

05-383609

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 5thDATE Feb. 15, 1983

INDEX

Paul Schissler

IS PERMITTED TO INSTALL ☒ ALTER ☐ADDRESS 7311 Brangles Road., Marriottsville, Md. 21104 PHONE 795-2642SUBDIVISION Highland Lake ROAD 6541 River Clyde Drive LOT 75, Sec. 2
~~Castlebay Lane~~PROPERTY OWNER Mr. Walter Bucher, Highland PartnershipADDRESS 8777 First Ave., Silver Spring, Md. 20901

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

GARBAGE GRINDER? YES ☐ NO ☒SEPTIC TANK CAPACITY 2000 ~~1250~~ GALLONS NUMBER OF BEDROOMS 4 With Garbage Grinder
153 square feet per bedroom. Minimum total square feet is 612 sq. ft. Inlet 3 1/2 ft.

below original grade. Max. depth 9 1/2 ft. below original grade. Effective area begins
at 8 1/2 ft. below original grade. NOTE: If trench is used to make up absorbent area,
run the trench on level ground and leave a 5 ft. earth buffer between drywell and trench.
No. trench is to exceed 100 ft. in length. Trench inlet to be same as drywell, with 6 ft.
of stone below distribution pipe. Call for inspection of trench before gravel is installed
in trench. LOCATION: Drywell to be 130 ft. from rear lot line and 15 ft. from right side
line as seen when facing the property from River Clyde Drive.

PLANS APPROVED BY Frank Skinner DATE February 15, 1983

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.

FOR DEPOSIT ONLY

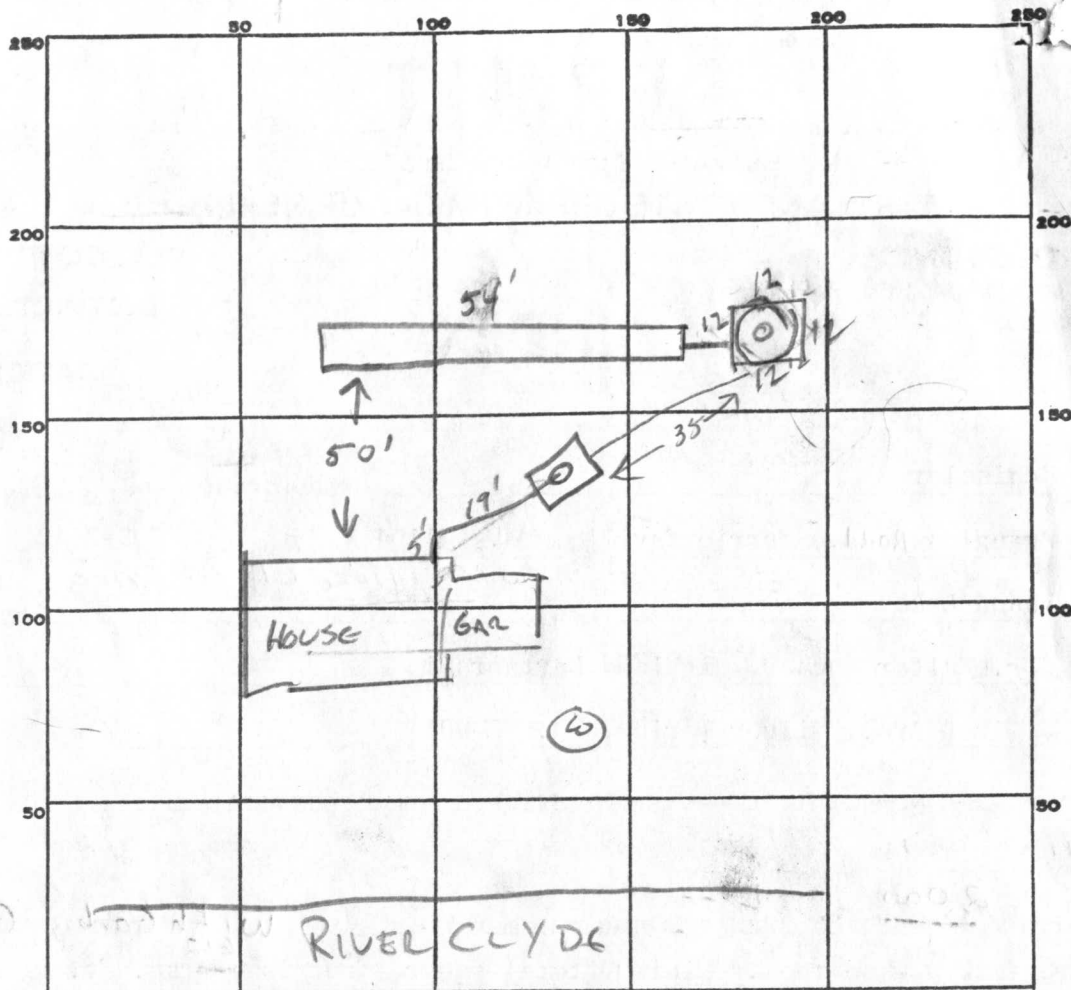
HOWARD COUNTY HEALTH DEPARTMENT
10-103516-02BLDG. PERMIT SIGNED
AND RETURNED 7/3/87

