

3/4/02 3/14/02 3/12/02  
10:00 Later 10:00  
C. Mout Rinal

4/24/03 2AM

05-384583

ISSUE DATE: 2/7/2002

APPROVAL DATE: 4/25/03

# PERMIT

P 516507

A 24696

## INDEXED

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

Kenneth Mayne IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 11723 Legore Bridge Road, Keymar PHONE NUMBER: 301-898-0955

SUBDIVISION: Allnut Farm Estates LOT NUMBER: 2

ADDRESS: 13465 Sorghum Court PROPERTY OWNER: Bode Obisesan

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): 1250

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 40 feet off the front lot line and 65 feet off the right-front (181.00') lot line as seen from Sorghum Court. Run trenches along contour toward the right-front (181.00') lot line.
NOTES:	LAYOUT INSP. CRITICAL — SEE SRK ADDITIONAL PERC HOLES REQUIRED TO VERIFY RESERVE SDA

PLANS APPROVED: Donna K. Clark OK SRK 1/16/02 DATE: 5/11/01

- 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

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

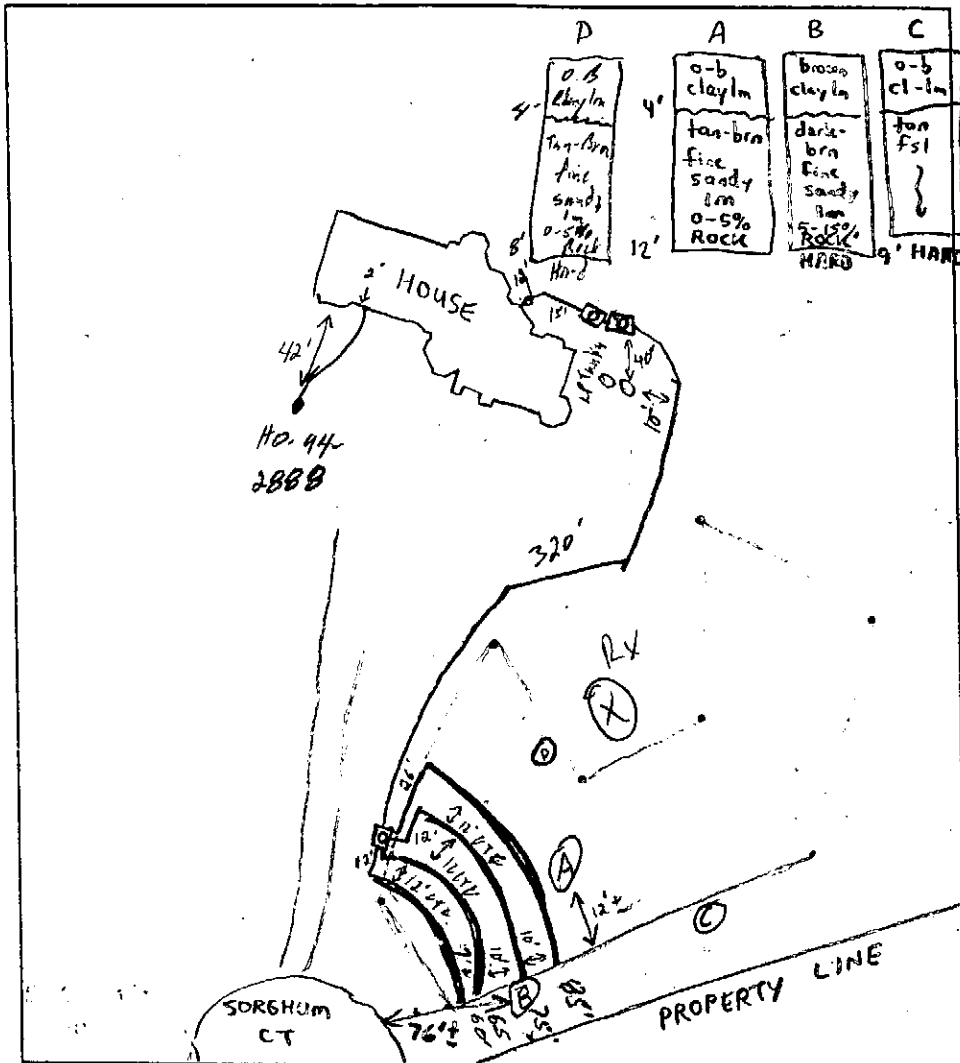
**BUILDING PERMIT SIGNED**

**AND RETURNED** CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

1-23-02 800 34028-2 CIG PROPOSED TANKS

