Water 140 By MARYIAN

05-381622

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY

INDEXED

P 3075 3 A 24014

DATE 7/2/80

BLDG. PERMITE SIGNED

AND RETURNED 4/2

	William E. Doyle -		IS PERM	MITTED TO	INSTALL X	LTER
DDRESS	5312 Emerald Drive, Sykesy			PHONE	795-3210	
SUBDIVISION	Highland Lake	#66 ROA	35 Prestu	wick Drive	LOT	21, Sec. 1
PROPERTY OV	WNEROskar Schulz	Hon F	shbein			
DDRESS	6610 Blackwatch Lane, High	nland, Md.	20777	PHONE:	988-9098	
SPECIFICATIONS	4 Bedrooms SEPTIC TANK CAPACITY	T, BOTTOM AREA T, BOTTOM ARE VALL AREA RADE. MAXIMUI	A SQ. F SQ. FT.	₹Т.	BLDG. PERMIT : AND RETURNED SELECT # ORIGINAL GRADE	Stulm
if the	FACING LOT FROM As per approved plans At 4, eff. depth and assed in conjunction	Starti	total	160 \$/	Led room Led ro	
	VED BY Fred Frommelt CUNTIL INSPECTED AND APPROVED.	100	A	DATE	7/2/80	60. p
NOTE: IF TREM NOTE: NO DR' NOTE: ALL PIP PERMIT VOID AFT	WARD COUNTY COUNCIL NOR THE HEALTH INCH IS USED CALL FOR INSPECTION BEFORE Y WELL SHALL EXCEED 15 FOOT IN DIAMETER FE FROM HOUSE TO DISPOSAL AREA MUST BUTTER THREE YEARS. IL STAND PIPE ON SEPTIC TANK AND DRY WE	PLACING GRAV R. E CAST IRON.	EL IN TRENCH.	of Br. Boo is posal on progres +	o exist 7.50 958	rosen for ve yo

BIOG. PERMIT SIGNED

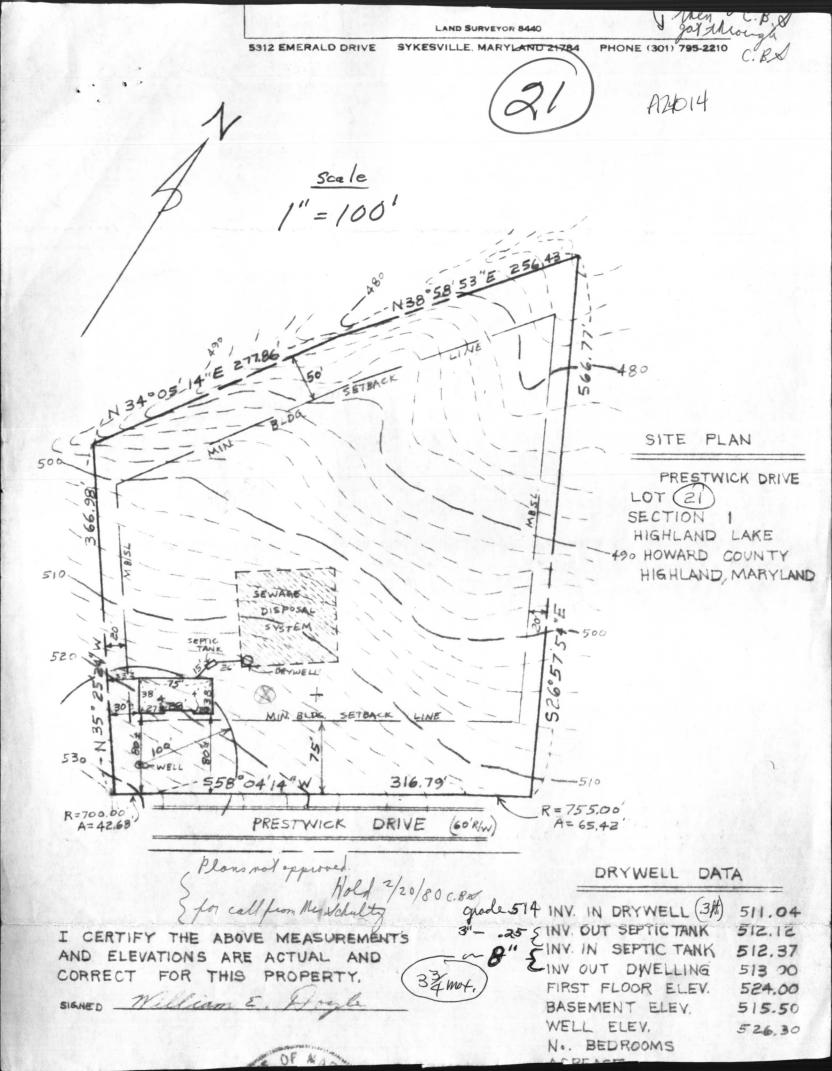
AND RETURNED 5/

Secral # 25268 Tennis Count & Fence

DAUG. PERMIT SIGNED

AND RETURNED 1/2

Servil # 30542



APPLICATION

A 24014

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356 DATE 9/15/76

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 Mr. Walter Bucher
Highland Partnership
ADDRESS 8777 First Avenue PHONE (8)-588-5100
PROPERTY LOCATION: Silver Spring, MD 20901
SUBDIVISION We LOT NO. 93 93
SUBDIVISION High land take LOT NO. 93
BOAD AND DESCRIPTION DESCRIPTION
ROAD AND DESCRIPTION River Clyde Drive
SIZE OF LOT TYPE BLDG,
IF NOT SINGLE RESIDENCE DESCRIBE
IF NOT SINGLE RESIDENCE DESCRIBE
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.
SIGNATURE OF APPLICANT A A STATE OF A STATE
SIGNATURE OF APPLICANT /s/ Mr. Walter Bucher
APPROVED BY
(KIND OF SYSTEM)
REJECTED BY DATE
HOLD PENDING FURTHER TESTS
DATE
REASONS FOR REJECTION OR HOLDING

