

7/27/87

ANYTHING 05-380065 WELL COMPLETION

PERMIT

P 39099

A 24737

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/13/87

DATE SYSTEM APPROVED 7/27/87

INSPECTOR S. Abel

(INSTALLED BY C CUSSELL)

Jack Fuock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Allnutt Farm Estates ROAD 13414 Good Times Ct. LOT 25, Section 1

PROPERTY OWNER Ronald Smith

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

SHALLOW

TRENCHES - 160 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.0 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the trench 140 feet from the rear lot line and 10 feet from Lot 24 as seen when facing the lot from Good Times Court. Run the trenches toward the rear lot line. Use parallel trenches about 10 feet apart.

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

PLANS APPROVED BY R. Hodges DATE February, 1986

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 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 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.

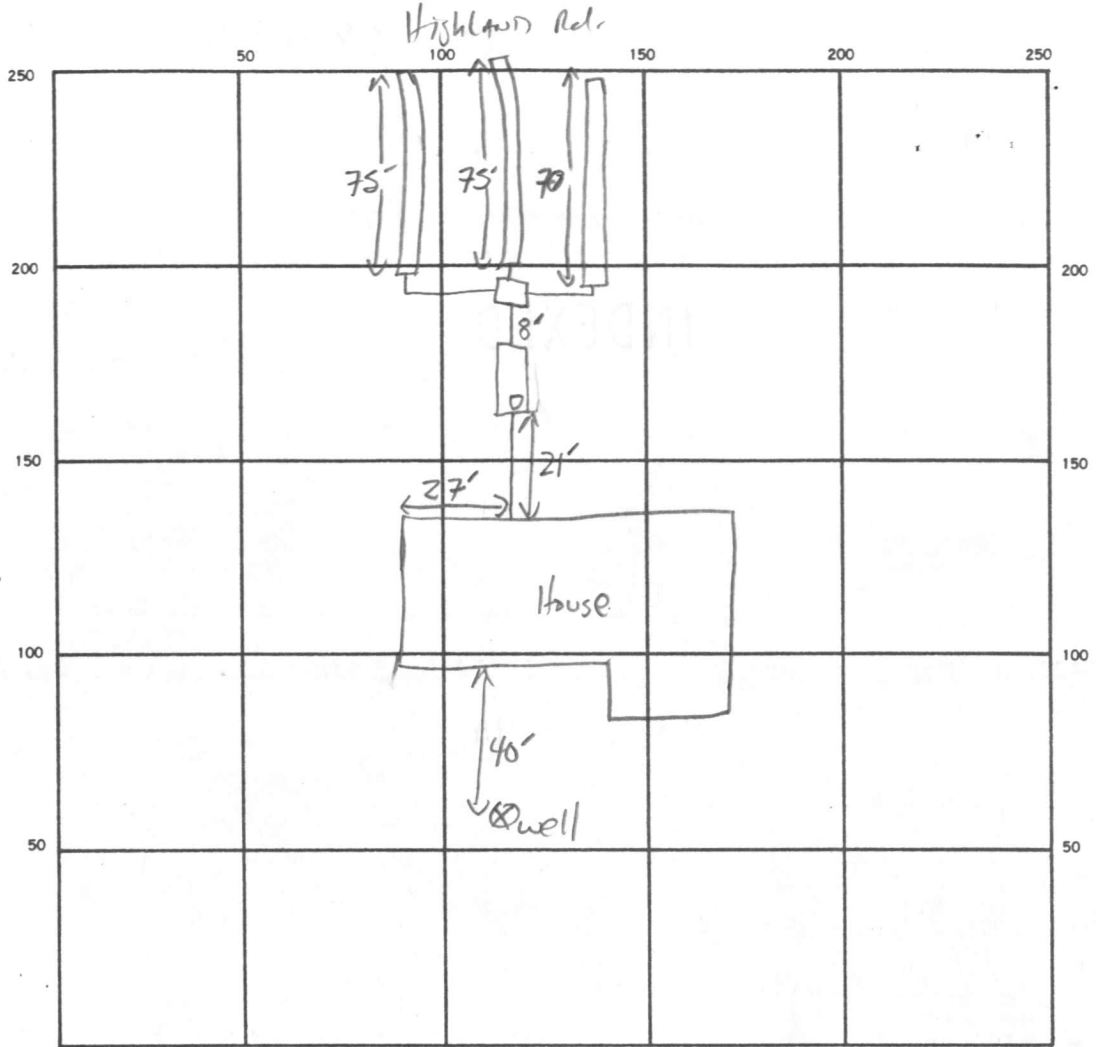
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A24737



