

05-381533

approved
9/10/86 CWL

PERMIT

P 37602

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 5th

~~992-2330X~~

461-9933

DATE 9/02/86

Oskar Schulz IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6610 Blackwatch Lane, Highland, Maryland 20777 PHONE _____

SUBDIVISION Highland Lake ROAD 6602 Blackwatch Lane LOT 13

PROPERTY OWNER _____

ADDRESS 6602 Blackwatch Lane

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - MOVE SEPTIC TANK CLOSER TO THE PERCOLATION FIELD TO MAKE ROOM FOR THE NEW
ADDITION. OKAY PER C.W.

BLDG. PERMIT SIGNED
AND RETURNED 9/15/86

Draw # 72479
Addition Florida Room

PLANS APPROVED BY Craig Williams DATE 9/02/86

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.

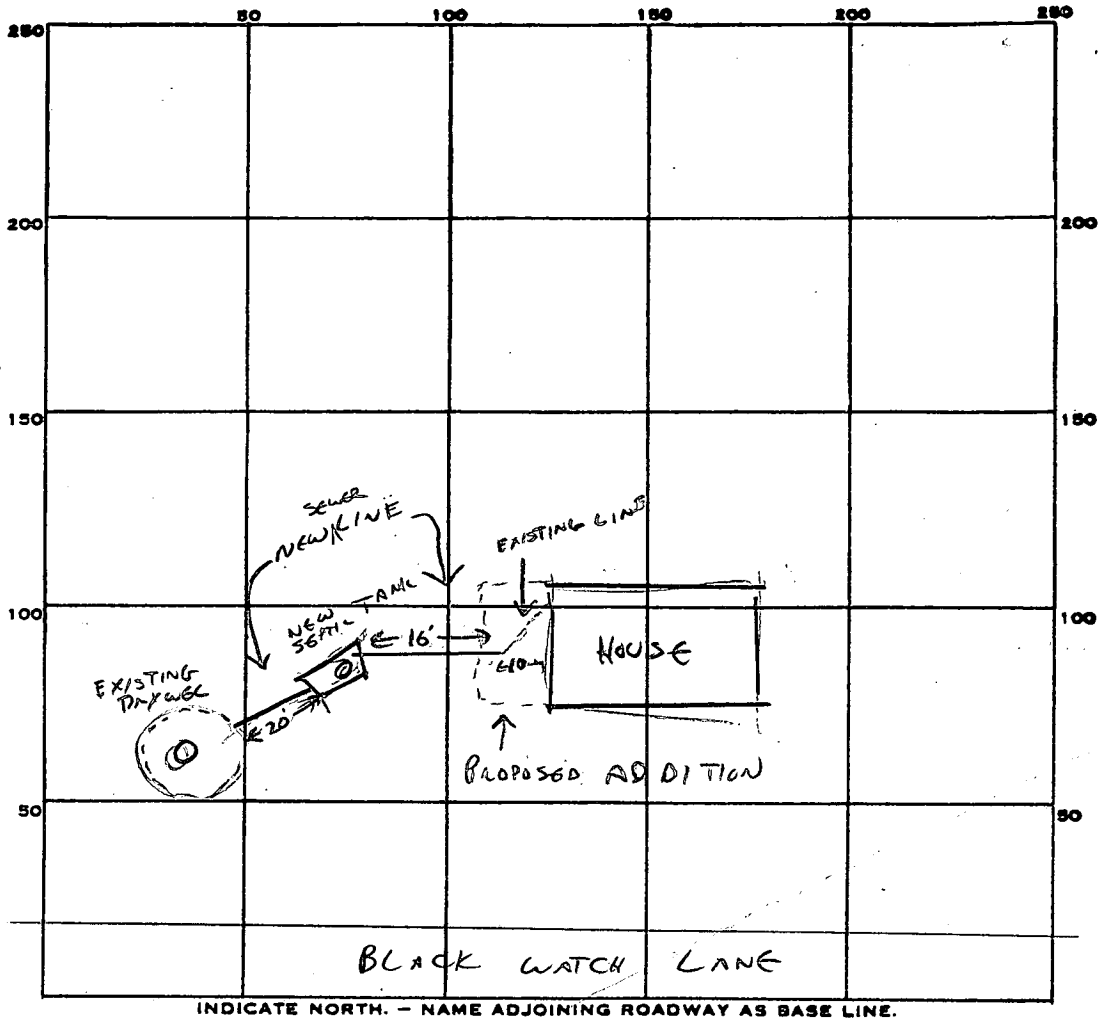
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
REPAIR
37602



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

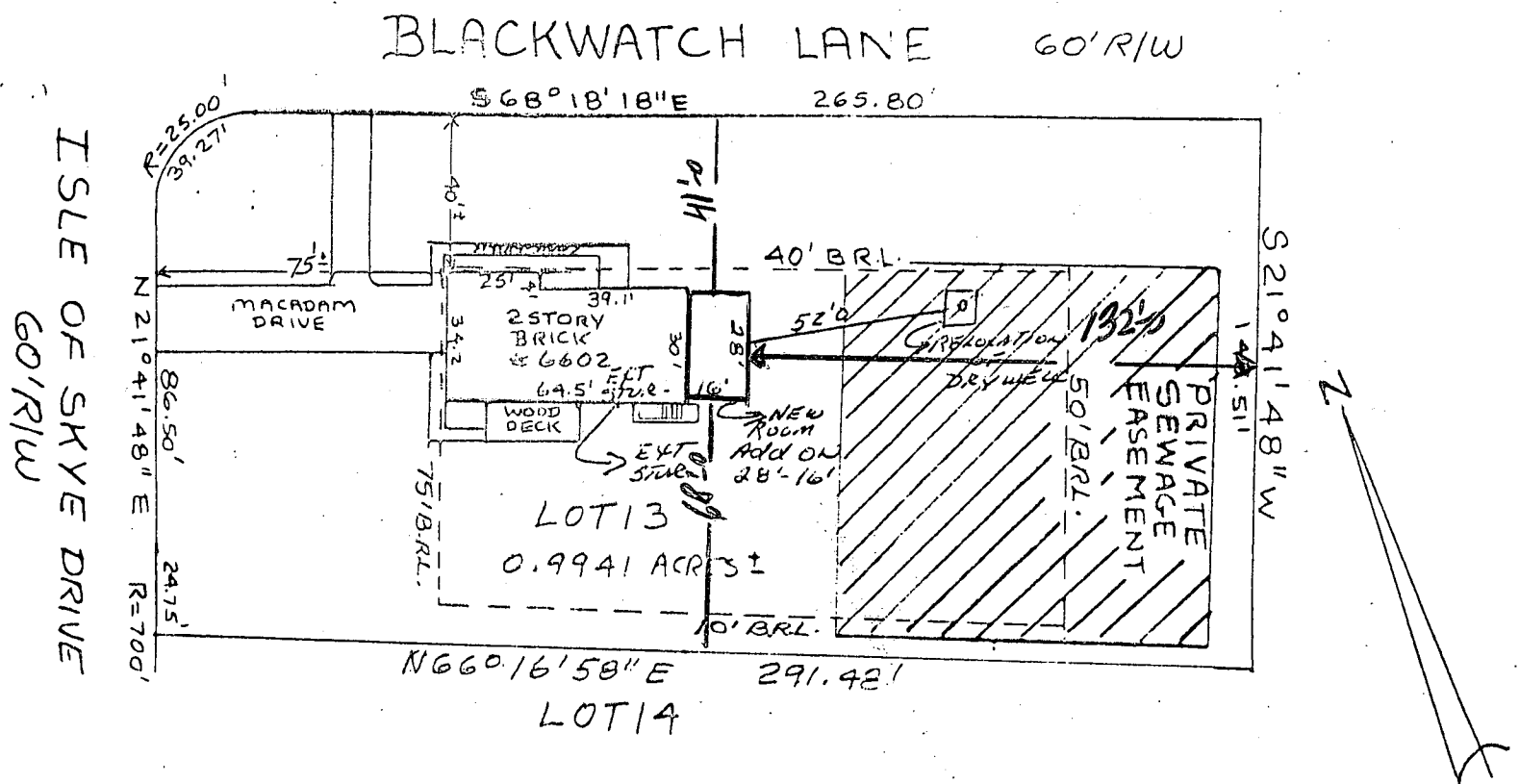
ABSORBENT AREA EXISTING SQ. FT.

