

2/15/88
7/19/88

PERMIT

P 39293
39293
A 36306

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 2nd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4/30/87

DATE SYSTEM APPROVED 7/19/88

INSPECTOR R. Hodge

INDEXED

Oskar-Schulz, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 6610 Blackwatch Lane, Highland, Maryland 20777 PHONE 531-2000

SUBDIVISION Highland Lakes ROAD 6600 Isle of Skye LOT 82

PROPERTY OWNER Oskar-schulz, Inc.

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 135 feet from the 524.74 ft. lot line and 425 feet from the 183.05 ft. lot line (location same as on plot plan of April 23, 1985). Run trench along level ground toward left and right of lot as seen from Isle of Skye Drive.

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

SITE INSPECTION 4/24/88 SLIGHT ADJUSTMENT
IN LOCATION O/K PER CW

PLANS APPROVED BY S. Abel DATE 4/23/85

COVER NO WORK UNTIL INSPECTED AND APPROVED. WRITTEN ON OSCHUTZ PERMIT

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.

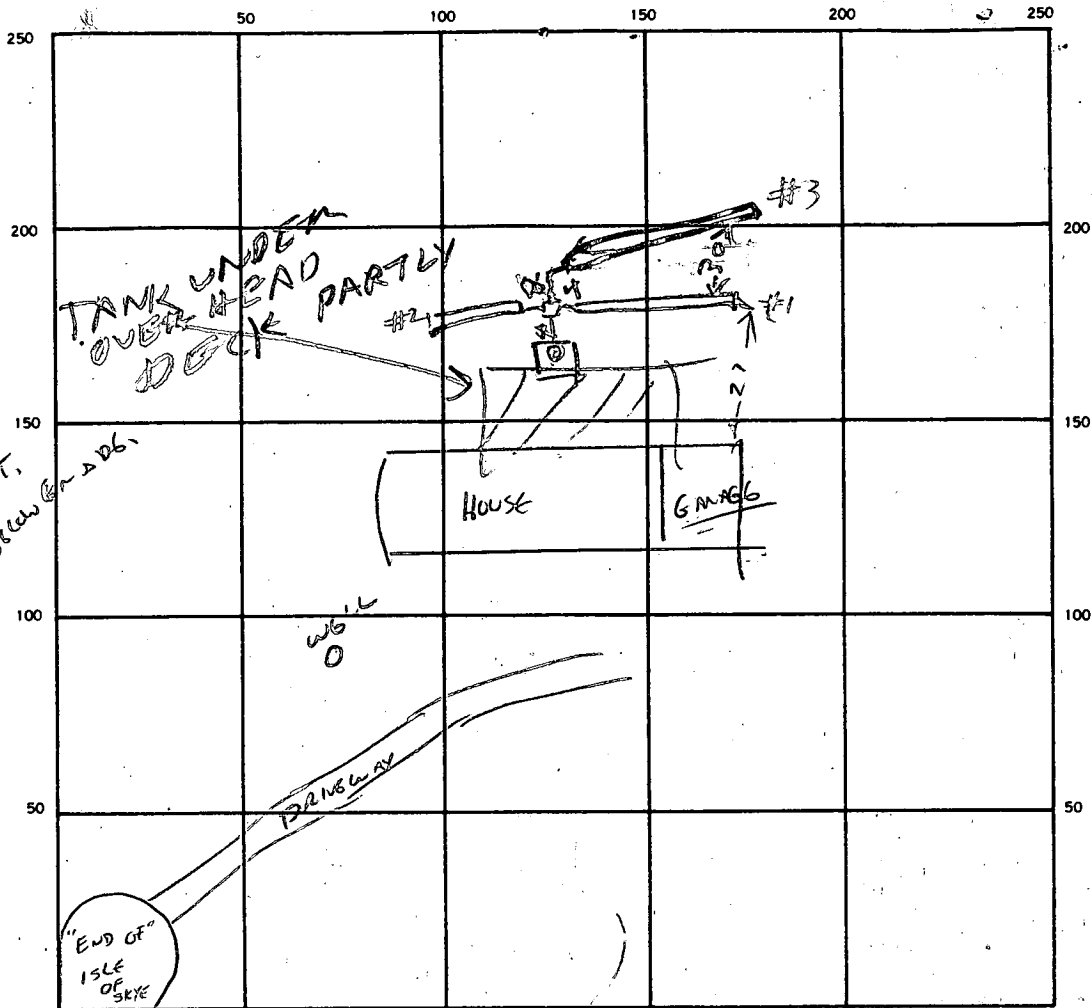
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

