

SYSTEM TO BE INSTALLED FIRST
BEFORE BUILDING PERMIT IS
SIGNED.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

~~12/18/78~~
HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/88/78

INDEXED

Paul Schuster

~~Jim Brittingham~~

Jack Jyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Highland Lake ROAD Prestwick Drive LOT 34

PROPERTY OWNER John Finnegan

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 180 SQ. FT. per bedroom.

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 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

BLDG. PERMIT SIGNED
AND RETURNED 3/23/79
Serial No. 37870

LOCATION: PER ENGINEER'S PLAT.

12/18/78 Water Well stake to rear of property but not drilled yet.

PLANS APPROVED BY Donald W. Monaghan/C.B.S. 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.

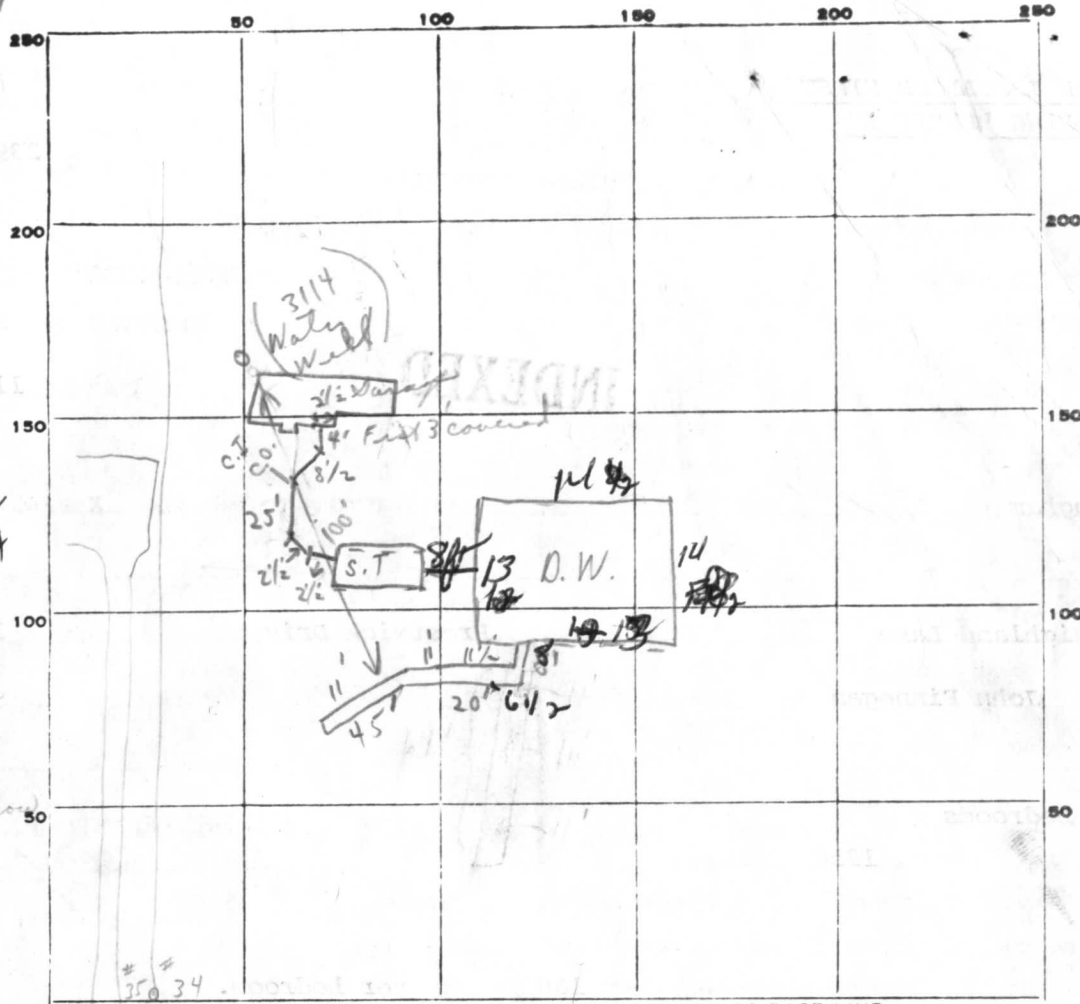
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A 23991

File #37870 3/22/79 journal of J

12/18/78 P.C.O. C.R. 1/9/78 P.C.O. C.R. 3/21/79 P.G.O.

