

05-384559

House Conn 26010

3-11-88
AM

PERMIT

P 41169A 24706

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH* DISTRICT 5thHOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/7/88DATE SYSTEM APPROVED 5-12-88INSPECTOR S. alu

John Sakai

IS PERMITTED TO INSTALL X ALTERADDRESS _____ PHONE 258-7414SUBDIVISION Allnutt Farm Estates ROAD 13258 Styer Court LOT 13, Sec. 3PROPERTY OWNER N. V. Homes
13258 Styer Court

ADDRESS _____

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

GARBAGE GRINDER? YES ☒ NO ☒SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4TRENCHES - 220 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right front lot corner, place 1st trench 150 feet down the right (270.00') lot line and 40 feet off the line as seen when facing property from Styer Court. Run trenches along contour towards the rear (153.64') lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK

PLANS APPROVED BY Bert Nixon DATE 5/10/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 TWO 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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

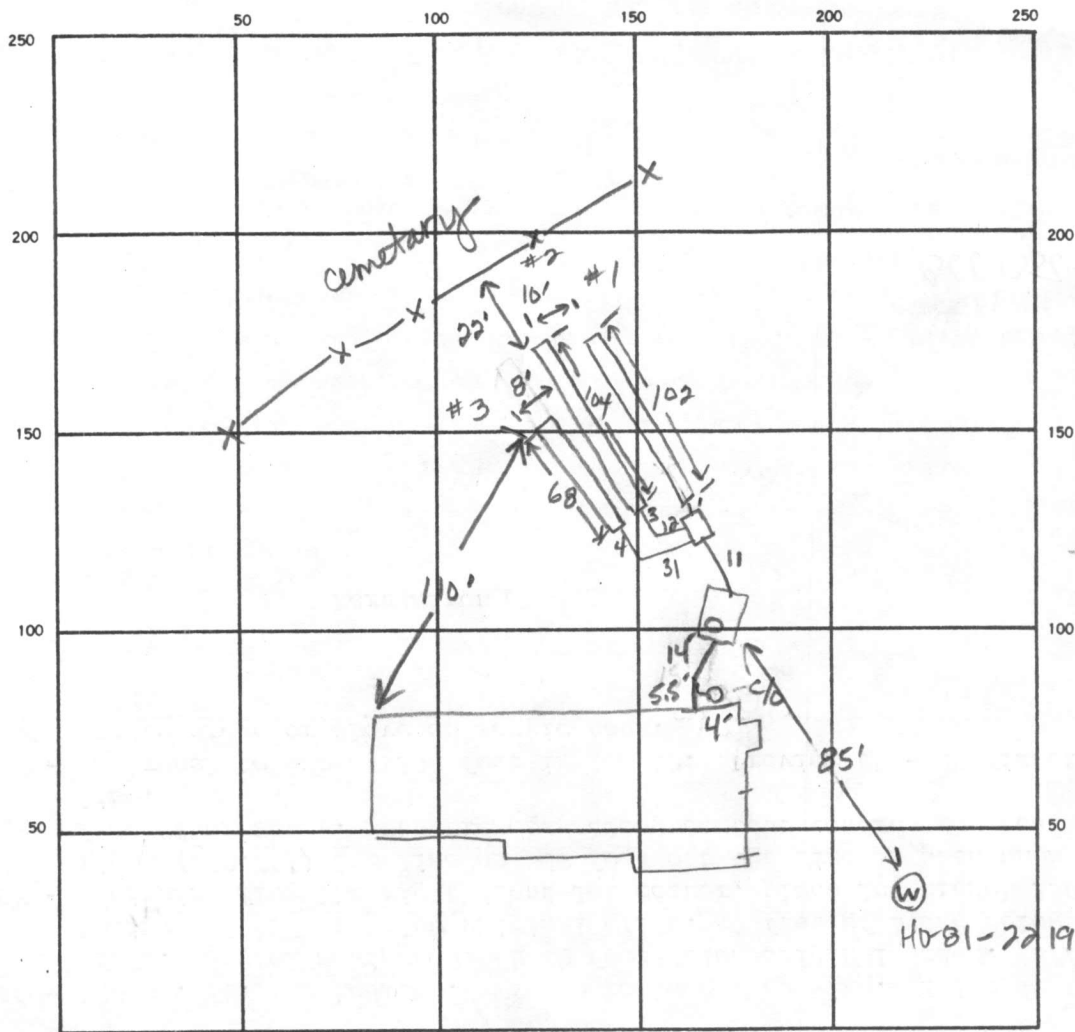
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

