

7/17/85  
A.M.  
Jat

W.P.I. - 7/24/85

approved  
7-17-85  
C. Wilham

# PERMIT

P 35770

SEWAGE DISPOSAL SYSTEM

A 25162

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-385040  
INDEXED

**ELLICOTT CITY**  
DISTRICT 5th  
DATE 7/6/85

C. C. Cissel IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Allnutt Farms ROAD 13461 Charlois Drive LOT 44, Section 2

PROPERTY OWNER Robert & Janet Kiatta

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

TRENCHES - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start trench 100 feet from Charlois Court and 95 feet from the right 475 ft. lot line. Run trench(s) on level ground toward Charlois Drive (339.47 ft. lot line).

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade

## BUILDING PERMIT SIGNED

## AND RETURNED

414-04 800147411-FINISH BASEMENT

BLDG. PERMIT SIGNED  
AND RETURNED 5/13/90  
Serial # 31536 - deck

PLANS APPROVED BY Sid Abel DATE 7/16/85

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: 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.

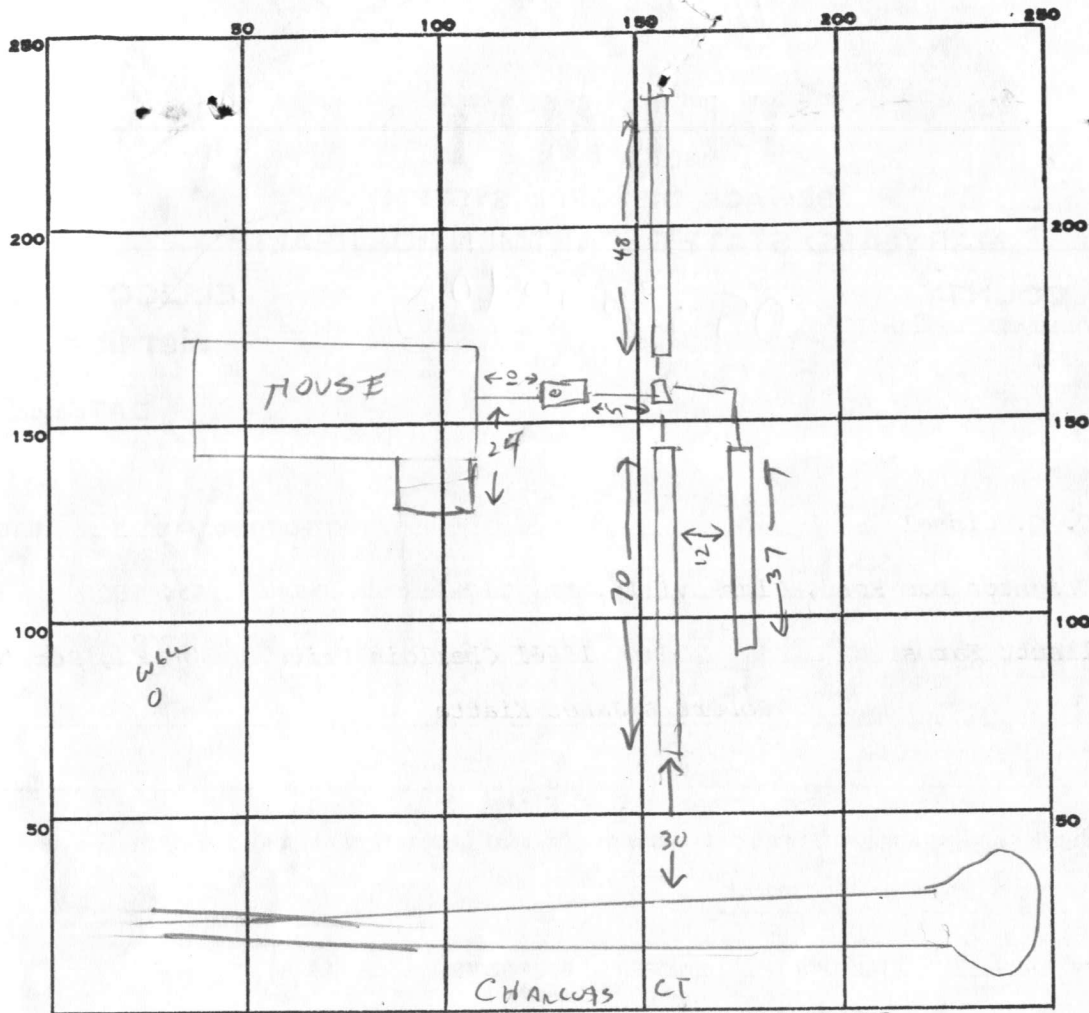
PERMIT VOID AFTER THREE YEARS.

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.

A25762



70  
48  
37  
155

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 155 FT.

NUMBER OF TRENCHES 3 (70+48+37) TOTAL BOTTOM AREA 775

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 775 SQ. FT.

REMARKS OK TO COVER ALL WORK 7-17-85 C. Willman

DATE SYSTEM APPROVED 7-17-85

INSPECTOR Craig Willman

BUILDING PERMIT SIGNED  
AND RETURNED  
775 776

# APPLICATION

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

A \_\_\_\_\_  
P \_\_\_\_\_  
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. 86  
ROAD AND DESCRIPTION Road "D"

SIZE OF LOT 1.33 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

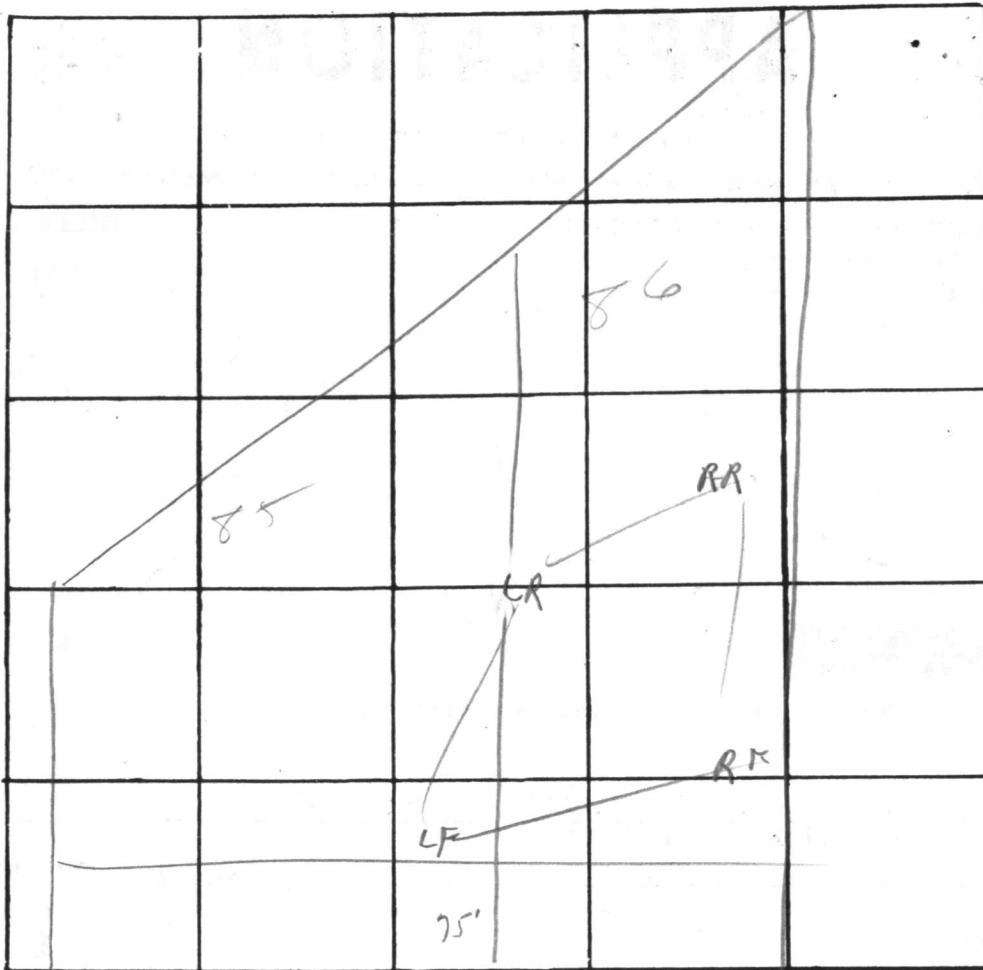
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21	LR	5 1/2'	3 <sup>14</sup>	3 <sup>19</sup>	3 <sup>19</sup>	3 <sup>29</sup>	10
		13 1/2'	3 <sup>14</sup>	3 <sup>18</sup>	3 <sup>18</sup>	3 <sup>33</sup>	25
	RR	3'	3 <sup>36</sup>	3 <sup>38</sup>	3 <sup>38</sup>	3 <sup>41</sup>	3
		12'	3 <sup>36</sup>	4 <sup>00</sup>	4 <sup>06</sup>	4 <sup>23</sup>	23
	LF	4'	3 <sup>59</sup>	4 <sup>02</sup>	4 <sup>02</sup>	4 <sup>12</sup>	10
		12'	3 <sup>54</sup>	4 <sup>02</sup>	4 <sup>02</sup>	4 <sup>12</sup>	10
	RF	4-12'	vis	04			

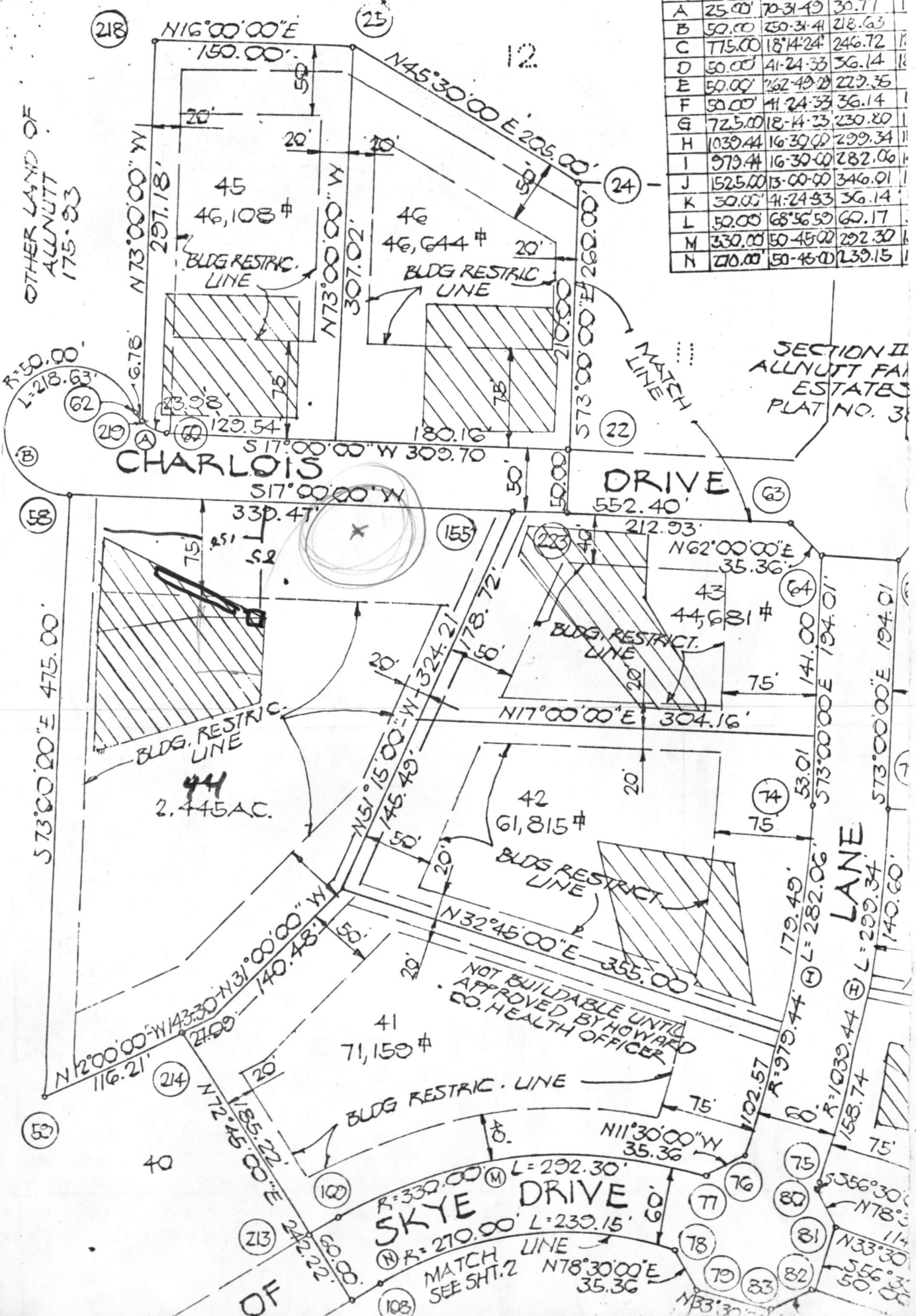
2  
Hmin

REMARKS \_\_\_\_\_

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

TESTED BY DJO m ALSO PRESENT: \_\_\_\_\_

NO	R	Δ	A
A	25.00	70-31-49	30.77
B	50.00	50-31-41	218.63
C	775.00	18-14-24	246.72
D	50.00	41-24-33	36.14
E	50.00	76-49-29	229.35
F	50.00	41-24-33	36.14
G	725.00	18-14-23	230.80
H	1039.44	16-30-00	299.34
I	979.44	16-30-00	282.06
J	1525.00	13-00-00	346.01
K	50.00	41-24-33	36.14
L	50.00	68-56-59	60.17
M	330.00	50-45-00	292.30
N	710.00	50-45-00	139.15



OTHER LAND OF ALLNUTT 175-83

SECTION II ALLNUTT FAR ESTATES PLAT NO. 3

CHARLOIS DRIVE

DRIVE

LANE

SKYE DRIVE

NOT BUILDABLE UNTIL APPROVED BY HOWARD CO. HEALTH OFFICER

110' from rd. 75' from

R=50.00 L=218.63

R=330.00 L=292.30

R=270.00 L=239.15

MATCH LINE SEE SHT. 2

58

59

218

25

24

22

63

155

64

74

40

213

189

108

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HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Robert L. Keath  
(Name)

#2 Perrywood Ct. Burtonsville Md  
(Address) 20866

HO-81-0799  
(OEP Well Permit Number)

Nov 28th, 1984  
(Date)



#1 125' from left corner  
20' from front

#2 100 from left corner  
45 from front

$$85 \times 105$$

$$\begin{array}{r} 85 \\ \times 105 \\ \hline 425 \\ 840 \\ \hline 8925 \end{array}$$

$$\begin{array}{r} 8925 \\ + 28 \\ \hline 11730 \end{array}$$

$$\begin{array}{r} 33 \\ \times 85 \\ \hline 165 \\ 264 \\ \hline 2805 \end{array}$$

C1 3059 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 25162**

DATE Received [ ] DATE WELL COMPLETED **07/16/83** Depth of Well **120** PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-0799**

OWNER **KIATTA ROBERT** last name first name  
 STREET OR RFD **CHARLOIS DRIVE** TOWN **BRIGHTON**  
 SUBDIVISION **ALLENUT FARMS** SECTION **2** LOT **44**

**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	
Topsoil	0	2	
Br. Mica	2	33	✓
Tan Mica	33	44	
Gray Mica	44	56	
Tan Mica	56	60	✓
Gray Mica	60	77	
Tan Mica	77	82	✓
Gray Mica	82	120	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF POUNDS **900**  
 GALLONS OF WATER **50**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **45** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **120**

**OTHER CASING (if used)**  
 diameter inch depth (feet) 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 1 **H0** 2 **45** 3 **120**

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

**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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**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 **17** WHEN PUMPING **18**  
 TYPE OF PUMP USED (for test) **S** submersible

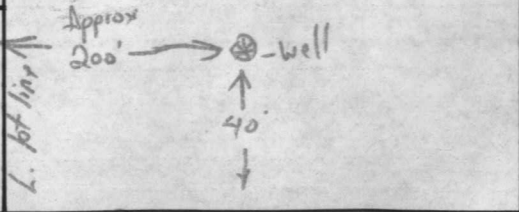
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **S**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER  
 PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE (nearest foot)

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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. **4**  
 DRILLERS SIGNATURE **Daniel Eastwood**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Wesley T. Blount**





RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELICOTT CITY, MD.

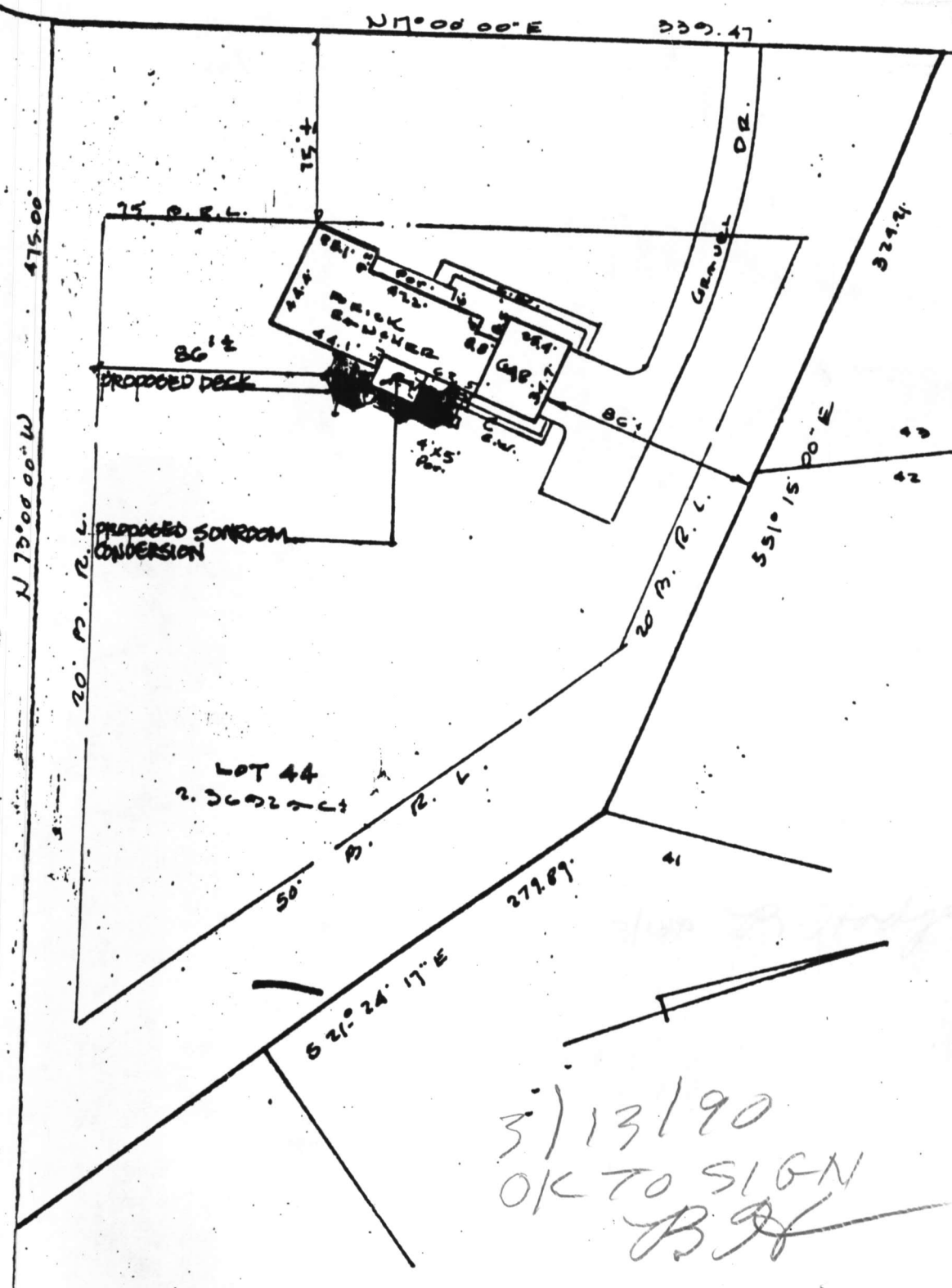
JAN 21 9 18 AM '85

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
JAN 21 4 51 PM '85  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

Property known as: LOT 44  
 ALLWITT FARMS ESTATES  
 AMENDED SHEET SECTION III  
 LOT 1-10 & LOTS 41-46 PLAT 4621  
 5th ELECTION DISTRICT  
 HARPER RD CO. MD


THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

CHARLOIS DRIVE  
 50' R/W



3/13/90  
 OK TO SIGN  
 BJA

LOCATION SURVEY PLAT

CERTIFICATION	SEAL	SCALE 1" = 60' DATE 12-19-1985
This is to certify that I have surveyed the property known as: <u>CHARLOIS DRIVE</u> for the purpose of locating the improvements thereon, and the improvements are located as shown.	 <i>Walter Park</i>	PHONE 828-9060 TOWSON 730-9060 COLUMBIA  <b>HUDKINS ASSOCIATES, INC.</b> <i>Surveyors and Subdivision Designers</i>  SUITE 231, JOSEPH SQUARE 5485 HARPERS FARM ROAD WALTER PARK, L.S. COLUMBIA, MARYLAND 21044 # 5539

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00147411

Building Address 13461 CHANOLAIS COURT  
HIGHLAND MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605101 Subdivision Allnut Farms  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 44  
Tax Map 34 Parcel 375 Grid 15  
Zoning RPOED Map Coordinates 449 Lot size 2.34

Property Owner's Name CLINT + CHRISTIAN MANI  
Address 13461 CHANOLAIS COURT  
City HIGHLAND State MD Zip Code 20777  
Home Phone 301-851-1251 Work Phone 410-340-9467  
Applicant's Name & Mailing Address, (if other than stated hereon):  
BENET DICKSON  
9724 OWEN BROWN RD  
COLUMBIA MD 21045  
Phone 443-745-1275 Fax 410-992-6915

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$125,000  
Description of Work FINISH BASEMENT ADD OFFICE,  
BATHROOM EXERCISE ROOM, TV ROOM

Contractor Company FRED C. DICKSON CO.  
Contact Person BENET DICKSON  
Address 9724 OWEN BROWN RD  
City COLUMBIA State MD Zip Code 21045  
License No. MHC 87576  
Phone 410-995-0154 Fax 410-992-6915

Occupant or Tenant OWNED  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company N/A  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

BENET DICKSON  
Applicant's Signature  
FRED C. DICKSON CO.  
Title/Company

BENET DICKSON  
Print Name  
4/13/04  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>4/14/04</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>4-14-04</u>	<u>Kacie Thomas</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 61652

Filing fee \$	<u>25.00</u>
Permit fee	\$ <u>148</u>
Excise tax	\$ _____
Add'l per. fee	\$ <u>15</u>
TOTAL FEES	\$ <u>188</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>6804</u>
Validation	# <u>44681</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

4/14/04 Floor Plan too lg. for our file. No 7 or bedrooms - etc

Accepted by [Signature]