

3/11/86
A.S.P.

APPROVED
3/11/86
RH
P-36494
A 34864

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05 384824

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 2/6/86

75
62
25

C. Cissel IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Allnut Farm Estates ROAD 13502 Allnut Lane LOT 23, Section IV

PROPERTY OWNER Robert Lovett

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 - 168 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 18 inches of stone below distribution pipe.

LOCATION: Begin trench 155 feet from front lot line (221.78 ft. lot line) and 25 feet from the right lot line (501.68 ft. lot line) as seen when facing lot from Allnut Lane. Run trench(s) on level ground toward the left lot line (294.85 ft. lot line) as seen when facing lot from Allnut Lane.

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

OK/CW

PLANS APPROVED BY S. Abel DATE 7/2/85

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.

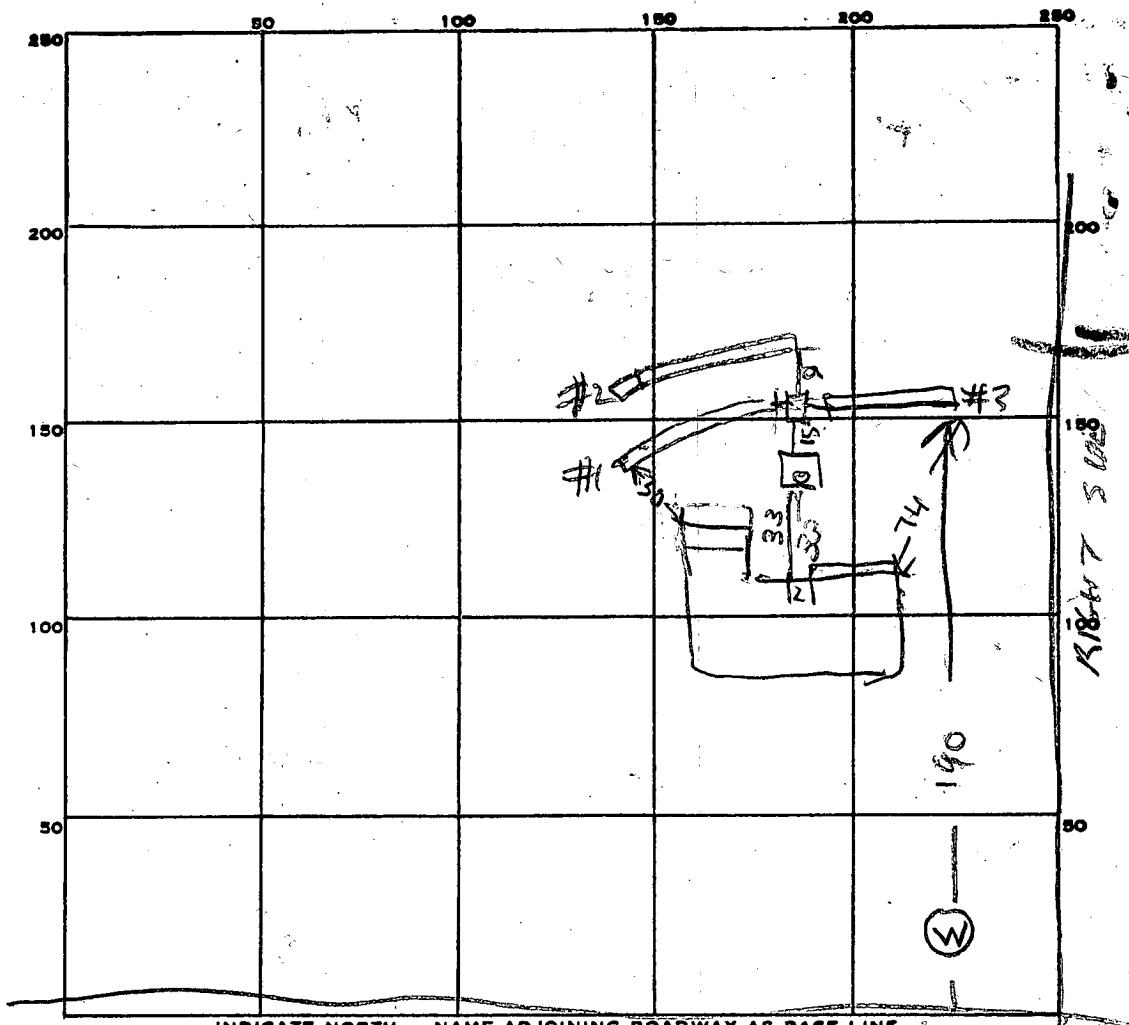
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