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A24067



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS ST DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 54 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 324

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 288 SQ. FT.

TOTAL SQ FT 612

612
288
6304
50

REMARKS ST + DW OK 6-7-83 CW

TRENCH OK - ADD GRAVEL 6-8-83 CW

GRAVEL OK - COVER 6-8-83 CW

DATE SYSTEM APPROVED 6-8-83 INSPECTOR CW

APPLICATION

Final
w/75

A 24067

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)-588-5100
Silver Spring, MD 20901

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 131

ROAD AND DESCRIPTION Castlebay Lane

SIZE OF LOT one acre m/l TYPE BLDG. 5 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

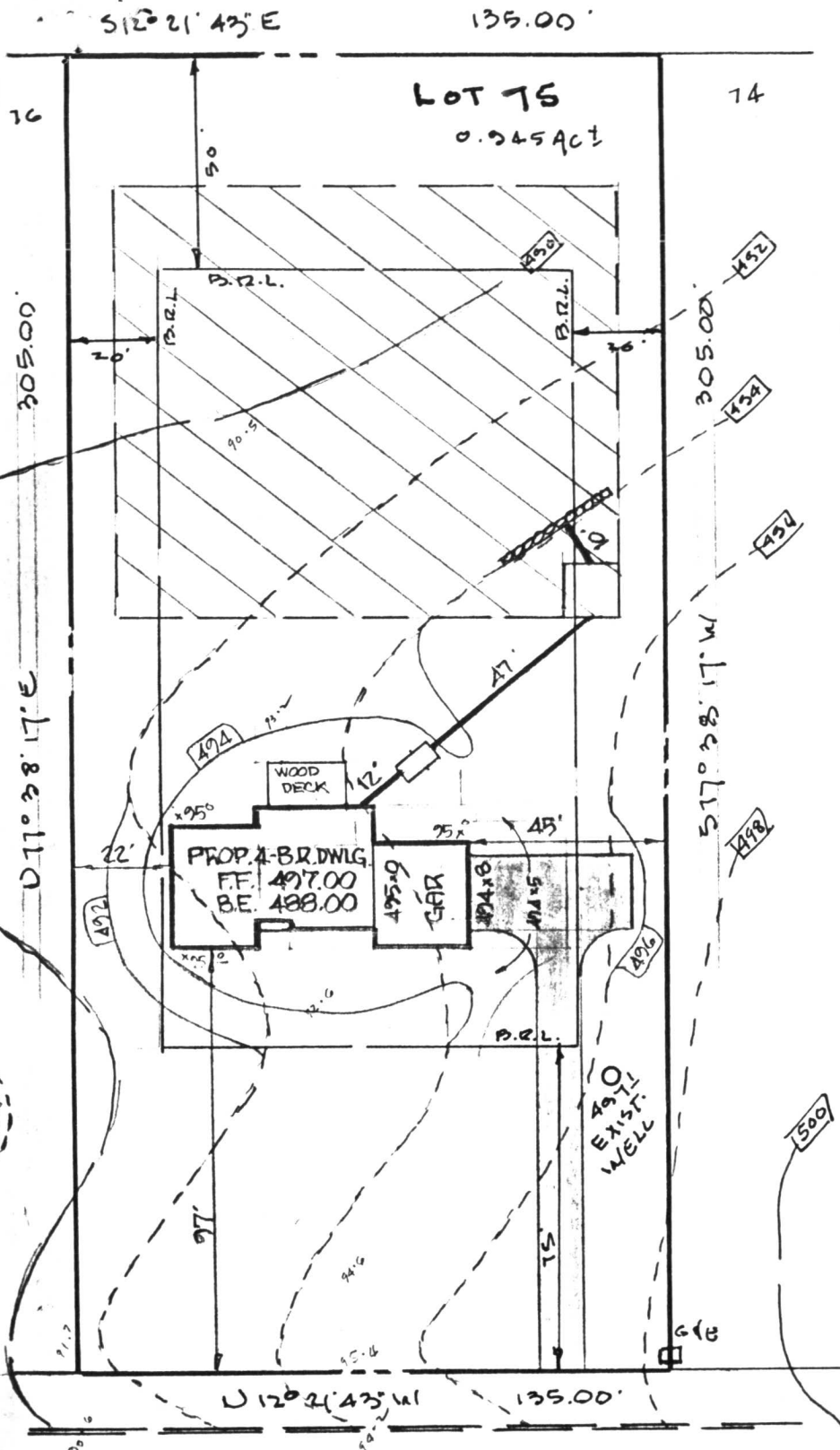
APPROVED BY F. Skinn FOR Lyndell Head DATE 12/30/82
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



