

Ready for insp. 11-26-63 ESM

PP

MONTGOMERY COUNTY HEALTH DEPARTMENT A 2524
ROCKVILLE, MARYLAND

5-27

CONSTRUCTION PERMIT

299-6512

Upon application made by R. E. McCracken permission is hereby granted to Rudolph P. Savage (Owner) to construct, ~~reconstruct~~ an excreta disposal system and/or a water supply system to serve a new, ~~existing~~ building for use as a dwelling containing 3 bedrooms; ~~for use as a~~ and located at 8300 Kingsgate Road on Lot 1 Block Subdivision Schultz Tract (Potomac) ~~data is not~~

THE CONDITIONS SPECIFIED BELOW ARE PART OF THIS PERMIT. ANY CHANGES IN THE TERMS OF THE PERMIT OR THE USE OF THE BUILDING SHALL BE BY WRITTEN APPROVAL OF THE HEALTH OFFICER ONLY.

No building shall be occupied and no excavation shall be covered until the owner has obtained written approval from the Health Officer or his duly authorized representative. Notify the Health Department 48 hours before excavations are to be backfilled.

Date June 10, 1963
Expires: Dec. 10, 1963

William J. Peeples, M.D.
COUNTY AND DEPUTY STATE
HEALTH OFFICER

By E. S. Mandelstam
Per: MB

CONDITIONS

- Limits of well location: Not more than 30 ft. off left sideline (south) and 20 ft. off front line (east) 100 ft. from any septic seepage area.
- Size of septic tank: 1000 gal. precast; or 8 ft. long by 4 ft. wide by 6 ft. deep inside dimensions if built on job.
Size of absorption system: To right rear of house 100 ft. from any well as shown on plot plan.
Location: 2 seepage pits - 12 ft. dia. by 8 ft. deep below inlet pipe.
- Special plumbing notes: ~~No basement facilities.~~ Note change, ESM
- Other special conditions: Well to be drilled first. before wall check on house. ESM

COMPLETION CERTIFICATE

This is to certify that the
 () excreta disposal system constructed by

F. Keyes

() water well drilled by:

Wm. Hilton

() water system installed by:

and located at _____

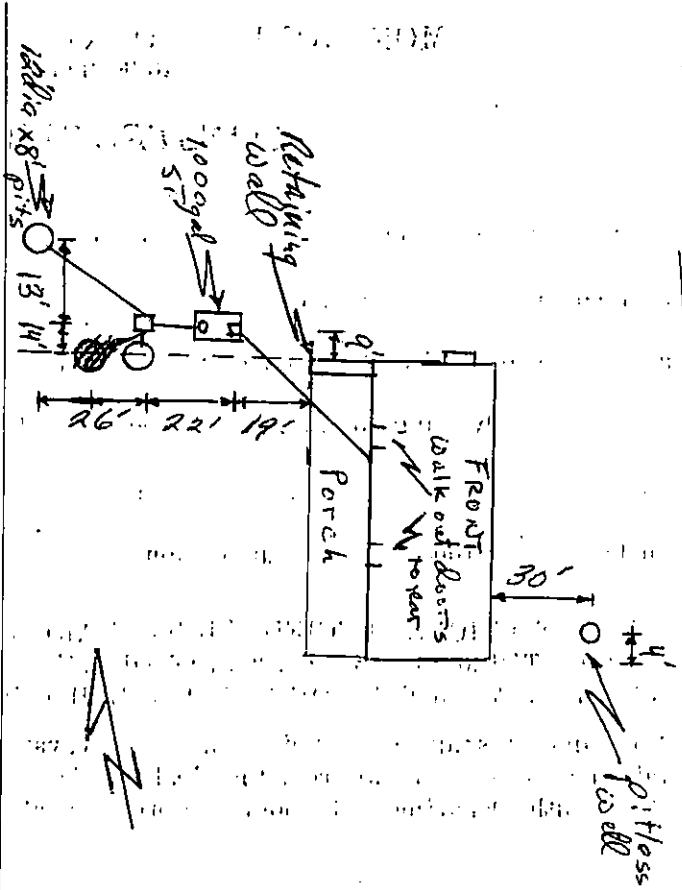
Lot _____ Block _____

Subdivision _____

has been installed in compliance with the terms of
 Permit No. A-2524 and permission is given to
 fill in the excavations, to render the system fit for
 use, and to occupy the building for dwelling or busi-
 ness purposes.

COUNTY AND DEPUTY STATE HEALTH OFFICER

Date 6-15-64 By George D. Wall



SKETCH
 KINGS GATE ROAD

INSPECTION HISTORY AND APPROVED CHANGES

Show dates and initials for all actions.

Indicate intermediate approvals given and calls for inspection received.

