

8/8/90 10:00

05-357403

PERMIT

P 46191

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 7/31/90

DATE SYSTEM APPROVED 8-13-90

INDEXED

INSPECTOR JEN

_____ Mr. William A. Lazenby _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Norm Collins 795-261-B _____ PHONE _____

SUBDIVISION _____ ROAD 6200 Cedar Lane _____ LOT _____

PROPERTY OWNER _____ Mr. William A. Lazenby Phone # 997-0711

ADDRESS _____ 6200 Cedar Lane
Columbia, Maryland 21044

~~XXXXX GARBAGE GRINDER IS USED ON THIS SEWER SYSTEM. SEPTIC TANK CAPACITY IS 50% AND ABSORPTION AREA IS 22%.~~

~~XXXXX GARBAGE GRINDER XXXX YES XXXXXXXXXXXXXXXXXXXX~~

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

8-8-90 Optional repair requested. Owner decided to
replace supply line into existing system. No
overflow observed. System installed 50 yrs ago
and no problems before laundry back-up into
house recently occurred. JEN

PLANS APPROVED BY _____ Craig Williams _____ cm _____ DATE 07/31/90

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

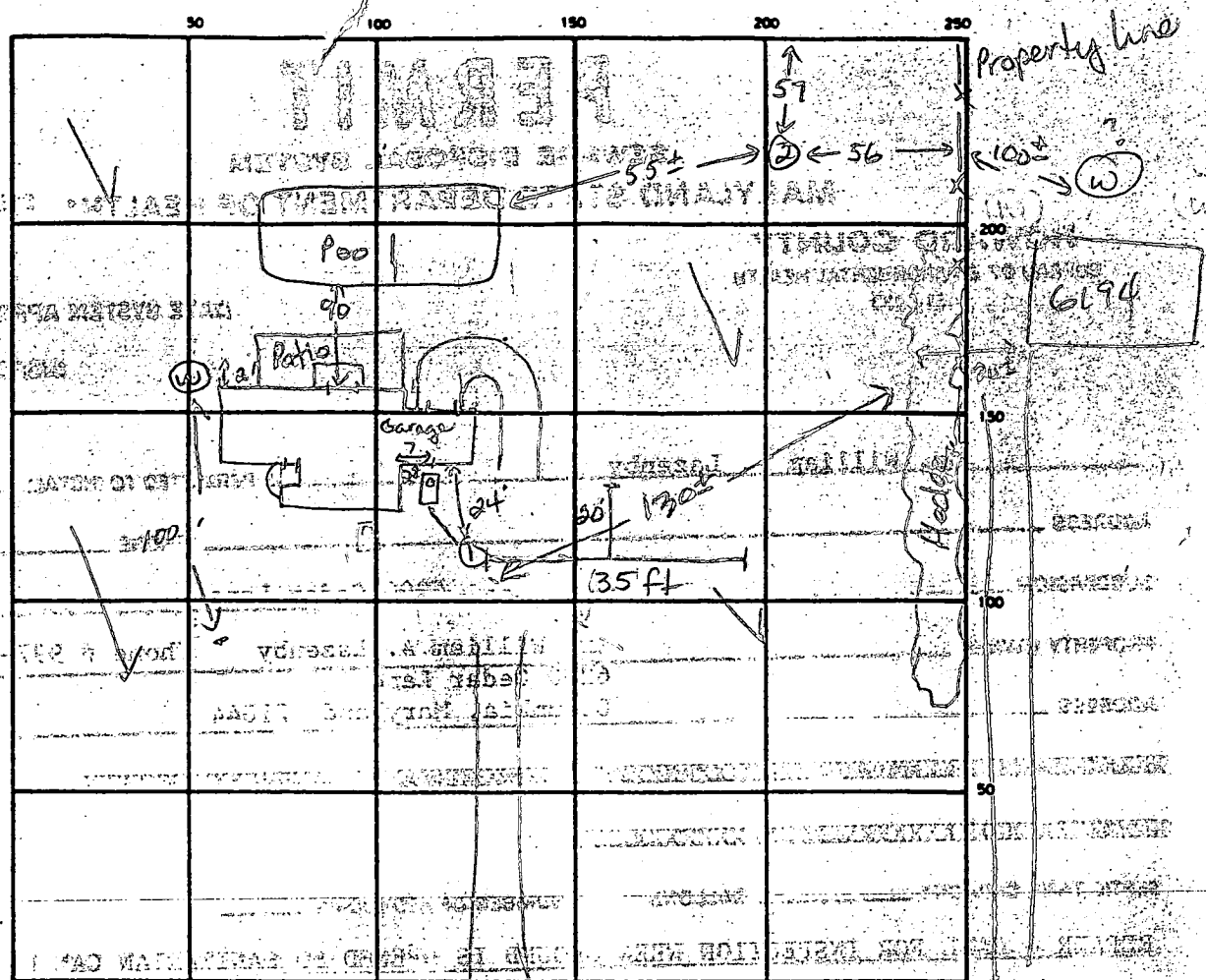
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 46191
7/31/90

- 0-1.0' Dk br org sl lm, roots
- 1.0'-3.5' Br sl sa lm roots
- 3.5'-6.5' Decomposed structured schist
- 6.5' Refusal
- 0-1.0' Dk br sl cl lm, org
- 1.0-8.0 Rd br sl cl lm
- 8.0-9.5 Dk br mica sa sl lm < 40% saprolite
- 9.5-12.0 Tan-red br mottled sl lm Mottles at 9.5 ft.
- 12 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Cedar Lane

SEPTIC TANK LEVEL 800 gal ± existing CLEANOUTS existing c/o on septic tank

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TILE FIELD. DEPTH 2' FT. TRENCH WIDTH 2' FT. INLET DEPTH 1' FT.

EFFECTIVE GRAVEL DEPTH 1.0' FT. TOTAL LENGTH 55' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 110 SQ. FT.

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

ABSORBENT AREA 110 SQ. FT.

REMARKS 8-9-90 Replaced existing pipe in trench w/ perforated PVC pipe and covered with stone. Replaced orange bury supply line with PVC solid pipe. DEN.

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 William A. Latenby

ADDRESS 4200 Cedar Lane PHONE 997-0711

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Repair

ROAD AND DESCRIPTION _____

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 3890 Existing 800 gal[±] tank. Recommend replacement of supply line. No trench repair required at this time. JEN

THIS IS NOT A PERMIT

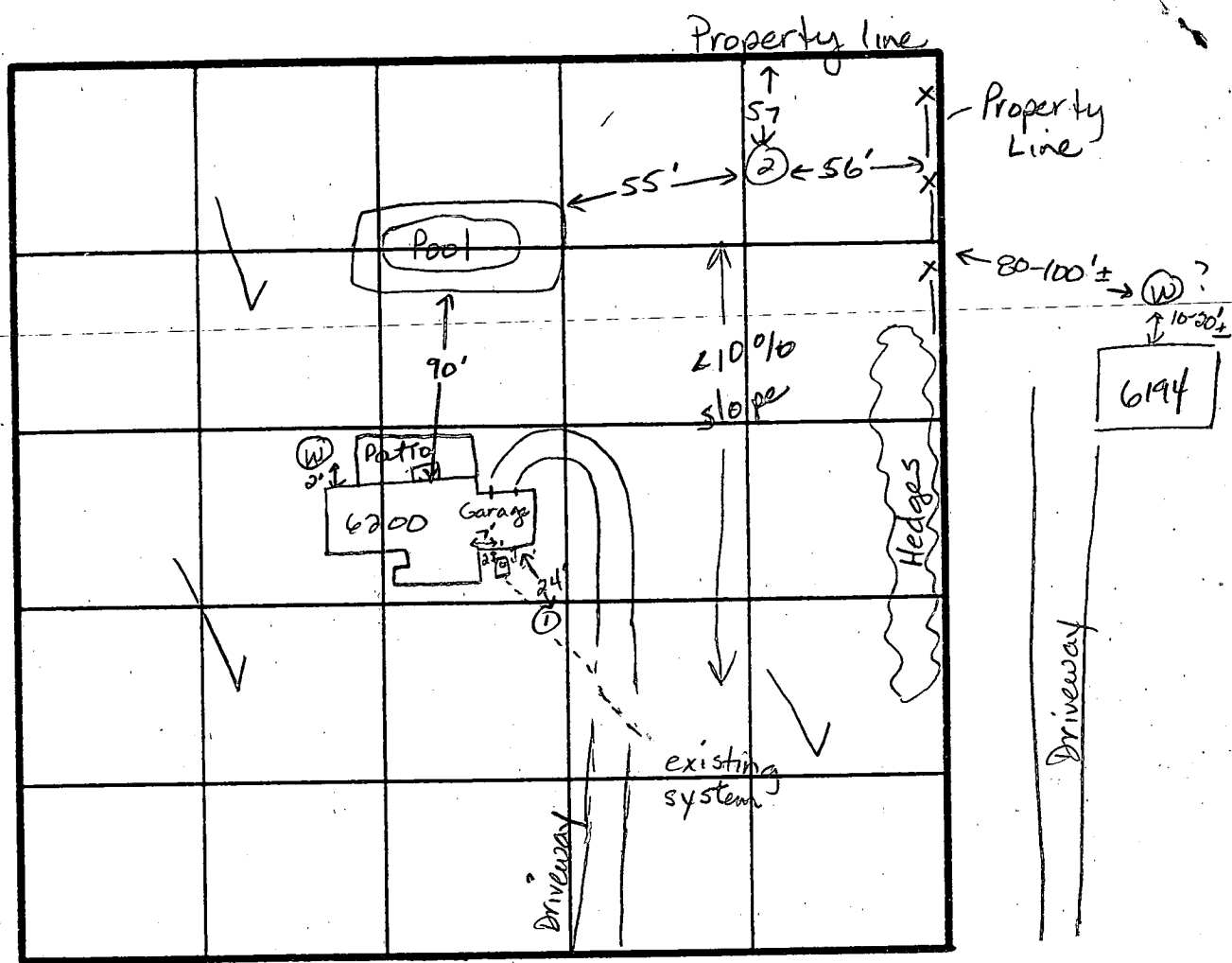
①
SOIL PROFILE

0-1.0 Dk-br org sl, roots

1.0-3.5 Br s sa lm, roots

3.5-6.5 Decomposed structured schist

6.5 Refusal



②

0-1.0 Dark brown s cl, organics

1.0-8.0 Red-brown s cl

8.0-9.5 Dark brown micaceous sa s li, < 40% saprolite

9.5-12.0 Tan to red-br mottled s li, Mottles at 9.5 ft.

12.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Cedar Lane

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
8.0-9.5	8890	1	6.5	✓	(see profile)			
						0-3.5 ft	sa l	
						3.5-6.5 ft	decomposed schist	
		2	12.0	✓	0-8.0 s cl			
						8.0-12.0	sl, mottles at 9.5 ft	
9.5-12.0								
12.0								

REMARKS: Owner commented he did not have a failure in the trench area but had a collapsed line into trench. Laundry water would back up into house.

TESTED BY: Jane E. Nadeau

ALSO PRESENT: Mr. Collins, Mr. Lazenby