

1/13/83

05-383986

1/13/83/1ppd J.S.

PERMIT

P 32388

A 24693

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th

INDEX

DATE 12/29/82

James W. Keatts & Bros., Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 5819 Washington Boulevard, Elkridge, Maruland PHONE 796-2585

SUBDIVISION Allnutt Farms Estates ROAD 13456 Allnutt Lane LOT 10, Section 2

PROPERTY OWNER Mr. & Mrs. Noe Rodiguez PHONE: 997-5595

ADDRESS 10486 Fair Oaks
Columbia, Maryland 21044

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

Dry well and Trench - Absorbant area per bedroom 120 sq. ft. Dry well inlet 4 feet below original grade and maximum depth 10 feet. Dry well to contain 288 sq. ft. absorbant area. Locate the dry well 100 feet from lot 9 and 105 feet from Allnutt Lane. Trench inlet to be 4 feet and maximum depth 10 feet and 30 feet long. Run the trench on contour of land towards lot 9. Leave a 5 foot earth buffer between trench and dry well. Call for two inspections - before and after stone is installed.

PLANS APPROVED BY David J. O'Neill DATE 4/13/78

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

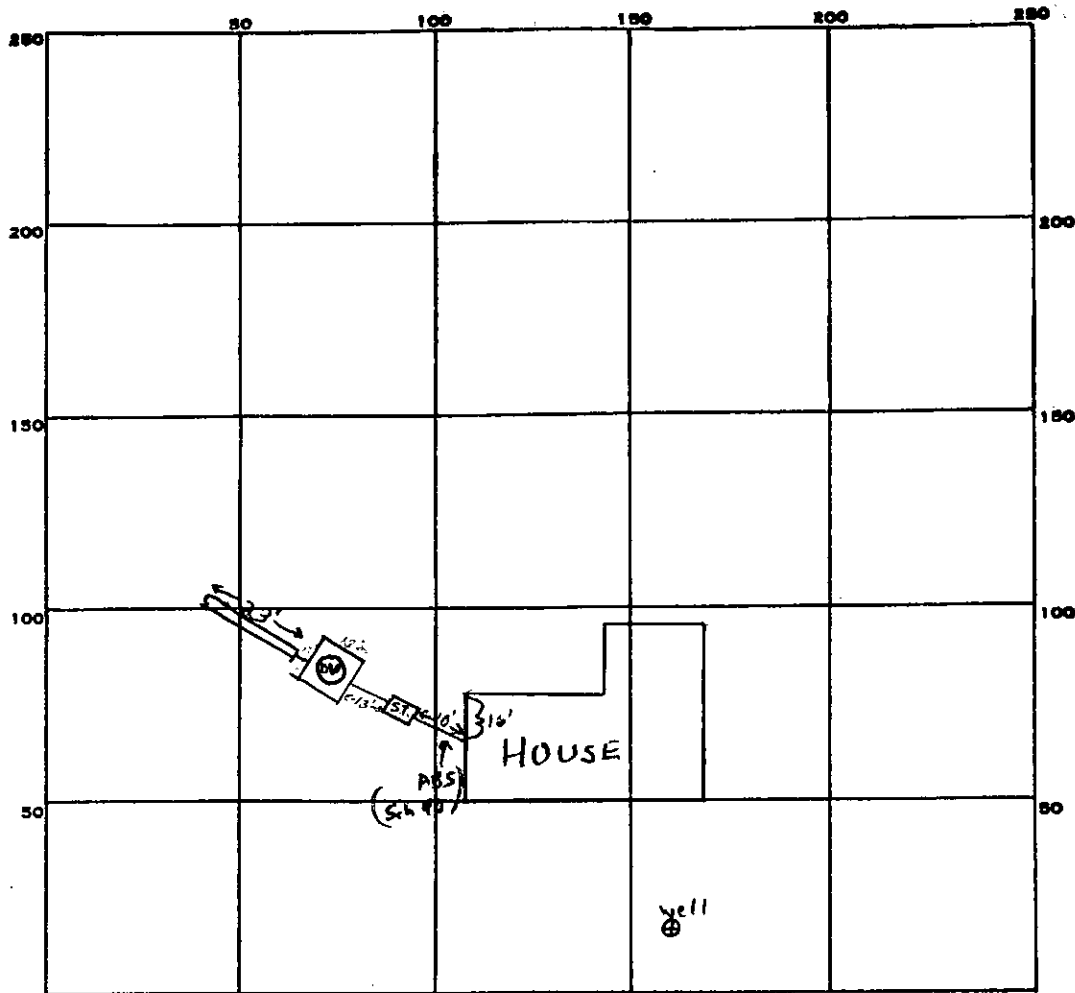
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24693



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Allnut Lane

PERMIT CARD verbal OK given

ST	D.W.
✓	✓

SEPTIC TANK, LEVEL ✓ 1500 gallon

CLEANOUTS ✓ ✓

DISTRIBUTION BOX, LEVEL N.A.

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6-7 FT. IN. TOTAL LENGTH 23 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL TOTAL BOTTOM AREA 138 ϕ

SEEPAGE PITS, ^{OUTSIDE DIAMETER} 52 FT. _{INSIDE DIAMETER} DEPTH BELOW INLET 6 FT.

ABSORBENT AREA ± 440 SQ. FT.

REMARKS 1/13/83^{am} Verbal OK. to continue given to Charles Tracy, F.S.

1/13/83 pm OK. to cover all work

DATE SYSTEM APPROVED 1/13/83

INSPECTOR J. Skinn

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 5/9/76

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. Allbutt, Jr.

ADDRESS 15233 Highland Road
Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hil-Land Farm Estates LOT NO. 28

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

SIZE OF LOT 1.06 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 C. Allbutt

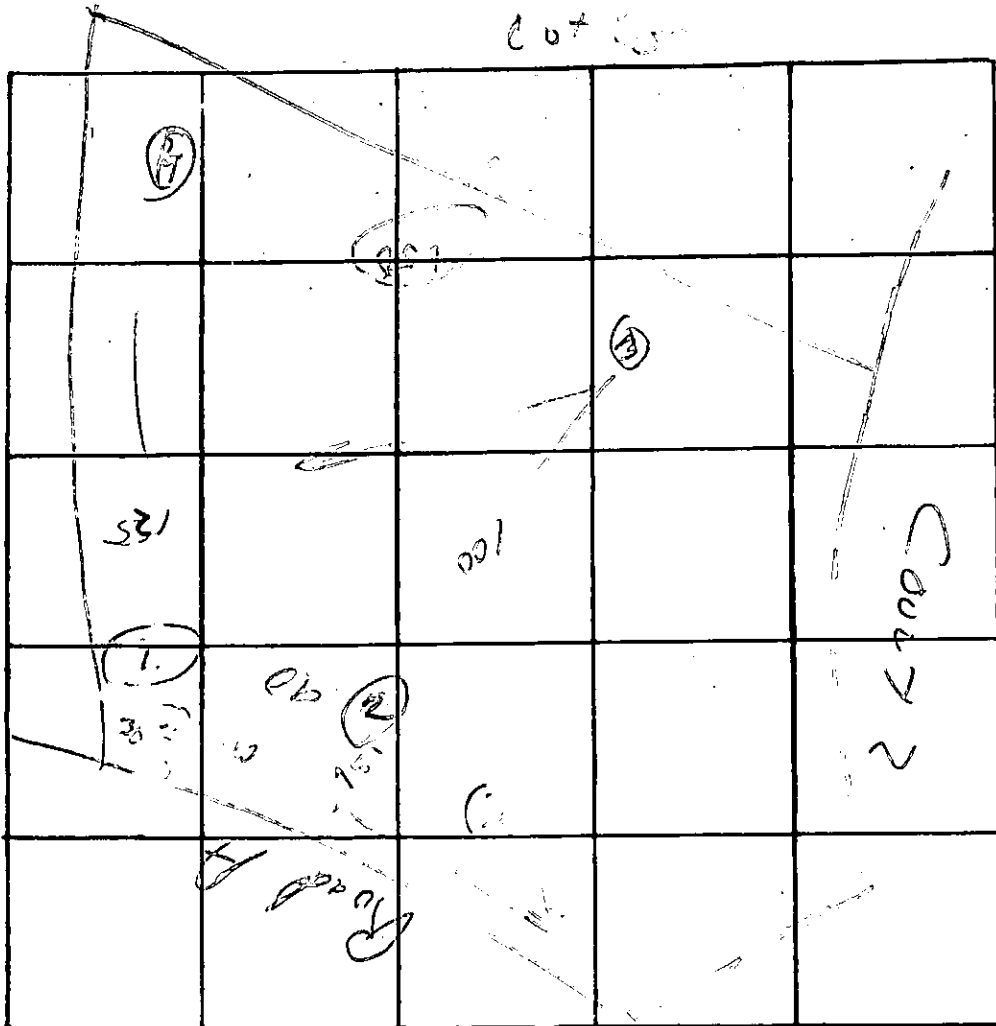
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

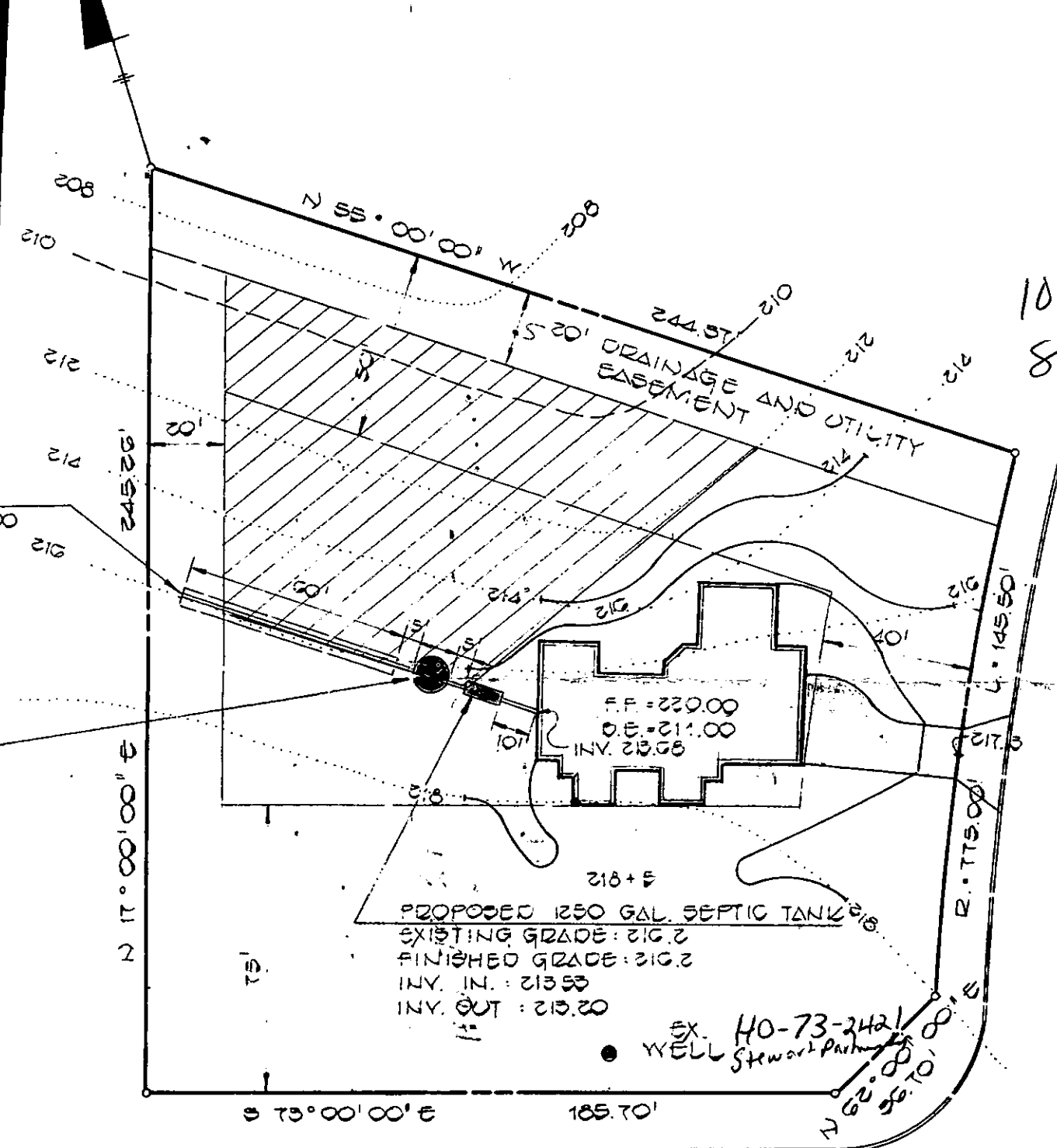
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	10	11 1/2'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18
	2s	5'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18
	a	13'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18
	3s	3'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18
	d	12'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18
	4s	2'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18
	q	10'	10 ⁰⁰	10 ⁰²	10 ⁰³	10 ⁰⁶	18

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

10/2/02
Sketch D.K.
F.S.



SORGHUM COURT

ALLNUTT FARMS

PLAN TO ACCOMPANY
BUILDING PER
LOT 10
SECTION TW

8873

SEQUENCE NO. (WRA USE ONLY)

DATE RECEIVED (WRA USE ONLY)

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 COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER W2 158

PERMIT NO. FROM "PERMIT TO DRILL WELL"
410-731-2421

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 223

OWNER Stewart Partnership

STREET OR RFD 5341 Thunder Hill Rd. POST OFFICE Columbia Md

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	
POY Soil	0	2	
Sandy	2	30	
SANDSTONE	30	45	✓
MICKN	45	50	
SANDSTONE	50	55	✓
MICKN	55	245	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENONITE CLAY

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 32 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S STEEL C CONCRETE P PLASTIC O OTHER

MAIN CASING TYPE S NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) L TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

H OPEN HOLE S STEEL BR BRASS OR BRONZE P PLASTIC O OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

1 H 4 FROM 37 TO 245

2 _____

3 _____

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.D.S.) W O _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 215 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S 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) _____

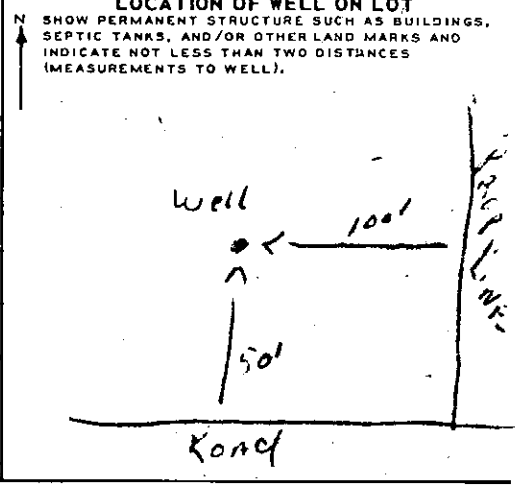
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE _____ (NEAREST FOOT)

BELOW } _____



CIRCLE APPROPRIATE BOXES

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 NAME RALPH MAYNIE

(PLEASE PRINT) _____

SIGNATURE Ralph Maynie