23/Kin 10 HP (275/8)

## DFRMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P-41852

A 24707

DISTRICT 5th

#### HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

DATE SYSTEM APPROVED 6/27/8

INSPECTOR\_

John Sakai Associates	IS PERMITTED TO INSTALL X ALTER
ADDRESS	PHONE
SUBDIVISION Allnutt Farms ROADROAD	13254 Styer Court LOT 14, Sec. 3
PROPERTY OWNERNV Homes	
ADDRESS 10230 New Hampshire Avenue, Silver Sp	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY	50% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES X NO	976 244A 255
SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF	BEDROOMS 4
TRENCHES - 244 sq. ft. sidewall area per	bedroom. Trench to be 2 feet wide.
Inlet $4\frac{1}{2}$ feet below original gbelow original grade. Effective area begin	grade. Bottom maximum depth 8½ feet
feet of stone below distribution pipe. Loc juncture of the 36.25' and 84.98' lot lines	eate trench(es) beginning from the
down the right (84.98'/117.85') lot line and facing property from Styer Court. Run tren	
	Teet from well to septic. OK/(W)
	KAIN FIELD/TILF 77 - 7
PLANS APPROVED BY Bert Nixon	DATE 8/10/87
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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

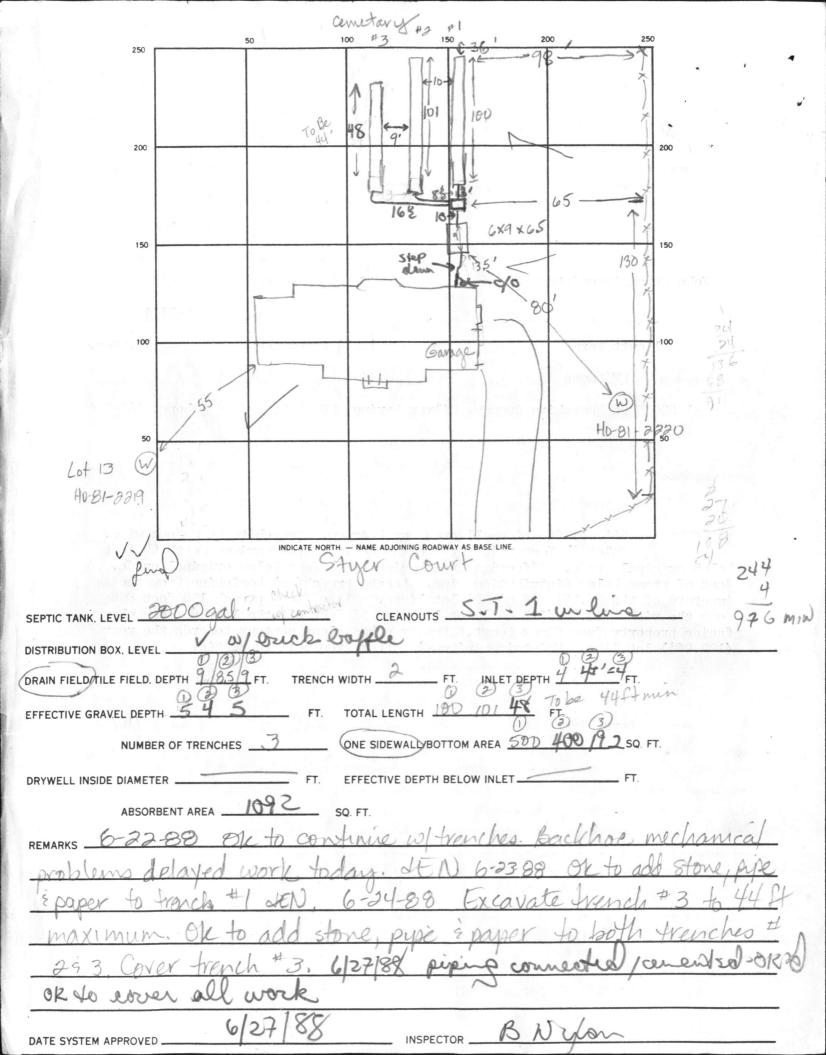
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

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 APROVAL ON THIS PERMIT



C1 6024 SEQUENCE NO. (OEP USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE IN COLS. 3-6 ON ALL CAR		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 24707
DATE Received	DATE WELL COMPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	08/287	22 4 2 0 26	UP-SI-1220
8 13	15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	HOMES	N.V.	
STREET OR RED	Jastnamer CT.	HIGHLAND first pame D TOWN	HIGHLAND.
	1111	MS SECTION 3	LOT
WELL Not required fo		WELL HAS BEEN GROUTED To no	C 3
STATE THE KIND O		(Circle Appropriate Box)	1 2
PENETRATED, THEI	IR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL 44 44	HOURS PUMPED (nearest hour)
THICKNESS AND IF	FEET Check	CEMENT CM BENTONITE CLAY BC	, 8 9
additional sheets if needed)	if water	NO. OF BAGS 18 NO. OF POUNDS 18 46	PUMPING RATE (gal. per min. to nearest gal.)
	An and American Manual	GALLONS OF WATER 108	METHOD USED TO 2 1 0
		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE L Quelet
The state of the s	and a speciment	from C ft. to 1 0 ft.	WATER LEVEL (distance from land surface)
out	02	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 50
		casing CASING RECORD	WHEN PUMPING
A STATE OF THE STA	3 89	types insert ST CO	22 25
5000 3000	4	appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
AND THE REAL PROPERTY.	Frank .	code below PL OT	A air P piston T turbine
1 1	89 420	PLASTIC OTHER	27 27 27 Oother
- state		MAIN Nominal diameter Total depth	C centrifugal R rotary (describe
		CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 27 below)
			jet Submersible
		60 61 63 64 66 70	21
1 + 20 G		E OTHER CASING (if used)	
1100		diameter depth (feet)	PUMP INSTALLED
357		C A	DRILLER WILL INSTALL PUMP YES NO
9 9 7		S C C C C C C C C C C C C C C C C C C C	(CIRCLE) (YES or NO)
		N G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
		screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
		or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O)
		appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
	and the second	code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon) 31 35
		C2	PUMP HORSE POWER 37 41
		1 2	PUMP COLUMN LENGTH
		DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
	Mark State	E 4 3 0 1 0 5 1 1 1 3 0 1	and enter casing height)
		C T T T T T T T T T T T T T T T T T T T	LAND SURFACE
		S 2 3 24 26 30 32 36	- below (nearest
	PRIATE LETTER	B C T T C C C C C C C C C C C C C C C C	49 foot)
A WELL WAS ABANI	DONED AND SEALED	E 3 4 4 45 47 51	LOCATION OF WELL ON LOT
			SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBT		SLOT SIZE 123(NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P WELL CONVER	RTED TO PRODUCTION	OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 10.		from to	Nacrositemento to Week)
AND IN CONFORMANCE WITH AL	L CONDITIONS STATED IN THE	GRAVEL PACK	
PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.	E AND COMPLETE TO THE BEST	FLOWING WELL INSERT	
	144	F IN BOX 68 68	20114
DRILLERS IDENT. NO.	20	OEP USE ONLY	1 708 20
DRILLERS SIGNATURE	Janes	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) WQ	160
(MUST MATCH SIGNATUR	RE ON APPLICATION)	(E.H.O.S.) WQ	
1. Auster -	Marine	70 72	4 100
SITE SUPERVISOR (sign. o		TELESCOPE LOG OTHER DATA CASING INDICATOR	
responsible for sitework if	different from permittee)	STORIGE MODION	

HEALTH

HOWARD COUNT 107 28 9 51 AH '87 HUWARD COUNTY
HEALTH DEPT ENVIRONMENTAL HEALTH UCT 27 9 24 AM 187

### APPLICATION

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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 HEA	LTH OFFICER				
	ELLICOTT CITY, M	ARYLAND				
	I. HEREBY, APPLY	FOR THE NECESSARY TEST	T IN ORDE	ER TO CON	STRUCT (OR	RECONSTRUCT) A SEWAGE
DIS	POSAL SYSTEM.					
PPC	PERTY OWNER	Mr. and Mrs. Smith W.	Allnutt.	Jr.		
		13288 Highland Road Highland, MD 20777			B	988-9303
	ADDRESS	HARMARINA, NO 60777			PHONE _	200 200
PRC	PERTY LOCATION:					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				a V
SUE	DIVISION	Hi-Land Farm Estates			LOT NO.	
-	D AND DESCRIPTION	Road MAII				
201	AND DESCRIPTION	ON INDEED IN				
		<u> </u>			_	
SIZ	OF LOT	Ac			TYPE BLDG	
						NUMBER OF BEDROOMS
IF N	OT SINGLE RESIDE	NCE DESCRIBE				
	THE SYSTEM I	NSTALLED UNDER THIS	APPLICA	ATION IS	ACCEPTABL	IF ONLY LINTIL PUBLIC
FA	CILITIES BECOM		7.11.21.07		7.002. 17.2.	LE GIVET GIVITE TOBETO
			į.			
SIG	NATURE OF APPLI		Margaret	6. Allnu	tt	
APE	POVED BY		FOR			
	0,120		FOR	(KIND OF	SYSTEM)	DATE
REJ	ECTED BY		FOR			DATE
				(KIND OF	SYSTEM)	
101	D PENDING FURTH	ER TESTS			DA	TE
RE	SONS FOR REJECT	ON OR HOLDING				
	SOUS FOR REJECTI	ON OR HOLDING				

# THIS IS NOT A PERMIT

10 10 Q

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE	-WET STOP	TEST -	1" DROP	TIME
18/04	35	5	10 9	1052	1052	1105	12
	d	151	15 16	110.50	1050	10.55	5
	95	15.7	1100	1106.	1,06	11/Y	8
	0	1/2/	1100	1105	1105	11/3	8
	25	41	11 17	1/26	11 86	1152	24
		12	1119	1/21	11 26	1186	5
	)	13"	0/50	1/ 516	1675	c/	
A					7		
1							
			1				-

REMARKS			-	
TYPE OF SOIL		 		
TESTED BY	34,	_ ALSO PRESENT:	7. 7. 7	

9'

