

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
ALL NUT LANE

PERMIT CARD _____

SEPTIC TANK, LEVEL 0/L 1250

CLEANOUTS STV
~~NOTED 5/19/79~~

DISTRIBUTION BOX, LEVEL OK

PHCP
 TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7F7 IN. TOTAL LENGTH 150 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 300

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1050 SQ. FT. in trench

REMARKS 5/12/79 INLET TO DITCH #1 4 FT
5/19/79 LYS - STONE PUT IN DITCH #1 COVER
DITCH #1, TANK & DISTRIBUTION BOX. CALL FOR
INSPECTION OF DITCH #2 & HOUSE SEWER R.H.
5/19/78 T.S.D.? OK to cover system up to trench #2, add stone to trench #1
call for final.

DATE SYSTEM APPROVED 5/22/78 INSPECTOR JW Manning

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. Allmatt, Jr.
13283 Highland Road
ADDRESS Highland, Maryland 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hi - Land Farm HStations LOT NO. 9

ROAD AND DESCRIPTION Court "A" and Road "A"

SIZE OF LOT 0.98 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. Allmatt

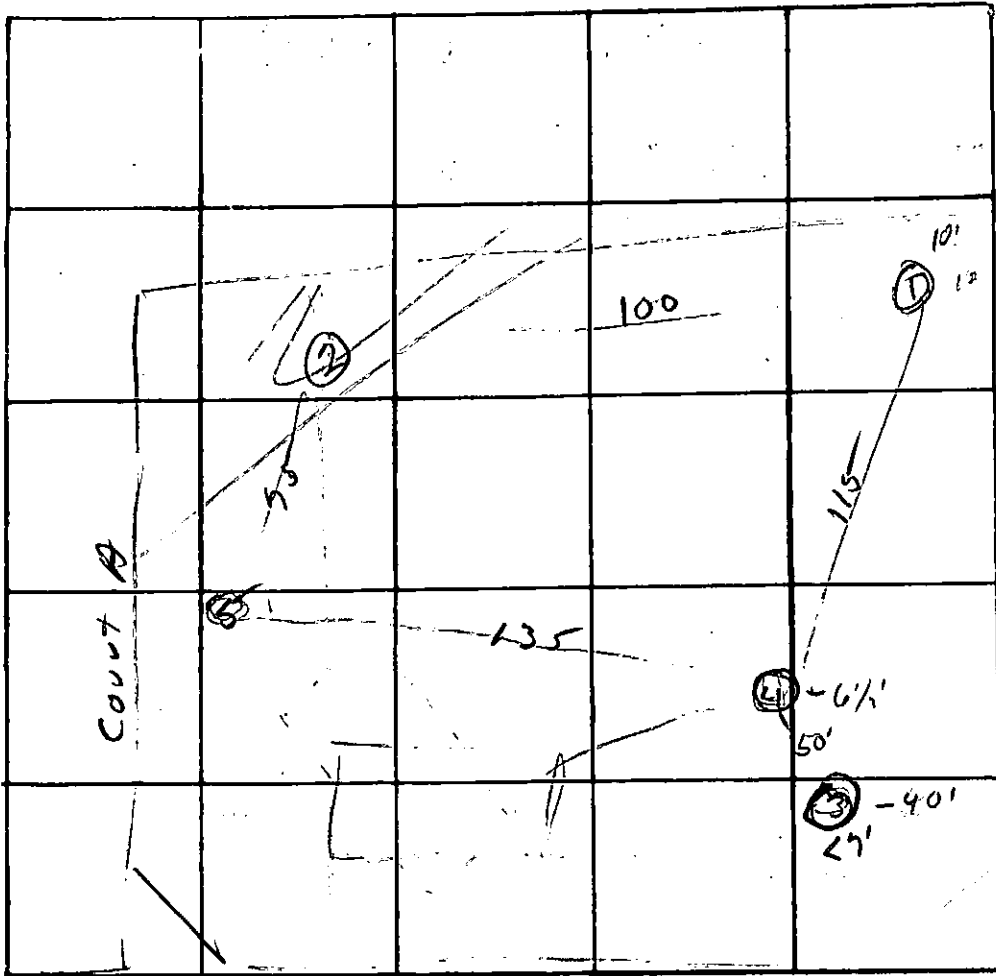
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

