

TAX ID - 04-316584

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 42140

A REPAIR

DISTRICT _____

DATE 7/15/88

DATE SYSTEM APPROVED 7/12/88

INSPECTOR Cwell

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION _____ ROAD 17008 Frederick Rd LOT _____

PROPERTY OWNER James Davis (Jose Lopez)
17008 Frederick Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

SHALLOW TRENCH 3 FT WIDE 4-5 FT DEEP 1/2
- 4 FT STONE 108 FT LONG 625 SQ FT BOTTOM
AREA TOTAL RUN TRENCHES OFF OLD DW
OK TO USE A TEE INSTEAD OF A
DISTRIBUTION BOX IF NEEDED BH

PLANS APPROVED BY C. Williams 125 x 5 = 625 sq dry well DATE 6/06/88

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 APROVAL ON THIS PERMIT**

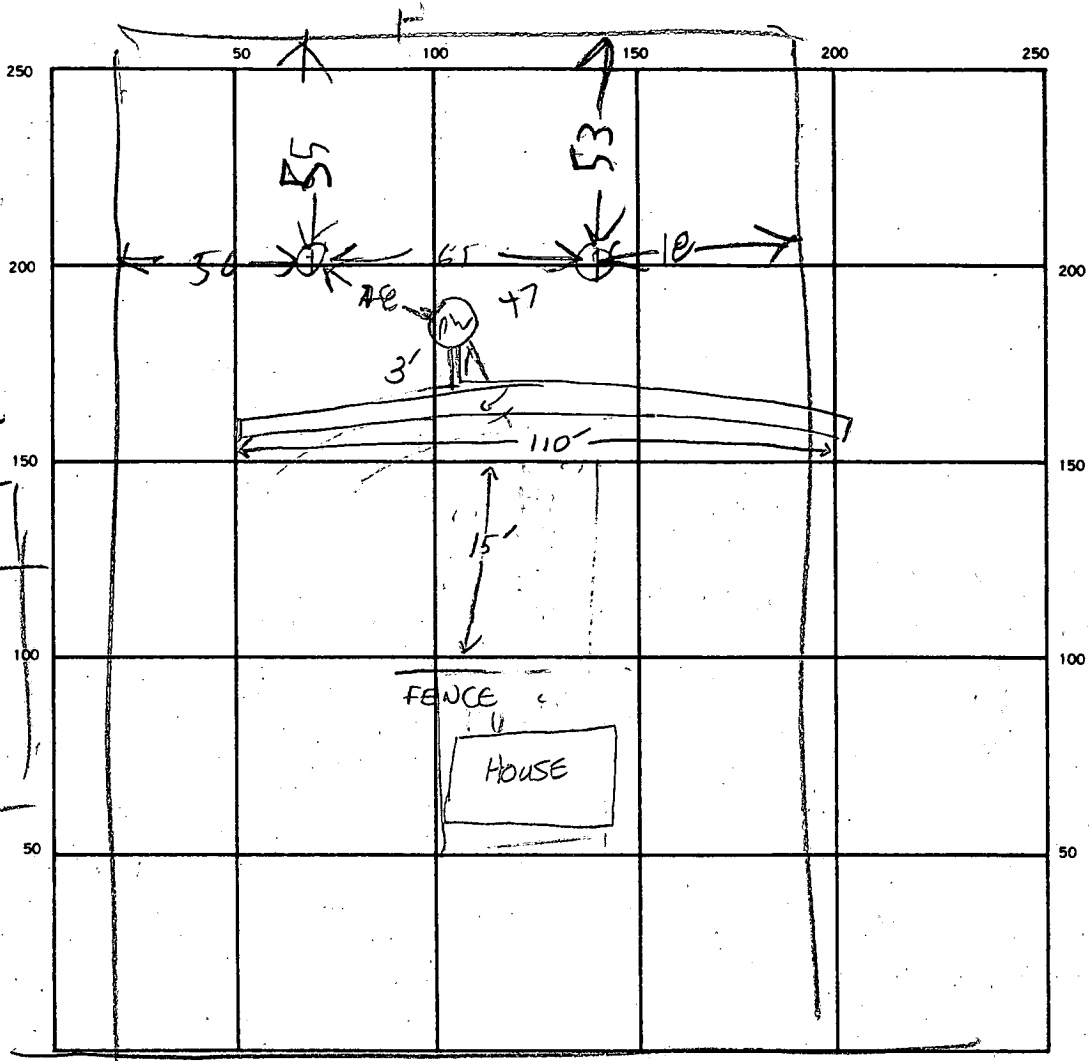
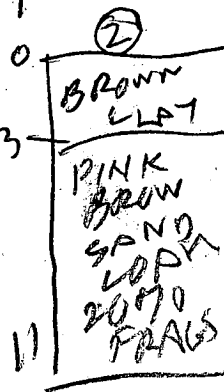
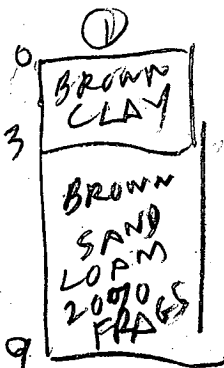
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

6/6/88
7/12/88

DATE AS POSSIBLE

P-42140



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TILE FIELD DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH _____ FT.
 EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH 110 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 6/6/88 - SOIL OK DECIDED SHALLOW TILE FIELD
7/12/88 - Stone + Paper in TRENCH - SB
Correction made to dry well, continue work - SB
OK to cover all work - SB 7-12/88 - SB

DATE SYSTEM APPROVED 7/12/88 INSPECTOR CWeller

REPAIR PERC 10 AM
5/13/86

APPLICATION

PERCOLATION TESTING

A REPAIR
P 36849
L.P. NUMBER

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 4/28/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER JAMES DAVIS JR

ADDRESS 17008 FREDERICK RD MT AIRY PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 17008 FREDERICK RD (ROUTE 144)

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT) _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

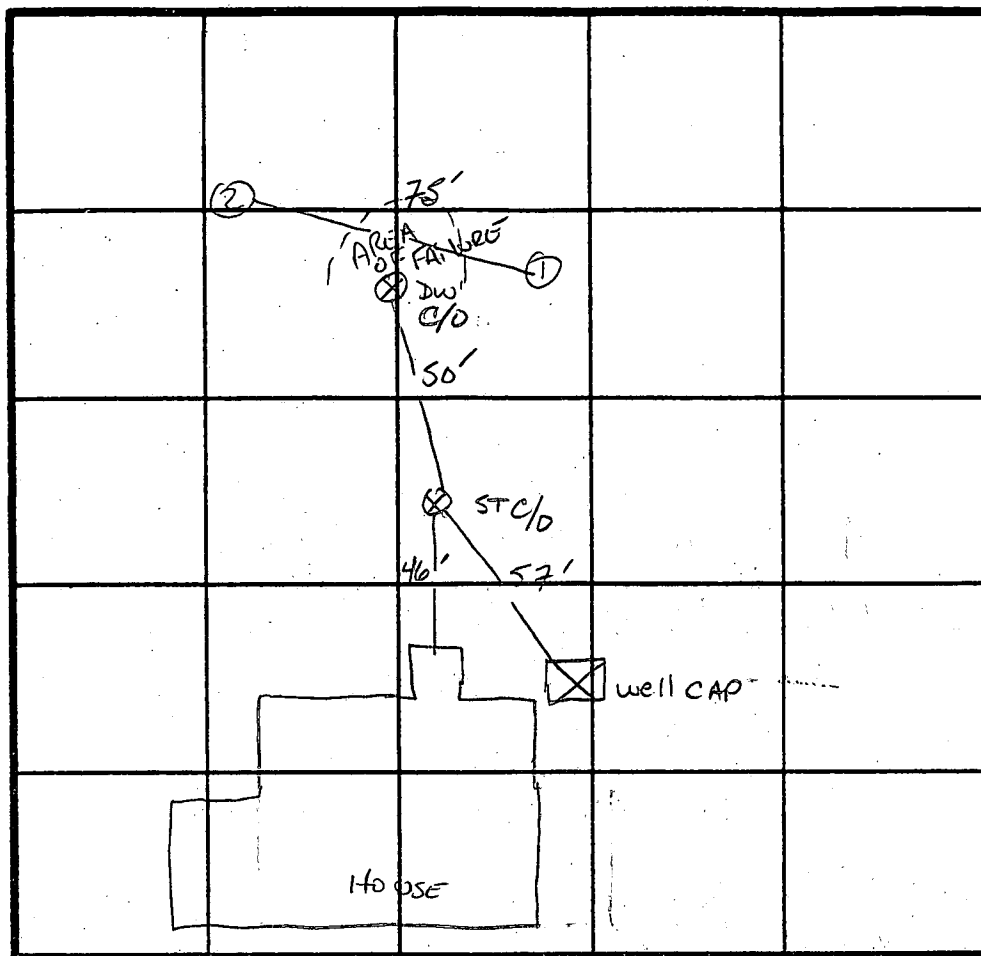
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

①
SOIL PROFILE

0"	A-3
4"	Yellow BR Silt Loam 9% CLAY 10-15% FRAGMENTS
4.5'	Yellow BR SAND silt LOAM 20-30% SHARP FRAGMENTS
13'	SAND LOAM 30-40% FRAGMENTS
15'	



BR-4

INLET 5'
BOTTOM 10-11'
5-6 STONE
125 Ø BR

X TIME
13 MIN

1 (ONE) 100'
TRENCH
NEEDED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
RT 144

②

0"	A-3
4"	Yellow BR Silt Loam CLAY 9-12% 10-15% FRAGMENTS
5'	Yellow BR SAND silt Loam 15-20% FRAGMENTS
11'	Yellow BR SAND LOAM 30-40% FRAG- MENTS
14.5'	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/86	1 S	5.5	10:18	10:30	10:30	10:50	20 MIN
	1 M	11	10:18	10:26	10:26	10:44	18 MIN
	1 V	15'	see profile				
	2 S	6'	10:46	10:52	10:52	11:03	11 MIN
		8.5'	10:52	10:54	10:54	10:58	3 MIN
	2 V	14.5'	See Profile				

REMARKS _____

TYPE OF SOIL ME Aley

TESTED BY S. Abel

ALSO PRESENT _____