PERMIT

4/9/ p 36743

A 24023

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X**992XX330**X 461-9933 05-383277

INDEXED

ELLICOTT CITY

DISTRICT____5th

DATE 4/02/86

	Oskar Schulz, Inc.	IS PERM	ITTED TO INSTALLX ALTER
ADDRESS 6610	Blackwatch Lane, Highland,	MD 20777	PHONE
SUBDIVISION Hig	hland Lakes	OAD <u>6526 River Clyd</u>	<i>e Dr</i> . LOT <u>45</u>
PROPERTY OWNER	Oskar S	Schulz	
ADDRESS			
IF GARBAGE GRINDER	R IS USED INCREASE SEPTIC TANK CAPAC	ITY BY 50% AND ABSORPTION	
GARBAGE GRINDER?	YES NO _X		and refurned 2-27-02
SEPTIC TANK CAPACIT	TY1250 GALLONS NUM	BER OF BEDROOMS4	18×40 IC POOL
TRENCHES -	original grade. Bottom ma	ximum depth 9 feet	wide. Inlet 4 feet below below original grade. Effective 5 feet of stone below distribution
LOCATION -	pipe. Start the first trench 160 left side of the lot as se the trench toward the righ	feet from the fron	t lot line and 20 feet from the lot from River Clyde Drive. Run s seen when facing the lot from
NOTE -	distribution box is requir	red. Call for inspe	ore than one trench used, a ction of trench(s) before and iameter cleanout and cap to grade
		(CW	
PLANS APPROVED BY _	C. Will	iams	DATE 5/26/86
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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

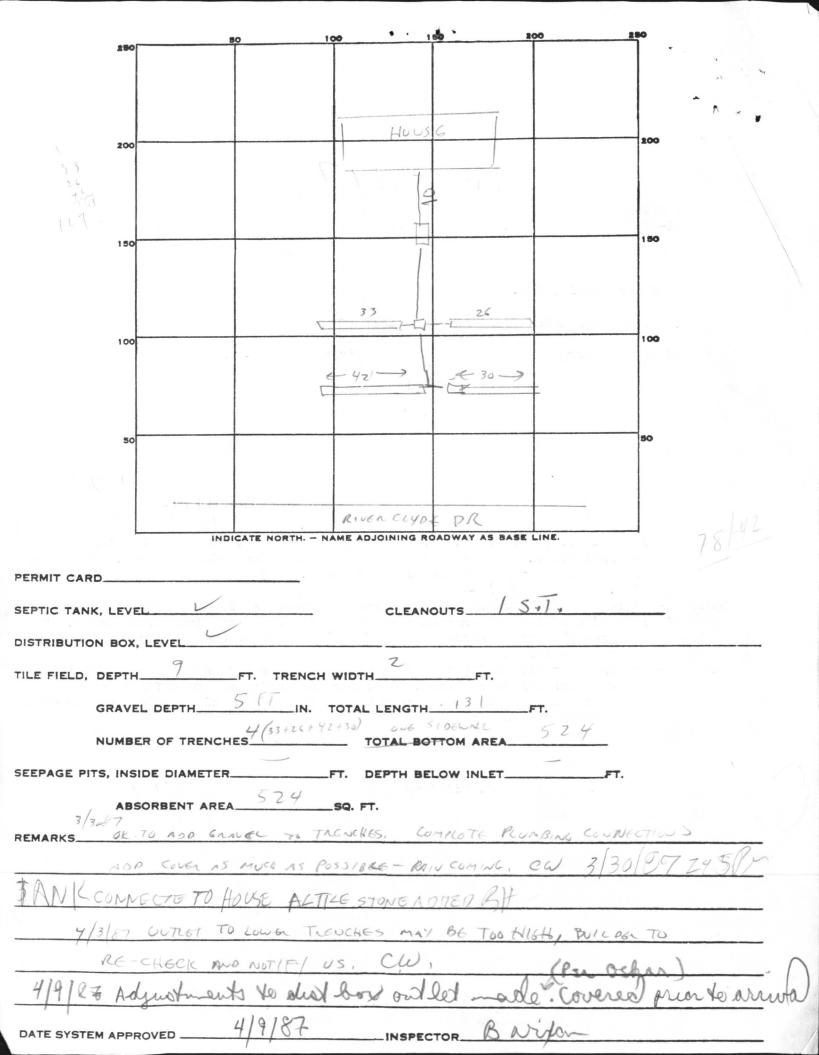
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



