

SEPTIC SYSTEM TO BE INSTALLED FIRST

PERMIT

approved 9/14/81
Stayer P 31401

A24798

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th.

DATE 5/27/81

INDEX

5/27/81
6/1/81
9/30
9/14/81 - afternoon
Approved 9:00 P.M.

Zepp Plumbing and Heating Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 6344 Ten Oaks Road, Clarksville, Md. 21029 PHONE 531-6712

SUBDIVISION Allnutt Farm Estates ROAD Long Days Court LOT 6, Sec. 2

PROPERTY OWNER Alan W. Brown

ADDRESS 1010 East West Highway, Takoma Park, Maryland 20012

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT. (208 sq. ft. abs. area in dry well)

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

Dry Well

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 130 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

Trench

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 60 FT. FROM Court LOT LINE AND 10 FT. FROM Lot 5 LOT LINE AS SEEN WHEN

FACING LOT FROM

TRENCH: Inlet - 3 feet and minimum depth 9 feet and 34 feet in length. Trench to run on contour towards lot 7. Note: Minimum 20 feet between house foundation and soil absorption area. Leave 5 foot earth buffer between dry well and trench. Call for two inspections - before and after stone is installed.

PLANS APPROVED BY D. J. O'Neill DATE April 13, 1979

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

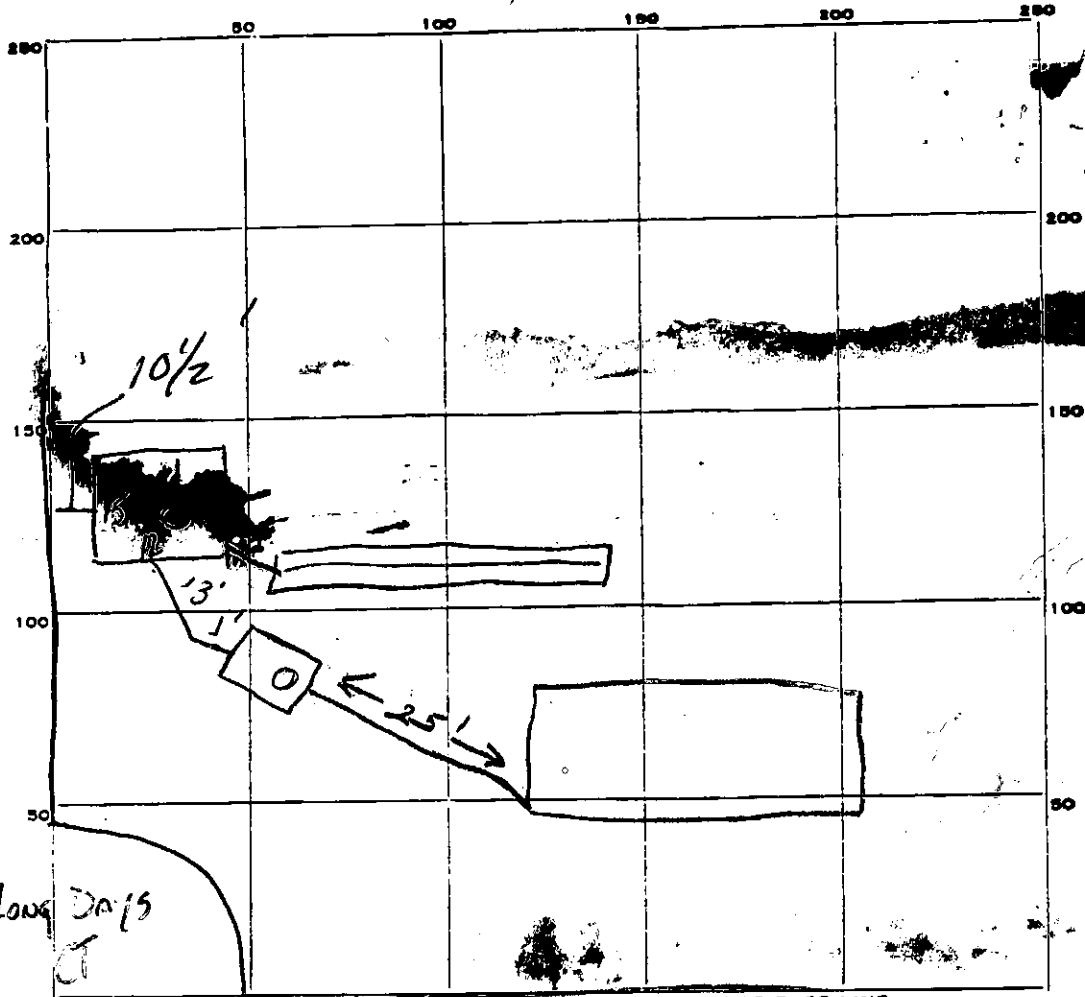
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON. CONCRETE OR TERRAZO ACCEPTED.

