

12-19-88 Cleanout on septic tank knocked off
of vertical. Must be fixed. JEN
12-19-88 Called Frall septic re cleanout JEN

"27/22 P.C. 00
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-379822

INDEXED

P 43098

A 24676

DATE 11/22/89

DATE SYSTEM APPROVED 1/15/91

INSPECTOR R.H.

Frall Septic Service, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Allnut Farms ROAD 13415 Arada Court LOT 3, Section 1

PROPERTY OWNER C. E. Bracebridge 572-4736

ADDRESS 1-202-890-8871

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 110 feet from the front lot line and 30 feet from the left side of the lot as seen when facing the lot from Arada Court. Run trench(s) along level ground toward the right side of the lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY R. Hodges DATE 2/06/86

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

R. ODG. PERMIT SIGNED
DATE RETURNED 8/29/01
000132195 - post

A
24676

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

APPLICATION

A _____

P _____

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 Rd.

ADDRESS Highland, Maryland 20777 PHONE 988-9303

PROPERTY LOCATION

Allnutt Farm Estates

SUBDIVISION ~~Hi~~ Land Farm Estates LOT NO. 3

ROAD AND DESCRIPTION Highland Rd. and Court "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 _____

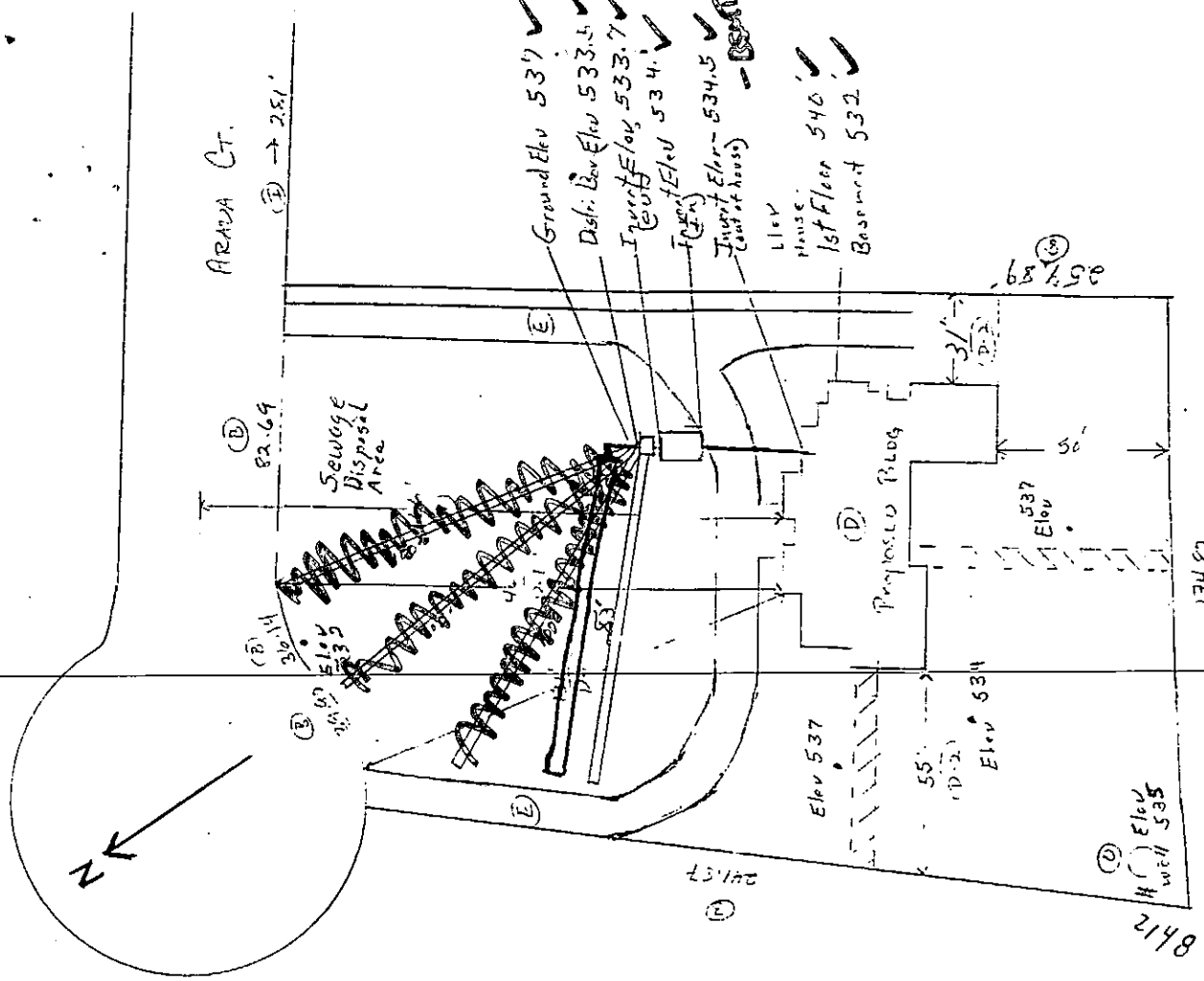
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

