

7-18-96
11 AM
7/22/96 2:00 PM
C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-379946

P 57031

A 24685

DISTRICT 5th

DATE 7-17-96

DATE SYSTEM APPROVED 7/22/96

INSPECTOR M. R. Skin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

INDEXED

C.C. Cissel

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Allnutt Farm Estates LOT 13, Sec. 1 ROAD 13436 Allnutt Lane

PROPERTY OWNER Mark & Linda Pinkston

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 190 feet down the right lot line and 85 feet off this same lot line as seen when facing the lot from Allnutt Lane. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/10/96 OK AUM

PLANS APPROVED BY Donna K. Soe REVISED _____ DATE 5/23/96

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

ADDD. PERMIT SIGNED
AND RETURNED 9-16-96
Serial # DW 120921
Interior Alteration
Basson

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

A
24685

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. Allnutt, Jr.

ADDRESS 13288 Highland Road
Highland, MD 21777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hill - Land Parc Estates LOT NO. 15

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 1.00 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

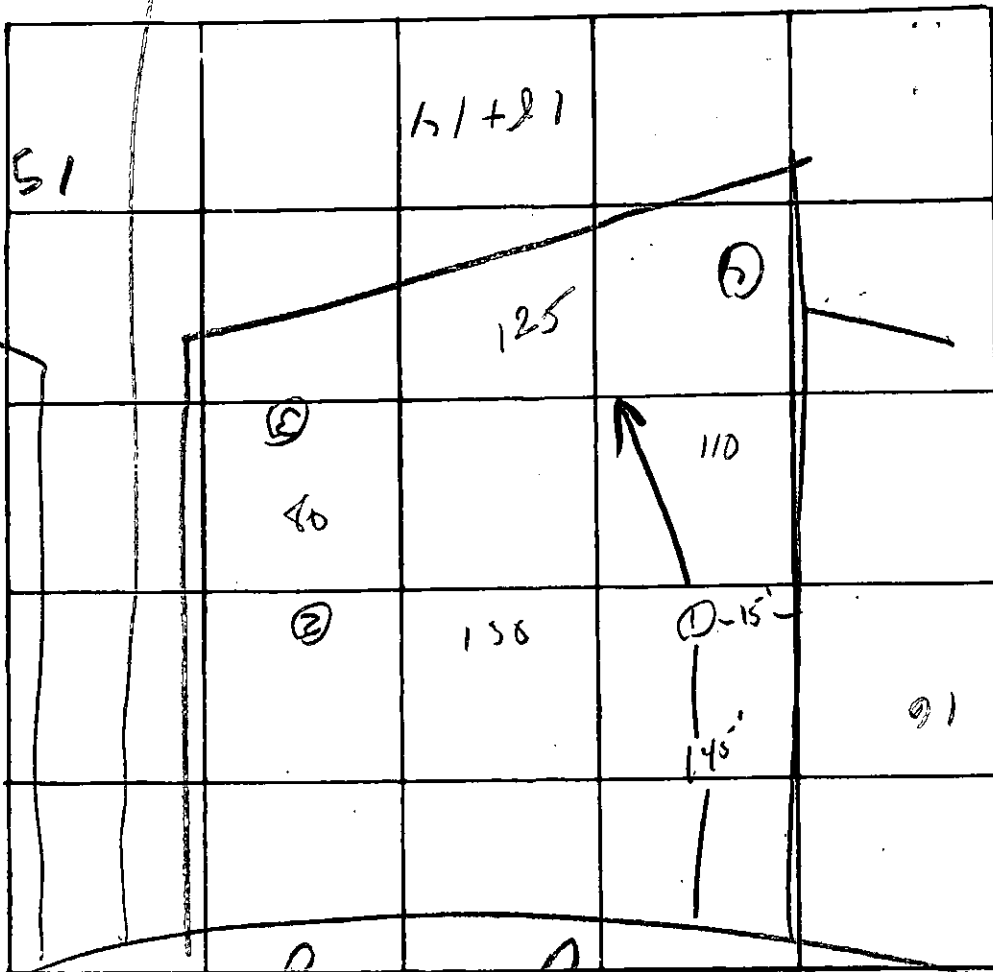
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28	3 s	4'	10 ⁴⁰	10 ⁴¹		10 ⁴²	15
	d	12'	10 ⁴⁰	10 ⁴³	10 ⁴³	10 ⁴⁴	4
	1 s	3'	10 ⁵⁵	10 ⁵⁹	10 ⁵⁹	11 ⁰⁰	3
	d	12'	11 ⁰⁰	11 ⁰³	11 ⁰³	11 ⁰⁹	4
	4 s	4 1/2'	11 ¹⁰	11 ¹⁴	11 ¹²	11 ¹⁵	3
	a	13 1/2'	11 ¹⁴	11 ¹⁵	11 ¹⁵	11 ¹⁶	—
	vis	ok 4-12'					

→ loose sand hold bottom at 10'

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. G. G. ALSO PRESENT: K. H. G.

SEQUENCE NO. (WRA USE ONLY) **9374**

DATE RECEIVED (WRA USE ONLY) **Aug 17, 1977**

DATE WELL COMPLETED

18 19 20

**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 **W26-427**

DEPTH OF WELL **205**

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-2231**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **223**

OWNER **TRIGIANI Rocco Jr.**

LAST NAME **4704 Rockford Dr.**

STREET OR RFD **HYATTSVILLE MD.**

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 FROM	TO
Top Soil	0	2
Sand Stone	39	59
Micka	59	75
Sand Stone	75	80
Micka	80	205

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS **13** NO. OF POUNDS **1300**

GALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **48** FT. TO **52** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW: STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **S+** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **49**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW: STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM **46** TO **205**

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN **58** (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

PUMPING TEST

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

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **7**

METHOD USED TO

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **30** (NEAREST FOOT)

WHEN PUMPING **205** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): 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) _____

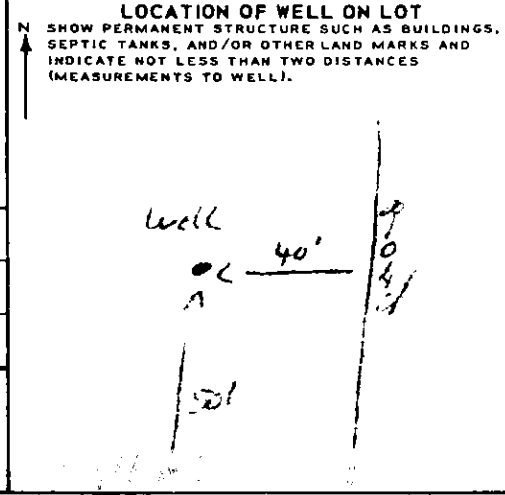
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) **49**

BELOW } _____



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 J. WEAVER**

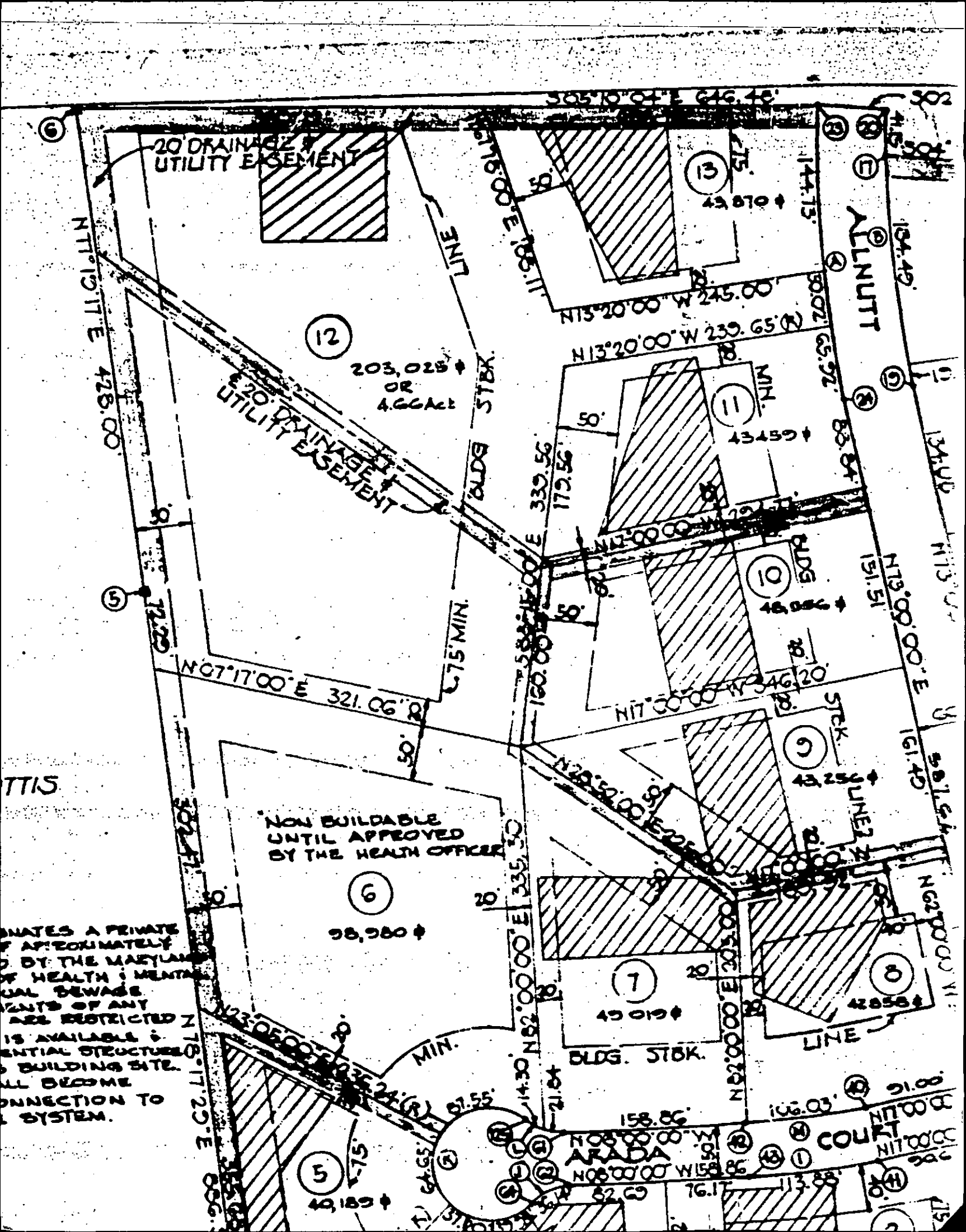
SIGNATURE

HEALTH

RECEIVED

SEP 15 9 12 AM '77

HOWAR JUNIOR
HEALTH DEPT.
ELLSWORTH CITY, MD



20' DRAINAGE & UTILITY EASEMENT

20' DRAINAGE & UTILITY EASEMENT

NON BUILDABLE UNTIL APPROVED BY THE HEALTH OFFICER

INDICATES A PRIVATE SEWER SYSTEM OF APPROXIMATELY 12\"/>

12

203,025 ± OR 4.66 AC ±

13

43,870 ±

11

43,459 ±

10

43,886 ±

9

43,255 ±

6

98,980 ±

7

49,019 ±

8

42,858 ±

5

49,189 ±

4

49,189 ±

3

49,189 ±

2

49,189 ±

1

49,189 ±

0

49,189 ±

ARADA COURT

COURT

LINE

BLDG. STBK.

MIN.

MIN.

BLDG. STBK.

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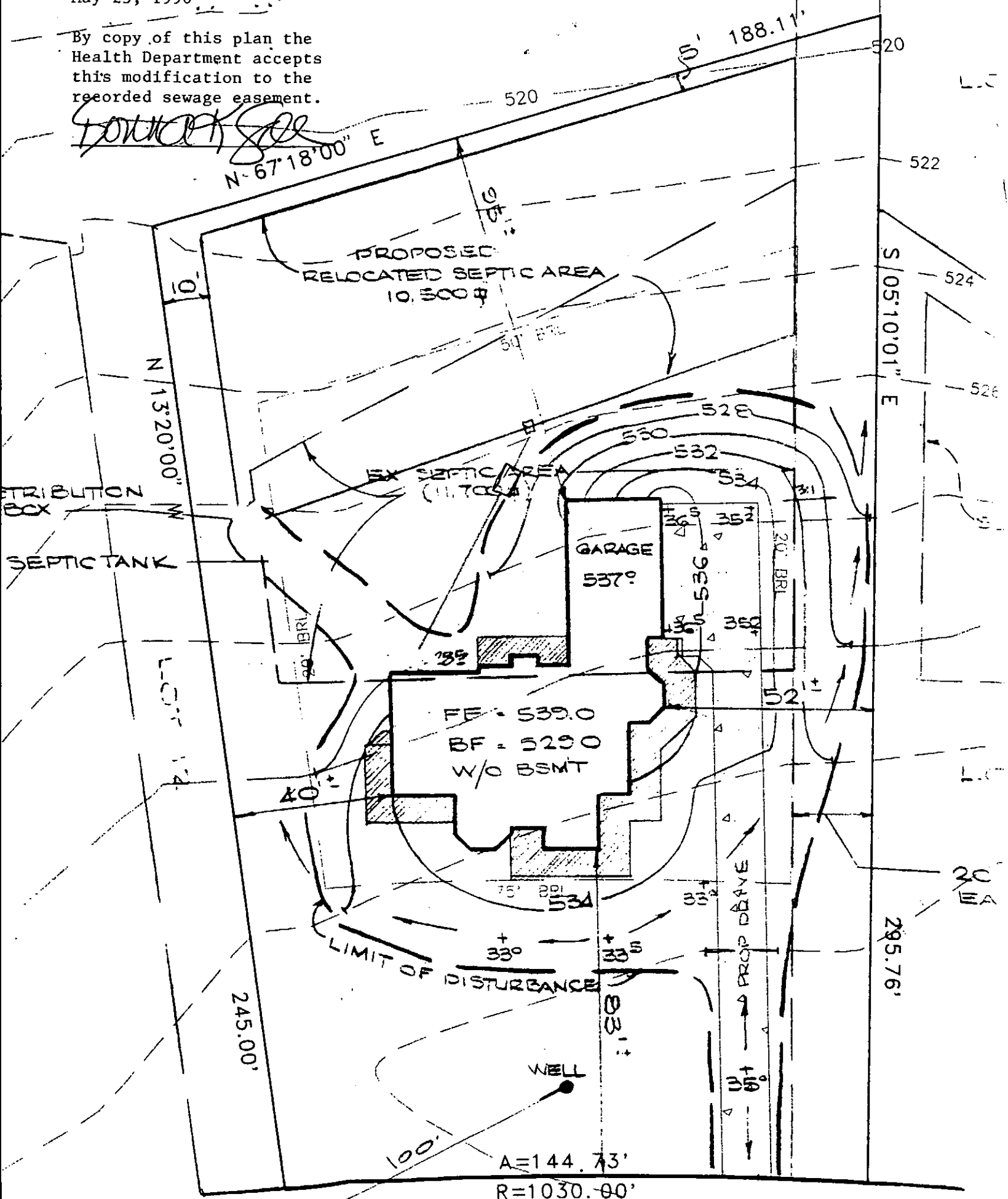
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May 23, 1996

By copy of this plan the Health Department accepts this modification to the recorded sewage easement.

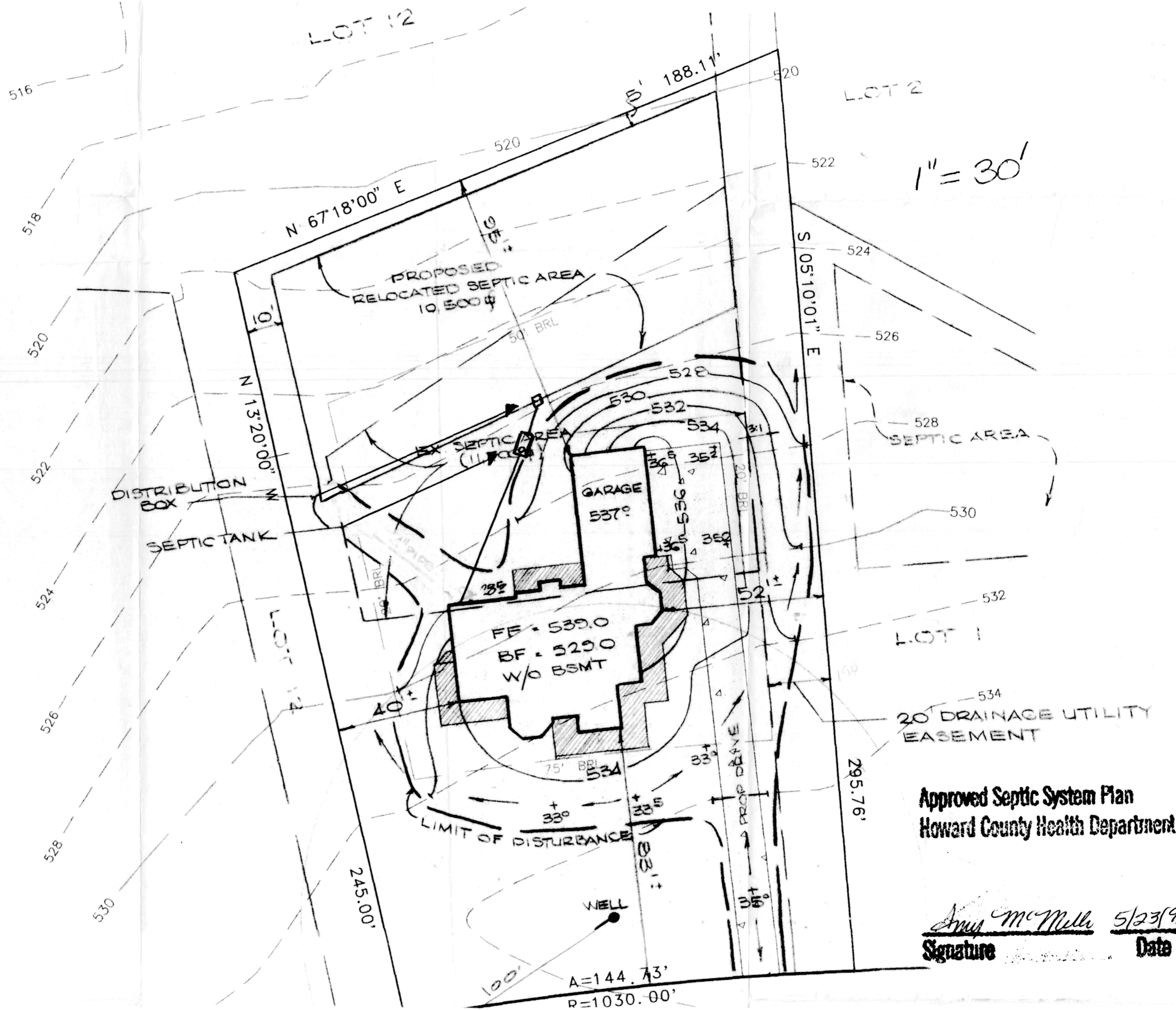
LOWERY & SONS



A=144.73'
R=1030.00'

SEPTIC INFORMATION

A. SEPTIC SYSTEM	
Total septic system required	= 10,000 SF
Initial septic system provided	=
Existing ground elevation	= 526.2
Invert elevation beginning trench 4'0" stone below pipe	= 523.2
B. DISTRIBUTION BOX	
Existing ground elevation	= 526.2
Invert elevation out	= 523.2
Invert elevation in	= 523.4
C. SEPTIC TANK (GALLON)	
Existing ground elevation	= 526.5
Invert elevation out	= 523.7
Invert elevation in	= 524.0
D. PROPOSED HOUSE	
Invert elevation at connection	= 524.7
Minimum sewer elevation (lowest fixture)	= 529.0 MIN DESIGN
Actual first floor elevation	= 539.0
Actual basement floor elevation	= 529.0
Gravity sewer to (first floor/basement)	



1" = 30'

Approved Septic System Plan
Howard County Health Department

Anna McMulla 5/23/96
Signature Date