- 6-17-63 Basement facilities were approved with a grade cut to basement floor level. The N and W side of house. ESM.
- 25 July 63 Footings constructed but no well drilled. ESM
- 30 July 63 spoke to Mrs. RE. The cracker about well which has not been drilled.
- Em 8-15-63 Hilton has well under way location OK. ESM Well log received 9/15/63
- 11-26-63 Septic system insp + well location checked. ESM
- 12-9-63 1st Back H2O (5+0). Chlorinator has been installed. ESM
- 1-15-64 2nd Back H2O (3+0) - this after disinfection. ESM
- 2-3-64 Placed dye around casing of well at 10ft. No grain at this depth. ESM
- 2-12-64 No dye appeared in water supply. spoke with Savage regarding regrading of casing + checking for annular space. ESM
- 6-3-69 2nd H2O OK 6-3-69 J.M.A.

MONTGOMERY COUNTY WELL AND EXCRETA DISPOSAL PERMIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF CONSTRUCTION PERMITS
881-7976

B-1769

APP. NO. 6695
 GRID S-27

Upon application made by **R. Savage**

Telephone No. 299-6512

permission is hereby granted to **R. P. & Virginia H. Savage**

Telephone No. _____

(Owner) to ~~construct~~, reconstruct an ~~(interior)~~ excreta disposal system ~~and/or a (interior) water supply system~~ to serve ~~a new~~, an existing building for use as a dwelling containing **5** bedrooms; for use as a

and located at **8300 Kingsgate Road**

on Lot 1	Block -	Subdivision Schultz Tract
or Plate -	Grid -	Parcel -

THE CONDITIONS SPECIFIED BELOW ARE PART OF THIS PERMIT. ANY CHANGES IN THE TERMS OF THE PERMIT OR THE USE OF THE BUILDING SHALL BE BY WRITTEN APPROVAL OF THE APPROVING AUTHORITY ONLY.

NO BUILDING SHALL BE OCCUPIED AND NO EXCAVATION SHALL BE COVERED UNTIL THE OWNER HAS OBTAINED WRITTEN APPROVAL FROM THE APPROVING AUTHORITY OR HIS DULY AUTHORIZED REPRESENTATIVE. NOTIFY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACKFILLED.

Date Issued: **December 9, 1976**

Date Expires: **June 9, 1977**

Date Extended:

Cancel 2.24.81 SW

APPROVING AUTHORITY, MARYLAND STATE
 DEPARTMENT OF HEALTH & MENTAL HYGIENE

By _____

Montgomery County
 Department of Environmental Protection

CONDITIONS

ALL DIRECTIONS ARE GIVEN FACING THE PROPERTY FROM

1. Limits of well location: **Existing**
2. Size of septic tank: See **A-2524**
3. Percolation test: **1 inch in 25 minutes at 8 ft.**
4. Size of absorption system: **3 trenches 80 ft. long by 2 ft. wide with 5 ft. of 2 inch stone. Bottom of trenches to be 10 ft. below natural grade.**
5. Location: 1st trench to begin **10 ft. from north seepage pit** and extend 80 ft. on contour to north.
 2nd trench to be at 10 ft. from first trench and extend 80 ft. on contour with 1st trench.
 3rd trench " " "
6. Other special conditions: **Trenches/fields to be at least 100 ft. from any well. trenches to be connected in series.**
7. Permit received:

COMPLETION CERTIFICATE

This is to certify that the
() excreta disposal system constructed by

() water well drilled by:

() water system installed by:

and located at

..... Lot Block

Subdivision

has been installed in compliance with the terms of
Permit No. and permission is given to
fill in the excavations, to render the system fit for
use, and to occupy the building for dwelling or busi-
ness purposes.

COUNTY DIRECTOR OF
ENVIRONMENTAL PROTECTION

Date By

INSPECTION HISTORY AND APPROVED CHANGES

Show dates and initials for all actions.

Indicate intermediate approvals given and calls for inspection received.

9-28-77 For Leela state contractor
submitted by owner. System cannot
go in as located on permit. He happened
to put in some pipe outside in area
along the back pit. 6-86-78
6-86-78 Septic not spaced CSP
2-25-81 System never reconstructed,
Mrs Savage states that they had some
problems getting a contractor to do
the job and they sort of gave up
trying to find someone. Then daughter
moved out + with usage was reduced.
Mrs Savage said when have had no
problem since then. No OFSS seen
in rear yard. She states they must
still be reworked in reconstructing
system if they build on to the
house but it would not be until
summer time. *MS*

**MONTGOMERY COUNTY
DEPARTMENT OF PUBLIC HEALTH
County Office Building
Rockville, Maryland**

*cam
rec'd 9-10-63
Ely*

**Health Department
Permit No.**

A2524

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

WELL DESCRIPTION

Dept. Geology 53373
Permit Number

Name of Owner
Rudolph Savage

WELL LOG

State the kind of formations penetrated, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size of casing, liner, shoe, screen, and other accessories including casing weight.

WELL LOG	FEET		CASING AND SCREEN RECORD	DIAM. (inches)	FEET	
	from	to			from	to
Earth	0	22	Black		0	41
Shale	22	31	1 3/2" dia	6 1/4		
Shale + flint	31	40				
Flint + blue shale	40	70				

PUMPING TEST
Hours Pumped _____
Type of Pump Used _____
Pumping Rate 5
Gallons per Minute

WATER LEVEL
Distance from land surface to water:
Before Pumping 41 Ft.
When Pumping 62 Ft.

APPEARANCE OF WATER
Clear
Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land Surface _____ Ft.

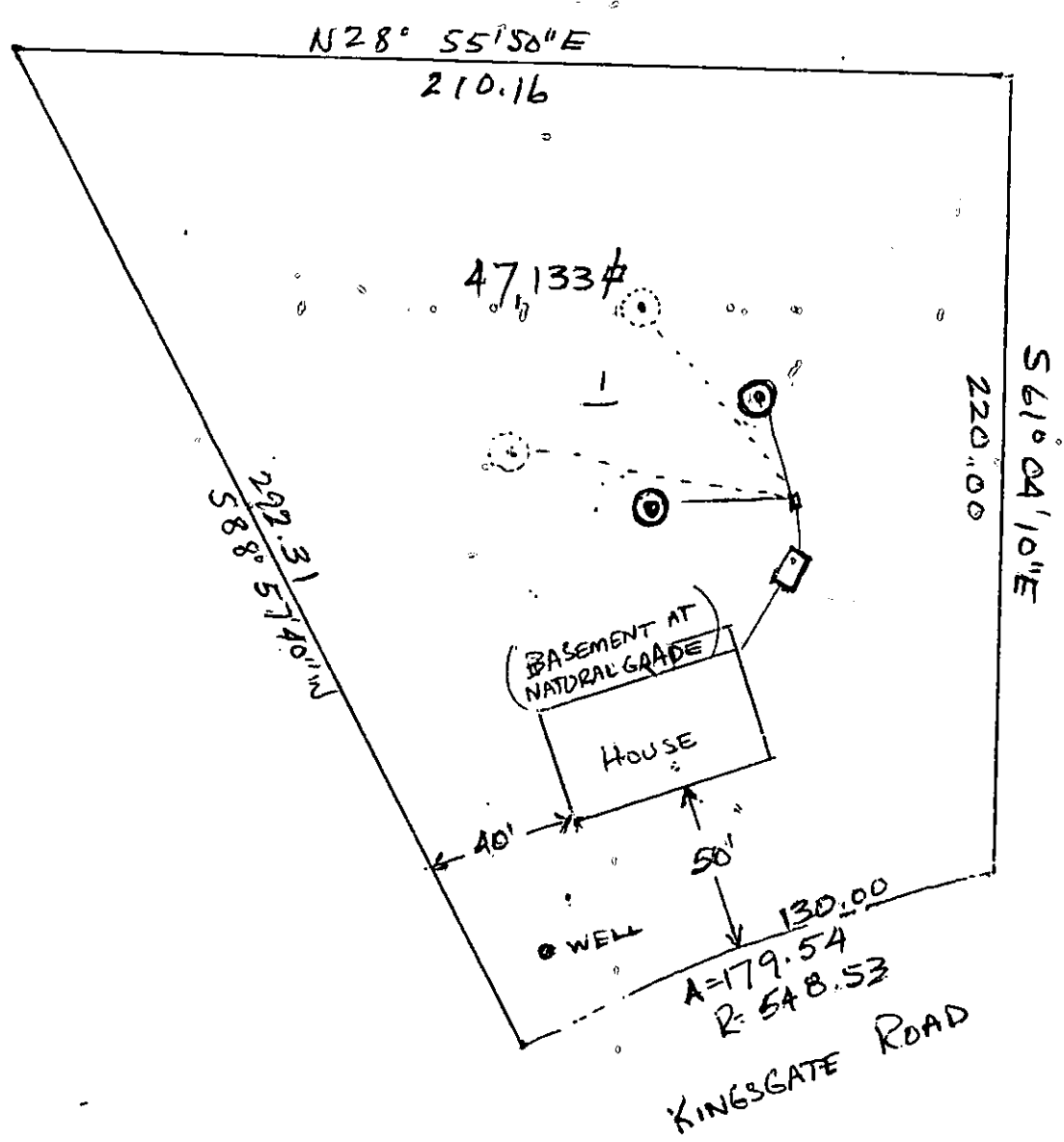
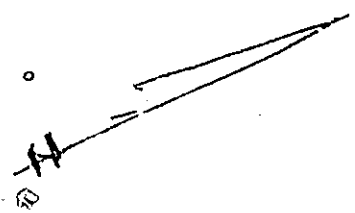
PUMP INSTALLED
Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

Grouted from surface to 41 ft. with 4 bags cement.

REMARKS
Subdivision: _____
Schultz tract
Lot 1 Block _____
Street: _____
8300 Newington
RD

I hereby certify that I have drilled, cased and grouted this well in accordance with applicable State and County regulations and that the entries on this sheet constitute a true record of the installation.

Well Was Completed
Date 9/25/63
Well Driller _____
W. S. Wilson
Signature



SCALE 1" = 50'