

05-367034

PUB. SEWER STATUS VERIFIED BY _____

#5 for Pool Permit

ISSUE DATE: 6/2/04

PERMIT

P 518570-F

APPROVAL DATE: 8/5/04

A re-index

INDEXED

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

Specs for repair: P520394-A - 6/16/04 (SC)

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Hopkins Mead LOT NUMBER: 31

ADDRESS: 7413 Meadow View Circle PROPERTY OWNER: Weinman

SEPTIC TANK CAPACITY (GALLONS): 1000 1250 1500

PUMP CHAMBER CAPACITY (GALLONS): _____ 4 5

NUMBER OF BEDROOMS: 3 4 5

SQUARE FEET PER BEDROOM: 210 210 210

LINEAR FEET OF TRENCH REQUIRED: 113' 151' 189'

TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>5</u> feet below original grade. Bottom maximum depth <u>9</u> feet below original grade. Effective area begins at <u>5</u> feet below original grade. <u>4</u> feet of stone below distribution pipe.
LOCATION:	<i>Pump, collapse & fill in S.T. & D.W.</i>
PURPOSE:	Re-index file, building permit addition approved 3/27/03 <i>Will need to I.D. closest prop line</i> <i>& maintain 10' setback off prop. line</i>

PLANS APPROVED: S.O. DATE: 6/16/04

- 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

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

BUILDING PERMIT SIGNED AND RETURNED

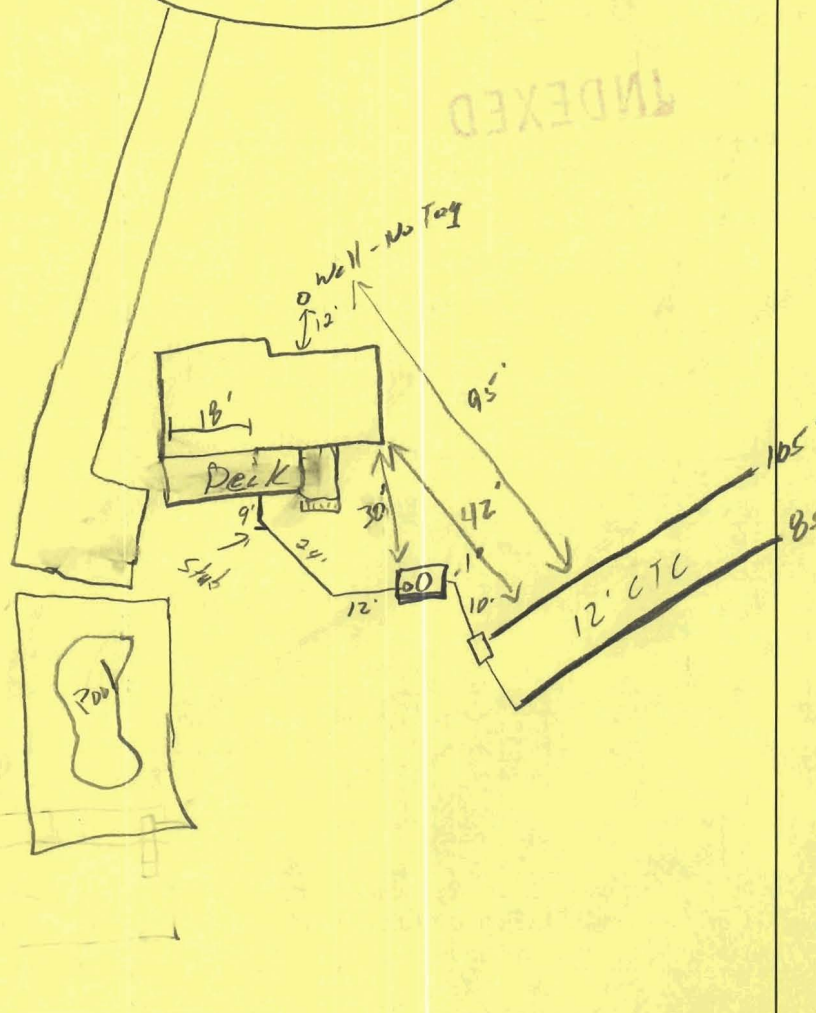
OWNER SAY JUST A REPAIR - NO ADDITION - PER JEFF OF HATFIELDS 6/2/04 YNEB

3/27/03 B00140893 INGROUND POOL (REMOVE ABOVE GROUND POOL)

Meadow view CT

NOT TO SCALE

INDEXED



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		190'
ABSORPTION AREA		760 ^{sq} ft
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 6/16/04 - See pre sheet (50)
 7/14/04 - Specs sent to Jenkins Bros. 7/29/04 - Specs sent to Fyock (50)
 INSTALLATION 8/4/04 - Tank set (50) 8/5/04 - Call from Skip, only have 95' to well, well uphill, OK at 95' to preserve future repair area (50)
 8/5/04 - All work complete OK to cover, old ST & DW abandoned (50)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 8/5/04

A02393

ok part 9/9/60
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

BLADENBORO CITY

DISTRICT 3

DATE 4/1/60

J. L. ...
ADDRESS _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION *Epkins Woods* _____

PROPERTY OWNER *Dr. ...* _____

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET. SECTION AREA _____ SQ. FT.

SEEPAGE PITS *2* _____ ABSORBENT SIDEWALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY *120* _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA AND TANK CAPACITY

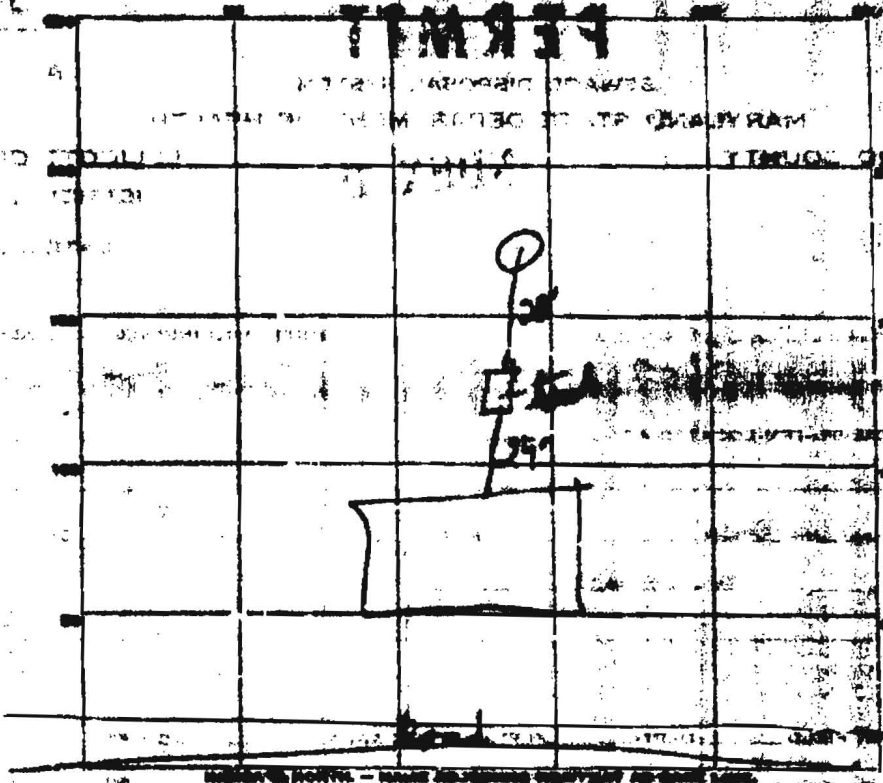
OTHER *Place the dry wall about 30 ft. to 50 ft. behind the ...*
the wall.

PLANS APPROVED BY *Raymond ...* DATE *4/1/60*

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVERING MUST BE UNTIL INSPECTED AND APPROVED.

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

A02393



PERMIT CARD _____

DEPTH TRENCH, LINES _____

RESTRICTION, SEE, LINES _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 30x+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/5/68 INSPECTOR P.W.

APPLICATION

SEWAGE DISPOSAL TESTING

A-8877
P-02240

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLCOTT CITY

Dry Well - 300 sq ft

DISTRICT 3

sidewalk area below the inlet
Place the dry well about 30 ft
to 50 ft behind the house
near the edge of the woods

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

PROPERTY OWNER Dr. Richard

ADDRESS Woods at Johns Hopkins Lab.

PROPERTY LOCATION:

SUBDIVISION Johns Hopkins LOT NO. 3, 4, 5

ROAD AND DESCRIPTION

SEC of Calverton Drive

OCCUPANT

PERSON TO CONSTRUCT SYSTEM

ADDRESS

SIZE OF LOT 3 ACRES TYPE BLDG Residence

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT J. C. Lewis

APPROVED BY Richard Hodges FOR Dry Well DATE 5/3/60

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT