

05-383404

## PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEX

ELLICOTT CITY

DISTRICT 5th.DATE 5/18/84P 33903A 24042New World HomesIS PERMITTED TO INSTALL X ALTERADDRESS 15773 Route 144, Lisbon, MarylandPHONE 442-1097SUBDIVISION Highland Lakes ROAD 6558 River Clyde Drive LOT 57PROPERTY OWNER Bear Development Corp. MYRA LOWENTHAL15772 Route 144ADDRESS Lisbon, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO XSEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade with 6 feet of stone below distribution pipe. LOCATION: Start the trench at percolhole (5) (6) which is located 170 feet from the back lot line and 160 feet from the right side line as seen when facing the lot from River Clyde Drive. Run the trenches toward the right side of the lot as seen when facing the lot from River Clyde Drive. NOTE: 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. Call for inspection - before and after stone is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.

PLANS APPROVED BY Raymond HodgesDATE 12/19/83

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 APPROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

BLOG. PERMIT SIGNED

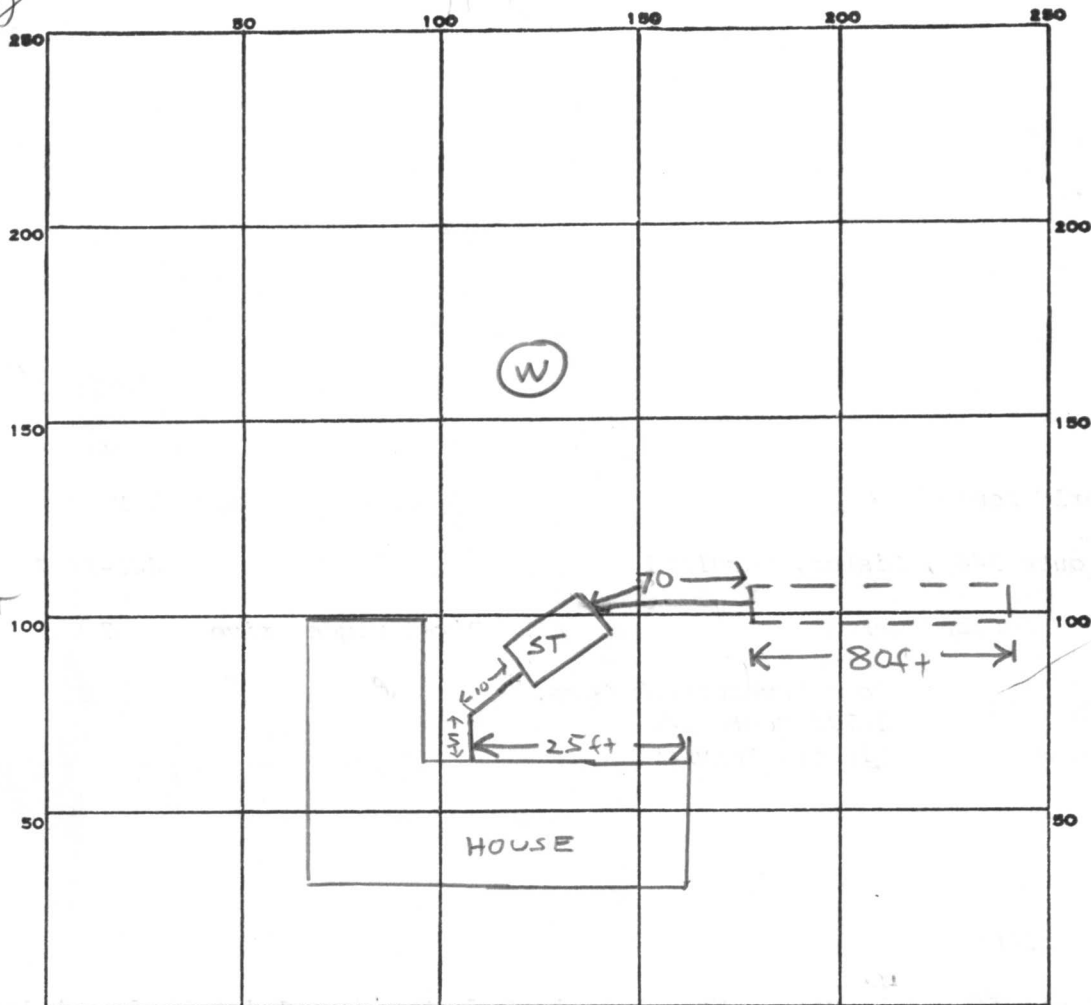
AND RETURNED 7/12/01

300131477-sunroom

A 24042

A24048

1500 gal ST



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

River Clyde

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

NA

TILE FIELD, DEPTH

9.5-10

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

6+

IN.

TOTAL LENGTH

80

FT.

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

480+

SEEPAGE PITS, INSIDE DIAMETER

NA

FT.

DEPTH BELOW INLET

FT.

ABSORBENT AREA

480

SQ. FT.

REMARKS

5/21/84 not ready JS

5/22/84 O.K. to add stone to trench AJ.

5/24/84 OK to cover all work JS

DATE SYSTEM APPROVED

5/24/84

INSPECTOR

Stayer

# APPLICATION

A 24042

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

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 107 107

ROAD AND DESCRIPTION unamed court

SIZE OF LOT one acre m/1 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

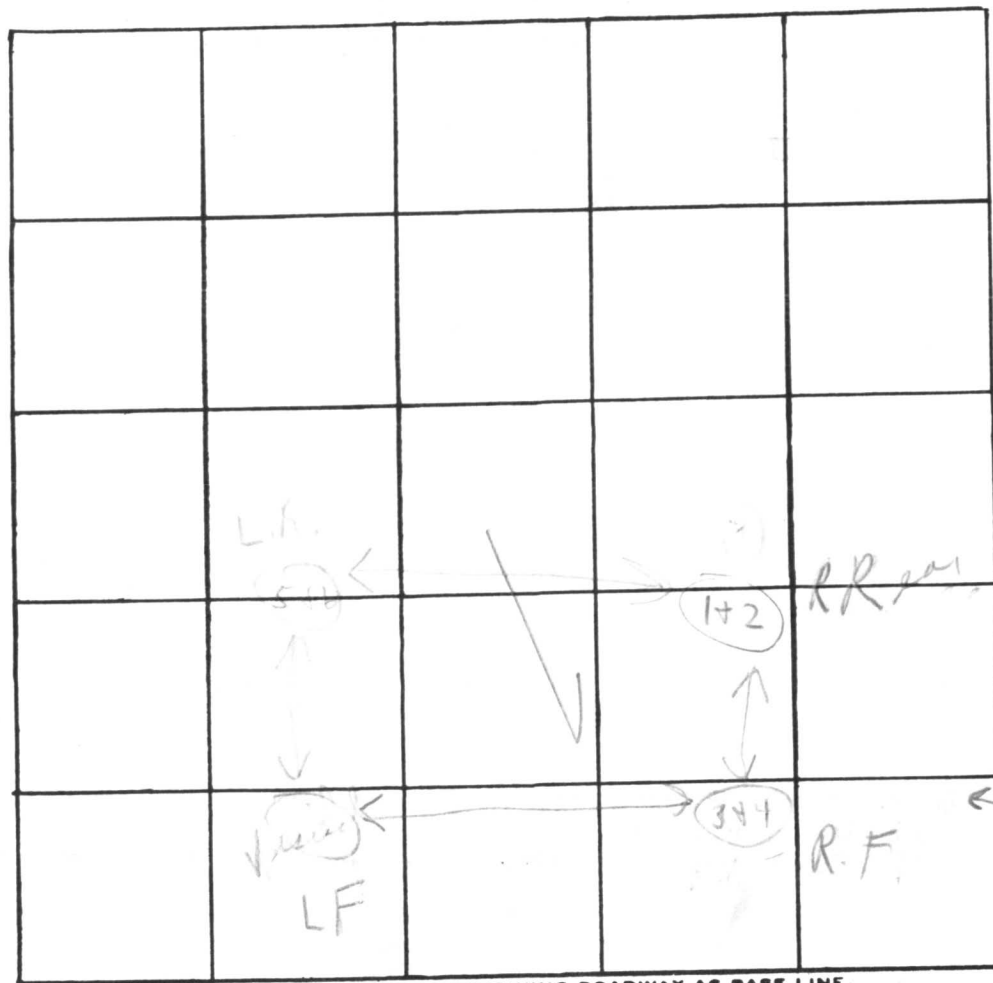
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

