

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

P \_\_\_\_\_

A 59715 \_\_\_\_\_

**PERMIT  
INDEXED**

**TAX ID #05-381738**

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH**

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Highland Lake LOT NUMBER: 30

ADDRESS: 13156 Holly Loch Lane PROPERTY OWNER: Mark Nardone

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A59715

8/31/87  
AAA

9-3-87  
ASAP  
9-4-87  
PMA ASAP

05-381738  
**PERMIT**

39812  
P ~~7777~~  
A 19715  
DISTRICT 5th  
DATE 8/31/87  
DATE SYSTEM APPROVED 9/14/87  
INSPECTOR BH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

MARYLAND STATE DEPARTMENT OF HEALTH

INDEXED

D & D Pools IS PERMITTED TO INSTALL  ALTER

ADDRESS 13156 Holly Lock Lane, Highland, MD PHONE 854-0615

SUBDIVISION Highland Lakes ROAD 13156 Holly Lock Lane LOT 30

PROPERTY OWNER Brian Michael

**BUILDING PERMIT SIGN**

**AND RETURNED**

ADDRESS

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

9-12-87  
05-381737 - FINKA  
ASAP

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 190 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet from the front lot line and 10 feet from the right lot line as seen when facing the lot from Holly Lock Lane. Run trench(s) on contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

254 L.F. OF TRENCH REQUIRED SA

UPSA A PERMIT IS GRANTED TO INSTALL TO 6' DEEP AS LONG AS NO CLOSER THAN 50' TO DRAINAGE SURFACE. DATE 11/13/86

PLANS APPROVED BY S. Abel C. Williams

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.
- 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 TWO 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.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

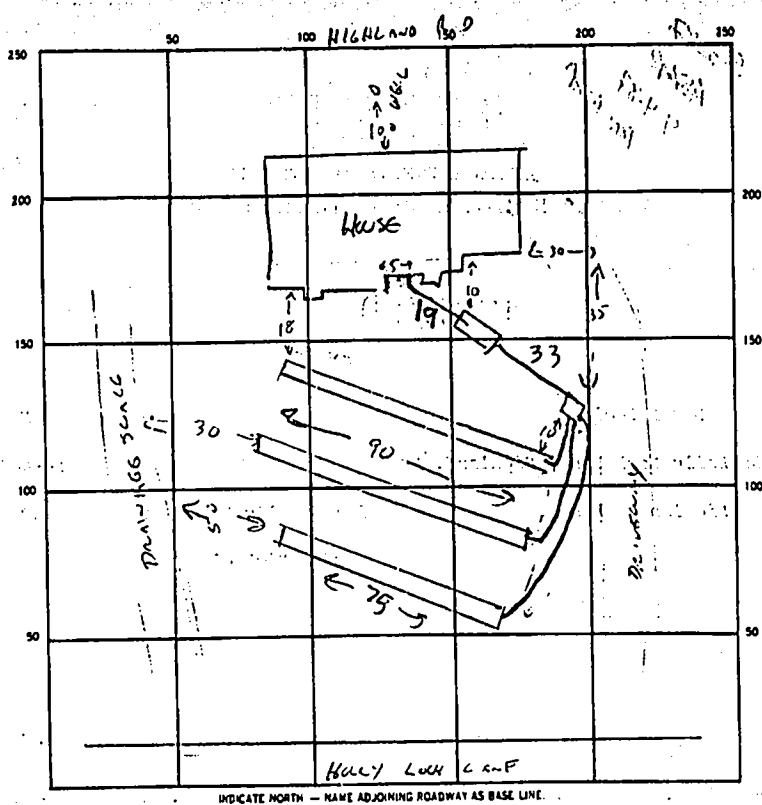
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A19715

A59815



SEPTIC TANK LEVEL  CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL  \_\_\_\_\_

DRAIN FIELD/TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 255 (90+90+75) FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 765 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 765 SQ. FT.

REMARKS 8/31/87 TRENCHES OK TO ADD STONE CW

9/4/87 STONE ADDED TO TRENCHES & BOX & TANK

HOOKED UP

DATE SYSTEM APPROVED 9/4/87 INSPECTOR Raymond A. Wood

*Preliminary*

# APPLICATION

19715

SEWAGE DISPOSAL TESTING  
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

P \_\_\_\_\_  
DISTRICT 5th  
DATE 2-25-74

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 Apple Development Company, Inc. *Brian Michael*

ADDRESS Box 145-A-RFD #1, Ijamsville, Md. PHONE 301/874-2835

PROPERTY LOCATION: *Highland Lake*

SUBDIVISION Henry K. Owings Property LOT NO. *LOT 30 ON FIN.C.L. Lot 89 - Phase 1*

ROAD AND DESCRIPTION Road "B" 13156 Holly Lock LA.

