

6/2/86 AM
6/24/86
AM

6/24/86
Sept 10 OKD
(12)

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 32745

A 24037

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-385148

INDEXED

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 Highland Lake ROAD 6539 River Clyde Drive LOT 90, Sec. 3, Area 1

PROPERTY OWNER Oskar Schulz, Inc.

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 ft. wide. Inlet 3 ft. below original grade. Maximum depth 8 ft. below original grade. Effective area begins at 3 ft. below original grade. 5 feet of stone below distribution pipe. ~~NOT TRENCH~~ 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 feet away from and parallel to front lot line.

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.

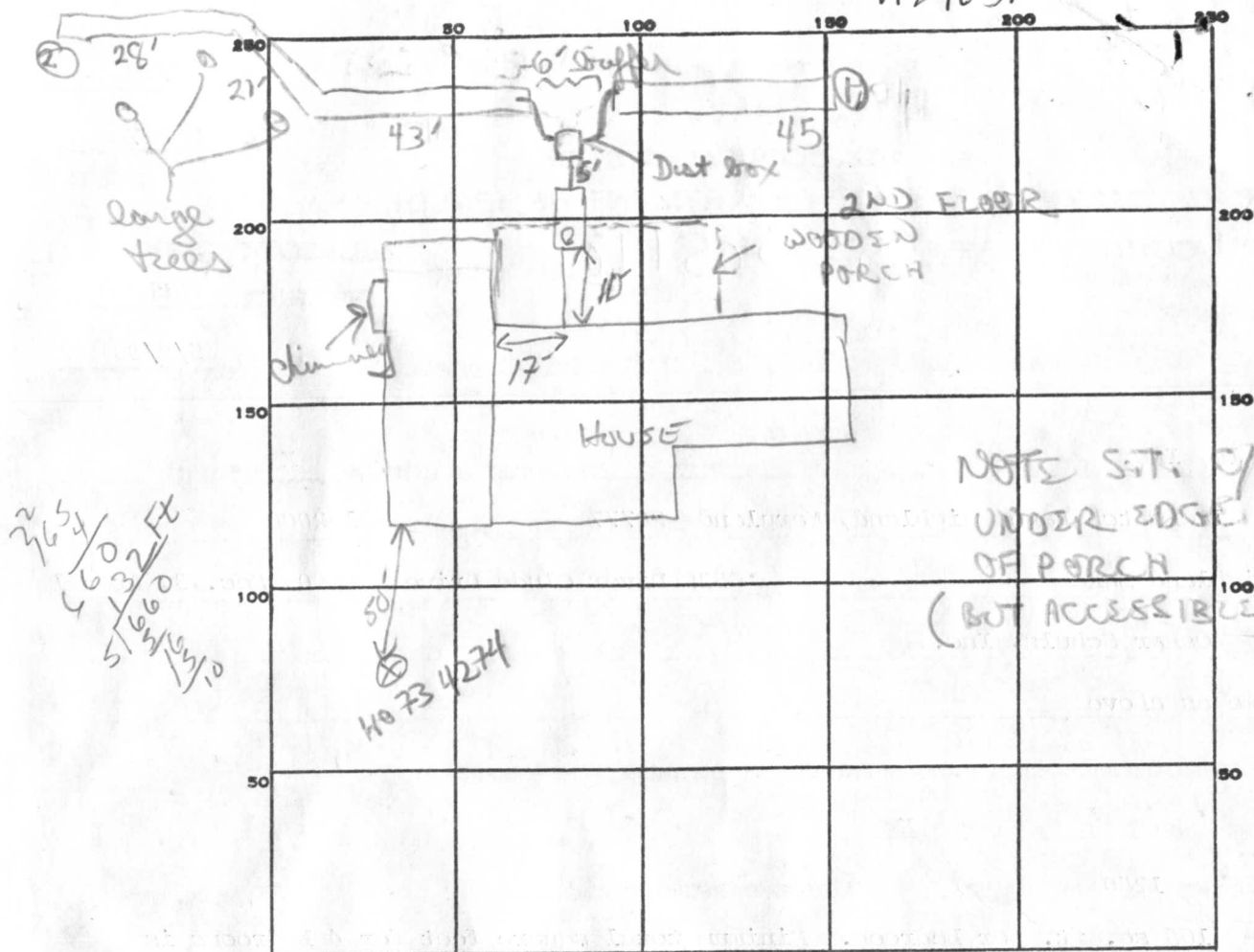
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24037

A24037



27654
460
132
51660
132
132
132

165
4
660

130
\$15
650
715

135
5
675

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD cont River Clyde DR.

SEPTIC TANK, LEVEL ✓2000 GAL ✓35 CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8-8 1/2' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 25 1/2' x 5 1/2' IN. TOTAL LENGTH 43 FT.

NUMBER OF TRENCHES 2 (see off) TOTAL BOTTOM AREA 675 mm

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 675 SQ. FT.

REMARKS OK to add stone pipe paper to both trenches

6/24 OK to set dust box & "T" into trenches leaving 5-6' stone buffer between.

Buffer zone OK; dust box OK. OK to finish adding stone pipe paper to both trenches & cover all work

APPLICATION

A 24037

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

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

PROPERTY LOCATION:
SUBDIVISION Highland Lake LOT NO. 105

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)

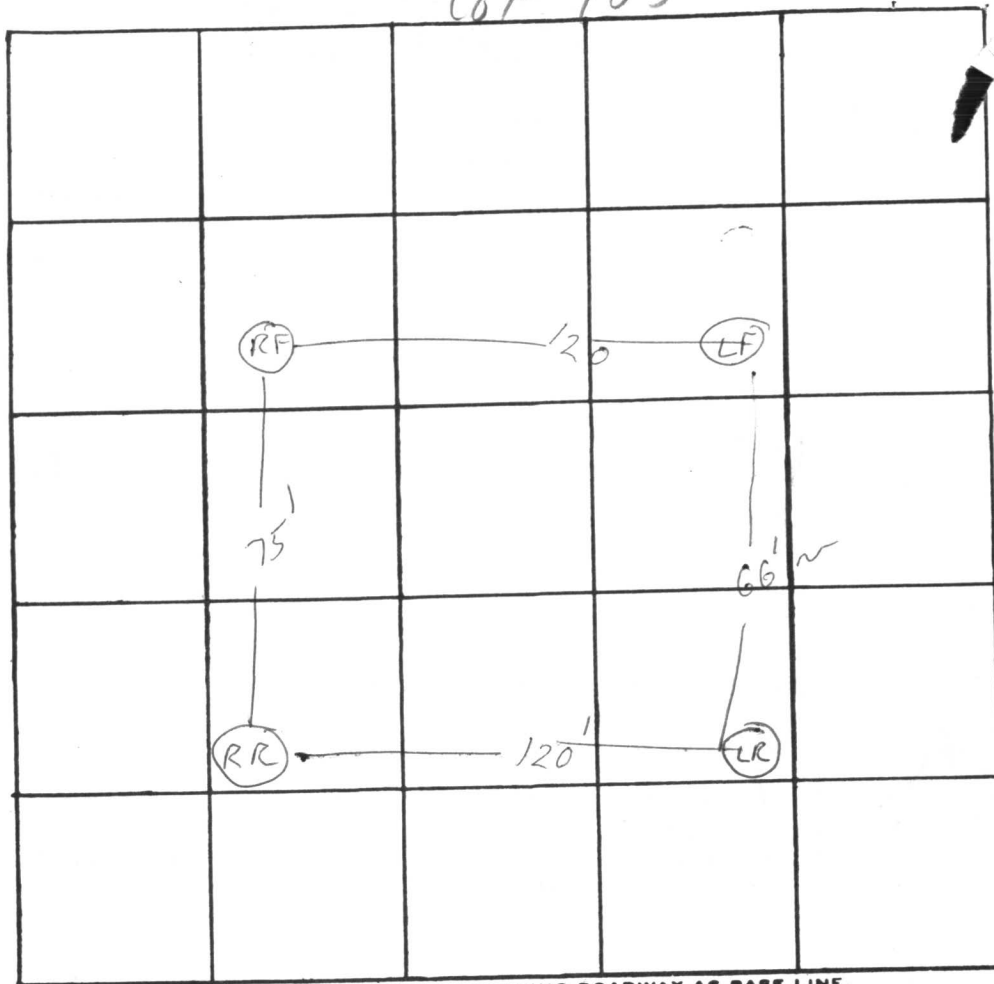
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24037

