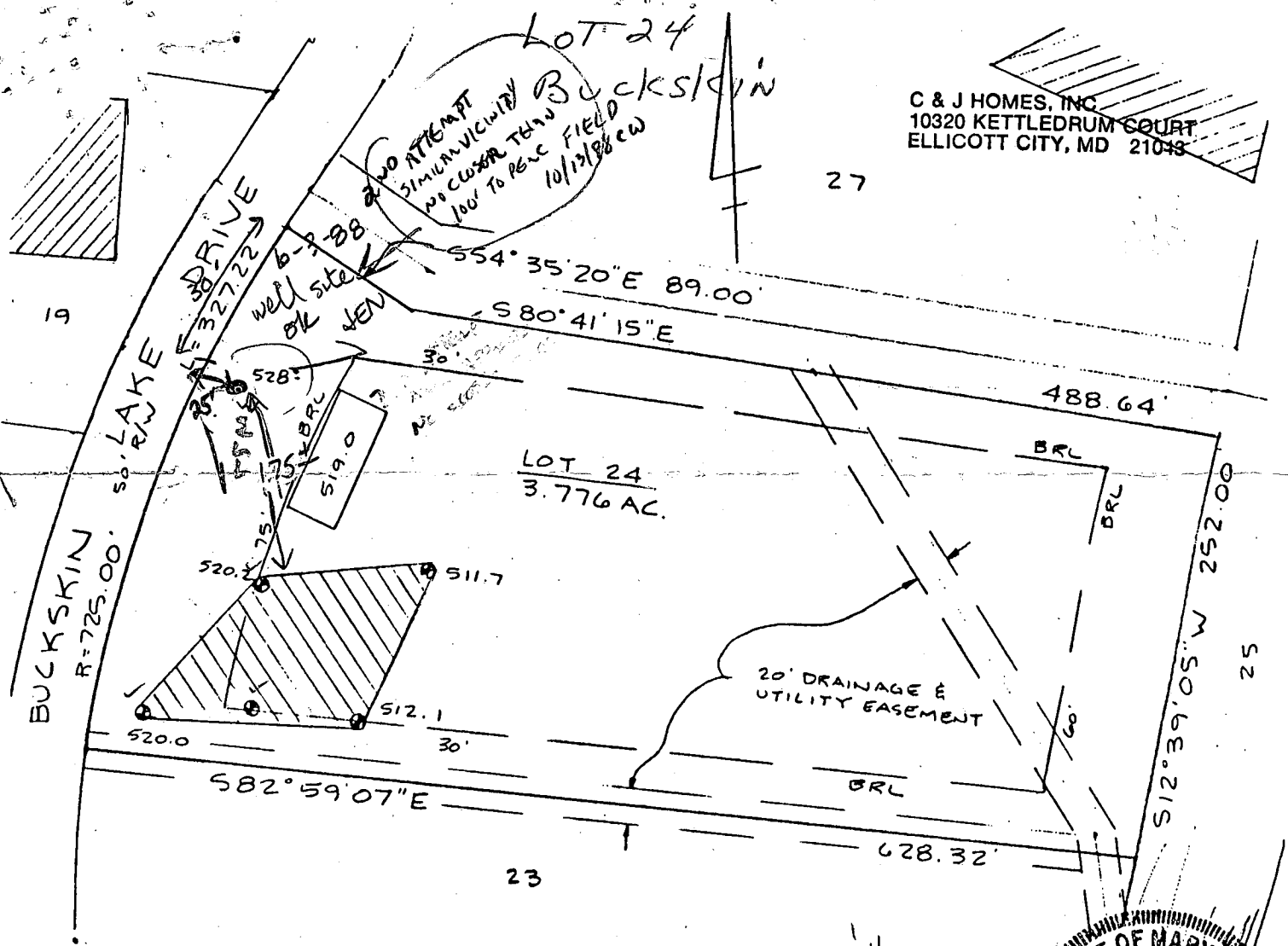
ABSORBENT AREA _____ SQ. FT.

REMARKS 11/8/89 - LOCATION OK TRENCHES #1 & #2 DUG TANK SET RH
11/9/89 - TRENCH #1 OK ADD STONE TO TRENCH #2
11/9/89 - TRENCH #2 OK TRENCH

DATE SYSTEM APPROVED 11/19/89

INSPECTOR

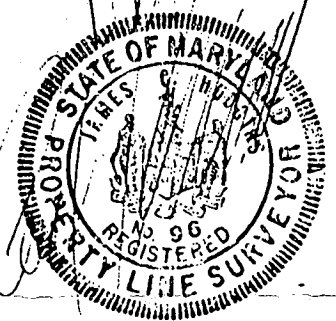
Raymond Hodges



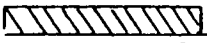
C & J HOMES, INC
 10320 KETTLEDROM COURT
 ELLICOTT CITY, MD 21043

LOT 24
 3.776 AC.

C & J HOMES, INC
 10320 KETTLEDROM COURT
 ELLICOTT CITY, MD 21043



174
 24
 298
 148
 177

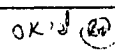
 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Joan Byler
 County Health Officer OK'd  Date 12-29-87

PERCOLATION TEST PLAT

LOT 24
 BUCKSKIN WOODS SECTION 1
 TAX MAP 22 PARCEL 526

5th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 29DEC87

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, MD 21771
 (301) 442-2031

APPLICATION

PRELIMINARY

A 32666

SEWAGE DISPOSAL TESTING

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
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

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

PROPERTY LOCATION:

SUBDIVISION Buckskin Farms LOT NO. 24

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/ Olen Ketterman for Lois M. Maisel

(SIGNATURE OF APPLICANT)

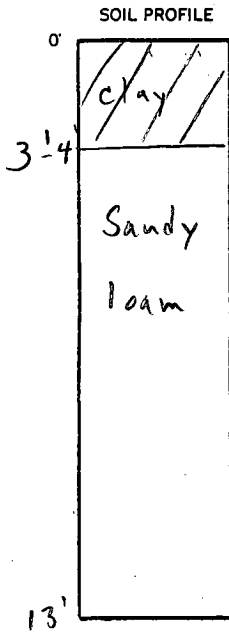
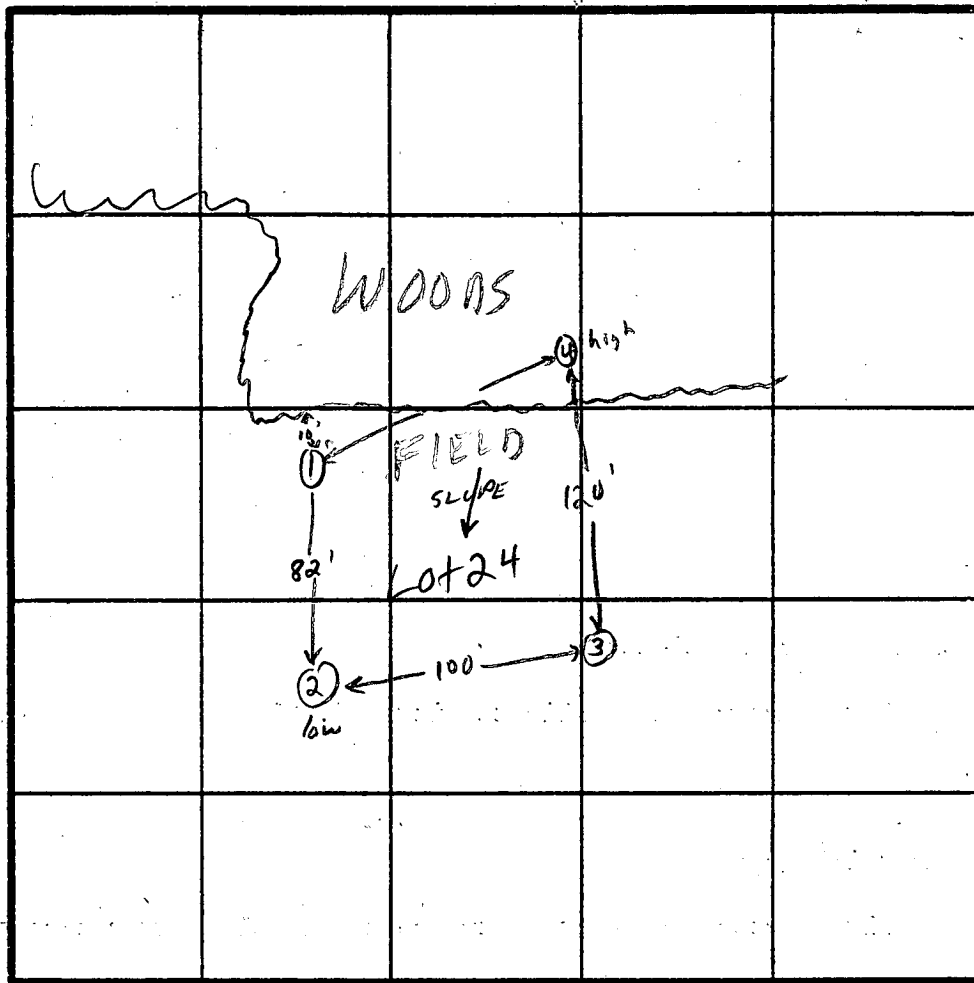
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/27/84	1	4 1/2'	3:11	3:13	3:13	3:19	6 mi	
	1A	12'	Sandy loam below top 3' clayey soil					
	2	4'	3:15	3:20	3:20	3:35	15 mi	
	2A	12 1/2'	Sandy loam below top 3' clayey soil					
	3	4'	3:18	3:22	3:22	3:31	9 mi	
	3A	13'	Sandy loam below top 3 1/2' clayey soil					
	4	3'	3:20	3:24	3:24	3:33	9 mi	
	4A	13'	Sandy loam below top 3' clayey soil					

