

1/13/97
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-344808

P 57617

A REPAIR

DISTRICT _____

DATE 12/27/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED _____

INDEXED

INSPECTOR _____

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 4105 Ten Oaks Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION _____ LOT _____ ROAD 7036 Mink Hollow Road

PROPERTY OWNER Kraus 1-301-854-0361
7036 Mink Hollow Road

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS TOPSEAM SPLIT-CHAMBER

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

11/04/96

LEACHING BED 20' X 25' INLET 3 1/2' BOT 5 1/2'

GRAVEL 4 BED BOTTOM LEVEL

IN LEFT REAR COR OR PROP AS HIGH AS POSS.

OBS C/O INSTALLED IN BED MR 1/13/96

PLANS APPROVED BY _____ DATE _____

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 PVA 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**

P 57617

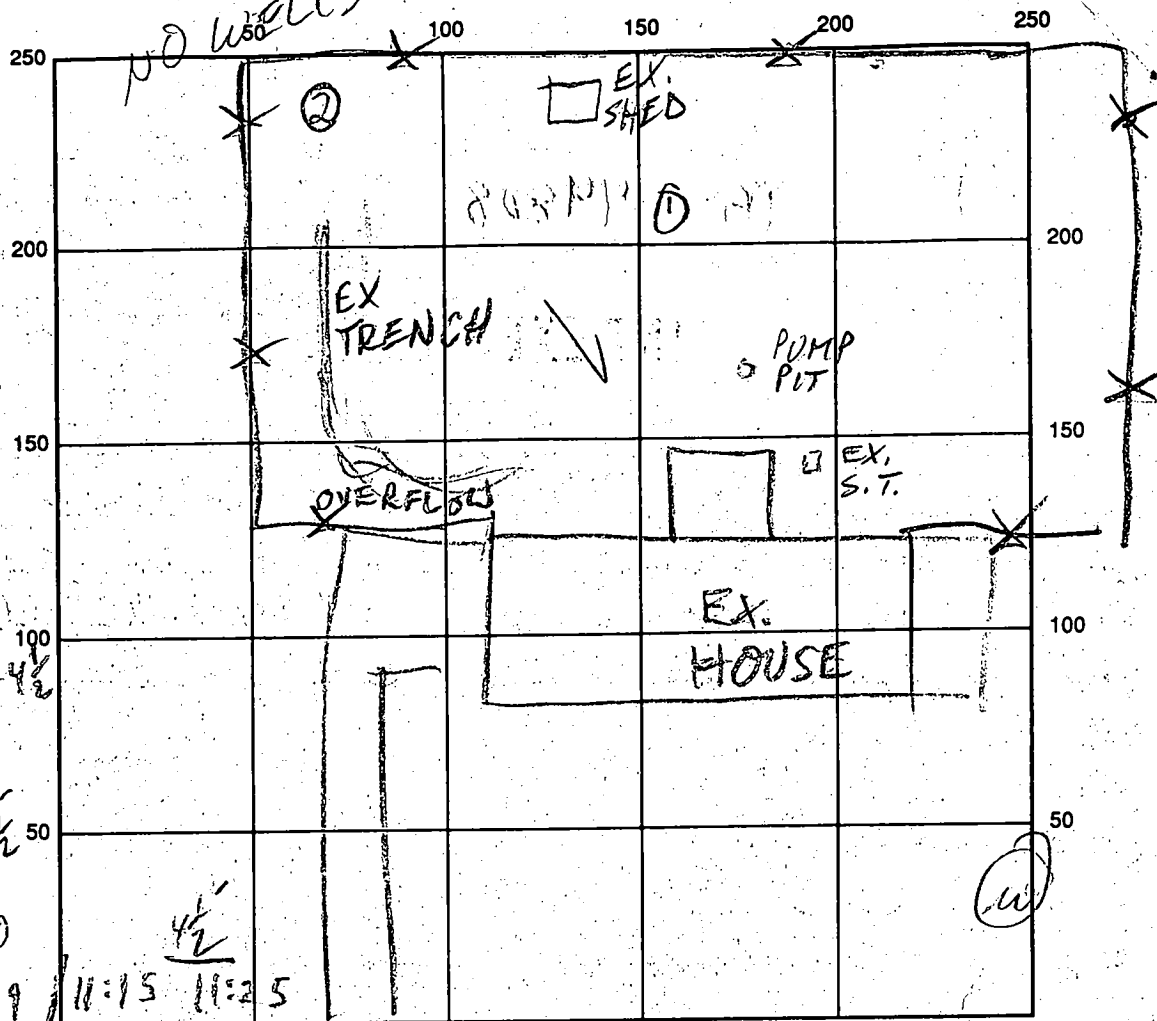
①

orange	2
cl	
brn lm	4 1/2
H ₂ O seeping	5
H ₂ O	6

②

orange	
si cl lm	4 - 4 1/2
brn	
gray si	7 - 7 1/2
lm	
H ₂ O seeping	10

no walls



11:02 11:09 11:15 11:25
 VERY SLOW 11:25 11:40

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE MINK HOLLOW RD

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 1/13/97 SHALLOW H₂O TABLE; ONLY POSS. LOCATION -
 OK TO START MR 2/3/97 NEW CONTRACTOR; T/C W/OWNER:
 ADVISED HER SYSTEM IS "EXPERIMENTAL" & ADVISED HER TO
 LIMIT H₂O USAGE MR

DATE SYSTEM APPROVED _____ INSPECTOR _____