32102
B00135017 IGP00L

A-24706



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

Styer Court

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS ✓ AT House + ST

DISTRIBUTION BOX, LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD, DEPTH 9 9 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 4.5 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4.5 4.5 4.0 FT. TOTAL LENGTH 102 104 68 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 459 460 278 SQ. FT.

DRYWELL INSIDE DIAMETER 4 FT. EFFECTIVE DEPTH BELOW INLET 5.5 FT.

ABSORBENT AREA 1199 SQ. FT.

REMARKS 3-11-88 OK to finish stowing trenches and cover trenches up to septic tank. Call for final and house connection. Add cleanout to tank. ✓EN

DATE SYSTEM APPROVED 5-12-88

INSPECTOR Saw

C1 6023 SEQUENCE NO. (OEP 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 PRINT OR TYPE

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

COUNTY
NUMBER

A-24706

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

080687

22 200 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
HIC-81-2219

OWNER

last name

first name

TOWN

LOT

STREET OR RFD

SUBDIVISION

SECTION

HOMES
STYER COURT
ALLNUTT FARM 2 STATE

N.V.

HIGHLAND

13

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

OB
Soapstone
Slate &
Sandstone

0 3
3 50
50 200 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS 17 NO. OF POUNDS 1598

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

ST 6 61 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole
insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

1 2
DEPTH (nearest ft.)
1 8 9 11 13 15 17 19 21
2 23 24 26 28 30 32 34 36
3 38 39 41 43 45 47 49 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)
OF SCREEN 56 60

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

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

T

(E.R.O.S.)

WQ

70
TELESCOPE
CASING

72
LOG
INDICATOR

74 75 76
OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE Sub

WATER LEVEL (distance from land surface)

BEFORE PUMPING 39

WHEN PUMPING 56

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

CAPACITY:
GALLONS PER MINUTE 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE
below } 91 (nearest foot)

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)

WELL
15'

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 10.17.13 "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 IDENT. NO. 144

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

RECEIVED
HOWARD COUNTY
HEALTH DEPT

SEP 24 10 40 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

[The following is a faint, mirrored image of a form, likely bleed-through from the reverse side of the page. It contains various checkboxes and labels, many of which are illegible due to fading and the large 'X' mark.]

[Faint labels visible include:]

- NAME
- ADDRESS
- PHONE
- DATE
- TIME
- INITIALS
- SIGNATURE
- OFFICIAL
- DEPARTMENT
- LOCATION
- STATUS
- REMARKS

APPLICATION

A 24706

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. Allmatt, Jr. NV Homes
13288 Highland Road
ADDRESS Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hi - Land Farm Estates LOT NO. 13
97

ROAD AND DESCRIPTION Road "D" 13258 STYER Ct.