(A) SCALE - 1" = 50'



- * 1250 gallon Septic Tank ✓
- * 383' Septic Trench Trench Detail Typical ✓

BLDG. PERMIT SIGNED AND RETURNED 4-28-88

BP18118
S. Alan

HIGHLANDS BOARD

REC'D
HOWARD CO. CLERK
HEALTH DEPT

APR 26 3 50 AM '82

REC'D
HEALTH DEPT

C1 5946 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 2467C**

DATE RECEIVED [] DATE WELL COMPLETED **062287** DEPTH OF WELL **160** PERMIT NO. FROM "PERMIT TO DRILL WELL" **10-81-2147**

OWNER **APAC BRIDGE C.S.** STREET OR RFD **ARLON CT.** TOWN **HIGHLAND** SUBDIVISION **ALLEN FARMS** SECTION **1** LOT **3**

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 | |
| Top Soil | 0 | 2 | |
| Sandy | 2 | 27 | ✓ |
| Sand Stone | 27 | 40 | |
| Micka | 40 | 55 | ✓ |
| Sand Stone | 55 | 60 | ✓ |
| Micka | 60 | 160 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **200**
 GALLONS OF WATER **12**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **29** ft.

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **PL** Nominal diameter **4** Total depth of main casing **32**

OTHER CASING (if used)
 diameter inch 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
 DEPTH (nearest ft.)
 EACH SCREEN 1 **40** 2 **30** 3 **160**

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 10.71.13 "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. **273**
 DRILLERS SIGNATURE *[Signature]*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) *[Signature]*

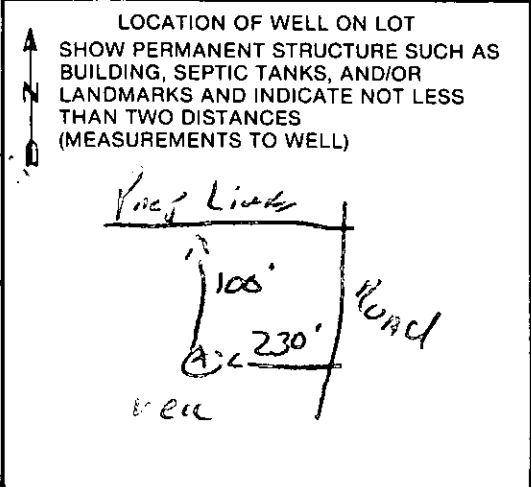
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN **56** (NEAREST INCH)

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 OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **5**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **See test**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **40**
 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:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } **2**



