

LAYOUT 7/24/02 1:00 cancelled INSP 4 Pump Test 12/2/2 2 p.m.
INSP 2 7/25/02 Noon INSP 5 _____
INSP 3 7/31/02 Fri 3PM INSP 6 _____

05-384818

ISSUE DATE: 7/15/2002

P 517365

APPROVAL DATE: 12-2-02

A 24816

**PERMIT
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Rd., 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Allnutt Farms IV LOT NUMBER: 22

ADDRESS: 13496 Allnutt Lane PROPERTY OWNER: Robert and Sharon Dass

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1500 ~~N/A~~ COMPARTMENTED TANK REQUIRED ☒

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place trenches on contour in both directions from the centered distribution box. Distribution box should be 10 10 feet from the front lot line and 5 5 ft from the right property line as viewed from Allnutt Lane.
NOTES:	Enhanced pre-treatment is still recommended. Trenches should be installed to maximum length possible at site; up to 240 L.F. of trench system encouraged. <u>10' etc</u> * <u>MAINTAIN 20' from L.P.</u> <u>S.T. 10' "</u>

PLANS APPROVED: RP OK 6/20/02 (sg) DATE: 5/28/02

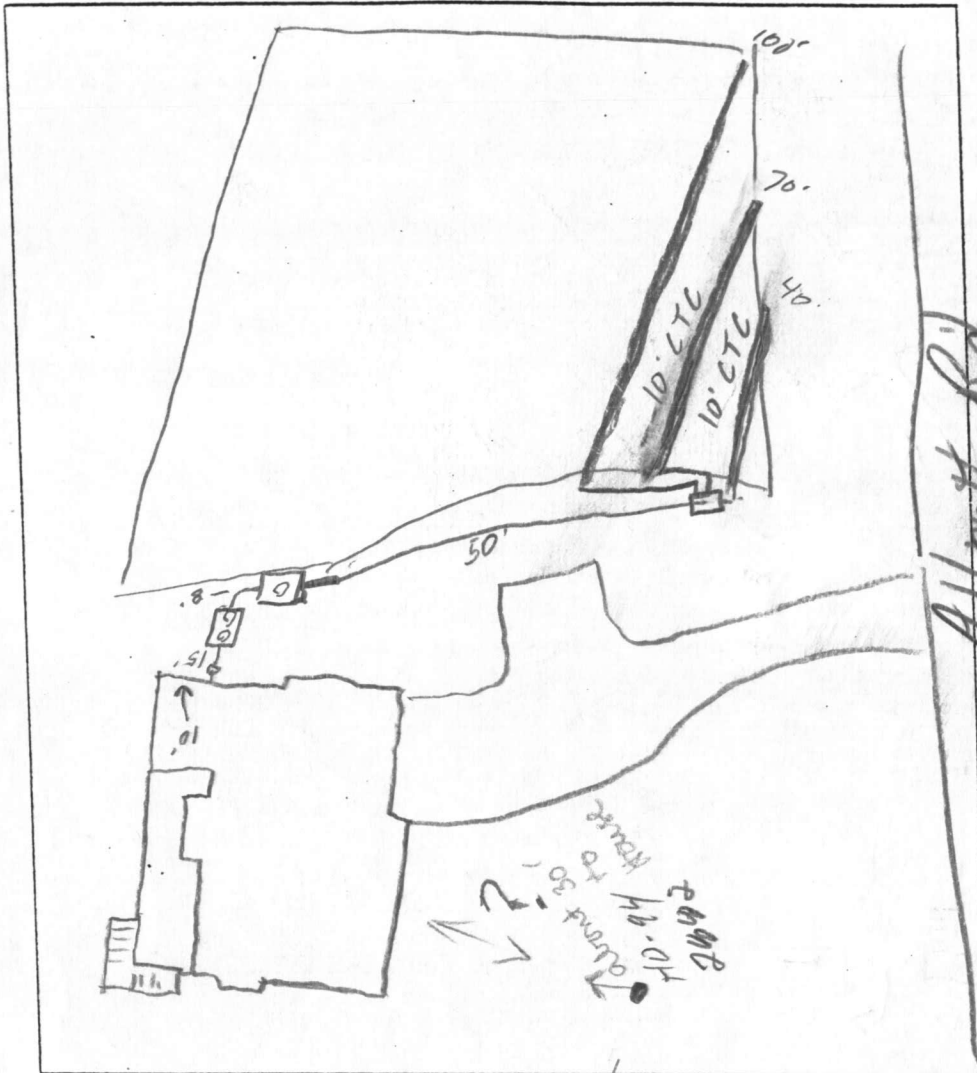
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED** 7/18/2002
B 00137468 UG PROPANE TANK

424816

VMD BELORVED
BUILDING NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
TRENCH INLET DEPTH 4'
TRENCH BOTTOM DEPTH 8'
DEPTH OF STONE 4'
NUMBER OF TRENCHES 3'
TOTAL TRENCH LENGTH 210'
ABSORBENT AREA 840 ft²
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER F&B
6 INCH INSPECTION PORT —

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
MANHOLE RISER Center
ALARM Operational
PUMP PERFORMANCE TEST ✓

PRE-CONSTRUCTION INSPECTION: 7/25/02 Not staked, tanks set. Install 50' & (2) 80' trenches on contour (50)

INSPECTION COMMENTS: 7/31/02 OK to cover all work. Pump & Alarm tests needed SO 12/2/02 Pump & alarm test OK (KN) Alarm box not easy to find; above door in laundry room (KN)

INDEXED

INSPECTOR

Norman, Racie

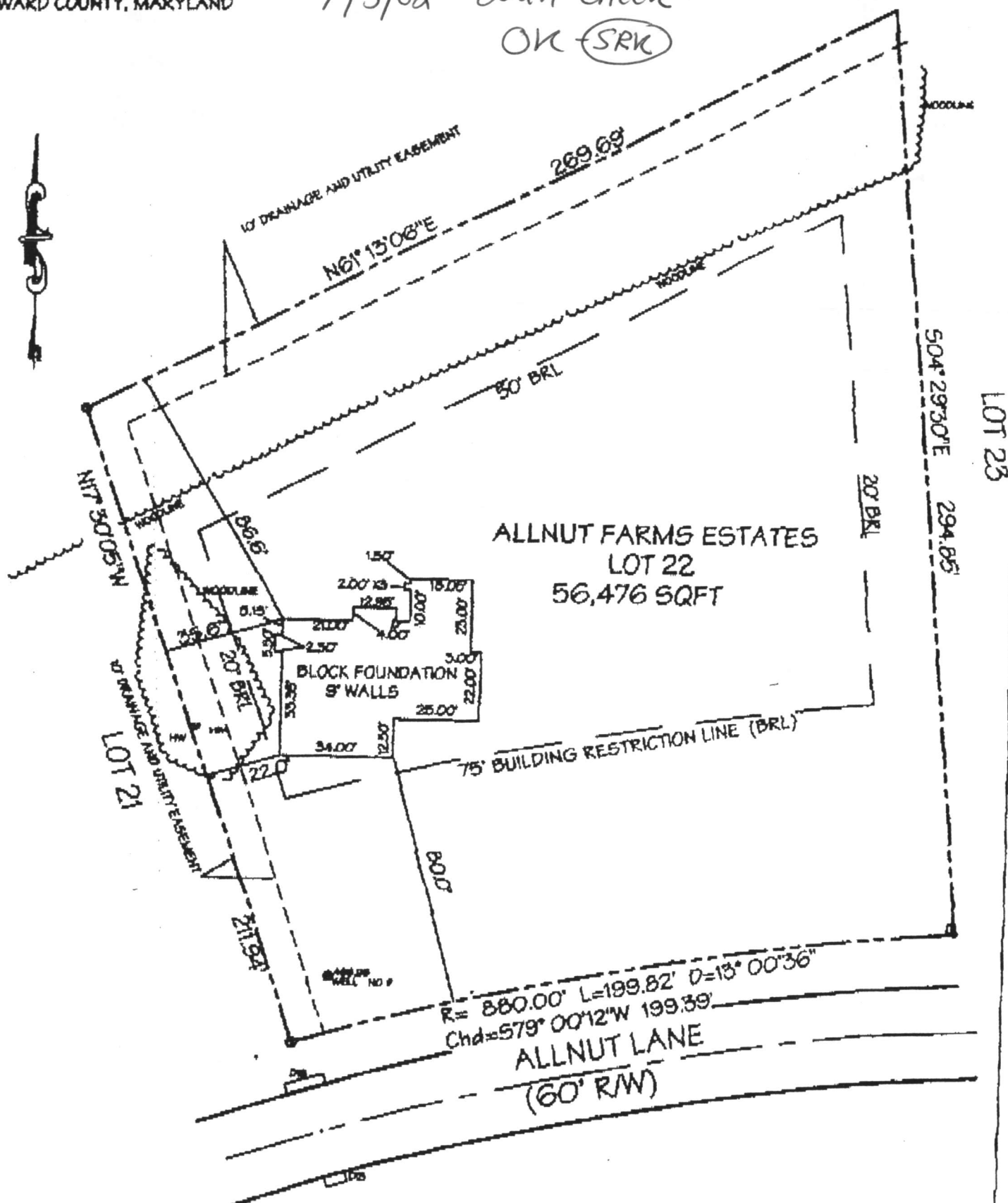
DATE SYSTEM APPROVED

12/2/02

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

7/3/02 - Wall Check

OK + SRK



CERTIFICATION

TOP OF WALL ELEV= 498.2'