244696

NOT TO SCALE



### TRENCH DATA

TRENCH WIDTH 3  
TRENCH INLET DEPTH 2.5  
TRENCH BOTTOM DEPTH 4  
DEPTH OF STONE 1.5  
NUMBER OF TRENCHES 4  
TOTAL TRENCH LENGTH 285'  
ABSORBENT AREA 855 #  
DISTRIBUTION BOX LEVEL 1/4  
BAFFLE IN DISTRIBUTION BOX 1/4

### SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS  
MANHOLE RISER Center - 30"  
6 INCH INSPECTION PORT None

### PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 TS  
MANHOLE RISER Center - 30"  
ALARM \_\_\_\_\_  
PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 3/4/02-MET INSTALLER AT SITE, OK TO SET D. BOX

PER APPROVED BP PLAN, CONTOUR NOT EXACTLY PER PLAN, <sup>MORE UNIFORMLY FLAT</sup> OK TO RUN TRENCHES

SLIGHTLY OUT OF SDA NEAR BOX SIDE OF SDA, PERC HOLES DUG IN SDA TO VERIFY SOILS IN INSPECTION COMMENTS: ORIGINALLY APPROVED SDA (SEE RESULTS), OK TO PROCEED W/ INSTALLATION

KEEP SPECS THE SAME - (SRD)  
3/11/02 Adjusted perk holes to SRD drawing. Dug (D). First 2 trenches & tanks installed (SO)  
3/12/02 OK to correct all work. Pump & Alarm tests needed (SO)  
4/25/03 Pump & Alarm tests OK (SO)