FOR INSPECTION OF SEPTIC SYSTEMS.

A 34804

57
 2
 114
 3
 147



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ALL NUTT LANE

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

| | | | | | |
|----|----|----|----|----|----|
| #1 | #2 | #3 | #1 | #2 | #3 |
| 5 | 5 | 5 | 3 | 3 | 3 |

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

| | | | | | |
|----|----|----|----|----|----|
| #1 | #2 | #3 | #1 | #2 | #3 |
| 15 | 2 | 2 | 76 | 69 | 63 |

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 624

SOFT SHORT
 BUT
 DEPTH
 OF STONE
 DEEPER
 TIFAN
 CALLED
 FOR

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/1/85 LOCATION OK - 67

3/1/86 670 SOFT 674 REQUIRED BUT DECIDED
 TRENCH WAS OK BECAUSE EXTRA DEPTH STONE IN
 TRENCHES (2) & (3)

DATE SYSTEM APPROVED 3/1/86

INSPECTOR Raymond Hodges

3/8/85
9:30 Retest

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34864
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th
DATE 1/25/85

Shallow System
only SA

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

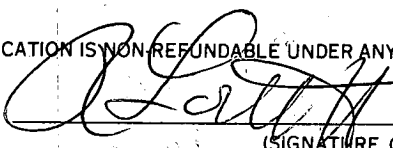
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ROBERT LOVETT
ADDRESS 1754 CROFTON PARKWAY PHONE 721-0071

PROPERTY LOCATION:
SUBDIVISION ALLNUTT FARM GS 97765 LOT NO. # 23
ROAD AND DESCRIPTION ALLNUTT LANE (ALL THE BACK ON LEFT)
221.78 FT ON MAIN ROAD.

SIZE OF LOT _____ TYPE BLDG. _____
(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.



(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow System Only DATE 4-24-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-8-85 Perc. Satisfactory, hold for subdivision plat;
certified hole location, house and well side. S Abel.

