

4/26/81
A 7th if possible
Thank you
6/30/81 before 3:00
if possible 9/14/81

05-385091

approved 9/18/81
Stayer

PERMIT

P 31294
A 24046

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 4/2/81

INDEX

Oskar Schulz IS PERMITTED TO INSTALL X ALTER

ADDRESS 6610 Blackwatch Lane, Highland, Md. 20777 PHONE

SUBDIVISION Highland Lake ROAD ~~6544~~ River Clyde Drive LOT 86, Sec. 3

PROPERTY OWNER Oskar Schulz

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 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 120 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 50 FT. FROM front LOT LINE AND 60 FT. FROM right LOT LINE AS SEEN WHEN

FACING LOT FROM River Clyde Drive.

**BUILDING PERMIT SIGNED
AND RETURNED**

6/17/84 - 800148976-Screened Porch

PLANS APPROVED BY Frank Skinner DATE 12/17/80

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.

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

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

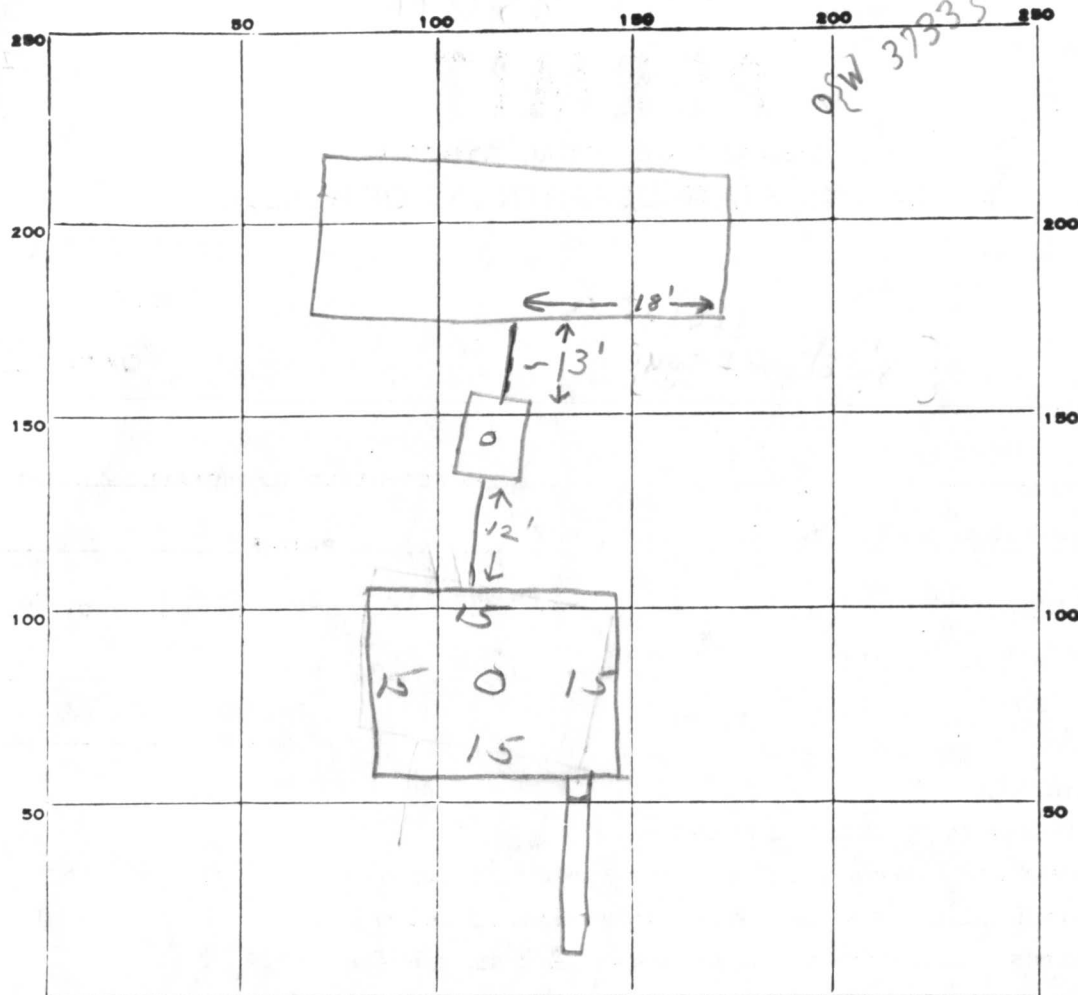
PERMIT VOID AFTER THREE YEARS.

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.**

A 24046

A24046



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.GRAVEL DEPTH 7' AUG. IN. TOTAL LENGTH 20 FT. 120NUMBER OF TRENCHES 1 TOTAL BOTTOM AREASEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6 FT. 360ABSORBENT AREA 480 SQ. FT.REMARKS 6/26/81 OK to add stone in trench.OK to cover septic + drywell after cleanouts are on.

6/30/81 SYSTEM - PARTIAL - NEED HOUSE CONNECTION; OK TO
COVER TRENCH; DRYWELL AND SEPTIC TANK TO 1' OF END CLOSEST
TO HOUSE. 9/14/81 Final OK. JS
C.B.C.

DATE SYSTEM APPROVED

9/14/81

INSPECTOR

Stanger

BUILDING PERMIT SIGNED
AND RETURNED

APPLICATION

A 24046

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

3 B.R. 1000 gal. Septic tank DISTRICT Fifth
4 B.R. 1250 gal. Septic tank DATE 9/15/76

Drywell to have 120 SQ. FT. effective sidewall absorption area per bedroom below inlet pipe. Drywell inlet at 3 ft. below original grade. Maximum depth of drywell is 9 ft. below original grade. Place the drywell 50 ft. from the front lot line and 60 ft. from the right side line as seen when facing the property from River Clyde Drive.

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.

Oskar Schulz, Inc.

PROPERTY OWNER Mr. Walter Bucher

ADDRESS Highland Partnership
8777 First Avenue PHONE (8)-588-5100
Silver Spring, MD 20901

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 109 # 109 86

ROAD AND DESCRIPTION Court Road B.P. 45301 o.d.d. on 2/11/80

6544 River Clyde Drive 4 Bedrooms

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 Skinn FOR Drywell DATE 12/17/80
(KIND OF SYSTEM)

