

2/24/88 now

05-384478

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 40953

A 24716

DISTRICT 5th

DATE 3/11/88

DATE SYSTEM APPROVED 4/15/88

INSPECTOR Curell

John Sakai

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 258-7414

SUBDIVISION Allnutt Farms ROAD 13271 Styer Court LOT 5, Section 3

PROPERTY OWNER Northern Virginia Homes

ADDRESS _____

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 30 feet from the left (293.03') lot line and 125 feet from the front (150') lot line as seen from Styer Court. Run trenches on contour toward the rear left 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/CW

PLANS APPROVED BY S. Abel DATE 7/27/87

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**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 24716

APPLICATION

A 24716

SEWAGE DISPOSAL TESTING

P _____

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 Jr. MV Homes

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

PROPERTY LOCATION:

SUBDIVISION Hi Land Farm Estates ALNUTT FMS New lot 5
Highland Lakes LOT NO. 104

ROAD AND DESCRIPTION Road up 13271 STYER COURT

SIZE OF LOT 1.14 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 Paul J. O'Daniel FOR Mt + Troncs DATE 3/20/78
(KIND OF SYSTEM)

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

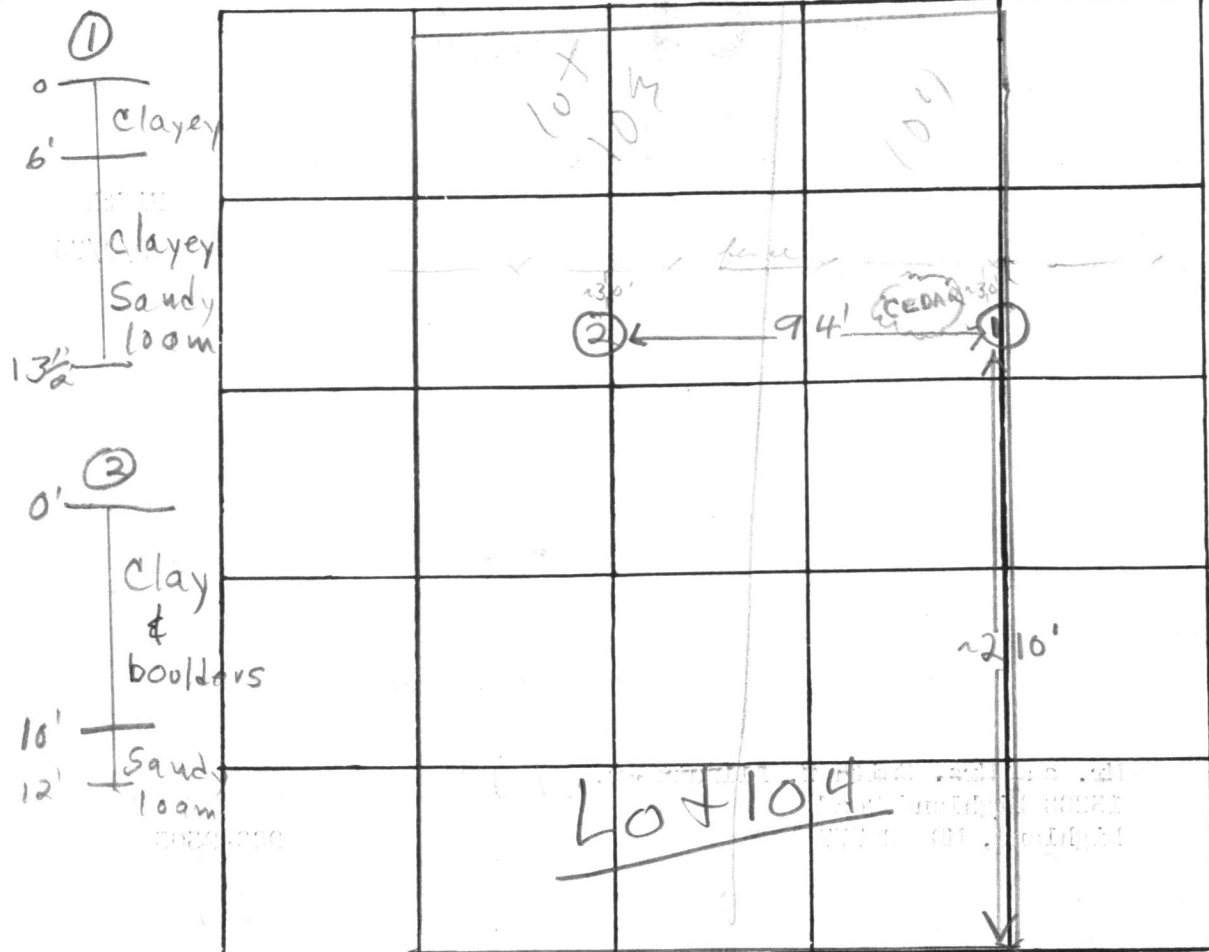
HOLD PENDING FURTHER TESTS F. Skinner DATE 10/19/76