BLDG. PERMIT SIGNED
AND APPROVED

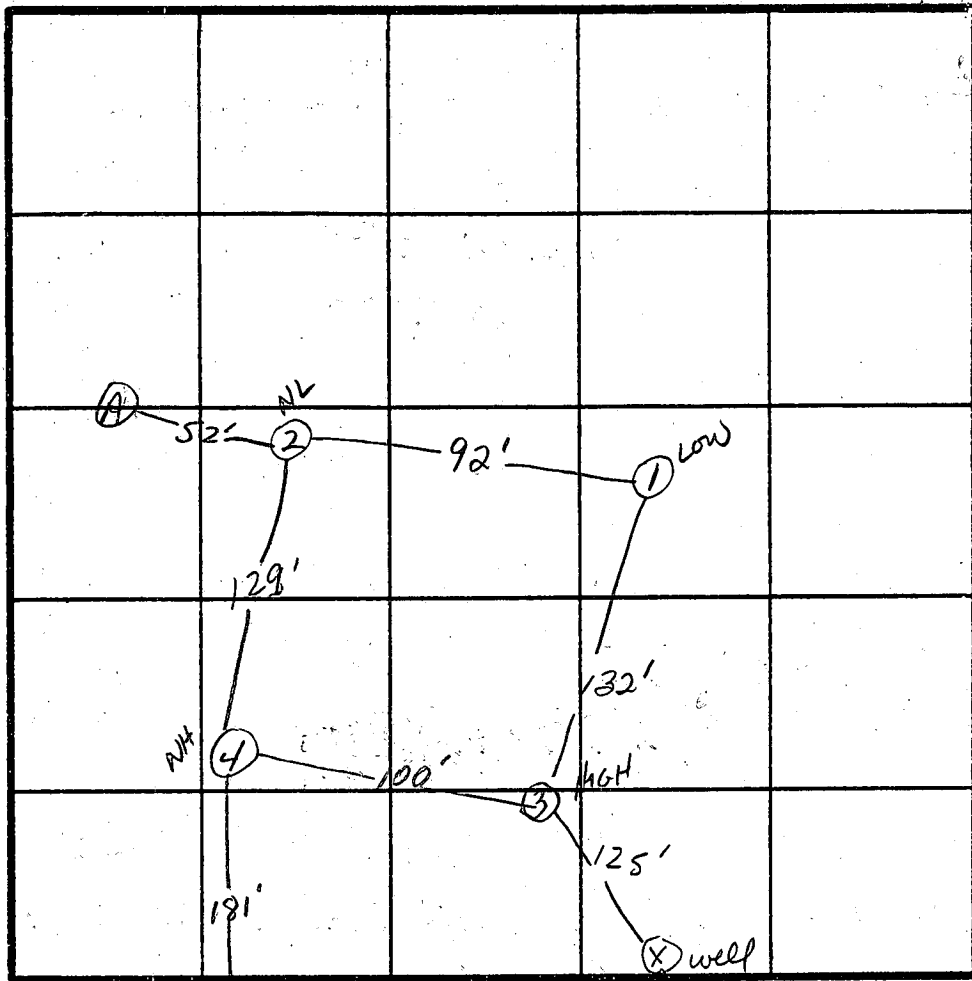
7-2-85

THIS IS NOT A PERMIT

① ② ④
SOIL PROFILE

0'
6" A0-3
REDBROWN
CLAY LOAM
410%
SAPROLITE
3'
BROWN
SAND LOAM
10-20%
SAPROLITE
13'

6" ③
A0-3
ORANGE BROWN
CLAY LOAM
410%
SAPROLITE
3'
BROWN
Silty Sand
10-20%
SAPROLITE
11'
SAPROLITE
20-30%
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ALLNOTT LANE

X Perc. Time
9 min
INLET AT 3'
BOTTOM MAX.
DEPTH 4.5'
18" STONE
3' WIDE
TRENCH

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|--------|----------|--------------|-----------------------------------|-------|----------------|-------|-------|--|
| | | | START | STOP | START | STOP | | |
| 3/8/85 | 1S | 4' | 11:05 | 11:06 | 11:06 | 11:08 | 2min | |
| | 1M | 8' | 11:03 | 11:10 | 11:10 | 11:18 | 8min | |
| | 1V | 13' | UNIFORM SOIL STRUCTURE BELOW 3.5' | | | | | |
| | 2S | 4' | 11:19 | 11:20 | 11:20 | 11:24 | 4min | |
| | 2V | 13' | UNIFORM SOIL STRUCTURE BELOW 3.5' | | | | | |
| | 3S | 4' | 11:33 | 11:36 | 11:36 | 11:40 | 4min | |
| | 3M | 8' | 11:31 | 11:33 | 11:33 | 11:38 | 5min | |
| | 3V | 13' | UNIFORM SOIL STRUCTURE BELOW 3.5' | | | | | |
| | 4S | 4' | 11:42 | 11:48 | 11:48 | 12:04 | 16min | |
| | 4V | 13' | UNIFORM SOIL BELOW 3' | | | | | |
| | A | WATER AT 10' | | | | | | |

EH-12-1079

REMARKS HA. OF WATER PROBLEMS AT 10-11" - SHALLOW SYSTEM ONLY

TYPE OF SOIL Glenelg

TESTED BY S. Abel

ALSO PRESENT BOB LOVETT
HERMAN + SR
SUCK

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. Allnutt, Jr.

ADDRESS 13288 Highland Road
Highland, MD 20777 PHONE 938-9303

PROPERTY LOCATION:

SUBDIVISION Hil. Land Farm Estates LOT NO. 55

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 1.12 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)

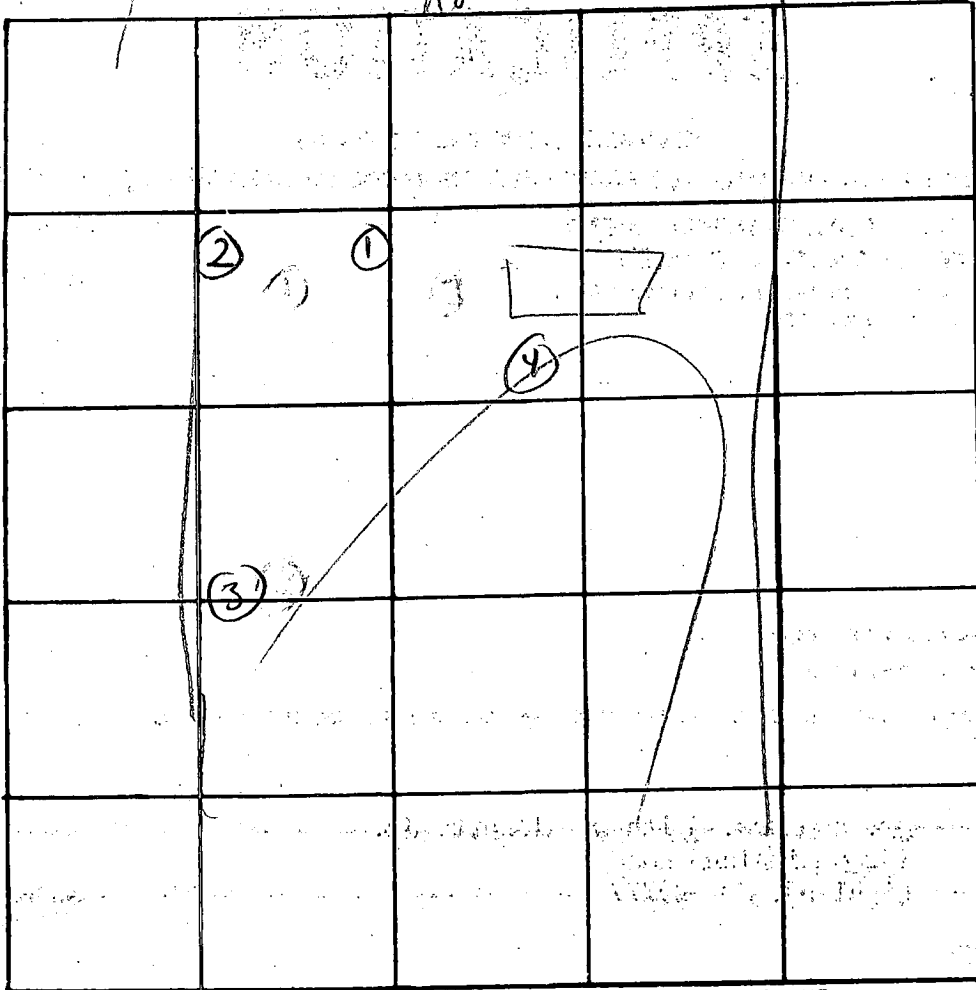
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

ROAD



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|---------|---------|--------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 3/23 | 1 | 3 | NOT | TESTED | OK | | |
| | | -12 | | | | | |
| | 2 | | | | | | |
| | 3 | 4' | NOT | TESTED | OK | | |
| | | 14' | | | | | |
| | 4 | 6' waty | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A 24805

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

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

PROPERTY LOCATION:

SUBDIVISION Hi-Land Farm Estates LOT NO. 56

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 1.29 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. Alinutt

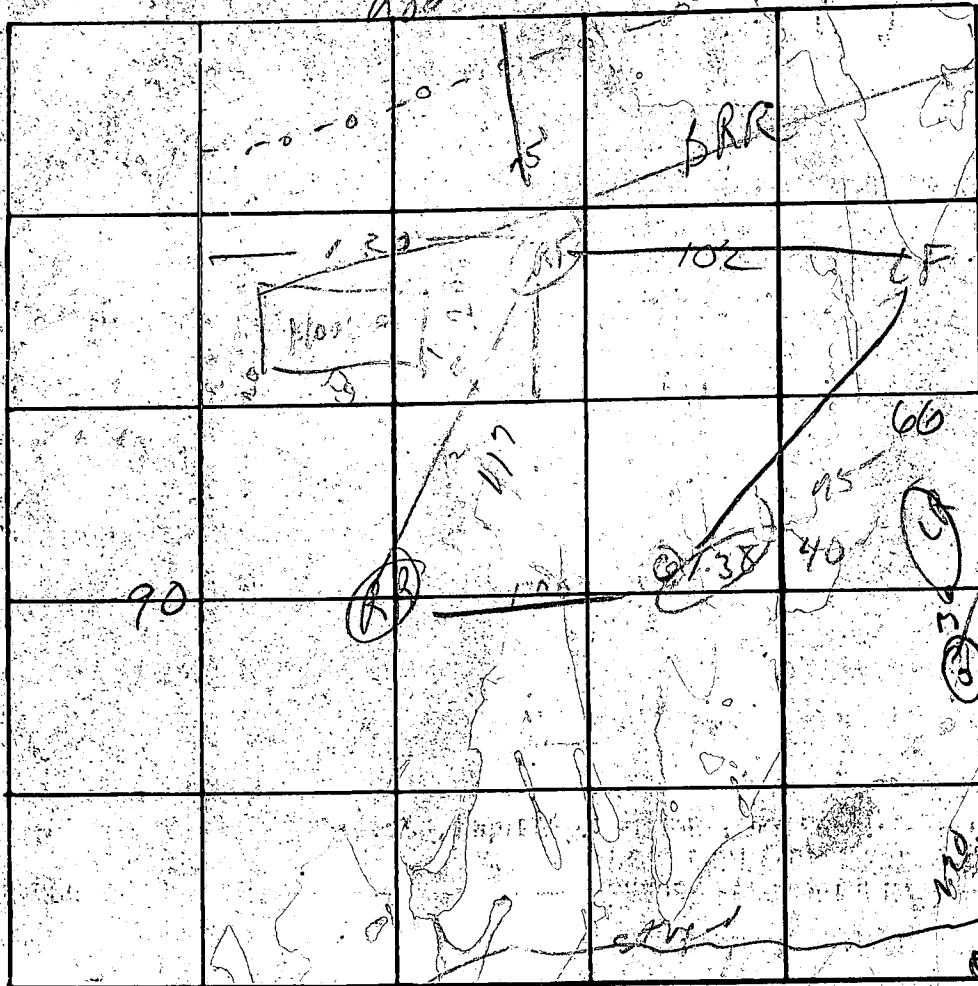
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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 | | TIME | |
|---------|----------|-------|---------------|------|-------|------|------|--|
| | | | START | STOP | START | STOP | | |
| 3/23/66 | H6 R F | 3 | 156 | 158 | 158 | 202 | 4 | |
| | | 12 | 155 | 202 | 202 | 205 | 6 | |
| | LR | 4 | 212 | 231 | 231 | rain | | |
| | | 10 | 210 | 231 | 231 | 310 | 39 | |
| | | 11 | Water came in | | | | | |
| | LF 6 | 21 | 316 | | | 321 | 3 | |
| | | 14 | 316 | 321 | 321 | 328 | 7 | |
| | RR | 21 | 321 | | | 331 | 9 | |
| | | 13 | 324 | | | 331 | | |
| | SW | | | | | | | |

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY D. J. [Signature] ALSO PRESENT: _____

B 1 2762 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

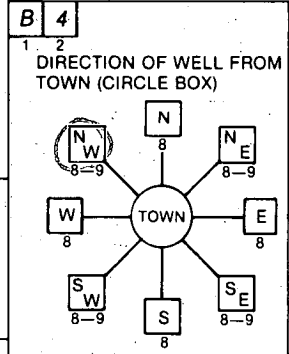
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
 46-81-0748
 fill in this form completely

Date Received 10/23/84 11:00 AM
 OWNER INFORMATION
 LOUETT ROBERT
 1754 CROFTON PARKWAY
 CROFTON MD 21114

B 3 LOCATION OF WELL
 HOWARD COUNTY
 ALLWITT FARMS
 SECTION 4 LOT 23
 HIGHLAND
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 RALPH MAYNE
 RALPH MAYNE / WELL DRILLING
 7120 Brown Church Rd. Mt. Airy
 Ralph Mayne 9/11/84



ALLWITT LA.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 DISTANCE FROM ROAD 200 FT
 ENTER FT or MI FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

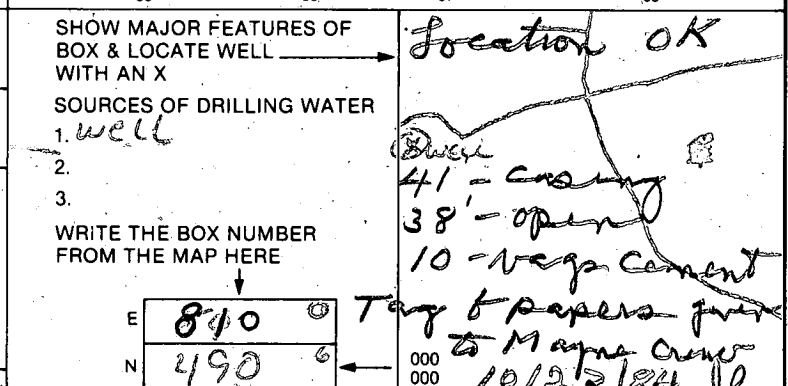
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A 24817
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED 10-03-84
 CO SIGNATURE Chris Weldon 4/3/85
 NORTH GRID 496000 EAST GRID 08100000

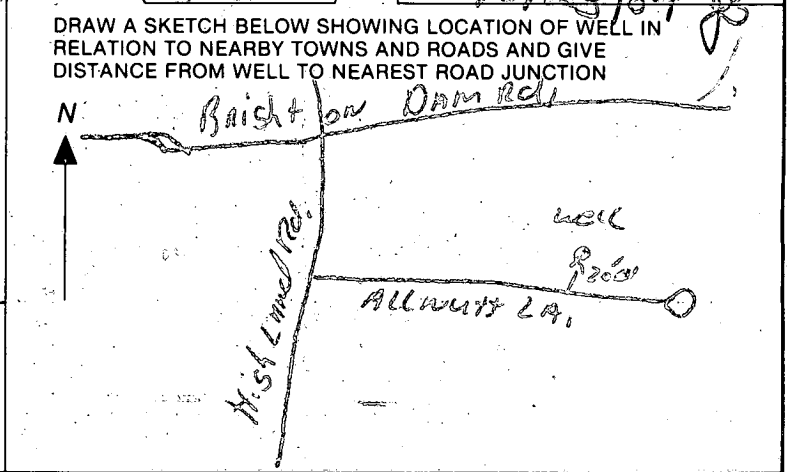
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTARY
 JETTED AIR-PERCussion
 Jetted & DRIVEN ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY
 DRIVE-POINT
 other _____



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE INITIALS IN BOX PW PERMIT No. 40-81-0748

SPECIAL CONDITIONS

C1 **2892** 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 24817**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **102389** Depth of Well **300** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **40-81-0748**

OWNER **BOUETT ROBERT** first name **ROBERT** last name **BOUETT** STREET OR RFD **ALLNUTT LANE** TOWN **HIGHLAND**
 SUBDIVISION **ALLNUTT FARMS** SECTION **II** LOT **23**

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 | 30 | ✓ |
| Sand Stone | 30 | 45 | |
| Micka | 45 | 55 | |
| Sand Stone | 55 | 60 | ✓ |
| Micka | 60 | 300 | |

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 **10** NO. OF POUNDS **1000**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] [] [] ft. to **37** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **91**
 60 61 63 64 66 67 70

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 **HO** **37** **300**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 56 60

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

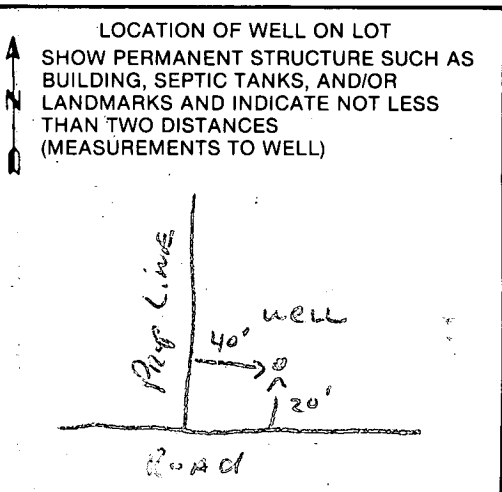
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15**
 WHEN PUMPING **205**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
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
 (-) below } **2** (nearest foot)
 49 50 51

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



3/24/86

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

3/24/86
WFB
completed
sketch attached
OR'D

New Installation X
Replacement _____

Receipt # 36680
Date 3/19/86

Name of Installer EASTERDAY

Telephone 829-1640

License number 269

Certified Well Pump Installer Well Driller Registered Plumber N/A

Name of Property Owner ROBERT LOVETT

Telephone 721-1249

Subdivision ALLNUTT FARMS ESTATES Lot # 23

Well tag # HO-81-0748

Site Address 13502 ALLNUTT LANE
HIGHLAND, Md, 20777

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make GOULD
- 3. Model # SES OS 422
- 4. Capacity 2 GAL. GPM

Motor

- 1. Horsepower 1/2
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 230

Pitless Adapter

- 1. Make MARTINSON
- 2. Model # _____
- 3. Depth 42"
40" OR'D

- 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 100
- 2. Pressure relief valve? VGS

Piping

- 1. Type PVC
- 2. Size 1"
- 3. NSF and/or BOCA Code approved VGS
- Depth of supply line 285 FT

Well data

- 1. Depth 300 ft.
- 2. Yield 2 GPM
- 3. Static water level 50 ft.
- 4. Will water supply be disinfected by installer? YES

sp. tank & gauge in tank
OR'D

3/24/86
power line & pump line
w/ OR'D

(no ground wire needed)

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.

RICH MAC KENZIE
BUILDER

Signature of Applicant: [Signature]

Date: 3/19/86

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

LOT COMPLIES WITH THE MINIMUM LOT AREA OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF APPROX. 10,000 G.P.S. REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE SYSTEM. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A UNIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