2
160
3
4
2
1640

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GOOD TIMPS CT

SEPTIC TANK. LEVEL 1500 GAL CLEANOUTS ✓ ST

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD (TILE FIELD. DEPTH) 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 70 75 75 FT. ^{① ② ③} 220'

NUMBER OF TRENCHES 3 ONE SIDEWALL (BOTTOM AREA) 660 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 660 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 7-27-87 INSPECTOR S. Abel

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.
13288 Highland Rd.
ADDRESS Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION H1 - Land Farm Estates LOT NO. 132

ROAD AND DESCRIPTION Highland Road

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)

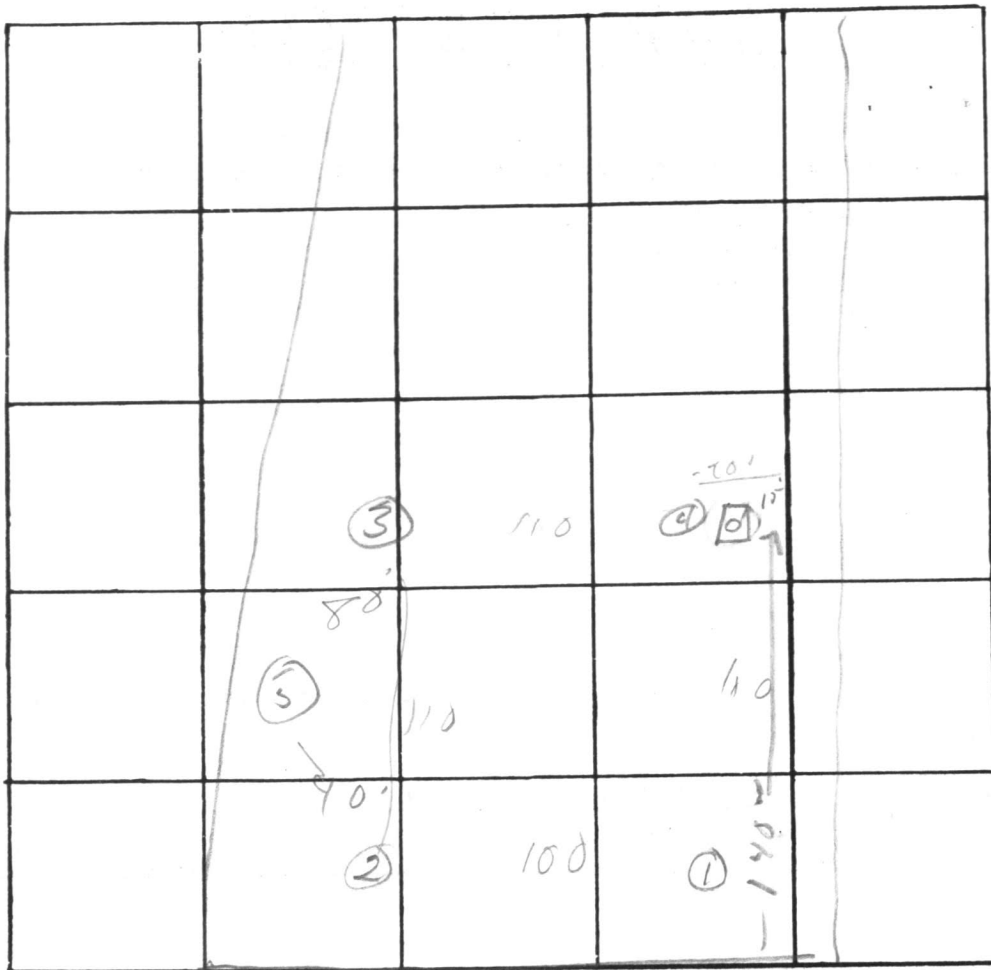
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