SEAL

SCALE 1" = 40'

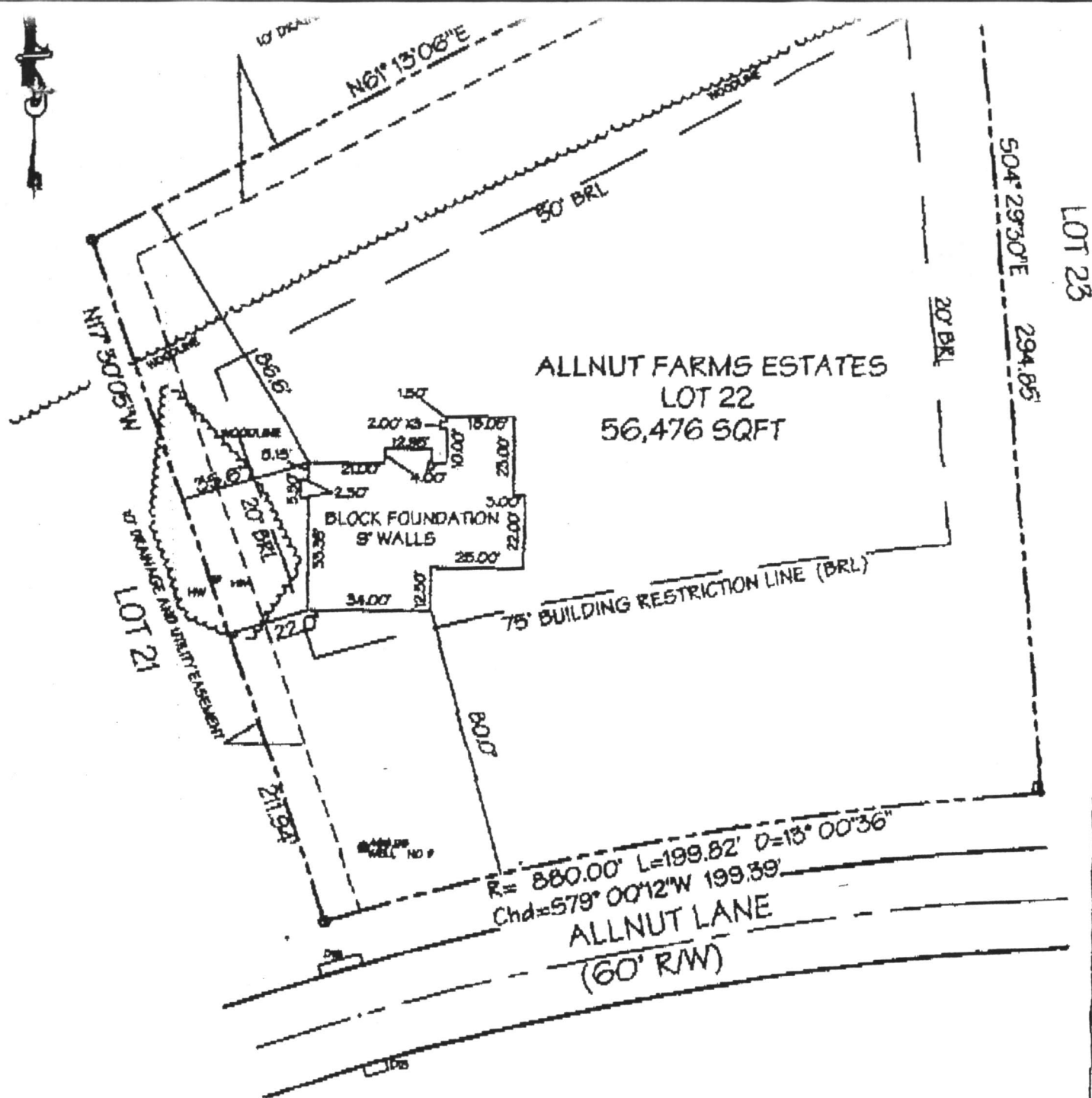
DATE 6/25/02

This is to certify that I have
 approved the contents: James

RECEIVED

JUL 02 2002

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH



LOCATION DRAWING

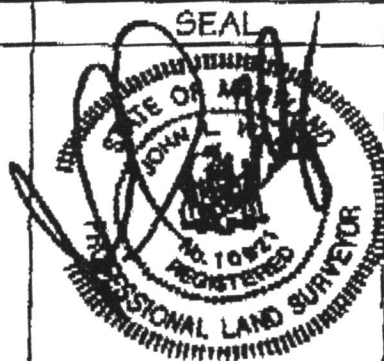
CERTIFICATION

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

LOT 22 ALLNUT LANE

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.

SEAL



SCALE 1" = 40'

DATE 6/25/02

LDE Inc.

Engineers, Surveyors, Planners

9250 Rumsey Road, Suite 106

Columbia, Maryland - 21045

(410) 715-1070 - (410) 715-9540 Fax

ORIG

FOGUES

RECEIVED

JUL 02 2002

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

**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: D.B. Rockwood P.B. INC Telephone #: 410-857-4648
Address: 301 WATSON LN
WILMINGTON BRIDGE 21791

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Greg Rockwood License #: 8439

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Robert Doss Telephone #: 301-954-1689
Subdivision: Highland Lot #: 72 Well Tag #: HO-44-2882
Site Address: 13440 Mount Ln
Highland Md. 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Jacuzzi</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>7345-18</u>	Model #: <u>310X</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 1/8" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>500</u> feet		Conduit secured to well cap: <u>Yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque wrenches, Cable guides, or other acceptable method used. Must circle one		
Safety rope, if used, attached to <u>brass rope adapter or other acceptable method inside of well casing</u>		

Piping to house

Type: Yardley
PSI: 100 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 10'
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, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: D.B. Rockwood date: 12-13-02

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

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: <u>7-25-02 (50)</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade <u>✓</u>		
Two piece cap installed and attached to casing securely <u>✓</u>		
Electric conduit extends at least 18" below grade/attached to cap properly <u>✓</u>		
Safety rope not seen outside of well cap/casing <u>✓</u>		
Connect well cap attached properly and casing 8" above finished grade <u>✓</u>		
Water supply line sleeved adequately at house connection <u>✓</u>		
Adequate grade observed below pitless adapter <u>✓</u>		

C108065

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY
NUMBER

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY

Depth of Well
22 700' 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2882

OWNER
Dass SHARON 1 Robert
STREET OR RFD
SUBDIVISION Allnut Farms

TOWN Highland

SECTION

LOT 22

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
FROM TO

check
if water
bearing

Sand 0 42
Gray Mica Rock 42 700 ✓

Dry well 400'
Filled
400-40 drilling materials
40-0 cement

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC
45 46 45 46
NO. OF BAGS 12 NO. OF POUNDS 128
GALLONS OF WATER 12
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 41 ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER
MAIN CASING TYPE
Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)
ST 6 46
60 61 63 64 66 70

OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASING

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
HOLE
PL PL
PLASTIC 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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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

Well Permit No. HO - 94-2882

Subdivision Allnutt Farms

Well Driller Joseph Mayne

Lot 22 Block 2 Plat 1 Sec 1

Owner Robert & Sharon Dass

Depth of well 700'

Distance of measuring point (M.P.) above ground 2'

Static water level (S.W.L.) below M.P. 23'

Time pump started 8:00

Pumping rate 20 rpm

Total time 45 min to reach pumping water level 270 ft. below M.P.

