

7/12/95
A3AT

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02-218664

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 50790G

A REPAIR

DISTRICT _____

DATE 7/29/95

DATE SYSTEM APPROVED 7/13/95

INSPECTOR [Signature]

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 14960 Route 144, Woodbine, MD 21797

PHONE 442-1336

SUBDIVISION Weeks Property

LOT 1

ROAD 10764 Frederick Road

PROPERTY OWNER _____

~~David & Marie D. Weeks~~

Richard Mills

ADDRESS _____

10764 Frederick Road
Ellicott City, MD 21042

SEPTIC TANK CAPACITY existing GALLONS

NUMBER OF BEDROOMS 2

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR -- PURPOSE - COLLAPSED DRYWELL.

Call for inspection when ground is opened so sanitarian can recommend repair. 7/10/95

INTERIM SYSTEM (I.E. SMALLER THAN STANDARD - PUBLIC SEWER UNDER CONSTRUCTION)

Install one leach bed approx 12' wide by 12' long. Bottom depth 9 1/2' At Inlet
at 4 or 5 ft (at least 4 ft of stone fill. Connect directly to existing Septic Tank.

PLANS APPROVED BY _____

[Signature]

DATE 7/12/95

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.

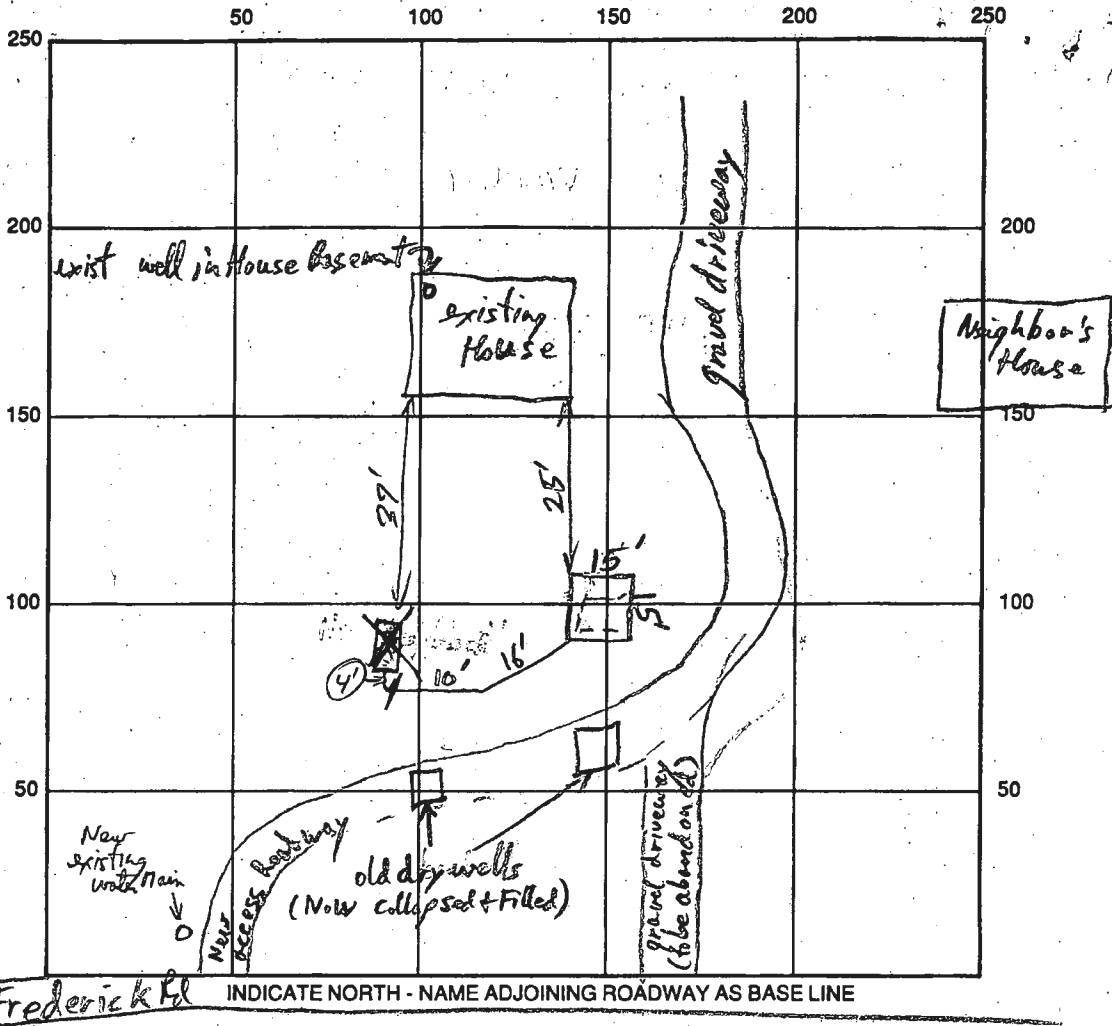
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 50790G



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 9 1/2 FT. TRENCH WIDTH _____ FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH _____ FT.

