313° RD 311 . 05-384524

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH'

A 24702

A 24702

DISTRICT____5th

DATE 129/88

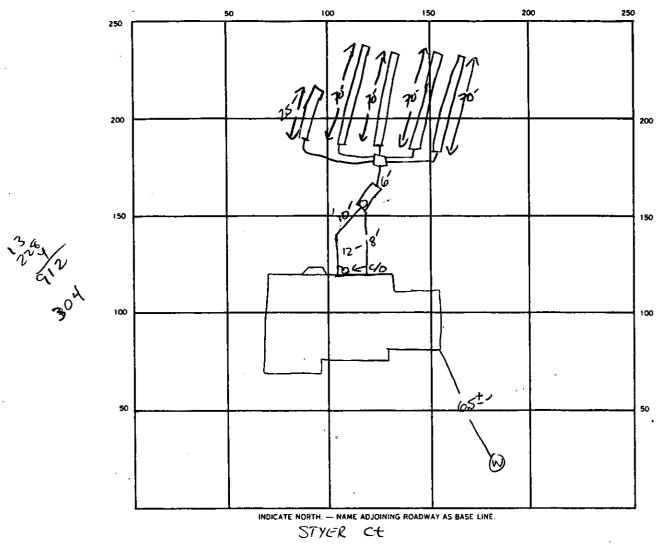
DATE SYSTEM APPROVED

INSPECTOR_5 alut

INDEXED

	John Sakai & Associa	tas	IO DEDMITTED TO	NOTALL Y ALTER	
	DOIN DANAL & ASSOCIA	<u> </u>	_ IS PERMITTED TO	NSTALL ALTER	
ADDRESS	12002 Glen Road, Potoma	, Maryland 20854	PHONE _	250-7414	
SUBDIVISI	ON Allnutt Farms	ROAD 13272 St	er Court	LOT 10, Section 3	
PROPERTY	OWNER	N. V. Homes	DITT N	NG PERMIT SIGN	E.D. -
				ND RETURNED	
ADDRESS			1-2121C	300/51973- FINISH	Kosem
IE CADRA	SE GRINDER IS USED INCREASE SEPTIC T	'ANK CAPACITY RY 50% AND AF	-		
IF GARBA	SE GRINDER IS USED INCREASE SEPTIC I	ANK CAFACITI BI SOM AND AL	SOM HON AMEA BY	42 /d.	
GARBAGE	GRINDER? YES X NO				
	2000				
SEPTIC TA	NK CAPACITY 2000 GALLONS	NUMBER OF BEDROOMS	S 4		
TRENC	HES - 228 sq. ft. per bedro	oom with garbage dis	oosal. Trench	to be 3 feet wide.	•
	Inlet 4 feet below of				
	grad ë. Effective are				
	below distribution p.	ipe.			
LOCAT	ION - SHALLOW SYSTEM ONLY.				
	box 130 feet down the				
	as seen when facing				
	towards the rear (17		lot lines. M	aintain minimum 100	feet
	from well to septic.				
NOTE		100 feet in length.	Provide 6" -	8" diameter cleanou	t and
-	cap to grade or above	<u>a on septic tank. OK,</u>	/CW	- · · · · · · · · · · · · · · · · · · ·	
DI ANS ADDO	ROVED BY	B. Nixon		DATE	
	WORK UNTIL INSPECTED AND APPROVED.				
	IE HOWARD COUNTY COUNCIL NOR THE HEALTH D)FPARTMENT IS RESPONSIBLE FOR TH	F SUCCESSEUL OPERATIO	N OF ANY SYSTEM.	
	ANOUT REQUIRED EVERY 70 FEET OF SEWER LIN				
	PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTIO			WISE SPECIFICALLY NOTHONIZED	
	EEP TRENCH(ES) ARE USED CALL FOR INSPECTION				
	DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.			,	
NOTE: ALL	PIPE FROM HOUSE TO SEPTIC TANK MUST BE CA	ST IRON OR SCHEDULE 40 PVC OR ABS	5 .		
PERMIT VOI	D AFTER TWO YEARS.				
	TALL STAND PIPE ON SEPTIC TANK AND DRY WELL. EPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN			RETE OR TERRA COTTA OR PVC OR	ABS