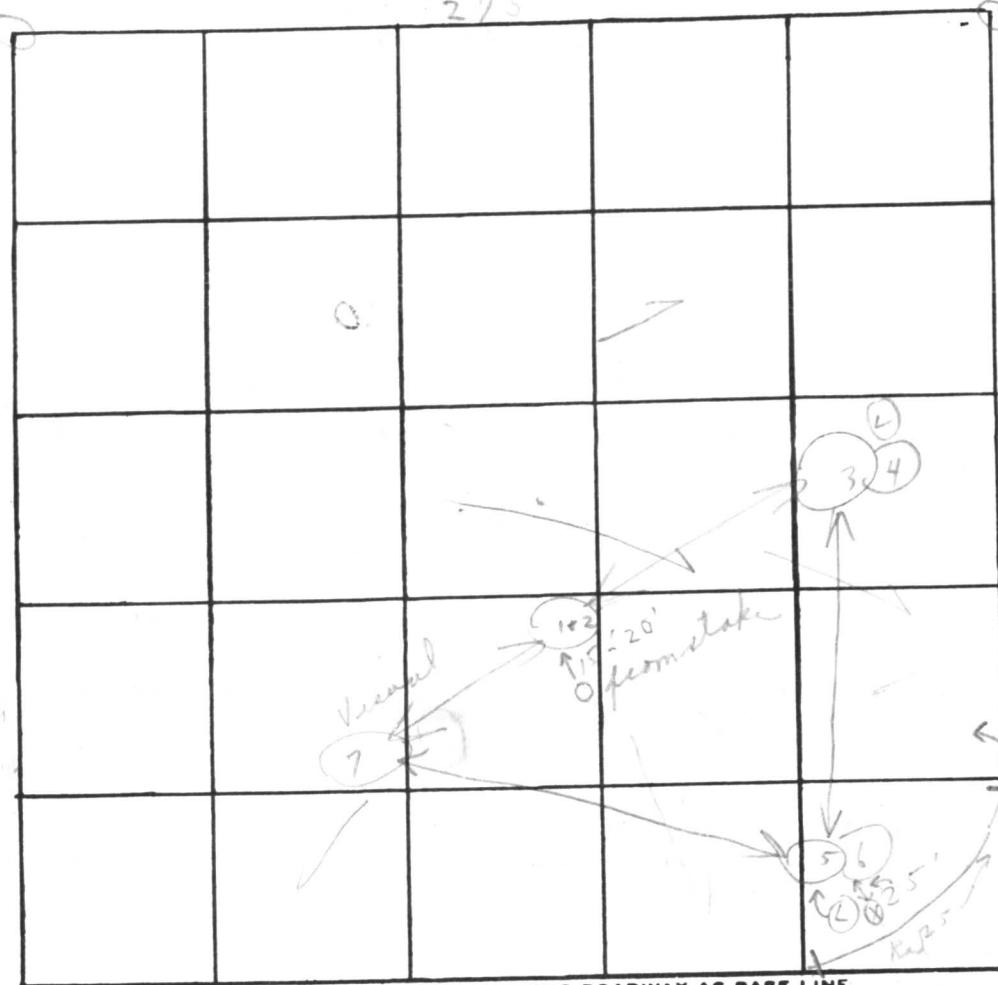
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24046



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/76	1	3'	10:50	10:52	10:52	10:55	3m
	④-2	12 1/2'	10:50	10:51	10:51	10:53	2m
	3	4 1/2'	10:56	10:58	10:58	11:02	4m
	⑤-4	11 1/2'	10:56	10:58	10:58	11:00	2m
	5	3'	11:20	11:21	11:21	11:23	2m
	⑥-6	11 1/2'	11:20	11:22	11:22	11:25	3m
	7	12'	Visual	1- 3 1/2'			3m

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

Heavy Wooded - Tested for stakes

Sandy loam below clay

C. B. 2

4 Kettles

C 1	4801	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 <u>A24046</u>
-----	------	--------------------------------	---	---

Date Received (WRA use only)	<u>Nov. 21 1980</u> DATE WELL COMPLETED	Depth of Well <u>150</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>10-73-3733</u>
---------------------------------	--	--	--

OWNER last name <u>Schultz</u> first name	STREET OR RFD <u>448 Blackwatch Lane</u> TOWN <u>Highland</u>	SUBDIVISION <u>Highland Lake</u> SECTION <u>3</u> LOT <u>86</u>
---	---	--

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
coming ground # gravel	0 31'	
sandstone	31' 46'	
water		✓
sandstone	46' 62'	
water		✓
sandstone	62' 111'	
schist	111' 127'	
water		✓
schist	127' 150'	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>10</u>	NO. OF POUNDS <u>960</u>
GALLONS OF WATER <u>70</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>35</u> ft. 48 TOP (enter 0 if from surface) 54 BOTTOM 58	

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top(main) casing (nearest inch)
<input checked="" type="checkbox"/> S.T	<u>6</u>
	Total depth of main casing (nearest foot)
	<u>36</u>

OTHER CASING (if used)	
EACH CASING	diameter inch depth (feet) from to

SCREEN RECORD	
screen type or open hole	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER
insert appropriate code below	

C 2 (seq. no.)	
DEPTH (nearest ft.)	<u>36</u> <u>150</u>
EACH SCREEN	
1	<u>40</u>
2	
3	
SLOT SIZE	<u>2</u> <u>3</u>
DIAMETER OF SCREEN	(NEAREST INCH)
	from to

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX <input type="checkbox"/> F	
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE	LOG

C 3 (seq. no.)	
PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>1</u>
PUMPING RATE (gal. per min. to nearest gal.)	<u>6 1/2</u>
METHOD USED TO MEASURE PUMPING RATE <u>Air-Machine</u>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>33</u>
WHEN PUMPING	<u>150</u>
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston <input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> 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)	
<u>31</u> <u>35</u>	
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - 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 BOX	
<input checked="" type="checkbox"/> A	A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<input type="checkbox"/> E	ELECTRIC LOG OBTAINED
<input type="checkbox"/> 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. <u>064</u>	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Robert W. Reinhart</u>	
SITE SUPERVISOR (sign of driller or journeyman responsible for city work if different)	

River Clyde	
well	

William C. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

PHONE (301) 795-2210

A24046

A24046

SITE PLAN

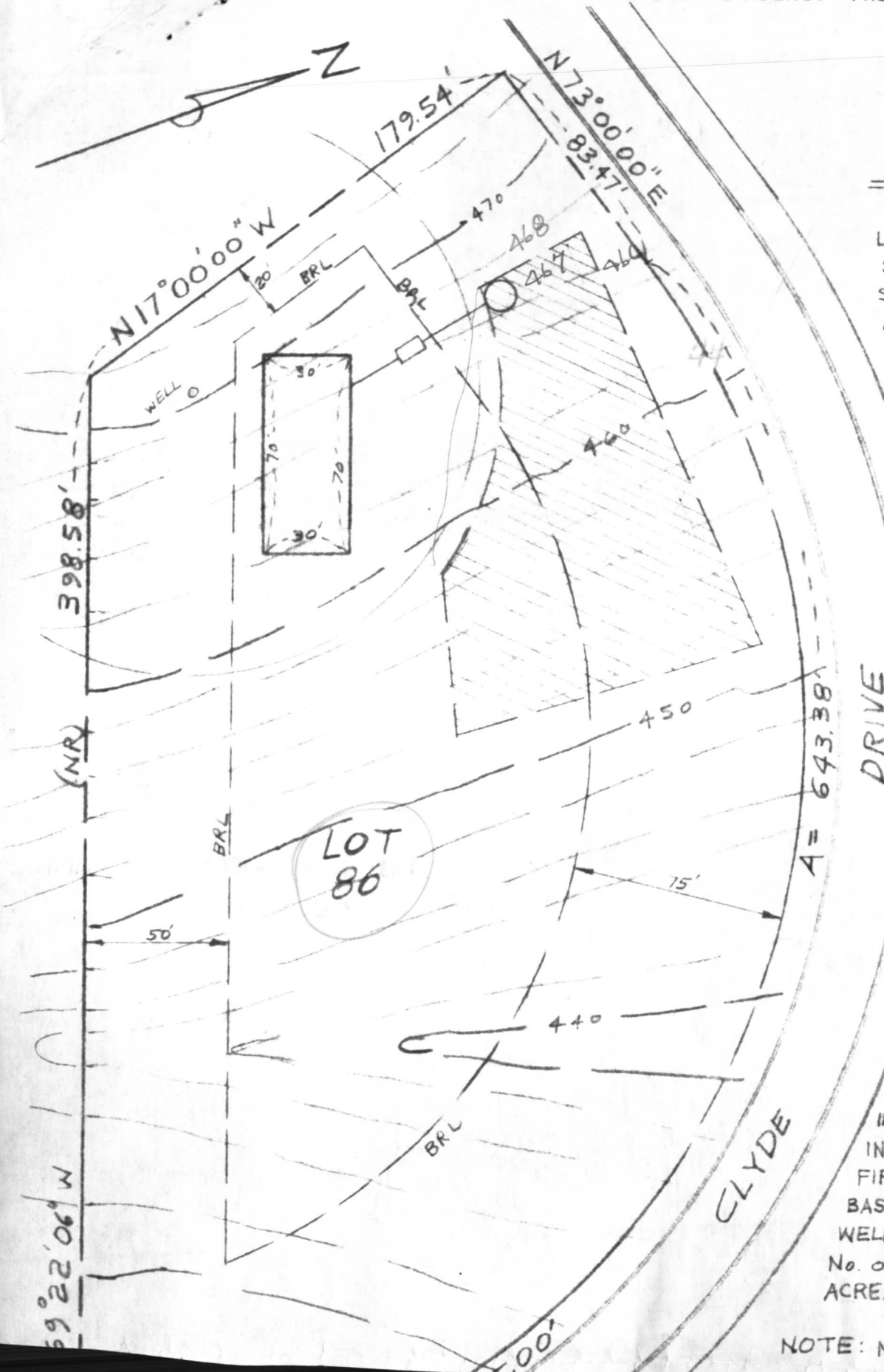
RIVER CLYDE DRIVE
LOT 86
SHEET 1 of 1
SECTION III
AREA I
HIGHLAND LAKE
ELECT. DIST 5
HOWARD CO., MD.