139 Coout B



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/24/70	1s	5'	10 ⁴⁵	10 ⁴⁷	10 ⁴⁹	10 ⁵²	5
	d	13'	10 ⁴⁵	10 ⁴⁸	10 ⁴⁹	10 ⁵²	5
	2s	6'	10 ⁵⁵	10 ⁵⁵	10 ⁵⁵	10 ⁵⁵	7'
	d	14'	10 ⁵⁵	10 ⁵⁵	10 ⁵⁸	11 ⁰²	4
	3	good soil 5' - 1/2'					
	4s	2'	11 ¹⁵	11 ²³	11 ²³	11 ²⁸	3
	d	8'	11 ¹⁸	11 ²⁰	11 ²⁰	11 ²⁵	5
	5	5'	11 ³²	11 ³³	11 ³⁵	11 ³⁸	3

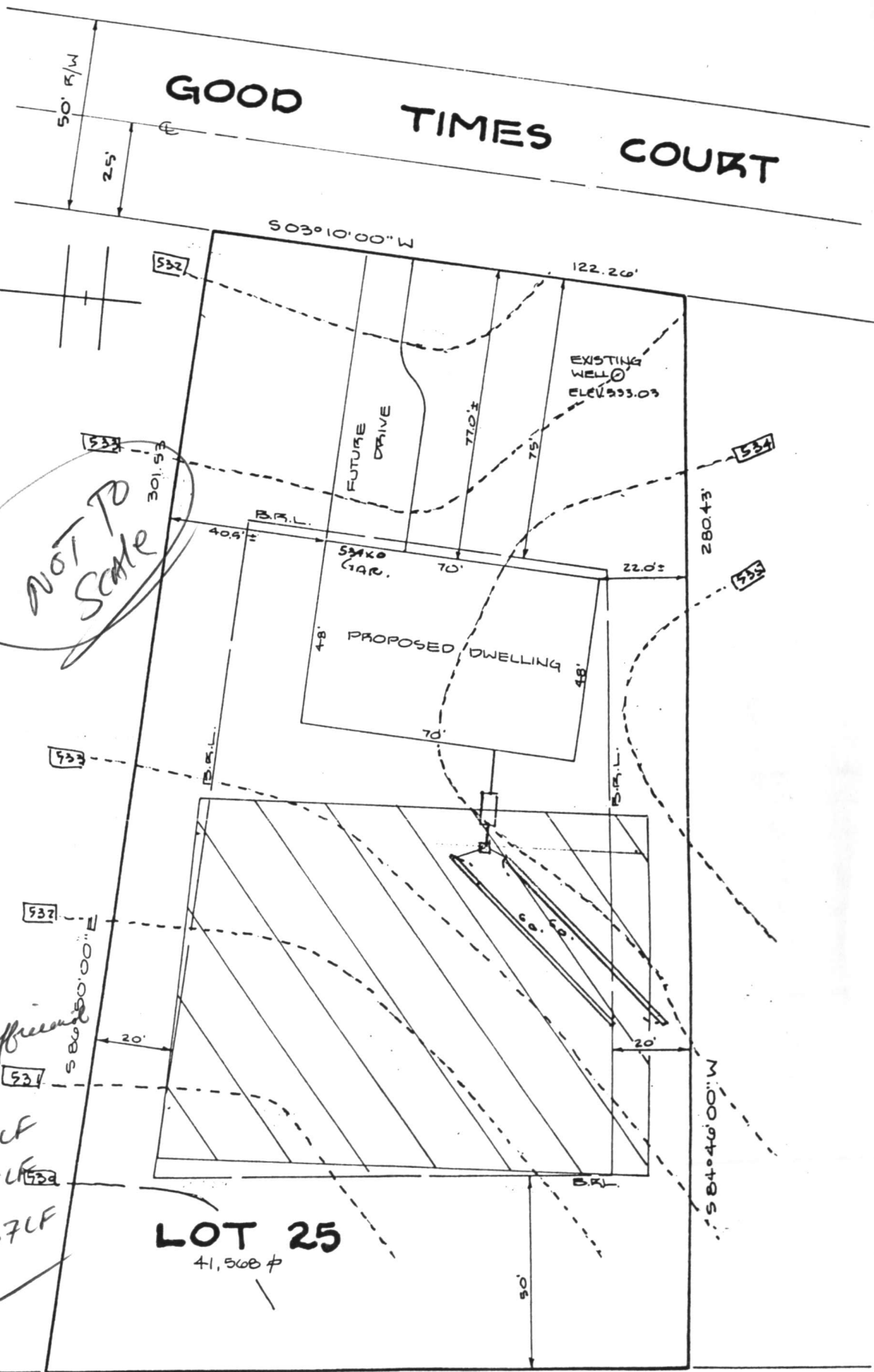
REMARKS Sandstone hole 4 - Rocky on one side - sand on side near prop line - hold down on hole

TYPE OF SOIL

TESTED BY DPON ALSO PRESENT: K+A

Reviewed by Wino.

LOT 25
 GOOD TIMES COURT
 LNUIT FARMS ESTATES
 SECTION 1, PLAT NO. 3725
 ELECTION DISTRICT
 BWARD COUNTY, MARYLAND
 SCALE: 1"=30' DATE 3-4-87



NOT TO SCALE

- 2. BOX EXIST. 533.80
- INVERT 530.0
- P STONE 529.9
- MARK EXIST. 534.00
- NURST OUT 531.00
- NURST IN 531.4
- NURST @ POSE 533.4
- FIRST FLOOR 536.00
- BASEMENT 527.00

*elevations ok
 Trench length insufficient
 for any house*

3BR require 160CF
 4BR " 214CF
 5BR " 267CF

8/11

LOT 25
 41,500 ±

C1 5321 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-24737**

DATE RECEIVED: PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-1690**
 DATE WELL COMPLETED: **100886** DEPTH OF WELL: **265** (TO NEAREST FOOT)

OWNER: **SMITH** (last name) **RONALD** (first name) TOWN: **HIGHLAND**
 STREET OR RFD: **GOOD TIMES ST.** SECTION: **2** LOT: **25**
 SUBDIVISION: **ALLWITT FARMS**

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	40	✓
Sandstone	40	45	
Micka	45	180	
Sandstone	180	185	✓
Micka	185	240	
Sandstone	240	245	✓
Micka	245	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **14** NO. OF POUNDS: **1400**
 GALLONS OF WATER: **24**
 DEPTH OF GROUT SEAL (to nearest foot): from **0** ft. to **15** ft.

CASING RECORD
 casing types insert appropriate code below: **ST** (STEEL) **CO** (CONCRETE) **PL** (PLASTIC) **OT** (OTHER)
 MAIN CASING TYPE: **PL** Nominal diameter top (main casing) (nearest inch): **6** Total depth of main casing (nearest foot): **50**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below: **ST** (STEEL) **BR** (BRASS) **HO** (OPEN HOLE) **PL** (PLASTIC) **OT** (OTHER)

C2
 DEPTH (nearest ft.)
 EACH SCREEN: **40** (8-9) **48** (11-15) **265** (17-21)
 SLOT SIZE: 1 2 3
 DIAMETER OF SCREEN: (NEAREST INCH) from to

C3
PUMPING TEST
 HOURS PUMPED (nearest hour): **3**
 PUMPING RATE (gal. per min. to nearest gal.): **10**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **03**
 WHEN PUMPING: **5**
 TYPE OF PUMP USED (for test): **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: **29**
 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 (nearest foot) below } **2**

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

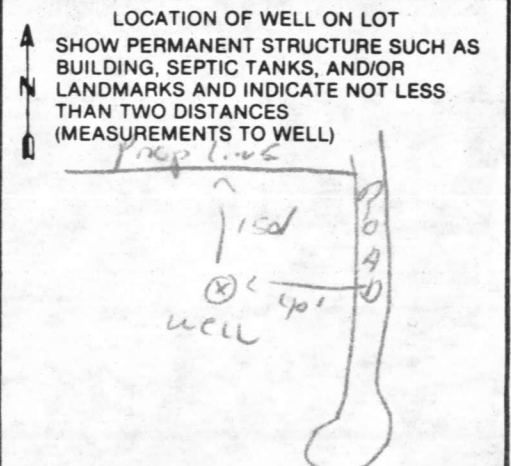
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **223**
 DRILLERS SIGNATURE: **Ralph E. Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



RECEIVED
HOWARD COUNTY
HEALTH DEPT.

APR 10 2 43 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

40811100