A23991



28
 29
 2
 59
 61
 27
 32
 35
 35
 6640
 on window
 septic
 front

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

K4216

PERMIT CARD _____ (1) Not seen (2) 6/28/77 Not seen
 SEPTIC TANK, LEVEL _____ (1) Not seen (2) (3/21/79 0 1/2 50)
 DISTRIBUTION BOX, LEVEL _____ N/A
 TILE FIELD, DEPTH _____ 11'-11 1/2' FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ 6 1/2' IN. TOTAL LENGTH _____ 65 FT.
 NUMBER OF TRENCHES _____ 1 TOTAL BOTTOM AREA _____ sq ft
 SEEPAGE PITS, INSIDE DIAMETER _____ 6 1/2 FT. DEPTH BELOW INLET _____ 6 1/2 FT.
 ABSORBENT AREA _____ 351 SQ. FT.

REMARKS
 12/18/78 ① Checked - high weeds all over lot - no water well; no pipes; no septic tank; dry well excavated with dirt on 3 sides. trench okay for stone only - partial c.s.d. system to left side of lot. hold for inspection 12/19/78 ok per D.W.M. fairly level in area
 ② 4/9/79 No change. Water Well being drilled this date. G. Edges
 3/21/79 { Trench cavity in - need to clean out before stone installed. New trench in different area for stone only + reconnection of Box
 3-22-79 - OK for system call for final when house settled
 in completed 6/27/79
 DATE SYSTEM APPROVED _____ INSPECTOR C.B. [Signature]
 6/28/79 Line in from house to septic tank C.O. of S.T. ok + D.W. Not seen

APPLICATION

A 23991

P _____

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

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 PHONE (8)-588-3100
8777 First Avenue

PROPERTY LOCATION: Silver Spring, MD 20901

SUBDIVISION Highland Lake Lakes LOT NO. 49 49

ROAD AND DESCRIPTION prestwick dr.

SIZE OF LOT one acre n/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)

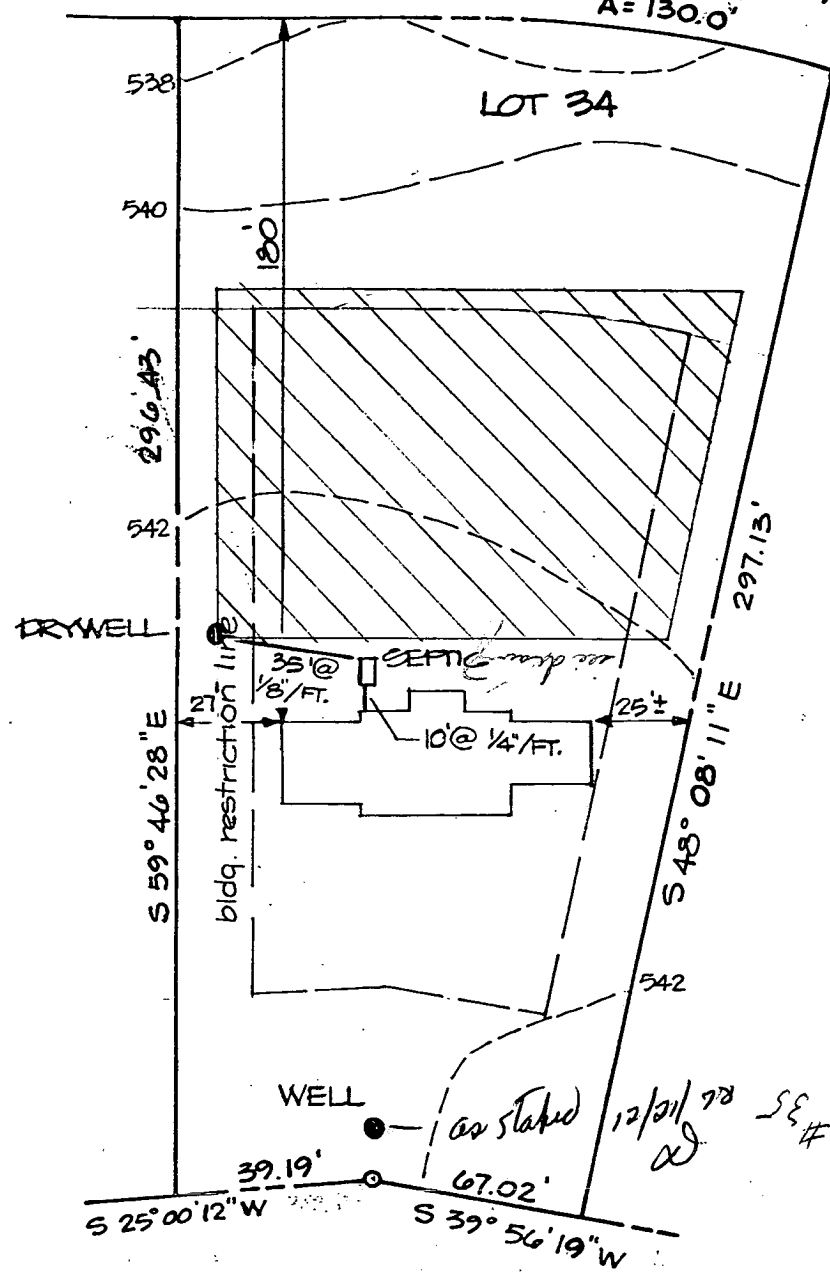
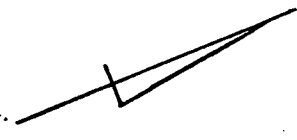
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A23991

FRESTWICK DRIVE 60' R/W
 35.92' A=130.0'



DRYWELL		
EX. GRADE		542.2 ✓
PROPOSED GRADE		542.2 ✓
INVERT IN		537.7 ✓
SEPTIC TANK		
EX. GRADE		542.5 ✓
PROPOSED GRADE		542.5 ✓
INVERT OUT		538.1 ✓
INVERT IN		538.5 ✓
HOUSE		
FIN. FLOOR		543.7
BASEMENT		534.7
Pipe OUT		538.7 ✓
WELL		
EXIST.		542.1
PROPOSED		542.1

11/30/78 Drawing ok c. B. D.
 Hold for
 (1) Water well }
 { drilling }
 (2) location of water well

as stated 12/21/78 SE #

C 1 8683 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COPS. 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 WI
IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A2399

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 2-28-79

DEPTH OF WELL 225
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-73-3114
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 120

OWNER FURBERSON JONAS LAST NAME FIRST NAME
STREET OR RFD 3373 HILLCREST DRIVE POST OFFICE COLUMBIA MD

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	
<u>OVERBURDEN</u>	<u>0</u>	<u>8</u>	
<u>ELIOM SHALE</u>	<u>8</u>	<u>33</u>	
<u>GRAY ROCK</u>	<u>33</u>	<u>225</u>	

Well #1 (300' DR)

Well #2 (300' DR)

WELL DESCRIPTION

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT M BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 35 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 35

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM 10 TO 225

1 2 3 (SEQ. NO.) 6

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA 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 AVAILABLE

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 37 (NEAREST FOOT)

WHEN PUMPING 200 (NEAREST FOOT)

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

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

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) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } 1 (NEAREST FOOT)

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) SENIOR MAKE ROAD CORP

SIGNATURE [Signature]

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).

PITLESS ADAPTER

RECEIVED

MAR 14 9 53 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

