

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 58028

A _____

ISSUE DATE _____

APPROVAL DATE _____

281221

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Benson Branch Overlook LOT NUMBER P.P.B ADDRESS 3610 Burgess Estates Dr

PROPERTY OWNER Clifton + Bertha Cox PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

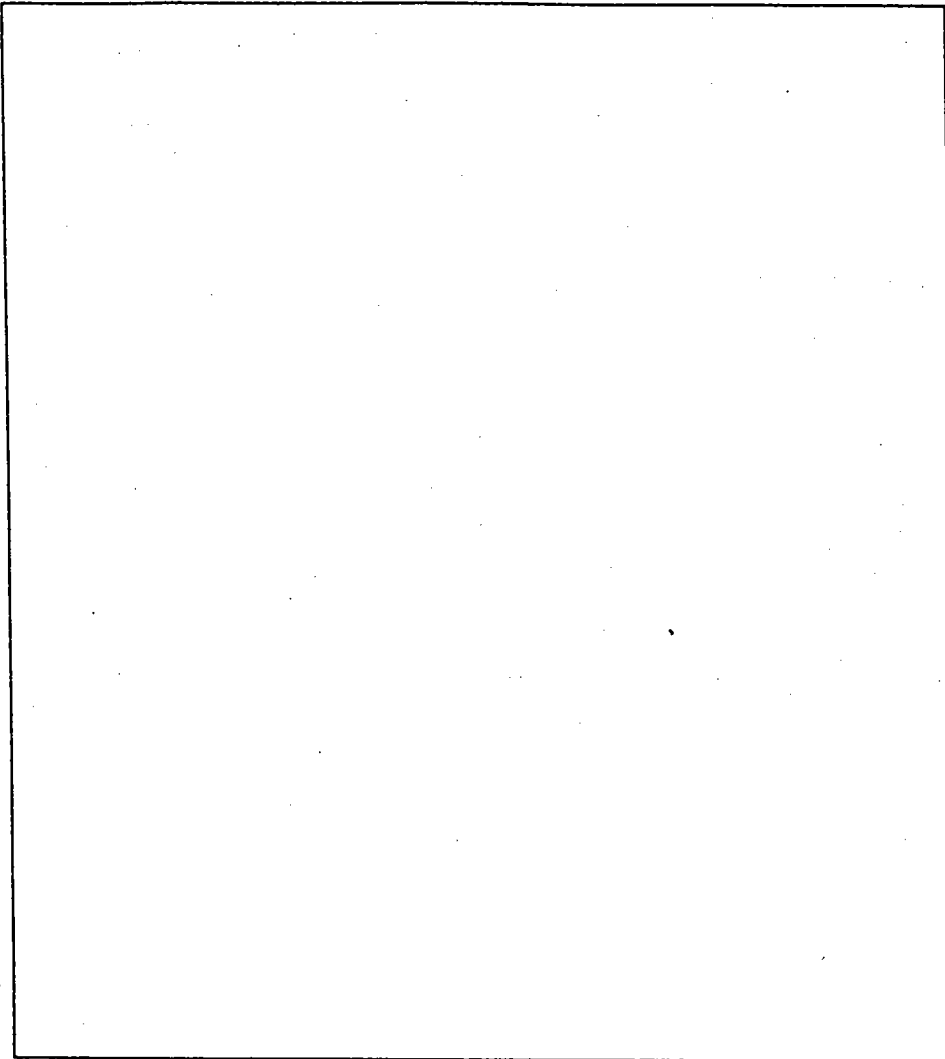
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

58028

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

3/11/97 thru 3/16/97

APPLICATION

PERCOLATION TESTING

A 58028

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

3/12/97
PREVIEW OK
ALM

DISTRICT _____

DATE 3/17/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Dean Shultz c/o LADAD

ADDRESS 1685 Hickory Ridge Dr. Silver Spring, MD 21047 PHONE 740-2100-3

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Benson Park Overlook LOT NO. EXISTING HOUSE

ROAD AND DESCRIPTION Tridelphi

TAX MAP 22 PARCEL # 10

SIZE OF LOT 1 acre TYPE BLDG. Single
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 58028

