

7/5/84 ASH
11/1/83
11/1/83

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

05-385156

approved 7/5/84
stayer

P 32746

A 24034

ELLICOTT CITY

DISTRICT 5th

DATE 5/9/83

Oskar Schulz, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 6610 Blackwatch Lane, Highland, Maryland 20777 PHONE 531-2000

SUBDIVISION ~~H&H~~ Highland Lake ROAD 6535 River Clyde Drive LOT 91, Sec. 3, Area 1

PROPERTY OWNER ~~Oskar Schulz, Inc.~~ ALAN Linda Anderson

ADDRESS same as above

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 - 165 sq. ft. per bedroom. Minimum total square feet for 4 bedrooms is 660 sq. ft. Trench to be 2 feet wide. Inlet 3 ft. below original grade. Effective area begins at 3 ft. below original grade. Maximum depth 8 ft. below original grade. 5 feet of stone below distribution pipe. NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. TRENCHES TO BE INSTALLED ON LEVEL GROUND. Trench to be 150 ft. away from and parallel to front lot line.

B.P. App. 17779
for 500 gal tank - adjusted location
approved 4-18-88

BLDG. PERMIT SIGNED
AND RETURNED 3/25/84
Serial # 52438
Interior alterations
BLDG. PERMIT SIGNED
AND RETURNED 3/2/88
Serial # 4577-Per

PLANS APPROVED BY Frank A. Skinner

DATE 10/5/82

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.

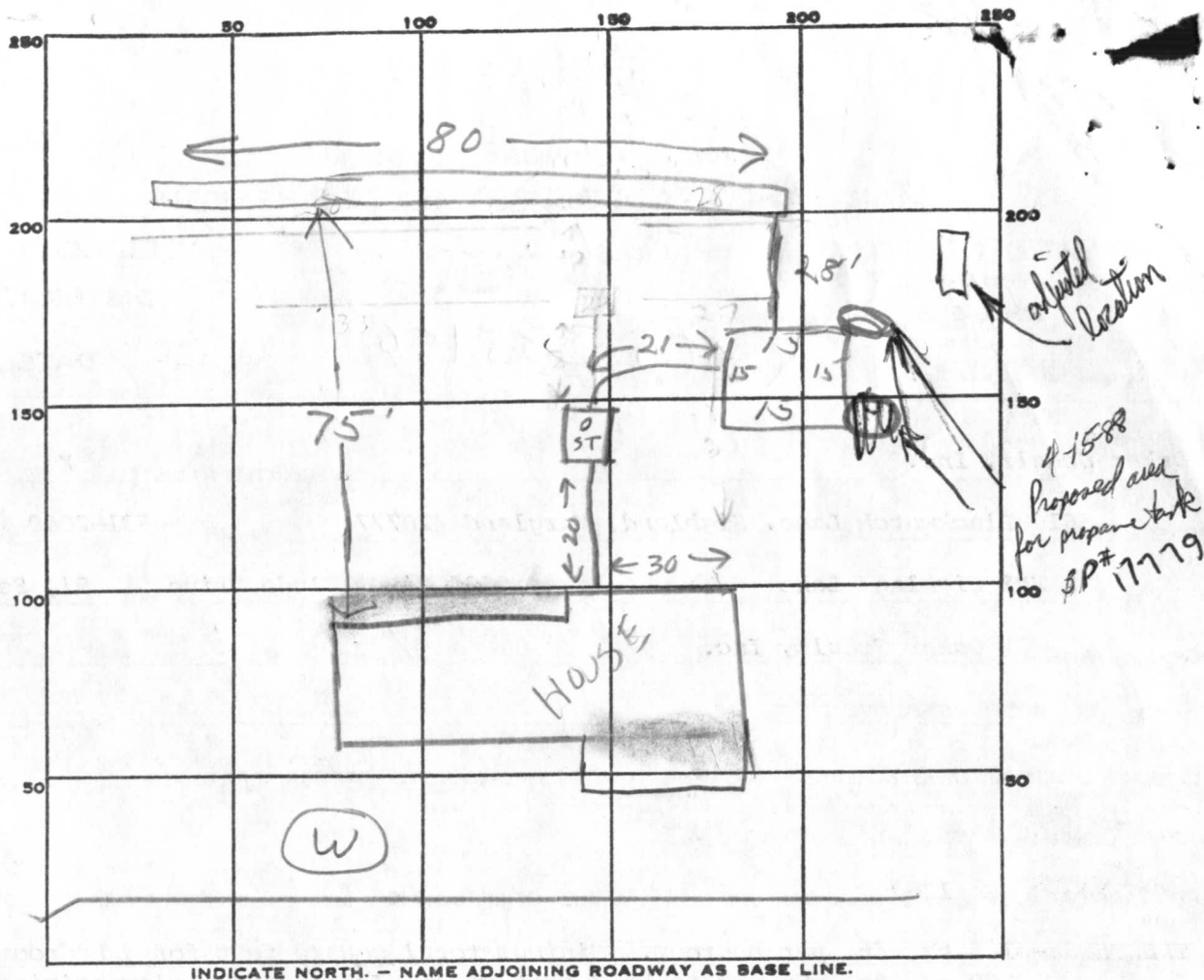
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24034

A24034

PERMIT CARD ☒SEPTIC TANK, LEVEL ☒

1500 G

CLEANOUTS ☒

ST | DW

DISTRIBUTION BOX, LEVEL ☒TILE FIELD, DEPTH 8 FT.TRENCH WIDTH 2 FT.GRAVEL DEPTH 5 IN.TOTAL LENGTH 80 FT.NUMBER OF TRENCHES 1TOTAL BOTTOM AREA 400SEEPAGE PITS, INSIDE DIAMETER 60 FT.DEPTH BELOW INLET 5 FT.ABSORBENT AREA 700 SQ. FT.

REMARKS

TRENCHES INSTALLED, HOUSE CONNECTION OK. ADD GRAVEL. 11-1-8306

7/5/84 Location & type of system changed because of swimming pool. Per FS

OK to add stone in trench. fs

7/5/84 OK to cover all work. fs

DATE SYSTEM APPROVED

7/5/84

INSPECTOR

Stayer

APPLICATION

A 24034

SEWAGE DISPOSAL TESTING

P _____

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

ADDRESS Highland Partnership
8777 First Avenue PHONE (8)-588-3100
Silver Spring, MD 20901

PROPERTY LOCATION:

SUBDIVISION Highland Lakes LOT NO. 104

ROAD AND DESCRIPTION River Clyde Drive

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 Frank Shinn FOR Trencher DATE 10/5/82
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

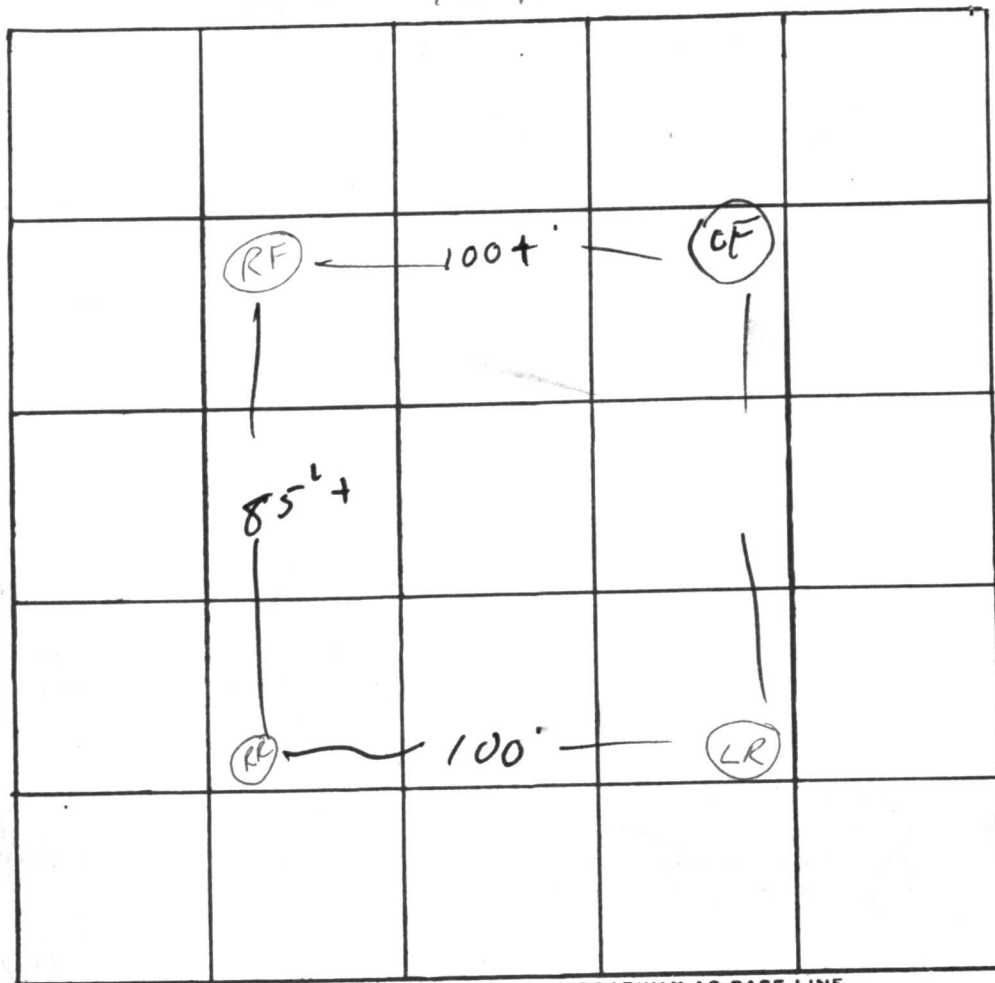
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24034

104

area



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/AUG/76	RR 1	4	222	227	227	care	in
"	RR 1a	12	222	227	227	234	7
"	RF 2	10' + feet	IS U A U L				
"	RF 2a	- Sandy loam. (unable to look closer due to trees)					
"	LR 3	3'	347	Failed to per			
"	LR 3a	11	342	345	345	351	6
"	LR F	2	358	401	401	411	10
"	LF	11	358	359	359	400	6
"	LR 3b	4'	1054	1059	1059	1100	7

Sandy Loam

(unable to look closer due to trees)

Clay 2
SandDPD
12/4/96

REMARKS

TYPE OF SOIL

TESTED BY

Richard A. Biggs

ALSO PRESENT:

Ketterman

William E. Doyle

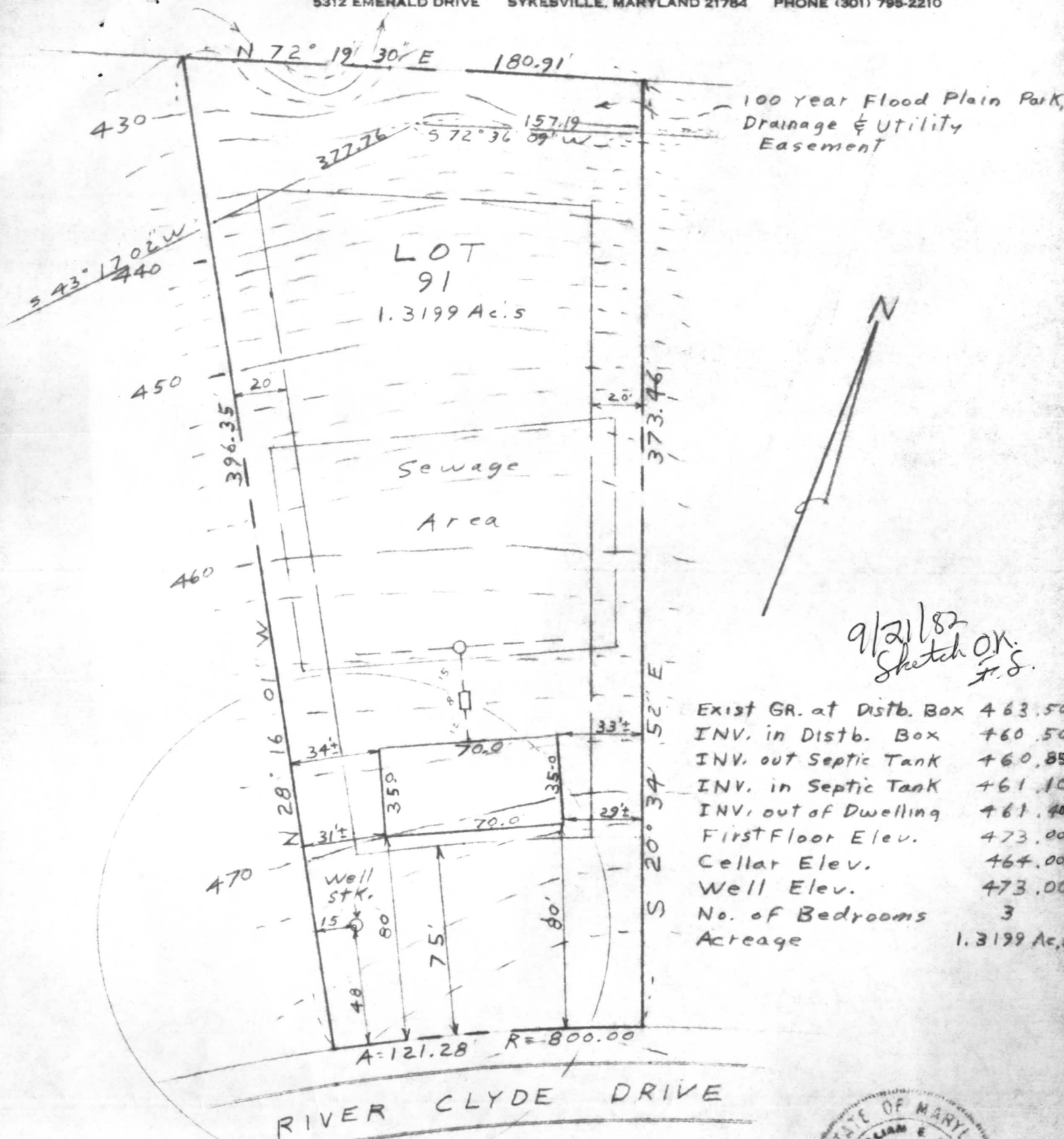
A2403x1

LAND SURVEYOR 8440

5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

PHONE (301) 795-2210



9/21/82
Sketch OK.
F.S.

Exist GR. at Distb. Box	463.50
INV. in Distb. Box	460.50
INV. out Septic Tank	460.85
INV. in Septic Tank	461.10
INV. out of Dwelling	461.40
First Floor Elev.	473.00
Cellar Elev.	464.00
Well Elev.	473.00
No. of Bedrooms	3
Acage	1.3199 Ac.



William E. Doyle

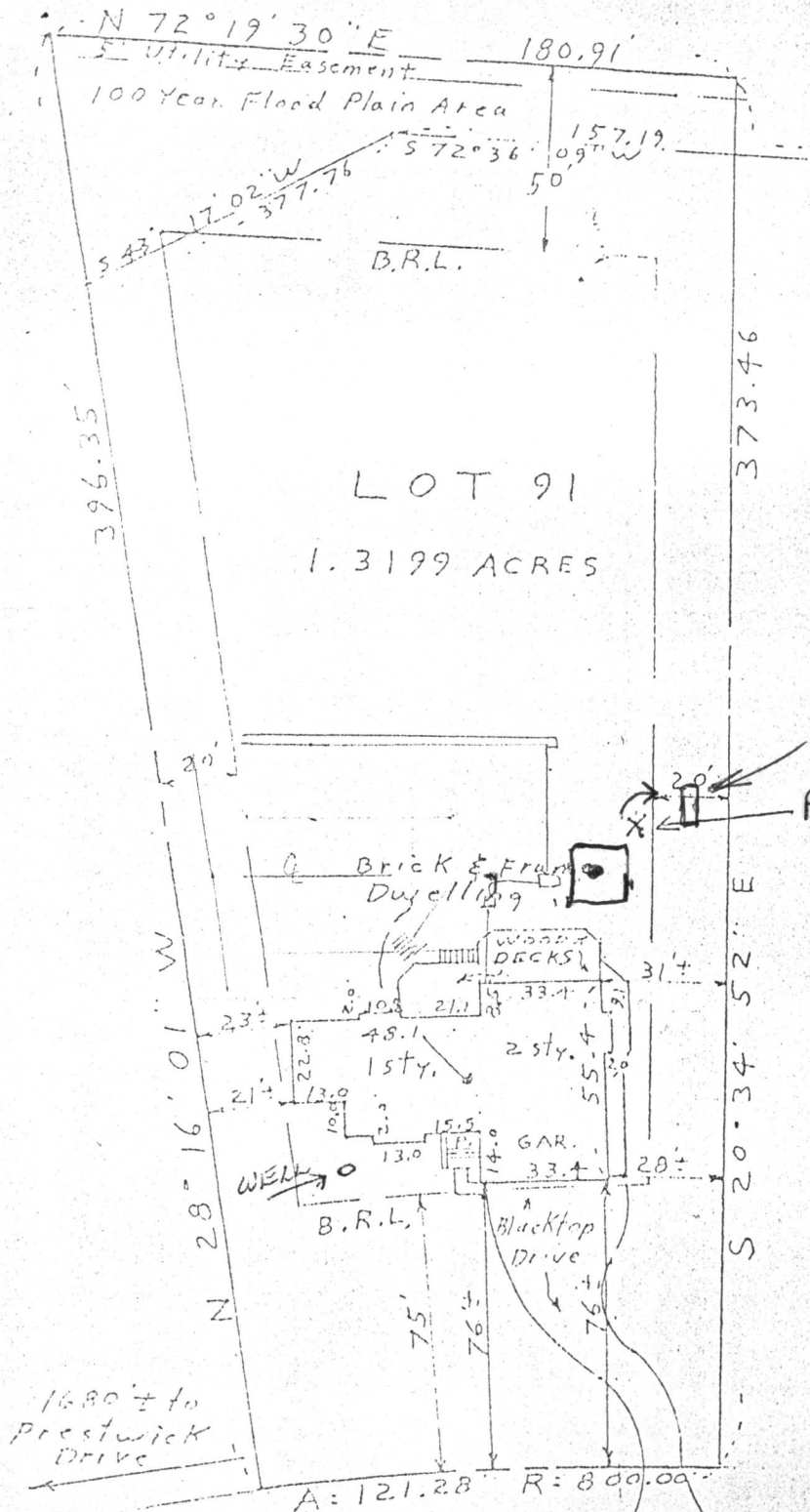
A24034

LAND SURVEYOR 8440

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

LOCATION SURVEY

LOT 91 RIVER CLYDE DRIVE
SHEET 1 of 1, SEC. 3, AREA 1
HIGHLAND LAKE
PLAT 3894,
ELECTION DISTRICT 5
HOWARD COUNTY MD.



A # 24034

B.P. App # 17779

MRS. RANDY QUARTE MONT

adjusted location app. 4-18-88.

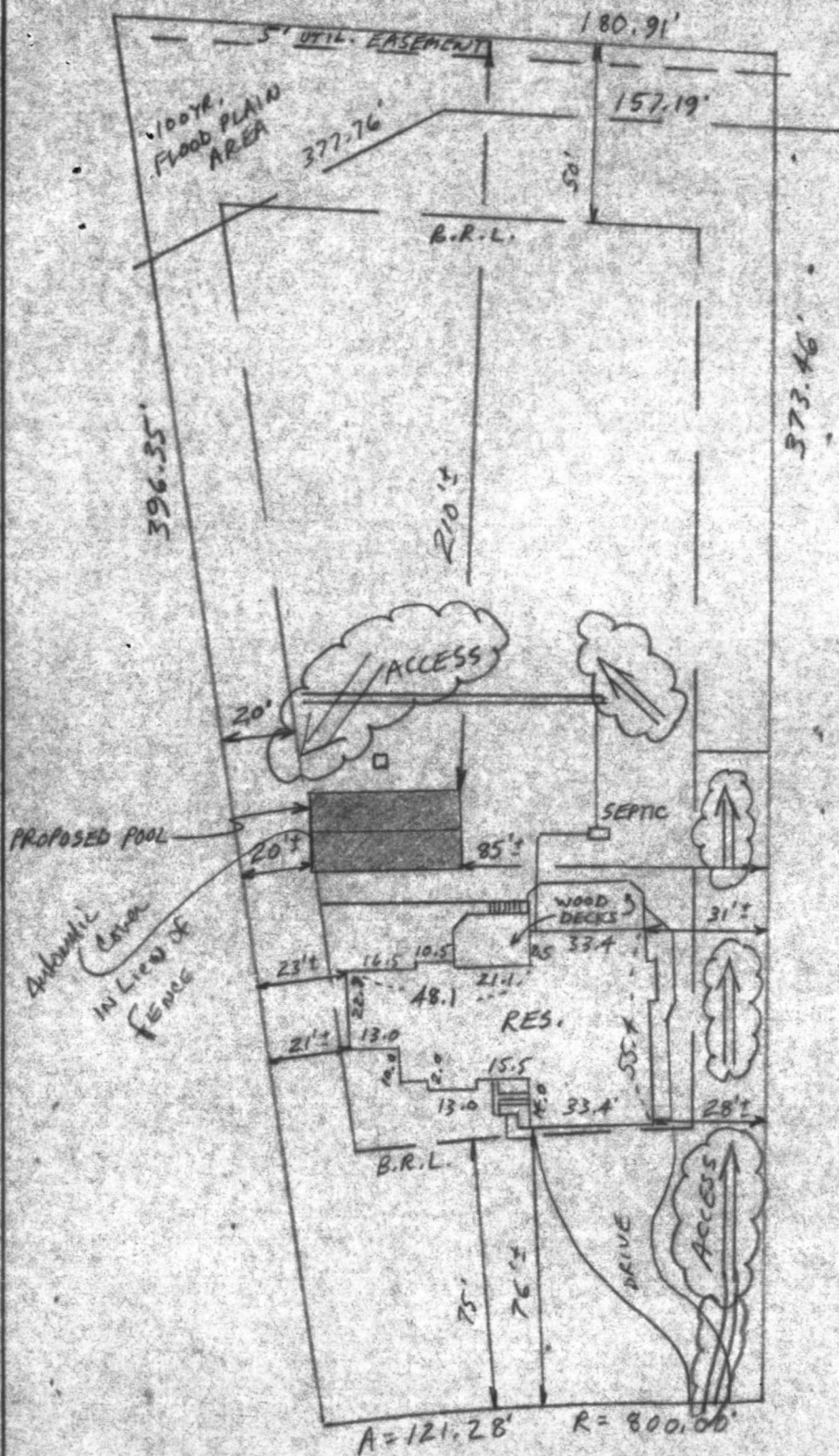
301-854-2106

6535 RIVER CLYDE DRIVE

REC'D
HOWARD CO. IN
HEALTH DEPT

7 13 8 58 AM '88

RECEIVED
HEALTH DEPT



6535 RIVER CLYDE DRIVE

LOT 91

SHEET 1 OF 1

SEC. 3 AREA 1

HIGHLAND LAKE

PLAT 3894

ELECT. DIST. 5

HOWARD CO. MD.

SCALE: 1" = 50'

C1	3270	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		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		A24034
Date Received (OEP use only)	DATE WELL COMPLETED		Depth of Well		PERMIT NO.
	100682		300		FROM "PERMIT TO DRILL WELL"
			(TO NEAREST FOOT)		HO-73-4275

OWNER	Oskar Scholz Inc		first name		
STREET OR RFD	River Clyde Dr.		TOWN	Clarksville	
SUBDIVISION	Highland Lake		SECTION	3	
			LOT	91	

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 TO	Check if water bearing
rolling ground 'gravel'	0 23'	
schist	23' 44'	
water		✓
schist	44' 280'	
water		✓
schist	280' 300'	

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL		
CEMENT	CM	BENTONITE CLAY
NO. OF BAGS	8	NO. OF POUNDS
GALLONS OF WATER	56	
DEPTH OF GROUT SEAL (to nearest foot)		
from 0 ft. to 27 ft.		
CASING RECORD		
casing types insert appropriate code below		
STEEL CONCRETE		
PLASTIC OTHER		
MAIN CASING TYPE		
Nominal diameter top(main) casing (nearest inch)		
Total depth of main casing (nearest foot)		
ST 6 27		
OTHER CASING (if used)		
diameter inch depth (feet) to		
EACH CASING		
SCREEN RECORD		
screen type or open hole		
insert appropriate code below		
STEEL BRASS BRONZE OPEN HOLE		
PLASTIC OTHER		
C2		
(seq. no.)		
DEPTH (nearest ft.)		
1 40 27 300		
EACH SCREEN		
2 23 24 26 30 32 36		
3 38 39 41 45 47 51		
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 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. 0064		
DRILLERS SIGNATURE		
(MUST MATCH SIGNATURE ON APPLICATION)		
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)		

C3		
(seq. no.)		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
5 1/2		
PUMPING RATE (gal. per min. to nearest gal.)		
4		
METHOD USED TO MEASURE PUMPING RATE		
sub pump		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
38		
WHEN PUMPING		
275		
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		
YES NO		
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)		
Y 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		
(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)		
River Clyde Dr		

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JCT 18 12 51 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH