Approved 10/6/81
Stayer

PERMIT

P 31293

A 24024

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY 05-383315 ELLICOTT CITY

DISTRICT 5th

INDEX

DATE 4/2/81

Oskar Schulz IS PERMITTED TO INSTALL X ALTER

ADDRESS 6610 Blackwatch Lane, Highland, Md. 20777 PHONE

SUBDIVISION Highland Lake ROAD 6510 River Clyde Drive LOT 49, Sec. 3

PROPERTY OWNER ~~Oskar Schulz~~ Soderstrom

ADDRESS same as above

SPECIFICATIONS 6 bedrooms

SEPTIC TANK CAPACITY 2000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DRY WELL SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 140 SQ. FT. per bedroom

INLET PIPE 3½ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11½-12½ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 130 FT. FROM front LOT LINE AND 15 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM River Clyde Drive.

BUILDING PERMIT SIGNED AND RETURNED 4-11-02
B00135414-IG POOL

A DEEP TRENCH OR 2ND DRY WELL REQUIRED FOR 6 BEDROOM HOUSE. LEAVE 5 FT. EARTH BUFFER BETWEEN TRENCH AND DRY WELL. T RENCH TO FOLLOW THE CONTOUR OF THE LAND.

PLANS APPROVED BY Frank Skinner DATE 4/1/81

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 PLACING GRAVEL IN TRENCH, AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

