

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/1/67

P 516872-A

APPROVAL DATE: 8/1/67

A 07205

PERMIT

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

*RPS# 322568
04-*

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: River Farms LOT NUMBER: 10

ADDRESS: 2512 Daisy Road PROPERTY OWNER: Wickenden

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

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

P516872-A

8/11/67

As per ... changed to ... 09/24/67

516872-A

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

INDEXED

DATE 8/5/67

Norman Sisk IS PERMITTED TO INSTALL X ALTER

ADDRESS Annapolis East Road, Bowie, Maryland PHONE 301 261-1924

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION River Terrace ROAD Daisy Road LOT 10, Sub. 1

PROPERTY OWNER Charles E. Roths

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE FITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below the inlet pipe.

Place dry well about 135 ft. from front lot line and about 45 ft. from left side as you face lot from Daisy Road.

MAXIMUM DEPTH PERMITTED 120' below original grade.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. M. Managick DATE 8/5/67

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.

*CLASS. RECORDS SECTION
NO. 3-15602
600 BQ 834 - DETROIT GARAGE*

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

102205

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A07205

8/4/65

Test # 1
2

7 1/2 ft deep
4 1/2 ft deep

126-27
121-23

127-30
123-28

5 min
5 min

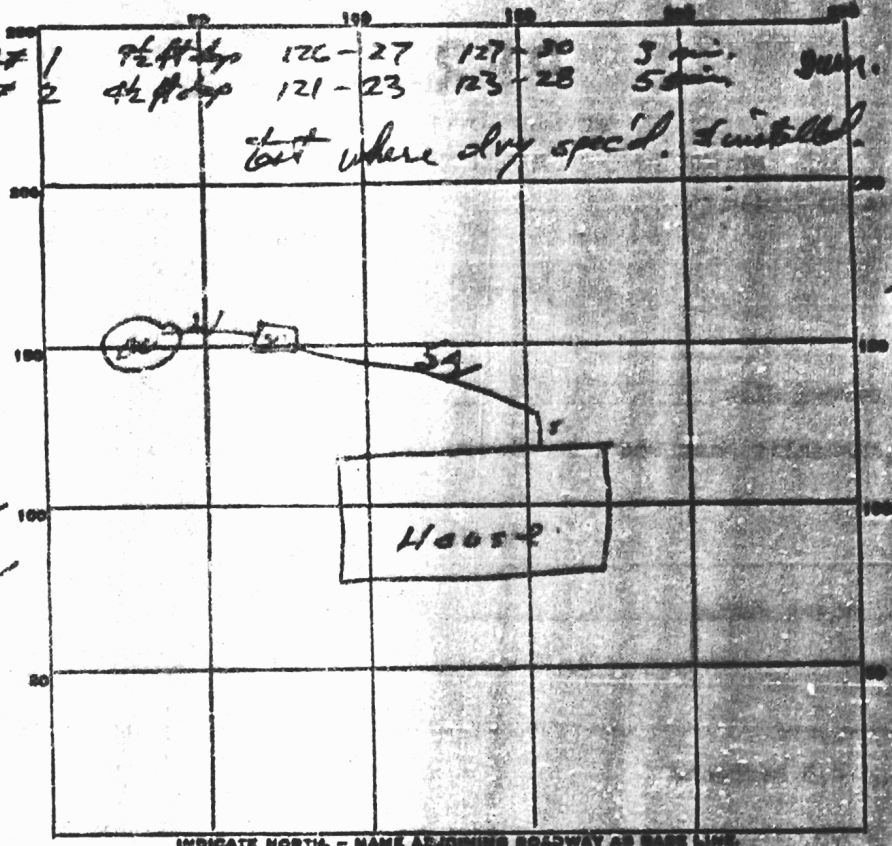
Sum.

also
C.H.P. Daily

test where dry spec'd. Installed.

lot # 10
sq. 1

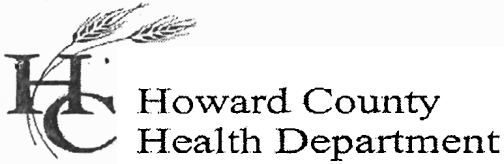
$$\begin{array}{r} 3.14 \\ \times 13 \\ \hline 9.42 \\ \times 31.4 \\ \hline 40.82 \\ \times 40.812 \\ \hline 304 \\ \times 2364 \\ \hline \end{array}$$



PERMIT CARD 614
 SEPTIC TANK, LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, ^{setback} INCHES DIAMETER 13 FT. DEPTH BELOW INLET 8 1/2 FT.
 ABSORBENT AREA 346 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 8-1-67 INSPECTOR Dr. Whaley



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Dr. Maura Rossman, M.D. Health Officer

Public Information Act Request Form

Property Information Requested:

Current Owner's Name: River Farms Property Address: 2517 Daisy Rd
 Subdivision: _____ Tax Map: 13 Parcel: 93

Applicant's name: John Thomas Phone # 410-489-9602
 Address: 2517 Daisy Rd
 Select from the following records: Complete Lot File
Well & Septic Program

- Percolation Results
- Well Completion Report
- Other (specify) _____
- Septic Construction Plan (As built)
- Complete Lot File

Food Protection Program

Inspection Report – Food Facility Name: _____
 List of food facilities
 Other (Please explain): _____

Community Hygiene Program

Complaint Investigation Reports Rabies Case Reports Pool Inspection Records
 Registered Storage Tanks Well Water Sampling Other

I understand that I will be charged \$.60 per page copied. If staff time in record retrieval takes more than two (2) hours, then a fee of \$25.00 per hour after two (2) hours will be assessed. Also, I do understand that I will not be able to request any proprietary information enclosed in the file and all copies larger than 11"x17" may best be provided by the proprietor of the document. I also realize that it may take up to Thirty (30) days to process this request.

Please indicate preferred response method for your request:

Regular Mail Fax: _____ Email: JKThomas10@aol.com
John Thomas 410-489-9602

Applicant's Name (please print)

Applicant's Fax#

Applicant's Signature

Date

1/8/13 Date Received 1/8/13 Date Completed 2 # of Copies Made
 No Record Found 0.2 Preparation Time SM/RB Staff Initials

Handwritten notes:
 516872-A
 072805
 125805