[illegible]

Review _____

Well Permit No. HO - 94-2882
Location of property (road) Allnutt Lane
Subdivision Allnutt Farms Lot 22 Block Plat Sec.
Well Driller Joseph Mayne Owner Robert & Sharon Dass

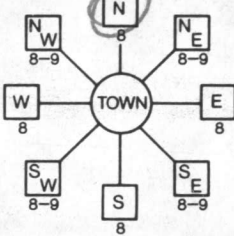

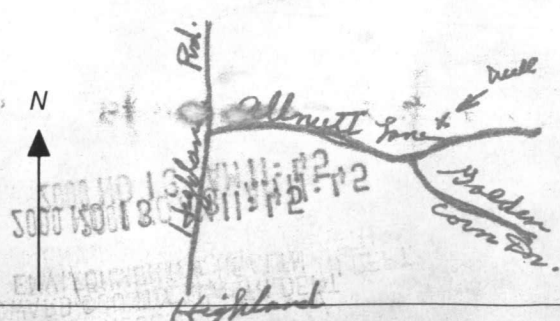
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

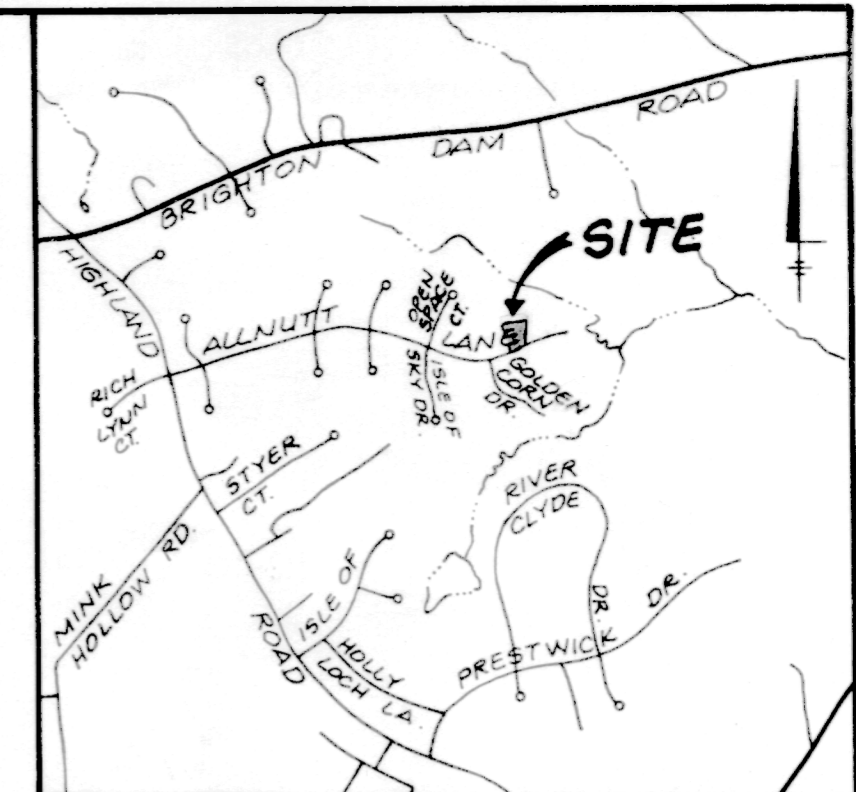
[illegible]

B 1 03780 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W 514641</i> please print or type	STATE PERMIT NUMBER HO-94-2882 <small>70 fill in this form completely 79</small>
Date Received (APA) 11 13 00 <small>8 MM DD YY 13</small> Dass Sharon & Robert <small>15 Last Name Owner First Name 34</small> 10524 East Wind Way <small>36 Street or RFD 55</small> Columbia Md 21044 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Allnutt Farm <small>23 SUBDIVISION 42</small> SECTION 44 LOT 22 <small>44 46 48 50</small> Highland <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 <small>73 76 77 78</small>	
DRILLER INFORMATION Joseph L. Mayne MSDZY <small>76 Driller's Name 81 License No.</small> Joseph L. Mayne well Drilling <small>Firm Name</small> 5512 Ridge Rd. Mt. Airy, Md. 21771 <small>Address</small> Joseph L. Mayne 11/9/2000 <small>Signature Date</small>		B 4 2 <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  allnutt Lane <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <small>34 25 37</small> DISTANCE FROM ROAD 25 <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 24816 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 11 27 00 Steven R. Krieg 11 27 01 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 498 000 EAST GRID 810 000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800810 N 4908 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> <small>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> <small>other</small>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL 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 HO-94-2882 <small>54 63</small> PERMIT No. HO-94-2882 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

DATE

Health
Dept.
Copy

5. 44 ELECTION DIST. HOWARD W



VICINITY MAP

Scale: 1" = 2000'

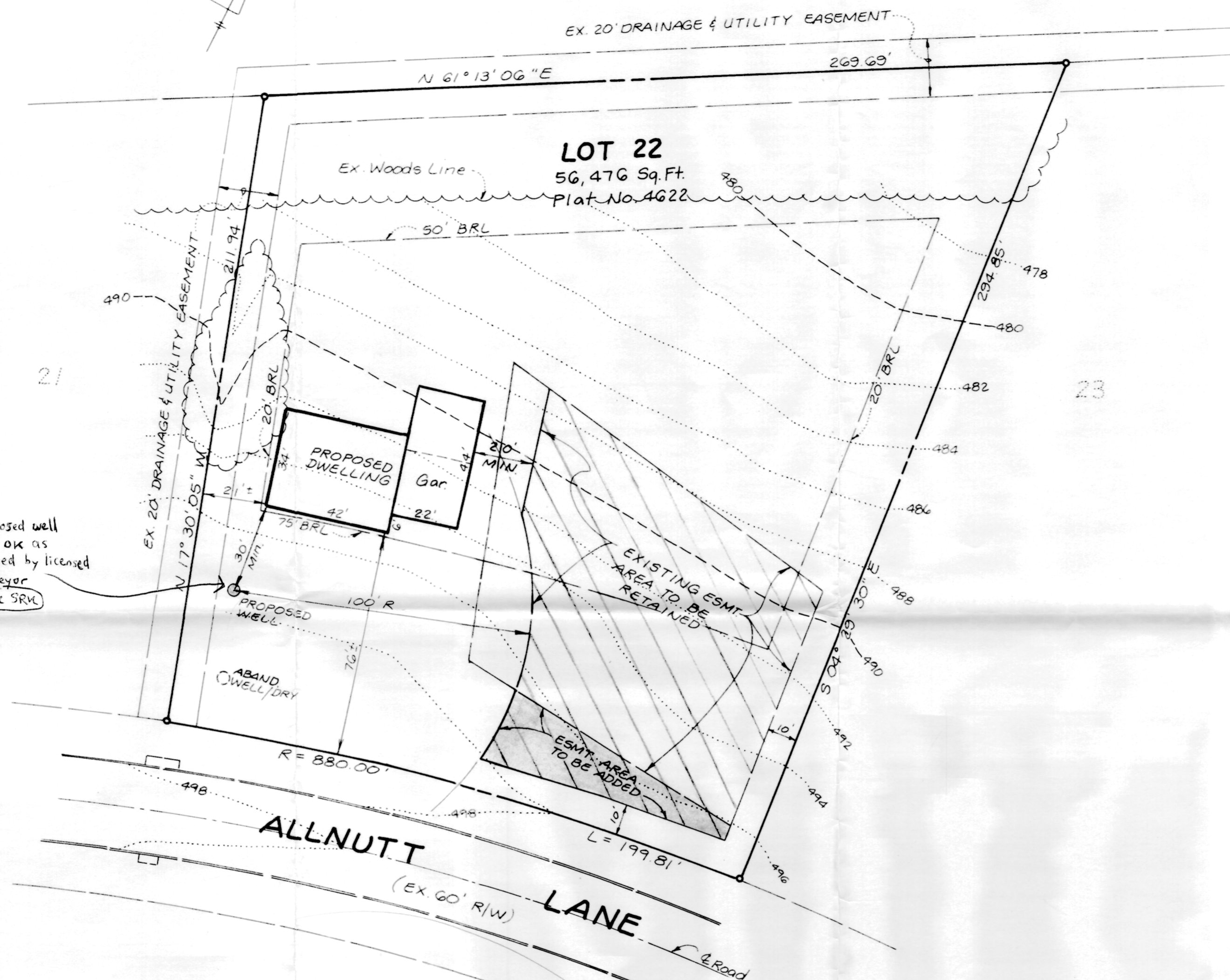
NOTES:

1. EXISTING ZONING: RR (RURAL RESIDENTIAL)
2. PLAT REFERENCE: PLAT No. 4622
3. TOTAL AREA OF LOT: 1.2965 Ac ±
4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
5. THERE ARE NO EXISTING WELLS WITHIN 100 FEET OF THE LOT WHICH MAY AFFECT THIS PROPOSAL.
6. THE LIMITS OF THE SEWAGE DISPOSAL EASEMENT APPROVED BY THIS PLAN ~~SHALL~~ *BE MODIFIED DEPENDENT ON THE PROPOSED DWELLING UNIT SUBMITTED WITH A BUILDING PERMIT APPLICATION. * CHANGE ON PER ENGINEER (SRU)

SEWAGE DISPOSAL AREA CALCULATIONS:

1. AREA OF EXISTING DISPOSAL EASEMENT: 10,250 S.F.
2. AREA OF EXISTING EASEMENT TO BE ABANDONED: - 1,500 S.F.
3. AREA OF PROPOSED DISPOSAL EASEMENT: + 1,270 S.F.