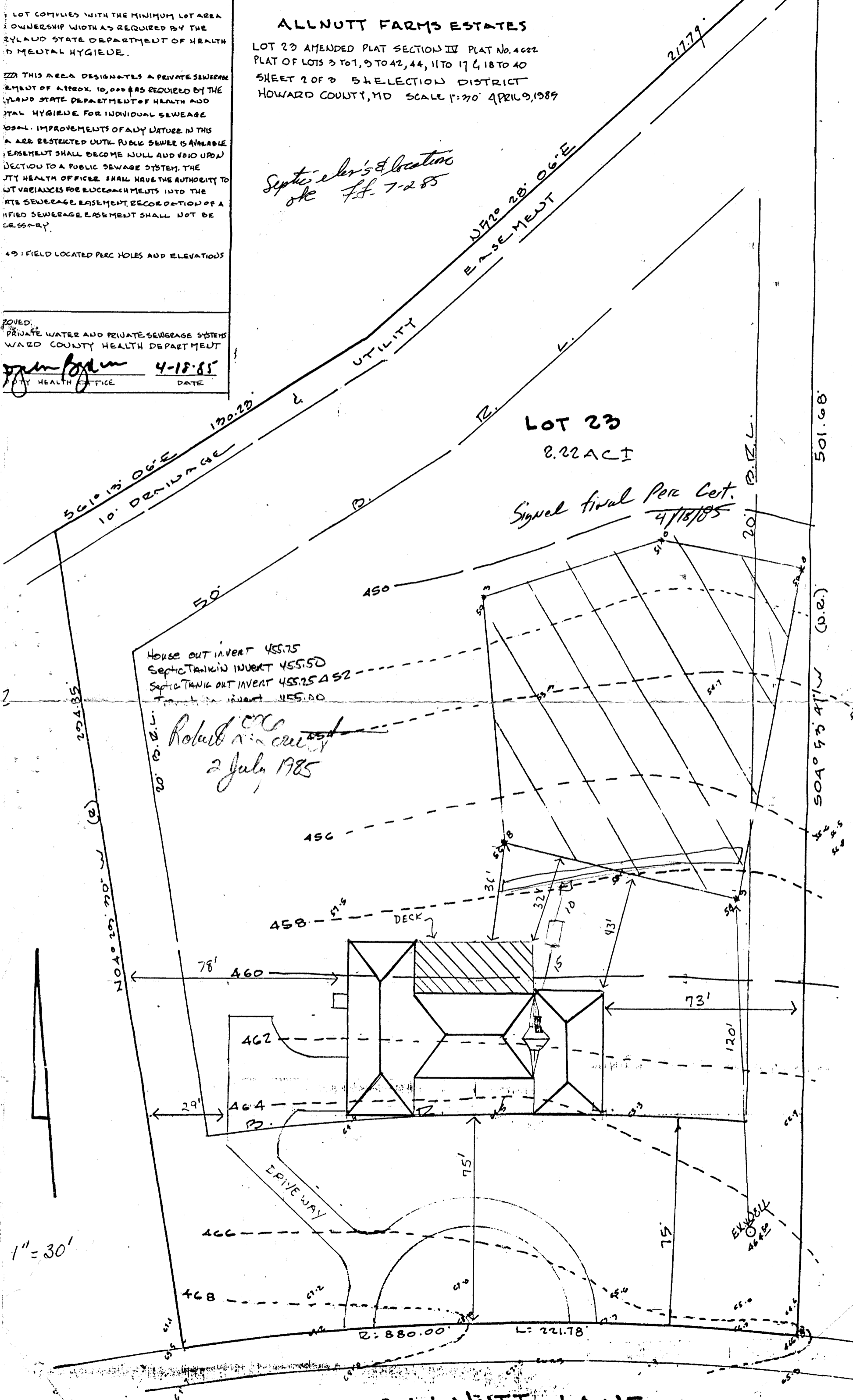
49: FIELD LOCATED PERC HOLES AND ELEVATIONS

APPROVED: PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS MARYLAND COUNTY HEALTH DEPARTMENT
[Signature] 4-18-85
COUNTY HEALTH OFFICE DATE

ALLNUTT FARMS ESTATES

LOT 23 AMENDED PLAT SECTION IV PLAT No. 4622
PLAT OF LOTS 3 TO 1, 9 TO 42, 44, 11 TO 17 & 18 TO 40
SHEET 2 OF 3 5th ELECTION DISTRICT
HOWARD COUNTY, MD SCALE 1"=30' APRIL 9, 1989

*Septic tank's location
ok 7-2-85*



LOT 23
2.22 AC
Signed final Perc Cert.
4/18/85

House out invert 455.75
Septic tank in invert 455.50
Septic tank out invert 455.25
Tank in invert 455.00
Robert A. [Signature]
2 July 1985

ALLNUTT LAKE