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25146

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH X 992-2330 461-9933

NOTE:

INDEXED

MARYLAND STATE DEPARTMENT OF HEALTH'

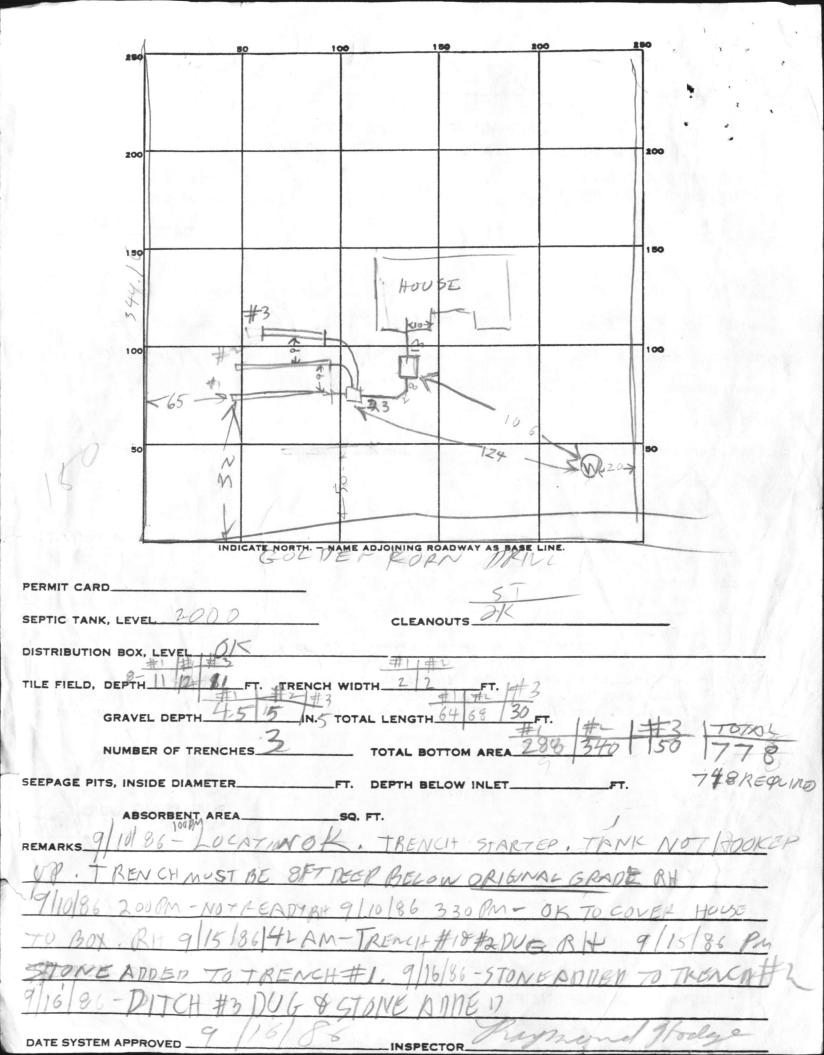
ELLICOTT CITY 5th DISTRICT. 9/05/86 DATE

T & R	R Plumbing & Heating,	Inc.	IS PERMI	TTED TO INSTALL	X ALTER
ADDRESS 1	1974 Scaggsville Road	, Fulton, Maryland	20759	PHONE	725-2392
ADDRESS				Rel.	
SUBDIVISION	Allnutt Farms	ROAD 1349	94 Golden Cor	LOT_	34, Section 4
PROPERTY OV	WNER	Pete Lomis/Phil	Charey		
ADDRESS					
IF GARBAGE	GRINDER IS USED INCREASE SEP	TIC TANK CAPACITY BY 50%	AND ABSORPTION	AREA BY 22%.	
GARBAGE GF	RINDER? YES N	0 <u>x'</u>			
SEPTIC TANK	CAPACITY 1250 GALLO	ONS NUMBER OF BED	PROOMS4		
TRENCHES	- 187 sq. ft. per bed.	room. Trench to be	2 feet wide	. Inlet 3½	feet below original
	grade. Bottom maxi				
	at 3½ feet below or				
LOCATION	- Begin 1st trench 50	feet from the 184.	.00 lot line	(front lot .	line when viewing
					ht) lot line when faci
-					oward 341.47 (back) 10
	line.NOTES: BOTTOM			The property of the contract o	
-					T (344.16) LOT LINE TO
		FOR WELL SITE ON AL			
NOTE	- No trench to exceed				
	box is required. C	all for inspection	of trench(s)	before and	after gravel is
					e or above on septic
	tank.				
		- SANGER OF SERVICE			y no se avionis (18)
PLANS APPRO	VED BY	Bert Nixon		DATE	1/06/86
				artig	L PERMIS SIGNED .
	ORK UNTIL INSPECTED AND APPROVED			CND	RETURNED 8/30/2000
NEITHER THE H	HOWARD COUNTY COUNCIL NOR THE	HEALTH DEPARTMENT IS RESPO	NSIBLE FOR THE SUC	000	126 201
NOTE: IF TRE	ENCH IS USED CALL FOR INSPECTION	BEFORE AND AFTER PLACING GR	RAVEL IN TRENCH.	CONC	CRETE POOL 4 FENCE
NOTE: NO D	RY WELL SHALL EXCEED 15 FOOT IN	DIAMETER. NO ABSORPTION TRE	NCH TO EXCEED 100	FEET IN LENGTH.	KIN AND THE REST
NOTE: ALL F	PIPE FROM HOUSE TO SEPTIC TANK M	UST BE CAST IRON OR SCHEDUL	E 40 PVC OR ABS.		>
PERMIT VOID	AFTER THREE YEARS				0