TOTAL AREA OF RECONFIGURED SEWAGE DISPOSAL EASEMENT = 10,020 S.F.



THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT

Howard County Health Officer

Date

LEGEND

- ⊕ PERCOLATION TEST (Passed)
- ⊕ PERCOLATION TEST (Failed)
- EXISTING SEWAGE DISPOSAL ESMT.
- PROPOSED SEWAGE DISPOSAL ESMT.
- ABANDONED WELL SITE
- PROPOSED WELL SITE

1/9/01
This plan also serves as the modified approved Septic easement. No need for Signature by Health Officer MR/SRU

<p align="center">LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)</p>			
Design:	BDB	REVISOR	WELL SITE
Drawn:	KBW	REVISED PERCOLATION CERTIFICATION PLAN	
Check:	BDB	ALLNUT FARM ESTATES	
Date:	12/00	LOT 22	
		5th ELECTION DISTRICT	
		HOWARD COUNTY, MARYLAND	
		Owner/Developer	File No.
		ROBERT D. DASS	
		5430 El Camino	
		Columbia, MD 21044 (410) 884-0970	

Scale:

1" = 30'

Sheet:

1 of 1

LDE Job No.

00-064

LOT 22

56,476 Sq.Ft.

Plat No. 4622

Ex. Woods Line

LIMIT OF DISTURBANCE

SILT FENCE

EX. 20' DRAINAGE & UTILITY EASEMENT
N 17° 30' 05" W

490

EX. WOODS LINE

STABILIZED CONSTRUCTION ENTRANCE

ALLNUTT

STD. ENTRANCE (R 6.05)

(EX. 60' R/W)

LANE

EX. BIT CURB

EX. ROAD

NOTE A: WHERE CURB & GUTTER EXISTS, REMOVE & RECONSTRUCT CURB & GUTTER TO FIRST JOINT ON EITHER SIDE OF ENTRANCE.

NOTE B: TIE-IN GRADE OF PRIVATE DRIVEWAY SHALL NOT EXCEED 14%.

PRIVATE DRIVEWAY

10' MIN 16' MAX MACADAM DRIVEWAY APRON

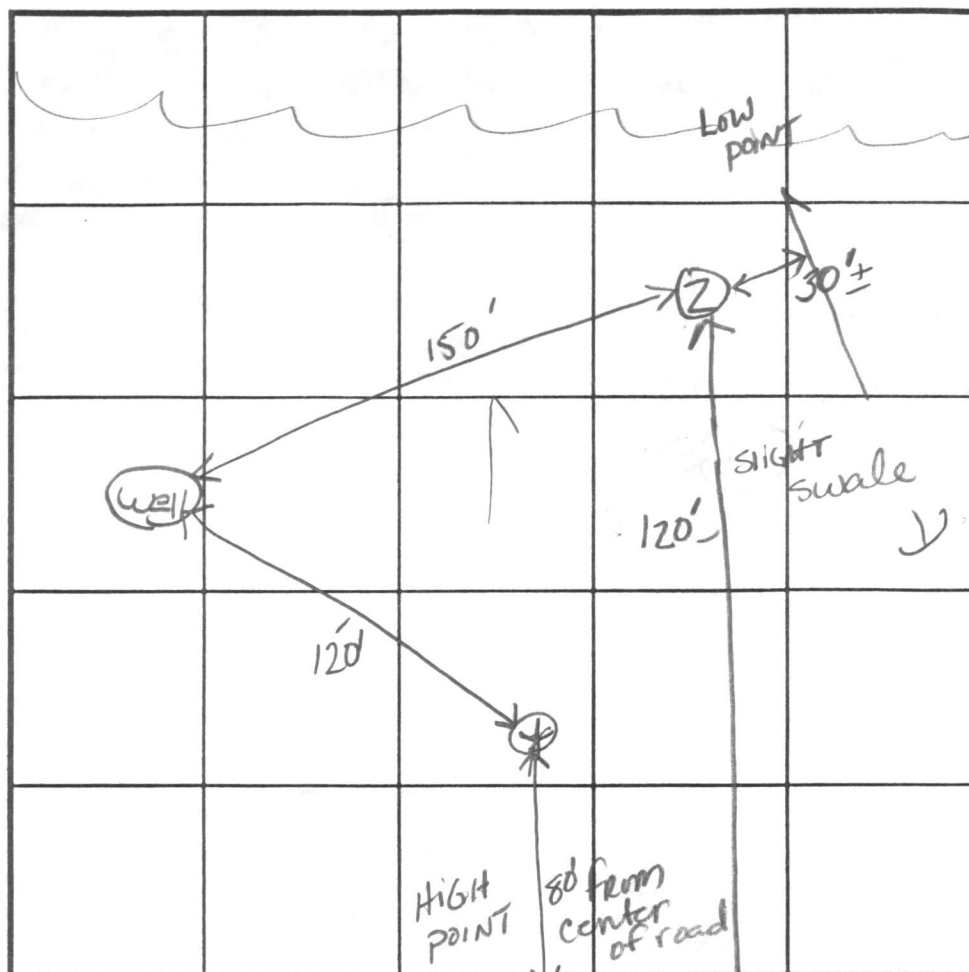
GNATES A PRIVATE SEWAGE REQUIRED BY THE MARYLAND

SOIL PROFILE

0'

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ALLNUT LANE -

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
			SEE ATTACHED PERC NOTES					
			FOR (Y) and (Z)					
					</			

REMARKS

TYPE OF SOIL

TESTED BY

KC & Sohn

ALSO PRESENT

Spanky w/Fogles
Builder, & owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

9 mpa

TRENCH WIDTH

INLET DEPTH

41

MAXIMUM BOTTOM DEPTH

8

SQ. FT./BEDROOM

240

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

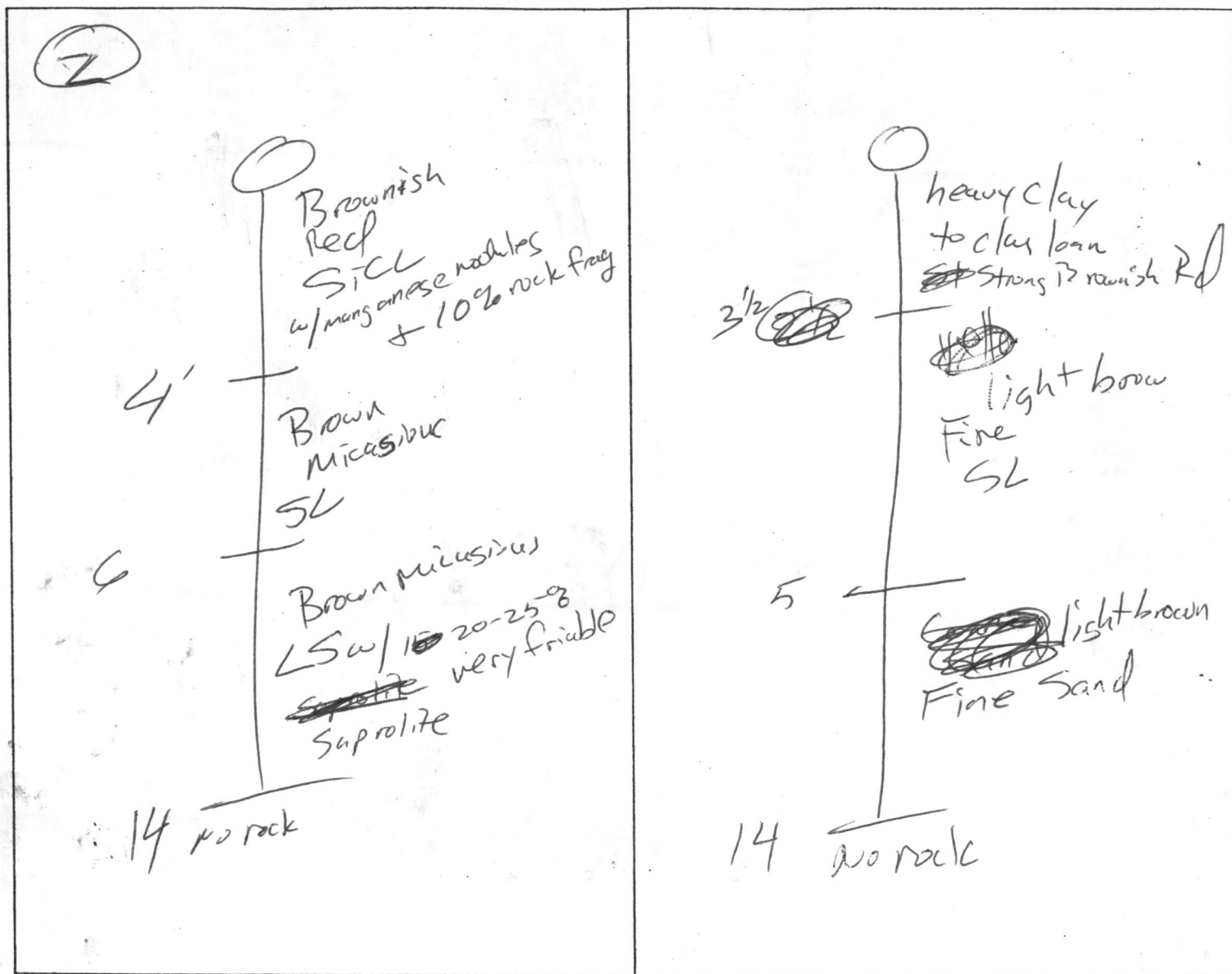
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Project H/nut lot 22	Present SPANKY-FOGIES John & Kaelie	Date 5/29/02
----------------------------	---	-----------------