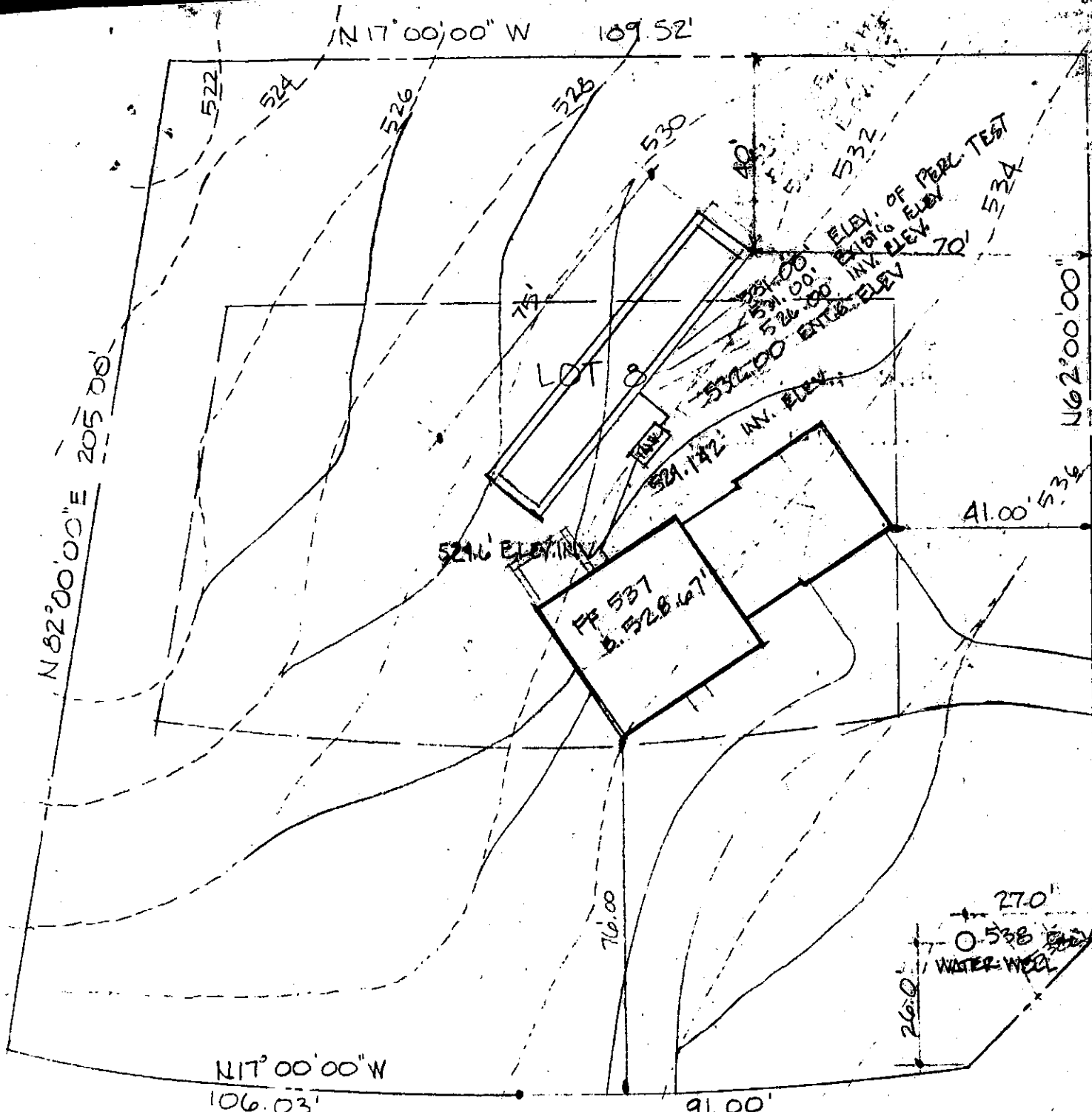
Road A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/21/77	1s	4'	2 24	3 45	3 45	3 15	30	
	d	12'	2 24	2 20	2 20	2 35	9	
	2s	5'	3 15	3 18	3 15	3 24	6	
	d	13'	3 15	3 19	3 19	3 20	3	
	4s	7'	3 45	3 50	3 50	3 54	4	
	d	15' 2"	3 20	2 24	3 24	3 35	11	
	5 ✓	3/4 - 13' good sandy loam						
	(3) -	Rocky Clay to 5'						

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

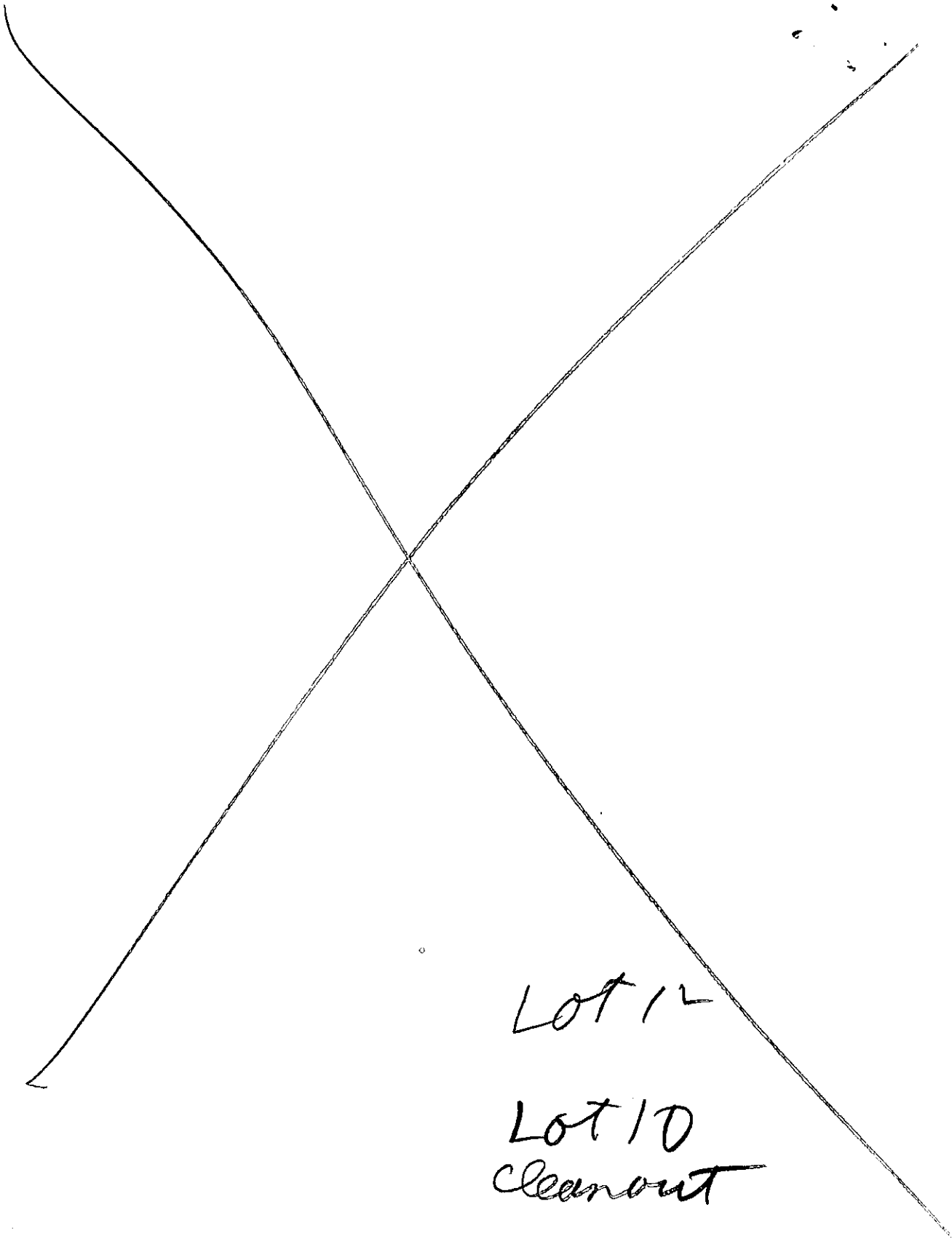


ARADA CT

10-26-77.
 elev. & location ok
 J.J.

LOT 8 SECTION 1
 ALLNUTT FARM ESTATES
 McCHAN ASSOC OF MD.

BLDG. PERMIT SIGNED
 AND RETURNED 10/27/77
 Serial No. 33412



Lot 12
Lot 10
cleanout

C 1 **50316** (SEQ. NO.)
 1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER **W26-425**

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED **Aug 12 1977**
 DEPTH OF WELL **205** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-2229**
 DRILLERS IDENTIFICATION NO. **273**

OWNER **McCunn Assoc of Md.** LAST NAME **McCunn** FIRST NAME **Columb, M Md.**
 STREET OR RFD **6125 OAKLAND MILLE Rd.** POST OFFICE _____

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Sand	2	40	
Sand Stone	40	55	
Micka	55	60	
Sand Stone	60	70	✓
Micka	70	205	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS **12** NO. OF POUNDS **1200**

GALLONS OF WATER **72**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **45** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

MAIN CASING TYPE STEEL CONCRETE PLASTIC OTHER

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **50**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1				
2				

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

SCREEN TYPE OR OPEN HOLE STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	8	11	15	21
1	HO	47	205	
2				
3				

FLIGHT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **2**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **50** (NEAREST FOOT) WHEN PUMPING **205** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

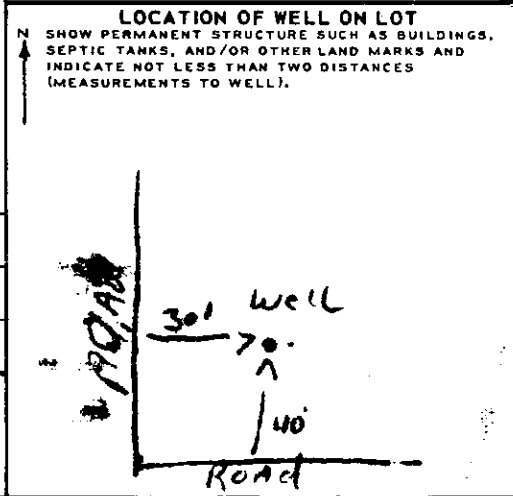
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW

LAND SURFACE **2** (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

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 NAME **Ralph MAINE**

(PLEASE PRINT) **Ralph Maine**

SIGNATURE _____

RECEIVED

SEP 15 9 12 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