BUILDING PERMIT SIGNED

AND RETURNED

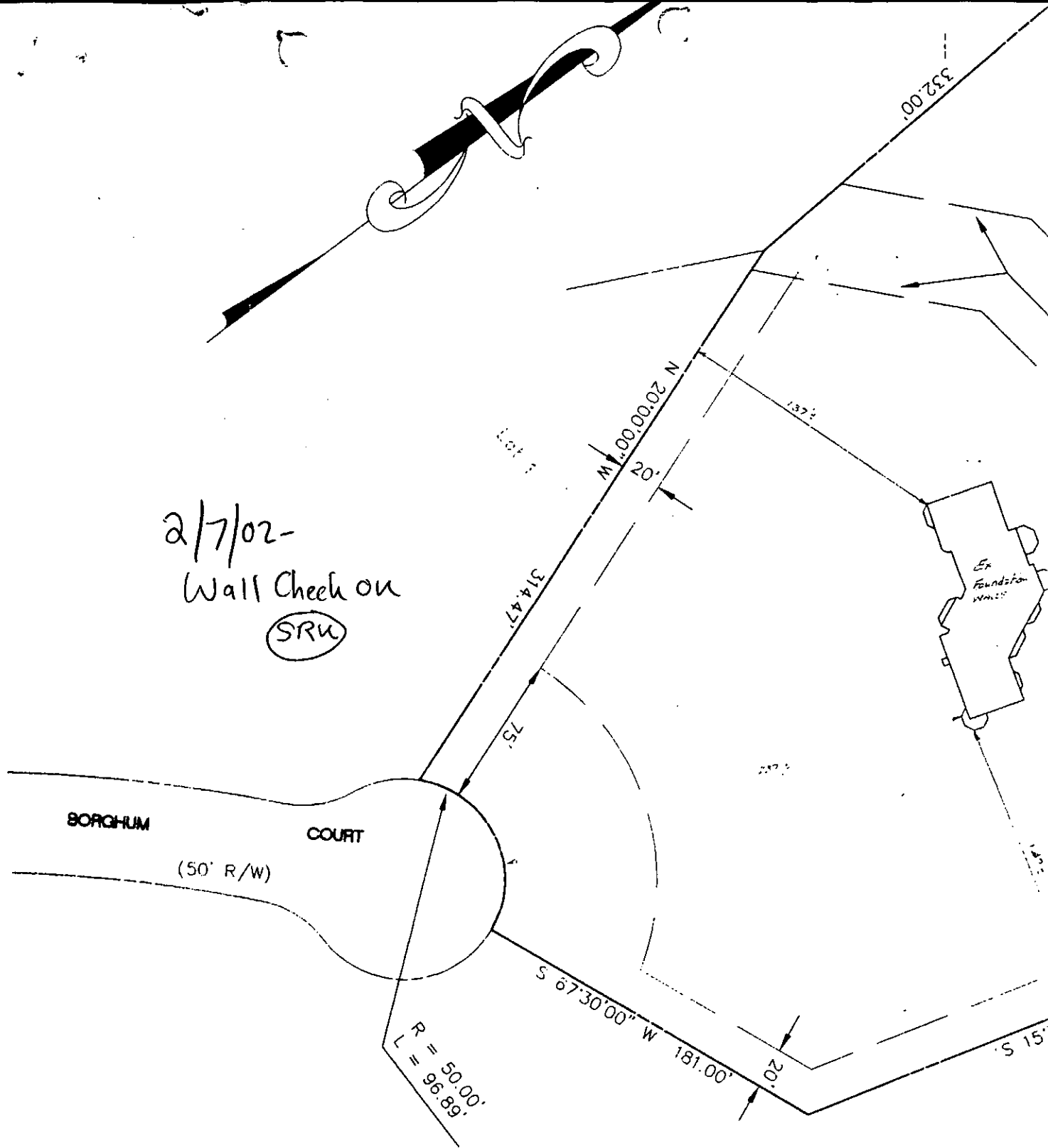
INSPECTOR

*[Signature]*

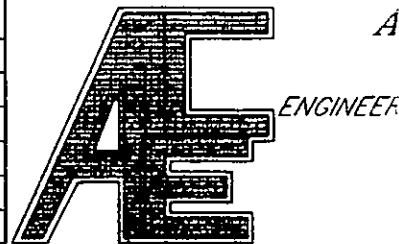
DATE SYSTEM APPROVED

4/25/03

2/7/02-  
Wall Cheek on  
SRU



E.F. NAME:		REVISIONS		
DESIGNED:	MS DATE: AUG 2001	DATE	BY	
DRAWN:	DATE:			
CHECKED:	DATE:			
APPROVED:	DATE:			



301-890-1364

*Allen George*

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3535-N Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9983

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt #  
Date 6-4-2002

Name of Installer District Chemo Equipment

Telephone 202-432-0243

License Number MPL 24866

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner OBISMAN BODE Telephone 301-624-5197

Subdivision ALLART FARM Lot # 2 Well Tag # HC 94-2898

Site Address 13465 Sangbourn St  
CLARKSVILLE MD 21029

Pump

- Type
  - Deep well jet ☐
  - Shallow well jet ☐
  - Submersible ☒
- Make SALVETTI
- Model # 154715P-32
- Capacity 2 GPM
- Pump exceeds well capacity Yes ☐ No ☒
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☒
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other ☐