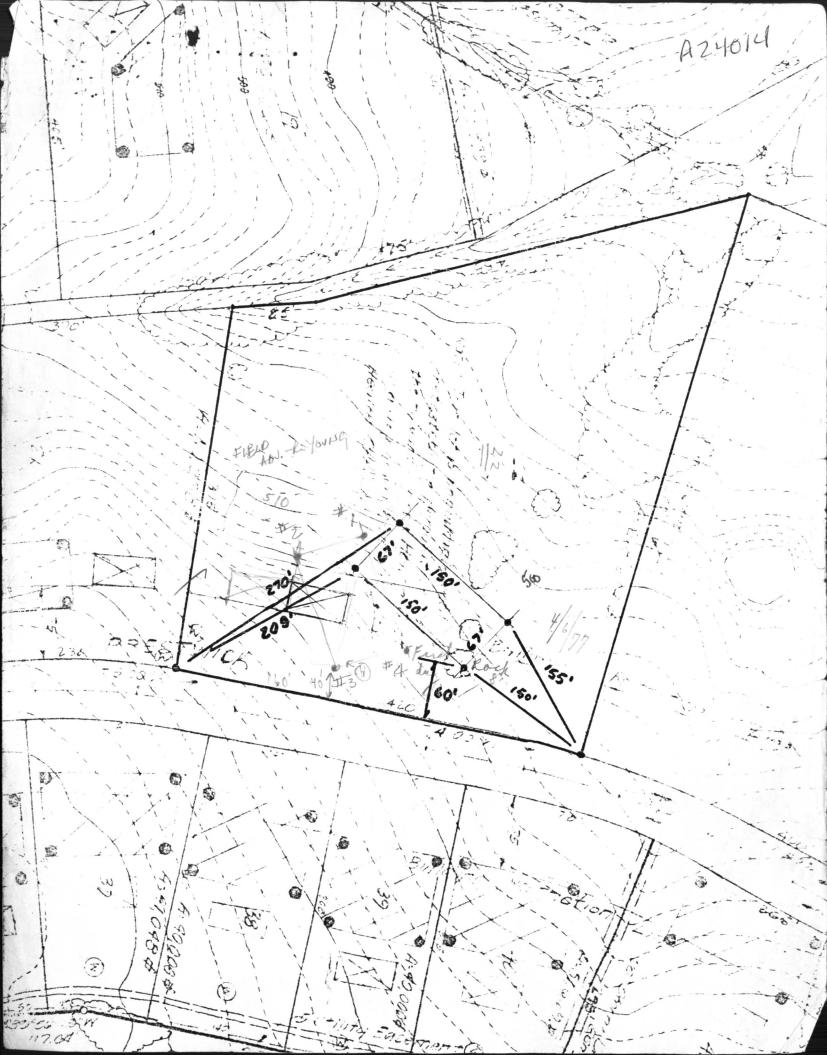
THIS IS NOT A PERMIT

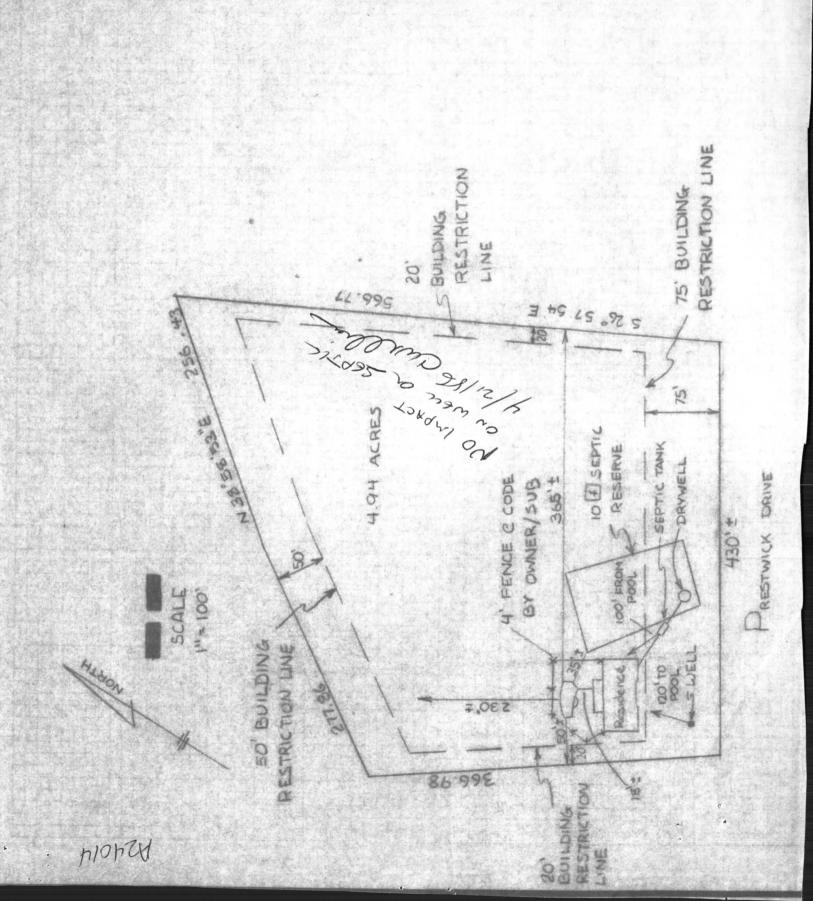
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	90-9	5 3	D2 10	
7	98		/00′	n
	E 546	80	3)4	`€ >¶
				38
	ICATE NORTH NAME ADJOINING	ROADWAY AS BASE		108 934 47

			81	ver (les	le P	we		
Tool Profele	DATE	TEST NO.	DEPTH	PRE-	STOP	TEST - 1 START	DROP STOP	TIME	
1-3'0	6/9/74	/	3' s	10:32	10:34	10:34	10:37	3~	
100		(H) Z	11/2 0	10:31	10:33	10 ; 33	10:36	3~	
1-2' Can		3	2's	10:15	10:17	10:17	10:20	3-	- Unlet
1 Loon		(L) 4	120	10:15	10:22	10 :22	10:26	4u	3
1-3'00		~ 5	3' 5	10:21	10;22	10:22	10:25	3m	
7/2 Landy 1		(L) 6	101/20	10:21	10:25	10;25	10135	100	
γ.		(H) 7	1-1	(Ve	inal	1-5' CE	my 6	26	- Sum
							0 -		
	-					. 1			-

REMARKS	Open field Nole	above Sence row
TYPE OF SOIL	Vandy Loam	
TESTED BY	C. B. ALSO PRESENT:	Ketterman + Von

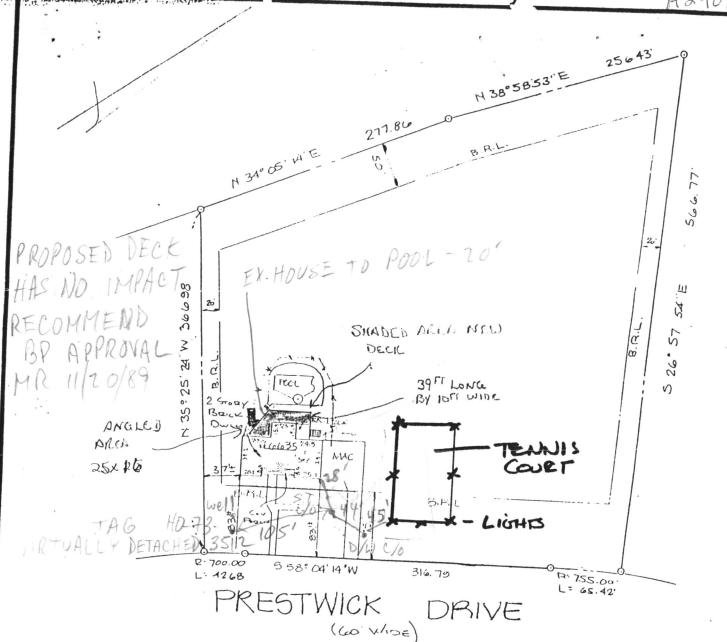
also brother





DNR-214 (7-77)			March 1	F. 44 . 4 . 4 . 4			
c 1 2338	WRA USE			STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION		
1 2 3 - (SEQ. NO.) 6:			TAW	WATER RESOURCES ADMINISTRATION ES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401	FILL IN THIS FORM COMPLETELY		
(THIS NUMBER IS TO BE PUNCH IN COLS. 3-6 ON ALL CARDS)	ED			WELL COMPLETION REPORT	COUNTY RAYON		
DATE RECEIVED	10	0 1	116	DEPTH OF WELL	ERMIT NO. FROM "PERMIT TODRILL WELL"		
	DATI	E WELL C	OMPLET		40-73-35/3		
			II	22 (TO NEAREST FOOT) 26	28 29 30 31 32 33 34 35 36 37		
8-13		1	2		TIFICATION NO.		
OWNERLAST NA	ME	12		Inc. Oskar	ST NAME		
STREET OR RED	5 4	0050	eve	1+ 61	kesville MD 2/784		
WELL L	OG		WELL	GROUTING RECORD VEG NO C 3			
STATE THE KIND OF FORMATIO	NS PENET			WELL HAS BEEN GROUTED	2 3 (SEQ. NO.) 6		
DESCRIPTION		ET	CHECK IF WATER BEARING	TYPE OF GROUTING MATERIAL (CIRCLE BOX)	PUMPING TEST		
(USE ADDITIONAL SHEETS	FROM	то	BEARING	EM BIC	PUMPED (TO NEAREST HOUR)		
				45 46	8 9		
					S PER MINUTE TO NEAREST GALLON)		
harron saille	0	19"	4.67	GALLONS OF WATER METHO	USED TO OUG - MC of		
and dioare				DEPIR OF GROUT SEAL (TO NEAREST FOOT)	E FOMPING RATE		
agravel	18-5			FROM FT. TO FT. BEFORE			
1.	101	1/0	1	(ENTER O IF FROM SURFACE)	G 17 20 FOOT)		
3Chist	14.	40		CASING RECORD VINSERT CASING RECORD VINDERT CO WHEN PUMPIN	G 22 (NEAREST FOOT)		
mode	The I		11	(APPROPRIATE) TYPE	OF PUMPED USED (CIRCLE APPROPRIATE BOX)		
water	tien.		-	ariow /	AIR P PISTON T TURBINE		
				PLASTIC OTHER 27	27 27		
3chist	42	137	/	MAIN NOMINAL DIAMETER TOTAL DEPTH 27	CENTRIFUGAL R ROTARY O OTHER (DESCRIBE 27 BELOW)		
				CASING TOP (MAIN) CASING OF MAIN CASING TYPE (NEAREST INCH) (NEAREST FOOT)	JET S SUBMERSIBLE		
water	T			6 20 27	27		
	142			60 61 63 64 66 70			
L	137	1	,	C DIAMETER DEPTH (FEET)	PUMP INSTALLED F PUMP (WRITE APPROPRIATE LETTER IN		
Schist	101	150		c l	SEE ABOVE: A, C, J, P, R, S, T, 0)		
				(CIRC)	R WILL INSTALL PUMP LE APPROPRIATE BOX) Y N		
				G CAPACI	TY:		
					S PER MINUTE AREST GALLON) 31 35		
					ORSE POWER		
				CODE OR BRONZE PUMP C	37 41		
				PL OT	SING HEIGHT (CIRCLE APPROPRIATE BOX		
				C 2	AND ENTER CASING HEIGHT)		
				1 2 \$3 (SEQ. NO.) 6	BELOW LAND SURFACE (NEAREST		
				E DEPTH (NEAREST WHOLE FOOT)) FOOT)		
			100	E 1 1 0 1 15 17 21 N SHO	LOCATION OF WELL ON LOT W PERMANENT STRUCTURE SUCH AS BUILDINGS.		
				S 2 I INDI	TIC TANKS, AND/OR OTHER LAND MARKS AND CATE NOT LESS THAN TWO DISTANCES ASUREMENTS TO WELL).		
CIRCLE APPROP			TUIS	R 23 24 26 30 32 36	H		
A WELL WAS ABANDONED WELL WAS COMPLETED	AND SEAL	LU WHEN	IHIS	E 3	47		
E ELECTRIC LOG OBTAINED				38 39 41 45 47 51 SLOT SIZE 1, 2, 3,	10		
P TEST WELL CONVERTED T	O PRODUC	TION WE	LL	DIAMETER OF SCREEN (NEAREST INCH)	1		
I HEREBY CERTIFY THAT I HA	OVE-CAPT	IONED "	PERMIT	56 60 TO	1,00		
TO DRILL WELL", AND THAT IN THIS REPORT IS TRUE, AC TO THE BEST OF MY KNOWLE	CURATE.	TION CON	TAINED	GRAVEL PACK	1		
BELIEF. DRILLERS NAME	JUE, IN	ORMATIC	AND	FLOWING WELL CIRCLE BOX 68 F	V .		
(PLEASE (1)00 (1)	Po	oh.	+	WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Xwell		
PRINT)	NE I	nal	1	70			
SIGNATURE Miny 9/	Rei	cha	1	TELESCOPE LOG OTHER DATA CASING INDICATOR AVAILABLE	estwick Drive		
			A BLOOM OF	CASING INDICATOR AVAILABLE			

, 4 FEB 11 10 25 AM '80 HOWARD COUNTY HEALTH DEPT. ELLICOTT CITY, MD.



I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES.

MOTER SUNC MINOWH AS LOT 21 AS SHOWN OF PLAT OF "LIBET SOF 4, SECTION ONE, HIGHLAND LAKE" RECORDED IN HOWARD LO. MD. IN PLAT CMP # 5809

12.20.86 Jan C. Mellema J. REG. NO. 107



LOCATION SURVEY

6635 PROGETY A DRIVE

HOWARD CO. MD.

SCALE

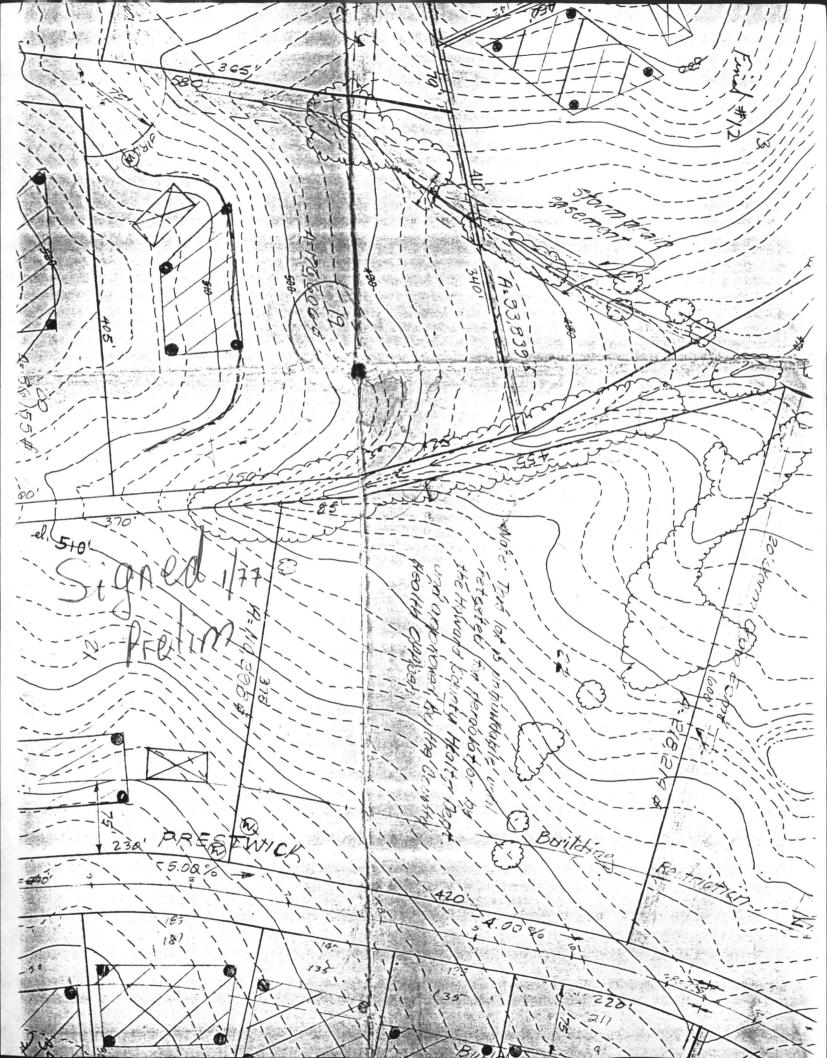
DATE 12.20.86

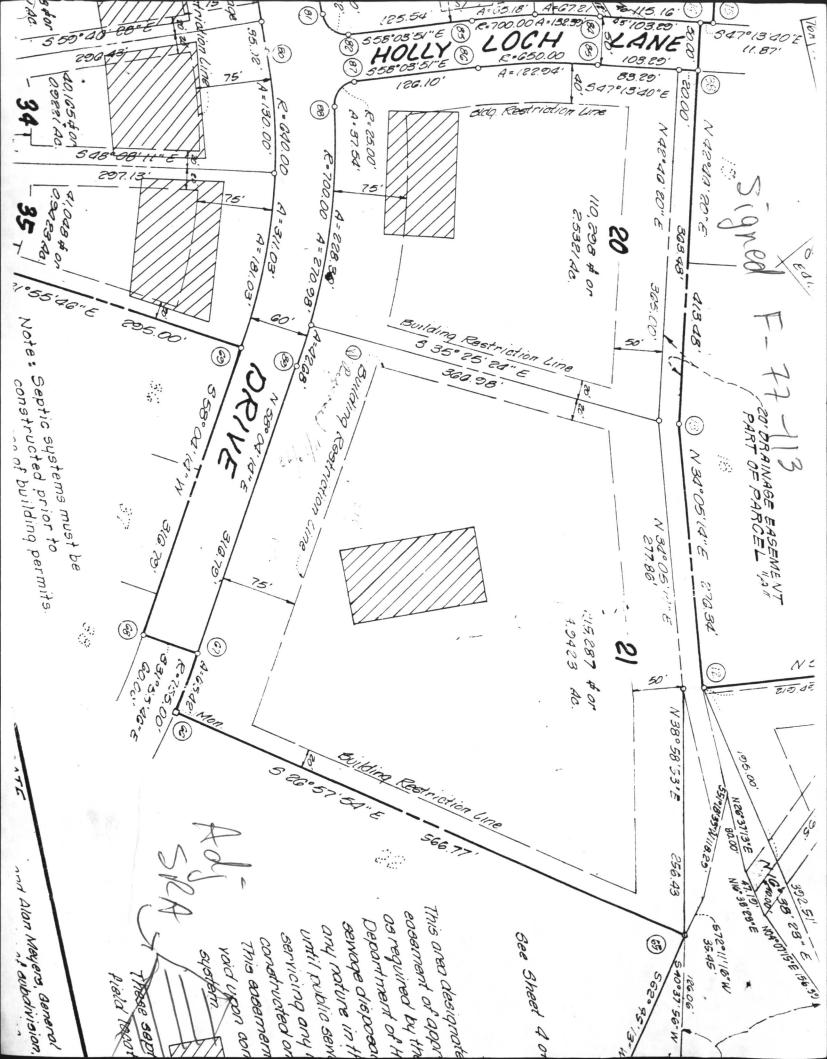
JOHN C. MELLEMA SR., INC. LAND SURVEYORS

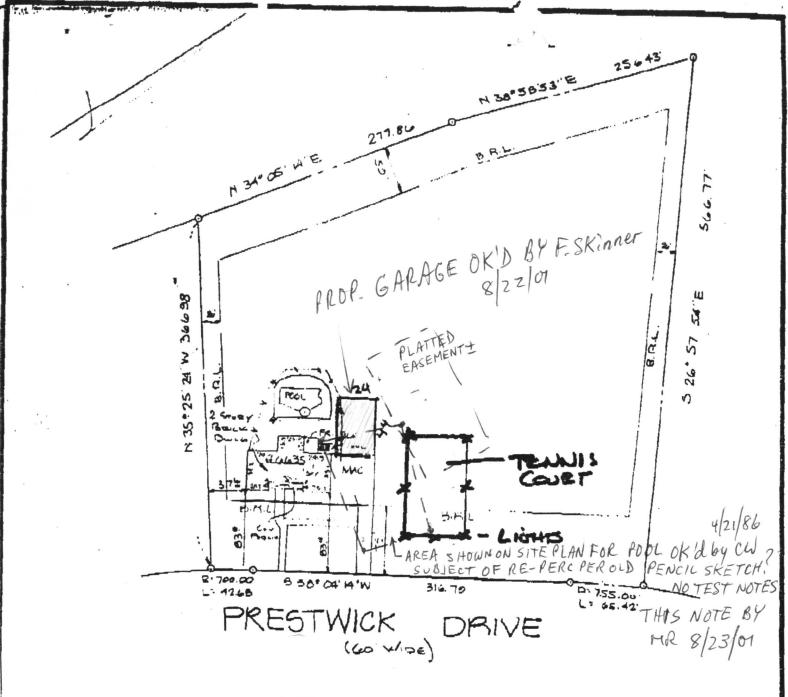
6100 BALTIMORE NATIONAL PIKE-BALTIMORE, MARYLAND 21228

JOB NO. <u>86</u>2588

HOWARE BEALTH UEPT lov 9 8 43 AM 185 LATIRONNA HEALTH







I HERET CERTHY THAT I HAVE MADE A BURYEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN,

THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES. MOTER SON AND IN PLAT DE SECONDED IN HOWARD LOS MON PLAT OF MEDICAL SON AND IN PLAT DAMP # 5800

12.20.86 In C. Mellema 4. HER. NO. 107



LOCATION SURVEY

6635 FROMING A DRIVE

HOWARD CO. MD.

SCALE

JOHN C. MELLEMA SR., INC. LAND SURVEYORS

12.20.86

DATE

6100 BALTIMORE NATIONAL DIVE - BALTIMODE MADVI AND

JOB NO.

(ere 6 and DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS **PERMIT NUMBER HOWARD COUNTY** 100131392 ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810 PERMIT APPLICATION AUTOMATED INFORMATION (410) 313-3800 Property Owner's Name Alan Fish Building Address (0635 Prestwick Dr. 6635 Marylano State MD Zip Code 2077 city Highland SDP/WP/Petition #: Home Phone 410 -461-35 Work Phone Grid Zoning (CD) Elliap Coordinates 14 A) I Lot size Additions, El Contractor Company Existing Use Proposed Use Contact Person Michael Payne Estimated Construction Cost \$ Address 4905 Manor State MD Zip Code 2/042 Phone 410 - 720-0176 OWNER Occupant or Tenant Engineer or Architect Company Contact Name Contact Person Address Address Zip Code Zip Code State City State Phone Fax Fax **BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL** Utilities Utilities **Building Characteristics Building Characteristics** Water Supply: Water Supply: SF Dwelling □ SF Townhouse □ Height: Public Depth Public No. of stories: Private 1st floor: Private Sewage Disposal: Sewage Disposal: 2nd floor: Public Gross area, sq. ft. per floor: Private Private Finished Basement

Unfinished Basement Crawl space ☐ Slab on Grade ☐ No. of Bedrooms Electric Yes | No | Electric Yes D No D Yes D No D Yes□ No□ Use group: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: Heating System: Heating System: Electric S. Oil Construction type: Electric Oil O No. of 2 BR units: Natural Gas Reinforced Concrete No. of 3 BR units: Propane Gas Structural Steel Propane Gas Masonry Other Structure: Sprinkler system: N/A □ Sprinkler system: N/A □ Wood Frame Dimensions: Full NFPA #13D Footings: Partial NFPA#13R Roof: Other Suppression Other: State Certified Modular # of Heads State Certified Modular Manufactured Home AGREES AS POLLOWE: (1) THAT HE/SHE BI AUTHORIZED TO MAKE THIS APPLICATION; (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICULATION SOFT. Print Name

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY-

		I OIL OIL I LOSS CON			-(((
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:	519
Land Development, DPZ	_/_/		Front:	Filing fee	3.00
State Highways	1.11		Rear:	Permit fee	190
Building Official	1/18/01		Side:	Excise tax	S
Dev. Engineering, DPZ			Side St.:	Sub-total paid	\$
Health 8-2	2p-01	Trank Shini	All minimum setbacks met?	Add'l permit fee	\$
Fire Protection			YES D NO D	TOTAL FEES	\$
Is Sediment Control approve	al required prior t	o issuance?	Is Entrance Permit required?	Balance due	\$
YES D 1	NO 🗆		YES D NO D	Check	13912
			Historic District?	Validation	
CONTINGENCY	CONSTRUCTI	ON START:	YES D NO D		
ONE STOP SHOP	P: 🗆		Lot Coverage for NewTown Zone		
			SDP/Red-line approval date	Accepted by	(()

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA