	03 -2 FM INSP 5	
INSP 3 10/3	103-3:30 INSP 6	
ISSUE DATE:	10/17/2003 <b>DEDMIT</b>	P 519627
APPROVAL DATE	PERMIT INDEXED	A 24723
	ON-SITE SEWAGE DISPOSAL SYSTE HOWARD COUNTY HEALTH DEPARTMEN BUREAU OF ENVIRONMENTAL HEALTH	NT
Jack Fyock Sep	otic Service IS PERMITTED TO	NSTALL ⊠ ALTER
ADDRESS: PO I	Box 89, Glenelg, MD 21737 PHONE NUMB	ER: 410-988-9270
SUBDIVISION:	Allnutt Farms Estates LOT NUMBER:	14
		Million I
ADDRESS: 134 SEPTIC TANK CAI	PACITY (GALLONS): PROPERTY OWNER:  1500 COUTLET BAFF	
SEPTIC TANK CA	PACITY (GALLONS): 1500 OUTLET BAFF  CAPACITY (GALLONS): 1500 COMPARTMEN  ROOMS: 4 (512ED for 5)	
SEPTIC TANK CAL PUMP CHAMBER NUMBER OF BED SQUARE FEET PE	PACITY (GALLONS): 1500 OUTLET BAFF  CAPACITY (GALLONS): 1500 COMPARTMEN  ROOMS: 4 (512ED for 5)	LE FILTER REQUIRE
SEPTIC TANK CAL PUMP CHAMBER NUMBER OF BED SQUARE FEET PE	PACITY (GALLONS):  1500 OUTLET BAFF  CAPACITY (GALLONS):  1500 COMPARTMEN  COMPARTMEN  4 (512ED for 5)  R BEDROOM:  180  TRENCH REQUIRED: 260 – 280  Trench to be 3.0 feet wide. Inlet 3.0 feet below original depth 5.0 feet below original grade. Effective area begins	TE FILTER REQUIRE
SEPTIC TANK CALL PUMP CHAMBER NUMBER OF BED SQUARE FEET PE	PACITY (GALLONS): 1500 OUTLET BAFF  CAPACITY (GALLONS): 1500 COMPARTMEN  ROOMS: 4 (512ED for 5)  R BEDROOM: 180  TRENCH REQUIRED: 260 - 280  Trench to be 3.0 feet wide. Inlet 3.0 feet below original	TE FILTER REQUIRE  TED TANK REQUIRE  grade. Bottom maximus s at 3.0 feet below origin
SEPTIC TANK CAL PUMP CHAMBER NUMBER OF BED SQUARE FEET PE LINEAR FEET OF	PACITY (GALLONS):  1500  COMPARTMEN  COMPARTMEN  COMPARTMEN  4 (512ED for 5)  R BEDROOM:  180  TRENCH REQUIRED: 260 – 280  Trench to be 3.0 feet wide. Inlet 3.0 feet below original depth 5.0 feet below original grade. Effective area begins grade. 2.0 feet of stone below distribution pipe.  Place the distribution box as shown on the approved site process.	TE FILTER REQUIRE  TED TANK REQUIRE  grade. Bottom maximus s at 3.0 feet below origin
SEPTIC TANK CAL PUMP CHAMBER NUMBER OF BED SQUARE FEET PE LINEAR FEET OF TRENCHES: LOCATION:	PACITY (GALLONS):  1500  COMPARTMEN  COMPARTMEN  COMPARTMEN  4 (512ED for 5)  R BEDROOM:  180  TRENCH REQUIRED: 260 – 280  Trench to be 3.0 feet wide. Inlet 3.0 feet below original depth 5.0 feet below original grade. Effective area begins grade. 2.0 feet of stone below distribution pipe.  Place the distribution box as shown on the approved site process.	TE FILTER REQUIRE  TED TANK REQUIRE  grade. Bottom maximus s at 3.0 feet below origin

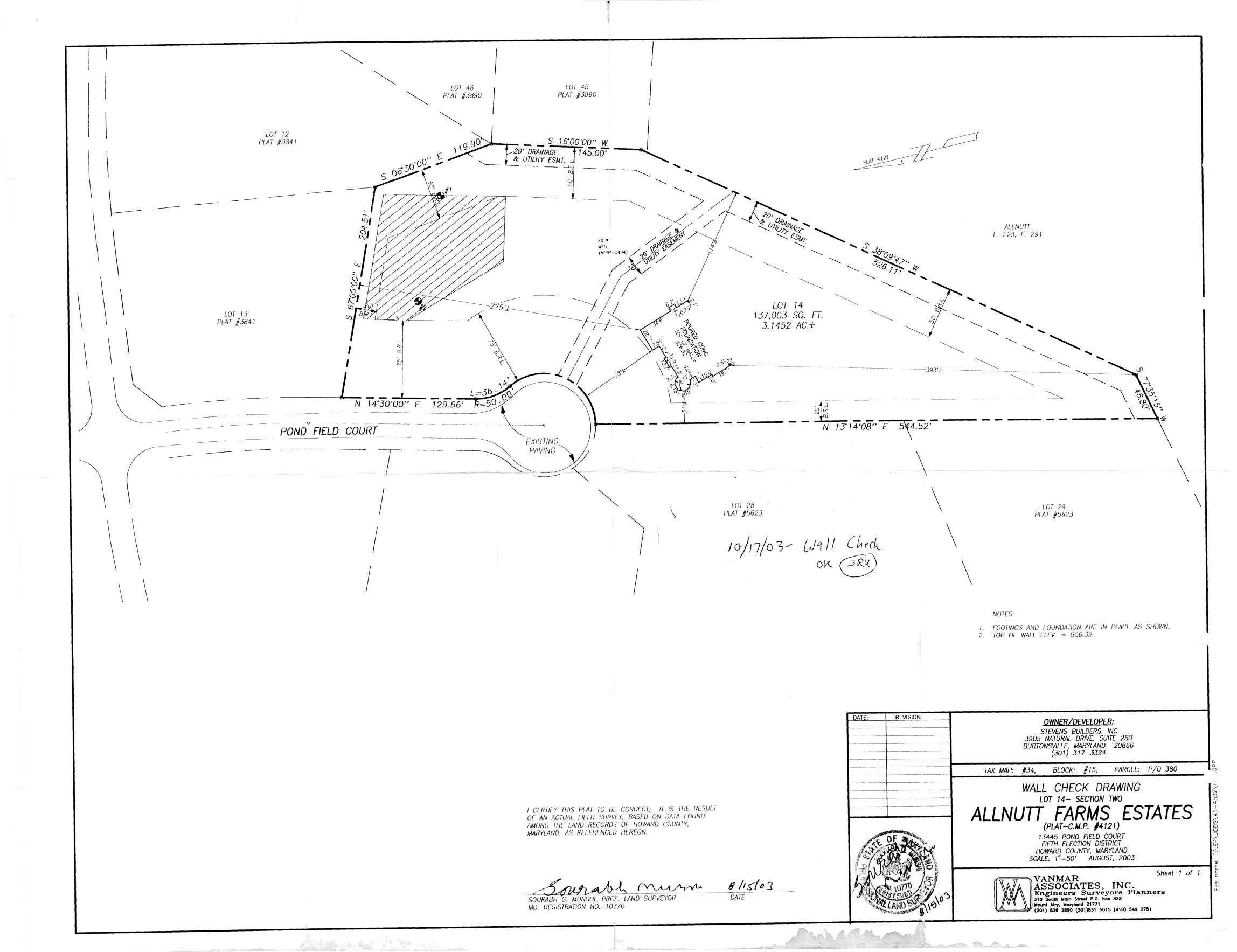
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

### **BUILDING PERMIT SIGNED**

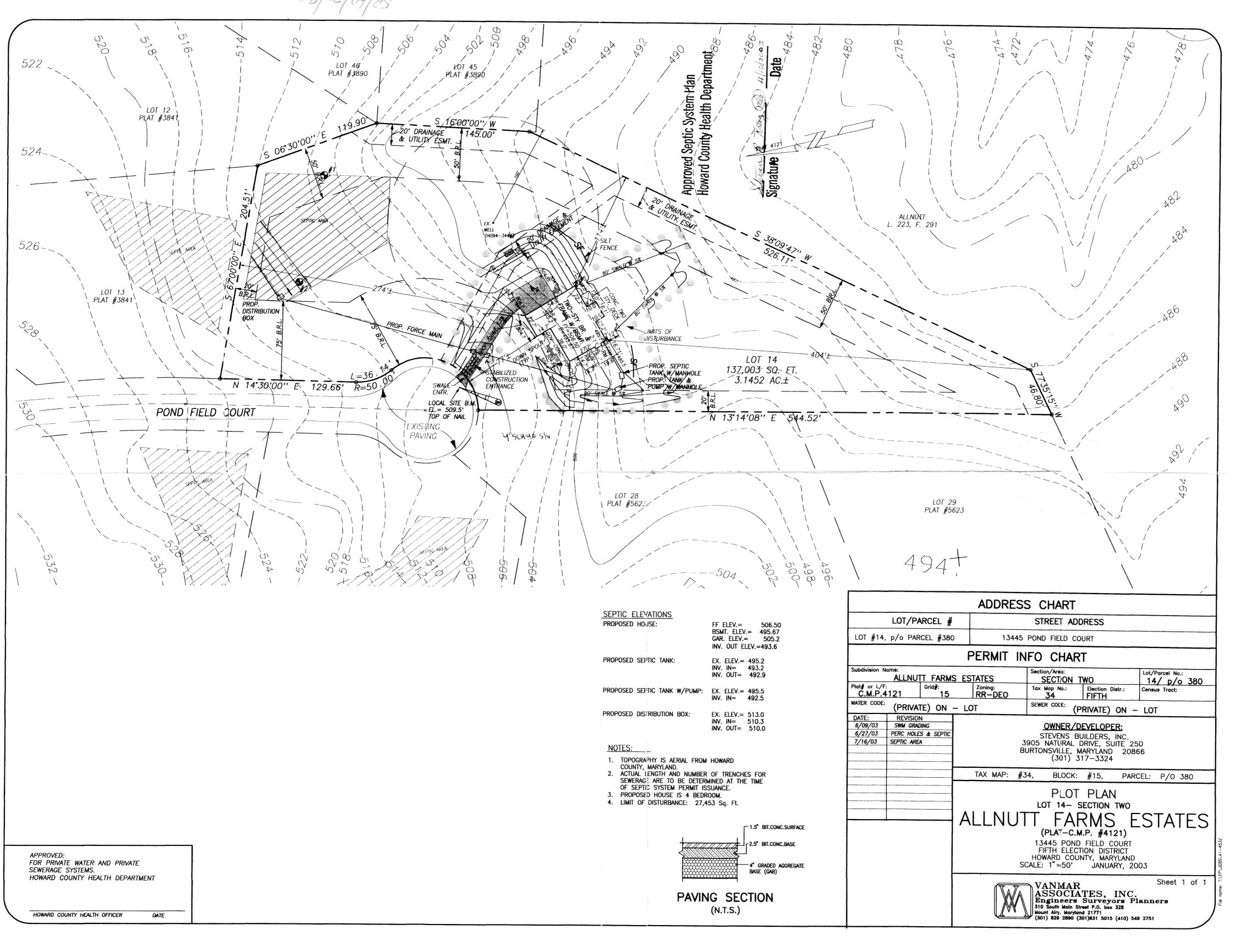
AND RETURNED

11/17/03 BOO140 680 MOVE DRIVEWAY, FINISH BASEMENT, ADD DECK
11/18/03 BOO144877 1000 gal UG PROPANE TANK

NOT TO SCALE	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM  3 3 4 4
12:	TOTAL LENGTH 260
	ABSORPTION AREA
	DISTRIBUTION BOX LEVEL
	DISTRIBUTION BOX BAFFLE
	DISTRIBUTION BOX PORT
Desirble driventy move  The shored 23'  Howard  3444	SEPTIC TANK DATA SEPTIC TANK 1 LEVEL  CAPACITY 1500 GAL  SEAM LOC TOP  TANK LID DEPTH  BAFFLES  BAFFLE FILTER NU  MANHOLE LOC FONT  6" PORT LOC Back  WATERTIGHT TEST  SEPTIC TANK 2 LEVEL  CAPACITY 1500 GAL  SEAM LOC TOP  TANK LID DEPTH 3-4  BAFFLES  BAFFLE FILTER NU  MANHOLE LOC FONT
ROAD	6" PORT LOC
10/20/22 < 01 111	1 ( 1 1)
PRE-CONSTRUCTION 10/28/03 - SKA STaked, Cont.	dur accurate, install
1/20/- T K 1 0 K	6
OK to cover all work, Pump & alarm test weeded & 4	2010 ED 10/31/03
Dumo tank + dedth of tank solke	TER GINALITY 110000
2/27/04 - Pamp & Alarm tests OK. Ros	unde on extend P. J.
extended (50)	(SO) 2/1/04 - Kies
	BUILDING PERMIT SIGNI
FINAL INSPECTOR DATE OF AF	PPROVAL 11/64



08/06/09/05

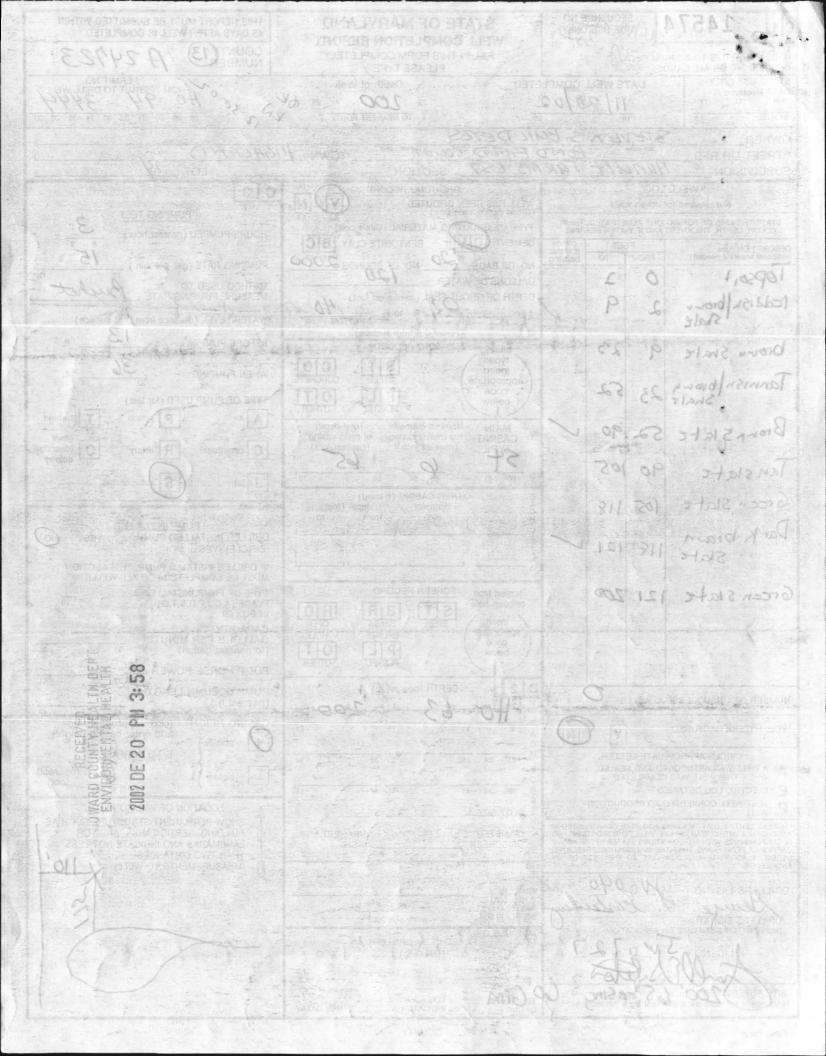


## HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

into in a crief to 9 am on the day of the desired
NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired NOTE: The installer is responsible for requesting an inspection. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection. No work is to be covered until approved by the Health Department. All installations must comply inspection.
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inspection. No work is to be covered and Cost of Cost
with the Namonal Standard and Standard form is required prior to see
inspection. No work is to be covered until approval.  with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (NSPC, as amended locally) and COMAR 26.04 (NSPC, as amended locally)
Tolephone # 4/0-875-2400
Nome: J. Joseph (Traffing)
Company Name. 1075 M. Old Liberty RO.
Address: 1033
Construction Regulations). Submission of a complete total  Company Name: J. Joseph Grattand Frc. Telephone #: 410-875-2400  Address: 1835 W. Old Liberty Rd.  Wastmington, Md. 21157
Licensed Well Driller
(Must circle one) Licensed Philipper  License # and name of individual responsible for the field installation:  License # and name of individual responsible for the field installation:
Ticensett / / 5
None ( AME )
Name (Print): JAMES J. GARTLANS, J. Apprentices must be under the direct  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 supervision of a licensed journeyman or master plumber, pump installer or well driller.
accomission of a licensed journeyman or master plumber, pump instance of web difficult
subjected to field verification.  Telephone #: 301-421-9051
subjected to field verification.  Telephone #: 301-421-9051
Nome of Property (JWNCI. ) / 5 JUNE 11/1 Tag # · U() - 0 7 - 0 7 7 7
Subdivision: Allout Forms Estates Lot #: 14 Well 128 # 110
and Address of the Annual Control of the Control of
H) all Carried 19701 And and a Condition
Make: Hand Two piece waterught cap.
Model# DTB 00 Screened vented well cap:
Model #: 105 603 4 0 0
Pump Capacity / O GPM Deput. 42 (30 mm)
Wall Viald. CPM
If nump canacity exceeds well yield, a low water cut our switch is required by 1451 C 1990 States
Totale arrestors of Cable guarde are required - Musi circle one
Safety rope, if used, attached to inside of well casing with eye bult
Salety rope, it uses, attaches to the salety rope, attaches to the sa
Pining to house House Connection
PSI: 16 0 (160 psi min)  Approximate length of sleeve: 67.
Depth of supply line: 42. (36" min)  Sleeve caulked and sealed properly:
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
distribution bot, utalified, and sewage that
approval prior to installation.
12/4/03
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: ////6/6 > Date Insp. Approved:
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
Elec. conduit extends at least to 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

145/4	SEQUEN (MDE USE		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
2 3 1 THIS NUMBER IS TO BE PU N COLS. 3-6 ON ALL CARD			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13) A 24723
ST/CO USE ONLY DATE Received MM DD YY 3 13	DATE WEI	L COMPL 28/03	22 100 26 6V	PERMIT NO. FROM "PERMIT TO DRILL WE -9 - 3 - 3 - 4 - 3 - 3 - 3 - 3 - 3 - 3 - 3
OWNER_ *	るたりもか	15 BU	IIL DERS	`
STREET OR RFD	All put +	FONT	ONE ICT	GHLAND
SUBDIVISION/	LOG	1910	GROUTING RECORD YES NO	Clai
Not required for			WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMAT COLOR, DEPTH, THICKNESS	IONS PENETRATEI	D, THEIR EARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
ESCRIPTION (Use	FEET FROM TO	check if water	CEMENT CM BENTONITE CLAY BC	8 9
LODGE 1	A 3	bearing	NO. OF BAGS 45 46 00 NO. OF POUNDS 250480	PUMPING RATE (gal. per min.) 15 •
العطوا	0 3		DEPTH OF GROUT-SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Buchot
Eddish brown	2 9	and the second	from tt. to 40 ft.	age who person again and the second
Shale			48 TOP 52 54 BOTTOM 58  (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Orour Shale	9 23	1	casing CASING RECORD types	BEFORE PUMPING 17 20 ft.
Connect le			insert appropriate STEEL CONCRETE	WHEN PUMPING 36 ft.
annish brown	23 52		code below PL OT	TYPE OF PUMP USED (for test)
2		,	PLASTIC OTHER	A air P piston T turk
Stown Slate	52 90	1	MÅIN Nominal diameter Total depth top (main) casing of main casing	27 27 27 oth
	0 100		(nearest inch)! (nearest foot)	C centrifugal R rotary 0 (de
anslate	90 105		60 61 69 64 66 70	J jet S submersible
rech Slate	105 118		E OTHER CASING (if used) A diameter depth (feet)	27
	103 1118		C dameter depth (leet)	PUMP INSTALLED
lark brown	118 121		C S S S S S S S S S S S S S S S S S S S	DRILLER INSTALLED PUMP YES
* Slate	HIV 1.2.		N	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
			screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.
rcen slate	121 200		or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
1 1 4		4	INSERT STEEL BRASS OPEN	IN BOX 29.  CAPACITY:
1			code below BRONZE HOLE	GALLONS PER MINUTE (to nearest gallon) 31
			PLASTIC OTHER	PUMP HORSE POWER
	7	>	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
JMBER OF UNSUCCESSF	UL WELLS:	1 0 0	THO 63 200	(nearest ft.)
ELL HYDROFRACTURED	yes	Z Z	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing heigh
CIRCLE APPROP		U	C H 2 23 24 26 30 32 36	above LAND SURFACE
A WELL WAS ABANDON		4	23 24 26 30 32 36 S C 3	below DA (nea
ELECTRIC LOG OBTAINE			R 38 39 41 45 47 51	49 50 51 fo
TEST WELL CONVERTED WELL			E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT
EREBY CERTIFY THAT THIS WELL CORDANCE WITH COMAR 26.04.0 CONFORMANCE WITH ALL CONFORMANCE WIT	4 "WELL CONSTRUC	CTION" AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH BUILDING, SEPTIC TANKS, AND /OR
PTIONED PERMIT, AND THAT T REIN IS ACCURATE AND COM	HE INFORMATION F	PRESENTED	OF SCREEN INCH)	THAN TWO DISTANCES
OWLEDGE.	141-041	) ,	from to	(MEASUREMENTS TO WELL)
RILLERS LIC. NO. 1	2 8/17	-1	GRAVEL PACK  IF WELL DRILLED	16
DRILLERS SIGNATURE	· XWE	()	WAS FLOWING WELL INSERT F IN BOX 68 68	12.
(MUST MATCH SIGNATURE OF	N APPLICATION)	7	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
LIC. NO. NO.	1245		T (E.R.O.S.) W Q	the state of the s
Thank	Miller	,	72	
ITE SUPERVISOR (sign. of	armer or journey	man itee)	TELESCOPE LOG 74 75 76	



ge of

## 11-29-02

7:00

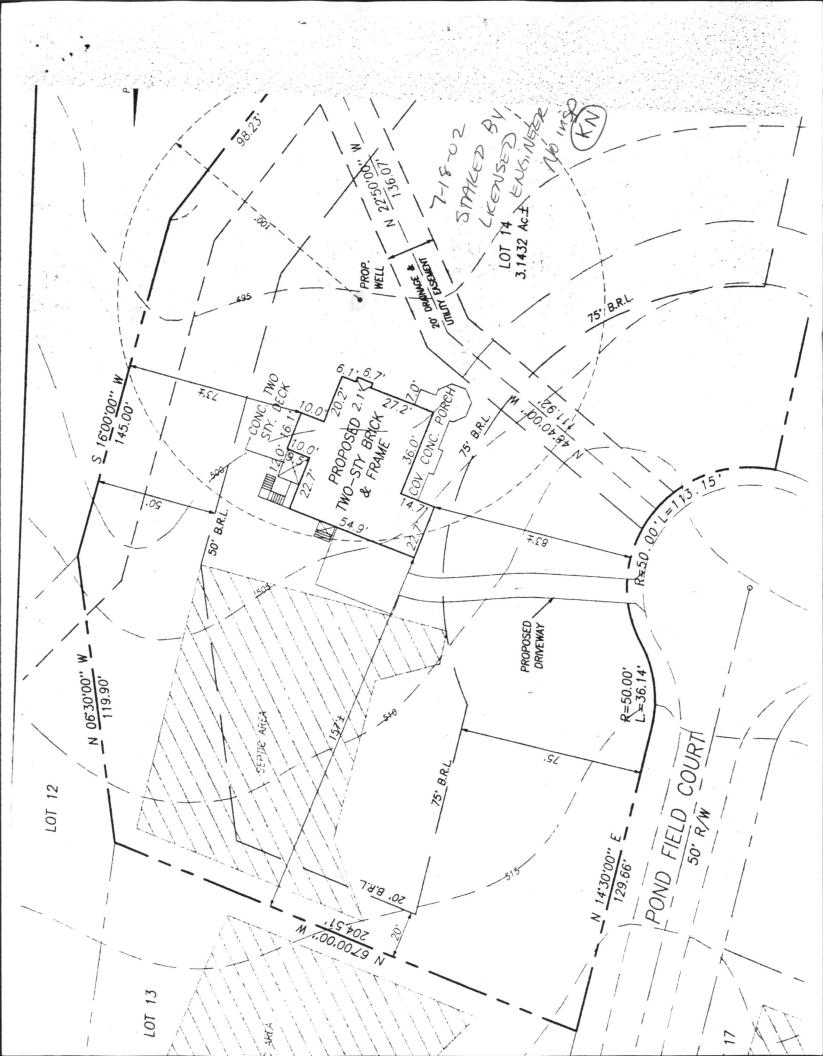
Review OK

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No.	HO - 94 - 34	DOND FIL	DD COUNT	
ocation of pro	Allow HEZSF	Lot	14 Block Plat	Sec.
Well Driller	EASTERDAY	Owne	DOCOUNT  14 Block Plat  14 STEVENS BUI	Dons
Depth of	f well _200	GOAPM	2 <b>2</b> ′	
Distance	e of measuring po	oint (M.P.) above gr .L.) below M.P.	13	
Static	vacer rever (b.m			· ·
. High rate	pumping rese	rvoir drawdown		
Time pump	started	15	Pumping rate 15 G	Pin -
Total tir	meto	reach pumping water	levelft.	below M.P.
II. Recovery	pump test data -	observations to be	recorded every 15 minu	tes Pamp 180
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill	(if used)	(gallons per
tervals		gallon bucket		minute)
8:15	13	4 000		15 G.P.M
8:30	29'	4000		15 G.P.M
8145	3/	4000		15 G.P. 45
9:00	32	4000		15 G. P. M
9:15	33'	4 sec		15 61Pm
9:30	33	Year		15 G.P. 197
9:15	34'	4 sec	<b>/**</b>	156.Rm
10100	34'	4 sec		15 GIRM *
10:15	35'	4 sec		15 6,8,00
10;30	35	4 wc	37 37 37	15 6 P. 19
10:45	36'	4 sec		156.8,10
	36	4 000		15 G.R. M
1/100	36			15 Gilins
11:15	.36	4 sec		100000
	The state of the s	X Santagar		
	N			
		N. Committee		
	Total Control of the			
	. (			
		1		
		†		