Perc Depth	PreSoak Start	PreSoak Finish	Perc Finish	Time in Minutes
4 1/2'	10:30:17	10:32:15	10:35:45	3 1/2
7	10:28:14	10:29:48	10:32:10	3:12

Notes:

Perc Depth	PreSoak Start	PreSoak Finish	Perc Finish	Time in Minutes
4'	10:58:11	10:59:20	11:01:20	2 min
6'10"	10:55:30	10:56:25	10:57:36	1:10
2nd pour 4'10"	11:01:30	11:03	11:05:04	2 min

Notes:

Project	Present	Date
----------------	----------------	-------------

--	--

Perc Depth	PreSoak Start	PreSoak Finish	Perc Finish	Time in Minutes

Notes:

Perc Depth	PreSoak Start	PreSoak Finish	Perc Finish	Time in Minutes

Notes:

APPLICATION

A24816

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

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

PROPERTY LOCATION: Allnutt Farm
SUBDIVISION ~~Hi-Land Farm~~ Estates Sec. 4 LOT NO. 54 22 Sec. 4
ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 0.92 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 Frank Skinner FOR trenches DATE 1/29/85
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS Joe Neill DATE 8/30/77

REASONS FOR REJECTION OR HOLDING Underground water 5/17/84 Hold

for Review Water probably OK

THIS IS NOT A PERMIT

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

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

PROPERTY LOCATION: Allnutt Farm
SUBDIVISION ~~Highland Farm Estates~~ Sec. 4 LOT NO. 54 22
ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 0.92 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

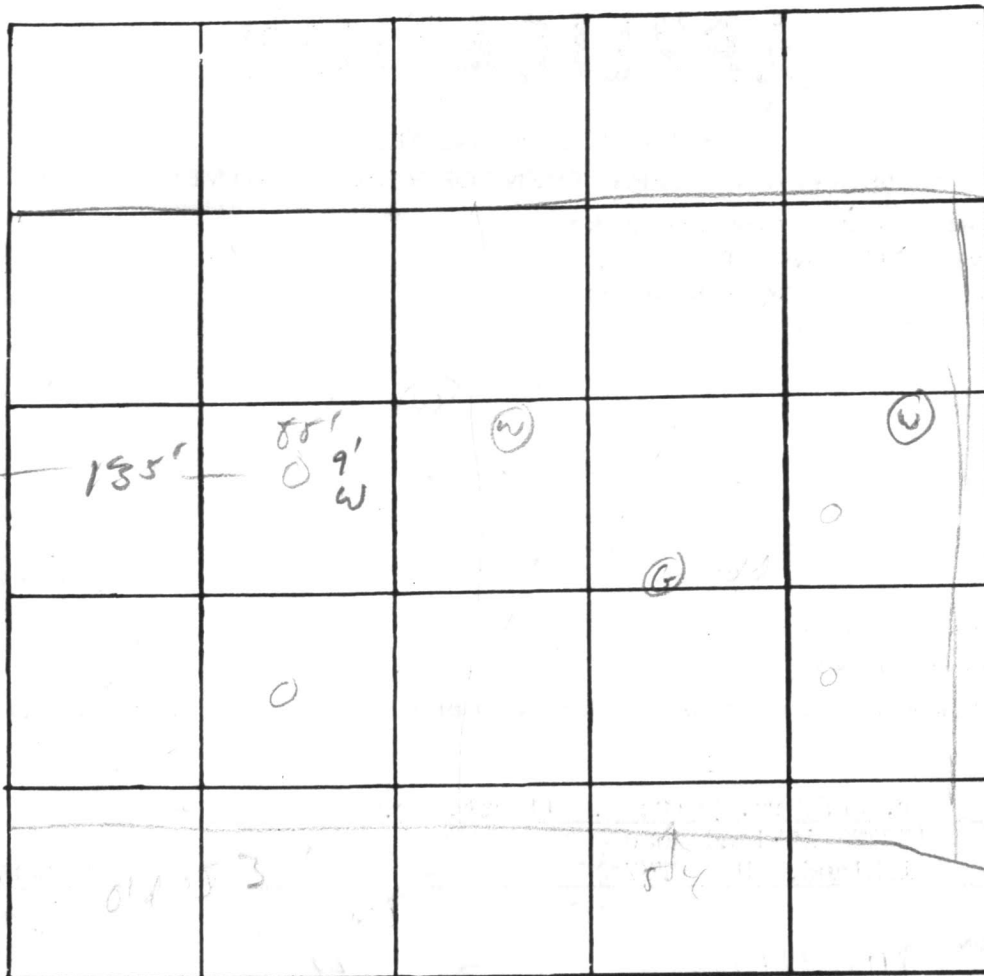
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/77							

REMARKS _____

TYPE OF SOIL _____

TESTED BY DPY. ALSO PRESENT: _____

A	1525.00	08:46.00	232.83	116.67	N 31° 52' 30" E 220.80
B	1475.00	09:25:00	242.42	121.48	N 38° 12' 30" E 242.16
C	470.00	09:02.24	42.51	271.57	S 60° 31' 12" E 470.20
D	880.00	10:02.24	64.51	300.64	N 83° 28' 45" E 602.53
E	820.00	10:02.24	573.04	226.73	N 83° 28' 45" E 561.54
F	530.00	17:26:37	161.36	81.31	N 72° 10' 54" E 160.73
G	275.00	14:12.41	157.80	103.40	S 27° 53' 40" E 193.56
H	725.00	23:29:51	297.33	150.76	S 36° 45' 05" E 295.25
I	675.00	22:22.42	233.64	133.62	S 37° 18' 30" E 261.27
J	305.00	41:45.41	236.85	123.98	S 27° 37' 09" E 231.68
K	270.00	31:45:52	223.83	150.80	S 72° 22' 56" E 290.08
L	270.00	52:45.00	239.15	128.06	S 08° 07' 30" W 231.41
M	830.00	28:09:45	407.97	208.15	S 03° 10' 01" E 403.88
N	770.00	23:34:08	383.92	196.04	S 02° 51' 50" E 379.95



NOTE: COORDINATES SHOWN HEREON ARE BASED ON AN ASSUMED SYSTEM.

CURVE DATA			CHORD	
A	T			
100	232.82	116.57	N37°52'30"E	232.66
100	242.42	121.48	N38°12'30"E	242.16
100	402.51	271.57	S86°31'12"E	470.20
100	402.51	271.57	N83°28'48"E	602.53
100	402.51	271.57	N83°28'48"E	561.54
100	402.51	271.57	N72°10'54"E	160.73
100	402.51	271.57	S27°53'40"E	193.56
100	402.51	271.57	S36°45'05"E	295.25
100	402.51	271.57	S37°18'30"E	261.97
100	402.51	271.57	S27°37'00"E	231.68
100	402.51	271.57	S27°22'56"E	200.08
100	402.51	271.57	S08°07'30"W	231.41
100	402.51	271.57	S03°10'07"E	403.88
100	402.51	271.57	S02°57'50"E	379.95

15
"PLAT 3-SECTION FOUR" - ALLNUTT FARMS

SEE SH. 3 LINE MATCH

16

504.60

260.60

504.60

260.60

504.60

260.60

504.60

260.60

504.60

260.60

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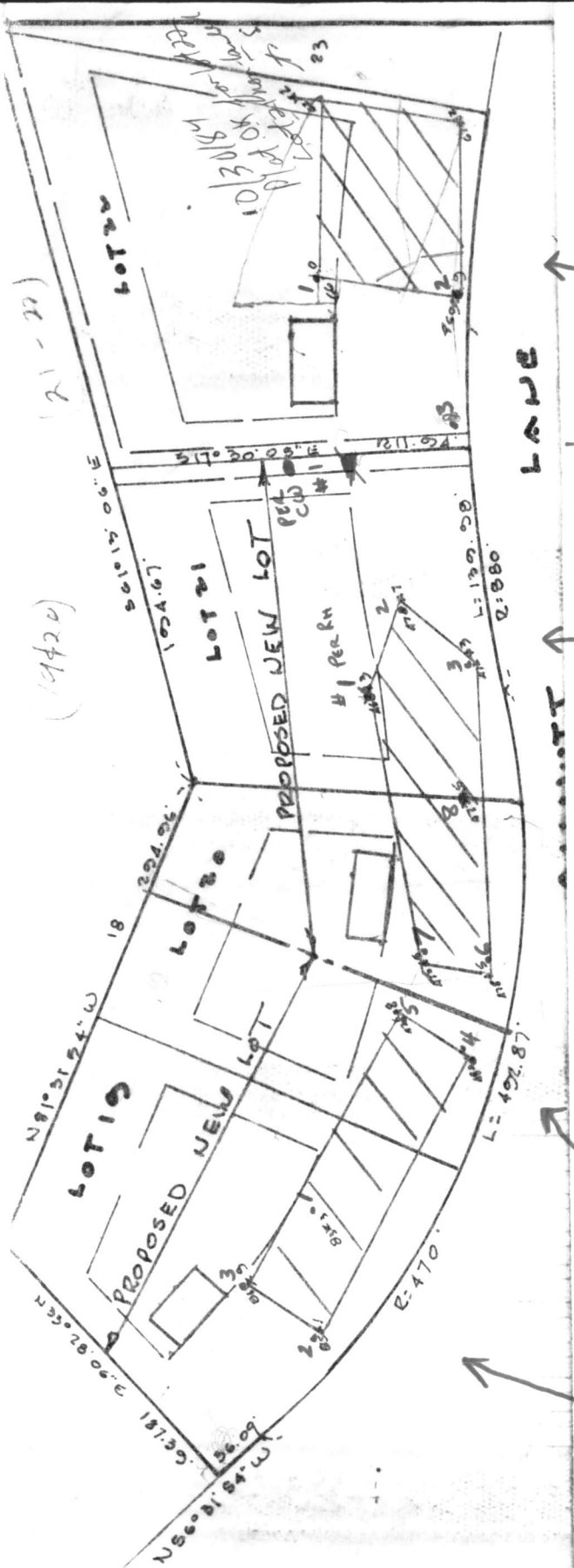
504.60



RALPH B. GREEN
268-360

HUDKINS ASSOCIATES
ENGINEERS-SURVEYORS
231 JOSEPH SQUARE
COLUMBIA, MD 21044

480 x 6 FIELD
10,000
PROPOS



① OK AT 3½' (3 MIN.)
WATER AT 9½'

② OK AT 4' (6 MIN.)
WATER AT 10'

③ NO TEST 8' (10/1/80)

④ OK AT 3½' (4 MIN.)
DRY TO 11½'

⑤ OK AT 3½' (7 MIN.)
WATER AT 11'

⑥ OK AT 3½' (3 MIN.)
DRY TO 12'

⑦ OK AT 3½' (NO TIME)

⑧ SLOW AT 3', MARGINAL AT 5' (17 MIN.)
WATER AT 10½'

① LOCATION UNCERTAIN
NO EVIDENCE OF
INSPECTION.

CONTRACTOR FILLED
HOLE IN WITH
WATER RISING AT 9½'.

② SLOW AT 3½'
OK AT 5' (6 MIN.)
WATER AT 11'

③ OK AT 3½' (6 MIN.)
WATER 9½'

⑧ MARGINAL AT 5' (17 MIN.)
WATER AT 10½'

① OK AT 3½' (2 MIN.)
WATER AT 10'

② OK AT 3½' (2 MIN.)
WATER AT 11'

③ SLOW AT 4'
MARGINAL AT 5' (17 MIN.)
WATER AT 10½'

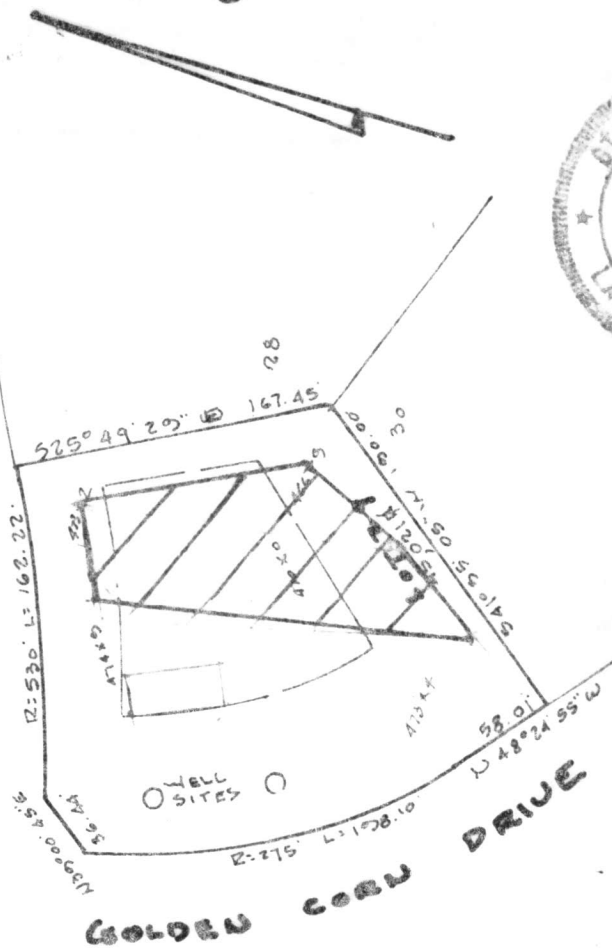
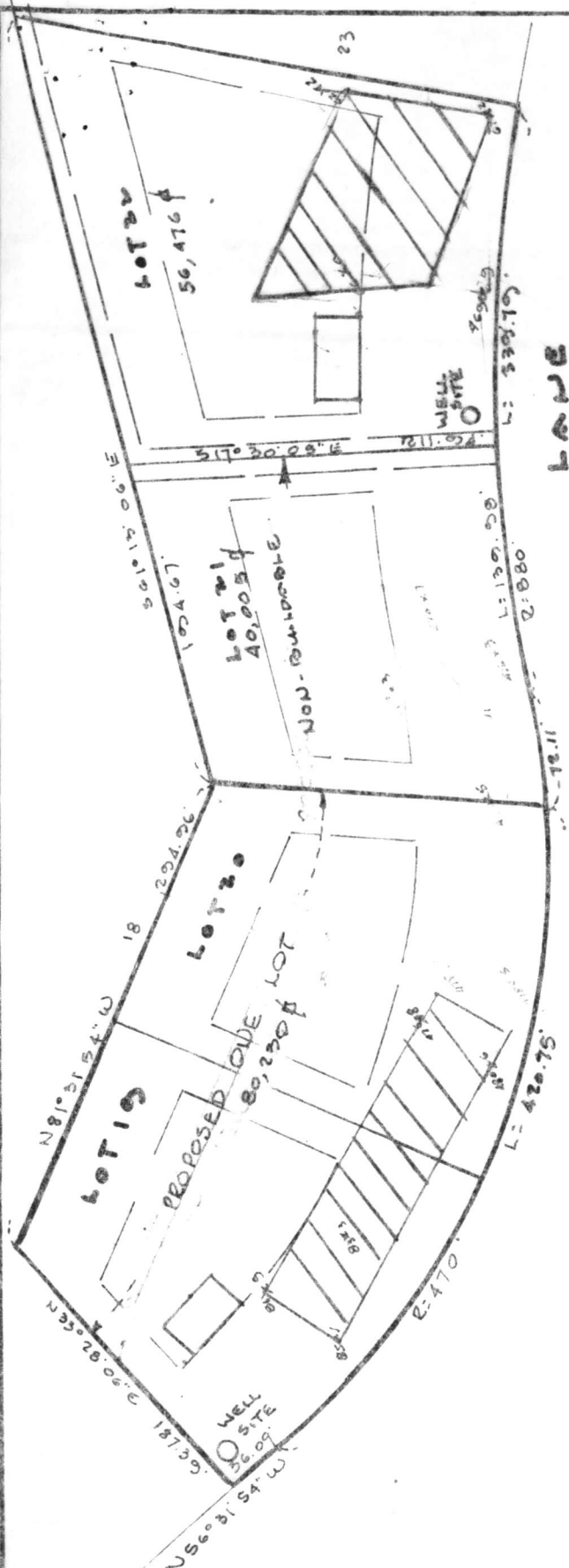
OTHER LOCATIONS
NOT SHOWN IN
TEST RESULTS.

