

12/9/87 1pm

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 39884

A 26158

DISTRICT 5th

DATE 8/18/87

DATE SYSTEM APPROVED 12/9/87

INSPECTOR RH

Randy Ayrson

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 854-0734

SUBDIVISION Weintraub Property ROAD 5376 Ten Oaks Road LOT 8B

PROPERTY OWNER Robin Curtis

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution box.

LOCATION - Place the distribution box ²⁰⁰~~125~~ feet from the front lot line and 10 feet off the left lot line as seen when facing the lot from the right-of-way. Run trench on contour toward the rear of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OKB

PLANS APPROVED BY S. Abel DATE 8/11/82

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

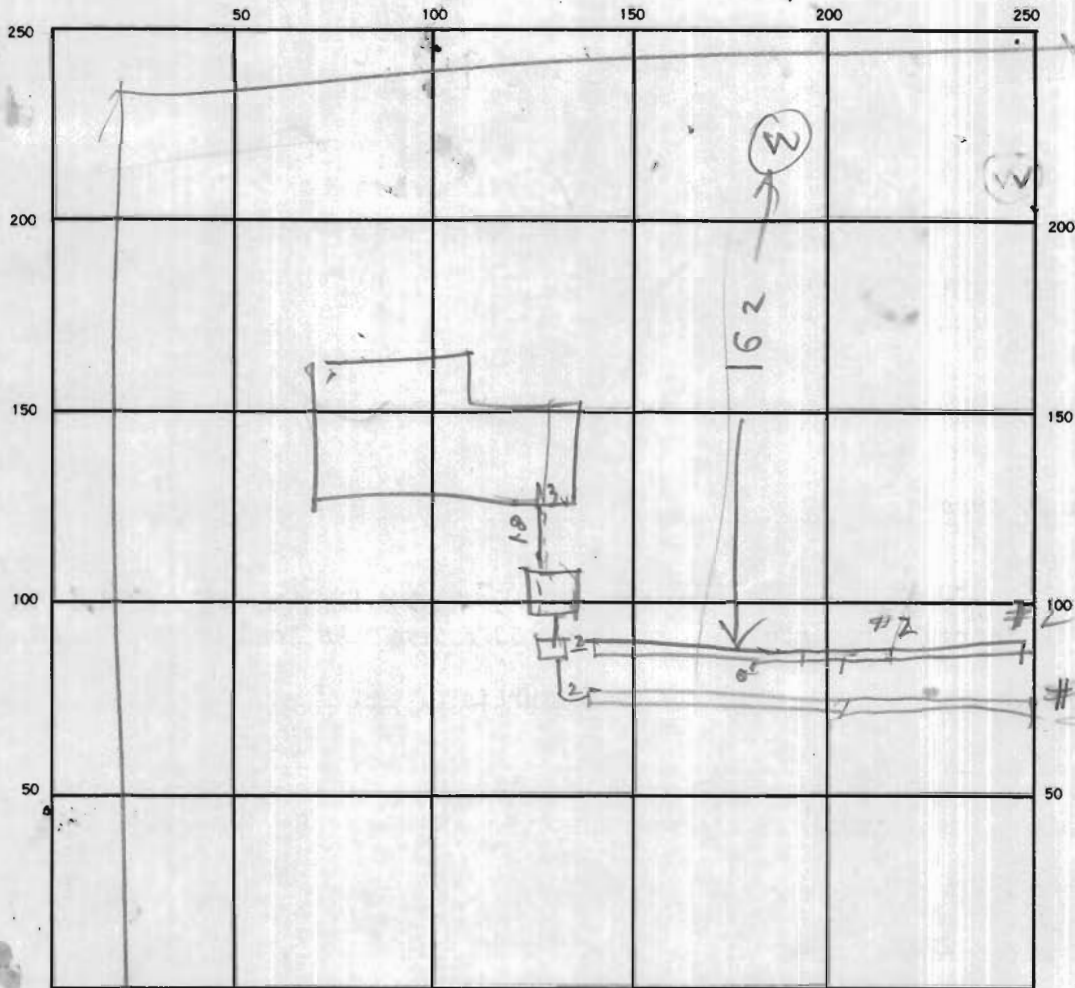
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 26158



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL 1250

CLEANOUTS ST
0/K

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH 1 1/2 / 9/9 FT. TRENCH WIDTH 2 1/2 / 2/2 FT. INLET DEPTH 1 1/2 / 3/3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2 / 4.5 FT. TOTAL LENGTH 101 / 101 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 435 / 435 SQ. FT. 1 / 2 INSTALLED / REQUIRED 910 / 800

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 13200
LOCATION LOOKS OK PER PLAN. ADD REST
OF STONE TO TRENCH #1 FINISH DIGGING TRENCH #2 & ADD STONE
INSTALL TANK & BOX R/H 12/9/07 430
TRENCH #2 LENGTHENED
& STONE ADDED R/HODGES

DATE SYSTEM APPROVED 12/9/07

INSPECTOR Raymond Hodger

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION MR CURTIS BELIEVES THERE IS A PROBLEM WITH HIS
RECENTLY INSTALLED SEPTIC SYSTEM. BEFORE IT WAS PUT INTO USE,
THE TANK WAS FULL OF WATER. CODES _____

RECEIVED BY CW [Signature] DATE 3/21/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 3/23/88 TIME 2 PM WEATHER WARM, CLEAR

REPORT THE INSTALLER, AT MY REQUEST, EMPTIED THE TANK THE PREVIOUS
DAY. NO WATER RE-ENTERED THE TANK.

AN AUGER HOLE WAS BORED TO 6 1/2', NO WATER WAS OBSERVED.

I EXPLAINED THAT THE PROBLEM WAS LIKELY CAUSED BY
INFILTRATION OF RAINWATER JUST AFTER SYSTEM INSTALLED.

NO REASON TO EXPECT RECURRENCE ONCE GROUND HAD A CHANCE
TO "SET UP." 3/23/88 CW [Signature]

DATE SUBMITTED _____ SANITARIAN _____