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



SEPTIC TANK, LEVEL 2000 CLEANOUTS 1/57	+ House
DISTRIBUTION BOX, LEVEL	
DRAIN FIELD TILE FIELD DEPTH 6 FT. TRENCH WIDTH 3 FT. INLE	т рертн 4 гт.
EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 70-2	5, TF 305 FT.
NUMBER OF TRENCHES ONE SIDEWALLOBOTTOM REA	915 SO. FT.
DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLE ABSORBENT AREA SQ. FT.	т ғт.
REMARKS	
DATE SYSTEM APPROVED 5-13-88 INSPECTOR	Salur

c 1 6096	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE P	• •	. WELL COMPLETION-REPORT FILL IN THIS FORM COMPLETELY	COUNTY A CHAIN
IN COLS. 3-6 ON ALL CARE	OS)	PLEASE PRINT OR TYPE	NUMBER 1 24 102
DATE Received	DATE WELL COMPLET		PERMIT NO. FROM "PERMIT TO DRILL WELL."
		22 4 0 0 25 (TO NEAREST FOOT)	HC-181-12488
OWNER	Hans	NIV.	28 29 30 31 32 33 34 35 36 37
STREET OR RFD			HIGHLAND
SUBDIVISION AL	INUT FA	SECTION 3	LOT 1G
WELL (Not required for		WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF	FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST
PENETRATED, THEIR THICKNESS AND IF		TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET Chect if water from TO bearing	45 46	PUMPING RATE (gal. per min.
	THOM: TO BEATTI	NO. OF BAGS (NO. OF POUNDS GALLONS OF WATER (to nearest gal.) METHOD USED TO
* ·	.	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE
Samulara	0 40	from ft. to ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface) BEFORE PUMPING
Sorpatione Sand Stone Slate		(enter 0 if from surface)	DEFORE FUMFING 20
0.00	4080	casing types types insert ST CO	WHEN PUMPING
Sand Stone	10 09	(insert appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
1 . 0 - 1	20 40 1	code pelow PL OT	A air P piston T turbine
State	00 900	PLASTIC OTHER	27 27 27
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other (describe
		TYPE (nearest inch) (nearest foot)	27 27 below)
V	<u>م</u>	Stot	Submersible
water Hill	ω	60 61 69 64 66 70 E OTHER CASING (if used)	\
		diameter depth (feet)	PUMP INSTALLED
95		inch from to	DRULED WALL INSTALL BUMB
'		\$	(CIRCLE) (YES or NO)
1 355		G Lie	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
, , ,		screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
		/ incort SIT BIR MO	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
		code BRONZE HOLE	CAPACITY:
		below / PL OT	GALLONS PER MINUTE (to nearest gallon)
N		C 2	PUMP HORSE POWER
		1 2	PUMP COLUMN LENGTH (nearest (ft.)
	[]	DEPTH (nearest ft.)	CASING HEIGHT (circle appropriate box
			+ above and enter casing height)
			LAND SURFACE (nearest
CIRCLE APPROP	PRIATE LETTER	S 23 24 26 30 32 36 R 8 3	below b
A A WELL WAS ABAND	ONED AND SEALED	E	LOCATION OF WELL ON LOT
WHEN THIS WELL W.		N	SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA		SLOT SIZE 1 2 3 (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
WELL_		OF SCREEN (100 INCH)	THAN TWO DISTANCES - (MEASUREMENTS TO WELL)
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 10.1 AND IN CONFORMANCE WITH ALL	7.13 "WELL CONSTRUCTION	from to	, N
ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE	D THAT THE INFORMATION	IF WELL DRILLED WAS	1 Stee. 1 C8
OF MY KNOWLEDGE.		FLOWING WELL INSERT F IN BOX 68	
DRILLERS IDENT. NO.	144	OEP USE ONLY	170/401
DRILCERS SIGNATURE	Javer	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ	1-301
(MUST MATCH SIGNATURE	ON APPLICATION)	74 75 76	May 1
- Diela	2)	70 72 72	
SITE SUPERVISOR (sign, of responsible for sitework if of		TELESCOPE LOG OTHER DATA CASING INDICATOR	
The same of the sa		HEALTH	

REUSTY MOMARITY MEM THE STOR

T 13 4 12 77 287

7 7 7 7 8 8 8 8 8

LEAST SAN STATES

APPLICATION

- A24702

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

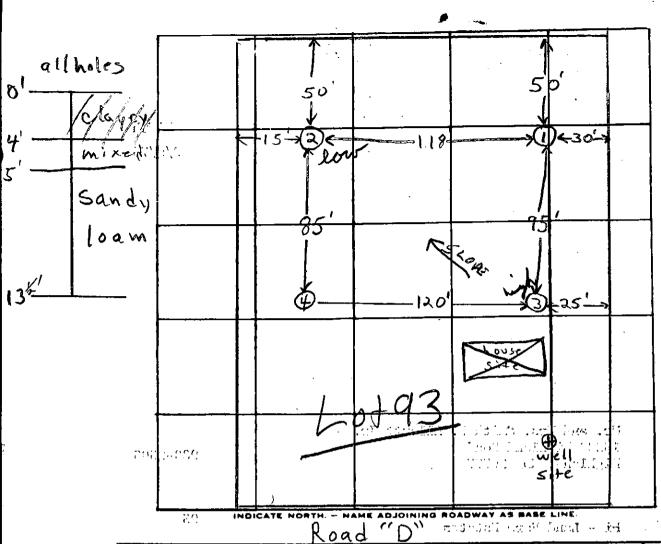
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043.

TELEPHONE: 465-5000, EXT. 356

DISTRICT _Fifth_____

O: THE COUNTY HEAL			
ELLICOTT CITY, MA	ARYLAND	NSTRUCT (OR RE	CONSTRUCT) A SEWAGE
I HEREBY, APPLY	FOR THE NECESSARY TEST IN ORDER TO CO	Markeer (en m	
DISPOSAL SYSTEM.			•
	Mr. and Mrs. Smith W. Allnutt Jr.	NN HOWER	
POPERTY OWNER	13288 Highland Road	•	
ADDRESS	III III OOGGG	PHONE	988-9303
	 -		
PROPERTY LOCATION:	Hi - Land Farm Estates Allout Fa		1 /)
	Was Alwest &	MS LOT NO	93
SUBDIVISION	-HI - Land Farm Estates Paricelli 1		
•	ON Road "D" 13272 STYFI	R COURT	
ROAD AND DESCRIPTION	ON		
•			
SIZE OF LOT1.06	Ac	_ TYPE BLDG	NUMBER OF BEDROOMS
SIZE OF LOT			NUMBER OF BEDROOMS
IE NOT SINGLE RESIDE	NCE DESCRIBE	<u> </u>	
		ACCEPTABLE	F ONLY UNTIL PUBLIC
THE SYSTEM I	NSTALLED UNDER THIS APPLICATION	IS ACCEPTABLE	E ONLY GIVILE TOBETO
FACILITIES BECOM	E AVAILABLE.		
	CANT/S/ Margaret G_	Allnutt.	
SIGNATURE OF APPLI	ICANT	1.	0-11011
A:	GONULU FOR 3/20	198	DATE TRUTTE
APPROVED BY	(KINA	OF SYSTEM)	,
REJECTED BY	FOR	OF SYSTEM)	DATE
KETECIED BY	(KINE		
HOLD PENDING FURT	IER TESTS		Έ
	TION OR HOLDING 10/19/76 Perc. O.K	75	
REASONS FOR REJECT	TION OR HOLDING	BLDG. PI	ERMIT SIGNED
		AND REI	URNED 1-7-88
			BP 16151 M.

THIS IS NOT A PERMIT



TEST NO. TIME DATE DEPTH 10:04 0:07 131 10:06 10:06 10:04 51 11:03 11:03 11:00 11:08 5 min 11:02 11:05 3 me 11:02 11:28 11:28 11:37 5mi 3 **A** 11:27 11:27 11:32

REMARKS 10193 SO PRESENT Alluntis & Kettermans