lot 105



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

105

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11/76	LR	4	2 26	2 32	2 32	2 32	3
"	LR a	12	2 29	2 32	2 32	2 36	4
"	RR	4	2 45	2 46	2 46	2 47	1
"	RR a	10	2 45				8 est
"	LF	12	Visual				8 Dec 76
"	LF a						RAB
"	RF	3	300	301	301	302	1
"	RF a	12	300	302	302	305	3

REMARKS

TYPE OF SOIL

TESTED BY

Richard Briggs

ALSO PRESENT:

Ketterman

0 clay
2 sandy
12

0 clay
2 sandy
12

William E. Doyle

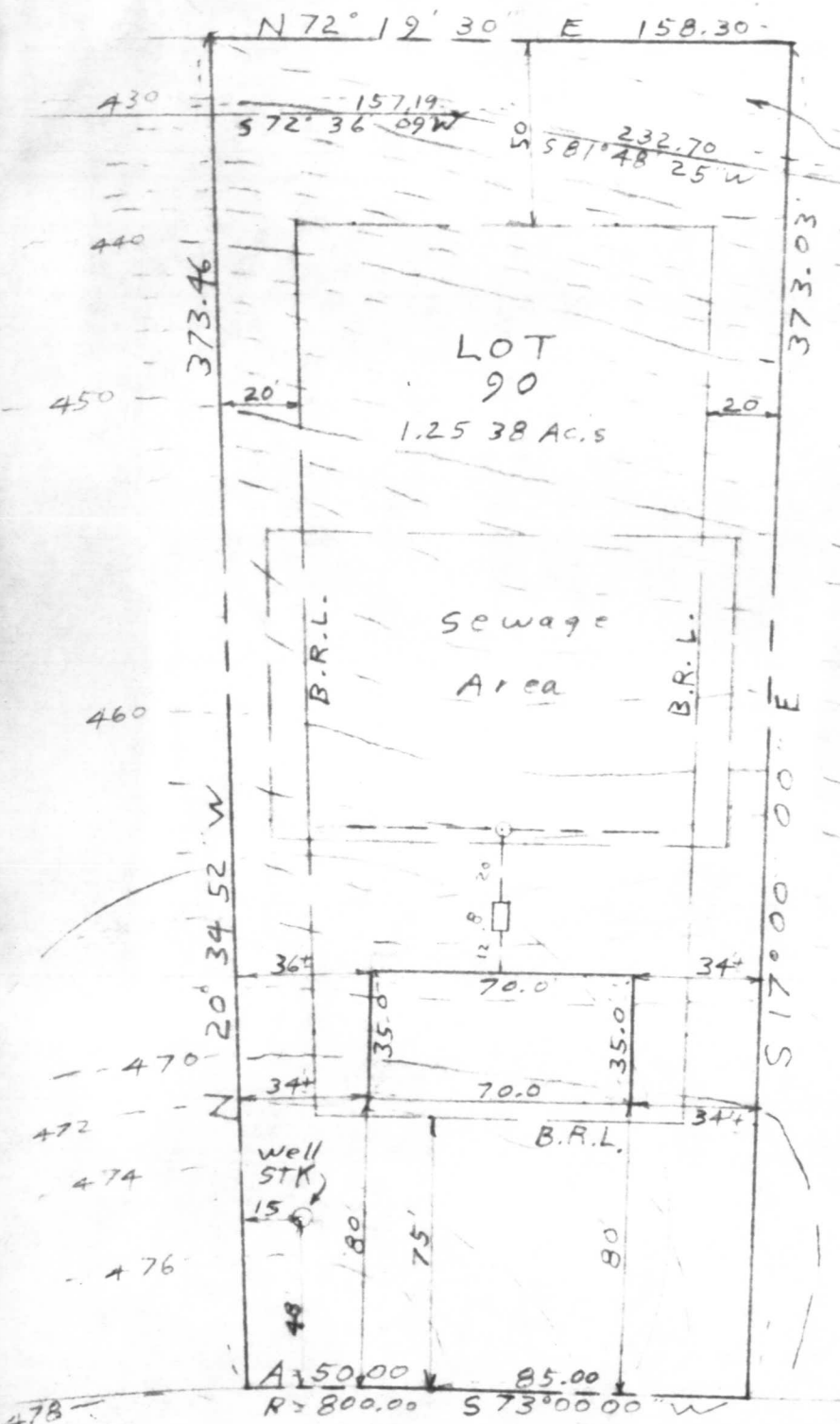
A24037

LAND SURVEYOR 8440

5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

PHONE (301) 795-2210



9/17/82

Sketch OK
Well site OK. J.S.

EXIST. GR at Distb. Box	462.00
INV. in Distb. Box	459.00
INV. OUT Septic Tank	459.40
INV. in Septic Tank	459.90
INV. out of Dwelling	460.14
First Floor Elev.	473.00
Cellar Elev.	464.00
Well Elev.	475.00
No. of Bedrooms	3
Acreage	1.2538 Ac.

RIVER CLYDE DRIVE



PLOTT PLAN
LOT 90 SHEET 1 of 1
SECTION 3 AREA 1

START 10:00

40 STANDING WATER

26' CASING 2' 4" ABOVE GROUND

2:00 450 45 sec

2:15 450 45 sec

2:30 450 45 sec

1 1/4 GPM

PUMP STARTED AT 6 GPM FOR 1 HR

THEN DECLINED TO 3 GPM FOR 2 HR

STATIC LEVEL REACHED AT 1 PM 450'

BECAUSE THAT WAS DEPTH OF PUMP

PUMPED 3 MORE HRS AT 1 1/4 GPM

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

AUG 30 11 36 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

Date Received
(OEP use only)

DATE WELL COMPLETED
10/1/82

Depth of Well
500
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-73-4274

OWNEROskar Schulz Inc.
last namefirst name
STREET OR RFDRiver Clyde DriveTOWNClarksville
SUBDIVISIONHighland LakeSECTION3LOT90

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		Check if water bearing
	FROM	TO	
rolling ground & gravel	0	21'	
schist	21'	48'	
water			
schist	48'	500'	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS7NO. OF POUNDS612
GALLONS OF WATER49
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to22ft.
48 TOP (enter 0 if from surface)54 BOTTOM 58 ft.

CASING RECORD
casing types
insert appropriate code below
STEELSTCONCRETECO
PLASTICPLOTHEROT
MAIN CASING TYPE
Nominal diameter top(main) casing (nearest inch)
Total depth of main casing (nearest foot)
ST605

OTHER CASING (if used)
EACH CASING
diameter inchdepth (feet) from to

SCREEN RECORD
screen type or open hole
insert appropriate code below
STEELSTBRASSBRONZEBR
OPEN HOLEHOPLASTICPLOTHEROT

DEPTH (nearest ft.)
EACH SCREEN
141025500
2
3

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)

SLOT SIZE 123
DIAMETER OF SCREEN (NEAREST INCH)
from to

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.)
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 9
PUMPING RATE (gal. per min. to nearest gal.) 1 1/5
METHOD USED TO MEASURE PUMPING RATE sub pump
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40
WHEN PUMPING 450
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
- below
LAND SURFACE
(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.

OCT 18 12 51 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