040 FI CASING 1/2FT OUT OF GROUND 2)32 FT OPEN HOLE MEASURED WITH P STRING & VEIGHT 3 15 BAGS 4) LO CATION 0/2 (5) WEVLO1C

APPLICATION

A \$4023

SEWAGE DISPOSAL TESTING

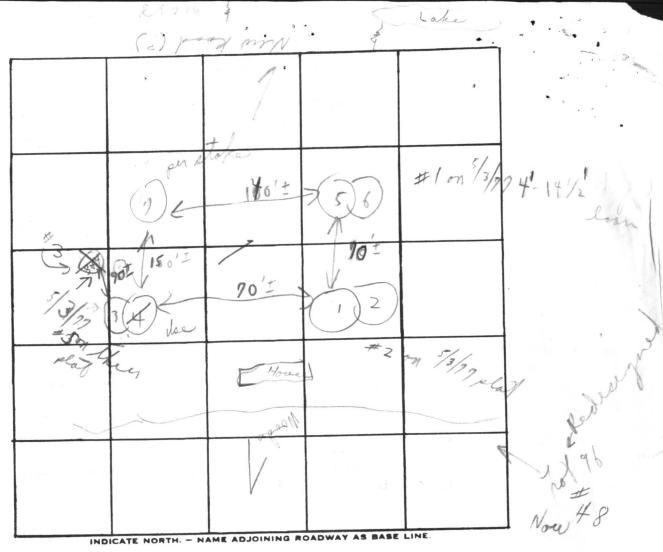
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT	Fifth
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
DISP	POSAL SYSTEM.
PRO	PERTY OWNER Mr. Walter Bucher Highland Partnership 8777 First Avenue Silver Spring, MD 20901 PERTY LOCATION:
PRO	
SUB	DIVISION
SIZE	OF LOT One acre m/1 TYPE BLDG. 3 or 4 bedroom
IF N	OT SINGLE RESIDENCE DESCRIBE
FAC	THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC CILITIES BECOME AVAILABLE.
SIG	NATURE OF APPLICANT /s/ Mr. Walter Bucher
	ROVED BYDATE
REJ	ECTED BY DATE DATE
	D PENDING FURTHER TESTS DATE
REA	ASONS FOR REJECTION OR HOLDING
-	

THIS IS NOT A PERMIT



Soil Profil	DATE	TEST NO.	DEPTH	PRE-	STOP	TEST - 1	DROP STOP	TIME
1-4' Clayed	7/21/26)	4',	10:31	16;33	10:33	10:36	3m
18 Loom		2	12' p	10:31	10:33	10:33	10:37	4n
1'-4 Clary	LA-	3 (4' s	10:38	10:43	10:43	10:52	9-
Ti Thou	~~	*5 ₊ {	12'0	10:38	10:40	10:40	10:44	4m
1-4' chas	en	- 5	4' 5	10:56	10:57	10:57	11:00	300
1 8/2 ho		6	12/20	10:56	10:57	10:57	11:01	4m
		7	12'	Vis	ceal	S1'-+'	Loa	1
Mr. Chose	5/3/99	N/	7	10:25	1: 10	1:1	: X6	927
Ilde M. Ketter	man		14/2	D-y/us	e of	344		-
Mr. Kon in	low		all	holes	sen	ilian	ele	pate

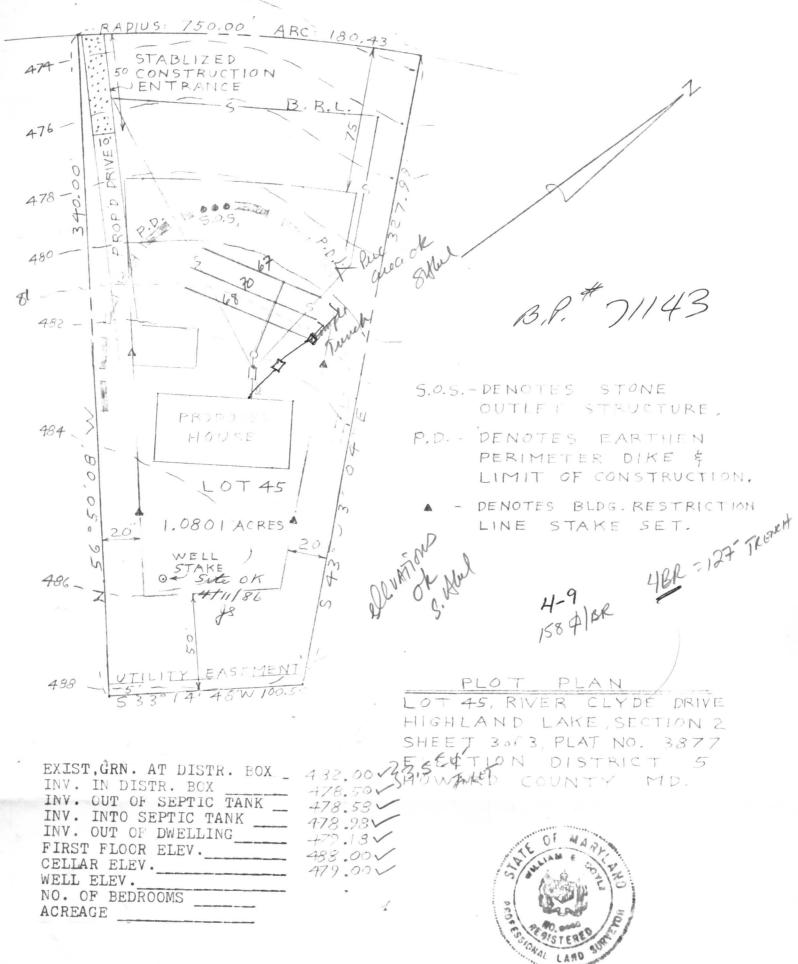
William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

RIVER CLYDE DRIVE

472

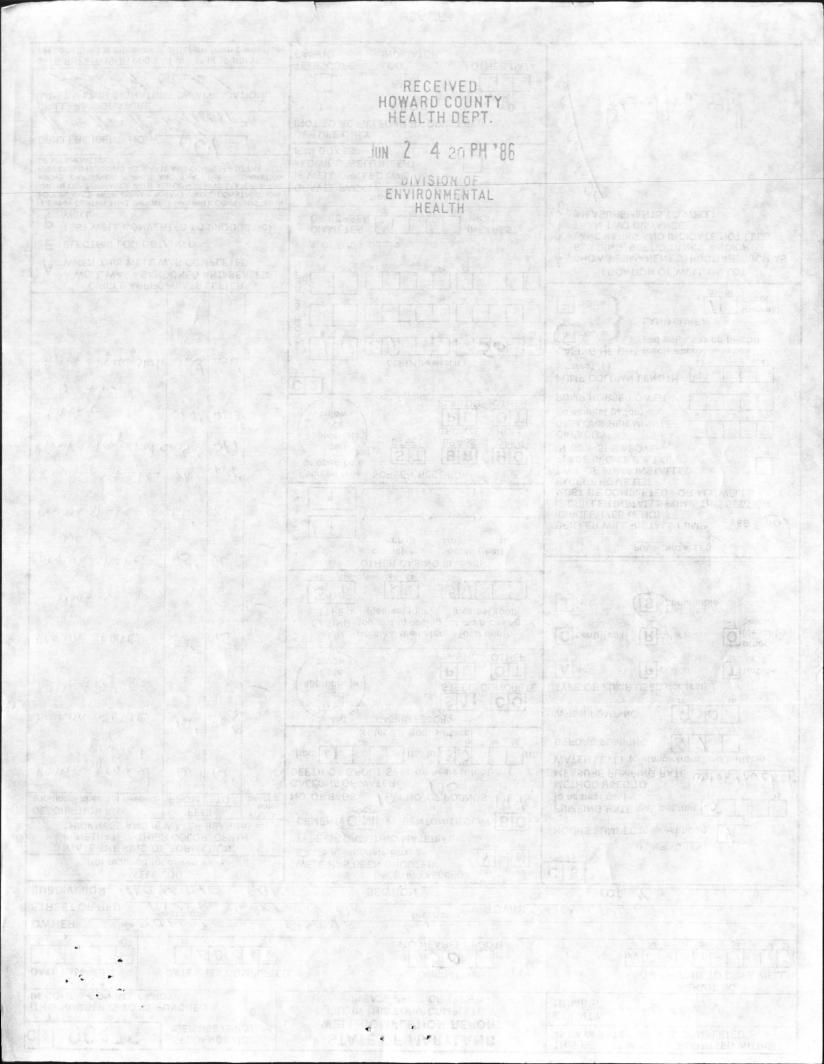


I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY signed William E. Doyle

SCALE: 1'= 50' DRAWN: MARCH 22,1986

FILE NO. 369

C 1 00475 SEQUENCE NO. (OEP 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 P			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER A 24023	
DATE Received	DATE WELL CO		22 2 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
	last name		E DR first name TOWN C	LARKSVILLE	
STREET OR RFD R		LAK		LOT 45	
WELL Not required for	LOG	1/	GROUTING RECORD yes no	C 3	
STATE THE KIND OF PENETRATED, THEIR THICKNESS AND IF	FORMATIONS R COLOR, DEPT		(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use	FEET	Check if water	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min.	
rolling ground	FROM TO	bearing	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from from 18 TOP 52 ft. to 3 NOTION 58	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING	
brown shale	13' 36"		casing CASING RECORD types	WHEN PUMPING 17 20 WHEN PUMPING 22 25	
water			insert appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine	
brown shale	36 45		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other (describe below)	
mater			5 T	J jet Submersible	
brown shall	45'66	_	OTHER CASING (if used) diameter depth (feet) inch from to	DRILLER WILL INSTALL PUMP YES (NO	
brown shale	66 88'		s - z G	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
Plintograyshala	88' 104' 104' 217		screen type or open hole insert appropriate STEEL BRASS OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: 29	
flint	217' 223		code below PL OT PLASTIC OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER	
flint of grayshall	223 250		DEPTH (nearest ft.) A 8 9 11 15 17 21	PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPRO	PRIATE LETTER		H ₂ S C C 23 .24 26 30 32 36	LAND SURFACE below land surface (nearest foot)	
A WELL WAS ABAN WHEN THIS WELL W	DONED AND SE VAS COMPLETE	ALED	SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR	
P TEST WELL CONVEY WELL THEREBY CERTIFY THAT THIS WE	RTED TO PRODU	RUCTED IN	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
ACCORDANCE WITH COMAR 10 AND IN CONFORMANCE WITH ABOVE CAPTIONED PERMIT, A PRESENTED HEREIN IS ACCURAT OF MY KNOWLEDGE.	LL CONDITIONS STA	ORMATION	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT	80	
Mr H. Reichast			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	3 0 7 1	
DRILLERS SIGNATURE (MUST MATCH SIGNATUR	RE ON APPLICA	TION)	T (E.R.O.S.) W Q 70 72 74 75 76	St Alog well	
SITE SUPERVISOR (sign. responsible for sitework if			TELESCOPE LOG OTHER DATA CASING INDICATOR		



Page	of
Date	5/23/86

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Will Permit No. HO - 81 - 1419 Will Permit No. HO - 81 - 1419 Remer	Clyde Dr
well Driller Um, Reichart	Lot 45 Block Plat Sec.
Well Driller Um, Reichart	Owner Oskan Schutty INC
Depth of well	ove ground . Nichara
!. High rate pumping reservoir drawdown	
Time pump started 10:15 A M Total time 1 hr. to reach pumping	Pumping rate 12 spm water level 200 ft. below M.P.

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

TIME (in 15 minute in-tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
10:15	27'	25 sec		12	
10:30	75'	25 Sec		12	
10:45	1201	30 Sec		10	
11:00	165'	33 sec		9	
_11:15	200'	60 sec		5	
11:30					
11:45					
12:00					
12:15					
12:30					
12:45					
1:00					
1:15					
1:30					
1:45					
2:00		• \/			
ə:15	300°	60 séc		5	

RECEIVED HOWARD COUNTY HEALTH DEPT.

iun 2 4 20 PM '86

ENVISION OF ENVIRONMENTAL HEALTH

oppie & solido