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

A
24798



Location
OK SK
5-1-81

Long DW
5

PERMIT CARD Yuse

SEPTIC TANK, LEVEL 1000 CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 1/2 FT. TRENCH WIDTH 12 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 33 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 167 ϕ 425

SEEPAGE PITS, INSIDE DIAMETER 52' FT. DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 260 SQ. FT. 425 ϕ total

REMARKS 5-27-81 Demul to close to prop line inlet at 5' too deep! Septic tank too deep! Stop work!! Move DW - Raise ST. - SK- 6-1-81 DW moved but inlet still 1' too deep however has enough area Septic tank raised. OK to cover work well House connection for final - SK- 9/14/81 Final OK. 9/14/81

DATE SYSTEM APPROVED 9/14/81 INSPECTOR Stayer

APPLICATION

A24798

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

System First

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, Maryland 20777 PHONE 988-9303

PROPERTY LOCATION: Allnutt New lot.
SUBDIVISION Hi-Land Farm Estates LOT NO. 6

ROAD AND DESCRIPTION Court "A"

SIZE OF LOT 1.88 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 DGB-M FOR DW + Perm 4 DATE 4-13-79
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ BLDG. PERMIT SIGNED _____ DATE _____

REASONS FOR REJECTION OR HOLDING AND RETURNED 6/10/81
#46830 for S.F.D.

THIS IS NOT A PERMIT

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST "D" DROP | | TIME |
|------|----------|-------|---------|------|---------------|------|------|
| | | | START | STOP | START | STOP | |
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| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A _____