COUNTY #

SOIL PROFILE

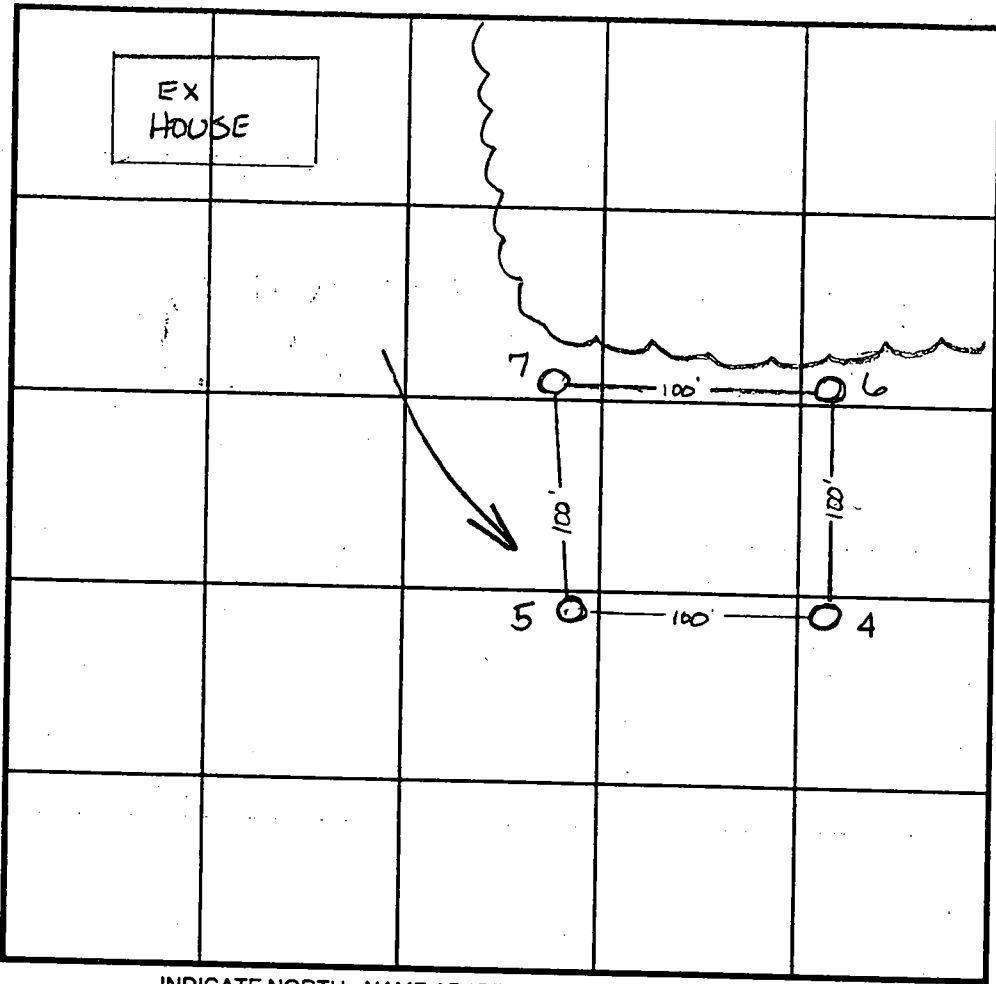
0' 4
dark red
SiCLM
3.0
lgt orange
bigh
SiLM
micaceous
10%
shale
8.0
dark red
pink
SiSalm
10% Rx
micaceous
12.5

5.7

dark red
SiCLM
3.5
red &
yellow
mottled
SiSalm
not
H₂O
related
10-15%
micaceous
shale
12.5

6

dark
orange
red
SiCLM
3.0
lgt
orange
to
red
SiSalm
micaceous
5%
micaceous
shale
12.0



SOIL PROFILE

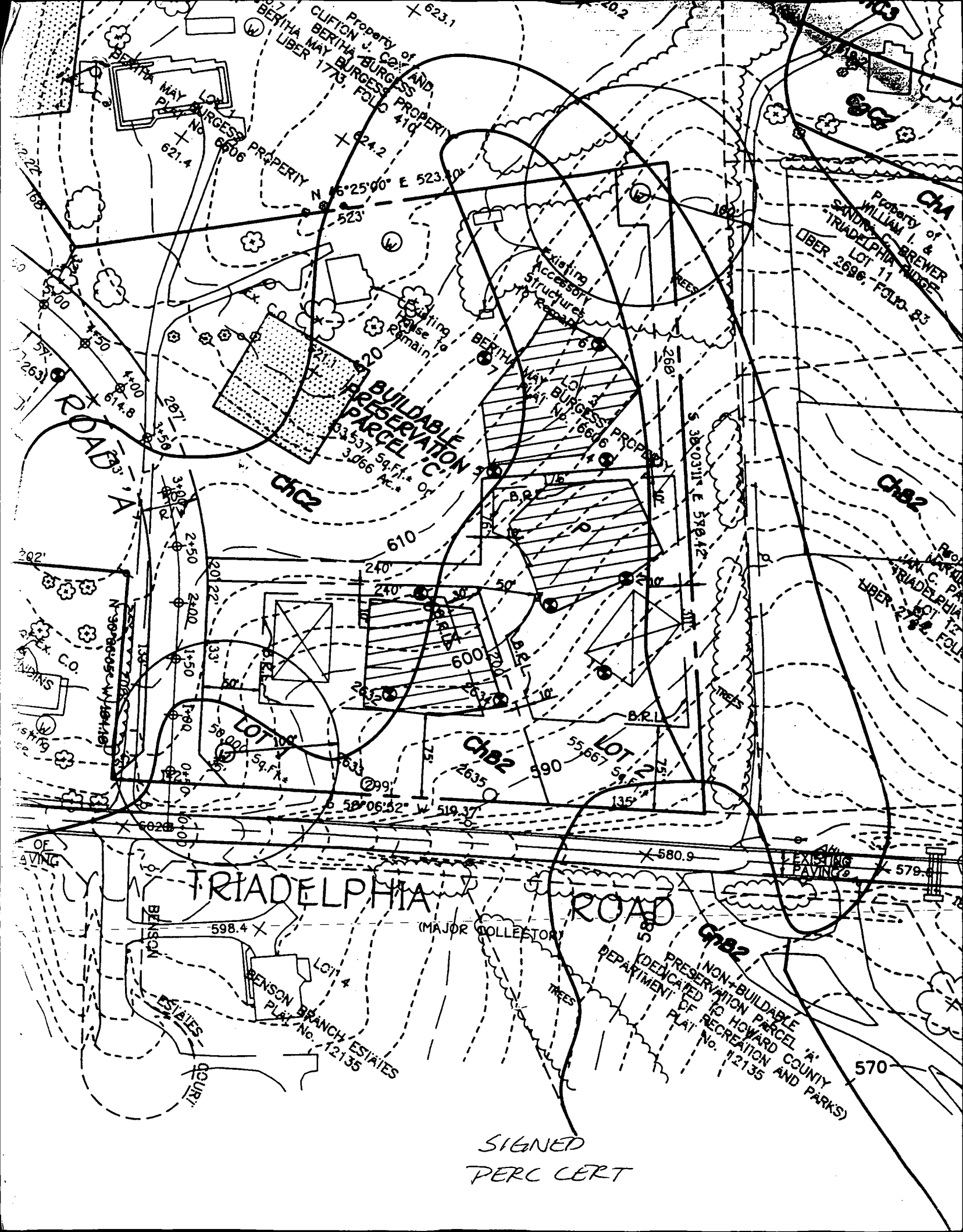
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-15-97	4	4.5 √12.5	10:58	10:59	10:59	11:01 ³⁰	2 1/2 min
	5	3.5 √12.5	11:59	5:30	min		slow
		will perc at 4.5'					OK
	6	3.5 √12.0	11:03	11:04	11:04	11:05	1 min
	7	4.0 √12.5	11:05 ³⁰	11:10	11:10	11:16 ³⁰	6 1/2 min
		8.5 √12.5	11:05	11:06	11:06	11:07 ³⁰	1 1/2 min

REMARKS EXISTING WELL & SEPTIC NOT LOCATED

TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Aared Spahn
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



Property of CLIFTON J. COX AND BERITHA MAY BURGESS
LIBER 1773, FOLIO 410

Property of SANDY WILLIAM BREWER
TRIADELPHIA RIDGE
LIBER 2696, FOLIO 83

Property of JAMES C. PEARSON
TRIADELPHIA RIDGE
LIBER 2742, FOLIO 103

BUILDABLE PRESERVATION PARCEL 'C'
3,537 Sq. Ft. ±
3,056 Ac. ±

Existing Accessory Structures to Repair
Existing House to Remain

LOT 106
58,001 Sq. Ft. ±

LOT 112
55,667 Sq. Ft. ±

TRIADELPHIA ROAD
(MAJOR COLLECTOR)

NON-BUILDABLE PRESERVATION PARCEL 'A'
DEDICATED TO HOWARD COUNTY DEPARTMENT OF RECREATION AND PARKS
PLAY No. 12135

SIGNED
PERC CERT

APPLICATION

F-86-32
2-5-86

SEWAGE DISPOSAL TESTING

A 35277

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 4/12/85

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 BERTHA L. Burgess

ADDRESS 13176 Triadelphia Rd. PHONE 531-3697
ELLICOTT CITY 21043

PROPERTY LOCATION:

SUBDIVISION Bertha M. Burgess F-86-32 LOT NO. A 2

ROAD AND DESCRIPTION Triadelphia Road (Existing House)

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. /s/ Olen Ketterman
(SIGNATURE OF APPLICANT)

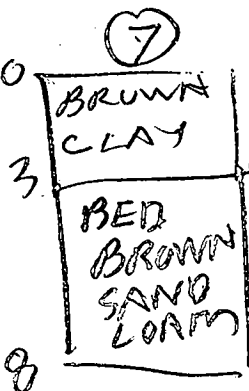
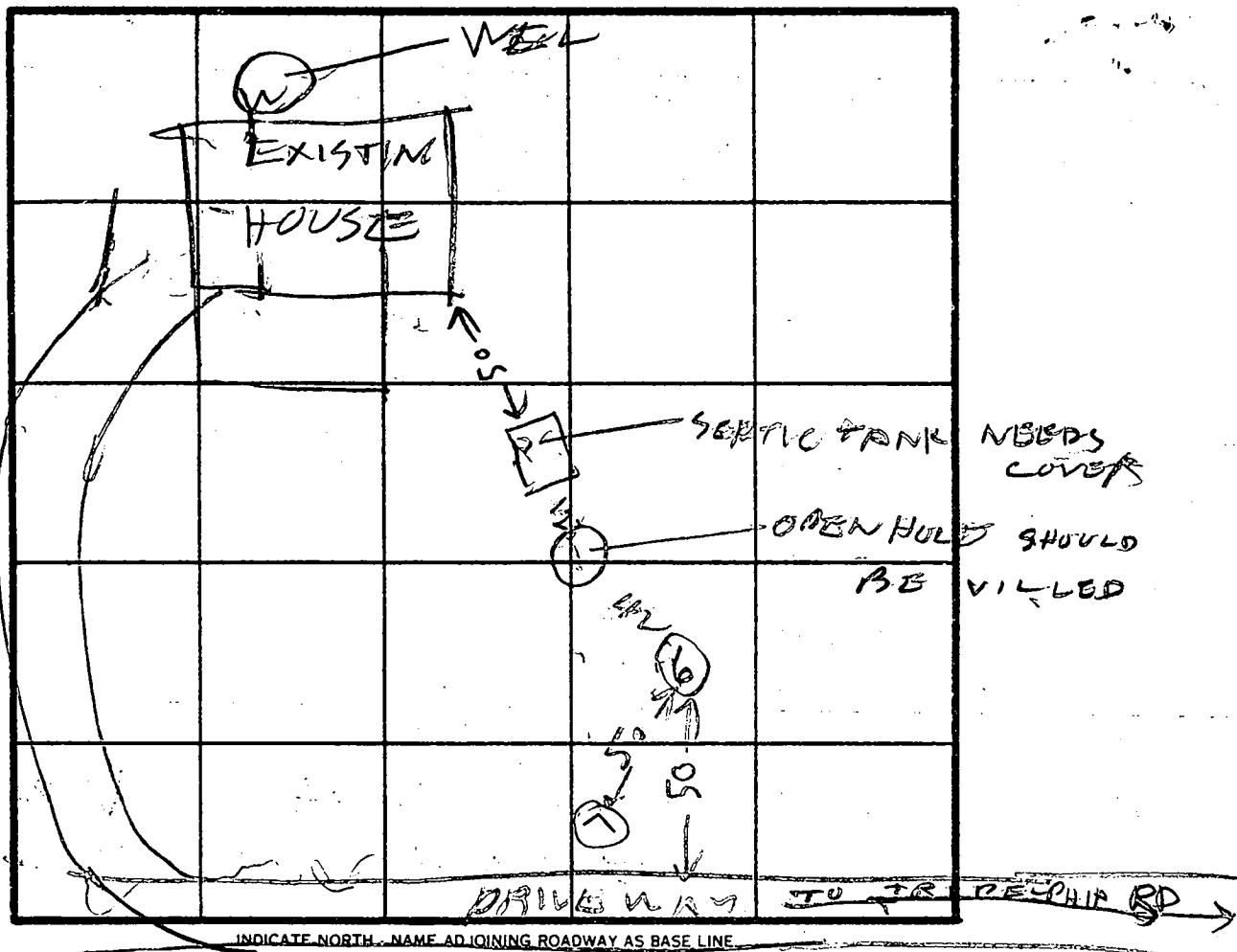
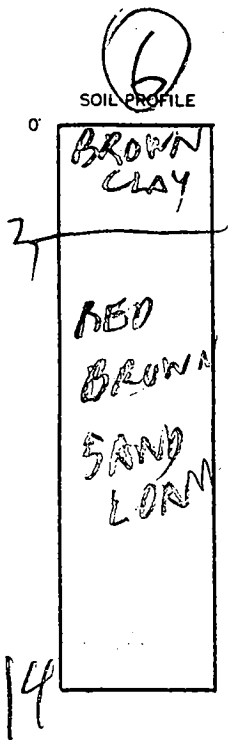
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/7/85 Perc OK But Hold for Contingent Hold
Perit & Check for whether lot payed for
& Letter needed asto results of perc

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/7/05	6V	14	LOOKS		OIL		
3/7/05	7V	8					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____