REMARKS

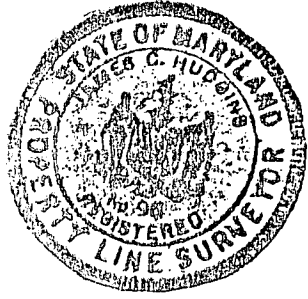
RELOCATING SEPTIC TANK TO ALLOW

SPACE FOR HOUSE ADDITION.

DATE SYSTEM APPROVED 9/10/86 INSPECTOR Craig Williams



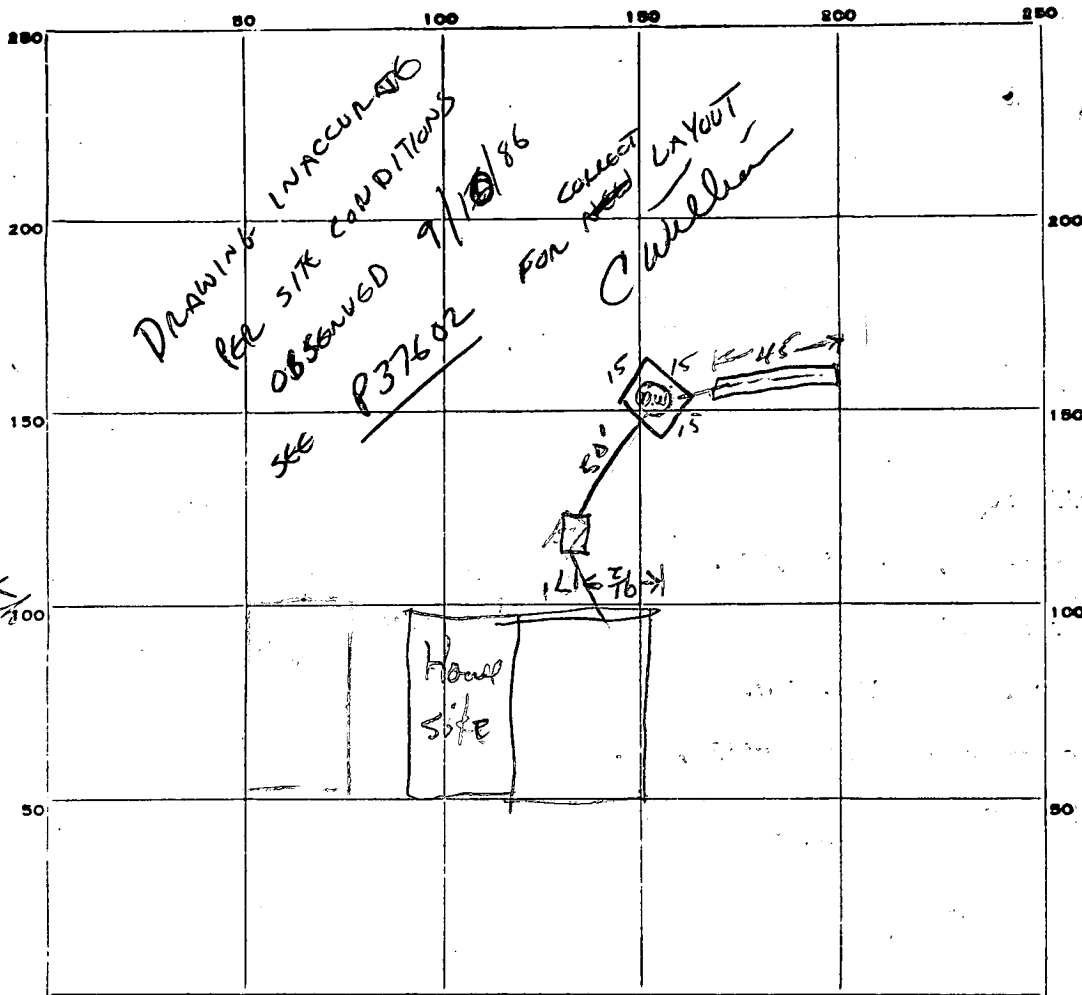
THIS IS TO CERTIFY that I have surveyed the property known as Lot 13 as shown on a Plat entitled, "Sheet 2 of 4, Section One, HIGHLAND LAKE" recorded among the Land Records of Howard County, Maryland on Plat CMP No. 3808 for the purpose of locating the improvements thereon.



James C. Hodgins
 JAMES C. HODGINS
 P. L. S. # 96

LOCATION SURVEY
 6602 Blackwatch Lane
 HIGHLAND LAKE
 5th Election District
 Howard County, Md.
 Scale 1"=50' DATE 6-11-84

3258
 REV DATE 8/6/86



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

Isle of Skye

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

n.a.

TILE FIELD, DEPTH

11

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

6.5

FT.

TOTAL LENGTH

45

FT.

NUMBER OF TRENCHES

1

1/2 SIDEWALL

TOTAL BOTTOM AREA

±292 sq

SEEPAGE PITS, INSIDE DIAMETER

60

FT.

DEPTH BELOW INLET

7

FT.

Total ABSORBENT AREA

±682

SQ. FT.

REMARKS

5/10/78 ISOIGLC: OK to add stone to trench. Install cleanouts & backfill system to trench buffer.

5/15/78 Call for final inspection when house is connected to septic tank T. S.

DATE SYSTEM APPROVED

9/20/78

INSPECTOR

[Signature]

Preferriory
4-12 holes
on 10,000 sq. ft.

APPLICATION [#] 13

A 19807
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. 358

Septic tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
DISTRICT 5th
DATE 4-8-74

Septic system
print per D.W.M.

⊙ Dry well to have 160 sq. ft. effective
absorbent sidewall per bedroom bedded inlet.
Inlet to be 4 1/2' below original grade #13 and
maximum depth 11' location per Final engineer plat

14

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

6/6/64
⊙ 1/2' dry well + trench used need:

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Apple Development Company, Inc.

⊙ 5' earth buffer
between dry well
+ trench

ADDRESS Box 145-A-RFD #1, Ijamsville, Maryland PHONE (301) 874-2835

PROPERTY LOCATION: Highland Lake
SUBDIVISION Henry K. Owings Property LOT NO. 20164-Phase 2

New 14 possibility

ROAD AND DESCRIPTION Corner Isle of Skye Drive & Blackwatch Lane

SIZE OF LOT 40000 sq. ft. TYPE BLDG. 3-4 B.R.

⊙ 2 inspections
of trench
before &
after stone

IF NOT SINGLE RESIDENCE DESCRIBE N/A NUMBER OF BEDROOMS _____

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

SIGNATURE OF APPLICANT Lat Robert H. Keeler

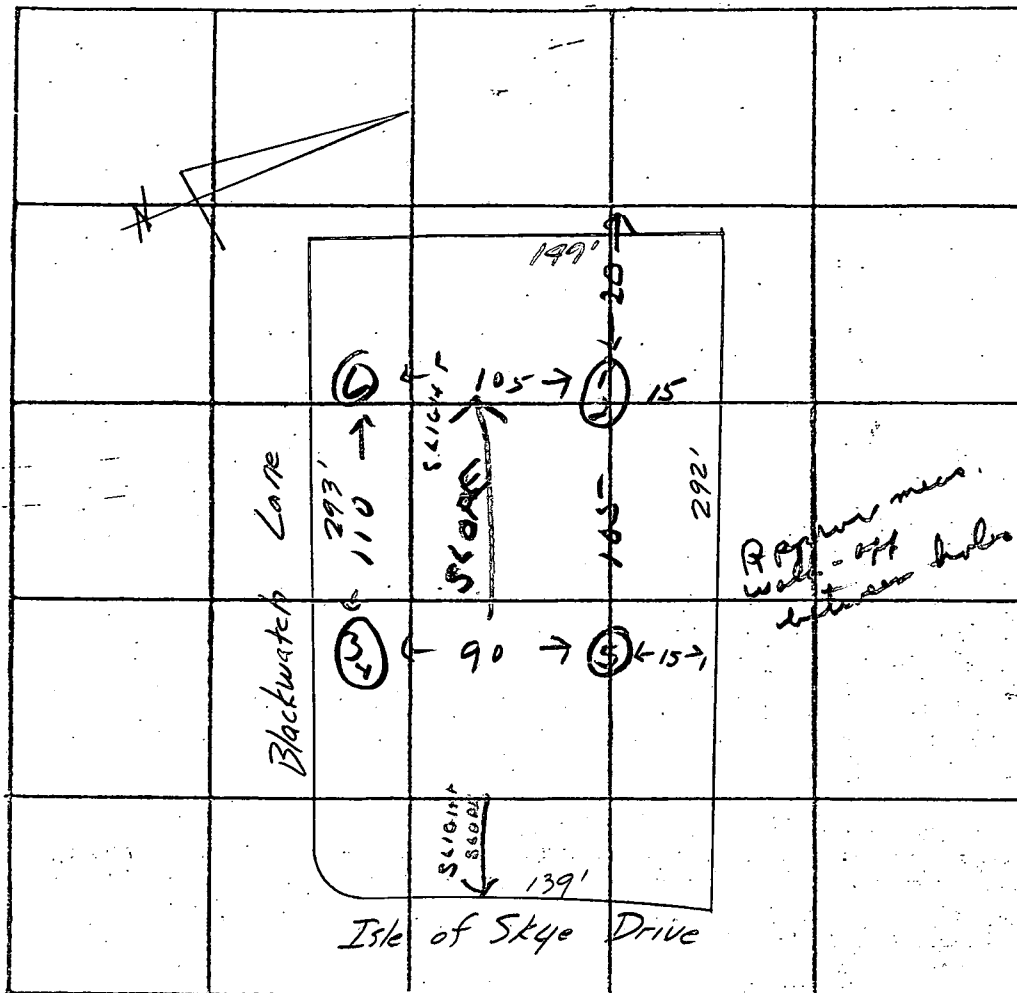
APPROVED BY - P.W.M. [spec/c.e.d.] FOR Dry well, 1/2' on DATE 1/1

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lot 13

Lot 64

DATE	TEST NO.	DEPTH	PRZ-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/23/74	1	3 ft.	254	—	257	—	3 min	
	2	11 1/2 ft.	255	259	257	3 00	3 min	
	3	4 1/2 ft.	300	—	—	3 04	4 min	
	4	11 ft.	301	—	—	3 04	3 min	
	5	11 ft.	Sandy and after 3-3 1/2 ft.					
	6	11 ft.	Sandy and from top					
							13	

160 7A

$\bar{t} = 4$

4 1/2'

REMARKS Use hole 5 or 3+4 Same Soil

TYPE OF SOIL

TESTED BY R. Ture + R.M.

ALSO PRESENT:

PRELIMINARY

APPLICATION

A 19807

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 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.

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

PROPERTY LOCATION:

SUBDIVISION Henry K. Owings Property LOT NO. 106, Sect. 2

ROAD AND DESCRIPTION Corner Road "A" and Court "A"

SIZE OF LOT 39,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
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/ Robert H. Keeler

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

B 1 **6327** SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 5 6 (SEQ. NO.)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 HO-23-542

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 3/30/78
 9:30 A.M.

OWNER OSKAR SCHULZ INC.
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 115 ROOSEVELT RD.
 COL 36 COL. 55

POST OFFICE SYKESVILLE, MD.
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 4 5 6 (SEQ. NO.)

DATE 1/4/78 LICENSE NUMBER 277
 77 80

ALTON RAY KEYSER
 FIRST NAME DRILLER LAST NAME

SIGNATURE Alton R. Keyser

B 3 LOCATION OF WELL

1 2 3 4 5 6 (SEQ. NO.)

COUNTY HOWARD
 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION HIGHLAND LAKE
 23 42

SECTION LOT 13
 44 46 48 50

NEAREST TOWN HIGHLAND
 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 MI
 73 76 77 78

B 2 WELL INFORMATION

1 2 3 4 5 6 (SEQ. NO.)

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 4 5 6 (SEQ. NO.)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD HIGHLAND ROAD
 8 11 NORTH SOUTH EAST WEST 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 400 MI
 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

APPROXIMATE DEPTH OF WELL 200 FEET
 24 26

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPEINED 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

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41 52

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

APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO.

FORCE WRITE INITIALS IN BOX CONDITIONS

67 68 70 71 72 73 74 75 76 77 78 79

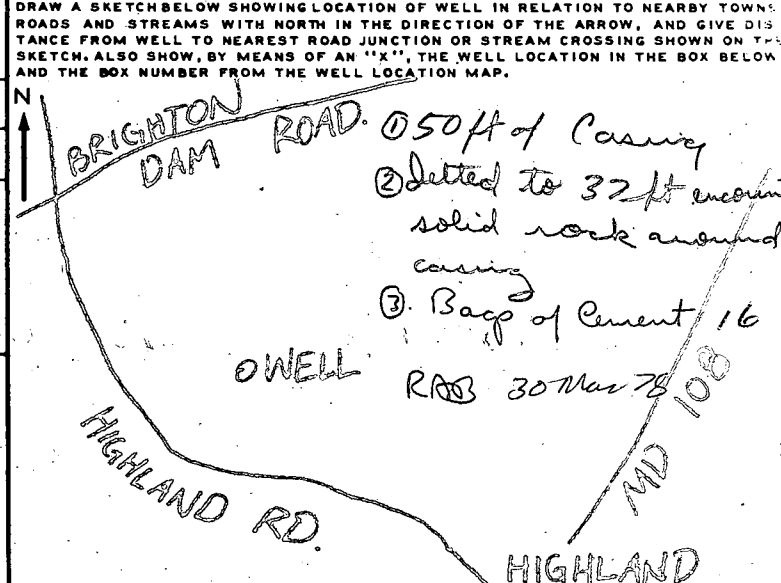
B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 4 5 6 (SEQ. NO.)

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 1127445

MO. DAY YR.

DATE 0111778 APPROVED BY Fred Fromolt, Sanitarian
 43 48



BOX NUMBER 800
490

NORTH COORDINATE
 50 51 52 53 54 55

EAST COORDINATE
 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET)
 65 66 67 68

0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 4 5 6 (SEQ. NO.)

C 1 5457 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

DATE RECEIVED (WRA USE ONLY) 3/30/78 DATE WELL COMPLETED 3/30/78 DEPTH OF WELL 150' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-22-2772
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 217

OWNER: Schulz Inc. LAST NAME FIRST NAME Oskar
STREET OR RFD: 115 P.O. 30 W. H. Rd. POST OFFICE: Sukesville, 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	
Sand gravel	0	40'	
Green rock	40'	150'	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) 44-44

CEMENT CM 45-46 BENTONITE CLAY BC 45-46

NO. OF BAGS 16 NO. OF POUNDS 1504

GALLONS OF WATER 95

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 49 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST 60-61 6" 63-64 50 66-67 60-70

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1	49	150
2		
3		

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (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) (E.R.O.S.)

T 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 8-9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7 11-15

METHOD USED TO MEASURE PUMPING RATE Rotary

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT) 17-20

WHEN PUMPING 145 (NEAREST FOOT) 22-25

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

A AIR 27 P PISTON 27 T TURBINE 27
 C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27
 J JET 27 S SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO 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 (NEAREST FOOT) 50-51
 BELOW }

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: A. Ray Keyser
(PLEASE PRINT) C.A. Crosswell
SIGNATURE: C.A. Crosswell