2002 DE 20 PM 3:58

D 1	2110	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
B 1	*TTO	(MDE USE ONLY)		PERMIT TO DRILL WELL	40-94-3444
1 2 3	6		[일본 10] [기업 기업 기	se type	70 fill in this form completely
					LOCATION OF WELL
	Received (APA)	OWNER INFO	PMATION SOCO		LOUATION OF WELL
	MM DD YY 13	OWNER INFO	RMATION 9060	8 COUNTY	210#
1	Stevens	Builders, Inc.		Allnut Farr	n Estates
15	Last Name	Owner	First Name 34	23 SUBDIVISION	42
1	3905 Nati	onal Drive, S 250		SECTION L	ьот ∟ 14
36		Street or RFD	55	44 46	48 50
	Burtonsv	rille, Md 20866		Highland	
57	Town	70 State	72 Zip 76	52 NEAREST TOWN	71
D	RILLER INFORM	MATION		MILES FROM TOWN (enter	r 0 if in town)
L	George F.	Easterday	M W D 040 76 License No. 81	PI	73 76 77 78
Drille	er's Name		6 License No. 81	B 4 1 2	Donal Field Court
Ļ	L. Franklin	Easterday, Inc.		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	Pond Field Court  11 NEAR WHAT ROAD 30
Firm	Name		At-, 144 At-		NORTH
L Add		n Church Rd., MT.	AITY, MIG. 21/71	N N NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Aud	el.	7 8,+1	2	8-9	(CIRCLE APPROPRIATE BOX) WEST FAST
Sign	nature	7. Juneal	Date 6/13/2002	W TOWN E	34 900 37 SOUTH
3		ORMATION		18 77 18	DISTANCE FROM ROAD
1 2	APPF	ROX. PUMPING RATE -	8 12	IS IS	ENTER FT OR MI 38 39
100		. PER MIN.)		S W 8-9 S 8-9	TAX MAP: 34 BLK: 15 PARCEL 380
	RAGE DAILY QUAN L. PER DAY)	TITY NEEDED	500 20	8	TAN WAT BEN FANCEL
	USE FO	OR WATER (CIRCLE A	PPROPRIATE BOX)		BE FILLED IN BY DRILLER
	DOMESTIC PO	TABLE SUPPLY & RESIDE	NTIAL	HEALTH	H DEPARTMENT APPROVAL
(	IRRIGATION			Howard	474163
		STOCK WATERING & AGE	RICULTURAL	COUNTY NAME	COUNTY NO.
00	INHIGATION		110	STATE SIGNATURE	INSERT S -
22	I INDUSTRIAL, C	COMMERICIAL, DEWATER	NG	DATE ISSUED	V .) 41
The same	P PUBLIC WATER	R SUPPLY WELL			Racie Noman 07-18-03
	T TEST, OBSERV	ATION, MONITORING		43 MM DD YY 48 NORTH	CO SIGNATURE EXP. DATE
1.67	G GEO-THERMAI			GRID 50 0	$\frac{0\ 0}{55}$ GRID $\frac{807000}{57}$ $\frac{63}{63}$
				SHOW MAJOR FEATURES BOX & LOCATE WELL '-	S UF
API	PROXIMATE DEPTH	OF WELL 24	300 FEET	WITH AN X	
	POVILLE SILL		NEARES	SOURCES OF DRILLING V	WATER
API	PROXIMATE DIAMET	ER OF WELL	5 INCH	1. 2. wells	\$
	М	ETHOD OF DRILLING	circle one)	3. Wells	
ВО	RED (or Augered)	JETTED	Jetted & DRIVEN		
20	T-ROTary	AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	R
37 CA	BLE	REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	
oth				end	
The same	to the second second	ACEMENT OR DEEP	ENED WELLS	E	000
-	The real state of the real sta	(CIRCLE APPROPRIAT		490 4	000
(N	THIS WELL WILL	NOT REPLACE AN EXIS	TING WELL	N	
Y		REPLACE A WELL THAT	WILL BE		SHOWING LOCATION OF WELL IN
	ABANDONED AN		WILL DE LIGED		OWNS AND ROADS AND GIVE O NEAREST ROAD JUNCTION
39 S	AS A STANDBY-	REPLACE A WELL THAT CONTACT LOCAL APPRO	VING AUTHORITY	The state of the s	₹3 K 10
F	FOR POLICY ON	STANDBY WELLS		)	STATE OF THE STATE
		DEEPEN AN EXISTING V		1	rate .
	RMIT NUMBER OF V AVAILABLE) 41	WELL TO BE REPLACED	OR DEEPENED 52	N OS	ALLAUT CAME
("				1	1 3
	Not to be filled	in by driller (MDE OR	COUNTY USE ONLY)	2	pond
	PROD DEDANT AND	ADED	G	7	CT
AP	PROP. PERMIT NUM	MOCH	24 2411	19	X
1	in agents	PERMIT No. HU	-94 - 3444		
1 2	Na Australia	70 71	72 73 74 75 76 77 78 79		
	PECIAL CONDITIO	NS HOULD USE SEPARATE SHEET IF NEEDED			12 Ghiland
1 1 1 1 1 1 1 1 1			THE RESERVE OF THE PARTY OF THE	the state of the s	

