LAYOUT 4/9/03 10AM INSP 4 _____ 05-384613

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 3/17/2003 P 518577

APPROVAL DATE: 4/18/03 A 24697

PERMIT

INDEXED

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

Jack Fyock Septic Service IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Allnutt Farm Estates LOT NUMBER: 3

ADDRESS: 13464 Sorghum Court PROPERTY OWNER: Lee Wright

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 109 feet down the property line that shows proposed driveway and 20 feet inside the property line. See Plan.
NOTES:	Move southernmost point of SDA approximately 33 feet to the north as a result of rock. Plan OK for basement service. Install 3 - 80' trenches with 10' centers.

PLANS APPROVED: John Boris OK 1/9/03 (EC) DATE: 9/4/2002

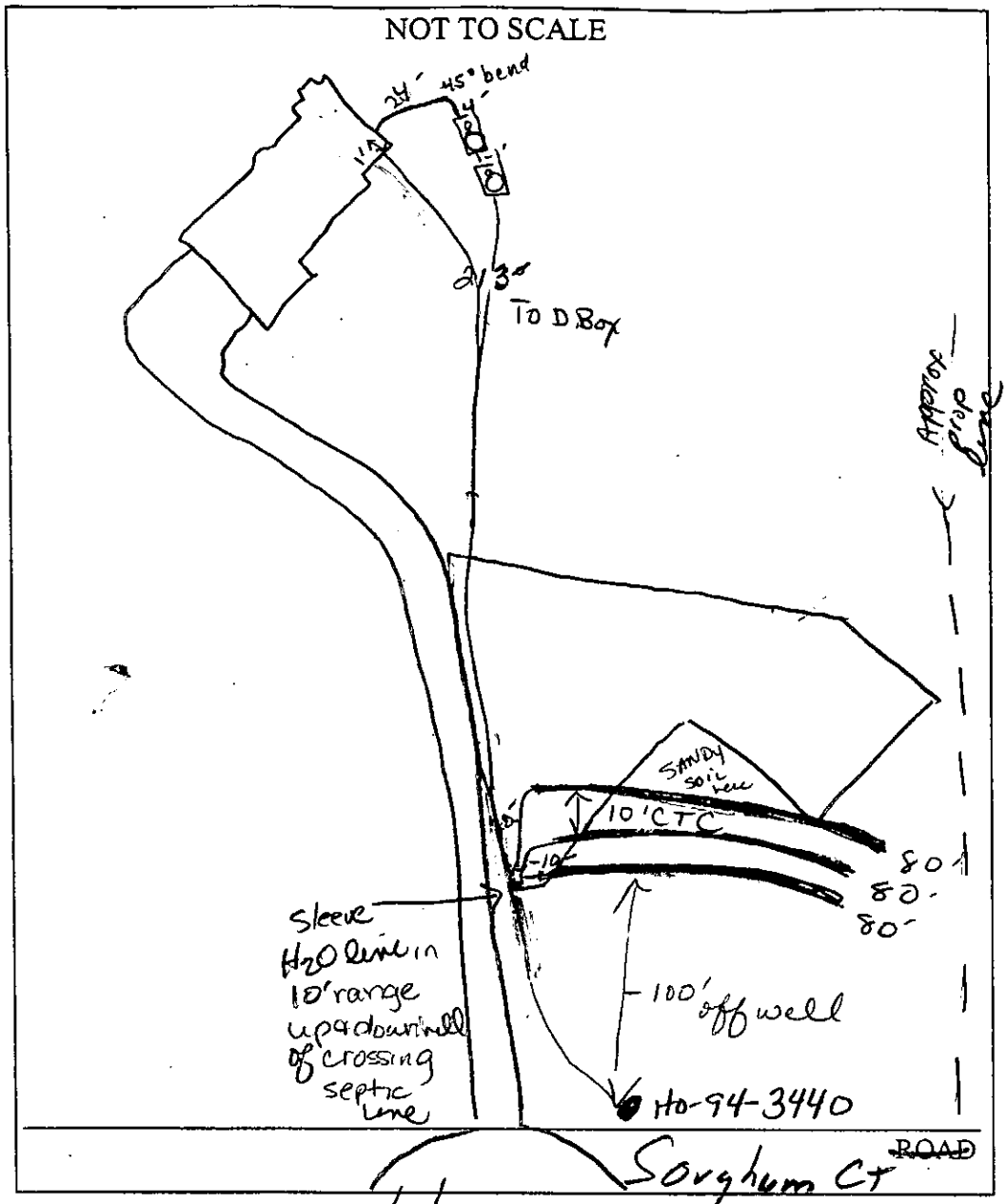
NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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
410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED
3-31-03 0001407946-46 PROPANE TANK

A24697

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	4	6

NUMBER OF TRENCHES 3
TOTAL LENGTH 240'
ABSORPTION AREA 720ft²
DISTRIBUTION BOX LEVEL yes w/ levelers
DISTRIBUTION BOX BAFFLE yes
DISTRIBUTION BOX PORT yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL yes
CAPACITY 1250 GAL
SEAM LOC Top sealed
TANK LID DEPTH 18"-30"
BAFFLES yes
BAFFLE FILTER ~~yes~~ N/A
MANHOLE LOC back
6" PORT LOC front
WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL yes
CAPACITY 1250 GAL
SEAM LOC Top, sealed
TANK LID DEPTH 18"-30"
BAFFLES yes
BAFFLE FILTER n/a
MANHOLE LOC back
6" PORT LOC front
WATERTIGHT TEST NO

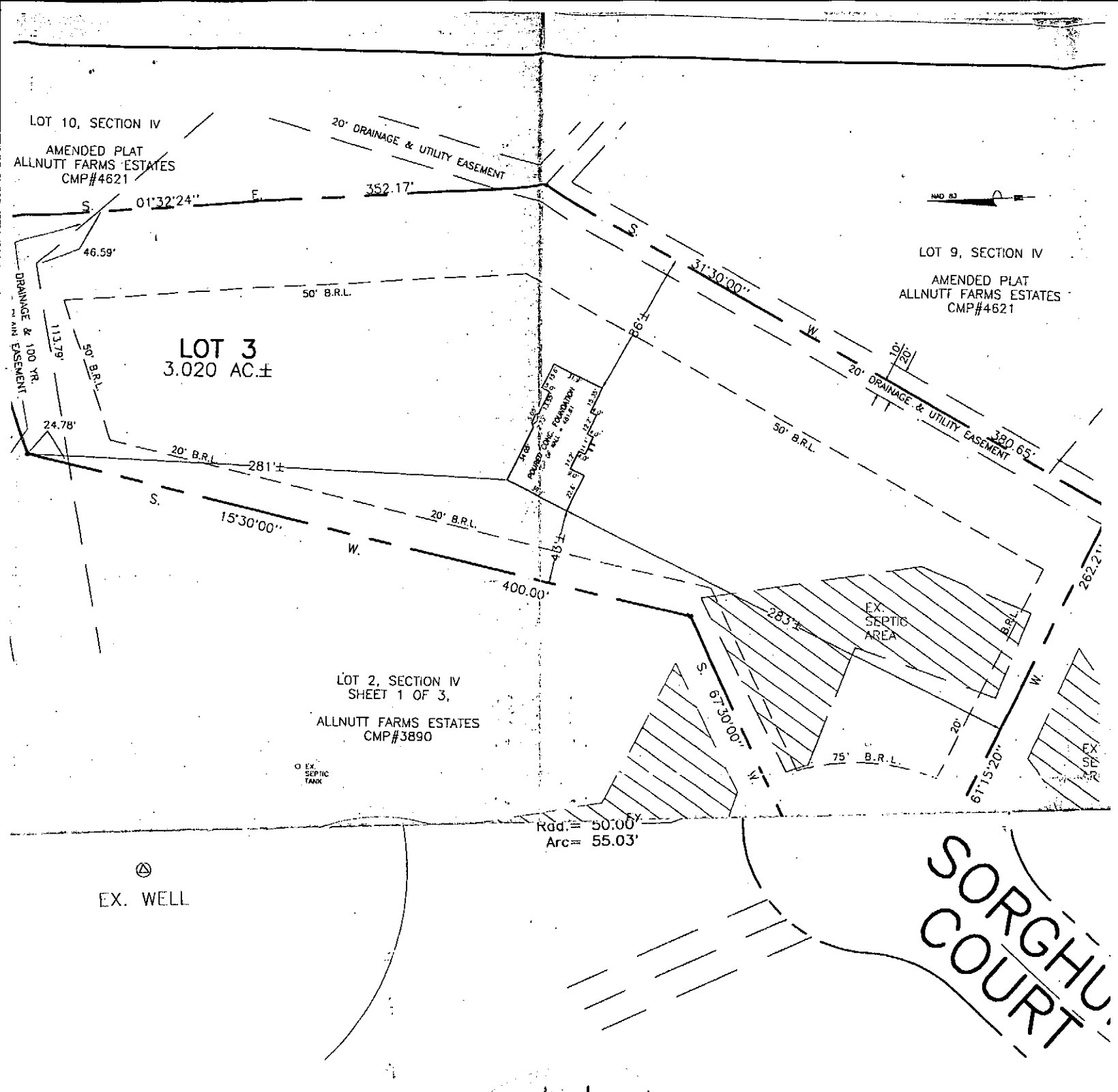
PRE-CONSTRUCTION 4/9/03 SRA Staked, Measure 100' off well, install (3) 80' trenches on contour as high as possible. Contractor concerned

INSTALLATION about getting tanks in water. Tar top & manhole (SO)

4-16-03 Sprayed outside of tank with foundation waterproof spray. House conn under footer. Installer said SO ok'd trenches laid out within ~ this area excluded from SDA. Well line grout ok. Sleeve well line where 10' near septic line. (KN) 4-16-03. Chimp. well line - in same trench. Skip said he would backfill septic line, raise the well ~~BUILDING PERMIT SIGNED~~ AND RETURNED so above septic line. No sharp rock in backfill

FINAL INSPECTOR [signature] DATE OF APPROVAL 4/18/03

Need pump test (KN) 4/18/03 Pump & Alarm test OK (SO)

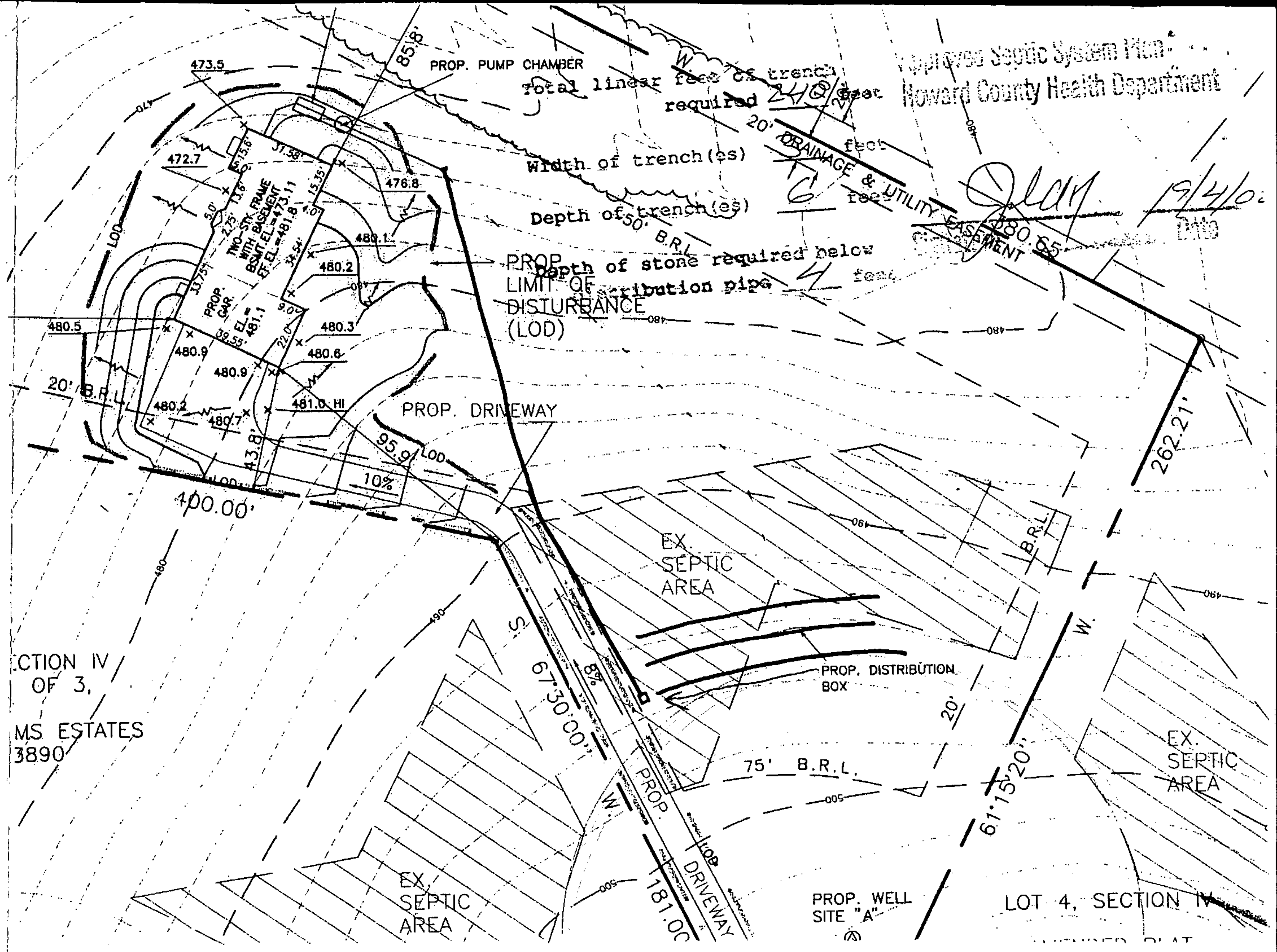


3/17/03 JB
Wall Check
O.K.