SEWAGE DISPOSAL TESTING

P _____

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

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Fifth

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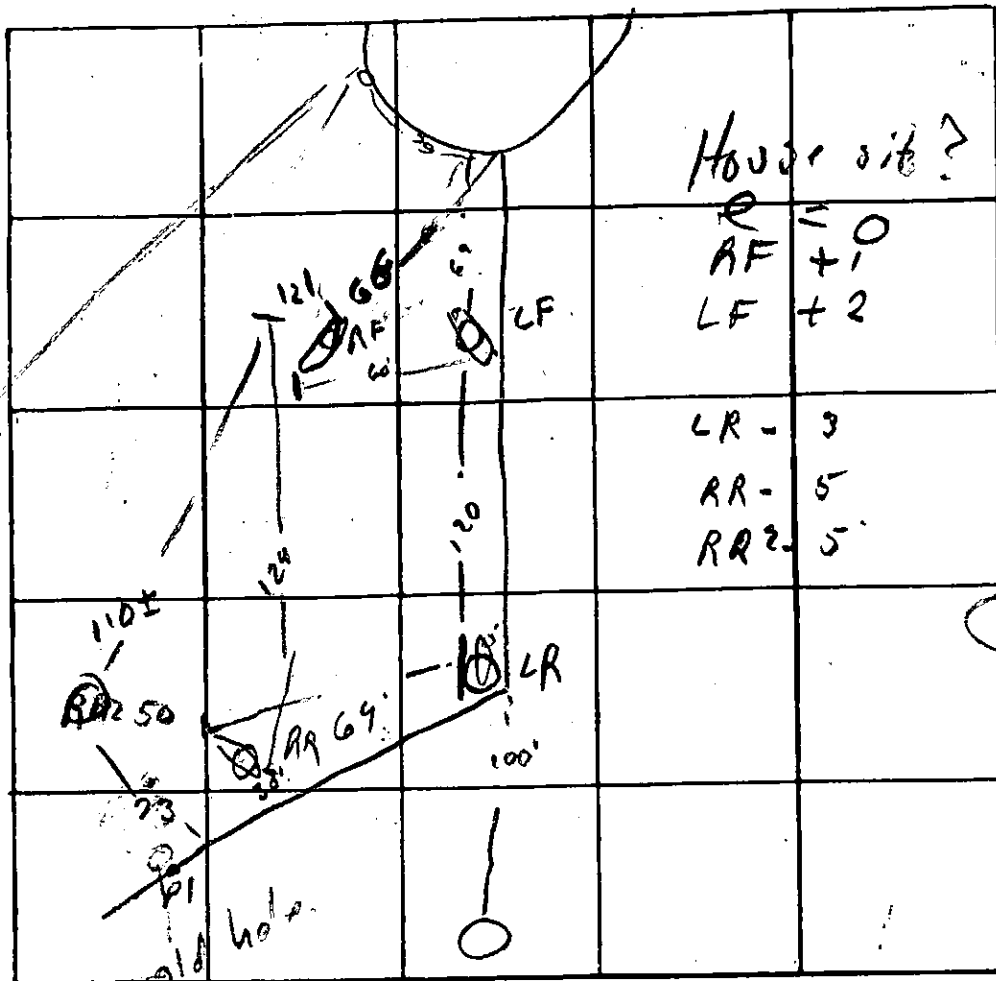
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

