

11/15/84  
AAA AFTER NOON

11/15/84  
approved  
Sid Abel

# PERMIT

P 34094  
A 24061

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

OS - 383471

3235

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

ELLICOTT CITY  
DISTRICT 5th.

INDEXED

DATE 7/13/1984

Oskar Schulz, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 6610 Blackwatch Lane, Highland, Md PHONE \_\_\_\_\_

SUBDIVISION Highland Lake ROAD 13141 Isle of Man Way LOT 64

PROPERTY OWNER Oskar Schulz, Inc. HARRY FOX

ADDRESS 6610 Blackwatch Lane  
Highland, Maryland

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Effective area begins at 4 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. 5 1/2 feet of stone below distribution pipe. LOCATION: ~~START~~ the trench at perc hole (7) which is located 120 ft. from the back lot line and 80 ft. from the right side of the lot as seen when facing the lot from Isle of Mann Drive. Run the trench toward perc hole (3) (4) which is located 30 feet from the front lot line and 30 feet from the left side of the lot as seen when facing the lot from Isle of Mann Drive.

PLANS APPROVED BY Raymond Hodges DATE 7/12/84

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.

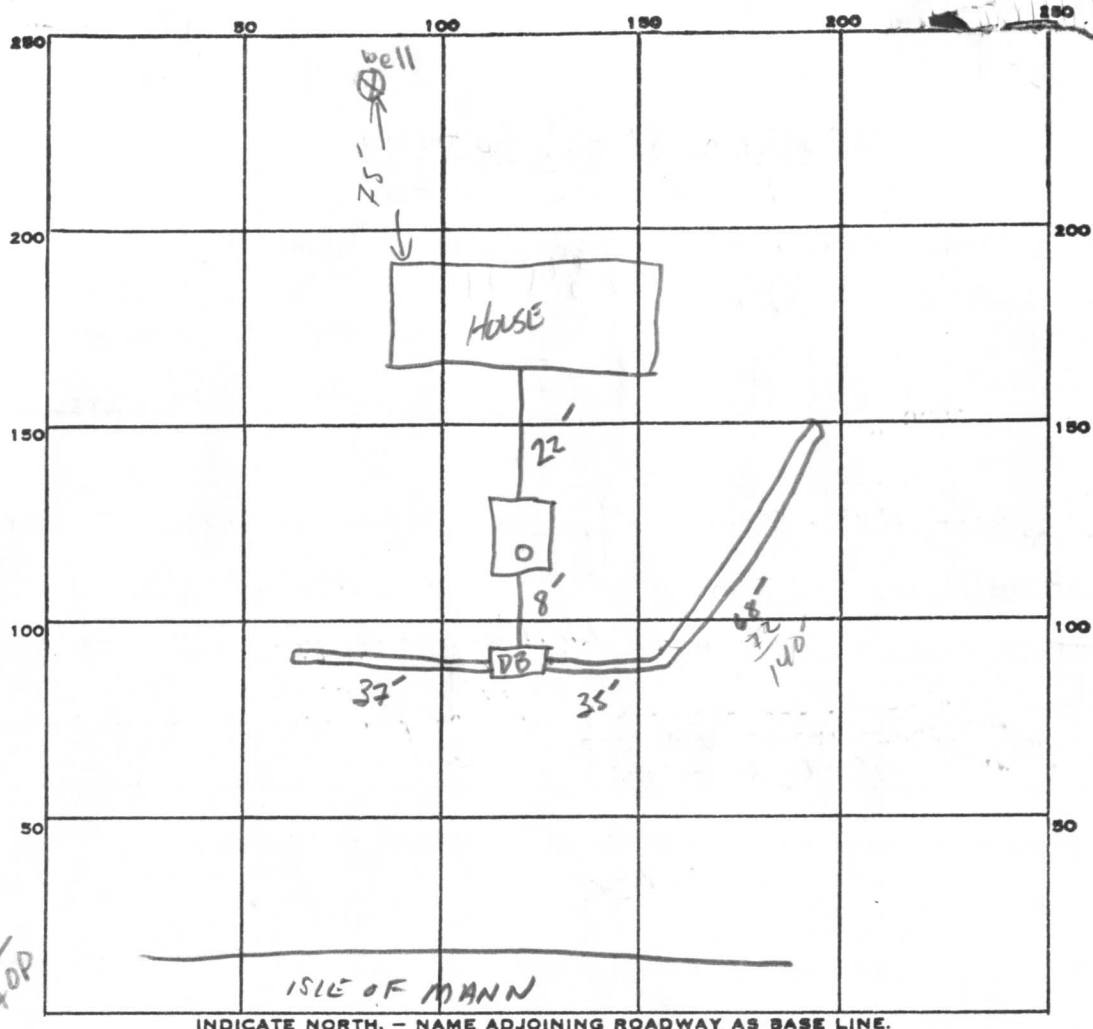
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