39293



PLUM 06-2 ASE
 875-2964
 NO PERMIT YET.
 well 4" or 40" below
 4/21/88 CW

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 2000 CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH

1	2	3
9	9	9

 FT. TRENCH WIDTH

1	2	3
2	2	2

 FT. INLET DEPTH

1	2	3
2	2	2

 FT.

EFFECTIVE GRAVEL DEPTH

1	2	3
5	5	5

 FT. TOTAL LENGTH

1	2	3
68	25	70

 FT. TOTAL 63

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA

1	2	3
8	15	

 SQ. FT. 23

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/15/88 HOUSE SEWER COVERED USED WATER

TEST TO SEE IF CONNECTED & IT WAS.

7/15/88 - FINISH ADDING STONE TO TRENCHES & CALL R Hodges

7/19/88 STONE ADDED TO TRENCHES. RGH

DATE SYSTEM APPROVED 7/19/88 INSPECTOR Raymond Hodges

APPLICATION

A 24018

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)-588-3100
Silver Spring, MD 20901

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 94

ROAD AND DESCRIPTION Hobrides Court

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)

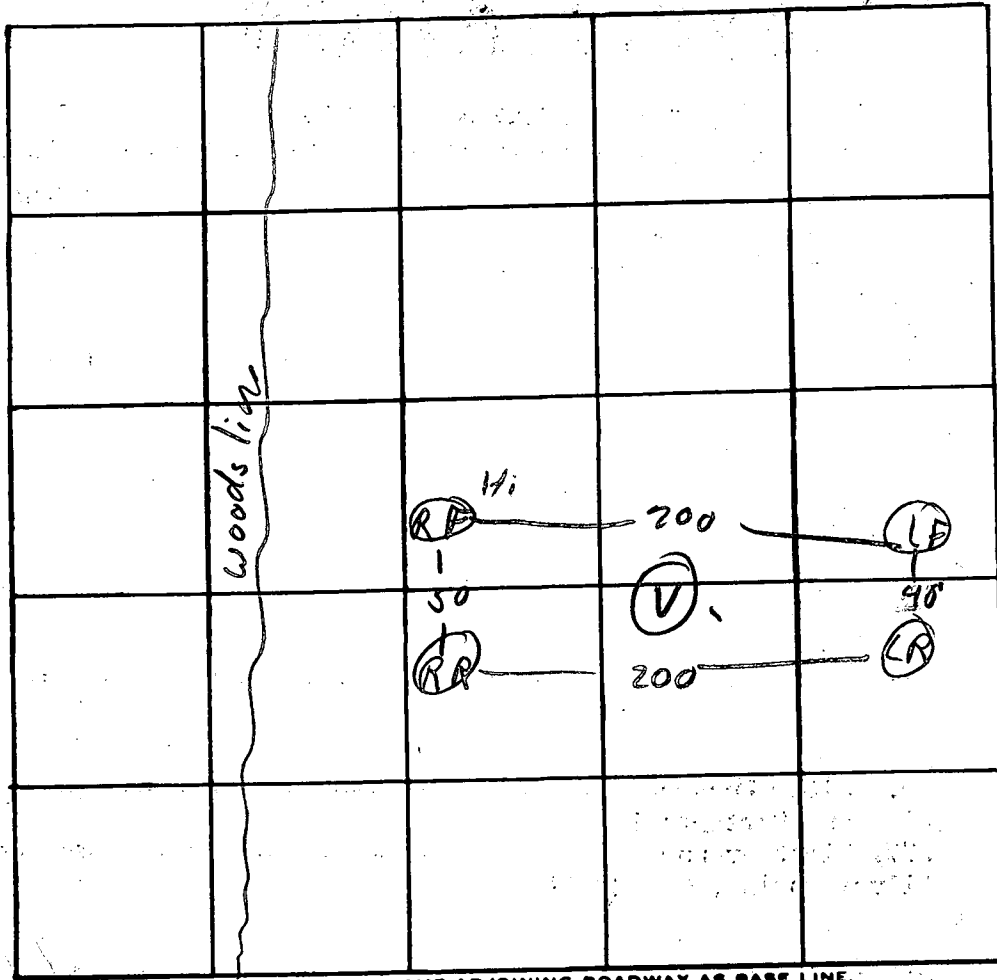
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 94



