

4/11/77
40:00 A.M.
4-18-77 AM
4/21/77
or 4/22/77

PERMIT

app. 4/21/77
OWN

25579

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

02-197650

ELLICOTT CITY

DISTRICT 2nd

INDEXED

DATE 4/6/77

Cecil Crenshaw

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 5454 Waterloo Road, Ellicott City, Md. 21043 PHONE 465-4772

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION North Farm S/D - off Route 99 ROAD 2539 North Farm Road LOT 3A

PROPERTY OWNER Mr. Brunson

ADDRESS 2539 North Farm Road, Ellicott City, MD, Md. Phone: 465-7372

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - Call for inspection when ground is opened up and Sanitarian will

recommnd repair system. 4/11/77 Suggest trench 100' long gravel 3-77'

O.K. for 2-50' trench F.S.

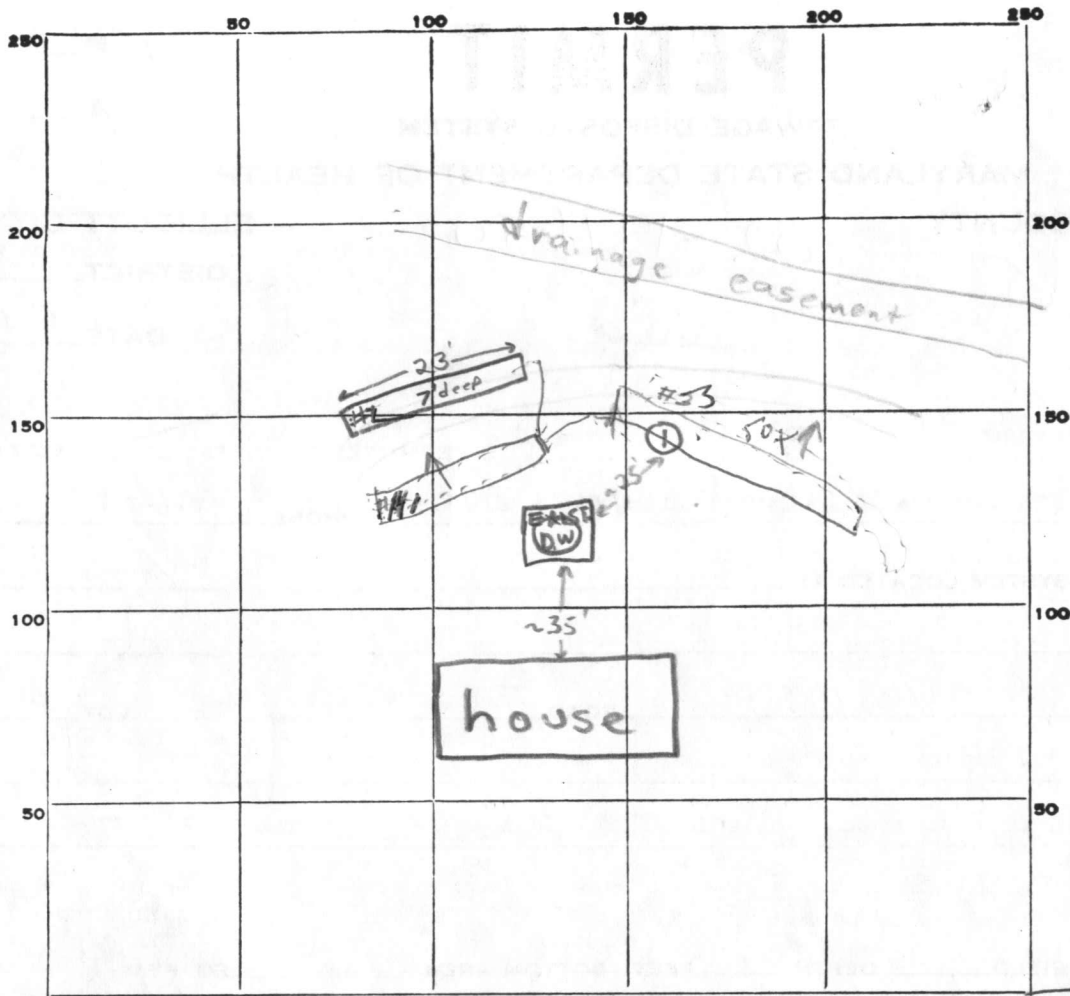
PLANS APPROVED BY Palmer F. Wine DATE 4/6/77

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.

4/18 - 4 PM - Gravel in 23' trench, no p

25579



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
North Farm Rd.

PERMIT CARD _____

SEPTIC TANK, LEVEL existing _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ $\frac{1}{2}$ SIDEWALL TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/18/77 #1 trench dug 23'x2'x7' o.k. to add gravel F.S.

DATE SYSTEM APPROVED 4/21/77

INSPECTOR [Signature]

4/11/77
(1) 12' deep
Water at 11'
Clay to 4'
Sandy loam below
F. Skinner

West Rte. 99 East

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A-_____ P-_____

PERMITTEE _____

LOCATION _____

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector _____

Date _____

Inspector _____

Date _____

FINAL INSPECTION MADE, COVER ALL WORK

Inspector _____

Date _____