BUILDING PERMIT SIGNED AND RETURNED 6/25/2002
B0 0 136981 500 gal LP TANK

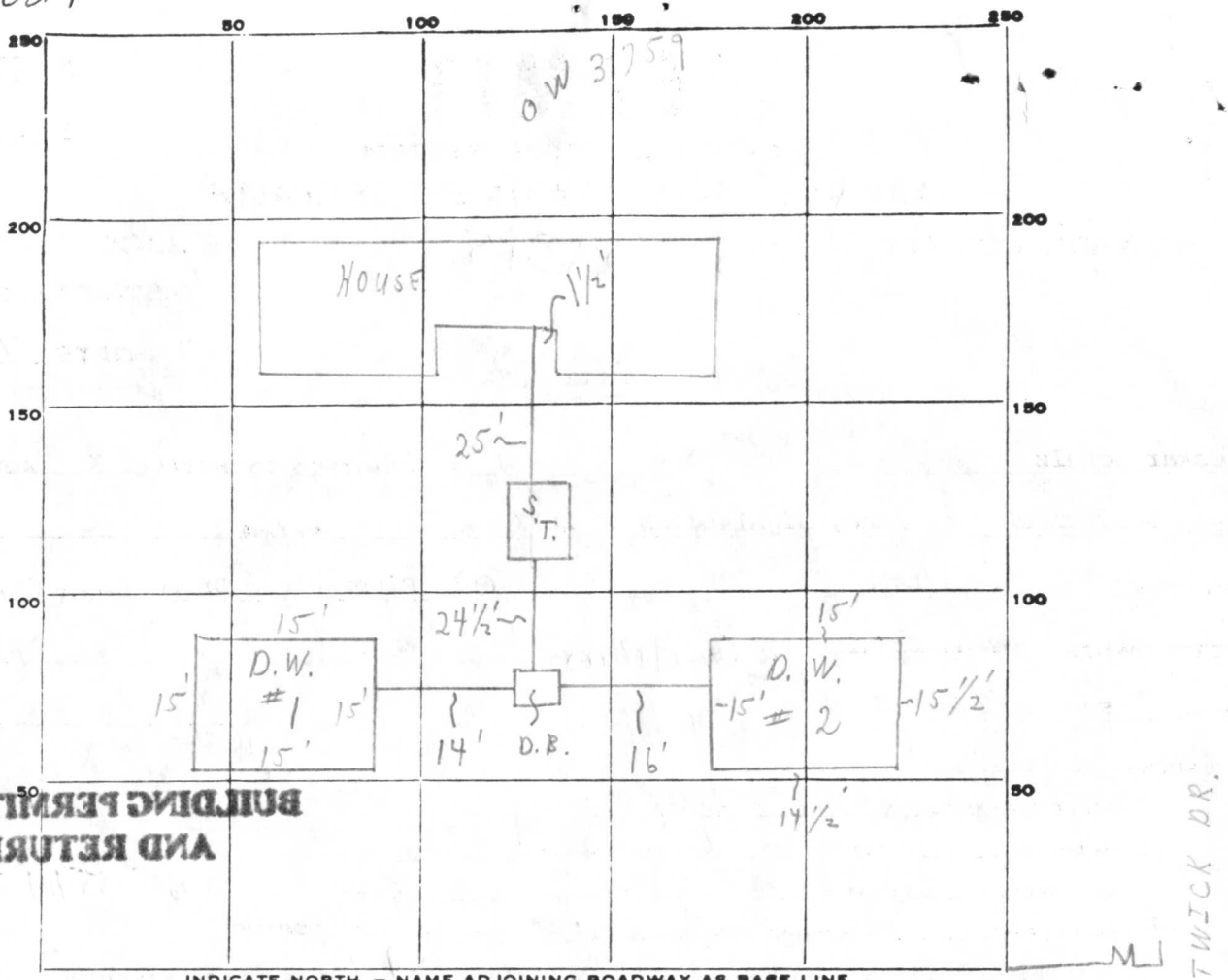
A 24024

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

HD - 23

A24024



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

RIVER CLYDE DR.

	S.T.	#1 D.W.	#2 D.W.
CLEANOUTS	✓	✓	✓

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

#1 SEEPAGE PITS, INSIDE DIAMETER OUTSIDE PERIMETER 60 FT. DEPTH BELOW INLET 10 FT. - 420 + ⌀'

#2 " " " " 60 ' " " 9½ ' 420 + ⌀'

ABSORBENT AREA 840 SQ. FT.

REMARKS 6/12/81 DRY WELL #1 NEEDS 1½' OF COVER ON ALL SIDES; DRY WELL #2 NEEDS 8" UG @ CLEANOUT; OK TO COVER AS PER ABOVE. C.B.D.

10/6/81 Final OK. JS

DATE SYSTEM APPROVED 10/6/81 INSPECTOR Stanger

BUILDING PERMIT SIGNED AND RETURNED

APPLICATION

A 24024

P

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 DISPOSAL SYSTEM.

PROPERTY OWNER Mr. Walter Bucher
Highland Partnership

ADDRESS 8777 First Avenue
Silver Spring, MD 20901

PHONE ~~(8)-588-3100~~

PROPERTY LOCATION:

SUBDIVISION HIGHLAND LAKE SEC 1 Highaand Lake SHEET B

LOT NO. ~~97~~ 97 49 sec. 3 52

ROAD AND DESCRIPTION River Clyde Dr.

SIZE OF LOT one acre m/l

TYPE BLDG. ~~3 or 4 bedroom~~
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Mr. Walter Bucher

APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

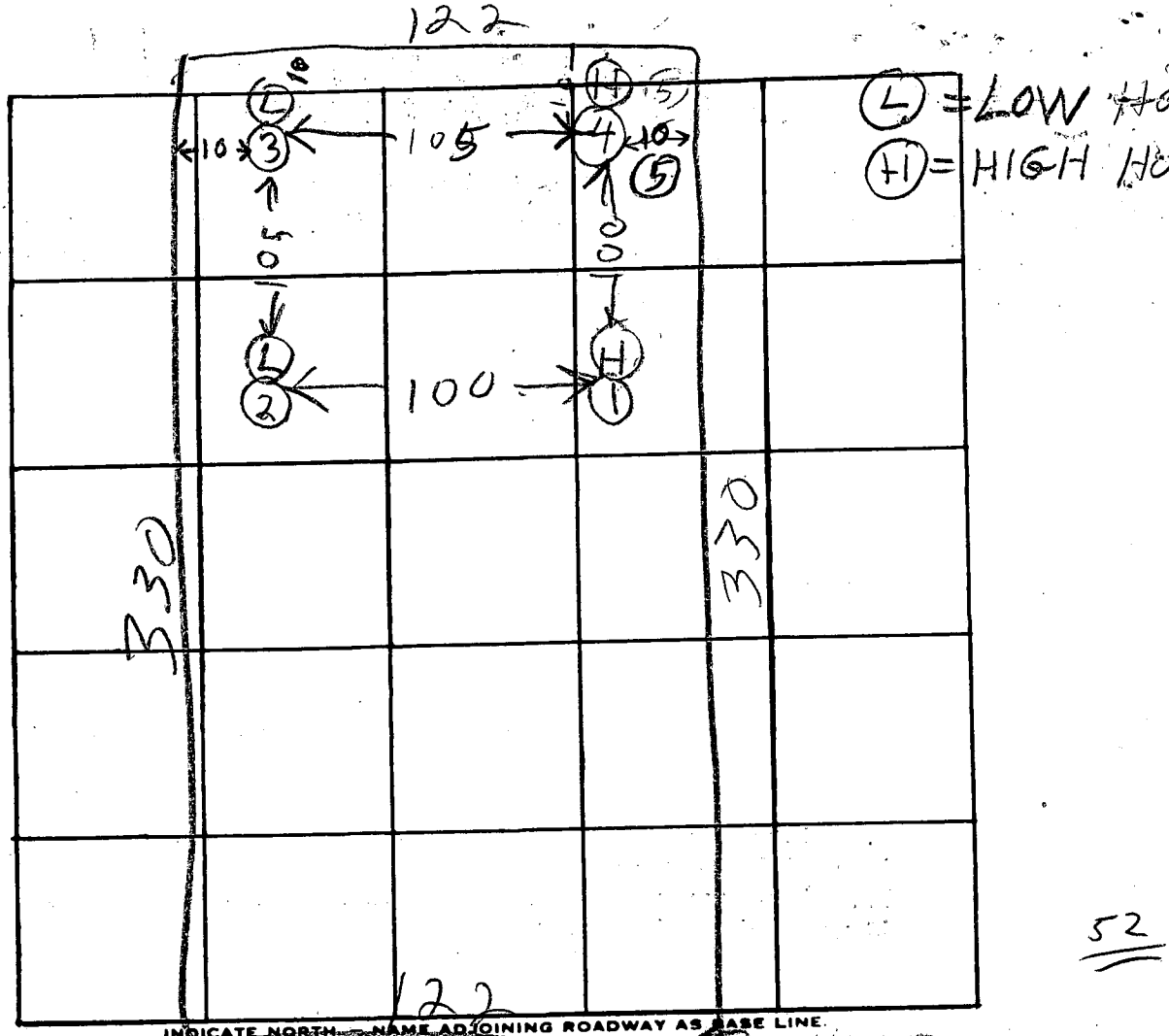
REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

A24024



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INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

River Clyde Drive

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/13/76	1S	4	331	333	333	335	2
	1D	12	332	333	333	334	1
	2D	13	339	341	341	343	2
	2S	4	339	349	349	410	21
	3D	13	353	402	402	413	11
	3S	4½	356	405	405	414	11
	4V	11½	TOP 3 FT CLAY BOT ROCK		BOT 8 SAND DRY		
5/13/76	5V	13	TOP 3 FT CLAY BOT SANDY		DRY		49