BUDG. PERMIT SIGNED  
AND RETURNED 8/29/80  
Serial # 34506  
Intervenor - Rec Room

A  
230021

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

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



158  
4  
632

246  
146  
5.5  
700  
700  
770

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL  CLEANOUTS  51

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 5 1/2 IN. TOTAL LENGTH 140 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 770

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

ABSORBENT AREA 770 SQ. FT.

REMARKS 11/13/94 TANK & D.B. CONNECTED SA/CW

11/15/94 Trenches complete to specs. OK TO COVER SA 11-15-94

DATE SYSTEM APPROVED 11-14-94 INSPECTOR S. Abel

# APPLICATION

A 24061

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

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. 119

ROAD AND DESCRIPTION Isle of Man Way

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

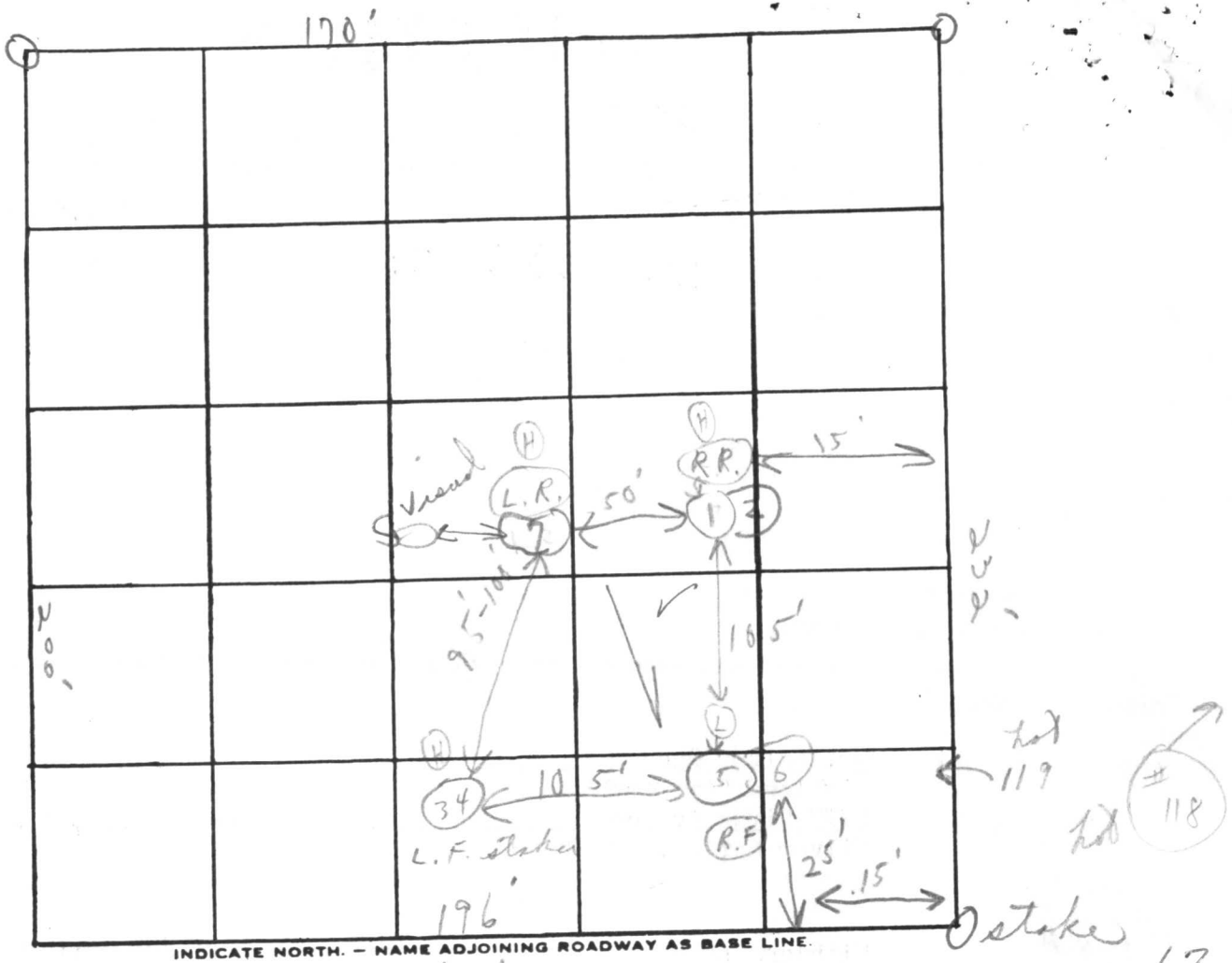
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

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

# THIS IS NOT A PERMIT



SOIL PROF

1-4' clay

↓ 2' loam

1-5 1/2' clay

↓ 1/2' loam

1-5' clay

↓ loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/15/76	1	4' p <sub>s</sub>	11:17	11:20	11:20	11:25	5
	(H) 2	12' p	11:18	11:22	11:22	11:30	8
	3	5 1/2' s	11:00	11:06	11:06	11:14	8
	(H) 4	12 1/2' p	11:05	11:07	11:07	11:10	3
	5	5' s	10:40	10:45	10:45	10:53	8
	(L) 6	12 1/2' p	10:39	10:41	10:41	10:46	5
	7	12'	Visual		sandy loam		
						6	37

REMARKS: (all good ground) Open field 3 holes all similar results

TYPE OF SOIL: Sandy loam below clay

TESTED BY: C. B. D.

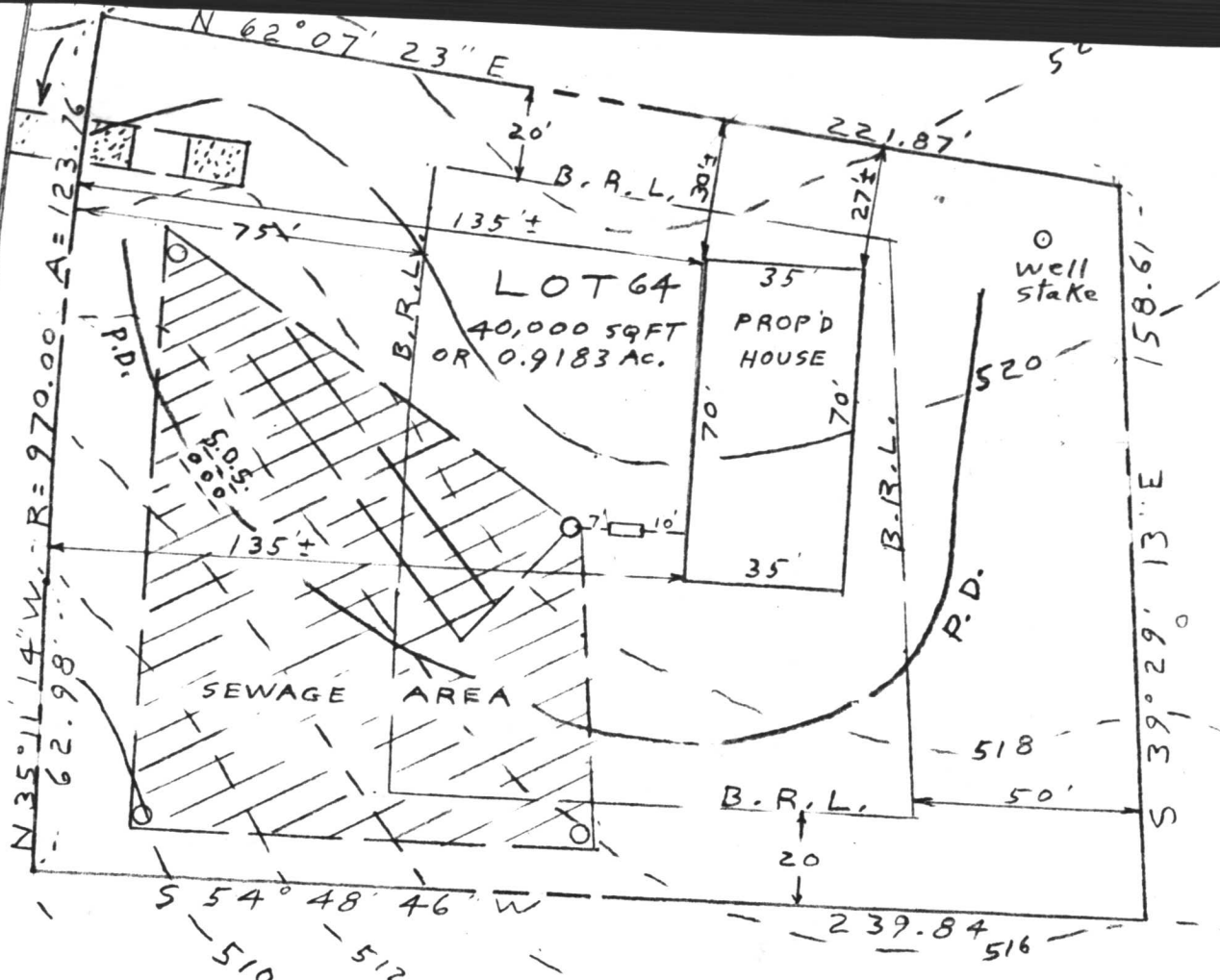
ALSO PRESENT: O Ketterman + his son

Outlet 4'

7 in

below first 5' of clay