SIZE OF LOT 45,000 sq ft TYPE BLDG. 3-4 B.R.  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE N/A

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *Ron H. Koch*

APPROVED BY *Sichy* FOR *Shellen system* DATE 1/13/86  
(KIND OF SYSTEM)

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

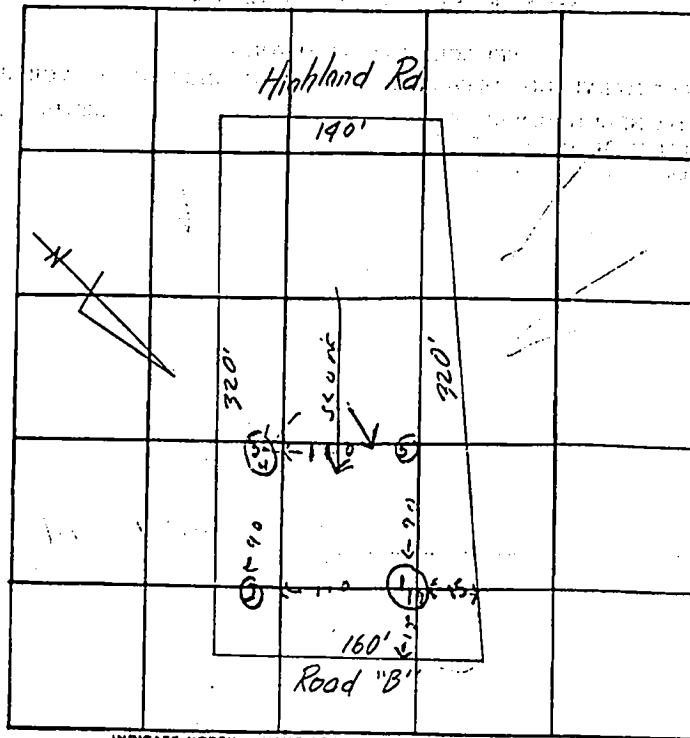
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
REASON FOR REJECTION: 2-18-87

BP # 10070  
*SJH*

## THIS IS NOT A PERMIT

# NOTATION



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

#30  
#27  
2.1  
89

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/10/74	1	11 1/2'	11 32			11 36	4 min
	1A	3 1/2'	11 30			11 34	4 min
	2	11 1/2'	Dist'	2nd - Sand			
	3	12'	11 36	11 38	11 38	11 42	4 min
	4	3 1/2'	11 30	11 36	11 36	11 38	2 min
	5	Sand on soil					4 min
							14

160' depth.  
Under 3 1/2'  
4 min =

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY RIF ALSO PRESENT: \_\_\_\_\_

**C1** 3763 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-19715**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **7-23-76** Depth of Well (TO NEAREST FOOT) **150** PERMIT NO. FROM "PERMIT TO DRILL WELL" **17-211-1823**

OWNER **MICHAEL BRIRAK**  
 STREET OR RFD **500 HILLY LANE** TOWN **HIGHLAND**  
 SUBDIVISION **HIGHLAND LAKES** SECTION **3** LOT **30**

**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	
coll. sand gravel	0	11'	
blue shale	11'	43'	
water			-
brown shale	43'	55'	
water			-
blue gray shale	55'	69'	
water			-
blue gray shale	69'	70'	
water			-
gray shale	70'	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 POUNDS **81**  
 GALLONS OF WATER **65**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from [ ] [ ] [ ] [ ] ft. to [ ] [ ] [ ] [ ] ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**(ST) (CO) (PL) (OT)**  
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **(S) (F)** Nominal diameter (nearest inch) **4** Total depth (nearest foot) **150**

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

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

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **2 1/2**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **with bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **27**  
 WHEN PUMPING **25**  
 TYPE OF PUMP USED (for test)  
**(A) (P) (T) (C) (R) (O) (J) (S)**  
 air piston turbine centrifugal rotary other (describe below) jet submersible

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

SLOT SIZE 1 **2** 2 **3** 3 **4**  
 DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] [ ] [ ] [ ] to [ ] [ ] [ ] [ ]

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  NO   
 (CIRCLE) (YES OR 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 }