REMARKS lot lines not apparent

TYPE OF SOIL Sandy loam below top 3-4' clay

TESTED BY F.S.

ALSO PRESENT G. Wetteman Sr. & Doug Phebus

11/20/89

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 # 43202
Date 11/09/89
Name of Installer J. Jos. GATLAND, Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner C&J Homes, Inc. Telephone 465-4679
Subdivision Buckskin Woods Lot # 24 Well Tag # HU-84-2778
Site Address 4285 Buckskin Lake Dr.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # 10EJ05422
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

Pitless Adapter
1. Make HAVARD
2. Model # P5800
3. Depth 42"

Tank
1. Capacity 429A1
2. Pressure relief valve? 25psi

Piping
1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

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

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: 11/7/89

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

11/20/89 - OK TO COVER OUTSIDE WORK R/J
HD-215

C1 9562 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 5550

DATE RECEIVED

DATE WELL COMPLETED 10/28/98

DEPTH OF WELL 105 (TO NEAREST FOOT)

PERMIT NO. 10-81-2773

OWNER HOMES INC C+J
STREET OR RFD BUCKSKIN LAKE DRIVE TOWN GREENBELT
SUBDIVISION BUCKSKIN WOODS SECTION 1 LOT 24

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. Rows include Top Soil, Sandy, Sandstone, Gravel, Sandstone.

GROUTING RECORD
WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 11 NO. OF POUNDS 1100
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

CASING RECORD
MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)
PL 4 50

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

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

DEPTH (nearest ft.)
EACH SCREEN 1 40 42 105

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

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25
WHEN PUMPING 32
TYPE OF PUMP USED (for test) 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 (nearest foot)

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

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

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE

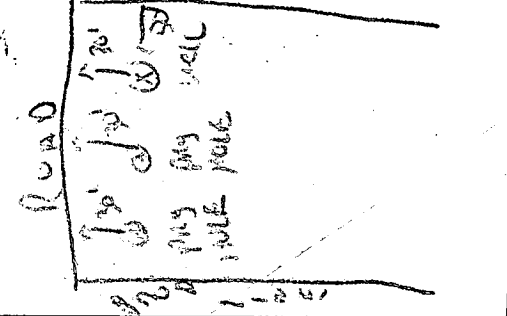
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT FIN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



7081 SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER **HO-81-2778**

fill in this form completely

OWNER INFORMATION

Date Received (APA) **042888**

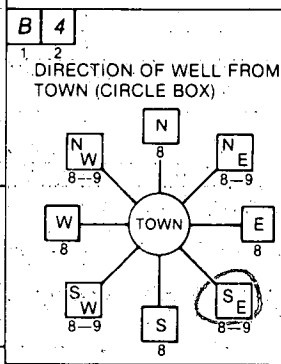
CES HOMES INC Owner
Ralph Mayne First Name
10320 KETTLEDRUM CT Street or RFD
ELLICOTT CITY MD 21043 Town State Zip

LOCATION OF WELL

HOWARD COUNTY
BUCKSKIN WOODS SUBDIVISION
 SECTION **1** LOT **24**
GLEBELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION

Ralph Mayne Driller's Name
273 License No. 80
Ralph Mayne (Well Drilling) Firm Name
9120 Brown Church Rd. Mt Airy Address
Ralph Mayne Signature **4/17/88** Date



BUCKSKIN LAKE DR. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: **35** FT or MI **F+**

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)

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 COUNTY NAME
A35550 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ DATE ISSUED _____

060685 CO SIGNATURE **B. Nylor** EXP. DATE **12/06/88**

NORTH GRID **516000** EAST GRID **0809000**

APPROXIMATE DEPTH OF WELL **150** 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

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8009 (North)
5106 (East)

10/28 / Well pull
 50' casing
 40' open / puller
 11 bags of cement
 3' casing above collar
 1-Tag at site.

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

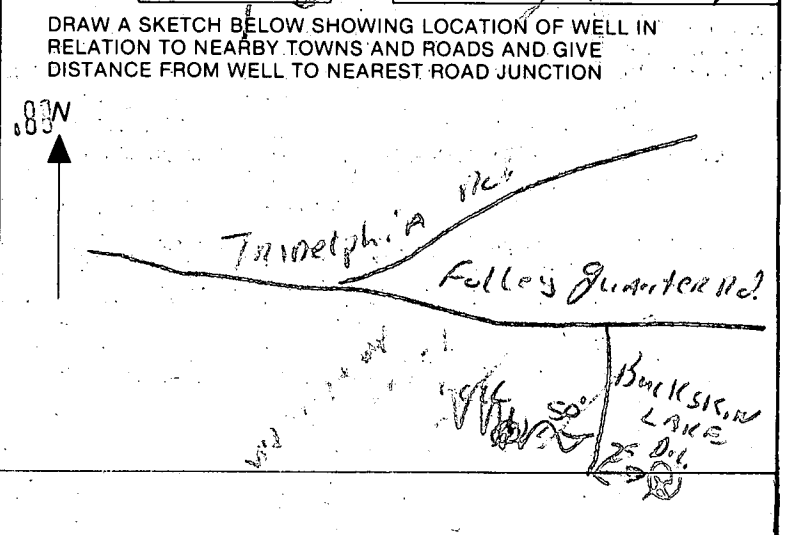
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **5E**

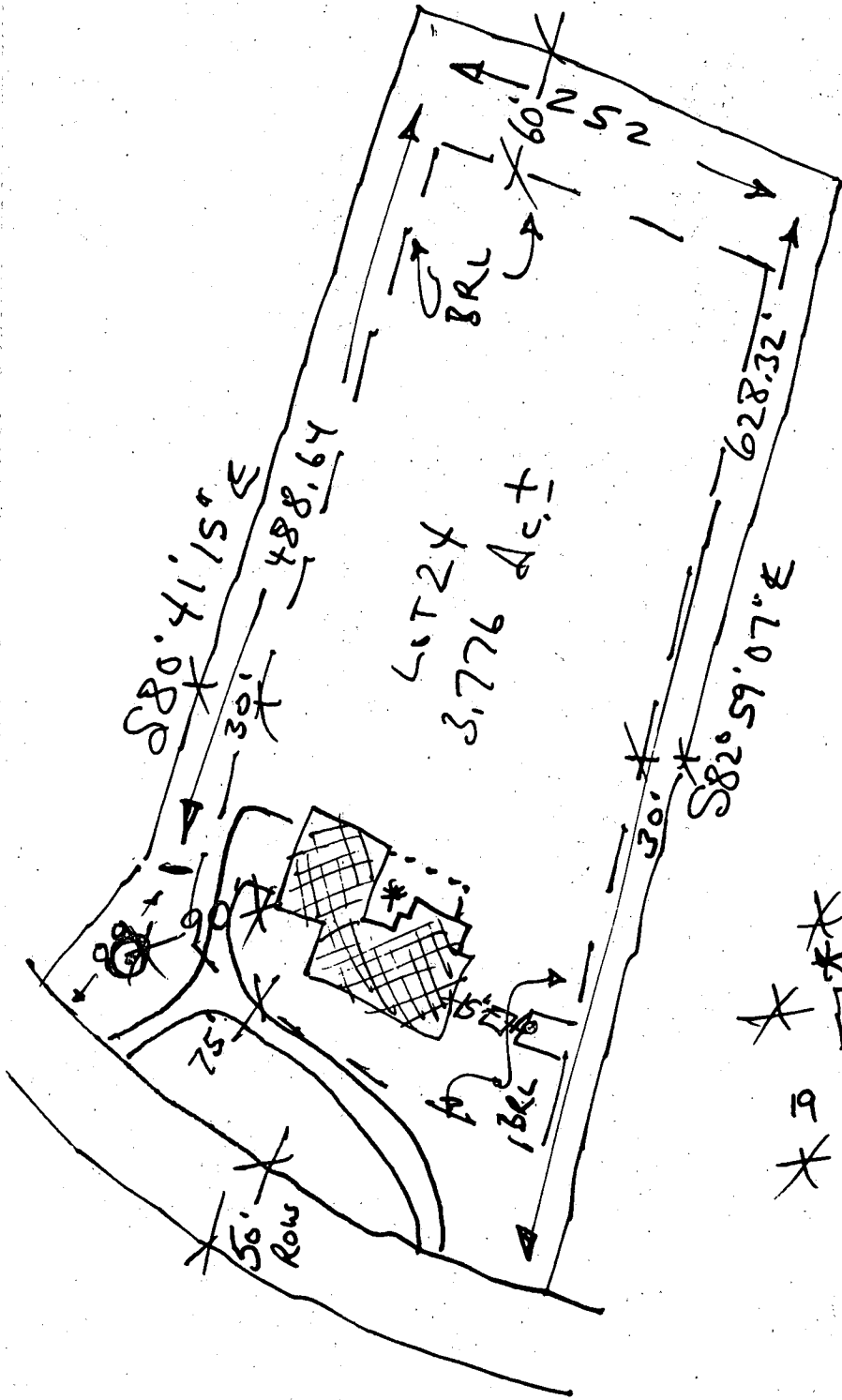


Not to be filled in by driller (OEP USE ONLY)

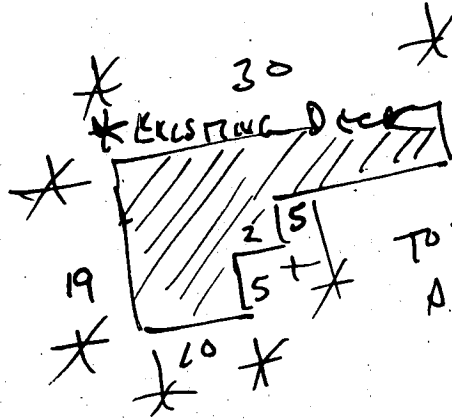
APPROP. PERMIT NUMBER **GAP**

FORCE **100** WRITE INITIALS IN BOX PERMIT No. **HO-81-2778**

SPECIAL CONDITIONS



BP Plan approved
 for existing/replacement
 deck S/26/99-SRK



TO BE REMOVED
 AND REPLACED

Backsaw Wood
 Section I
 TAX MAP 22
 PLOT 535
 GRID 22

MAP COORDINATES
 10 A.12