ISLE OF MANN



S.O.S. -- Denotes Stone Outlet Structure  
 P.D. -- Denotes Earthen Perimeter Dike

EX GRN AT TRENCH	518.0
INV TO TRENCH	514.0
EXIST. GRN. AT DISTR. BOX	519.00
INV. IN DISTR. BOX	515.00
INV. OUT OF SEPTIC TANK	515.14
INV. IN SEPTIC TANK	515.64
INV. OUT OF DWELLING	515.84
FIRST FLOOR ELEV.	525.00
CELLAR ELEV.	516.00
WELL ELEV.	520.90
No. OF BEDROOMS	4
ACREAGE	0.9183 AC.

No Garbage Grinder

ELEVATION  
 DRAWING OK  
 7/12/84  
 CW

PLOT PLAN  
 LOT 64 ISLE OF MANN  
 SHEET 1 OF 3 SECTION 2  
 HIGHLAND LAKE  
 PLAT 3875  
 ELECTION DISTRICT 5  
 HOWARD COUNTY MD.  
 SCALE: 1" = 40'  
 DRAWN: JUNE 3, 1984

I CERTIFY THE ABOVE MEASUREMENTS  
 AND ELEVATIONS ARE ACTUAL AND  
 CORRECT FOR THIS PROPERTY.

