

LAYOUT 11/29/01 1pm INSP 4 _____
INSP 2 Final 12/4/01 ASAP INSP 5 _____
INSP 3 _____ INSP 6 _____

05-379970

ISSUE DATE: 11/14/01
APPROVAL DATE: 12/4/01

**PERMIT
INDEXED**

P 516415 -C
A 24732

**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 PHONE NUMBER: 410-988-9270
SUBDIVISION: Allnutt Farms Estates LOT NUMBER: 20
ADDRESS: 13421 Good Times Court PROPERTY OWNER: Bill/Christine Harris
SEPTIC TANK CAPACITY (GALLONS): 1250 ¹⁵⁰⁰ OUTLET BAFFLE FILTER REQUIRED ☐
PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐
NUMBER OF BEDROOMS: 5
SQUARE FEET PER BEDROOM: 210
LINEAR FEET OF TRENCH REQUIRED: 280 ³³⁰

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 the distribution 100' down the right lot line and <u>40'</u> off this same lot line. Run (4) trenches on contour to right side of lot as shown on plan.
NOTES:	Due to limited septic reserve, <u>265'</u> trench acceptable, <u>if 280' isn't possible</u> <u>265</u>

PLANS APPROVED: MER 11/14/01 OK (BB) DATE: 11/14/01

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
BUILDING PERMITS SIGNED AND RETURNED
8-2403 BOONB 24-DECK**

A 24732

A hand-drawn site plan of a property. At the top right is a building with a chimney. A driveway leads from the building to a curved driveway. The curved driveway has four lanes labeled 60', 75', 90', and 105'. A small square structure is located near the driveway. A line with an arrow points from the building area towards the bottom left, labeled '105''. At the bottom left is a point labeled 'new house'. At the top center is a point labeled 'HD-94-3MS'. A line connects this point to the building area. A line with an arrow points from the building area towards the top right, labeled '106'.

TRENCH WIDTH 5'
TRENCH INLET DEPTH 4'
TRENCH BOTTOM DEPTH 6'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 330'
ABSORBENT AREA 990 sq ft
DISTRIBUTION BOX LEVEL Yes
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER Front 28" high
6 INCH INSPECTION PORT None

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 11/29/16 Install per BP, need to measure 100' from neighbors well, appears to be $\approx 90'$ to SRA (EC)

INSPECTION COMMENTS: 12/3/01 Tank set (20) 12/4/01 there is actually 5 bedrooms, increased tank to 1500 gals & trenchers to 330' (20)