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 1-7-88

BP 16025
SAHul

THIS IS NOT A PERMIT



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE —

Road "D"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/14/76	1	7'	2:39	2:42	2:42	2:47	5 min
	1A	13 1/2'	2:39	2:49	2:49	3:03	14 min
	2	12'	Clay & boulders to 10'; sandy 10-12'				

REMARKS

Lot 104 ① on right sideline

TYPE OF SOIL

poor, clay loam & heavy clay overburden in ① & ②

TESTED BY

F.S.

ALSO PRESENT:

Ketters & Allmuth

APPLICATION

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

A _____
P _____
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.
13288 Highland Road
ADDRESS Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION H1 - Land Farm Estates LOT NO. 104

ROAD AND DESCRIPTION Road "D"

SIZE OF LOT 1.14 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 _____ 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

		109		
				June 1941 Trial
			Close X back hole	60'
		②	①	④
		③ HI 110'	10' on ④	

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

→ Road →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/4/41	15	7	12 ⁰²	12 ⁰⁵	12 ⁰⁵	12 ⁰⁹	4
	d	15'	12 ⁰²	12 ⁰⁵	12 ⁰⁵	12 ⁰⁹	4
	35	5	132			139	3
	d	13'	132	136	134	142	6
	2	14'	— 5	14' good soil			
	4/5	5	155	156	154	202	6
	d	13	155	203	203	205	5

June
5'

REMARKS _____

TYPE OF SOIL _____

TESTED BY 2/2/41 ALSO PRESENT: _____

LOT 4

LOT 5
40.975 ±

N 76° 45' 00" E

20' DRAINAGE & UTILITY EASEMENT

155.17'

BUILDING RESTRICTION LINE

DISTRIBUTION BOX

FF 517.33
CE 508.72
HARRINGTON

G
516.0

SR
516.33

PROPOSED DRIVE

EXISTING WELL
ELEVATION 515.0'

6005.0' TO
HIGHLAND ROAD

S 01° 54' 52" W

150.00'

STYER

50' R/W

COURT

253.30'

E 28° 50' 22" S

C1 6076 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-24716

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

101287

22 304 26
(TO NEAREST FOOT)28 29 30 31 32 33 34 35 36 37
HC-81-2285

OWNER

last name

first name

TOWN

LOT

STREET OR RFD

SUBDIVISION

SECTION

HOMES
STYER COURT
ALLNUTT FARMS

3

HIGHLAND
3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

Dirt 0 3
Soap Stone 3 46
slate 46 300 ✓
water @
80' 7" deep

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CMBENTONITE CLAY ☒ BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. to 40 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
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)☒ SH☒ 6☒ 61

OTHER CASING (if used)

diameter
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

☒ ST☒ BR☒ HO

STEEL

BRASS

OPEN

BRONZE

HOLE

OTHER

PLASTIC

OTHER

C2

E
A
C
H
S
C
R
E
E
N

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
OF SCREEN 56 60 (NEAREST
INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

70 ☐
TELESCOPE
CASING72 ☐
LOG
INDICATOR74 75 76 ☐
OTHER DATA

C3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 ☒ NOIF 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
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)☒ + above

LAND SURFACE

☐ - below☐ 7 (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)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
WELLI 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.

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

OCT 19 4 12 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELECTRICITY
OCT 19 9 24 AM '87

DATE RECEIVED

TIME RECEIVED

BY WHOM RECEIVED

RECEIVED FOR

RECEIVED BY

RECEIVED AT

RECEIVED FROM

RECEIVED BY

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