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR



APPLICATION

A 25147

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 CI	TY, MARYLAND			
I. HEREBY.	APPLY FOR THE NECESSARY TE	ST IN ORDER TO CONSTRUC	T (OR RECONSTRUCT)	A SEWAGE
DISPOSAL SYSTEM				
PPOPERTY OWNE	R Mr. and Mrs. Smith W	Allnutt, Jr.		
	13288 Highland Road			***************************************
ADDRESS	Highland, MD 20777	PH	IONE 988-9303	_
PROPERTY LOCAT	TION:			
	-14.22	AN OTHER DESIGNATION OF THE PARTY AND	70	
SUBDIVISION	Hi-Land Farm Estates	L	OT NO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
POAD AND DESCI	RIPTION Road IICII			
TOTO AND DESCRI	ROES			
				11
		The second of th		
SIZE OF LOT	1.17 Ac	TYPE	BLDG. 3 or 4 bed	room
			NUMBER OF B	EDROOMS
IF NOT SINGLE RE	SIDENCE DESCRIBE			14
				111
	EM INSTALLED UNDER TH	IS APPLICATION IS ACCE	PTABLE ONLY UN	TIL PUBLIC
FACILITIES BE	COME AVAILABLE.			
SIGNATURE OF	APPLICANT /s/ Margaret C.	Allnutt		
APPROVED BY	the state of the s	FOR(KIND OF SYST	DATE	
DE JECTED BY				A
ALJECTED BY		(KIND OF SYST	EM)	
HOLD PENDING FI	URTHER TESTS		DATE	
			DATE	
PEASONS FOR RE	JECTION OR HOLDING		medical process of and a wind on	
			1	
	And the same of the same of the same of		and the second	

THIS IS NOT A PERMIT

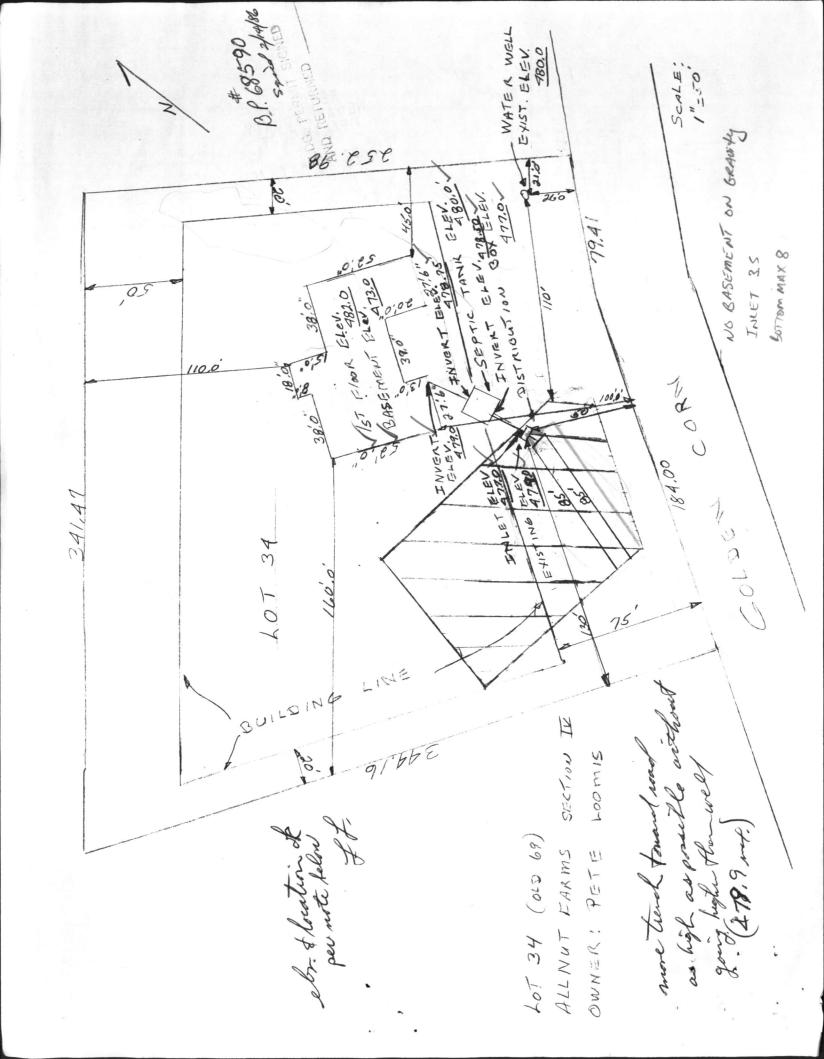
			A 4		
1		Road & 20	addistance and the ordinary and the state of		w _o .
		320		2	
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9-		. (4)		,	
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Particide and recognition of the second	THE REAL PROPERTY AND ADDRESS OF THE PERSON			t	

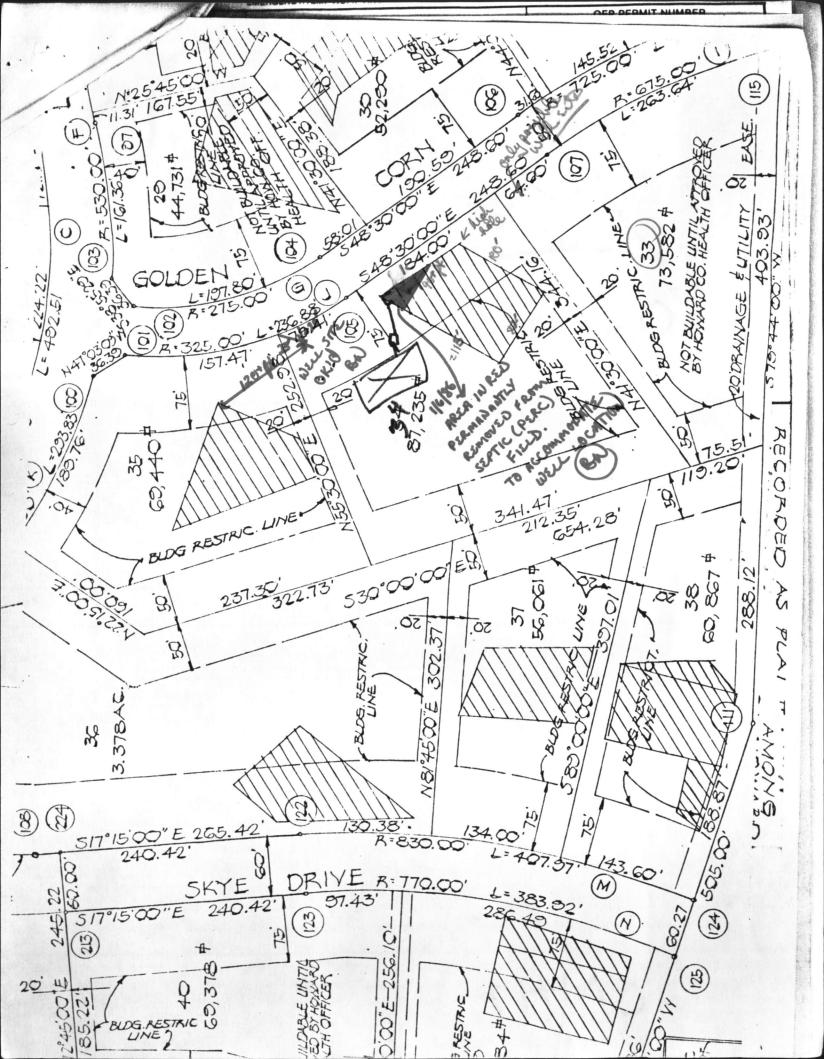
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

					The second of th	. 1		
DATE	TEST NO.	DEPTH	PRE-	WET	TEST -	" DROP	TIME]
4/19/	9 1 5	45	206	210	210	26	-6	
	d	12	143	153	153	206	13	
	45	31/2	147	154.	156	205	6	
The second second	a d	120	142	157	159	219	20	}
	3 s	5	237	2.0//	241	254	13	7
	el	13	202	206	206	211	5	1
	2	4-191	Sood	5011	n A Angel Da	an i bile er nee ein		1
- 4	11 N	1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	0					76
			27 m²	- 545- 11 5				1
	and the							1

Waty ar 12'
Perked
on lop
10.5
6 63
100 m
12.00

TYPE OF SOIL			
TESTED BY	0204	A 123	NAME OF
		ALSO PRESENT:	





C1 00814		ENCE NO		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE P IN COLS. 3-6 ON ALL CARD)		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A-25146
DATE Received	DATEW	ELL COI	MPLETE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	15	06	86	22 [] 6 Q 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	LOO last name	MIS	(00	first name	WILLIAMD
STREET OR RFD	304	1711	COR	MS SECTION 2 TOWN	LOT 34
WELL	- Committee of the Comm			GROUTING RECORD yes no	C 3
Not required for STATE THE KIND OF	FORMA	ATIONS		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
PENETRATED, THEIR THICKNESS AND IF			G	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEE	ТО	Check if water bearing	45 46 NO. OF BAGS NO. OF POUNDS 45 46	PUMPING RATE (gal. per min. 70 to nearest gal.)
- ()	0	2		GALLONS OF WATER 3	METHOD USED TO
Top Soil		4		from 48 TOP 52 ft. 64 BOTTOM 58	WATER LEVEL (distance from land surface) BEFORE PUMPING
Savely	2	11		(enter 0 if from surface) casing CASING RECORD	WHEN PUMPING 17 20
SAND Stone	11	15		types insert appropriate ST CO STEEL CONCRETE	TYPE OF PUMP USED (for test)
MickA	15	20		code below PLASTIC OTHER	A air P piston T turbine
SAVE STONE	20	30	V	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary Other (describe 27 below)
MickA	30)60		PL 6 123 11	J jet S submersible
,				E OTHER CASING (if used) A diameter depth (feet)	DI HAD INSTALLED
				inch from to	DRILLER WILL INSTALL PUMP VES NO
				S N G	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
				screen type SCREEN RECORD or open hole STBR	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
				appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE:
				code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
				C 2	PUMP COLUMN LENGTH 77 41
				DEPTH (nearest tt.)	(nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)
				8 9 11 15 17 21 H ₂	+ above LAND SURFACE (nearest
CIRCLE APPRO			ALED	S 23 24 26 30 32 36 R 3 S 39 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL W	VAS COM				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION			CTION	SLOT SIZE 1 23 (NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL THEREBY CERTIFY THAT THIS WEI				OF SCREEN 56 60 INCH)	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION			RUCTION" ED IN THE	GRAVEL PACK	
PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.				FLOWING WELL INSERT FIN BOX 68	P Propline
DRILLERS IDENT, NO	Nay	rie	1	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	3/ 1/05/
DRILLERS SIGNATURE (MUST MATCH SIGNATUR	E ON AF	PELICAT	ION	T (E.R.O.S.) WQ	- 10 moll
Roepl &	1 19	lugu		70 72	So' were
SITE SUPERVISOR (sign. or responsible for sitework if				TELESCOPE LOG OTHER DATA CASING INDICATOR	

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

d County Health Department

u of Environmental Health

5-H Ellicott Mills Drive

No. 1-4-11-4: V		67/77
New Installation		Receipt # 37622 Date 9-5-80
Name of Installer TIMOTH	10	Telephone 725-23
License number 7079 Certified Well Pump Installer	Well Driller	Registered Plumber
Name of Property Owner PETE L Subdivision ALLNUTT FAR Site Address 13494 GOIDS	OMIS PHIL CHARTY TO SMS Lot # 34 Well EN CORN; HIGHLAN	elephone tag #
Pump 1. Type a. Deep well jet	Motor 1. Horsepower 1/2	Pitless Adapter 1. Make HARVARA
b. Shallow well jet	2. RPM 3. Voltage a. 110 b. 220	2. Model #
4. Capacity GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cu 7. What methods are used to postibrations? Torque arrestors	toff switch installed? Ye rotect the pump and elect	rical wiring from
Tank	Pining	Well data
1. Capacity 42 gal Equil. 2. Pressure relief valve? yes	1. Type CRESTIDN 2. Size 1" 3. NSF and/or BOCA Code approved 4. Depth of supply	4. Will water supply
	line4'	be disenfected by installer? 400

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Atyper

Date: 9-5-86

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

CATION FOR PAILESS ALAPTA WELL PRINCIPLE PROPERTY STREET TO WE THINK THE LAND renauga de auch fhand. H091-1275 Well Tog # Willen adap and the well calling at the time of the theory tion.