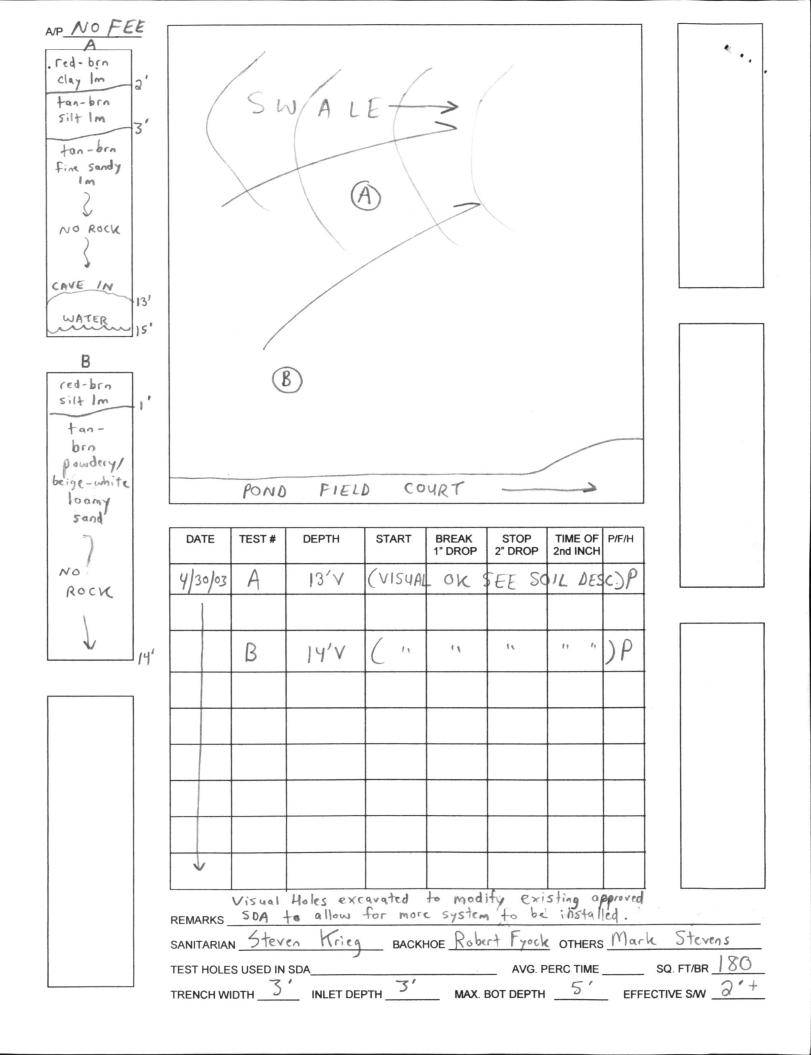




# **APPLICATION**

Health Department	FOR PERCO	LATION TESTING	AND SITE EVA	LUATION
TEST DATE(S) 4/30/03		TEST TIME /OAM	) A/P _	NO FEE
AGENCY REVIEW: Re-perc to	adjust/m	odify existing	sporoved DATE	4/30/03
SDA to allow for more	useable SDA	& larger any	* a	
	O NOT WRITE AE			
I HEREBY APPLY FOR THE NECESSARY TESTING/I CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM	SYSTEM	CHECK AS NEEDED:  NEW STRUCTURI ADDITION TO AN		(S) TO:
CHECK ONE:  CREATE NEW LOT(S)  BUILD ON AN EXISTING LOT IN A SUBD  BUILD ON AN EXISTING PARCEL OF RE	IVISION	IS THE PROPERTY WIT	THIN 2500' OF ANY RESE	ERVOIR?
☐ COMMERCIAL (PROVIDE D ☐ INSTITUTIONAL/GOVERNMENT (PROV	ETAIL OF NUMBERS AN VIDE DETAIL OF NUMBE	THE COMPLETED STRUCTUR ID TYPES OF EMPLOYEES/ CU RS AND TYPES OF EMPLOYE	JSTOMERS ON ACCOME	PANYING PLAN)
PROPERTY OWNER(S) Steven S	Builders			
DAYTIME PHONE 301-421-1700			FAX	
MAILING ADDRESS 3905 Nation STREET	al Drive	Burtonsville	MD	20866
STREET		CITY/TOWN	STATE	ZIP
APPLICANT				
DAYTIME PHONE	CELL		FAX	
MAILING ADDRESS				
STREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE: DEVELOPER BL	JILDER BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME	outh Farms		LOT NO	
PROPERTY ADDRESS 3445	Pond Field	Court TOWN/P	OST OFFICE	
TAX MAP PAGE(S) 34 GRID 15	PARCEL(S)	700	ROPOSED LOT SIZE	3.1452
AS APPLICANT, I UNDERSTAND THE FOLLOW	VING: THE SYSTEM I	NSTALLED SUBSEQUENT	TO THIS APPLICATIO	N IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AV	AILABLE. THIS APPL	ICATION IS COMPLETE W	HEN ALL APPLICABLE	FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED	. I ACCEPT THE RES	SPONSIBILITY FOR COMPL	IANCE WITH ALL M.O	.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL	IS BASED UPON SA	TISFACTORY REVIEW OF	A PERC CERTIFICATI	ON PLAN.
TEST RESULTS WILL BE MAILED TO APPLICA	NT	SIGNATURE OF AF	PPLICANT	

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



# APPLICATION

A24723

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 <u>Fifth</u>
DATE <u>9/9/76</u>

SyST First
110' from front and 10' from loft
11let map 24: 3' from ouziel grade

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. 13288 Highland Road 988-9303 Highland, Maryland 20777 PROPERTY LOCATION: allnutt Hi - Land Farm Estates ROAD AND DESCRIPTION \_\_\_\_\_Court "D" TYPE BLDG. 3 or 4 bedroom IF NOT SINGLE RESIDENCE DESCRIBE \_ THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. \_\_\_\_\_/s/ Margaret G. Allnutt (KIND OF SYSTEM) HOLD PENDING FURTHER TESTS -REASONS FOR REJECTION OR HOLDING \_

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INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

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REMARKS			
TYPE OF SOIL			
TESTED BY	* * *	 ALSO PRESENT:	7

# **APPLICATION**

SEWAGE DISPOSAL TESTING	P
- DEPARTMENT OF HEALTH AND MENTAL HYGIEN	F

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356

STATE OF MARYLAND

HIGIENE	
DISTRICT 113	
DATE 9/9/76	

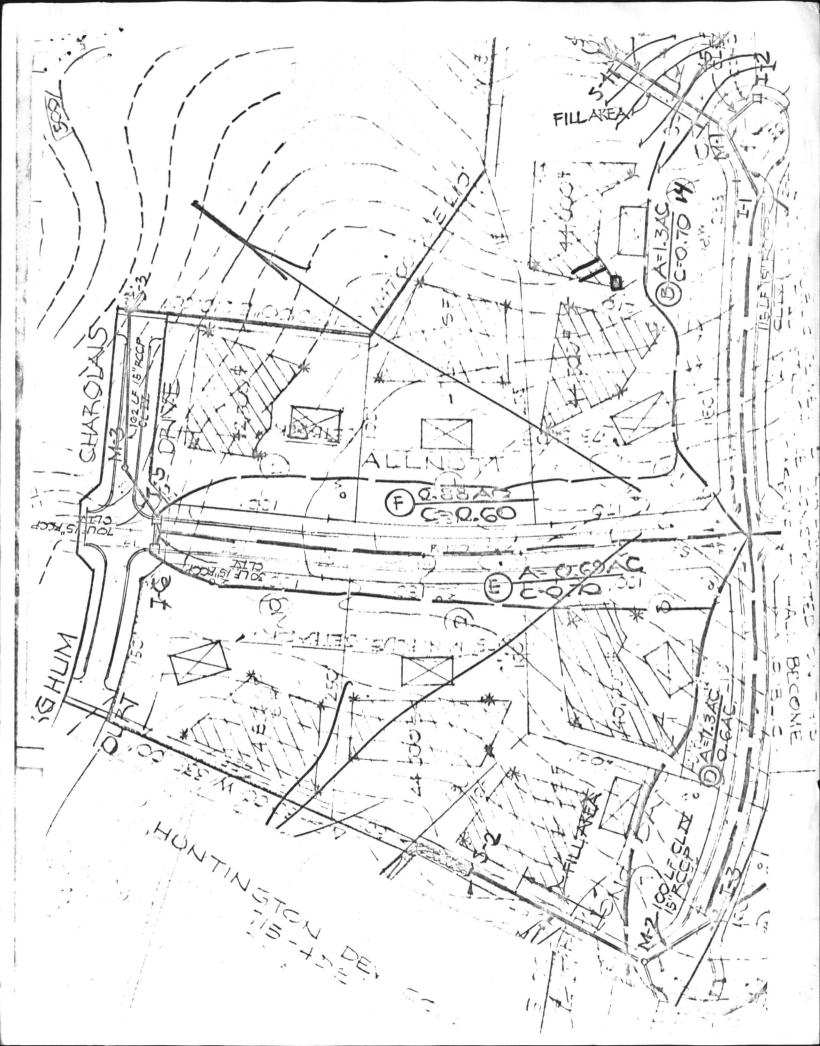
TO:	THE COUNTY HEALTH OFFICER
	ELLICOTT CITY, MARYLAND
DISE	I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
D.1.2	OSAL SISIEM.
PPO	PERTY OWNER Mr. and Mrs. Smith W. Allnutt, Jr.
	13288 Highland Boad
	ADDRESS Highland, MD 20777 PHONE 988-9303
PRO	PERTY LOCATION:
SUB	DIVISION Hi - Land Farm Estates LOT NO. 115
	LOT NO.
ROA	D AND DESCRIPTIONRoad "A"
SIZE	OF LOT 1/12 Ac TYPE BLDG. 3 or 4 bedroom
	NUMBER OF BEDROOMS
IF NO	OT SINGLE RESIDENCE DESCRIBE
FAC	THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
	/s/ Margaret G. Allnutt
SIGN	NATURE OF APPLICANT
APPE	POVED BYDATEDATE
REJE	FOR DATE
	(ALLE OF STREM)
, OL	D PENDING FURTHER TESTS DATE DATE
	SONS FOR REJECTION OR HOLDING