Average 8 min

max depth 4 ft

REMARKS

TYPE OF SOIL

TESTED BY RH ALSO PRESENT: Kettenmann

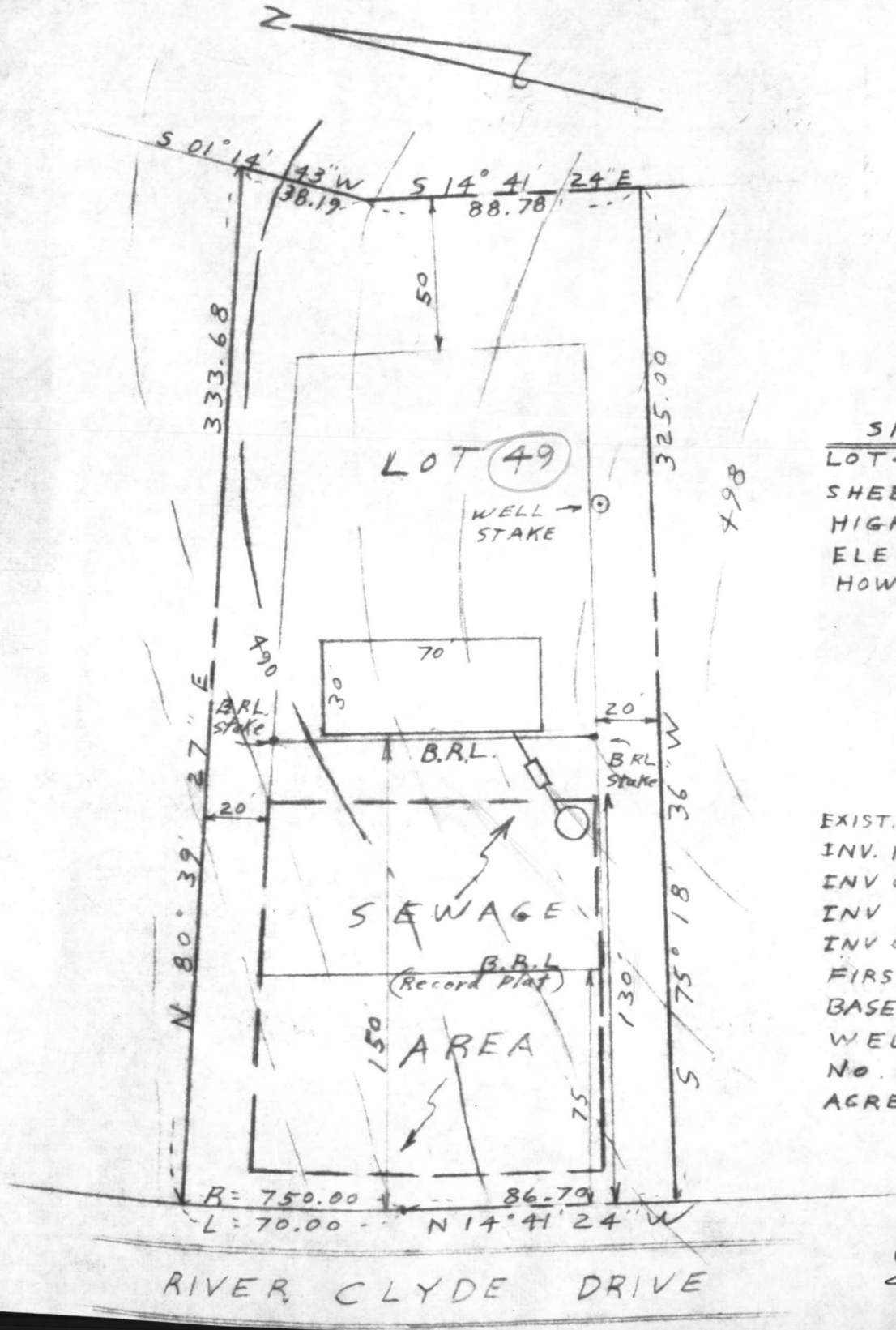
Lot 97

A 24024

William E. Doyle

LAND SURVEYOR 8440

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



SITE PLAN

LOT 49 RIVER CLYDE DRIVE
SHEET 3 of 3 SECTION 2
HIGHLAND LAKE
ELECTION DISTRICT 9
HOWARD COUNTY MD.

EXIST. GR. @ DRYWELL	494.80
INV. IN DRYWELL	491.50
INV OUT SEPTIC TANK	491.75
INV IN SEPTIC TANK	492.00
INV OUT DWELLING	492.25
FIRST FLOOR ELEV.	496.00
BASEMENT ELEV.	487.50
WELL ELEV.	496.00
No. OF BEDROOMS	4
ACREAGE	1.060 AC

12/5/80
Sketch OK.
P.S.

C 1 4828 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A 24024

Date Received (WRA use only)

DATE WELL COMPLETED Dec 9 1980

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3759

OWNER Schutz (last name) Oskar (first name)

STREET OR RFD River Clyde Drive TOWN

SUBDIVISION Highland Lake SECTION 2 LOT 49

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
rolling ground & gravel	0	20'	
schist	20'	42'	
water			✓
schist	42'	101'	
water			✓
schist	101'	125'	

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 7 NO. OF POUNDS 672

GALLONS OF WATER 49

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	24

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or openhole insert appropriate code below

[ST] STEEL [BR] BRASS, BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 (seq. no)

DEPTH (nearest ft.) EACH SCREEN

1	HO	24	125
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH) 6

from ___ to 15

GRAVEL PACK ___

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

C 3 (seq no)

PUMPING TEST
HOURS PUMPED (nearest hour) 1

PUMPING RATE (gal. per min. to nearest gal.) 20

METHOD USED TO MEASURE PUMPING RATE Air-Machine

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29

WHEN PUMPING 125

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 (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

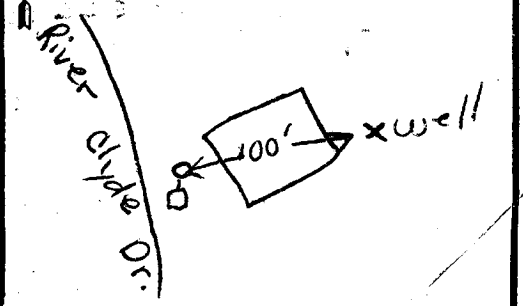
PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above LAND SURFACE

[−] below 1 (nearest foot)

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)



CIRCLE APPROPRIATE BOX

[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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 064

Wm W. Reichart
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION

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

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

HEALTH

HOWARD COUNTY
HEALTH DEPT.

DEC 15 12 PM '80

DIVISION OF
ENVIRONMENTAL
HEALTH

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.
DEC 15 12 01 PM '80

CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
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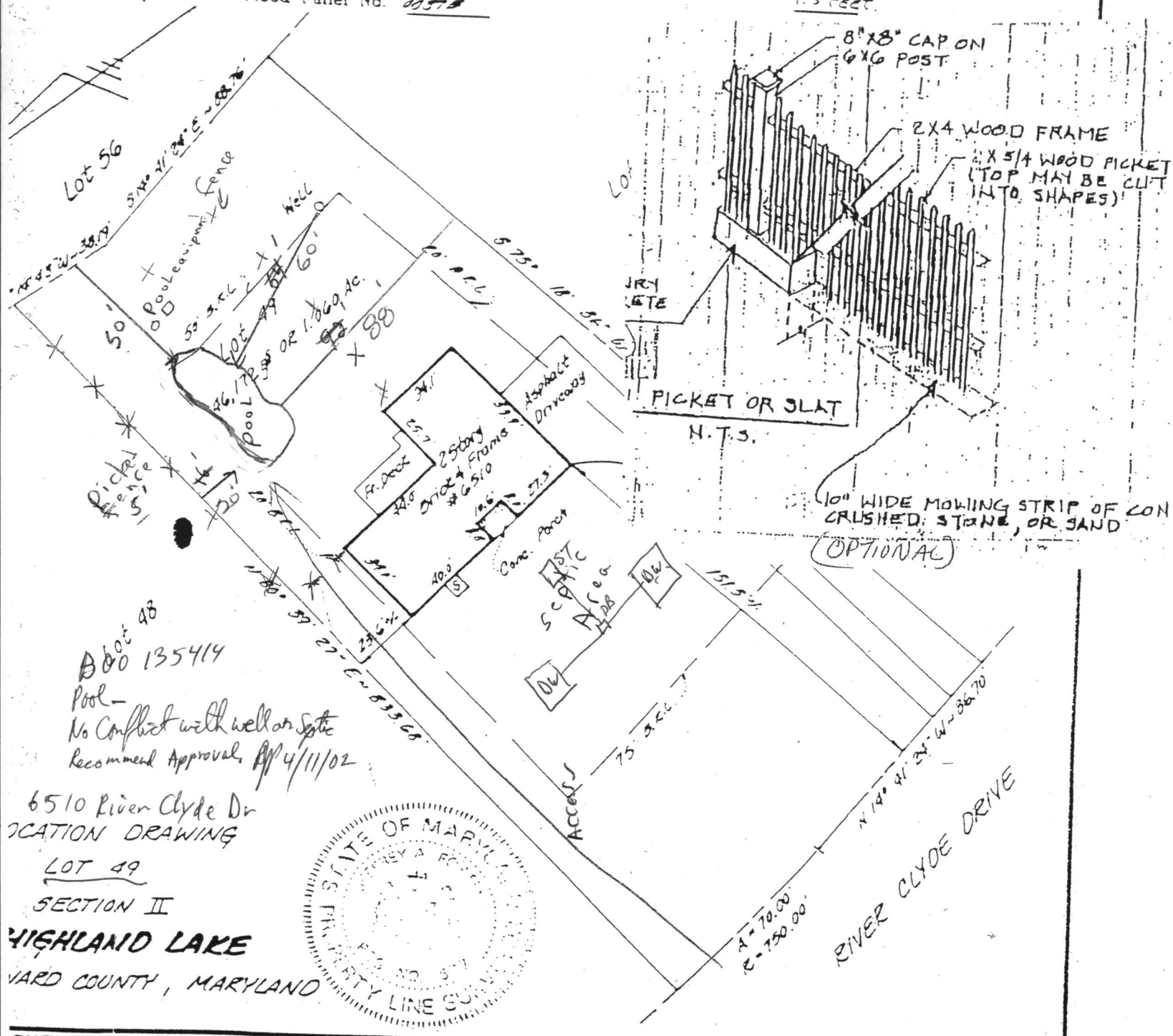
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

etback distances as shown to the principal structure from property lines are approximate. The level of ccuracy for this drawing should be taken to be no greater than plus or minus 1.5 FEET.

ood Zone "C" per H.U.D. Flood Panel No. 0057B



Book 135414
Pool –
No Conflict with well or Septic
Recommend Approval. AP 4/11/02

6510 River Clyde Dr
LOCATION DRAWING
LOT 49
SECTION II
HIGHLAND LAKE
WARD COUNTY, MARYLAND

STATE OF MARYLAND
PROPERTY LINE SURVEYOR

SURVEYOR'S CERTIFICATE

THE INFORMATION SHOWN HEREON HAS BEEN UPON THE RESULTS OF A FIELD INSPECTION TO THE DEED OR PLAT OF RECORD. EXISTING ES SHOWN HAVE BEEN FIELD LOCATED BASED ASUREMENTS FROM PROPERTY MARKERS FOUND EVIDENCE OF LINES OF APPARENT OCCUPATION."

PROPERTY LINE SURVEYOR REG. NO. 27

REFERENCES		
PLAT BK. CMP		
PLAT NO. 3877		
LIBER	DATE OF LOCATIONS	SCALE: 1"=50'
FOLIO	WALL CHECK:	DRAWN BY: PDB
	HSE. LOC.: 4-7-97	JOB NO.: 97-851

SNIDER & ASSOCIATES
SURVEYORS – ENGINEERS
LAND PLANNING CONSULTANTS
2 Professional Drive, Suite 216
Gaithersburg, Maryland 20879
301/948-5100, Fax 301/948-1256

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00135414

Building Address: 6510 RIVER CLYDE DRIVE, HIGHLAND, MARYLAND 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.01 Subdivision HIGHLAND LAKE
Section II Area _____ Lot 49
Tax Map 34 Parcel 373 Grid 23
Zoning RR-DEO Map Coordinates 14 B 10 Lot size 1.060 AC.

Property Owner's Name: RON & KAREN SODERSTROM
Address: 6510 RIVER CLYDE DRIVE
City: HIGHLAND State: MD. Zip Code: 20777
Home Phone: (410) 988-9375 Work Phone: —
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use: SINGLE FAMILY DWELLING
Proposed Use: SAME, WITH POOL
Estimated Construction Cost $ 29,700.00
Description of Work: CONCRETE INGROUND POOL WITH D.E. FILTER, POOL FILLED BY TRUCK. 28' WIDE 54' LONG, 3' TO 9½' DEEP, 8' DIVING BOARD TOTAL SQUARE FEET 1,112. 350 LINEAR FEET OF 5.0' HIGH WOOD PICKET FENCE
Occupant or Tenant: SAME AS OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company: ANTHONY & SYLVAN POOLS, INC.
Contact Person: GEORGE A. SCHWEICH - AGENT FOR CONTRACTOR
Address: 10840 GUILFORD ROAD, SUITE 407
City: ANNAPOLIS JUNCTION State: MD Zip Code: 20701
License No. 19347
Phone (301) 490-1930 Fax (410) 792-2818

Engineer or Architect Company: N/A
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

~~Building Characteristics~~
~~Height:~~
~~No. of stories:~~
~~Gross area, sq. ft. per floor:~~
~~Use group:~~
~~Construction type:~~
~~____ Reinforced Concrete~~
~~____ Structural Steel~~
~~____ Masonry~~
~~____ Wood Frame~~
~~____ State Certified Modular~~

~~Utilities~~
~~Water Supply:~~
~~____ Public~~
~~____ Private~~
~~Sewage Disposal:~~
~~____ Public~~
~~____ Private~~
~~Electric Yes ☐ No ☐~~
~~Gas Yes ☐ No ☐~~
~~Heating System:~~
~~Electric ☐ Oil ☐~~
~~Natural Gas ☐~~
~~Propane Gas ☐~~
~~Sprinkler system: N/A ☐~~
~~____ Full~~
~~____ Partial~~
~~____ Other Suppression~~
~~____ # of Heads~~

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics
SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: INGROUND POOL
Dimensions: 28' W, 54' LONG
Footings: _____
Roof: _____
____ State Certified Modular
____ Manufactured Home

Utilities
Water Supply:
____ Public
X Private
Sewage Disposal:
____ Public
X Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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 NTY 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 ER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

George A. Schweich
plicant's Signature
AGENT FOR CONTRACTOR
le/Company

GEORGE A. SCHWEICH
Print Name
APRIL 11, 2002
Date

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

- FOR OFFICE USE ONLY -

GENCY	DATE	SIGNATURE APPROVAL
d Development, DPZ		
Highways		
ding Official	4/11/02	
Engineering, DPZ		
th	4/11/02	
Protection		

diment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 54354
Filing fee $ _____
Permit fee $ 250
Excise tax $ _____
Add'l per. fee $ _____
TOTAL FEES $ 250
Sub-total paid $ _____
Balance due $ _____
Check # 3190
Validation # 47627
Accepted by _____

bution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

rms\PERMIT.FRM

Rev. 5/17/00

CONSUMER INFORMATION NOTES.

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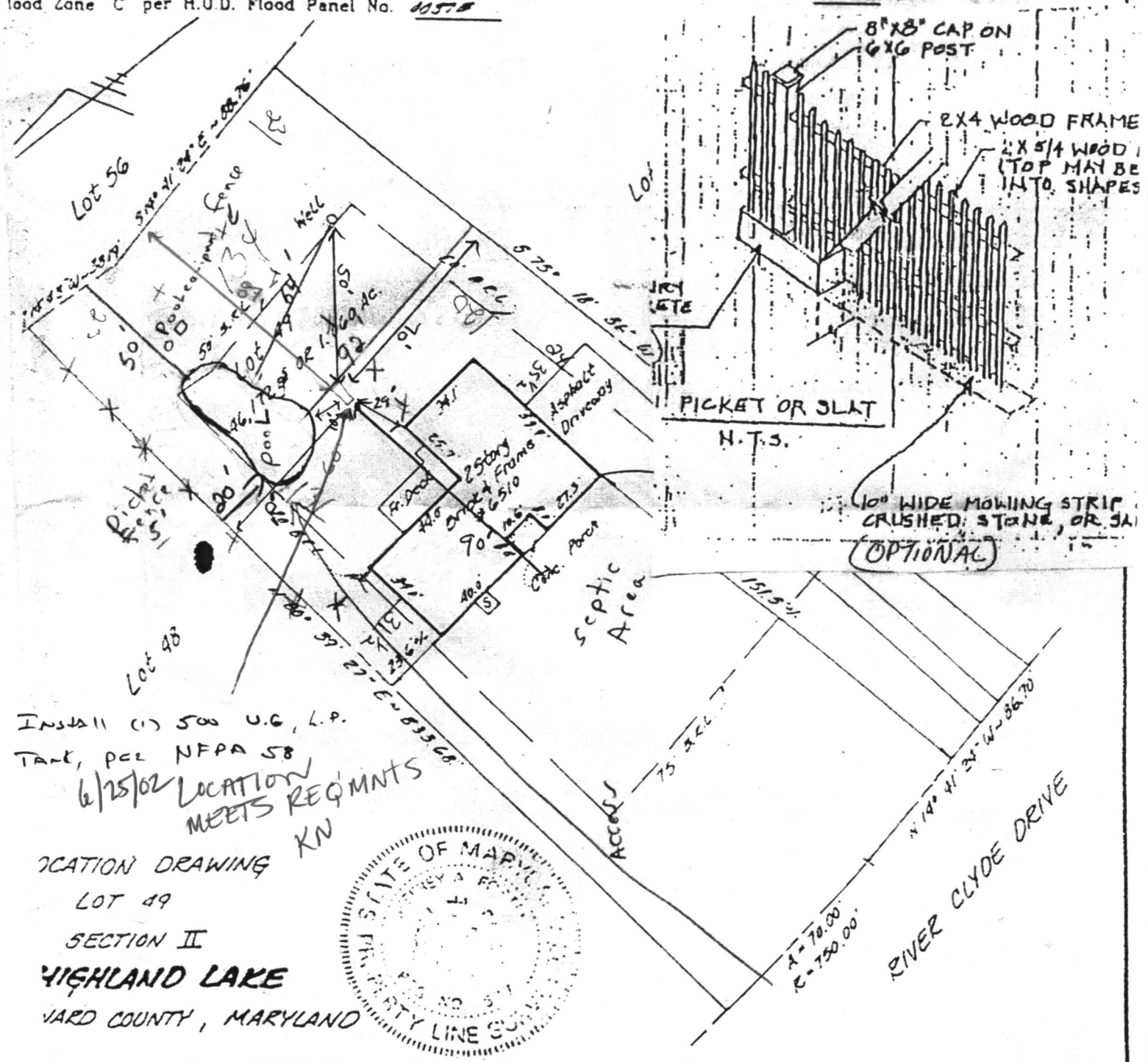
lood Zone "C" per H.U.D. Flood Panel No. 40578



INSTALL (1) 500 U.G. L.P. TANK, PER NFPA 58

6/25/02 LOCATION MEETS REQMNTS KN

LOCATION DRAWING
LOT 49
SECTION II
HIGHLAND LAKE
ANNE ARUNDEL COUNTY, MARYLAND

STATE OF MARYLAND
PROPERTY LINE SURVEYOR

SURVEYOR'S CERTIFICATE

"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION AND NOT TO THE DEED OR PLAT OF RECORD. EXISTING FEATURES SHOWN HAVE BEEN FIELD LOCATED BASED ON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR EVIDENCE OF LINES OF APPARENT OCCUPATION."

Gary A. Fotta
PROPERTY LINE SURVEYOR REG. NO. 27

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SNIDER & ASSOCIATES
SURVEYORS – ENGINEERS
LAND PLANNING CONSULTANTS
2 Professional Drive, Suite 216
Gaithersburg, Maryland 20879
301/948-5100, Fax 301/948-1256

DATE OF LOCATIONS	
WALL CHECK:	
HSE. LOC.: 4-7-97	

SCALE: 1"=50'	
DRAWN BY: F.O.B.	
JOB NO.: 97-851	

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2002 JN 20 AM 8:11