

05-384834

6-14-88  
LATE PM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41863

A 24818

DISTRICT 5th

DATE 6/3/88

DATE SYSTEM APPROVED 6/14/88

INSPECTOR RIT

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

William T. Cumberland

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 489-4457

SUBDIVISION Allnutt Farms ROAD 13506 Allnutt Lane LOT 24 Section 4

PROPERTY OWNER George Cravanitis

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

127  
748

TRENCHES - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the left front lot corner, place 1st trench 175 feet down the left (501.68') lot line and 75 feet off the left line as seen when facing property from Allnutt Lane. Run trenches along contour towards the left (501.68') and right (653.30') lines. NOTE: MAINTAIN MINIMUM 100 FEET FROM ALL WELLS.

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

PLANS APPROVED BY Bert Nixon DATE 8/21/87

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

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.

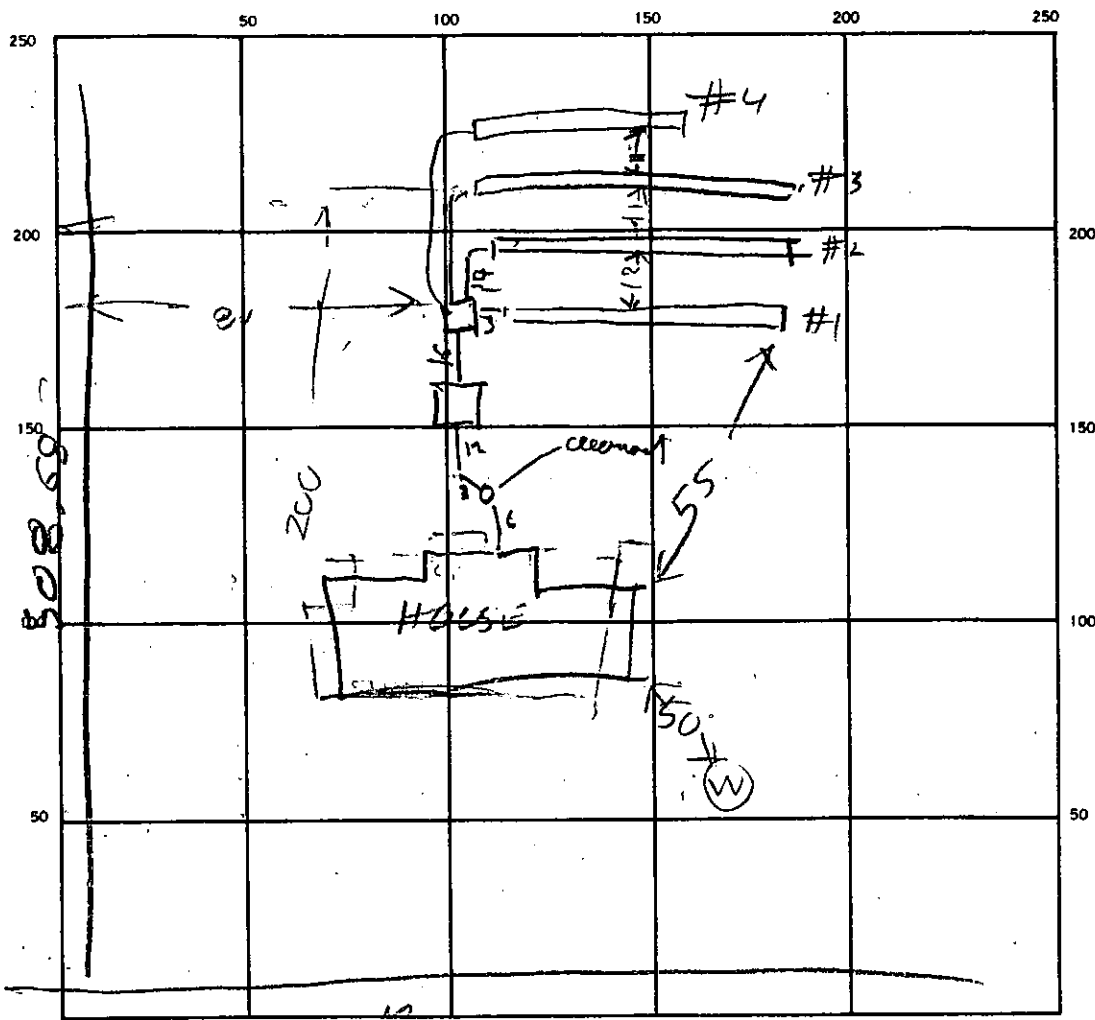
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 24818



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

2.7  
250  
2748  
14

2.7  
3  
27

125  
1277

NEED 748 ft  
244 LF Req.  
250  
51  
2.7  
357  
102  
1377

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST/HS  
OK/OK

DISTRIBUTION BOX. LEVEL ✓

1	2	3	4	1	2	3	4				
5	5	5	5	2	2.5	2.5	2.7				
DRAIN FIELD/TILE FIELD. DEPTH				TRENCH WIDTH				INLET DEPTH			
1	2	3	4	1	2	3	4	1	2	3	4
2	2	2	2	78	76	95	51	3	3	3	3
EFFECTIVE GRAVEL DEPTH				TOTAL LENGTH				RF = 300			
NUMBER OF TRENCHES <u>4</u>				ONE-SIDEWALL/BOTTOM AREA <u>661798</u>				REQUIRED <u>8048</u>			
DRYWELL INSIDE DIAMETER <u>—</u>				EFFECTIVE DEPTH BELOW INLET <u>127</u>				G61			
ABSORBENT AREA <u>900</u>				SQ. FT.				FT. <u>2</u>			

REMARKS 6/7/88 - LOCATION OK PER PLAN SQFT SHORTAGE  
OF 97 SQFT PROBABLY BECAUSE TWO TRENCHES  
ARE ONLY 2 1/2 FT WIDE AND TRENCH 3 FT WIDE  
30 FT LONG R/L LEFT RED STICKER ON HS CLEANOUT 6/8/88  
TALKED TO SECRETARY ON PHONE RH  
6/14/88 EXTRA TRENCH #4 INSTALLED FOR EXTRA AREA  
 DATE SYSTEM APPROVED 6/14/88 INSPECTOR R. J. [Signature]

# APPLICATION

A 24806

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. Alnutt, Jr.  
13288 Highland, Road  
ADDRESS Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hi Land Farm Estates LOT NO. 57

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 2.02 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. Alnutt

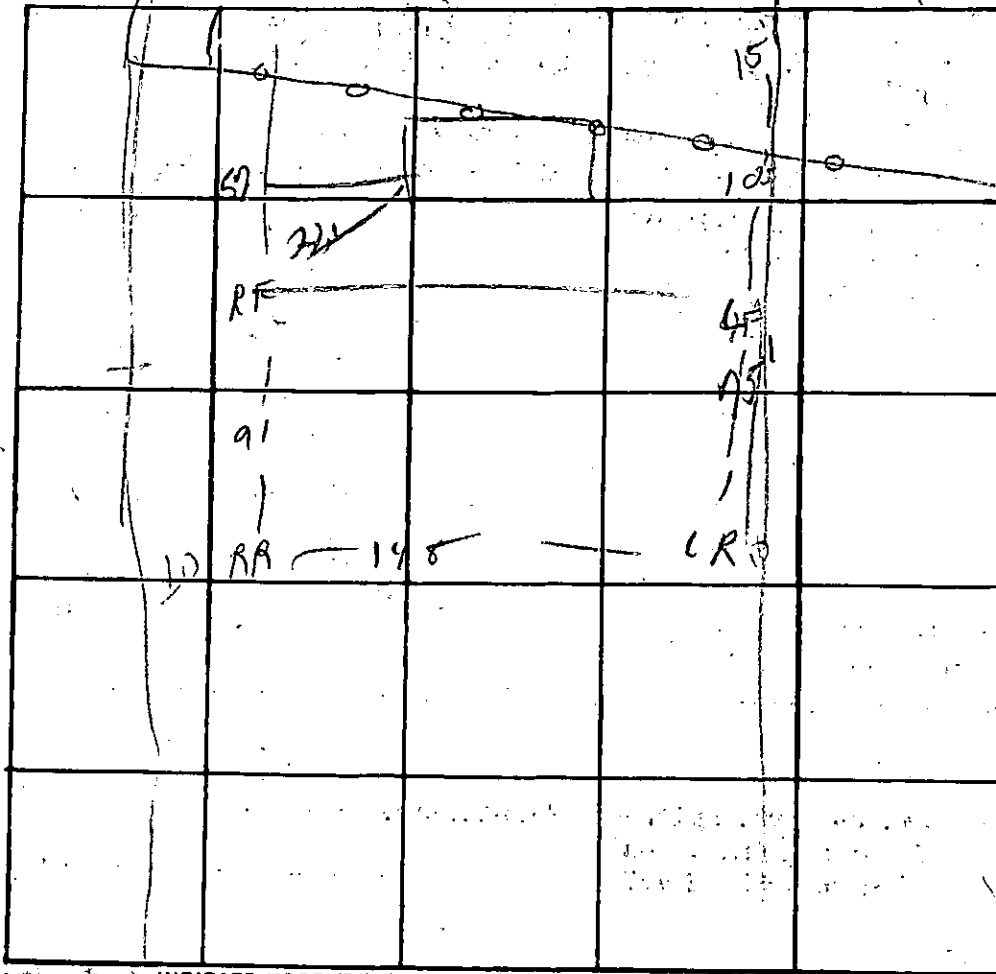
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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	
3/23/49	RR S	3'	1108	1110	1110	1115	5
	d	12'	1108	1100	1109	1111	330
	RF S	3	1114	Fossil T5 mg			
	a	13	1114	1116	1116	1125	9
	LR S	3'	1118	1123	1123	1133	10
	d	12'	1127	1132	1132	1141	9
	LF S	1 1/2'					
	FD	12'	04				
3/24/49	RF S	4'	1125	1131	1131	1138	9

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY DDA \_\_\_\_\_

ALSO PRESENT: \_\_\_\_\_



**C1** **6050** 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-24818**

DATE Received [ ] DATE WELL COMPLETED **083187** Depth of Well **260** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-2247**

OWNER **CRAVARTIS GEORGE**  
 STREET OR RFD last name **ACUUTT LANE** first name **GEORGE** TOWN **HIGHLAND**  
 SUBDIVISION **ACUUTT EST** SECTION **4** LOT **24**

**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	25	✓
Sand Stone	25	30	
Micka	30	90	
Sand Stone	90	95	✓
Micka	95	260	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **8** NO. OF POUNDS **600**  
 GALLONS OF WATER **48**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN Nominal diameter Total depth  
 CASING top (main) casing of main casing  
 TYPE (nearest inch) (nearest foot)  
**PL** **6** **33**

**OTHER CASING** (if used)  
 diameter depth (feet)  
 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 **40** **31** **260**  
 SLOT SIZE **2**  
 DIAMETER OF SCREEN (NEAREST INCH)

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **7**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from surface)  
 BEFORE PUMPING **25**  
 WHEN PUMPING **100**  
 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) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot) **2**  
**-** below }

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. **273**  
 DRILLERS SIGNATURE **Ralph Mays**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Ralph S. Mays**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to  
 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

