

2/12/97
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02-199998

P 57677

A REPAIR

DISTRICT _____

DATE 2-10-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 2/12/97

INSPECTOR DKS

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION _____ LOT _____ ROAD 4532 College Avenue

PROPERTY OWNER Lynn Elaf

ADDRESS 4532 College Avenue
Ellicott City, Maryland 21043

SEPTIC TANK CAPACITY 1000 GALLONS Public Sewer is NOT AVAILABLE per Contractor

NUMBER OF BEDROOMS 3

N/A SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - METAL SEPTIC TANK HAS COLLAPSED. REPLACEMENT WITH 1-1000 GALLON CONCRETE SEPTIC TANK WITH CLEANOUTS TO GRADE.

Call for inspection when tank is in place so that a sanitarian can approve size and location.

02/10/97

PLANS APPROVED BY _____ DATE _____

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

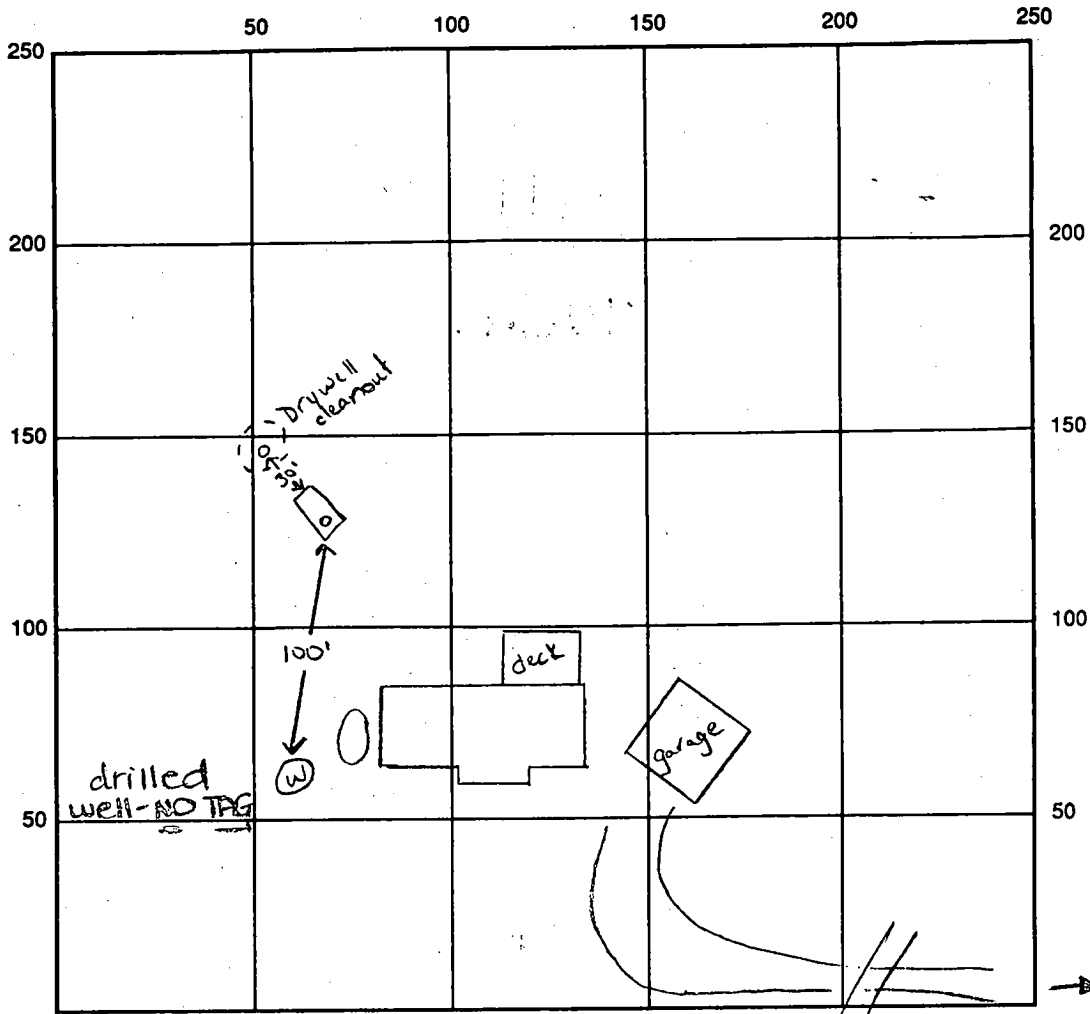
PERMIT VOID AFTER TWO YEARS

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 PVA 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**

A 57677



SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one on s.t., one on drywell
 DISTRIBUTION BOX LEVEL N/A
 DRAIN FIELD/TITLE DEPTH Existing FT. TRENCH WIDTH N/A FT. INLET DEPTH _____ FT.
 EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWALL INSIDE DIAMETER Ex. FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 2/12/97 OK to cover septic tank. Line replaced from house to new tank. Condition of drywell verified by contractor - no signs of failure at time of inspection. KAM/DKS

DATE SYSTEM APPROVED 2/12/97 INSPECTOR Southern

57677

Chart 5/14/62 **PERMIT**

approved 5-14-62 Revised

P 05025

A 04804

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

DATE 4/17/62

INDEXED

INDEXED

John E. Smith Co.

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED on College Avenue - second drive way on left from Bonnie Branch Road

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Herbert Leaf

ADDRESS 4532 College Avenue - Elchester

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

Revised 10 May 62 AH

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER ONE ~~dry~~ 9' x 12' dry well located in

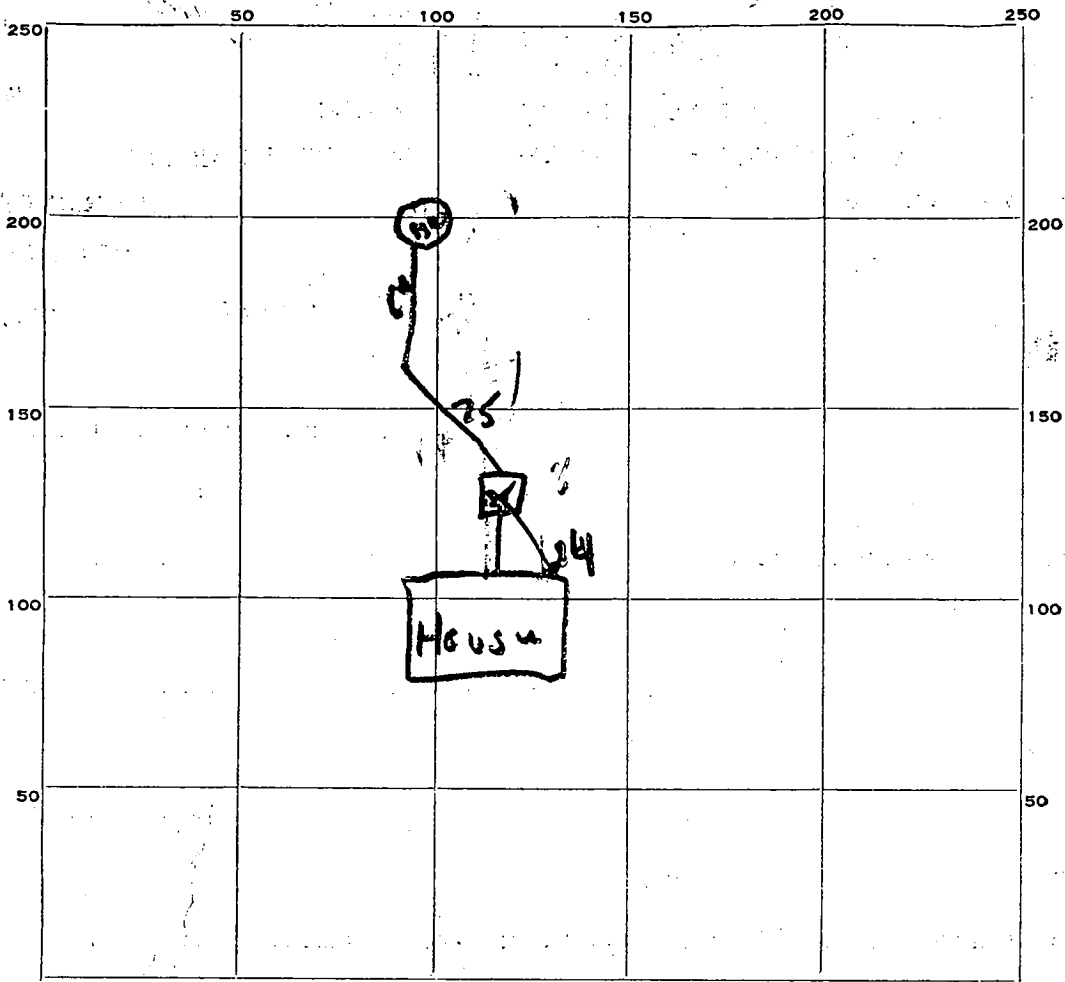
the area that passed the percolation tests.

PLANS APPROVED BY Palmer F. Wine DATE 3/2/62

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 04804



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

314
 2826
 12
 5832
 2826
 35912

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 10 FT.

ABSORBENT AREA 314 SQ. FT.

REMARKS: Dry well walls to wall 16 by 14 by 12 by 14 = 600 sq ft
well to wall

DATE SYSTEM APPROVED 5-14-62 INSPECTOR W. M. M...

DIST. - 1

APRIL 16, 1962

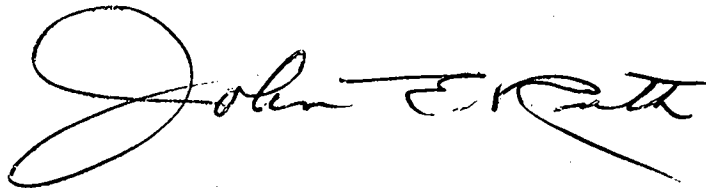
PROPERTY OWNER:- MR. HERBERT LEAF
ADDRESS - COLLEGE AVE. ILLCHESTER.

ROAD & DESCRIPTION- COLLEGE AVE SECOND DR. WAY ON LEFT FROM
BONNIE BRANCH RD.

A- 04004

P.

\$5 00

A handwritten signature in black ink, appearing to read "John E. Ruth". The signature is written in a cursive style with a large, looping initial "J".

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE

*7.50 tank
2-9x12 dry wells*

A 04804

P _____

DATE 2/21/62

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

Leaf, Herbert

ADDRESS

College Ave - Elchester

PHONE

RT 4-4505

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION

*College Ave - second drive way on left
from Bonnie Branch Rd.*

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT

8 acres

TYPE BLDG. _____

NUMBER OF BEDROOMS

2

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT

Herbert Leaf

APPROVED BY

O. W.

FOR

dry-wells

(KIND OF SYSTEM)

DATE

3/2/62

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

SH

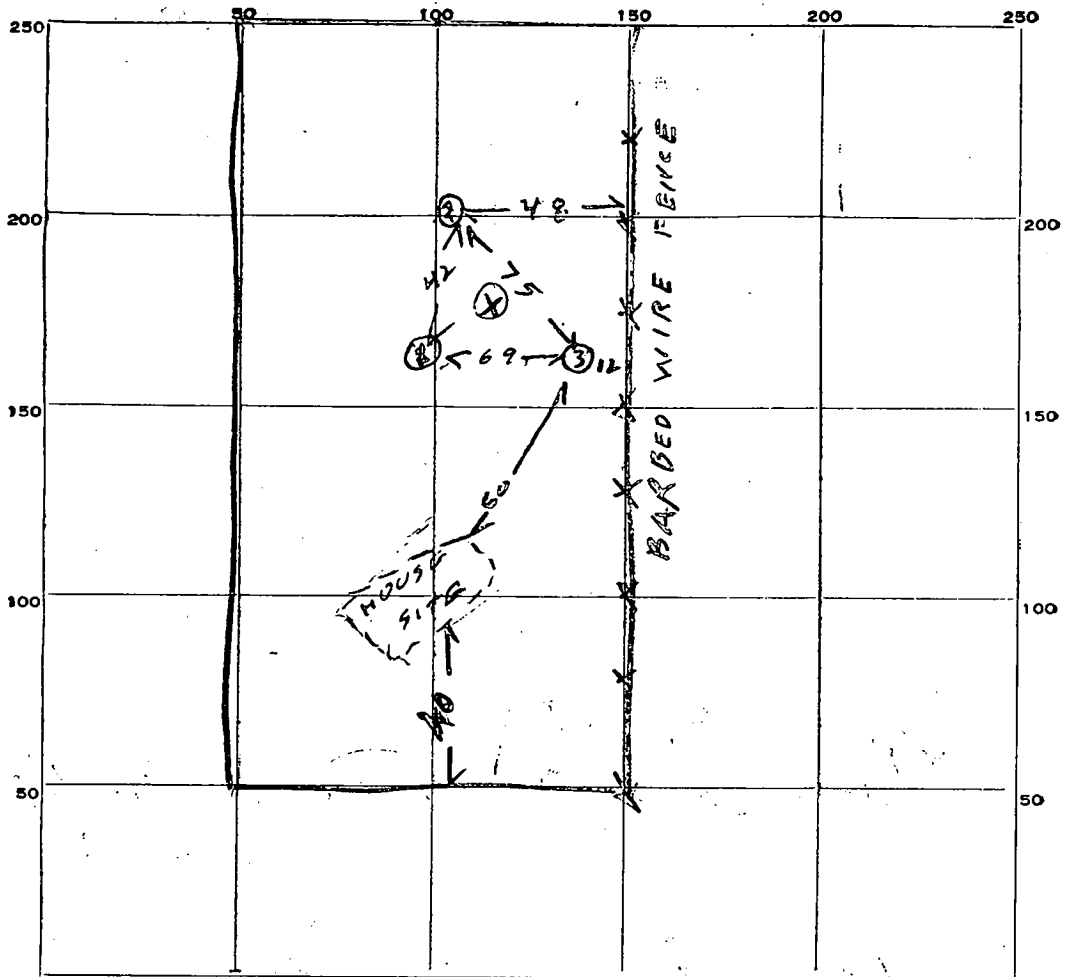
DATE

23 Feb 62

REASONS FOR REJECTION OR HOLDING

Problems

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	
23/FB/62	1	3	9 50	10 30	little perc		
"	2	3	9 51	10 31	little perc		
"	3	3	9 52	10 31	no perc		
3/2/62	⊗ 4	5 1/2'	1:25				35 gals

SOIL AUGER FINDING _____

TESTED BY Raymond Hodges

REMARKS _____

ALSO PRESENT Sublet Red LOT NO. _____

Retest

APPLICATION

Retest A 05122
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 5/8/62

5/11/62
9:30

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Herbert Leaf
ADDRESS College Ave - Belchster PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION College Avenue - second drive way on left from Bonnie Branch Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 8 acres TYPE BLDG. 2 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Herbert Leaf 0me300 sq

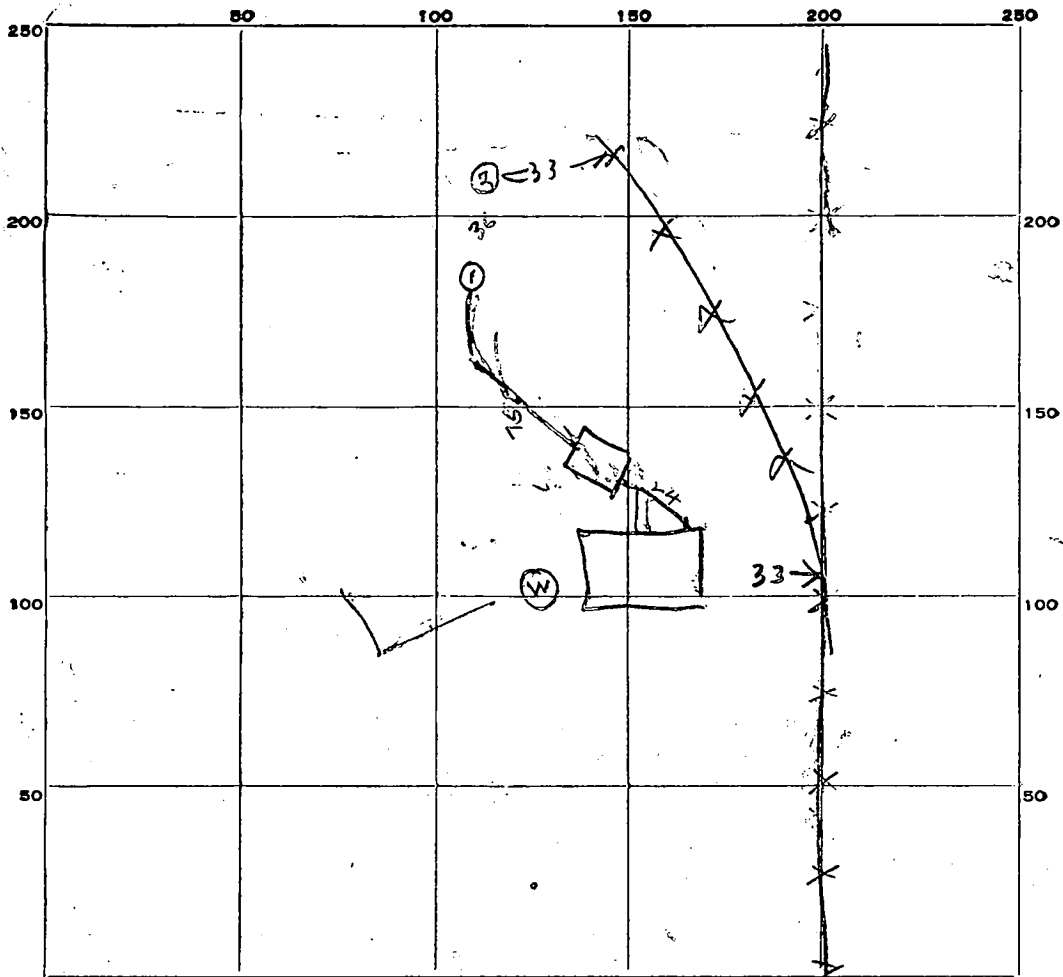
APPROVED BY BH FOR for Department DATE 10 May 62

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

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	
11 MAY 62	1	13	9 55	10 30	10 30	11 20	Little Gen
" "	2	9	10 52	11 03	11 03	11 20	17

SOIL AUGER FINDING _____

TESTED BY Raymond Hodges

REMARKS 11 MAY 62 Showers

ALSO PRESENT _____

LOT NO. _____