12/17/80
Sketch O.K.
G. S.

DRYWELL DATA

INV. IN DRYWELL	463.50
INV. OUT SEPTIC TANK	464.10
INV. IN SEPTIC TANK	464.40
INV. OUT DWELLING	464.90
FIRST FLOOR ELEV.	471.00
BASEMENT ELEV.	463.00
WELL ELEV.	470.5
No. of BEDROOMS	4
ACREAGE	2.1815 AC

NOTE: NO PLUMBING IN
BASEMENT



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00148976 A# 24046

APP. SAN MR DATE: 6/17/04

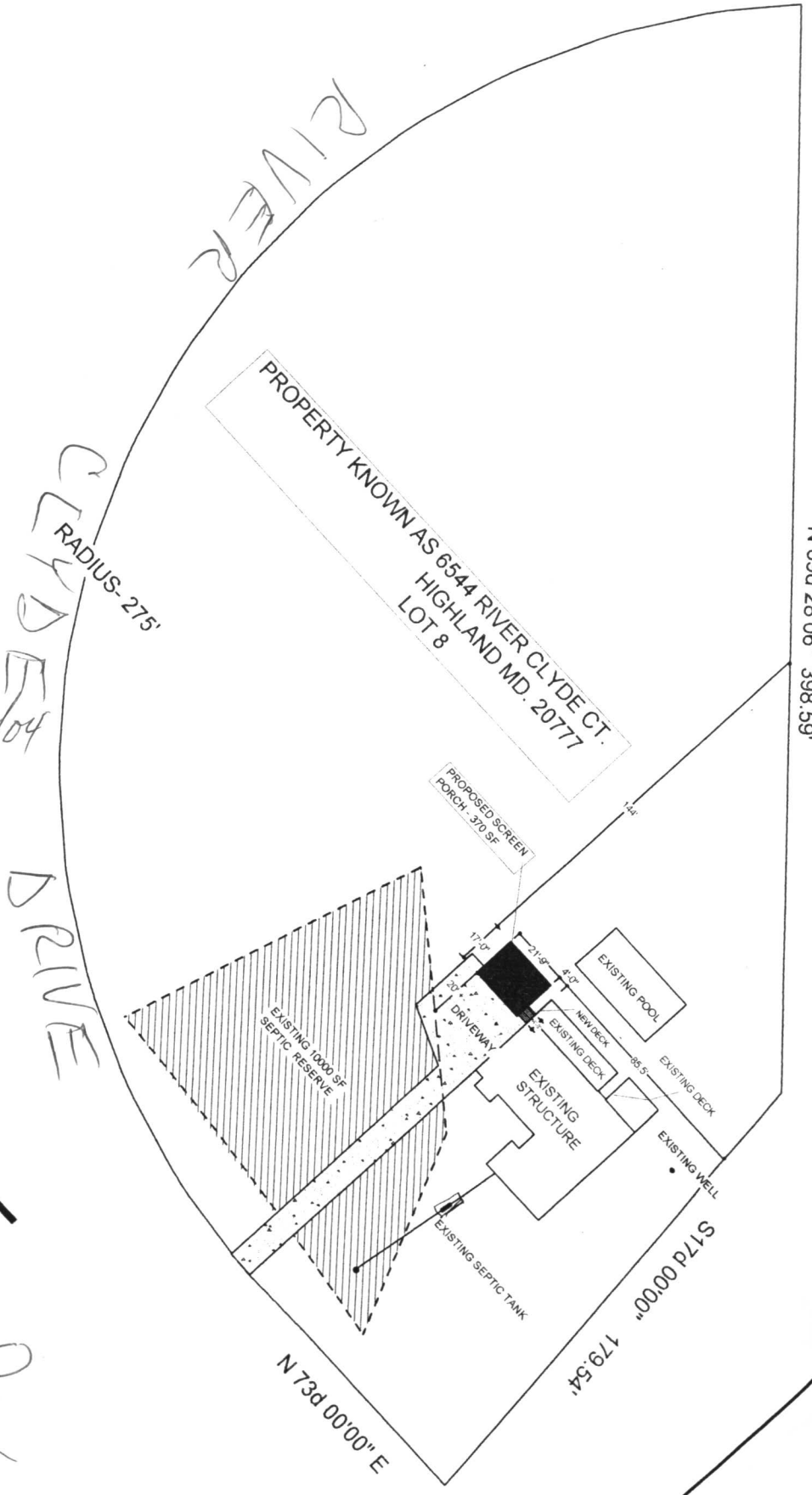
DESC. OF WORK:

SCR. porch

SCALE- 1" = 40'
PLAT

Group, Inc.

BENSON



N 69d 28'06" 398.59'

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B-00148976

Building Address 6544 RIVER CLAYDE DR
HIGHLAND, MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605101 Subdivision HIGHLAND LAKE

Section _____ Area _____ Lot 86

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 14D.0 Lot size _____

Property Owner's Name HAROLD & GAIL BENSON

Address 6544 RIVER CLAYDE DR

City HIGHLAND State MD Zip Code 20777

Home Phone 301-854-3211 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

BRETT SCHOOLNICK
THE BAYWOOD DESIGN BUILD GROUP, INC.
5550 STERRETT PL. SE #100
COLUMBIA MD 21044
Phone 410-795-1313 Fax 410-792-3211

Existing Use SF DWELLING

Proposed Use SAME WITH SCREENED PORCH

Estimated Construction Cost \$ 630,000

Description of Work 17'x22' SCREEN PORCH
W/ 4x6 POST & 13'x30' PINE FOOTING

Contractor Company BAYWOOD DESIGN BUILD GROUP, INC.

Contact Person BRETT SCHOOLNICK

Address 5550 STERRETT PL. SE #100

City COLUMBIA State MD Zip Code 21044

License No. _____

Phone 410-795-1313 Fax 410-792-3211

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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

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 Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐
Depth 12' Width 17'
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: _____
Dimensions: _____
Footings: 12'x30' PINE
Roof: 2'x10' RAFTERS
____ State Certified Modular
____ Manufactured Home

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 ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

THE 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 COUNTY 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 ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

THE BAYWOOD DESIGN BUILD GROUP, INC.
President

Title/Company

015 06/17/04 MR

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY

and Development, DPZ

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

Front:

PROPERTY ID#

Filing fee \$

62515