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

X Perc TIME
6 min
INLET

BOTTOM MAX

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/11/96	RRS	4'	3 ⁰⁶	3 ⁰⁹	3 ⁰⁹	3 ¹³	4
	d	13'	3 ⁰⁴	3 ¹⁰	3 ¹⁰	3 ¹⁴	4
	RFS	4'	3 ²⁰	3 ²¹	3 ²⁷	3 ⁴⁰	13
	d.	12'	3 ²⁰	3 ²⁵	3 ²⁵	3 ³²	7
	LRs	3'	3 ⁴⁵	3 ⁴⁷	3 ⁴⁷	3 ⁴⁹	2
	(d.)	12'	3 ⁵³	—	Failed to Percolate		
	LFS	3'-12'	Visual	Similar	To LR		
	V	3'-12.5'	"	"	To LR.		
8/12/96	LRd	10'	10 ¹⁷	10 ²⁰	10 ²⁰	10 ²³	3

REMARKS Sandy loam over sand-stone - saprolite

TYPE OF SOIL _____

TESTED BY DPON ALSO PRESENT: 3 K. Hermans.

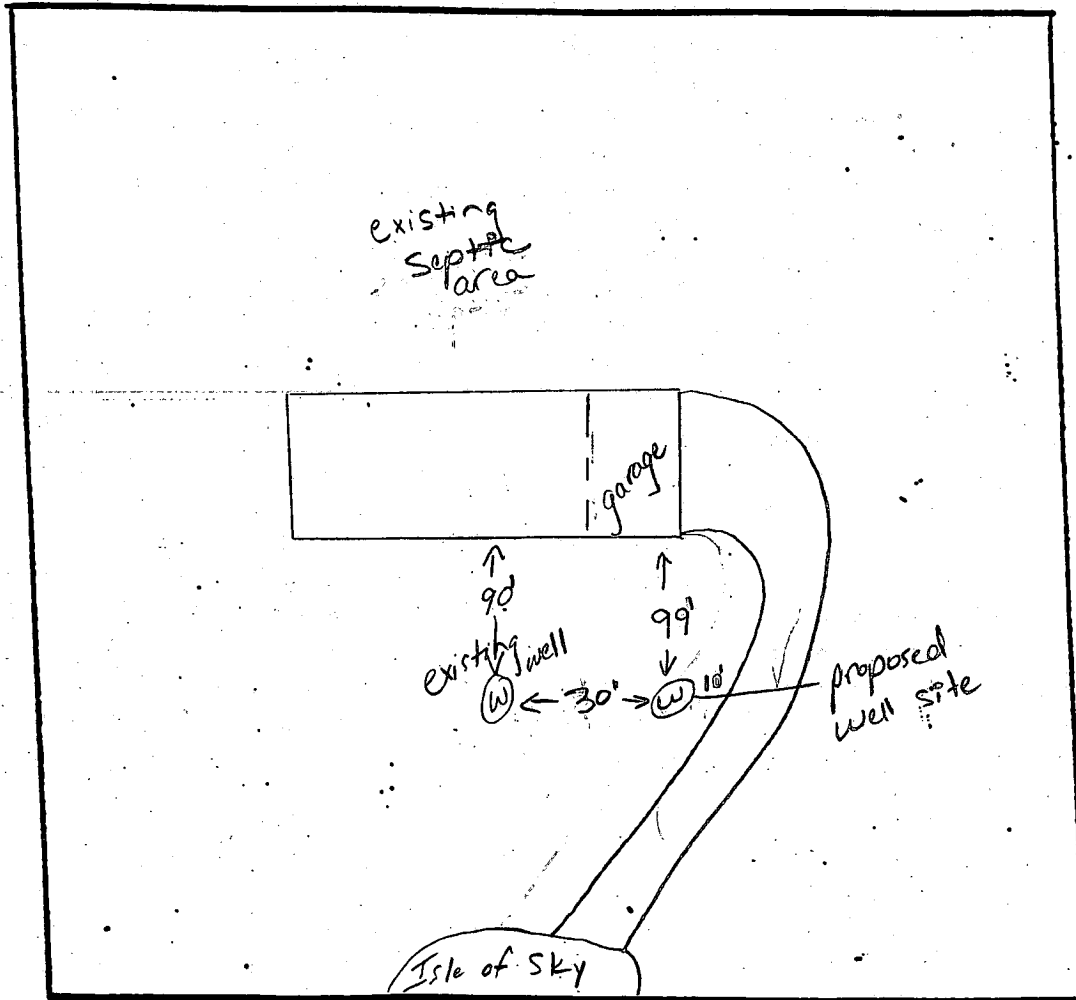
SITE INSPECTION SHEET

OWNER: Carl Krey
ADDRESS: 6600 Isle of Sky Drive
Highland Lake
Lot 82

DATE REQUESTED: 12/8/97
DRILLER: Joseph Mayne
WELL TAG # 140-81-1025 (existing)
COUNTY #

PROPOSAL: Replacement well - existing well is pumping sand

LOCATION DIAGRAM



COMMENTS: 12/8/97 proposed well site ok as shown, replacement well
will be kept to water town, letter to be sent to owner - stating
that a written request is needed to keep original well
12/10/97 owner wants to keep original but will disconnect plumbing + remove pump (KM)

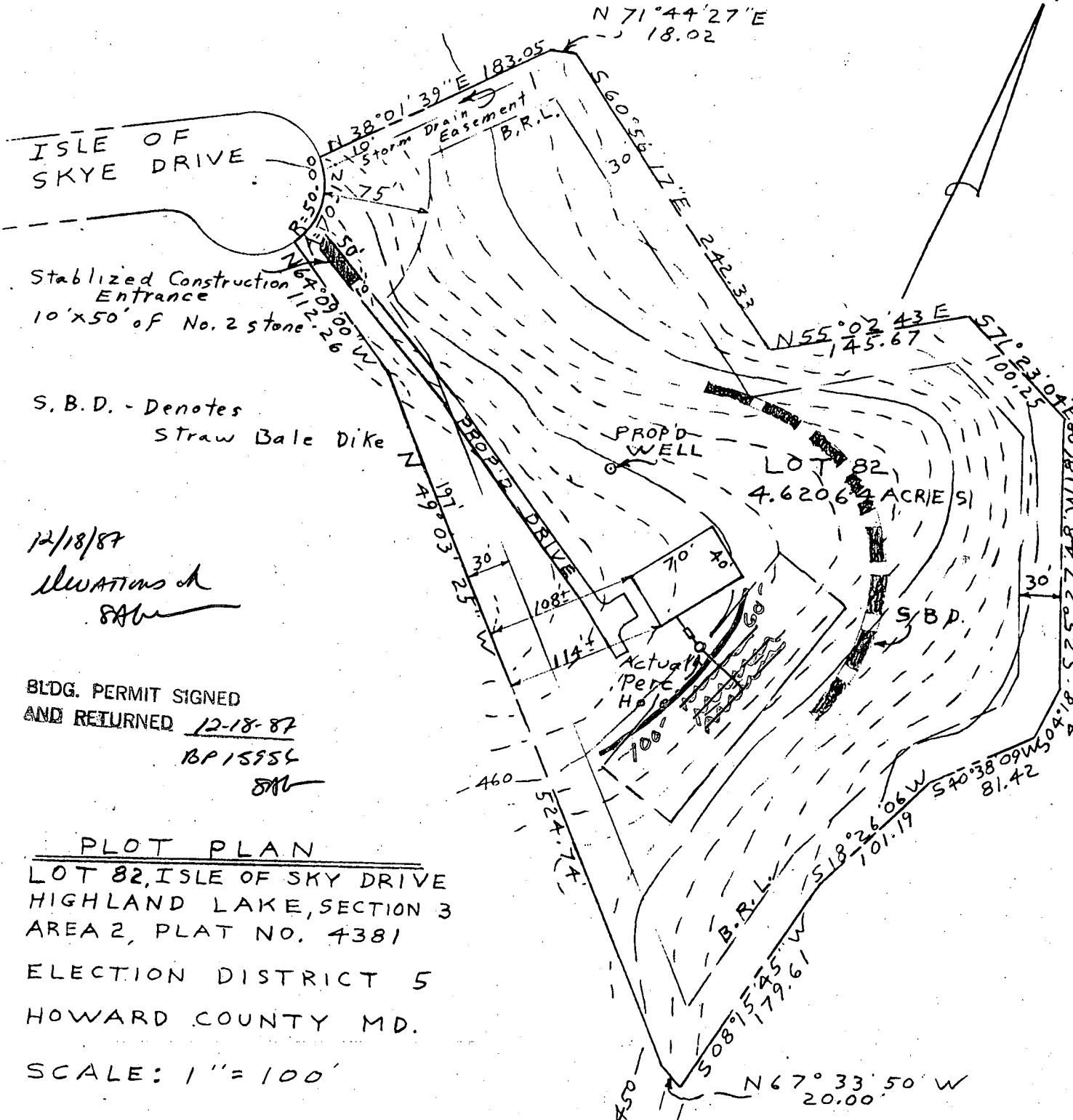
DATE: 12/8/97

INSPECTOR: Kimberly Maisto

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



S. B. D. - Denotes Straw Bale Dike

12/18/87
 DWATSON A
 SAH

BLDG. PERMIT SIGNED
 AND RETURNED 12-18-87
 BP15954
 SAH

PLOT PLAN
 LOT 82, ISLE OF SKYE DRIVE
 HIGHLAND LAKE, SECTION 3
 AREA 2, PLAT NO. 4381
 ELECTION DISTRICT 5
 HOWARD COUNTY MD.
 SCALE: 1" = 100'

EXIST. GRN. AT DISTR. BOX	460.00	✓
INV. IN DISTR. BOX	456.00	✓
INV. OUT OF SEPTIC TANK	456.20	✓
INV. INTO SEPTIC TANK	456.60	✓
INV. OUT OF DWELLING	456.80	✓ + P.B.S.M.T
FIRST FLOOR ELEV.	466.00	✓
CELLAR ELEV.	457.00	✓
WELL ELEV.	460.50	✓
NO. OF BEDROOMS	4	✓
ACREAGE	4.62064	ACRES

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY
 signed William E. Doyle



William E. Doyle

DRAWN: APRIL 23, 1985

FILE NO. 369

C1 2293 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 24018

DATE RECEIVED DATE WELL COMPLETED DEPTH OF WELL PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER SCHULZ OSKAR STREET OR RFD last name first name TOWN CLARKSVILLE SUBDIVISION HIGHLAND LAKES SECTION LOT 82

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for rolling ground gravel, brown shale, gray brown shale, brown shale water, gray brown shale, brown shale water, gray shale, flint water, gray shale flint, flint water, gray shale.

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD (ST) CO STEEL CONCRETE (PL) OT PLASTIC OTHER MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)

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

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

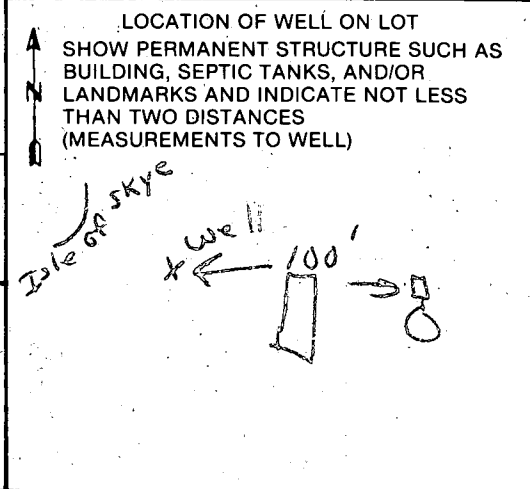
DEPTH (nearest ft.) H O 3 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE watch & bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (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) LAND SURFACE (nearest foot)



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 Wm W. Reichart

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Reichart W. Reichart

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

C1 09444 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 39293

ST/CO USE ONLY DATE RECEIVED 1/10/98

DATE WELL COMPLETED 12-1-90 99 Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-1347

OWNER L Krey STREET OR RFD 1 Sk. of Skp Drive TOWN Highland SUBDIVISION Highland Lake SECTION LOT 82

WELL LOG Not required for driven wells

GROUTING RECORD

PUMPING TEST

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

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sandstone (0-25) and Gray Mica Rock (25-220).

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 846

PUMPING RATE (gal. per min.) 10.113/108 METHOD USED TO MEASURE PUMPING RATE Air

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 27 ft.

WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 160 ft.

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 inch Total depth of main casing 30 (nearest foot)

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 110 28 220

PUMP COLUMN LENGTH (nearest ft.) 37 41

WELL HYDROFRACTURED YES (Y) NO (N)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below

LAND SURFACE 2 (nearest foot)

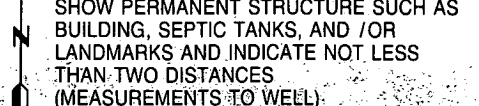
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

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



DRILLERS LIC. NO. 1 M 5024 DRILLERS SIGNATURE Joseph Mayne LIC. NO. 1 M D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	9454	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 1347
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Date Received (APA) 12/8/97

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Krey Owner First Name Carl 34

36 Street or RFD 6600 Isle of Skye Dr. 55

57 Town Highland 70 State MD 72 Zip 21771 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION HIGHLAND LAKE 42

SECTION 44 46 LOT 82 48 50

52 NEAREST TOWN Highland 71

MILES FROM TOWN (enter 0 if in town) 1 M 1 73 76 77 78

DRILLER INFORMATION (301) 469-5858

Driller's Name Joseph L. Mayne MS D24 License No. 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy, Md. 21771

Signature Joseph L. Mayne Date 12/5/97

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 6600 Isle of Skye Drive 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 180 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 22 PARCEL 384

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A39293

COUNTY NAME COUNTY NO.

STATE SIGNATURE Kim Maisto INSERT S → 41

DATE ISSUED 12/8/97 Kim Maisto 12/8/98

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 494 0 0 0 EAST GRID 809 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well

2. Ground

3. Kim

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 09

N 490 494

000 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary Drive-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

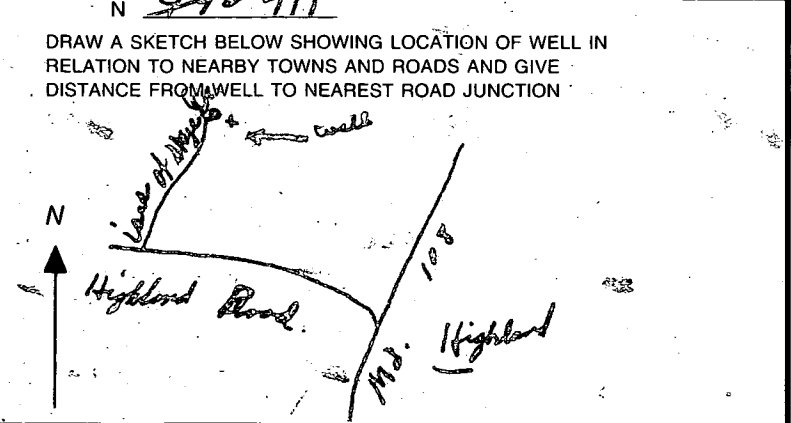
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 10-94-1347 G A P

FORCE KM WRITE INITIALS IN BOX 10-94-1347 PERMIT No. 70 71 72 73 74 75 76 77 78 79