

5/11/87 PM
5/12/87 AM
5/13/87 11:50 AM Incl

PERMIT

P 39257
A 25148

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-384958

DATE 4/27/87

DATE SYSTEM APPROVED 5/13/87

INSPECTOR (Signature)

INDEXED

Andy Snow IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 854-6190

SUBDIVISION Allnutt Farms ROAD 13490 Golden Corn Dr. LOT 35, Section 4

PROPERTY OWNER Story Proctor

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

4 = 144 CF
3 = 108 CF
36'

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start first trench 50 feet from the 157.47' lot line that borders Golden corn Drive and 85 feet from the 252.98' lot line that borders Lot 34. Run trench(s) along level ground toward the 160' lot line that borders Lot 36.

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

PLANS APPROVED BY C. Williams DATE 1/17/85

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.

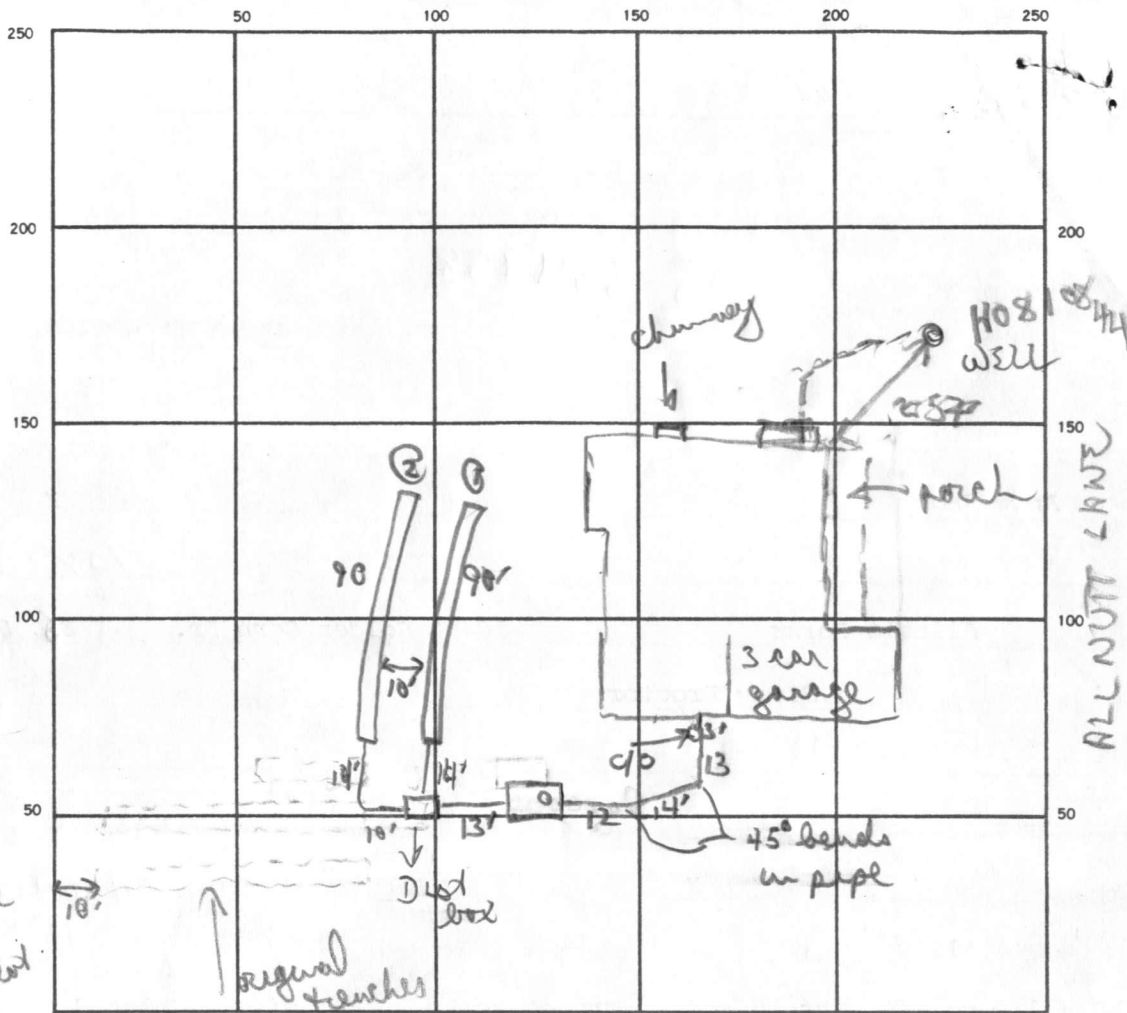
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 25148



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

GOLDEN CORN

(going w/ garbage disposal)

SEPTIC TANK LEVEL 2000 CLEANOUTS 1 In line 15.T.

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 9' 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4' 4' FT.

EFFECTIVE GRAVEL DEPTH 5 5 FT. TOTAL LENGTH 90 90 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 450 + 450 SQ. FT.

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

ABSORBENT AREA 900 SQ. FT.

REMARKS 5/11/87 original trenches dug in wrong direction - = 20' away at closest point from well on lot 34. Trenches to be filled in + new ones dug. Plan reviewed with installer

5/17/87 Trench locations OK - OR to add stone pipe paper to both

5/12/87 Installing well line (4' below grade) OK to cover trench #1

5/13/87 Duct box lines cemented & OR OR to cover both trenches

DATE SYSTEM APPROVED 5/13/87 INSPECTOR B Nixon full work

200
4
1880
126
5-880
38
35
30

Retest

APPLICATION

SEWAGE DISPOSAL TESTING

A 32600

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE March 30, 1983

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 Allnut

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

PROPERTY LOCATION:

SUBDIVISION Allnut Farms Estate LOT NO. 35

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 1.00 Ac TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Margaret G. Allnut

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

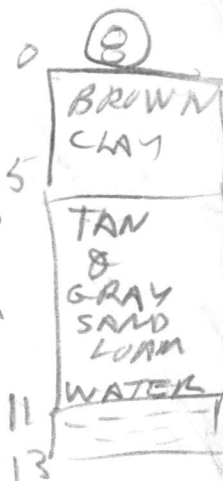
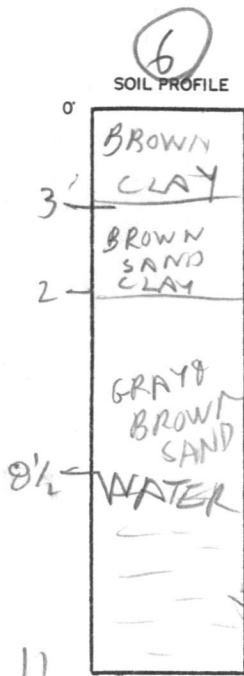
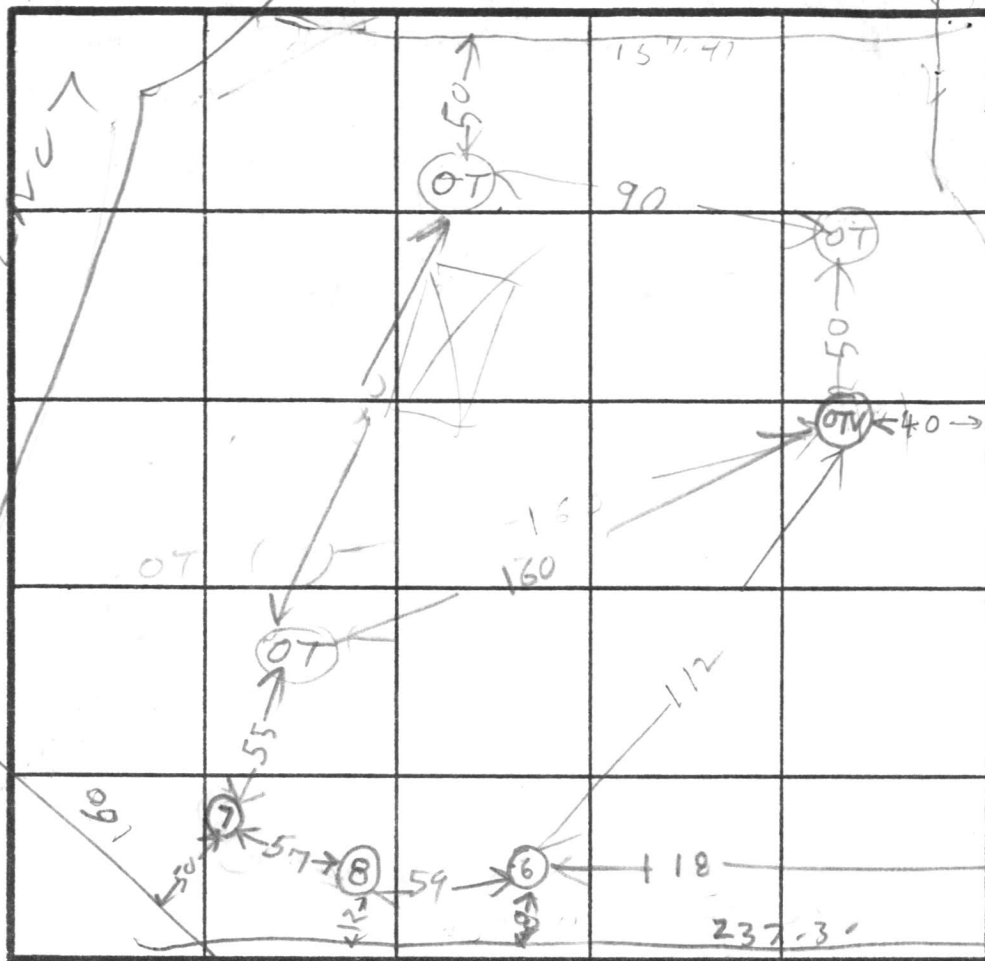
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

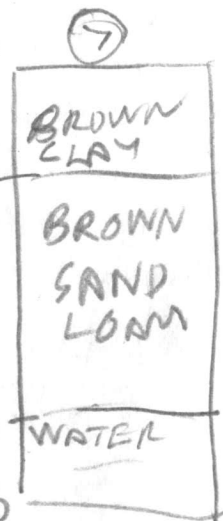
GOLDEN CORN



HOLE ELEV

7 HIGH
8 TV HIGH

9 MEDIUM
6 LOW



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/5/83	6V	11	WATER	8 1/2 FT			
	7V	15	WATER	13 FT			
	8V	13	WATER	11 FT			
	OTV	14	DRY	see profile			

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGES ALSO PRESENT O. KETTERMAN

EH-12-1079

APPLICATION

(A 25148)

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 _____

DATE _____

29
27 35
37
42
44

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION A F F Allnut Farm Est LOT NO. 35

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

APPROVED BY DJONG FOR DW + ty DATE 8/30/95
(KIND OF SYSTEM)

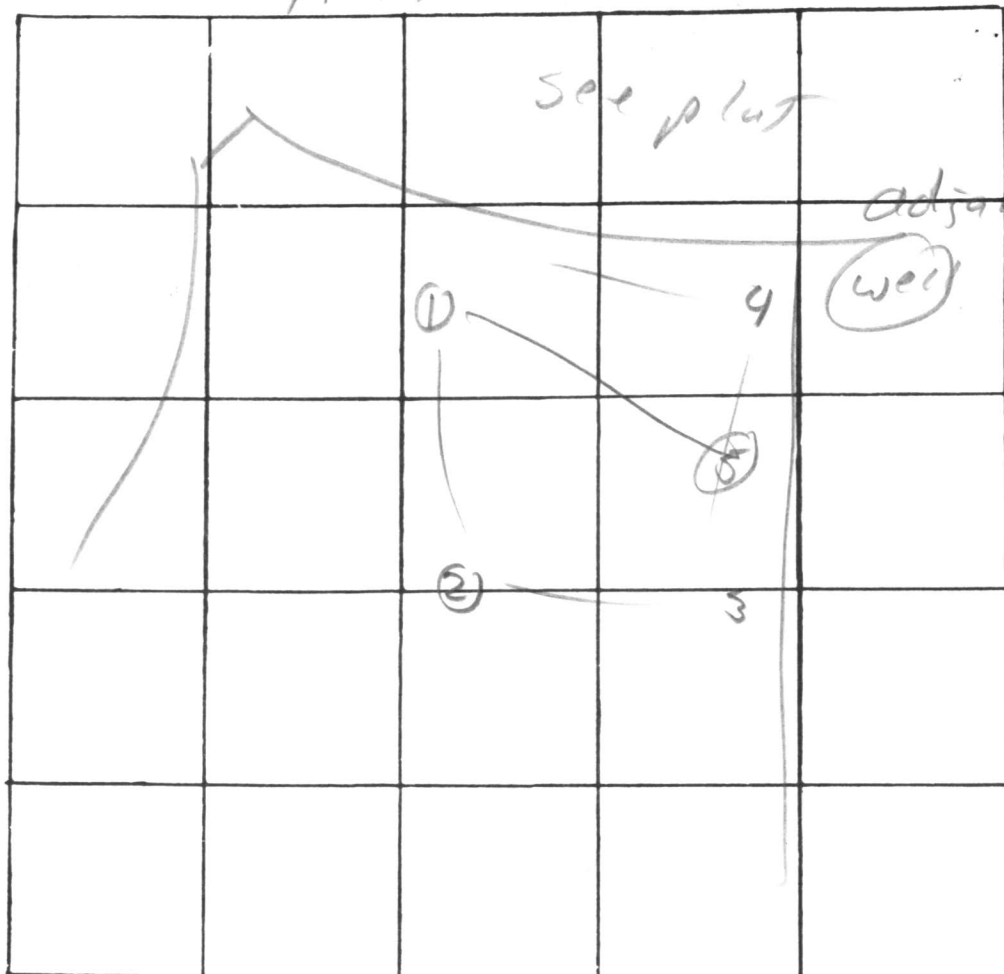
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

71-172



3
14

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19	1 S	3'	11 30	11 46	11 40	12 00	20
	d	12'	11 36	11 37	11 37	11 45	8
	2 S	3'	11 41	11 44	11 44	11 55	11
	d	12'	11 42	11 45	11 45	11 55	10
	3 S	3'	11 45	11 50	11 56	11 55	8
	d	11'	11 45	11 50	11 50	11 55	8
4/20	4 U 13	4-17'					04
	5 U 13	4-17'					04

REMARKS _____

TYPE OF SOIL _____

TESTED BY WJG _____ ALSO PRESENT: _____

APPLICATION

A 25149

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

PROPERTY LOCATION:

SUBDIVISION Hi-Land Farm Estates LOT NO. 72 35

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 1.03 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. Alnutt

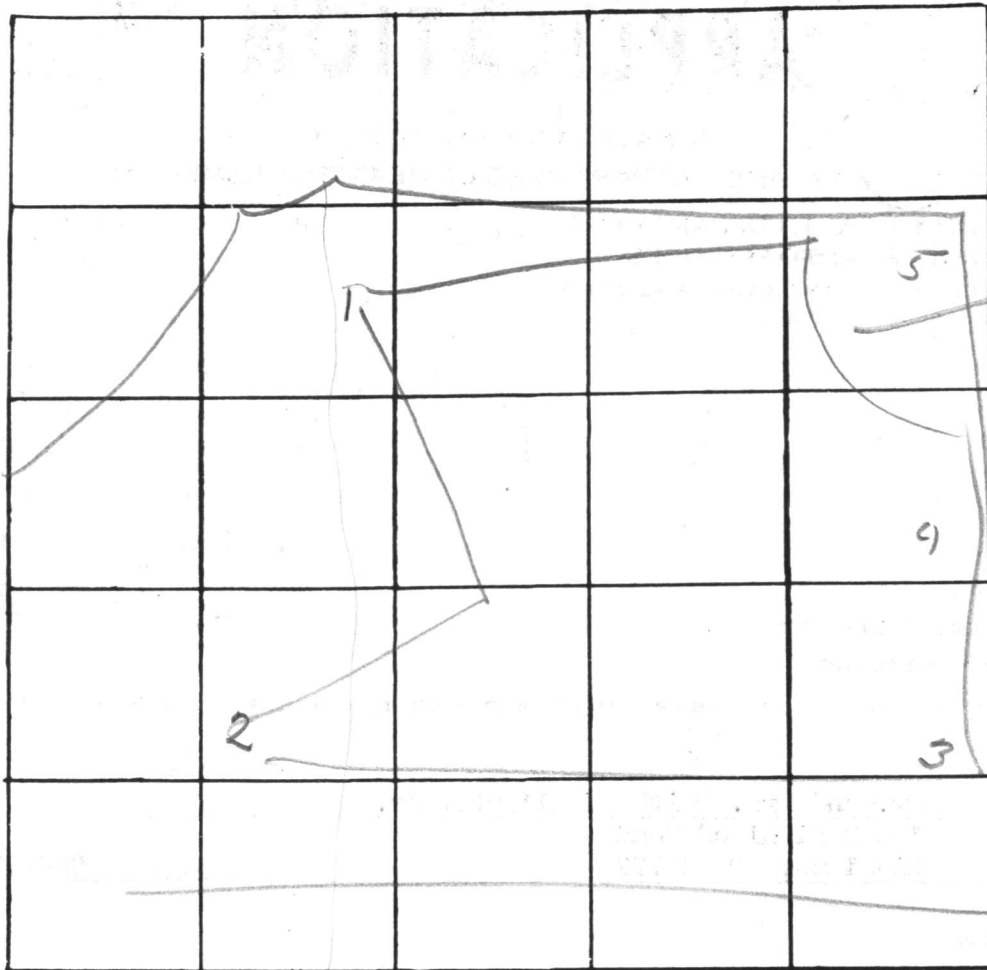
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Leave out for well next lot

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19/43	1s	3					20
	d	12					8
	2s	3					10
	d	12					8
	3s	3					8
	d	11					8
	4	1-12'	good so				
	5	4-12'	good so. 1				

REMARKS _____

TYPE OF SOIL _____

TESTED BY WJON ALSO PRESENT: _____

C1 9486 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A25148

DATE RECEIVED

DATE WELL COMPLETED 01/29/85

DEPTH OF WELL 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-81-0847

OWNER PROCTOR last name STOY first name TOWN HIGH LAND SUBDIVISION ALLNUT FARM EST SECTION 4 LOT 35

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Shale, Sand, Gray mica rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 10, NO. OF POUNDS 440.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6 inches, Total depth of main casing: 320 feet.

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

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

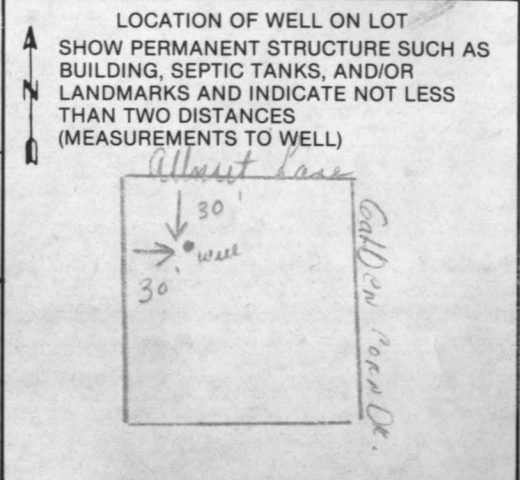
DEPTH (nearest ft.) table with columns for depth intervals (1-51) and handwritten values (40, 49, 320).

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), E.R.O.S., WQ (OTHER DATA).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 32 gal. per min., METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 24 ft. before pumping, 11 ft. when pumping.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S (SUBMERSIBLE), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

FEB 5 1 33 PM '85

DIVISION OF
ENVIRONMENTAL
HEALTH

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

FEB 5 11 06 AM '85

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 38410
 Date 1-12-87

Name of Installer ROBERT SISLER

Telephone 247-4908

License number 5559
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner STOY PROCTOR Telephone 292-1925
 Subdivision ALWITT FARM ESTATES Lot # 35 Well tag # - - -
 Site Address 13490 GOLDEN CORN DR
HIGHLAND, MD 29177

Pump

1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible

Motor

1. Horsepower 1/2
 2. RPM
 3. Voltage
 a. 110
 b. 220

Pitless Adapter

1. Make
 2. Model # PT 200
 3. Depth

2. Make MYERS
 3. Model # SJ52 J54P
 4. Capacity 4 GPM
 5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank

1. Capacity 120 GAL
 2. Pressure relief valve? YES

Piping

1. Type YARLEY IPS
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 48"

Well data

1. Depth 300 ft.
 2. Yield 3 1/2 GPM
 3. Static water level ft.
 4. Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert Sisler

Date: 1-12-87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

WATER WELL
4.83'

INVERT OUT OF HOUSE
476.1

1ST FLOOR ELEVATION 484'
BASEMENT ELEV. 477.7'

10' min from House

2.20'

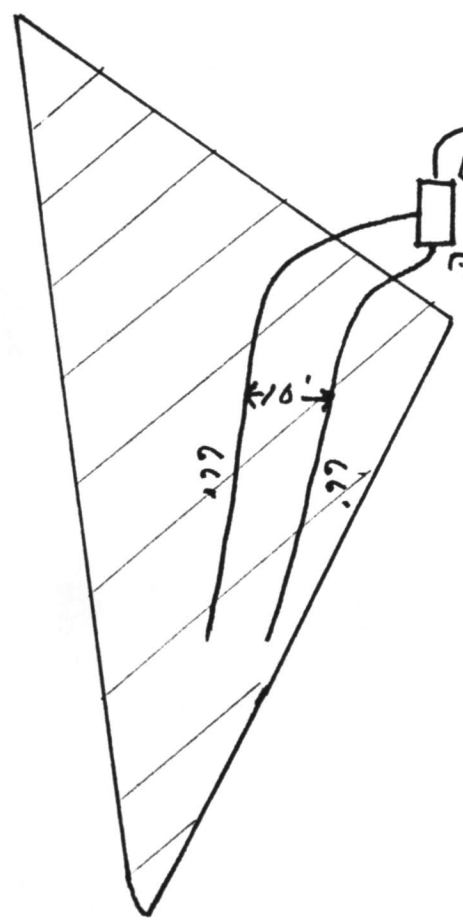
INVERT INTO SEPTIC
475.65

OUT OF SEPTIC ELEVATION
475.4

INTO DISTRIBUTION BOX
475.2

OUT OF DISTRIBUTION BOX
475.1

Grade at the trench inlet
478' 475'



BLDG. PERMIT SIGNED
AND RETURNED 9-25-86

13490 GOLDEN CORN
HIGHLAND MD
STAY PROCTER
Lic. Permit # 5032