SEPTIC SYSTEM DATA:

INV. @ HOUSE: 491.90

SEPTIC TANK (1000-GAL.)

EX. GR.: 494.5
 FIN. GR.: 494.5
 INV. IN.: 491.75
 INV. OUT: 491.50

DRY WELL: (12' x 12')

EX. GR. 494.5
 FIN. GR. 494.5
 INV. IN 491.00
 INV. OUT 491.00

TRENCH: (30' LONG, 2' WIDE)

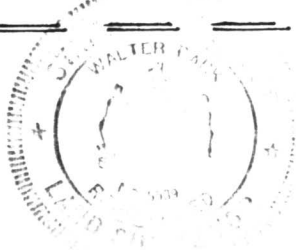
EX GR. 494.0
 FIN. GR. 494.0
 INV. IN. 490.50

2/15/83
 Sketch OK.
 J.S.

LOT 75 HIGHLAND LAKE
 SECTION II PLAT #

5th ELECTION DIST. HOWARD CO. MD.
 SCALE 1" = 40' 12-22-1982

HUDKINS ASSOCIATES, INC.
 SUITE 231, JOSEPH SQUARE
 5485 HARPERS FARM ROAD
 COLUMBIA, MD. 21044



RECEIVED
HOWARD COUNTY
HEALTH DEPT

DEC 23 10 56 AM '81

ES. DEPARTMENTAL
HEALTH

112 17

C14207

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.

COUNTY
NUMBERA24067

DATE RECEIVED
(OEP USE ONLY)

DATE WELL COMPLETED
120982

Depth of Well
200
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-73-4322

OWNEROskar Schulz Inc.
last namefirst name
STREET OR RDRiver Clyde DriveTOWNClarksville
SUBDIVISIONHighland LakeSECTION2LOT75

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	34'	
brown shist	34'	44'	
gray shist	44'	58'	
water			✓
gray shist	58'	72'	
water			✓
gray shist	72'	200	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS12NO. OF POUNDS152
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to38ft.
from48 TOP (enter 0 if from surface)52 BOTTOM 58 ft.