DATE SYSTEM APPROVED

60/75/90/105

AND RETURNED

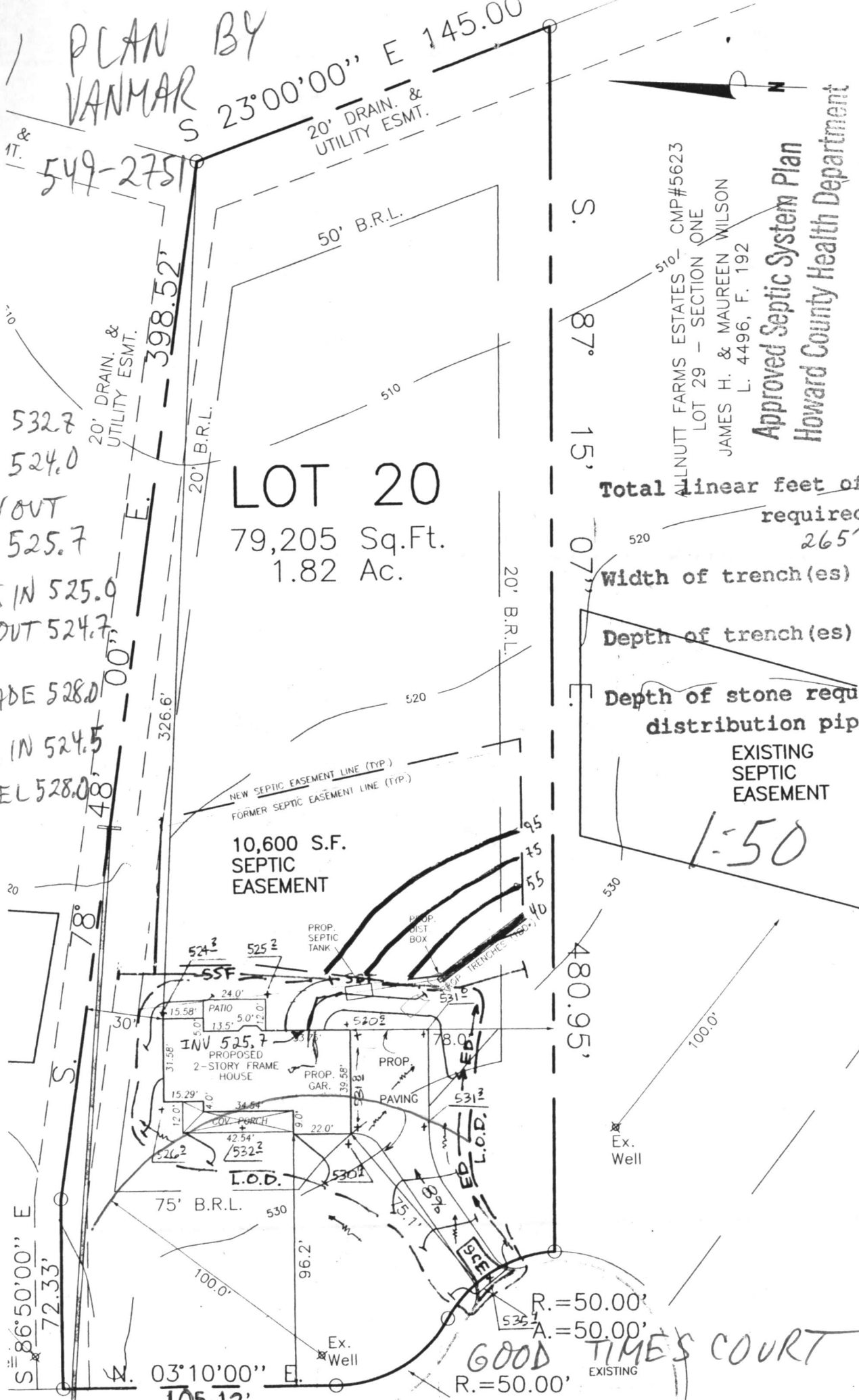
PLAN BY
VANMAR

549-2751 S 23°00'00" E 145.00

FF 532.8
BE 524.0
INV OUT
525.7
S.T. IN 525.0
OUT 524.7
FIN.
GRADE 528.0
D.B. IN 524.5
EX. EL 528.0

LOT 20
79,205 Sq.Ft.
1.82 Ac.

10,600 S.F.
SEPTIC
EASEMENT



Total linear feet of trench
required 280 feet
265' acceptable
Width of trench(es) 3 feet
Depth of trench(es) 6 feet
Depth of stone required below
distribution pipe 2 feet
EXISTING
SEPTIC
EASEMENT

1:50

Signature Mark Lefkowitz Date 10/1/07

LOT/PARCE	
LOT #20, p/o PARCE	
Subdivision Name:	
ALLNUTT	
Plot# or L/F:	
C.M.P.4121	
WATER CODE:	
(PRIVATE	
DATE:	REVISION
09/17/01	DRIVEWAY L
09/26/01	SEPTIC AREA
	HEALTH DEP

GOOD TIMES COURT
R=50.00'
A=50.00'
EXISTING

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 000132294	
Building Address <u>13421 CROFTFARM COURT</u> <u>HIGHLAND, MD 20777</u>			Property Owner's Name <u>BILL & CHRISTINE HARRIS</u> Address <u>13730 HIGHLAND RD CROFTFARM</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>00510</u> Subdivision <u>ALLIANT FARM ESTATES</u> Section _____ Area _____ Lot <u>20</u> Tax Map <u>34</u> Parcel <u>3411</u> Grid <u>15</u> Zoning <u>RR-DEF</u> Map Coordinates <u>13K10</u> Lot size <u>1.82 AC.</u>			Home Phone <u>301 384 2571</u> Work Phone <u>301 827-5341</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>STEVENS BUILDERS INC</u> <u>3905 NATIONAL AVE</u> <u>BURTONSVILLE, MD 20866</u> Phone <u>301 421 1700</u> Fax <u>301 421 9051</u>		
Existing Use <u>LOT</u> Proposed Use <u>NEW SFA</u> Estimated Construction Cost \$ <u>260,000</u> Description of Work <u>SINGLE FAMILY 4 BEDROOM</u> <u>2 1/2 BATH UNFINISHED RM 2 CAR</u> <u>CARAGE</u>			Contractor Company <u>STEVENS BUILDERS</u> Contact Person <u>MARK STEVENS</u> Address <u>3905 NATIONAL AVE</u> City <u>BURTONSVILLE</u> State <u>MD</u> Zip Code <u>20866</u> License No. <u>ANAR H 80</u> Phone <u>301 421 1700</u> Fax <u>301 421 9051</u>		
Occupant or Tenant <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company <u>LPRCHT DESIGN INC</u> Contact Person <u>N/A</u> Address <u>PO BOX 1317</u> City <u>SILVER SPRING</u> State <u>AR</u> Zip Code <u>72161</u> Phone <u>501-524-9098</u> Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>51</u> Depth <u>71</u> Width <u>71</u> 2nd floor: <u>321.10</u> <u>32.7</u> Basement: <u>51</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 <u>[Signature]</u> <u>V.P. STEVENS BUILDERS</u>	Print Name <u>MARK STEVENS</u> Date <u>7/2/01</u>
Title/Company _____	

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	52098
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>10/1/01</u>	<u>Mark Stevens</u>	All minimum setbacks met?	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Balance due \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2247</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>00074</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	

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

**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 #: 410 923 0510
Address: 638 CECIL AVE
MILLERSVILLE, MD 21108

(Must circle one) Licensed Plumber 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: BILL HARRIS Telephone #: 301 421 7000
Subdivision: BLUNT FARMS Lot #: 20 Well Tag #: HO-94-3115
Site Address: 13421 GOOD TIMES CR

Submersible Pump Data

Make: MYERS
Model #: 25T92-5
Pump Capacity: 12 GPM
Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 300 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt YES

Pitless Adapter

Make: CAMPBELL
Model #: B-10X
Depth: 42 (36" min)
NSF approved: YES

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

Piping to house

Type: POLY
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5 FT.
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.

Signature of company representative responsible for installation: Charles Mayes

date: 3-15-02

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

Date Insp. Requested: 12/3/01

Date Insp. Approved: 12/3/01

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

50
BB

✓
✓
✓
✓
✓
✓
✓

C 1 0766		SEQUENCE NO. (MDE/USE ONLY) 01.163		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.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 7/27/01		COUNTY NUMBER 13 A24732	
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 7/27/01		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 9/4/01 OK BB 40-94-3115	
OWNER Stevens Builders		STREET OR RFD Good Times Court		TOWN Highland		SUBDIVISION Allnutt Farms	
SECTION 1		LOT 20					
WELL LOG Not required for driven wells		GROUTING RECORD yes no Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 20 NO. OF POUNDS 45 46 2000 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 48 0 TOP 52 54 58 BOTTOM 69 ft. (enter 0 if from surface)		C 3 1 2 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 37 ft. 17 20 WHEN PUMPING 82 ft. 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) St 6 82 60 61 63 64 66 70 EACH CASING OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO 4425 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. 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 } LAND SURFACE - below } 2 (nearest foot) 49 50 51			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		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) 90' - (K) 127' GOODTIMES CT	
NUMBER OF UNSUCCESSFUL WELLS:		C 2 1 2 H0 80 300					
WELL HYDROFRACTURED yes no Y 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. 1 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 038 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

2001 AU 31 PM 2:18

HO 11 31 12

LOWER 13 HIGH 135

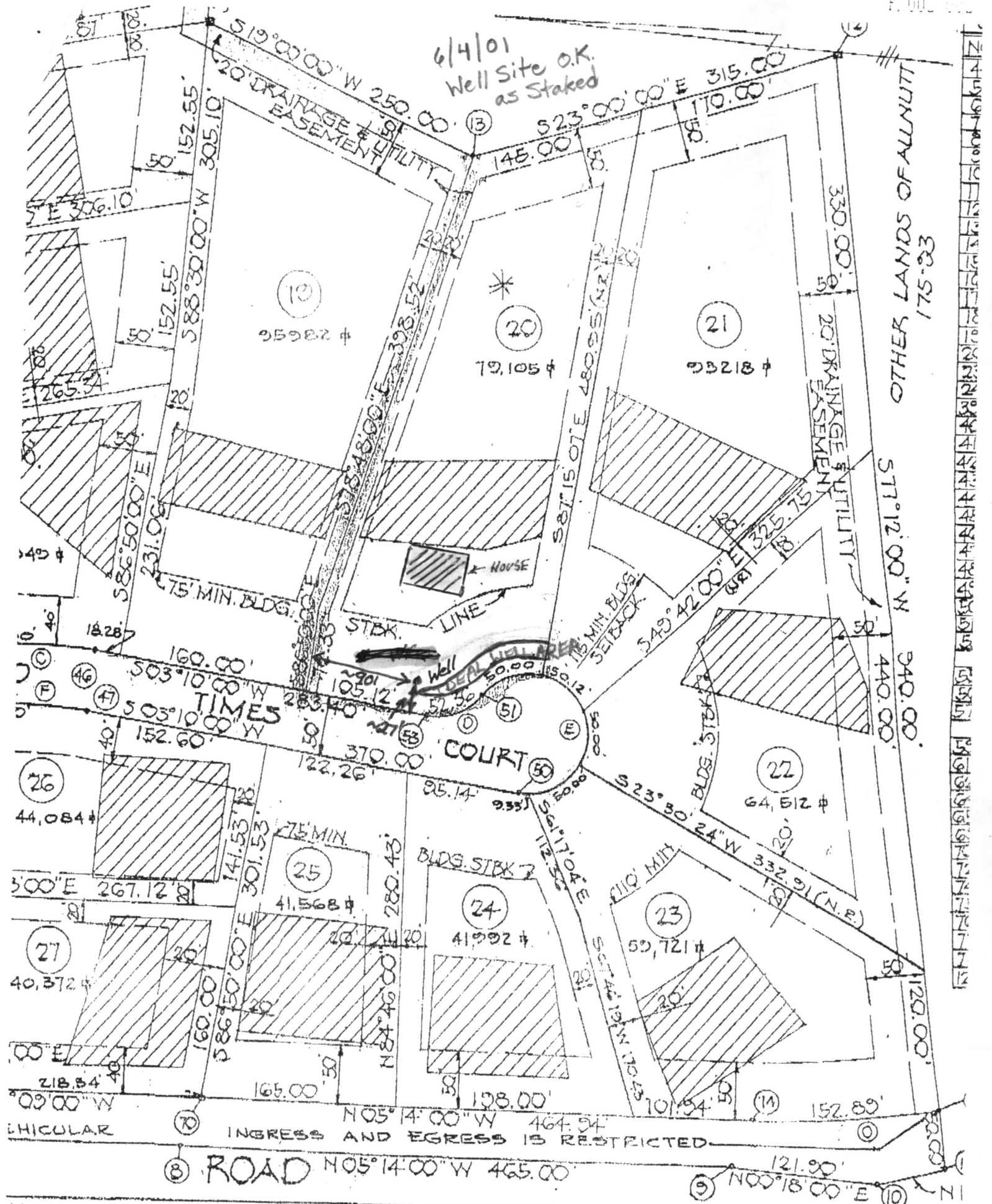
HD-224

2001 AU 31 PII 2: 18

2001 AU 31 PII 2: 18

B-1	9201	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W51524</i> please print or type	STATE PERMIT NUMBER HO-94-3115 <small>fill in this form completely</small>
Date Received (APA)		B 3 LOCATION OF WELL		
OWNER INFORMATION 8586		Howard CC#		
8 MM DD YY 13		8 COUNTY 21		
Last Name Owner First Name		Allnut Farm Estates		
15 3905 National Drive, S 250		23 SUBDIVISION 42		
36 Burtonsville, Md 20866		SECTION 44 46 LOT 48 50 20		
57 Town 70 State 72 Zip 76		Highland		
DRILLER INFORMATION		52 NEAREST TOWN 71		
George F. Easterday M WD 040		MILES FROM TOWN (enter 0 if in town) 2 M I		
Driller's Name 76 License No. 81		73 76 77 78		
L. Franklin Easterday, Inc.		B 4		
Firm Name		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
9265 Brown Church Rd., MT. Airy, Md. 21771				
Address		Goodtimes Court		
Signature <i>George F. Easterday</i> Date 5/11/2001		11 NEAR WHAT ROAD 30		
B 2 WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
1 2				
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		34 900 37		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		DISTANCE FROM ROAD ENTER FT OR MI 38 39		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		TAX MAP: 34 BLK: 15 PARCEL 380		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
22		Howard (13) A24732		
		COUNTY NAME COUNTY NO.		
		STATE SIGNATURE INSERT S → 41		
		DATE ISSUED 6/5/2001 <i>Brian Baker</i> 6/5/2002		
		43 MM DD YY 48 CO SIGNATURE EXP. DATE		
		NORTH GRID 496 0 0 0 EAST GRID 807 0 0 0		
		50 55 57 63		
APPROXIMATE DEPTH OF WELL 300 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
24 28		7/27/01 1:00		
APPROXIMATE DIAMETER OF WELL 6 INCH		SOURCES OF DRILLING WATER		
		1. wells		
		2.		
		3.		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
BORED (or Augered) JETTED Jetted & DRIVEN		8007		
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		E 496		
37 CABLE REVerse-ROTary DRIVE-POINT		N 807		
other		000 000		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL		13 K 10		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER G				
PERMIT No. HO-94-3115				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

6/4/01
Well Site O.K.
as Staked



DEED'S CERTIFICATE

FOR AT ALLIANCE OWN

2001 MAY 14 AM 10:12

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. Allmatt, Jr.

13288 Highland Road

ADDRESS Highland, MD 20777

PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hl - Land Farm Estates

LOT NO. 127

ROAD AND DESCRIPTION Court "B"

SIZE OF LOT 1.86 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