Motor

- Horsepower 1
- RPM 3450
- Voltage 230
  - 110 ☐
  - 220 ☐

Pitless Adapter

- Make Campbell
- Model # B300X
- Depth 4 Feet

Tank

- Capacity 120
- Pressure relief valve? Yes

Piping Cast Iron Polyethylene Well data

- Type 200psi Black well pipe Depth 305 ft.
- Size 1
- Yield ☐ GPM
- NSF and/or BOCA Code approved Yes
- Static water level ☐ ft.
- Depth of supply line 225
- Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

3/12/02 - WPIOK-60 SRK

Signature of Applicant: George J. Rivers

Faxed Plumber new form

Date: 6-5-2002

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

FORM OK  
THIS TIME  
PER SRK

08076

SEQUENCE NO:  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED.

COUNTY  
NUMBER

A 246060

STACO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED  
MM DD YY

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

5/3/01

300

40-94-2888

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

Kathy Williams Assoc

13405 Soranum Ct

Alindia Farms Estate

5

2

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

Top Soil

0

2

Brown Sand

2

10

Sand Stone

10

25

Gray Micr

25

90

Brown Micr

90

71

Gray Micr

71

90

Brown Micr

90

91

Gray Micr

91

290

opening

290

291

Gray Micr

291

300

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)!

Total depth  
of main casing  
(nearest foot)

60

61

63

64

66

70

OTHER CASING (if used)

diameter  
inch

depth (feet)  
from

to

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEEL

BRASS

OPEN  
HOLE

BRONZE

PLASTIC

OTHER

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

ft.

WHEN PUMPING

ft.

TYPE OF PUMP USED (for test)

A

P

T

C

R

O

J

S

air

piston

turbine

centrifugal

rotary

other  
(describe  
below)

jet

submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP  
(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.

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

below

LAND SURFACE

(nearest  
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)

100'

125'

Well

Front lot Line

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER

A

E

P

A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION  
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.

DRILLERS LIC. NO. 1

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

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

DRILLERS LIC. NO. 1

MWD 040

George F. Eusten Day

JWD 038

Bruce Thompson

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

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

T

(E.R.O.S.)

W Q

70

72

74

75

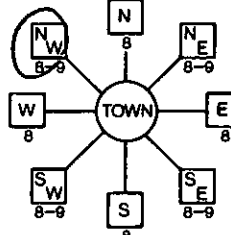
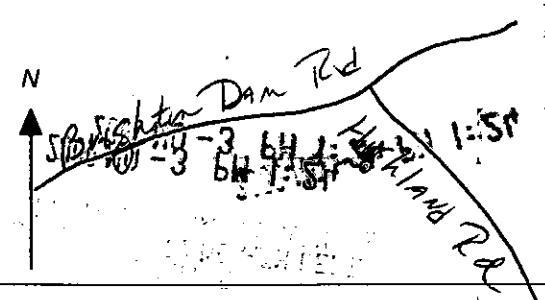
76

TELESCOPE  
CASING

LOG  
INDICATOR

OTHER DATA



B 1 <b>01501</b> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> W514627 Please print or type	STATE PERMIT NUMBER <b>HO -94 -2888</b> <small>70 79</small> fill in this form completely
Date Received (APA) <b>11/03/00</b> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION 8418</b> <b>Kady Williams Assoc, Inc.</b> 15 Last Name Owner First Name 34 <b>P. O. Box 130</b> 36 <b>Lanham, Md 20703-0130</b> <small>Street or RFD 55</small> 57 Town 70 State 72 Zip 76		B 3 <b>Howard</b> LOCATION OF WELL <b>CC#</b> 8 COUNTY 21 <b>Allnut Farm Estates</b> 23 SUBDIVISION 42 SECTION <u>44</u> LOT <u>2</u> <small>44 46 48 50</small> <del>West Branch</del> <b>Highland</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M I <small>73 76 77 78</small>	
<b>DRILLER INFORMATION</b> <b>George F. Easterday</b> M W D <b>040</b> Driller's Name 76 License No. 81 <b>Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Address <i>George F. Easterday</i> <b>11/1/2000</b> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 34 <b>900</b> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>38</u> <u>39</u> TAX MAP: <b>34</b> BLK: _____ PARCEL <b>375</b>	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>A240916</b> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>12/06/00</u> 41 <small>43 MM DD YY 48</small> CO SIGNATURE _____ EXP. DATE NORTH GRID <u>407</u> 0 0 0 EAST GRID <u>0809</u> 0 0 0 <small>50 55 57 63</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>wells</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>800</u> N <u>490.7</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		5/3/01 10:30 GROUT -location OK -grout appears OK -grout completed @ time of use 12:30 9301 810	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 54 _____ G A P 63 PERMIT No. <b>HO -94 -2888</b> <small>70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	

2000-03-31 PM 1:24

Well Permit No. HO - 94-2888  
 Location of property (road) Sorghum Ct  
 Subdivision Alden H. Farms Est. O Lot 2 Block      Plat      Sec.       
 Well Driller Foster & Co. Owner Radley Wm AGSOC.

Depth of well 300' 89pm  
Distance of measuring point (M.P.) above ground 18"  
Static water level (S.W.L.) below M.P. 14'

Time pump started 7:10 Pumping rate 15 gpm  
Total time to reach pumping water level ft. below M.P.

[illegible]

2501 HY 11 PM 2:44

# APPLICATION

## PERCOLATION TESTING

No fee charged  
A 246096

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

Purpose -  
confirmation/expansion  
of existing SDA (proposat  
to build 7 bdr  
house) (DIO)

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PROPERTY LOCATION:

SUBDIVISION Allnut Farms Estates LOT NO. 2

ROAD AND DESCRIPTION Sorghum Court

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 101

6" topsoil

org red  
brn  
cl Lm

2.5'

pale org  
tann  
sa Lm15%  
rock

12' Refusal

0' 104/105

6" topsoil

org brn  
cl Lm

2.5'

pale  
org brn  
sa Lm10% to 15%  
rock

8.5' Refusal

0' 106

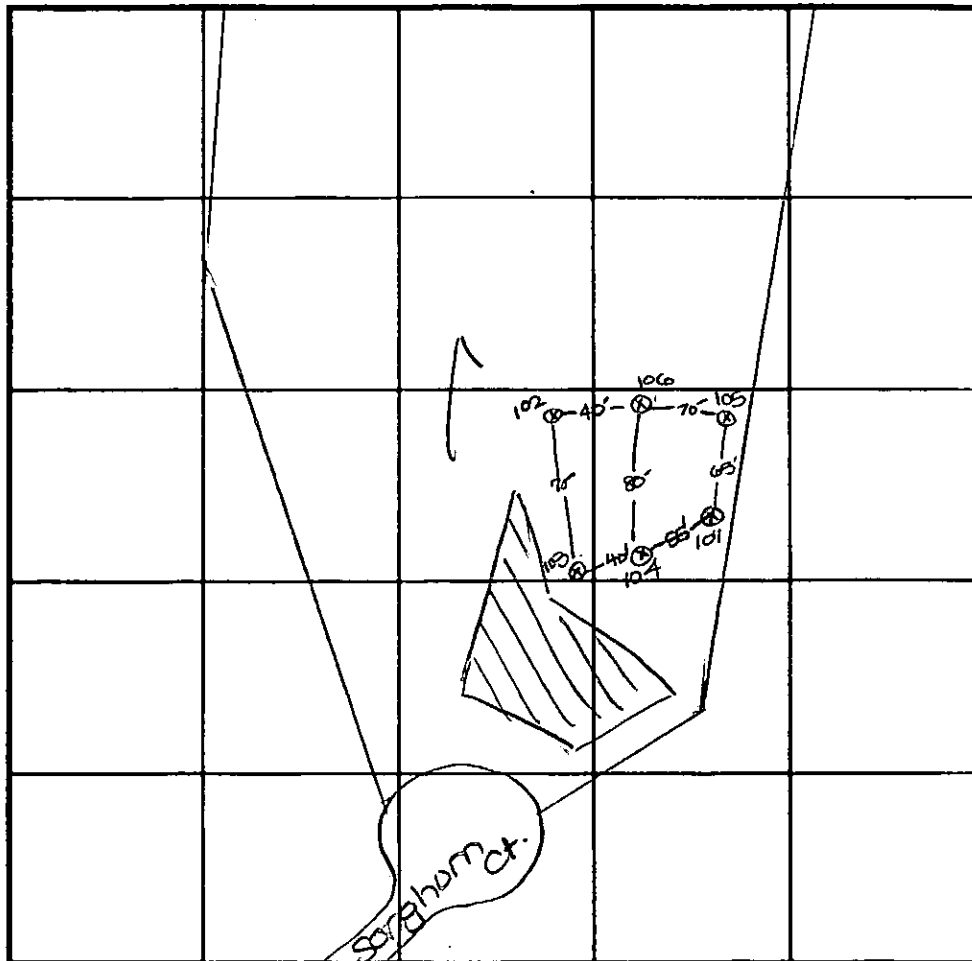
6" topsoil

org brn  
cl Lm

2.5'

pale  
org brn  
sa Lm10%+  
rock

11.5' seepage



SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-21-00	101	12.0' D	Refusal	- see	profile		OK
	102	5.0' D	Refusal				FAIL
	103	5.0' D	Refusal				FAIL
	104	8.5' D	Refusal	- see	profile		OK
	105	2.5' S	12:04	12:16	12:16	12:30	14
		8.5' D	Refusal	- see	profile		OK
	106	11.5' D	seepage	- see	profile		OK

REMARKS test holes not staked prior to testing

TYPE OF SOIL

TESTED BY DXCALSO PRESENT Danny

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

3INLET DEPTH 2.5

MAXIMUM BOTTOM DEPTH

4.0

SQ. FT/BEDROOM

210

# APPLICATION

PERCOLATION TESTING

A 512763

10/14/99

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

Proposal -  
to subdivide existing vacant  
lot into two buildable  
lots  
DS

DISTRICT \_\_\_\_\_

DATE 10/14/99

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Northridge Development - Cindy DelZoppo

ADDRESS 14045 Gared Drive PHONE 410-230-1074

PROPERTY LOCATION:

SUBDIVISION Allnut Farm Estates LOT NO. Lot A

ROAD AND DESCRIPTION at the end of sorghum court cul desac

TAX MAP 34 PARCEL # 375

SIZE OF LOT 3.10 ac TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE  
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO  
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Cindy DelZoppo  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

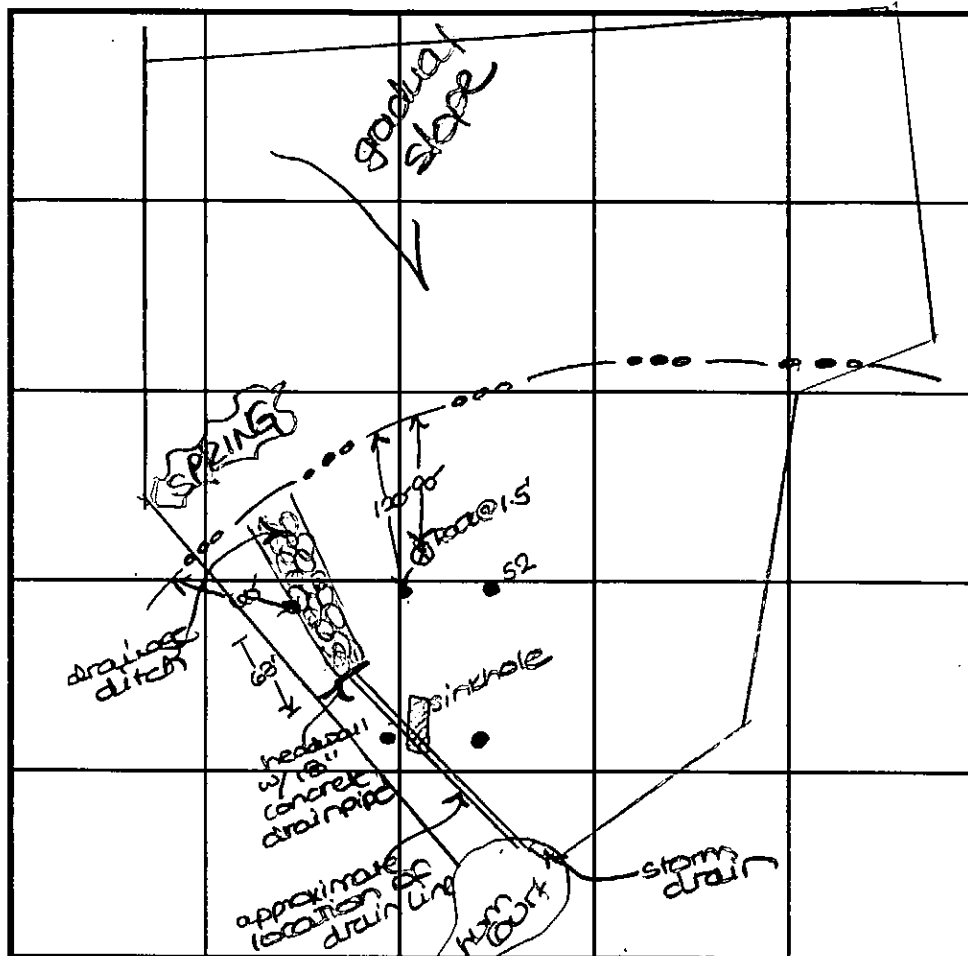
## THIS IS NOT A PERMIT

### SOIL PROFILE

topsoil

red  
org brn  
sad lrm  
to  
pale  
org tan  
salrm

75% +  
hard  
rock  
refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS: • = stacked test hole (only #52 was tested)

TYPE OF SOIL \_\_\_\_\_

TESTED BY DKS/ SRK ALSO PRESENT C. ZEDD

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH _____	MAXIMUM BOTTOM DEPTH _____	SQ. FT./BEDROOM _____
-------------------	----------------------------	-----------------------

# APPLICATION

A 24696

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 15th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 9/9/76

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. and Mrs. Smith G. Allnutt

ADDRESS 13288 Highland Road  
Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION 14 Land Farm Estates LOT NO. 32

ROAD AND DESCRIPTION Court "E"

SIZE OF LOT 3.76 Ac 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/ Margaret G. Allnutt