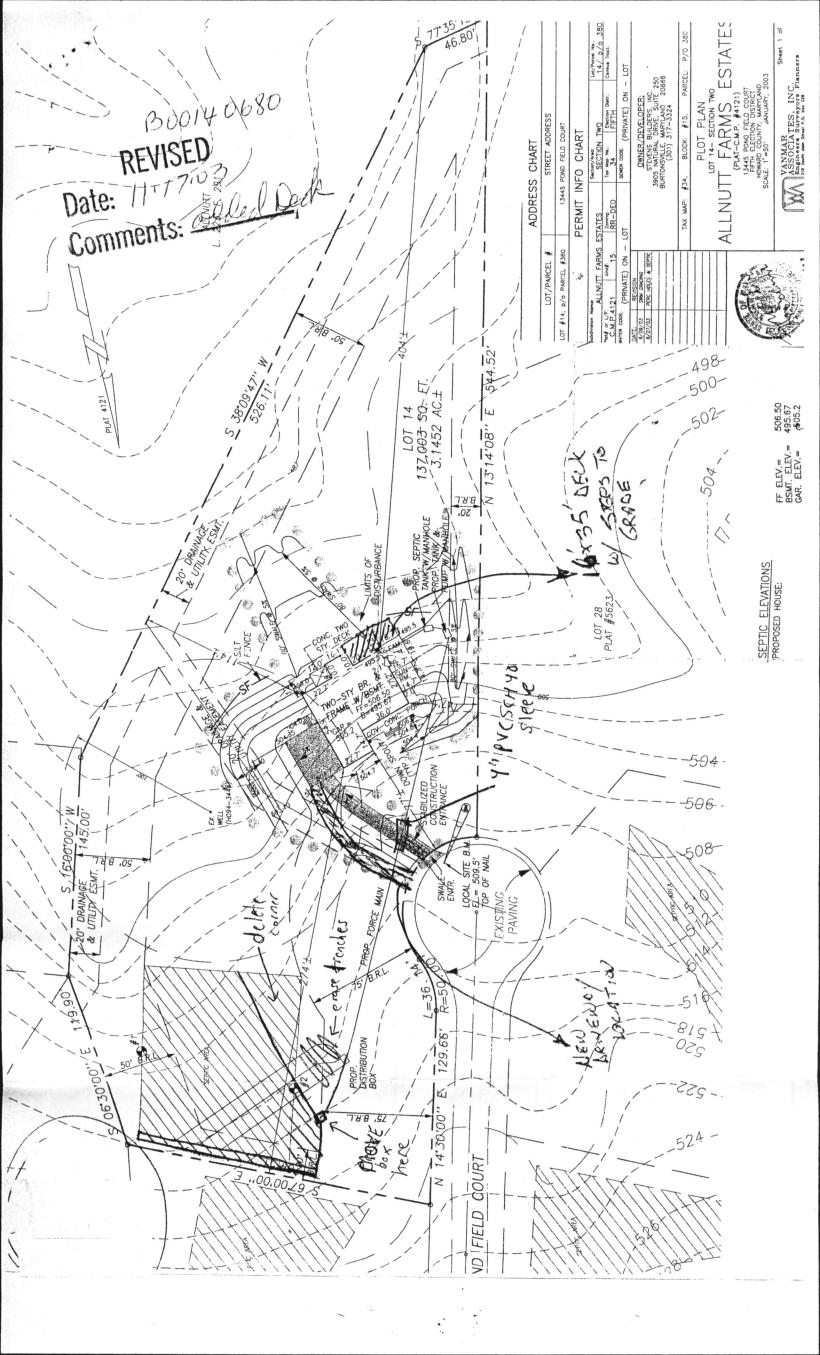
THIS IS NOT A PERMIT

(ot 115 9 200 INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

	1000 /								
(2)	DATE	TEST NO.	DEPTH	PRE-WET START STOP		START STOR		TIME	
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6		4	12.5	Visi	ral -		and the State of t	And the second s	
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Jacon 5				3					
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generally consistent TYPE OF SOIL Ketterman

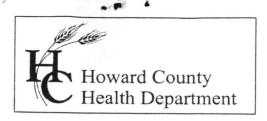






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3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

### Penny E. Borenstein, M.D., M.P.H., Health Officer

March 2, 2004

Stevens Builders Inc. 3905 National Drive, Suite 100 Burtonsville, MD 20866

#### SENT VIA FACSIMILE 301-421-9051

RE:

13445 Pond Field Court

Allnutt Farm Estates, Lot 14

BP # B00140680

Well Permit # HO-94-3444

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 03/1/2004.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3444. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample:

02/20/2004

Date of Well Completion:

11/20/2002

Respectfully,

Stuart Oster, R. S.

Well and Septic Program

SO/mlb

cc:

Building Inspector's Office Community Services Program

File