signed William E. Doyle



12/1  
 4/10  
 2.5

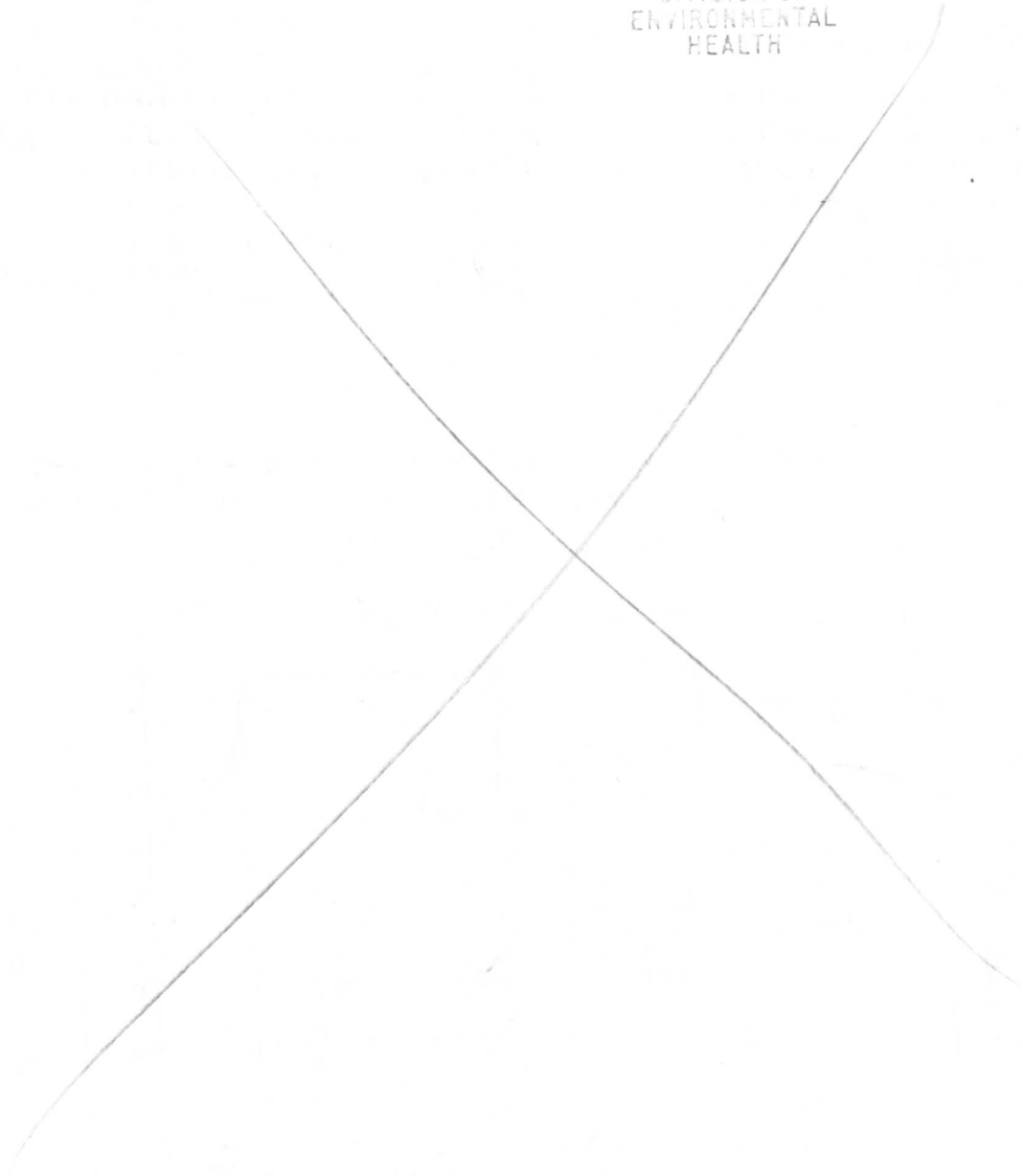
William E. Doyle

FILE No. 369

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

APR 12 9 36 AM '81

DIVISION OF  
ENVIRONMENTAL  
HEALTH



**1 3290**  
 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 24061**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **062084**  
 Depth of Well **150** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **110-81-0589**

OWNER **SCHULZ OSKAR**  
 STREET OR RFD last name **ISLE OF MANN** first name [ ] TOWN **HIGHLAND CLARKSVILLE**  
 SUBDIVISION **HIGHLAND LAKE** SECTION [ ] LOT **64**

**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	33'	
schist water	33'	72'	
schist water	72'	124'	
schist	124'	150'	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF ROUNDS **869**  
 GALLONS OF WATER **63**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **26** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE **ST** **G** **34**  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C 2**  
 DEPTH (nearest ft.)  
**H 0** **34** **150**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)  
 from to

**GRAVEL PACK**  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **watch & bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **30**  
 WHEN PUMPING **65**  
 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 YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT 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 (nearest foot)  
**-** below }

CIRCLE APPROPRIATE LETTER  
**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. **064**  
 DRILLERS SIGNATURE **Wm W. Reichart**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