DATE:

SURVEYOR'S CERTIFICATE

TION ARE IN PLACE AS SHOWN.
– 481.81


Approved Septic System Plan
Howard County Health Department
Date
Total linear feet of trench required 240 feet
Width of trench(es) 2 feet
Depth of trench(es) 6 feet
Depth of stone required below distribution pipe 4 feet
PROP. PUMP CHAMBER
20' DRAINAGE & UTILITY EASEMENT
50' B.R.L.
PROP. LIMIT OF DISTURBANCE (LOD)
TWO-STY. FRAME WITH BASEMENT
BSMT.EL.=473.11
FF.EL.=481.8
PROP. GAR. EL.=481.1
PROP. DRIVEWAY
EX. SEPTIC AREA
PROP. DISTRIBUTION BOX
75' B.R.L.
PROP. WELL SITE "A"
LOT 4, SECTION IV
S. 67°30'00" W.
181.00'
400.00'
262.21'
61°15'20" W.
380.65'
20' B.R.L.
8%
10%
473.5
472.7
476.8
480.1
480.2
480.3
480.5
480.6
480.9
480.7
481.0 HI
CTION IV
OF 3,
MS ESTATES
3890

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B01138143

Building Address 13464 Spruce Ct.
Highland MD 20777

Suite/Apt. #: SDP/WP/Petition #:

Census Tract Subdivision

Section Area Lot 3

Tax Map 41 Parcel Grid 15

Zoning Map Coordinates 14A9 Lot size

Property Owner's Name Lee Wright
Address 6038 Howard Court
City Columbia State MD Zip Code 21044
Home Phone 410-772-4774 Work Phone 410-765-8769
Applicant's Name & Mailing Address, (if other than stated hereon):
Stevens Builders Inc.
3905 National Dr S. 170
Burtonsville, MD 20866
Phone 301 421 1722 Fax 301 421 9251

Existing Use Vacant Lot
Proposed Use New Single Family Home
Estimated Construction Cost $ 317,225
Description of Work Construct new single family home 2 story 4 bedroom 3½ bath 3 car garage unfin bsmt w/ RR

Contractor Company Stevens Builders Inc.
Contact Person Mark Stevens
Address 3905 National Dr S. 170
City Burtonsville State MD Zip Code 20866
License No. MHBR 4C MHIC 51537
Phone 301 421 1722 Fax 301 421 9251

Occupant or Tenant N/A
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company
Contact Person
Address 5513 Twin Knolls Rd S. 216
City Columbia State MD Zip Code 21045
Phone 410 715 0408 Fax 410 715 0769

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	36	60
2nd floor:	36	54
Basement:	36	

Finished Basement ☐ Unfinished Basement ☑
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:

Other Structure:
Dimensions:
Footings:
Roof:

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private
Sewage Disposal:
____ Public
✓ Private

Electric Yes ☑ No ☐
Gas Yes ☐ No ☑

Heating System:
Electric ☑ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☑
____ NFPA #13D
____ NFPA #13R
____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [signature] *Print Name* Mark Stevens
Title/Company V.P. Stevens Builders *Date* 8/26/02

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	9/4/02	[signature]
Fire Protection		

Sediment Control approval required prior to issuance? YES ☑ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 35738
Filing fee $
Permit fee $
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $
Balance due $
Check #
Validation #
Accepted by

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

a:\permit.frm Rev. 10/15/98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM

TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: C. MAYES P&H Telephone #: 410 9230510
Address: 638 CECIL AVE
MILLERSVILLE, MD.
21108

(Must circle one) Licensed Plumber (circled) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHARLES MAYES License# 3276

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: [illegible] WRIGHT Telephone #: 301 [illegible]
Subdivision: [illegible] Lot # 2 Well Tag #: HO-[illegible] 5940
Site Address: [illegible] SARGENT

Submersible Pump Data
Make: MYERS
Model #: [illegible]504
Pump Capacity: [illegible] GPM
Well Yield: 1.5 GPM

Pitless Adapter
Man.: CAMPBELL
Model#: [illegible]10X
Depth: 38 (36" min)
NSF approved: [illegible]

Well Cap and Electric Conduit
Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 200 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.[illegible]
Torque arrestor/spacer Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ___

Piping to house
Type: POLY 1"
PSI: [illegible] (160 psi min)
Depth of supply line: [illegible] (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 60
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Charles Mayes 4-17-03
Signature of company representative responsible for installation date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 4/16/03 Date Insp. Approved: 4/23/03 (KN) SRK

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	✓
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓
Safety rope installed inside of well casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓

HD-215(Rev. 8/00)

C 1 **14570** SEQUENCE NO. (MDE USE ONLY)

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

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

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

COUNTY NUMBER 13 OK SRK 8/28/02

ST/CO USE ONLY DATE Received MM DD YY (8–13)

DATE WELL COMPLETED 8/8/02 (MM DD YY) (15–20)

Depth of Well 200 (TO NEAREST FOOT) (22–26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3440 (28–37)

OWNER STEVENS BUILDERS (last name) STEVENS BUILDERS (first name)

STREET OR RFD Sorghum Ct TOWN Highland

SUBDIVISION Allnutt Farm Est. SECTION _____ LOT 3

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 FROM	FEET TO	check if water bearing
top Soil	0	2	
Shale	2	25	
gray mica	25	77	
Brown mica	77	79	✓
gray mica	79	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N]

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 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. MWD 040

George F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 481

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC]

NO. OF BAGS 20 NO. OF POUNDS 250 (47–51)

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot) 40

from 0 (48–52 TOP) ft. to 40 (54–58 BOTTOM) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE ST (60 61)

Nominal diameter top (main) casing (nearest inch)! 6 (63 64)

Total depth of main casing (nearest foot) 40 (66–70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below

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

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8 9)	38 (11–15)	200 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) (56–60)

from _____ to _____

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

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 15. (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 (17–20) ft.

WHEN PUMPING 68 (22–25) ft.

TYPE OF PUMP USED (for 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
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

PUMP HORSE POWER (37–41)

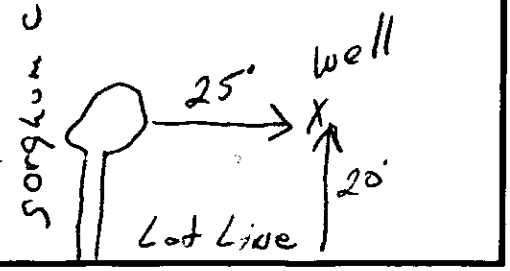
PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [–] below (49) LAND SURFACE

2 (nearest) foot (50 51)

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)



DENV-CR00 COUNTY

RETURN COUNTY COPY TO COUNTY

Page _____ of _____
Date 8/13/02 11:00 Review OK SRK 8/28/02

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3440
Location of property (road) Sorghum Ct
Subdivision Allnutt Farm Est Lot 3 Block ___ Plat ___ Sec. ___
Well Driller Easterday Owner STEVENS BUILDERS

Depth of well 200 20gpm
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 32'

I. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 15 gpm
Total time — to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 8 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:30	32'	4 sec.	Pump Set at 180'	15 gpm
11:45	48'	4 sec	Kent V. Berry	15 gpm
12:00	52'	4 sec		15 gpm
12:15	56'	4 sec		15 gpm
12:30	58'	4 sec		15 gpm
12:45	60'	4 sec		15 gpm
1:00	62'	4 sec		15 gpm
1:15	63'	4 sec		15 gpm
1:30	64	4 sec		15 gpm
1:45	65'	4 sec		15 gpm
2:00	66	4 sec		15 gpm
2:15	67	4 sec		15 gpm
2:30	68	4 sec		15 gpm

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 2578 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type
W5173117

STATE PERMIT NUMBER
HO-94-3440
fill in this form completely

Date Received (APA) 06 17 02 — 9059

OWNER INFORMATION
Stevens Builders, Inc.
Last Name / Owner — First Name
3905 National Drive, S 250
Street No. & RFD
Burtonsville, Md 20866
Town — State — Zip

DRILLER INFORMATION
George F. Easterday — M — W_D — 040
Driller's Name — License No.
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday — 6/13/2002
Signature — Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
[I] INDUSTRIAL, COMMERICIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No.

B 3 LOCATION OF WELL — CC#
Howard — COUNTY
Allnut Farm Estates — SUBDIVISION
3 — SECTION
Highland — LOT
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 — N 8 — NE 8-9 — W 8 — TOWN — E 8 — SW 8-9 — S 8 — SE 8-9

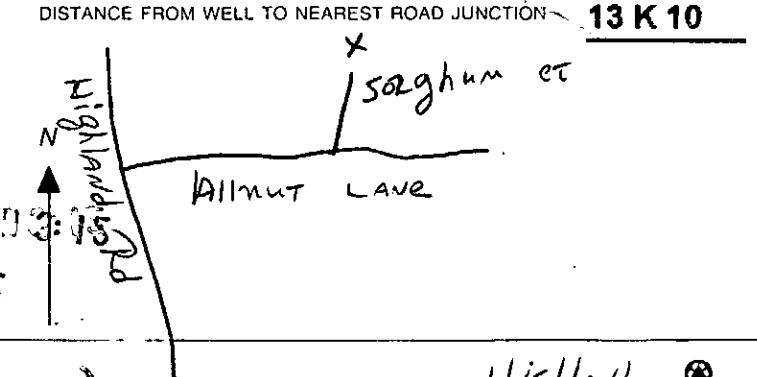
Sorghum Court — NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) (E) EAST (S) SOUTH
900 — DISTANCE FROM ROAD Ft.
ENTER FT OR MI
TAX MAP: 34 BLK: 15 PARCEL 350