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

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 5 FT.

ABSORBENT AREA _____ SQ. FT.

Bottom 9 1/2' inlet @ 2 ft effective @ 4 ft.

REMARKS: New lid to Septic Tank being poured. Lead Bed Finished OK to install piping. 7/13/95 R/P
old abandoned dry well, and current dry well were abandoned and backfilled with gravel since
they'll be under New driveway. R/P 7/13/95 Stopped by - ST. closed, completed & covered R/P 7/13/95

DATE SYSTEM APPROVED 7/13/95 INSPECTOR R/P Kelly

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

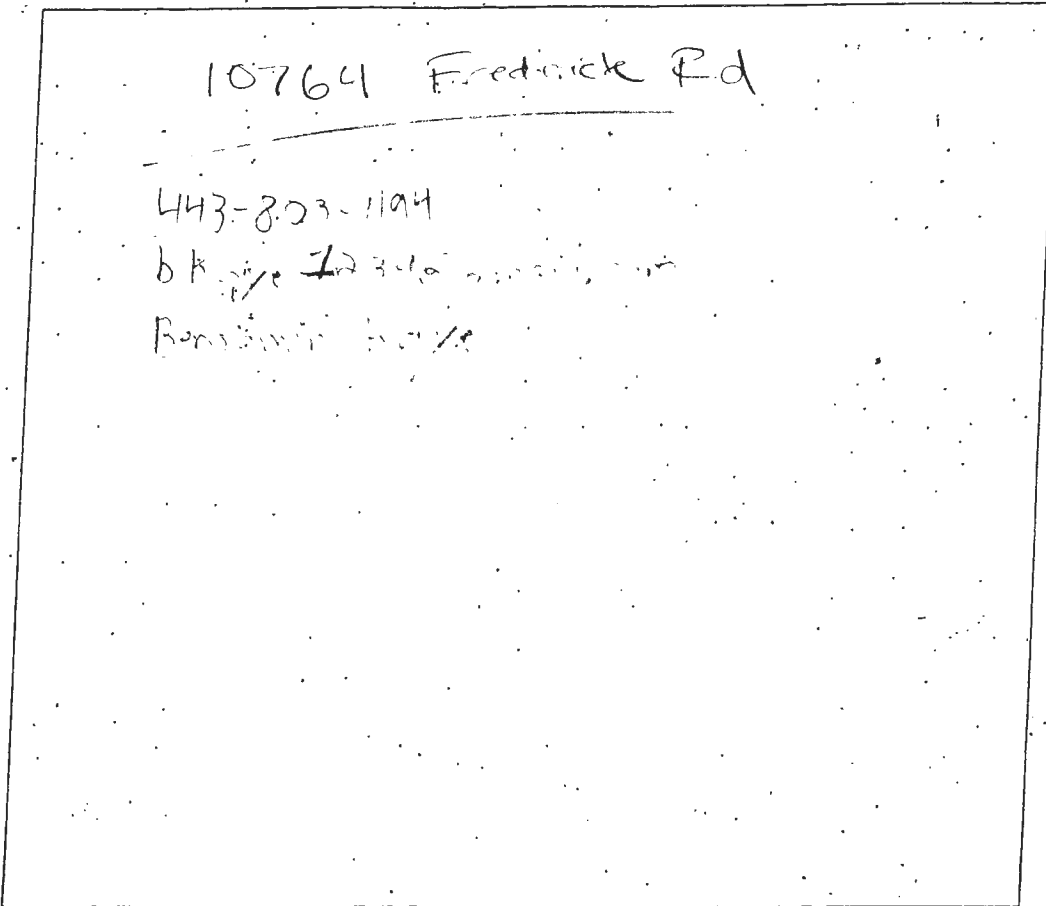
ADDRESS: _____ CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____ INSPECTOR: _____