NOTES BY C.W. 10/26/84

James Boyle
COUNTY HEALTH OFFICER


COUNTY HEALTH OFFICER *J.F.*

DATE _____



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF APPROX. 10,000 \$ AS REQUIRED BY THE MD STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THE EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCRAGEMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECREATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

480 x 6 FIELD LOCATED PERC HOLES

 10,000^{sq} SEPTIC EASEMENT PROPOSED DWELLING

FIELD LOCATED PERC HOLES & ELEVATION:
ALLWITT FARM ESTATES
SECTION IV PLAT 4622
LOTS

5th ELECTION DIST. HOWARD CO. MD
SCALE 1"=100' JAN. 14, 1985

10 DRAINAGE AND UTILITY EASEMENT

N61°13'06"E

269.69

WOODLIN

56,476 SQFT

1,000 Gallon
U.G. PROPANE TANK

SEPTIC

OF LOCATION

OK
R= 880.00' L=199.82' D=13° 00' 36"
Chd=579° 00' 12" W 199.39'
NUT LANE

579° 00' 12" W
ALLNUT LANE
(60' R/W)

7/18/02

1/18/02
* Note on Septic
permit to maintain
20' from SDA and 10'
from S.T. (KN)
TOP OF WALL ELEV = 498.2'

CERTIFICATION

LOT 22 ALLNUT LANE

SEAL

SCALE 1" = 40'

DATE 6/25/02

LDE Inc.

KN

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>300137468</u>
Building Address <u>13496 ALLNUTH LANE</u> <u>Highland, MD. 20777</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605101</u> Subdivision _____ Section _____ Area _____ Lot <u>22</u> Tax Map <u>34</u> Parcel <u>375</u> Grid <u>16</u> Zoning <u>RR</u> Map Coordinates <u>14B7</u> Lot size _____	Property Owner's Name <u>Robert Dass</u> Address <u>13496 ALLNUTH LANE</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Home Phone <u>410 997 8069</u> Work Phone <u>410 884 0970</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____	
Existing Use <u>Single Family Dwelling</u> Proposed Use <u>U.G. PROPANE TANK</u> Estimated Construction Cost \$ <u>3,000.00</u> Description of Work <u>Bury a 1,000 gallon U.G. PROPANE TANK TO NFPA #58 Specs</u>	Contractor Company <u>SUBURBAN PROPANE</u> Contact Person <u>MIKE DEVINCENT</u> Address <u>31 DERWOOD CIRCLE P.O. BOX 1766</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u> License No. _____ Phone <u>301 251 0606</u> Fax <u>301 251 0608</u>	
Occupant or Tenant <u>Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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 type="checkbox"/> Public <input checked="" 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 type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

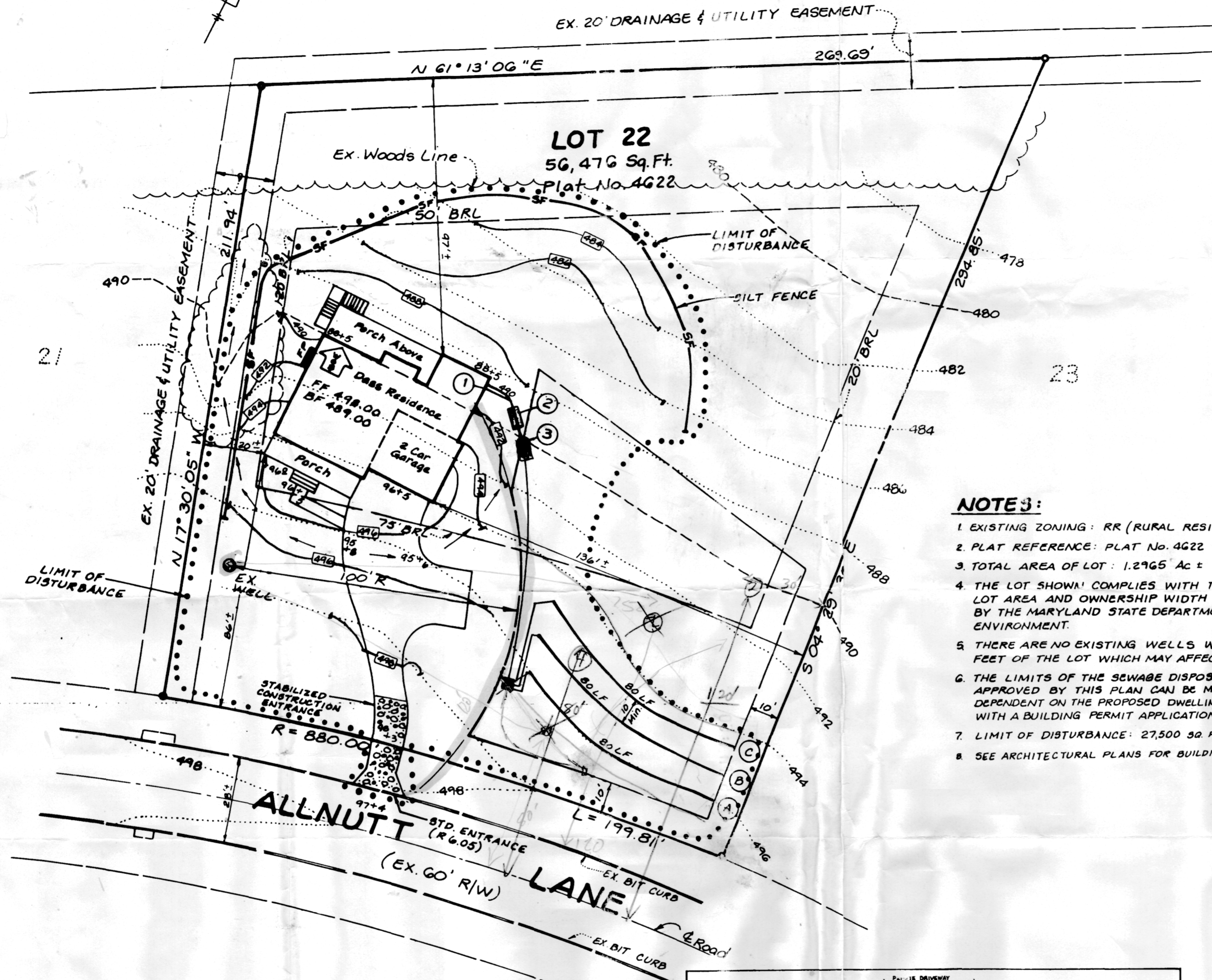
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<u>Michael A. Devincenzi</u> Applicant's Signature <u>Energy Representative/Suburban Propane</u> Title/Company	<u>Michael A. DEVINCENZI</u> Print Name <u>7/15/02</u> Date
---	--