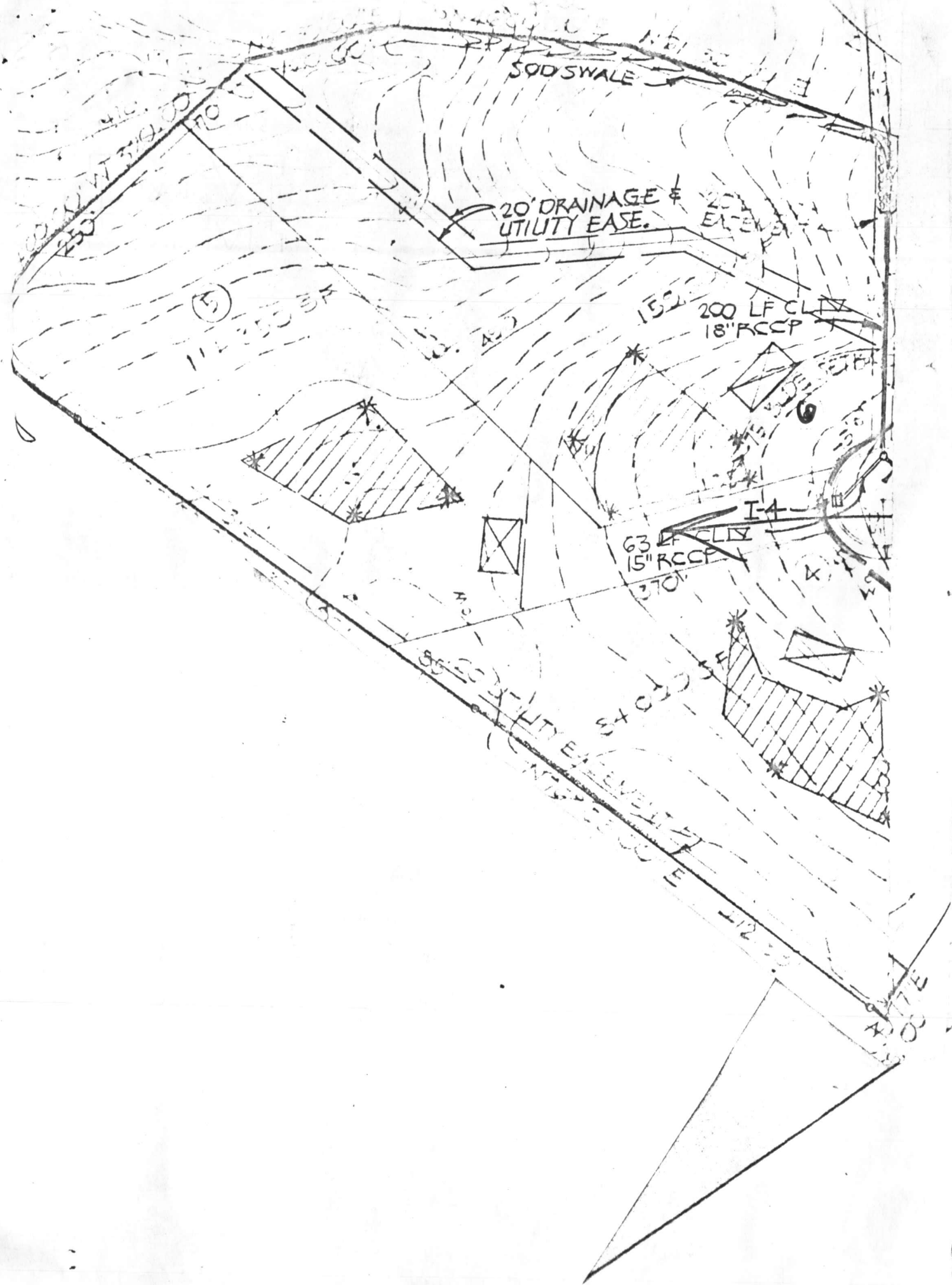
| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|----------|------------------|---------------------|------------------|------------------|------|
| | | | START | STOP | START | STOP | |
| 2/1/64 | LR 5 | 3' | 10 ²⁹ | 10 ³⁶ | 10 ³⁶ | 10 ⁴⁴ | 8 |
| | d | 10' 6" | 10 ²⁸ | 10 ^{29 46} | 10 ²⁹ | 10 ³⁴ | 5 |
| | RR 5 | 3 | 10 ⁴⁷ | 10 ⁵⁰ | 10 ⁵⁰ | 10 ⁵⁹ | 9 |
| | d | 11' | 10 ³⁵ | 10 ⁴⁵ | 10 ⁴⁵ | 11 ⁰⁰ | 21 |
| | RR 2 | 13' rock | | 12' water | | 3-12' 04 | |
| | RF | 3 | 10 ⁴⁵ | 10 ⁵⁸ | 10 ⁵⁸ | 11 ¹⁷ | 19 |
| | | 12 1/2 | 11 ⁰¹ | 11 ⁰³ | 11 ⁰³ | 11 ⁰⁵ | 2 |
| | RF | 3-14 | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS To be re-arranged

TYPE OF SOIL Red sand soil

TESTED BY DDW ALSO PRESENT: _____

System First In at RF 2'



C1 8277 SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT 30 DAYS AFTER WELL IS COMPLETED COUNTY NUMBER A 24798

Date Received (WRA use only) 7/26/1981 DATE WELL COMPLETED

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-3907

OWNER Brown last name Long Days Court first name TOWN Highland STREET OR RFD SUBDIVISION Allnutt Farms Estates SECTION 2 LOT 6

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand, gray mica rocks, 0-65, 65-185.

WELL HAS BEEN GROUDED (Circle appropriate box) YES Y NO N TYPE OF GROUING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 80 DEPTH OF GROU SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD casing types insert appropriate code below STEEL ST CONCRETE CO PLASTIC PL OTHER OT

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) S+ 6 70

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

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

DEPTH (nearest ft.) 1 H0 68 185 2 3

CIRCLE APPROPRIATE BOX 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 (seq no) 6 HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 20 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 75 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 (CIRCLE APPROPRIATE BOX) YES Y NO N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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 - below 2 (nearest foot)

