

4/29/87
ASHP

05-383943

PERMIT

P 39256

A 24690

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/27/87

DATE SYSTEM APPROVED 4/29/87

INSPECTOR S. Alud

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Allnutt Farm Estates ROAD 13454 Long Days Court LOT 7
20777.

PROPERTY OWNER Scott Huber

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DRY WELL AND TRENCH - 150 sq. ft. per bedroom. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 6 feet of stone below distribution pipe.

LOCATION - Place the center of the dry well 32 feet from the right lot line and 25 feet from the rear lot line as seen when facing the property from Long Days Court. Trench(s) as needed to be placed below dry well and follow contour. Dry Well specified to maximize use of adjusted septic field.

BA/SL

PLANS APPROVED BY C. Williams DATE 6/12/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**BLDG. PERMIT SIGNED
AND RETURNED 11-5-87**
Serial # BH108458
family room.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

24690

APPLICATION

A _____

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT Fifth

DATE 9/9/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mr. and Mrs. Smith W. Allnut

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

PROPERTY LOCATION:

SUBDIVISION Hi-Land Farm Estates LOT NO. 25

ROAD AND DESCRIPTION Court "C"

SIZE OF LOT 0.96 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. Allnut

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

C1 5294 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS).

STATE OF MARYLAND WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-24690**

DATE RECEIVED [] [] [] [] [] [] DATE WELL COMPLETED **7/1/56** DEPTH OF WELL **135** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HD-R1-1601**

OWNER **HUBER SCOTT**
 STREET OR RFD **LONG DAY CT.** first name
 SUBDIVISION **ALLMOTT FARMS 5 STATES** SECTION **2** TOWN **HIGHLAND** LOT **7**

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		Check if water bearing
	FROM	TO	
SAND	0	85	
GRAY MICH. CLAY	85	135	
rock			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **25** NO. OF POUNDS **7350**
 GALLONS OF WATER **150**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **70** 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 **SF** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **90**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	40	89
2		135
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

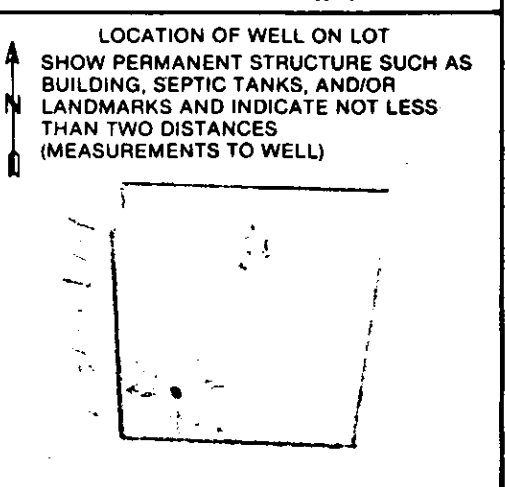
DRILLERS IDENT. NO. _____
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **direct**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **30**
 WHEN PUMPING **22**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } **1**



RECEIVED
HOWARD COUNTY
HEALTH DEPT.

SEP 30 9 03 AM '88

DEPT. OF
ENVIRONMENTAL
HEALTH

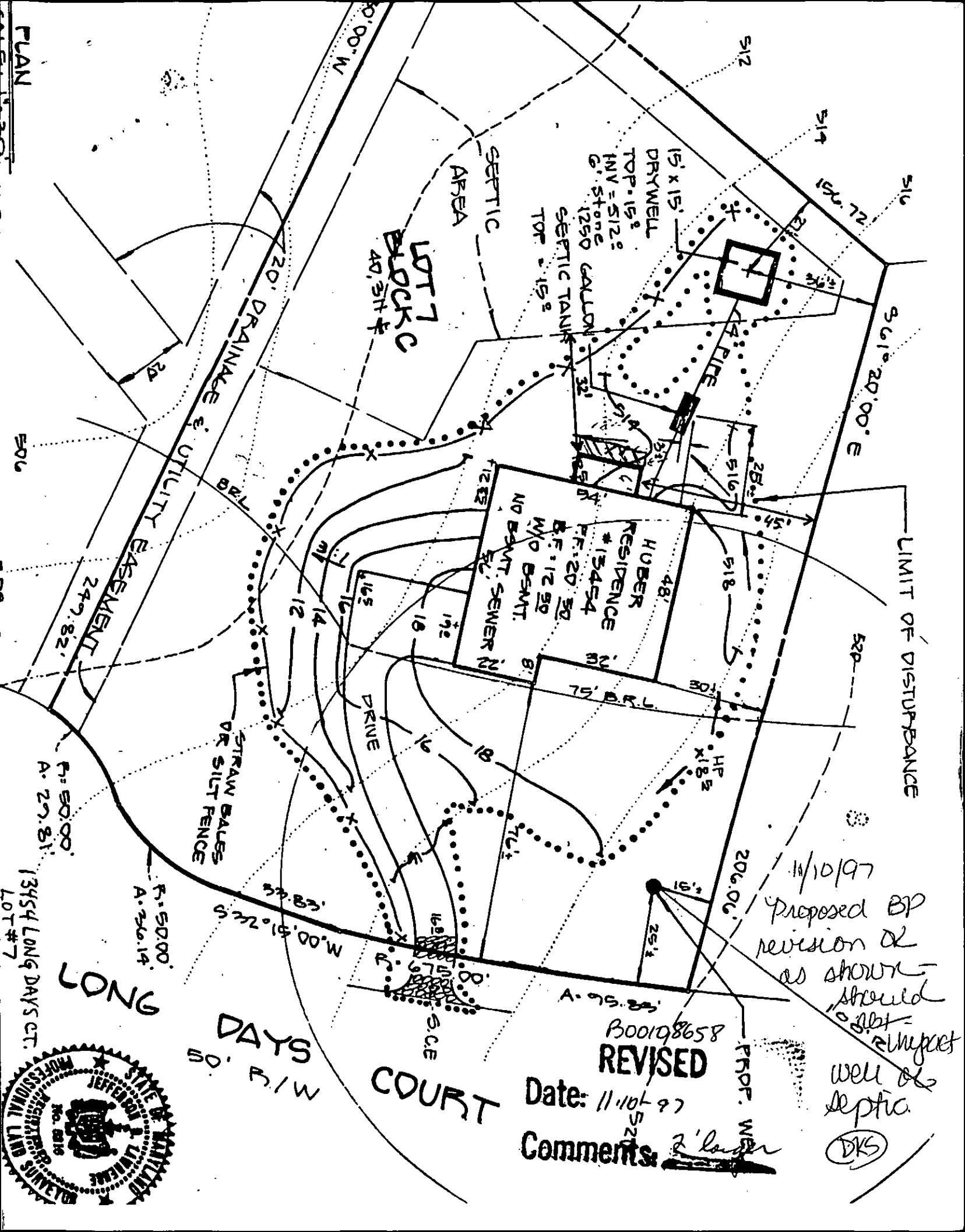
11.10.97

Dear Mrs. Corbin,

I wish to amend building permit # B00108658 at 13454 Long Dale Court Highland 20777. from this will increase the family room addition ~~to~~ from 6 x 18 feet to 8 x 18 feet. See attached plot plans.

Thank you,
Jill Huber

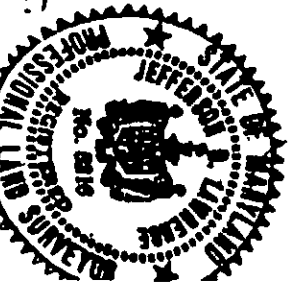
11/10/97 Revised BP plan as shown - should not impact existing well or septic. DKS



PLAN

FOU

13454 LONG DAYS CT. LOT #7



LONG

DAYS COURT

COURT

REVISED

Date: 11/10/97

Comments: 2' layer

11/10/97
 Proposed BP
 revision of
 as shown
 should
 not
 impact
 well &
 septic.
 (DKS)

PROP. WELL

B00198658

S2

RECEIVED

NOV 10 1997

WARD COUNTY HEALTH DEPARTMENT