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">AGENCY</th> <th style="text-align: left; padding: 2px;">DATE</th> <th style="text-align: left; padding: 2px;">SIGNATURE APPROVAL</th> </tr> <tr> <td style="padding: 2px;">Land Development, DPZ</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">State Highways</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">✓ Building Official</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">✓ Dev. Engineering, DPZ</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">✓ Health</td> <td><u>7-18-02</u></td> <td><u>Raei Norman</u></td> </tr> <tr> <td style="padding: 2px;">Fire Protection</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="padding: 2px;">Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">CONTINGENCY CONSTRUCTION START: <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">ONE STOP SHOP: <input type="checkbox"/></td> </tr> </table>	AGENCY	DATE	SIGNATURE APPROVAL	Land Development, DPZ			State Highways			✓ Building Official			✓ Dev. Engineering, DPZ			✓ Health	<u>7-18-02</u>	<u>Raei Norman</u>	Fire Protection			Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			ONE STOP SHOP: <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">DPZ SETBACK INFORMATION</th> </tr> <tr> <td style="padding: 2px;">Front: _____</td> </tr> <tr> <td style="padding: 2px;">Rear: _____</td> </tr> <tr> <td style="padding: 2px;">Side: _____</td> </tr> <tr> <td style="padding: 2px;">Side St.: _____</td> </tr> <tr> <td style="padding: 2px;">All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Lot Coverage for NewTown Zone _____</td> </tr> <tr> <td style="padding: 2px;">SDP/Red-line approval date _____</td> </tr> </table>	DPZ SETBACK INFORMATION	Front: _____	Rear: _____	Side: _____	Side St.: _____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Lot Coverage for NewTown Zone _____	SDP/Red-line approval date _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">PROPERTY ID#:</th> </tr> <tr> <td style="padding: 2px;">Filing fee \$ <u>100</u></td> </tr> <tr> <td style="padding: 2px;">Permit fee \$ _____</td> </tr> <tr> <td style="padding: 2px;">Excise tax \$ _____</td> </tr> <tr> <td style="padding: 2px;">Add'l per. fee \$ _____</td> </tr> <tr> <td style="padding: 2px;">TOTAL FEES \$ _____</td> </tr> <tr> <td style="padding: 2px;">Sub-total paid \$ _____</td> </tr> <tr> <td style="padding: 2px;">Balance due \$ _____</td> </tr> <tr> <td style="padding: 2px;">Check # <u>2292370</u></td> </tr> <tr> <td style="padding: 2px;">Validation # _____</td> </tr> </table>	PROPERTY ID#:	Filing fee \$ <u>100</u>	Permit fee \$ _____	Excise tax \$ _____	Add'l per. fee \$ _____	TOTAL FEES \$ _____	Sub-total paid \$ _____	Balance due \$ _____	Check # <u>2292370</u>	Validation # _____
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Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



NOTES:

1. EXISTING ZONING: RR (RURAL RESIDENTIAL)
2. PLAT REFERENCE: PLAT No. 4G22
3. TOTAL AREA OF LOT: 1.2965 Ac ±
4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
5. THERE ARE NO EXISTING WELLS WITHIN 100 FEET OF THE LOT WHICH MAY AFFECT THIS PROPOSAL.
6. THE LIMITS OF THE SEWAGE DISPOSAL EASEMENT APPROVED BY THIS PLAN CAN BE MODIFIED DEPENDENT ON THE PROPOSED DWELLING UNIT SUBMITTED WITH A BUILDING PERMIT APPLICATION.
7. LIMIT OF DISTURBANCE: 27,500 SQ. FT. ±
8. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

SEWAGE SYSTEM DESIGN DATA:

- ① Invert at foundation wall: **487.80**
- ② 1250 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade
A. Ex. Ground Over Tank: **489.50**
B. Prop. Grade Over Tank: **490.00**
C. Invert In: **487.50**
D. Invert Out: **487.20**
- ** ③ 1250 Gallon Pump Pit
A. Ex. Ground over Pit: **490.00**
B. Prop. Grade over Pit: **490.00**
C. Invert In: **487.00**
D. Invert Out: **487.50**
- ④ Distribution Box: (Provide 3 Outlets Minimum)
A. Ex. Ground Over Box: **496.70**
B. Prop. Grade Over Box: **496.70**
C. Invert In: **493.70**

5. Trench Design: 60 LF/Bedrm. X 4 Bedrm. = 240 LF

	(A)	(B)	(C)
Ex. Gr. Over Trench:	496.00	495.20	494.40
Invert Trench:	493.00	492.20	491.40
Bottom Trench:	491.00	490.20	489.40
Trench Length:	80 Ft.	80 Ft.	80 Ft.
Trench Width:	3 Ft.	3 Ft.	3 Ft.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

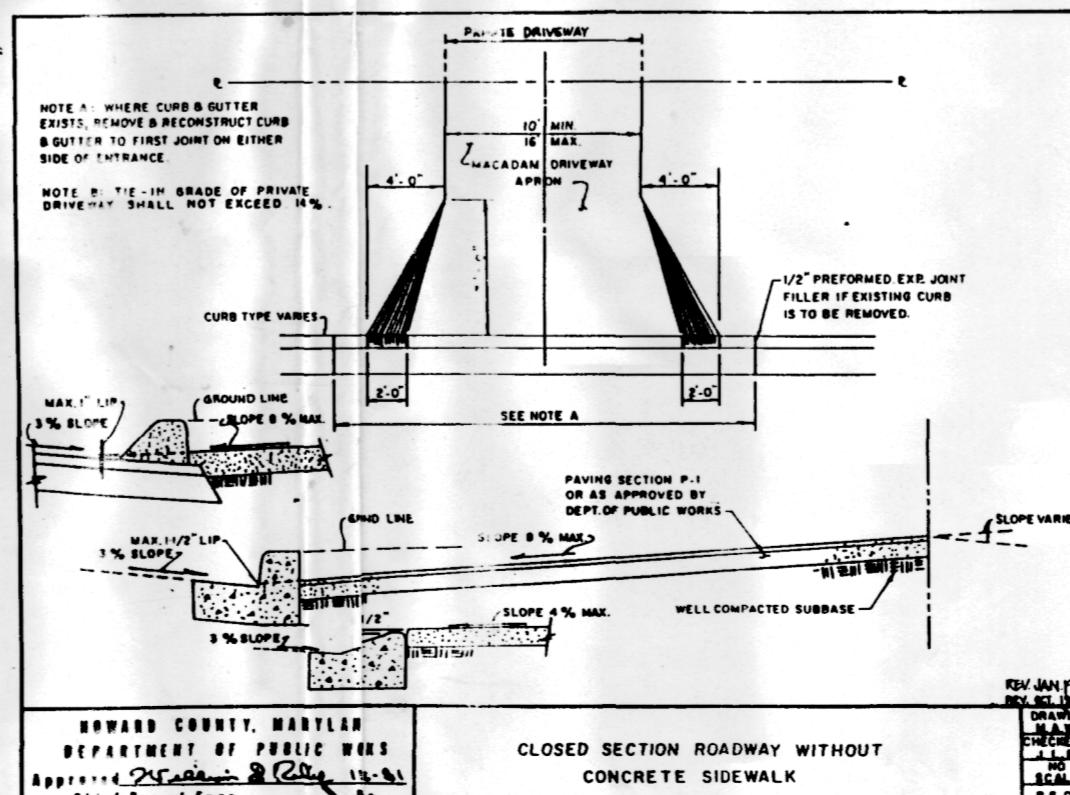
NOTES:

1. THE PROPOSED SEPTIC SYSTEM FOR THIS LOT REQUIRES A PUMP.
- ** 2. PUMP CHAMBER TO BE A MINIMUM 1000 GALLON TOP SEALED PUMP PIT WITH SINGLE EFFLUENT PUMP. PUMP SHALL BE EQUIPPED WITH AUDIBLE AND VISUAL ALARM SYSTEM FOR HIGH WATER AND PUMP MALFUNCTION. ALARM SYSTEM SHALL BE INSTALLED ON A SEPARATE ELECTRICAL CIRCUIT. INSTALL CHECK VALVES AS REQUIRED.
3. PROVIDE MANHOLE CLEANOUT TO FINISHED GRADE AT PROPOSED SEPTIC TANK AND THE PUMP CHAMBER.
4. DETAILS AND SPECIFICATIONS OF THE PROPOSED PUMP WITHIN THE PUMP PIT TO BE SUPPLIED BY THE CONTRACTOR FOR REVIEW AND APPROVAL BY THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF A SEPTIC PERMIT.

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT

Howard County Health Officer _____ Date _____



<p align="center">LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 598-3424 (410) 715-9540 (Fax)</p>			
Design:	PLOT PLAN FOR BUILDING PERMIT		Scale:
BDB			1" = 30'
Drawn:	ALLNUT FARM ESTATES		Sheet:
KBW	LOT 22		1 of 1
STB	5th ELECTION DISTRICT		LDE Job No.
Check:	HOWARD COUNTY, MARYLAND		00-064
BDB			File No.
Date:	Owner/Developer:	Builder:	
12/01	ROBERT D. DASS 5430 El Camino Columbia, MD 21044 (410) 584-0970	RAFAEL HOMES 66 Painters Mill Road, Suite 200 Owings Mills, MD 21117 (410) 581-9822	

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