SIZE OF LOT 0.99 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. Allmatt

APPROVED BY Paul J. O'Neill FOR Dw + trench DATE 3/20/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 9/24/87

BP 14771

SKW

THIS IS NOT A PERMIT

Road 10

	144			
	45' ①	110	② 16	
	110		110	
	④	110	③ 1	

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9	1s	4	200	210	210	225	15
	d	13	135	143	143	149	6
	2s	4'	150	150	150	150	
	d	13'	130	136	136	142	13
	3.5	7	134	139	139	143	8
	d	15'	134	139	139	141	8
	2s	5	202	210	210	224	14

4
11 mm

REMARKS _____

TYPE OF SOIL _____

TESTED BY 704 ALSO PRESENT: _____

STYER

50' B/W

COURT

N 61° 54' 52" E

158.00'

TO
ND ROAD

ING WELL
532.10

274.86'

210.00'

PROPOSED DRIVE

PROPOSED DWELLING

GAR.

50.0'

SILT FENCE OR STREAM BED

BUILDING RESTRICTION LINE

DISTR. BOX

N 28° 05' 08" W

S 28° 05' 08" E

LOT 13

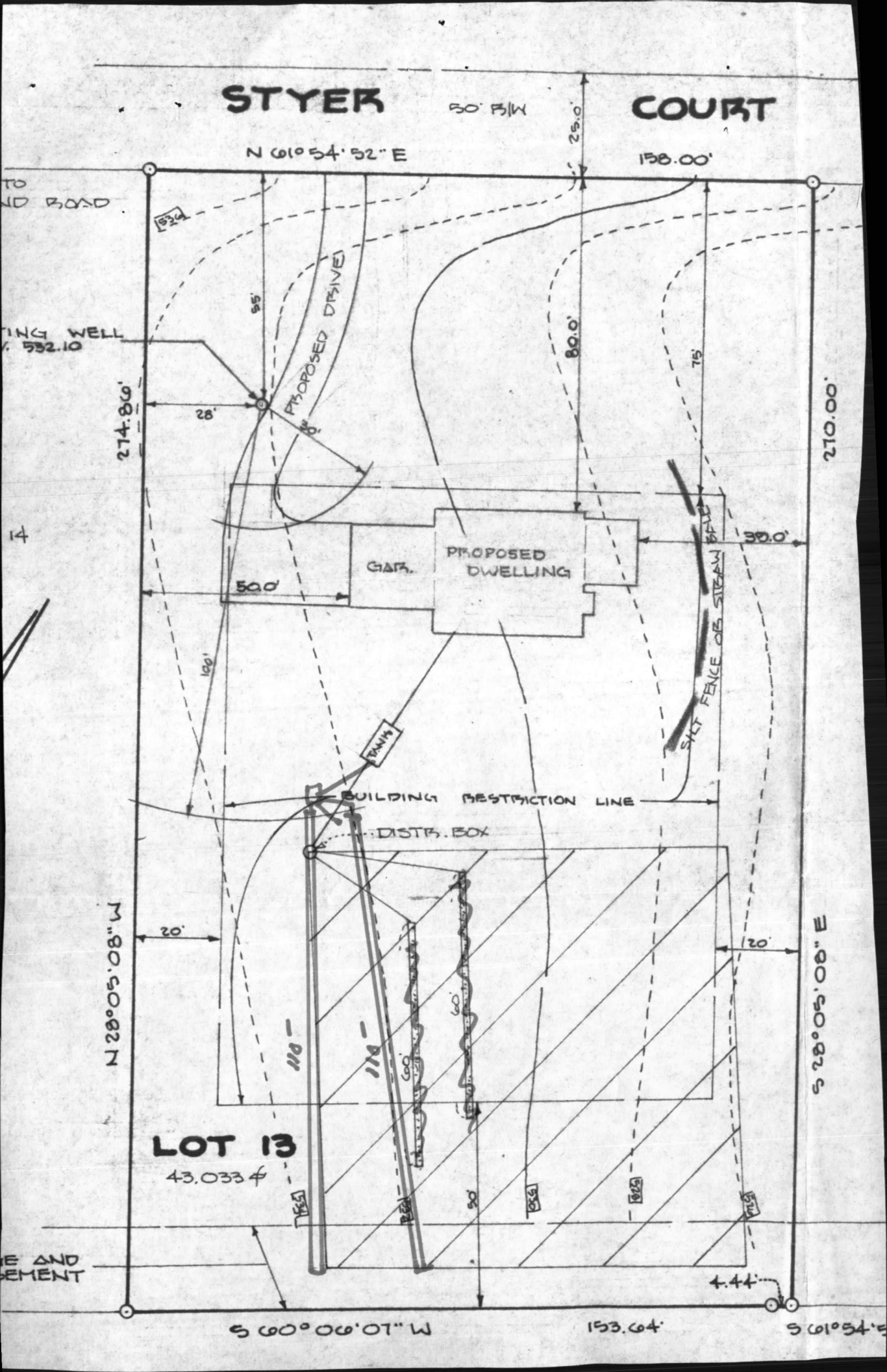
43.033 ±

AND
CEMENT

S 60° 00' 07" W

153.64'

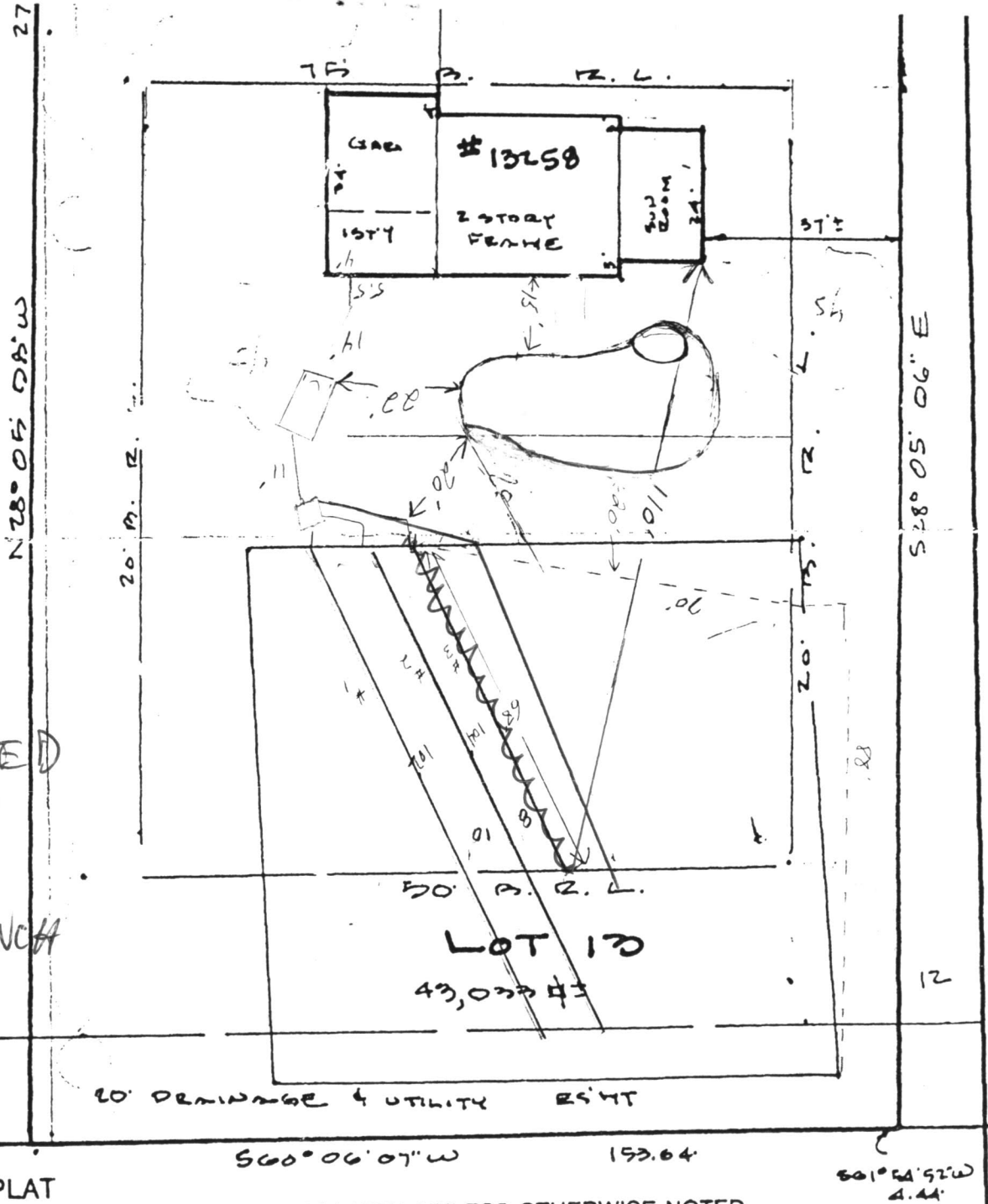
S 61° 54' 52" E



FIRST FLOOR
ELEV. 534.40

3/21/02

POOL ADJUSTED
TO MAINTAIN
MIN. 20' TO
CLOSEST TRENCH
OK (MR)



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION

This is to certify that I have surveyed
the property known as: 13258

STYER COURT

for the purpose of locating the im-
provements thereon, and the improvements
are located as shown.

Allnutt Farms Lot 13

SEAL



SCALE 1"=30' DATE 4-14-1988

Columbia: 730-9060
Towson: 828-9060

M & H DEVELOPMENT ENGINEERS, INC.
Surveyors and Subdivision Designers

231 Harpers Choice Village Center
5485 Harpers Farm Road
Columbia, Md. 21044

WALTER PARK

REG. L.S. 5539

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B000135017
--	-------------------------------------	-----------------------------

Building Address <u>13258 SILVER CT.</u> <u>HIGHTLAND, MD 20777</u>	Property Owner's Name <u>ROBERT W SURRETTE</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>13258 SILVER CT.</u>
Census Tract _____ Subdivision <u>WILLOW TERRIS</u>	City <u>HIGHTLAND</u> State <u>MD</u> Zip Code <u>20777</u>
Section _____ Area _____ Lot _____	Home Phone <u>301 254 1302</u> Work Phone <u>301 225 4122</u>
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning _____ Map Coordinates <u>13K10</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>None</u>	Contractor Company _____
Proposed Use <u>Pool</u>	Contact Person _____
Estimated Construction Cost \$ <u>18,000.00</u>	Address _____
Description of Work <u>INSTALL POOL IN BACK YARD</u>	City _____ State _____ Zip Code _____
<u>7-7 Fence to code</u>	License No. _____
Occupant or Tenant <u>ROBERT W SURRETTE</u>	Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company _____
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone <u>301 254-1302</u> Fax <u>301 225 4122</u>	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public _____ Private _____	Depth _____ Width _____	Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: <u>54'</u> <u>70'</u>	Sewage Disposal: _____
Use group: _____	Public _____ Private _____	2nd floor: <u>34'</u> <u>54'</u>	Public _____ Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>34'</u> <u>70'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	Multi-family dwellings: _____	Natural Gas <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	Heating System: _____
	Full _____	No. of 2 BR units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Partial _____	No. of 3 BR units: _____	Natural Gas <input type="checkbox"/>
	Other Suppression _____	Other Structure: _____	Propane Gas <input type="checkbox"/>
	# of Heads _____	Dimensions: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
		Footings: _____	NFPA #13D _____
		Roof: _____	NFPA #13R _____
		State Certified Modular _____	Other: _____
		Manufactured Home _____	

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 <u>Robert W Surratt Jr.</u>	Print Name <u>ROBERT W SURRETTE JR</u>
Title/Company <u>Home Owner</u>	Date <u>3-21-02</u>

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	54012
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>250</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>3/21/02</u>	<u>Mark Riffin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>250</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1033</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>47302</u>
				Accepted by <u>WJ</u>