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

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

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

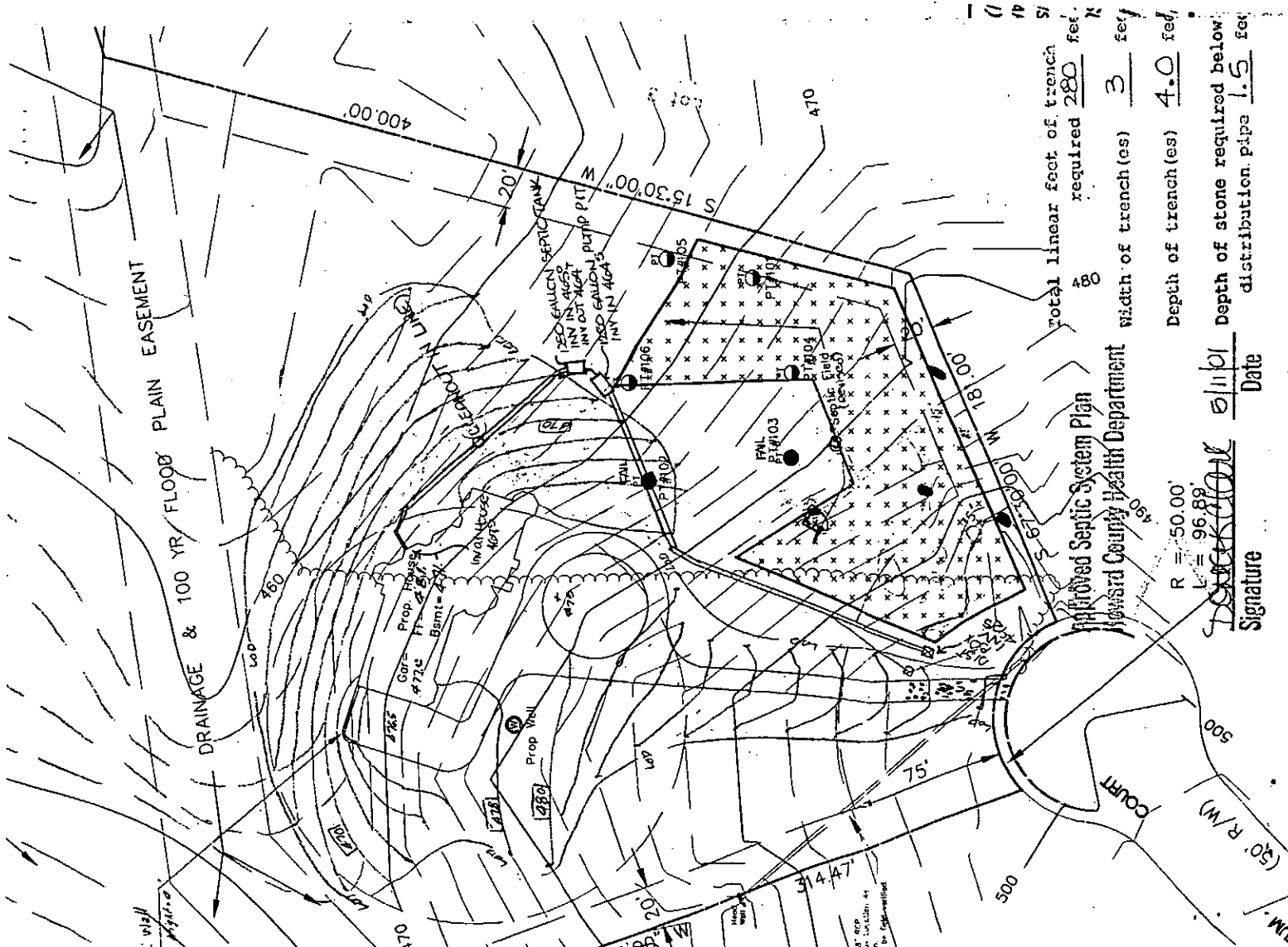
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

[illegible]

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/4/42	1 s	3'	3 48	3		3 53	3	
	d	12'	3 50	3 53	3 53	4 02	10	
	2 vis.	12'	3-12'	OK			19	
11/5/42	3 s	2	11 30	11 40	11 40	11 59		
	d	15'	11 30	11 40	11 40	11 54	14	
	4 s	3'	11 00	11 14	11 14	11 44	30	
	a	12'	11 00	11 03	11 03	11 06	3	
	5 vis	Failure	Recy	6'				
	6	3 1/2 - 8'	good soil, Black on bottom					
	7 vis	good soil	4-11'					

TESTED BY 11204 ALSO PRESENT:



total linear feet of trench  
 required 280 feet  
 width of trench (es) 3 feet  
 Depth of trench (es) 4.0 feet  
 Depth of stone required below  
 distribution pipe 1.5 feet

Proposed Septic System Plan  
 Howard County Health Department

R = 50.00'  
 L = 96.89'

Date 01/11/01  
 Signature [Signature]