RECEIVED
HOWARD COUNTY
HEALTH DEPT

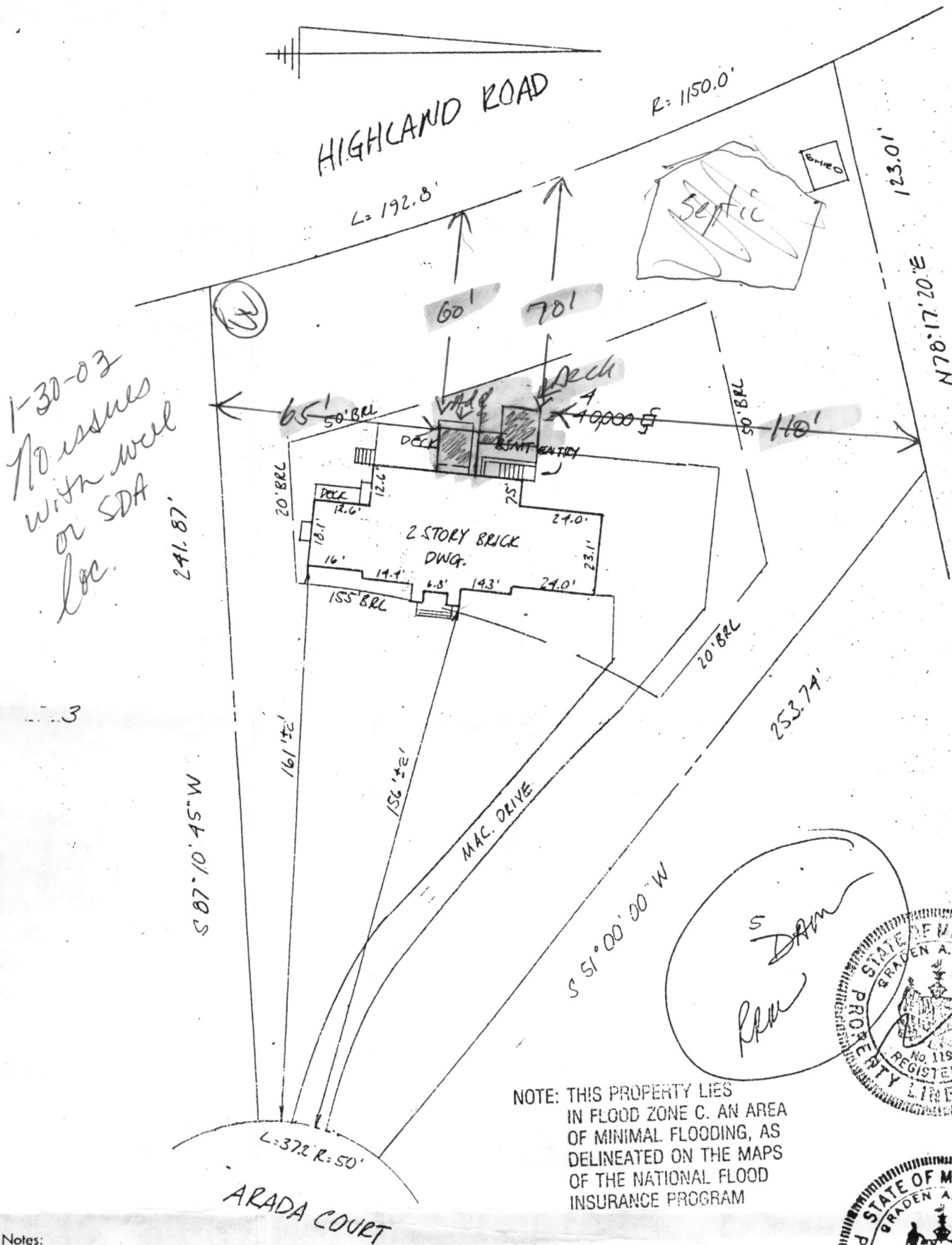
JUL 20 9 05 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

LANDTECH ASSOCIATES, INC.

1410 CRAIN HIGHWAY, N.W. SUITE 7B GLEN BURNIE, MD 21061
 (410) 768-2121 FAX (410) 553-9081

NOTE: NOT TO BE USED FOR THE ISSUANCE OF PERMITS.



NOTE: THIS PROPERTY LIES IN FLOOD ZONE C. AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM

- Notes:
- 1) This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
 - 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
 - 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
 - 4) No title report furnished.

Certification: This is to certify that the improvements indicated hereon are located as shown.

Graden A. Rogers
 GRADEN A. ROGERS - Prop. L.S. MD. Lic. No. 119

LIBER _____ FOLIO _____
 LOT 4 BLOCK _____ SECT. 1 PLAT _____
 PLAT ENTITLED ALLNUTT FARMS ESTATES
 RECORDED IN HOWARD COUNTY MD.
 PLAT BOOK 3725 FOLIO _____

13419 ARADA CT.
 SCALE 1" = 40' CASE NO. 2001754R
 DATE, 7-22-2000 JOB NO. TV1100 405