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD — (13) — COUNTY NAME — COUNTY NO.
STATE SIGNATURE — INSERT S
DATE ISSUED 7 18 02 — Karen Noonan — 7-18-03 — CO SIGNATURE — EXP. DATE
NORTH GRID 497 000 — EAST GRID 809 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800 809
N 490 497
000 000

8/8/02 GROUT 7:00 NO INSP 8/13/02 Cant locate good 19 Bags (SC) X

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 13 K 10



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Highland

DENV-Permit 97 — ② COUNTY

APPLICATION

PERCOLATION TESTING

A 24697

P _____

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

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 Walnut Farms Est LOT NO. 3

ROAD AND DESCRIPTION 1364 Sorghum Ct

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

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

1A

Brown micaceous L

3'/2

Coarse micaceous brown SL w/10-15% flaggy rock

refusal

10'/2

2A

Brown L <10% channery frags

3'/2

Course brown micaceous SL w/<5% Channery frags

10

tight SL w/15% rock

refusal

11

3A

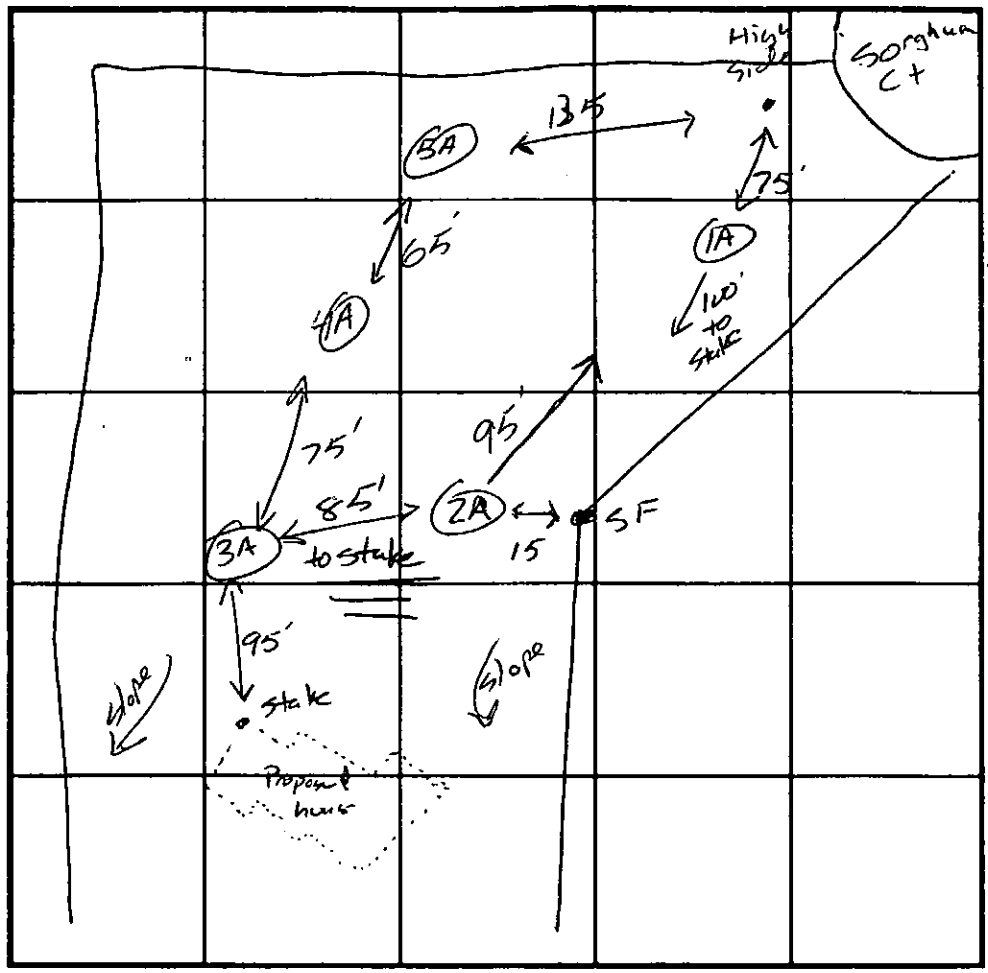
red brown L

5

fine brown micaceous w/<10% channery rock frags

refusal

11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

4A

red brown L

3'/2

red Brown micaceous SL w/<15% flaggy rock pocket from 9-11'

12

5A

Fine micaceous SL 0-10% channery frags

4

35-40% Channery frags

6

refusal

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/27/02	1A	5'/2 / 10'/2	9:53	9:56	9:56	10:02	6
8/27/02	2A	4'/2 / 11	10:22	10:28	10:28	10:38	10
8/27/02	3A	4 / 11	10:49	test stopped very slow			
8/27/02	4A	12'V	Visual	b	12	similar to 1A	ok
6/27/07	5A						F

REMARKS _____

TYPE OF SOIL _____

TESTED BY ~~Fyock~~ J. Boris ALSO PRESENT Fyock

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

A_____

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 9/9/76

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 W. Allnutt

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

PROPERTY LOCATION:

SUBDIVISION Hi-Land Farm Estates LOT NO. 33

ROAD AND DESCRIPTION ~~Court "B"~~

SIZE OF LOT ~~1.08 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 C. Allnutt~~

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

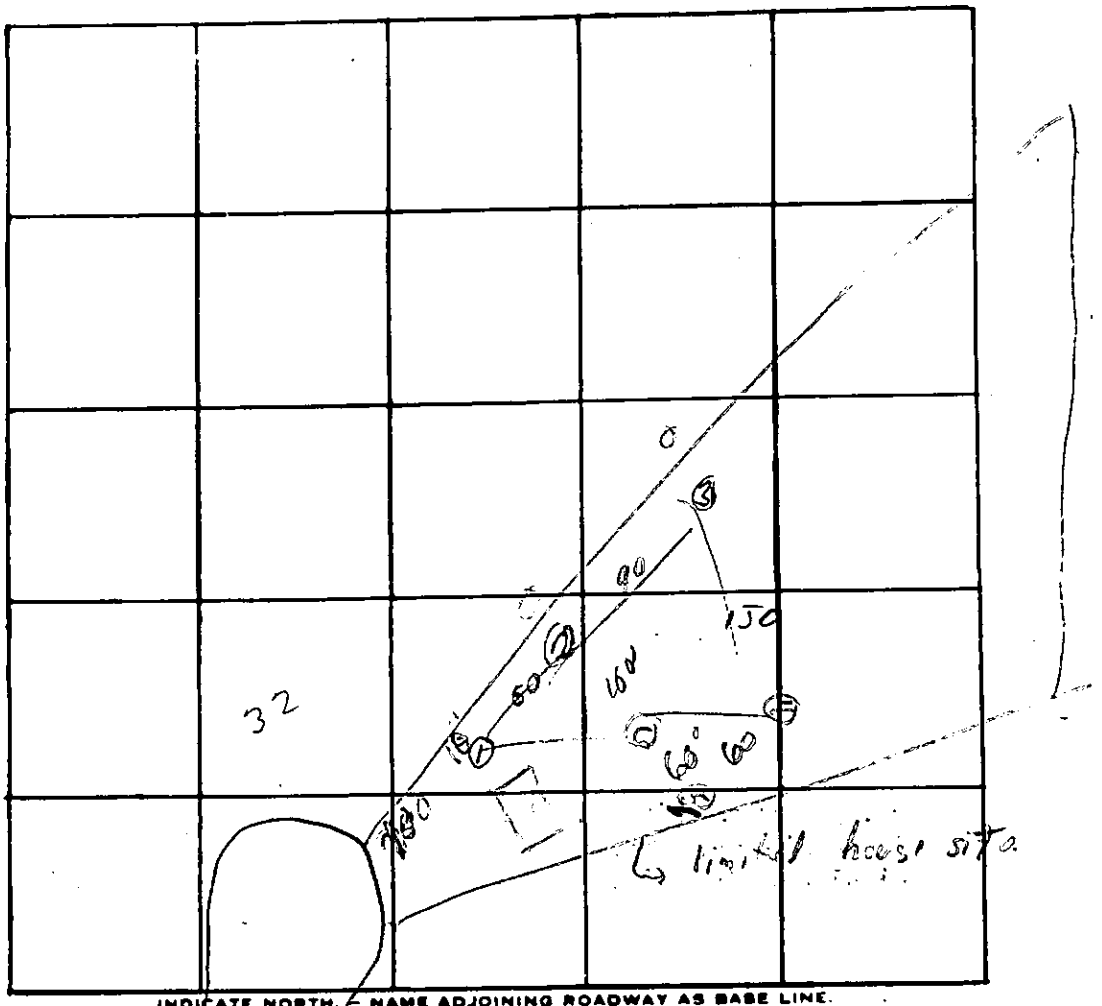
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

~~33~~ 3



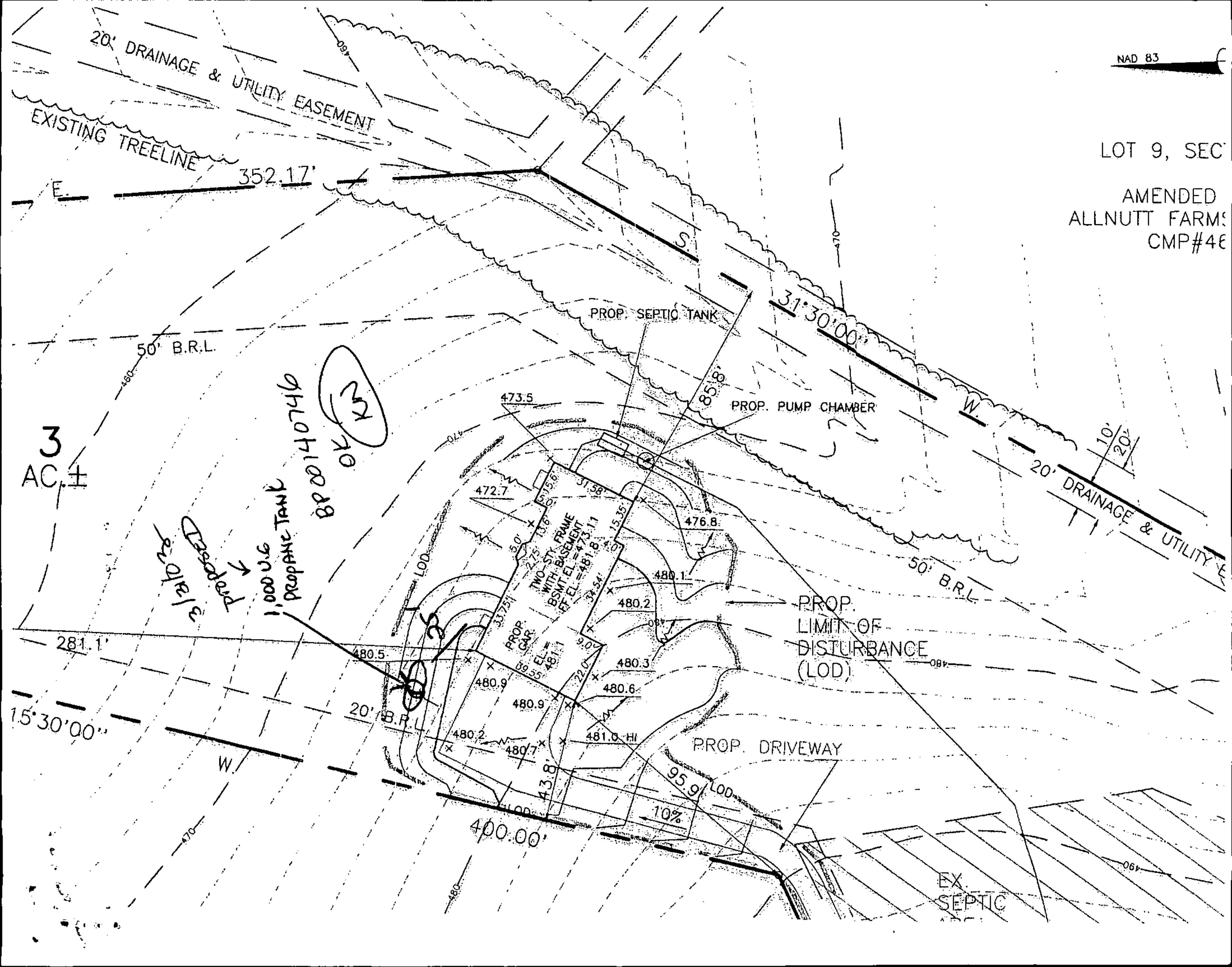
INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/5/74	1 s	4'	12 20	12 21	12 21	12 23	2
	d	12	12 20	12 22	12 22	12 26	4
	2 visual	3-12	good	soil			
	3 s	2'	11 40	11 41	11 41	11 48	1
	d	12'	11 48	11 44	11 44	11 50	6
	4 s	2	11 59	12 06	12 06	12 14	8
	d	18'	11 59	12 06	12 06	12 20	14
	5	Rock 6'					
	6 vis	11' -	good	soil 1'-11'			

REMARKS _____

TYPE OF SOIL _____

TESTED BY pjo ALSO PRESENT: _____


NAD 83
LOT 9, SEC
AMENDED
ALLNUTT FARMS
CMP#46
20' DRAINAGE & UTILITY EASEMENT
EXISTING TREELINE
352.17'
E.
S.
31°30'00"
W.
10'
20'
20' DRAINAGE & UTILITY E
50' B.R.L.
50' B.R.L.
PROP. SEPTIC TANK
PROP. PUMP CHAMBER
85.8'
473.5
472.7
476.8
480.1
480.2
480.3
480.6
481.0 HI
480.5
480.9
480.9
480.2
480.7
TWO-STY. FRAME
WITH BASEMENT
BSMT.EL.=473.1
FF.EL.=481.8
PROP. GAR.
EL.=481.1
31.58'
15.35'
15.6'
5.0'
13.6'
5.0'
2.75'
33.75'
4.0'
34.54'
9.0'
22.0'
39.55'
43.8'
PROP. LIMIT OF DISTURBANCE (LOD)
LOD
PROP. DRIVEWAY
95.9'
10%
400.00'
20' B.R.L.
281.1'
15°30'00"
W.
3 AC.±
EX. SEPTIC
BP00140746
OK
KM
3/31/03
proposed
1,000 U.G. PROPANE TANK
470
460
480
490