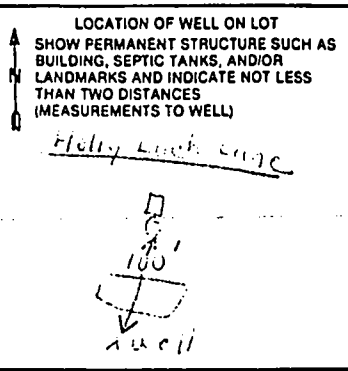
CIRCLE APPROPRIATE LETTER  
**A** WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

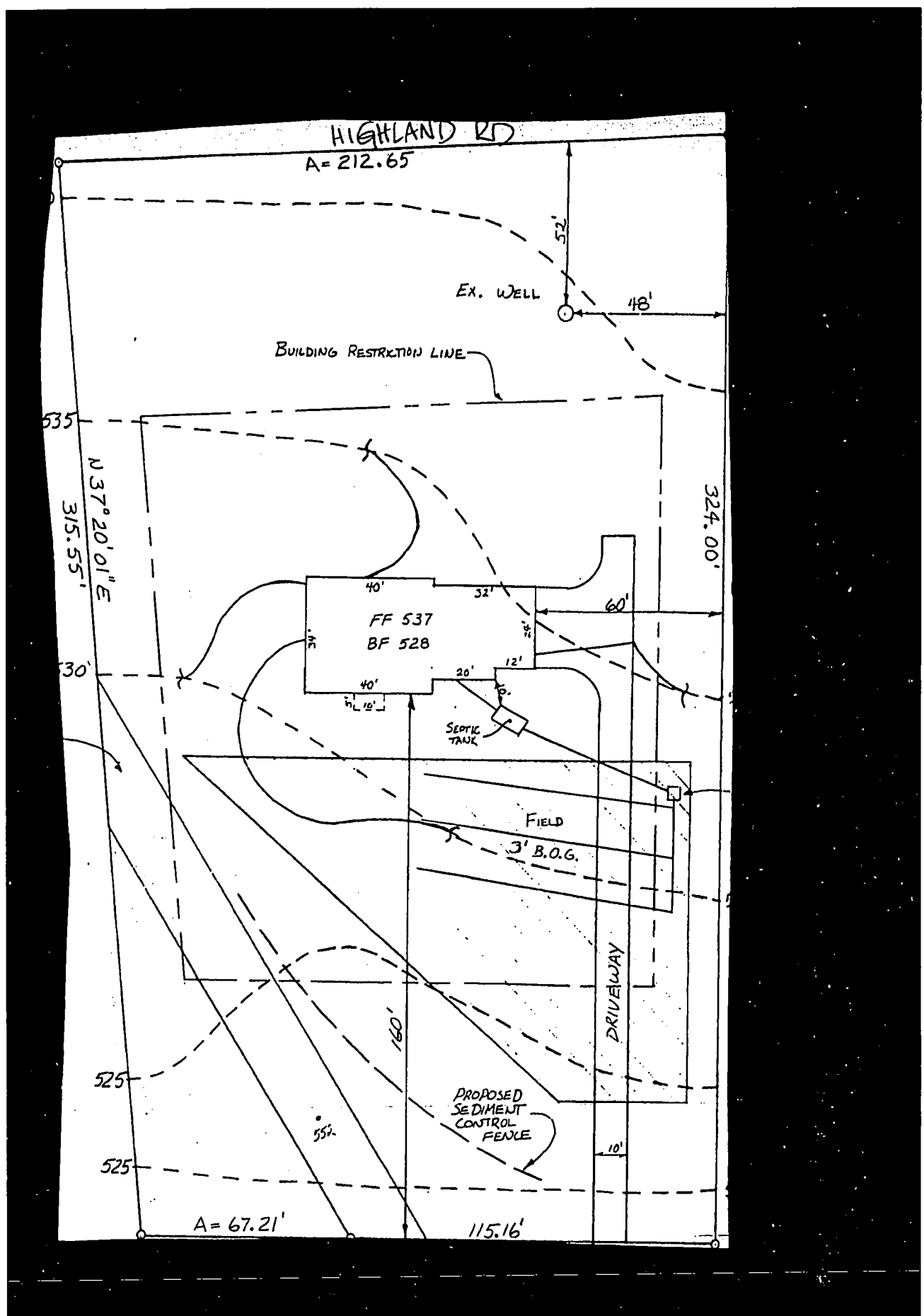
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

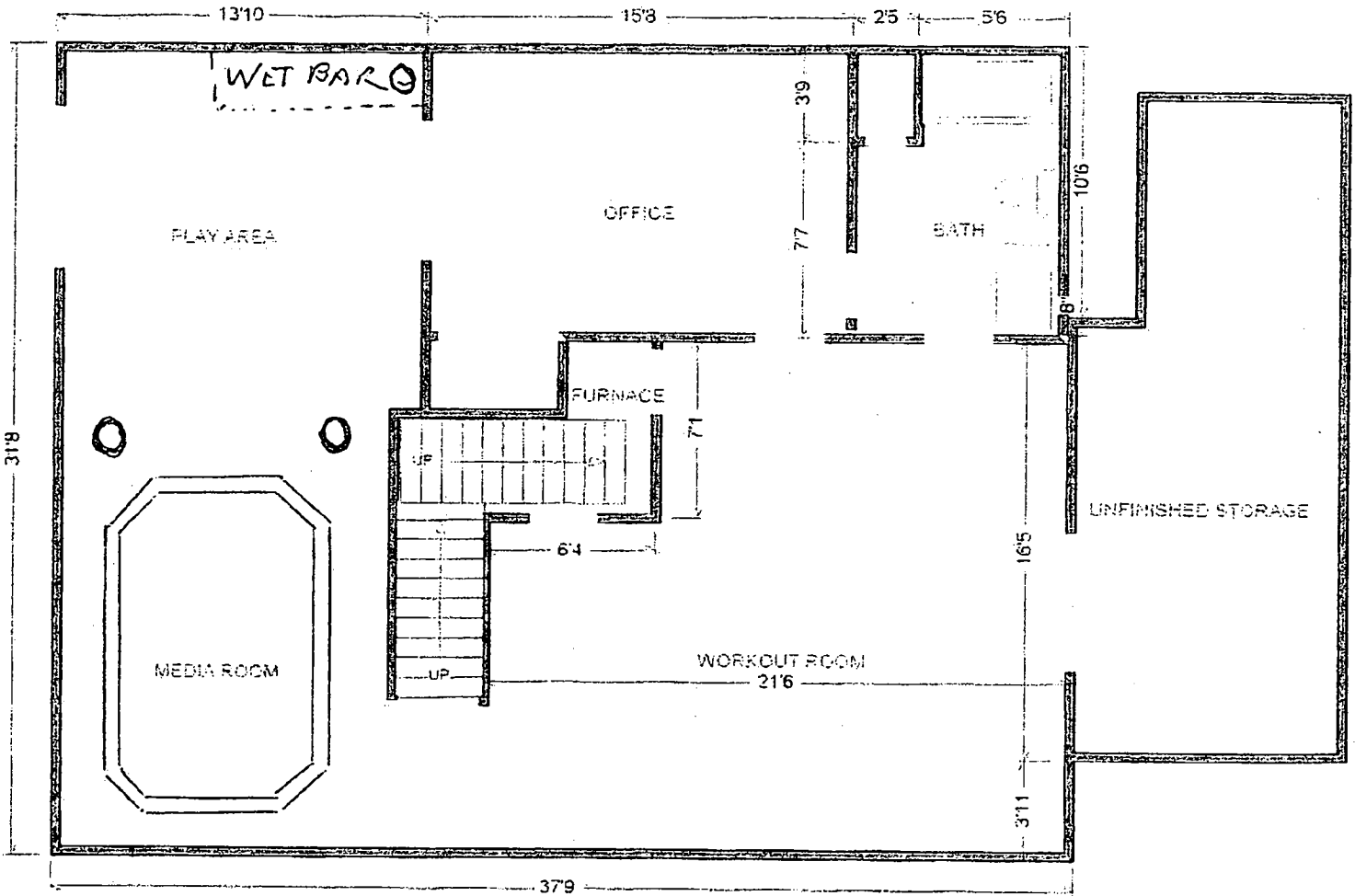
DRILLERS IDENT. NO. **359**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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.) [ ] [ ] [ ] [ ]  
 WO [ ] [ ] [ ] [ ]  
 TELESCOPE CASING [ ] [ ] [ ] [ ] LOG INDICATOR [ ] [ ] [ ] [ ] OTHER DATA [ ] [ ] [ ] [ ]







LIVING AREA  
1432 sq ft

13156 HOLLY LACH LA  
HIGHLAND MD 20777

APPROVED

WALK-THRU BUILDING PERMIT  
 BP# B00155937 A# 19715  
 APP. SAN KIB DATE: 9/12/15  
 DESC. OF WORK: finish beams  
NO new beams.