

05 421853

PERMIT

P 25269

A 23597

3/17/77

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 2/23/77

Jim Brittingham

Streaker Construction Company

IS PERMITTED TO INSTALL ALTER

ADDRESS West Friendship, Maryland 21794 PHONE 489-4376

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD ¹³⁵⁵⁰ ~~Route 108 & ~~Franklin~~ Road~~ ^{Rt 108} LOT 9

PROPERTY OWNER William P. O'Leary

ADDRESS 8607 Riggs Road, Adelphi, Maryland 20783 Phone: He 4-4102

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL AND TRENCH - Dry well to have 300 sq. ft. ~~absorbent~~ absorbent sidewall area. Inlet at 4 ft. and maximum depth for dry well is 10 ft. below original grade. Locate dry well 280 ft. from front of lot and 75 ft. from wood line towards lot 1. Trench to be 66 ft. long for a total sidewall area of 396 sq. ft. Inlet at 4 ft. and maximum depth 10 ft. below original grade. Trench to run towards left rear corner of lot. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

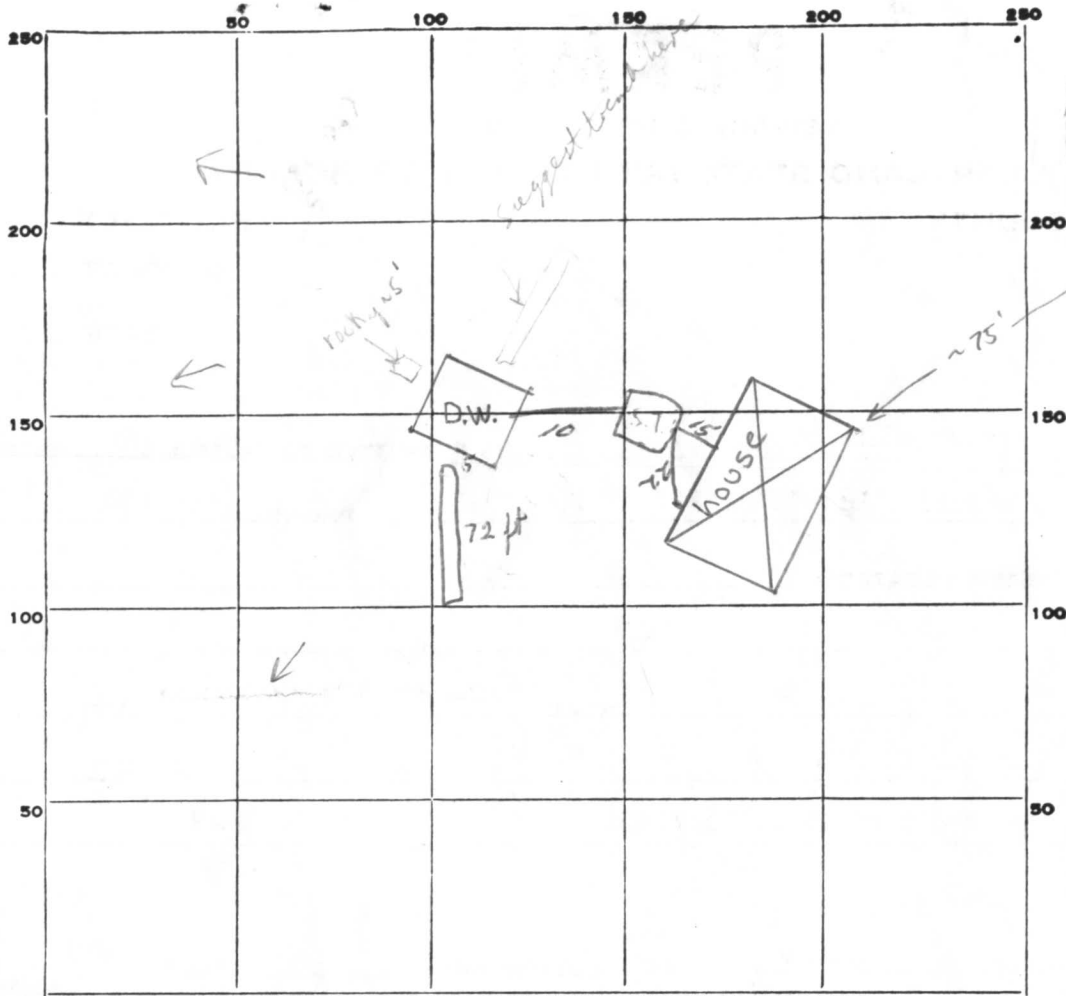
PLANS APPROVED BY David J. O'Neill DATE 8/23/76

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.

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23597



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Route 108

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 72 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 39

SEEPAGE PITS, OUTSIDE PERIMETER 58 FT. DEPTH BELOW INLET 6 FT. Insert 4.0'

ABSORBENT AREA 809 SQ. FT.

REMARKS 3/17/77 Hole for drywell is dug, but rock encountered when trench was dug. Suggest digging new trench in area shown in above sketch. F.S.

Six cleanouts, unable to get DW depth OK to add stone
RAB Mar 28

DATE SYSTEM APPROVED 4 Apr 77

INSPECTOR R. Moore

	72
	6
Tr.	432 #
DW	377 #
T.	809 #

377 ft in DW

APPLICATION

A 23597

SEWAGE DISPOSAL TESTING

P _____

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

DISTRICT 5th

DATE 7/22/76

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 William P. O'Leary

ADDRESS 8607 Riggs Road, Adelphi, Maryland 20783 PHONE He 4-4102

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9

ROAD AND DESCRIPTION Route 108 and Brooks Road - lot is just beyond service road
before getting to Brooks Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
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 Mary E. F. Streaker (Streaker Construction)

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

A 23597



5 acres
lot 9

O'Leary
13550 Rt. 108

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/60	1	10'	water				
	2	5'	Rock				
	3	4'	11:55	11:55	11:40	11:45	8
	4	12'	12:04	12:05	12:05	12:10	8
	④	4'	2:29	2:35	2:50	3:50	15
		12'	1:58	2:10	2:10	2:29	19
	5	11'	visual	3-11	Mica Schist		1000
	6	9'	3:02	3:06	3:06	3:10	4
	9	13'	3:02	3:12	3:12	3:39	22

REMARKS _____
 TYPE OF SOIL Mica loam
 TESTED BY [Signature] ALSO PRESENT: _____