CASING RECORD
casing types
insert appropriate code below
STEELSTCONCRETECO
PLASTICPLOTHEROther
MAIN CASING TYPE
Nominal diameter top(main) casing (nearest inch)
Total depth of main casing (nearest foot)
ST641
606162646670

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

SCREEN RECORD
screen type or open hole
insert appropriate code below
STEELSTBRASSBRONZEPLASTICPLOPEN HOLEOT
SLOT SIZE123
DIAMETER OF SCREEN (NEAREST INCH)
from to

C3
123 (seq. no.)6

PUMPING TEST
HOURS PUMPED (nearest hour)4 1/2
PUMPING RATE (gal. per min. to nearest gal.)5 1/2
METHOD USED TO MEASURE PUMPING RATESub pump
WATER LEVEL (distance from land surface)
BEFORE PUMPING33
WHEN PUMPING175
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

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.0094
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2
123 (seq. no.)6

DEPTH (nearest ft.)
H041200
891113151721
232426303236
383941454751
SLOT SIZE123
DIAMETER OF SCREEN (NEAREST INCH)
from to
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOXF
OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.)
W Q
7072747576
TELESCOPE CASINGLOG INDICATOROTHER DATA

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
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
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.

SECTION 1: GENERAL INFORMATION
NAME: [illegible]
ADDRESS: [illegible]
CITY: [illegible]
STATE: [illegible]
ZIP: [illegible]
DATE: [illegible]

SECTION 2: MEDICAL HISTORY
PATIENT'S NAME: [illegible]
DATE OF BIRTH: [illegible]
SEX: [illegible]
RACE: [illegible]
RELIGION: [illegible]
EDUCATION: [illegible]
OCCUPATION: [illegible]
MARITAL STATUS: [illegible]
PREVIOUS SURGERIES: [illegible]
ALLERGIES: [illegible]
CURRENT MEDICATIONS: [illegible]

SECTION 3: PHYSICAL EXAMINATION
VITALS: [illegible]
HEENT: [illegible]
CV: [illegible]
PUL: [illegible]
GASTRO: [illegible]
GU: [illegible]
NEURO: [illegible]
MSK: [illegible]
SKIN: [illegible]

SECTION 4: LABORATORY TESTS
Hemoglobin: [illegible]
Hematocrit: [illegible]
WBC: [illegible]
Differential: [illegible]
Platelets: [illegible]
Urea Nitrogen: [illegible]
Creatinine: [illegible]
Glucose: [illegible]
HbA1c: [illegible]
Lipid Panel: [illegible]

SECTION 5: DIAGNOSIS
ICD-9-CM: [illegible]
ICD-10: [illegible]
CPT: [illegible]
Procedure: [illegible]

SECTION 6: TREATMENT
Medications: [illegible]
Surgery: [illegible]
Therapy: [illegible]
Diet: [illegible]
Lifestyle: [illegible]

SECTION 7: PROGNOSIS
Short-term: [illegible]
Long-term: [illegible]

SECTION 8: FOLLOW-UP
Next Visit: [illegible]
Referrals: [illegible]

SECTION 9: PATIENT EDUCATION
Disease Process: [illegible]
Prevention: [illegible]
Management: [illegible]

SECTION 10: SOCIAL HISTORY
Tobacco: [illegible]
Alcohol: [illegible]
Drugs: [illegible]
Sexual Activity: [illegible]
Stress: [illegible]

SECTION 11: REVIEW OF SYSTEMS
Constitutional: [illegible]
HEENT: [illegible]
CV: [illegible]
PUL: [illegible]
GASTRO: [illegible]
GU: [illegible]
NEURO: [illegible]
MSK: [illegible]
SKIN: [illegible]

SECTION 12: SUMMARY
Chief Complaint: [illegible]
History of Present Illness: [illegible]
Physical Examination: [illegible]
Laboratory Tests: [illegible]
Diagnosis: [illegible]
Treatment: [illegible]

SECTION 13: DISPOSITION
Admission: [illegible]
Discharge: [illegible]
Referral: [illegible]

SECTION 14: SIGNATURE
Physician: [illegible]
Nurse: [illegible]
Pharmacist: [illegible]
Other: [illegible]

SECTION 15: COMMENTS
[illegible]

SECTION 16: ADDITIONAL INFORMATION
Insurance: [illegible]
Billing: [illegible]
Other: [illegible]

SECTION 17: REVIEW
Physician: [illegible]
Nurse: [illegible]
Pharmacist: [illegible]
Other: [illegible]

SECTION 18: FINAL DISPOSITION
Discharge: [illegible]
Admission: [illegible]
Referral: [illegible]



**DEVELOPMENT
CONSULTANTS
GROUP**

SURVEYORS, ENGINEERS & LAND PLANNERS

SUITE 102

17904 GEORGIA AVE.

OLNEY, MD 20832

924-4570

LOT 75
SECTION II
HIGHLAND LAKE

COUNTY OF HOWARD

PLAT BK.

PLAT NO. 3876

(18' x 36')

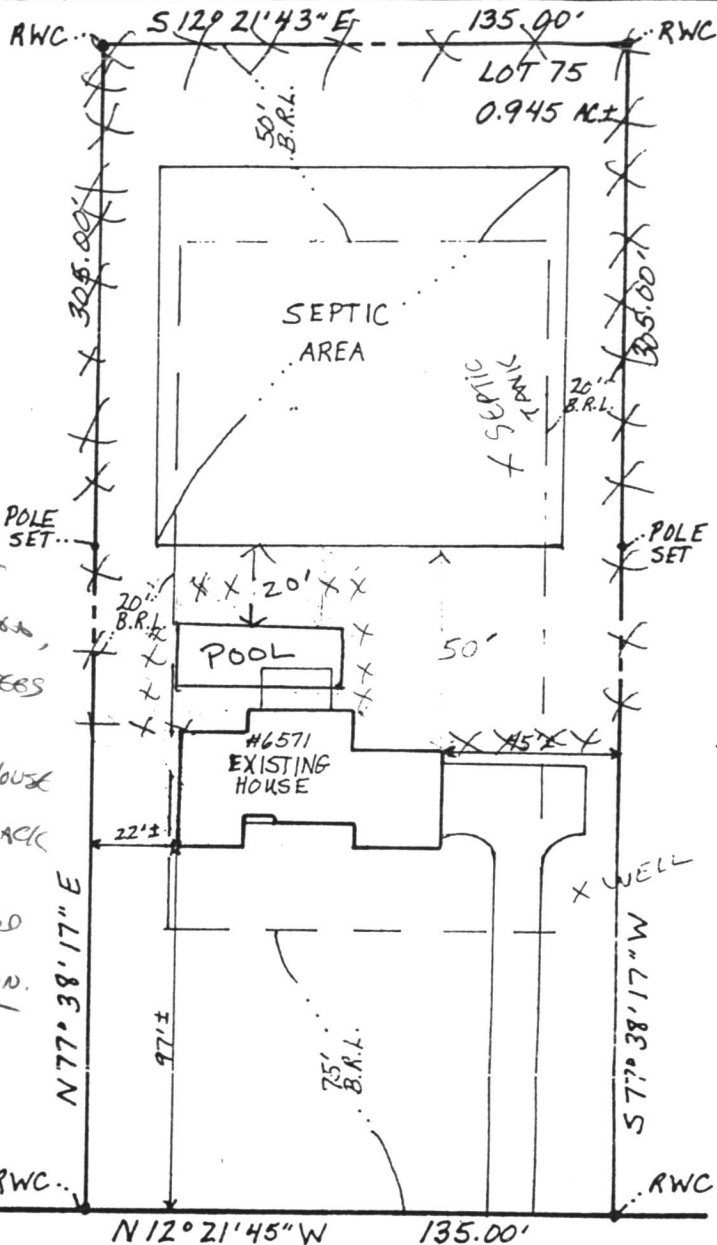
Pool is BELOW
SEPTIC SYSTEM.

MINIMAL IMPACT
ON SEPTIC AREA,
OWNER GUARANTEES
POLE WILL BE
TIGHT AGAINST HOUSE
AND NO FURTHER BACK
THAN SHOWN.



OK TO PROCEED
AS DRAWN.

4/3/87
C. Waller



RIVER CLYDE DRIVE

SURVEYOR'S CERTIFICATION

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

No title report furnished.

Jefferson D. Lawrence
Professional Land Surveyor No. 5216

Job No. 21-381

Scale. 1" = 50'

DATES

10/2/86

RECEIVED
HOWARD COUNTY
HEALTH DEPT

MAR 30 9 18 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH