

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____
APPROVAL DATE: _____

P 524121
A _____

PERMIT

INDEXED

TAX ID # 03-298779

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3080 Route 32 PROPERTY OWNER: Javid Mussarat

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

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PERMIT

app. file

P 00693

A 00637

SEWAGE DISPOSAL SYSTEM

May 27

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Mr. Williams wants it checked out before 1:00 PM

DISTRICT 5

INDEXED

DATE 4-3-59

CARL A. WILLIAMS IS PERMITTED TO INSTALL ALTER

ADDRESS West Friendship PHONE Sykesv. 360 W 1

A SEWAGE DISPOSAL SYSTEM LOCATED AT

Rt. 32 - 1 mi. S. Rt. 144 - right side.

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Carl A. Williams

ADDRESS West Friendship

SPECIFICATIONS

DRAIN FIELD DEPTH 3 FEET, BOTTOM AREA 325 SQ. FT.

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

SEPTIC TANK CAPACITY 750 GALLONS

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

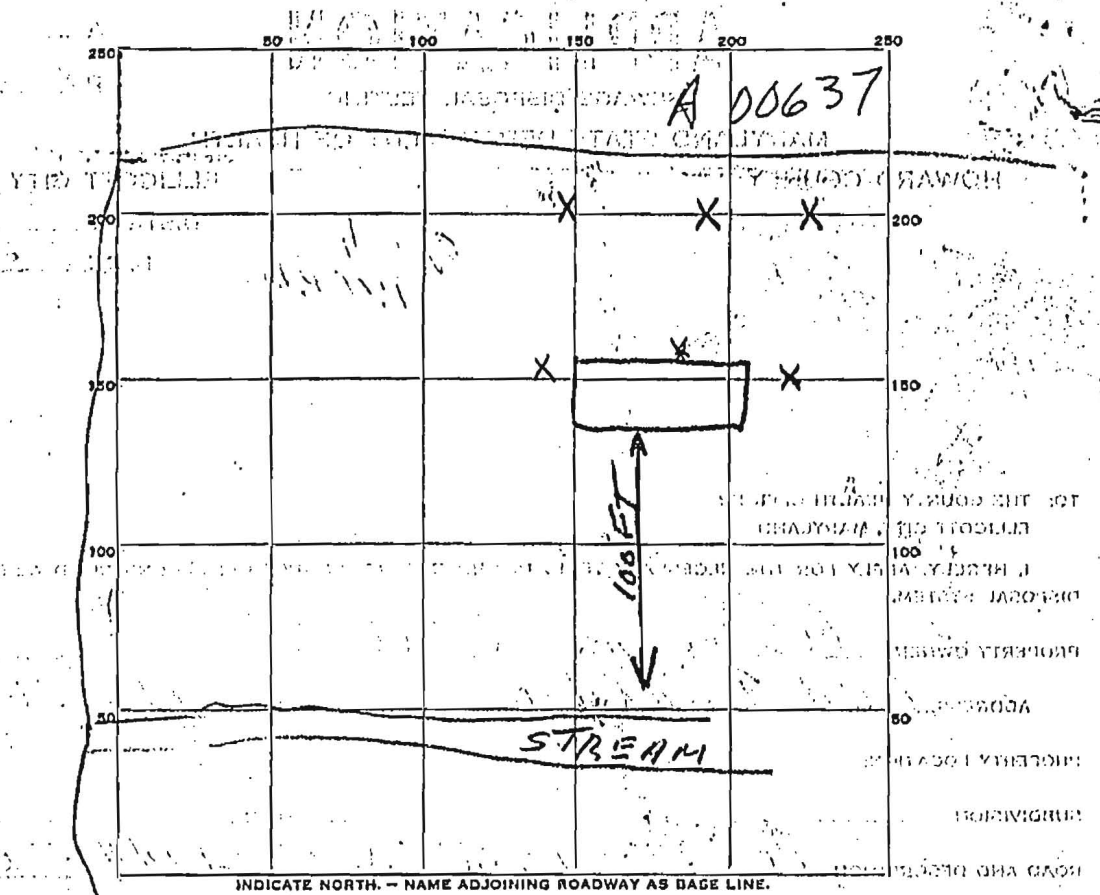
OTHER _____

PLANS APPROVED BY James Hennigan DATE 4-3-59

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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00637



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-59	1	3ft	9:47	No Perme.			
	2		9:48	" "			
	3		9:49	" "			
4-1-59	4	6ft	1:21	1:26	1:26	1:34	7 Min
	5		1:35	1:40	1:40	1:45	5 Min
	6		1:37	1:41	1:41	1:45	4 Min
hold for further exploration by owner							

SOIL AUGER FINDING

TESTED BY

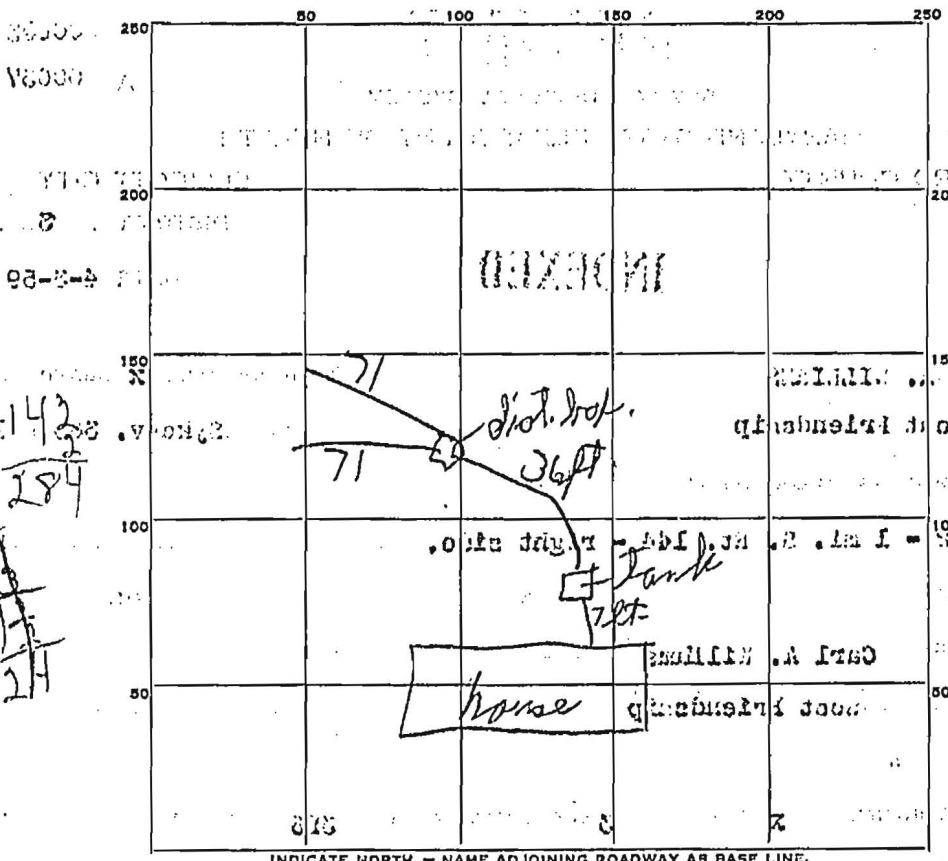
J. Hennigan

REMARKS

Trenched the encumbrance holes 4, 5 + 6 to be 3ft deep.

ALSO PRESENT

Mrs Carl A. Williams



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____ 025

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 324

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Bring gravel

DATE SYSTEM APPROVED 5/27/59 INSPECTOR DPW/-

71
1142
284
524