

Approved GLK
22 Aug. 78

~~7/6/78~~ ~~7/5/78~~
~~6/30/78~~
~~Trench~~

P 28125
A 23971

SYSTEM TO BE INSTALLED FIRST
BEFORE BUILDING PERMIT IS
SIGNED.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

8/22/78

~~7/12/78~~

ELLICOTT CITY

05-381487

DISTRICT 5th

INDEXED

DATE 6/1/78

Costello Builders

IS PERMITTED TO INSTALL ALTER

ADDRESS 2201 Rt. 94, Woodbine, Md.

PHONE 442-2288

SUBDIVISION Highland Lake, Section 1

6612

ROAD Isle of Skye Drive

LOT 8

PROPERTY OWNER Costello Builders

ADDRESS _____

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 165 SQ. FT. per bedroom below inlet.

INLET PIPE 4-5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12-13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

LOCATION PER PLAT. {

6/13/78 Mr. Monaghan requested location be stipulated
Hold for specs, ^{location} to be written. C.B.S.
6/14/78 C.B.S.

40' off right property line, and 120' from
edge of Skye Drive when facing lot from edge of Skye
Drive

PLANS APPROVED BY Charles B. Streaker, DWM

DATE _____

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.

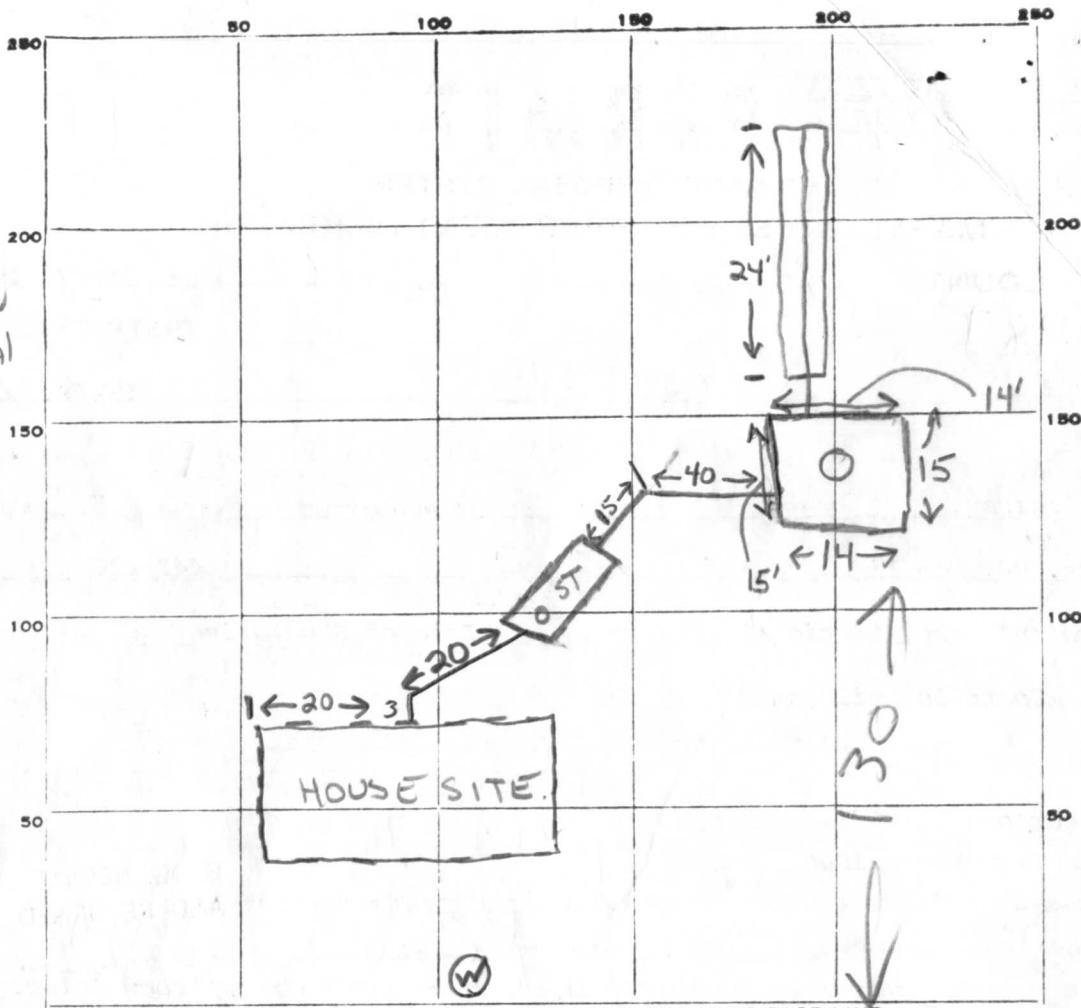
PERMIT VOID AFTER THREE YEARS.

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 23971

A23971



22 Aug 78
 House connection
 installed. FINAL
 OK. (GLK)
 165
 x3
 495

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

NORTH _____ ISLE OF SKYE DRIVE _____ SOUTH
 PERMIT CARD _____
 SEPTIC TANK, LEVEL CLEANOUTS CAST IROW

DISTRIBUTION BOX, LEVEL Na
 TILE FIELD, DEPTH 11 1/2 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 7 FT. TOTAL LENGTH 24 FT.
 NUMBER OF TRENCHES 1 TOTAL ^{SW} BOTTOM AREA 168
^{DW} SEEPAGE PITS, INSIDE DIAMETER 58 FT. DEPTH BELOW INLET 7 FT. 464
 ABSORBENT AREA 406 SQ. FT.

REMARKS 6 July 78 - Okay to add gravel to trench. OK to backfill up to DW. Remove stone 3 diet so inlet to DW can be seen. Add cleanout to DW. CALL for final (Note left on tractor as permit card could not be found) (GLK) 7/11/78 DW INLET 3 FT BELOW GRADE 406 + 168 = 574 TOTAL ABSORBENT AREA WATER WELL NOT DRILLED COVER SYSTEM & CALL FOR INSPECTION WHEN CONNECTED
 DATE SYSTEM APPROVED 22 Aug 78 INSPECTOR D. Keller

58
 406

11 1/2
 4 1/2

RA

APPLICATION

A 23971

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 **LAKE**

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

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 13 **13**

ROAD AND DESCRIPTION Isle of Skye Dr.

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 _____ FOR _____ DATE _____
(KIND OF SYSTEM)

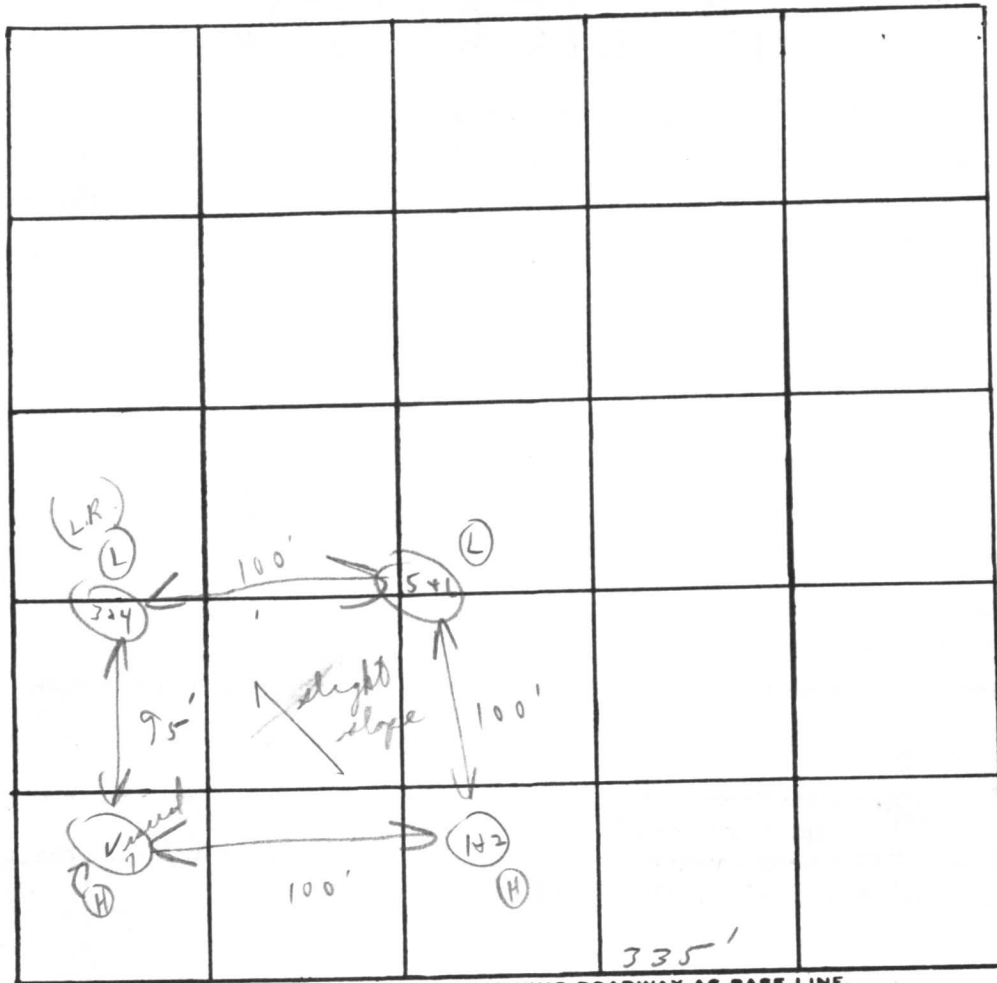
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A23971



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

8
New #9
Lot #13 field
test holes located
by engineer

date of tests

12 1/2' {
12 1/2' {
13' {
12 1/2' {

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/12/70	1	4' s	12:16	12:18	12:18	12:21	3 in	
	2 (H)	12 1/2' n	12:17	12:19	12:19	12:23	4 in	
	3	5' s	11:50	11:55	11:55	12:02	7 in	
	4 (E)	12 1/2' n	11:50	11:52	11:52	11:57	5 in	
	5	3 1/2' s	12:04	12:05	12:05	12:09	4 in	
	6 (L)	13' n	12:04	12:05	12:06	12:10	4 in	
	7	12 1/2' n	Visual same as to others					
							Vandy loam	
						6:29	4 in	

165' depth
undisturbed

REMARKS Heavily Wooded Lot

TYPE OF SOIL (Vandy loam below clay)

TESTED BY C. BO ALSO PRESENT: Kettelman

C 1 2330 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A23971

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 7/28/78

8-13 15 20

DEPTH OF WELL

175
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-73-0877
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 277

OWNER CASTELLO BUILDERS INC. LAST NAME FIRST NAME
STREET OR RFD RT 94 POST OFFICE LISBON MD.

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
SAND	0	50	-
HARD BLUE ROCK	50	175	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
CEMENT BENTONITE CLAY

NO. OF BAGS 16 NO. OF POUNDS 1504

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 48 FT.
(ENTER 0 IF FROM SURFACE)

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DEPTH FROM LAND SURFACE)
BEFORE PUMPING 17 (NEAREST FOOT)
PUMPING 17 (NEAREST FOOT)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 60

WHEN PUMPING 17 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
CENTRIFUGAL ROTARY OTHER
JET SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) 1

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

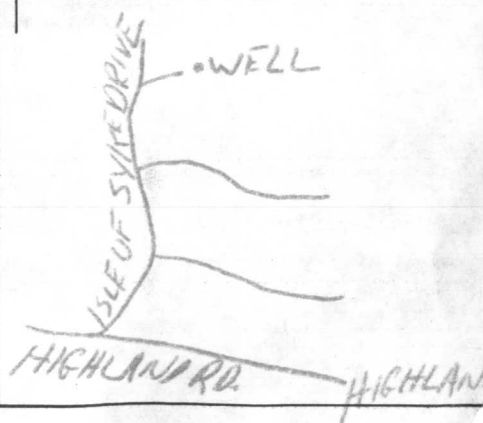
1 40 60 175

2

3

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 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 NAME (PLEASE PRINT) A.R. KEYSER

SIGNATURE Ray Keyser

SCREEN TYPE OR OPEN HOLE

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

OTHER DATA AVAILABLE

RECEIVED
AUG 10 9 55 AM '71
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