AD4042



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/22/72	1	3 1/2'	2:01	2:02	2:02	2:04	2m
	2	12 1/2'	2:00	2:02	2:02	2:06	4m
	3	4 1/2'	2:12	2:16	2:16	2:24	8m
	4	12'	2:14	2:16	2:16	2:19	3m
	5						4 12
	6	7/21/72	Minimum	fine			
	7	11 1/2'	Visual		1'-3' clayed		
					3-11 1/2' foam		

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

60

RR per stake

Lot # 107

ended 3 1/2'

4m

Sandy loam

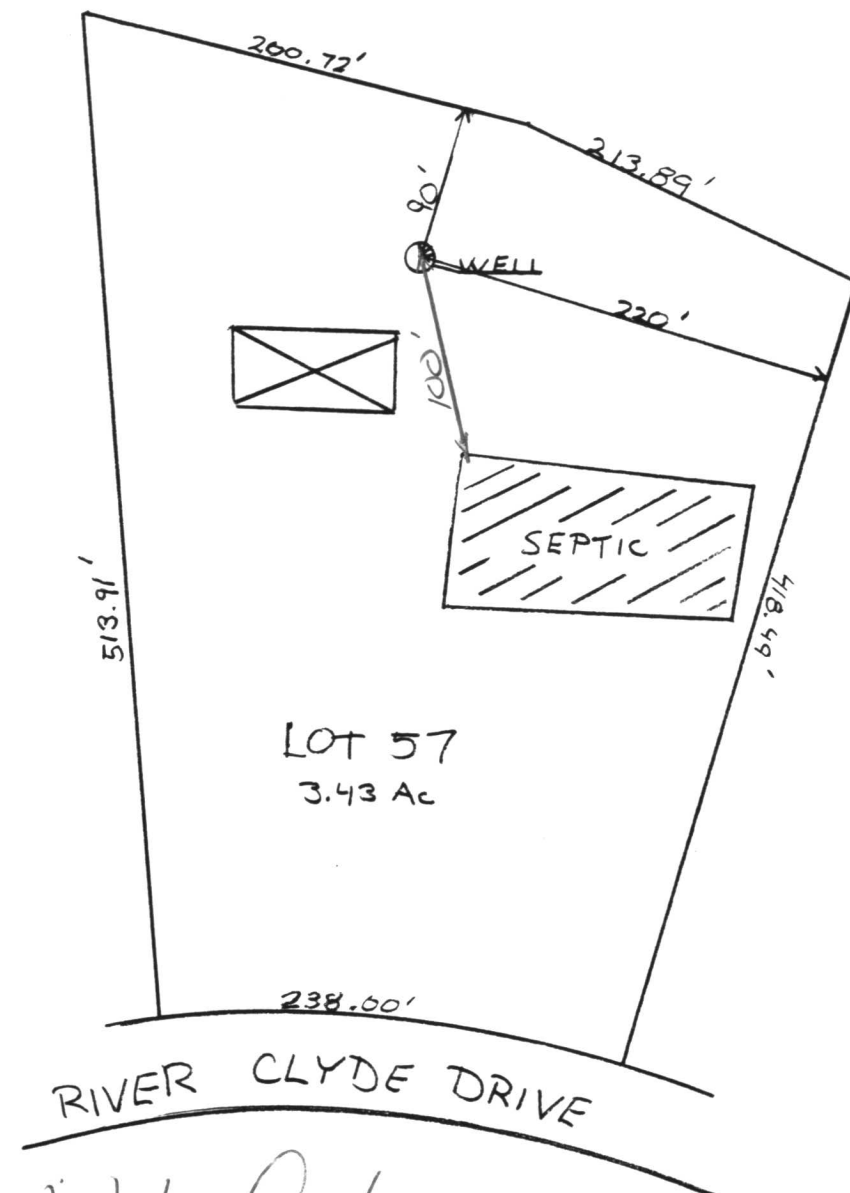
Heavy clay Woods

C.B.S.

2 Kettles

4 Don-in-law

A24042



3/7/84  
Well site OK.  
F.S.

HIGHLAND LAKES

SEE II



REC'D  
HOWARD COUNTY  
HEALTH DEPT.  
FEB 6 2 23 PM '81  
DIVISION of  
ENVIRONMENTAL  
HEALTH

C1 4511 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A 24042

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

1	2	3	4	5	6
8	9	10	11	12	13

14	15	16	17	18	19	20
----	----	----	----	----	----	----

21	22	23	24	25	26
----	----	----	----	----	----

  
(TO NEAREST FOOT)

27	28	29	30	31	32	33	34	35	36	37
----	----	----	----	----	----	----	----	----	----	----

OWNER New World Homes Ltd.  
STREET OR RFD last name River Clyde Drive first name TOWN Clarksville  
SUBDIVISION Highland Lake SECTION 2 LOT 57

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOCheck  
if water  
bearing

rolling ground & gravel	0	22'	
schist	22'	48'	
water			
schist	48'	63'	
water			
schist	63'	71'	
water			
schist	71'	100'	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes  
Y  
no  
N

TYPE OF GROUTING MATERIAL

CEMENT CMBENTONITE CLAY BCNO. OF BAGS 7NO. OF POUNDS 672

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 29 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

STEEL ST CONCRETE CO  
PLASTIC PL OTHER OTMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST629EACH  
CASING

## OTHER CASING (if used)

diameter

depth (feet)

from to

screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
belowSTEEL ST BRASS BR OPEN HO  
HOLE  
PLASTIC PL OTHER OT

C2

EACH  
SCREEN

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN(NEAREST  
INCH)

from to

GRAVEL PACK  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour) 32PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO

MEASURE PUMPING RATE watch bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A airP pistonT turbineC centrifugalR rotaryO other  
(describe  
below)J jetS submersible

## PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLSEXCEPT HOME USE  
TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

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)CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELLI 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. 064

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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



RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

MAR 15 2 08 PM '84

DIVISION OF  
ENVIRONMENTAL  
HEALTH

Form with multiple sections and checkboxes, including fields for patient information, medical history, and examination results. A large 'X' is drawn across the central portion of the form.

Form sections include:

- Patient Information (Name, Address, Phone, etc.)
- Medical History (Allergies, Current Medication, etc.)
- Examination (Vital Signs, Physical Exam, etc.)
- Diagnosis (ICD-9-CM codes)
- Procedures (CPT codes)
- Referrals (Referring Physician, etc.)
- Signature (Physician, Nurse, etc.)

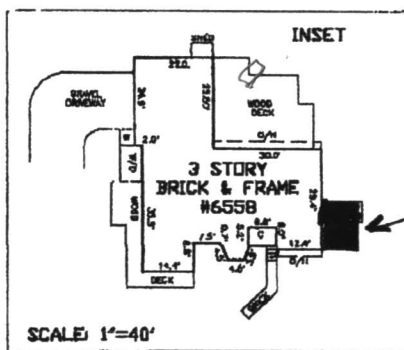
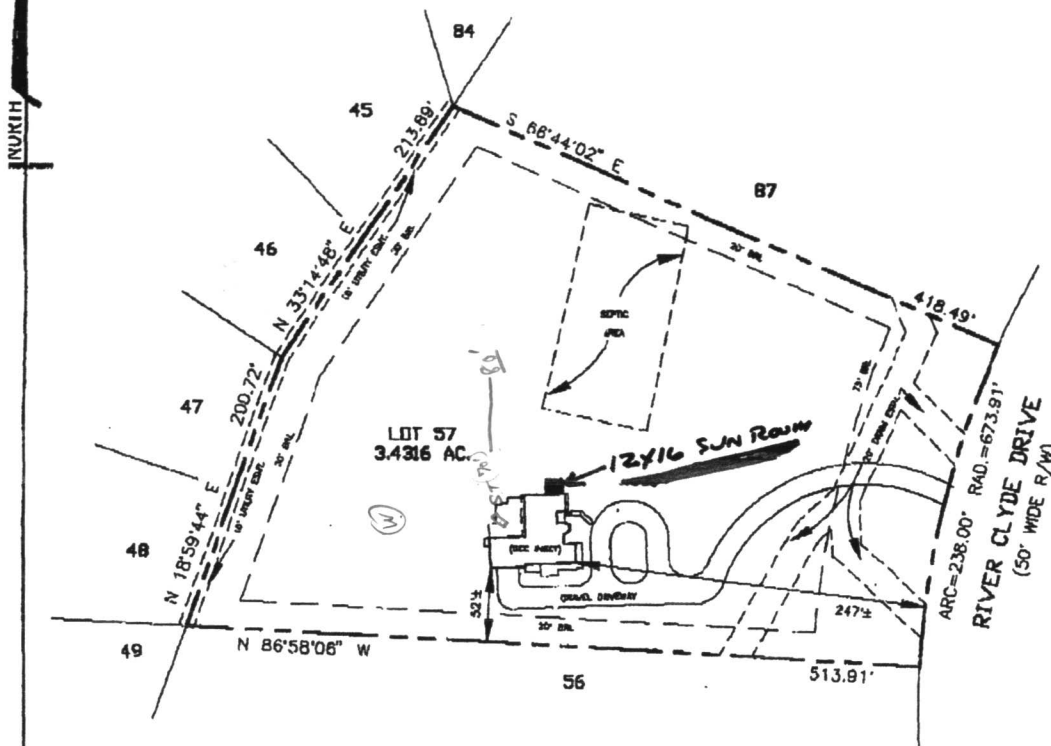


CASF NO. 1830

HOUSE LOCATION  
SECTION II  
HIGHLAND LAKE  
LOT 57  
HOWARD COUNTY, MARYLAND

B00131477

6558 River Clyde Dr  
Highland Lake II Lot 57  
Sunroom (Bldg Addn) will  
have No impact on well or  
Septic. (There is an existing  
Deck over existing septic  
Tank however)  
Recommend BP approval.  
P/S 7/12/01



PROPERTY ADDRESS: 6558 RIVER CLYDE DRIVE

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 00328 AS REVISED 12-04-1988.

**CERTIFICATE**  
I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD MEASUREMENTS.

*Gary Dean Simpson*  
GARY DEAN SIMPSON  
Reg. MARYLAND P.L.S. No. 514

**REFERENCES**  
PLAT BK.  
PLAT NO. C.M.P. 3877  
LIBER  
FOLIO

**CMS**  
CENTRAL MARYLAND SURVEYORS

4319 NORTHMEN DRIVE (301) 282-2600 FAX (301) 282-0478 BOWIE, MD 20716

DATES:	SCALE: 1"=100'
WALL CHECK:	DRAWN BY: JPK
HSE. LOC.: 04-06-83	JOB NO.: 1183-93
BOUNDARY:	

- NOTES: 1) This location for this purposes only, no title report furnished, nor to be used for determining property lines, building fences or other improvements.  
2) Property corner markers NOT found, or guaranteed by this location.  
3) B.L. information, if shown was obtained from existing record plat or local agencies and is not guaranteed by CMS, INC.  
4) Existing line and/or Flood Zone information is subject to the interpretation of the originator.  
5) CMS, Inc. does not certify to unshown or unrecorded encroachments or overlaps.