

For
10:00 A.M. 9/3
9 August
8-31-93 11am or earlier
9/3/93 11-12

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

01-179101

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Don't write any proposals

P 49507

A REPAIR

DISTRICT _____

DATE 8/6/93

DATE SYSTEM APPROVED 9/3/93

INSPECTOR M. Riskin

J. A. Smith, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 6581 Belmont Woods Road
Map 32 Grid 19 Parcel 86

PROPERTY OWNER Dale Schumacher

ADDRESS 6581 Belmont Woods Road
Elkridge, Maryland 21227

SEPTIC TANK CAPACITY 2000gal existing GALLONS (*septic tank approx 10 years old*)

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

*180
26
3/1080
360 LF of trench*

LINEAR FEET OF TRENCH REQUIRED 360

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair. 08/04/93

Install Trenches 2ft wide, inlet @ 6ft, trench outlet @ 9ft. Install Trenches on Contour Toward Belmont woods Rd. EHP 8/19/93

PLANS APPROVED BY [Signature] DATE 8-9-93

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

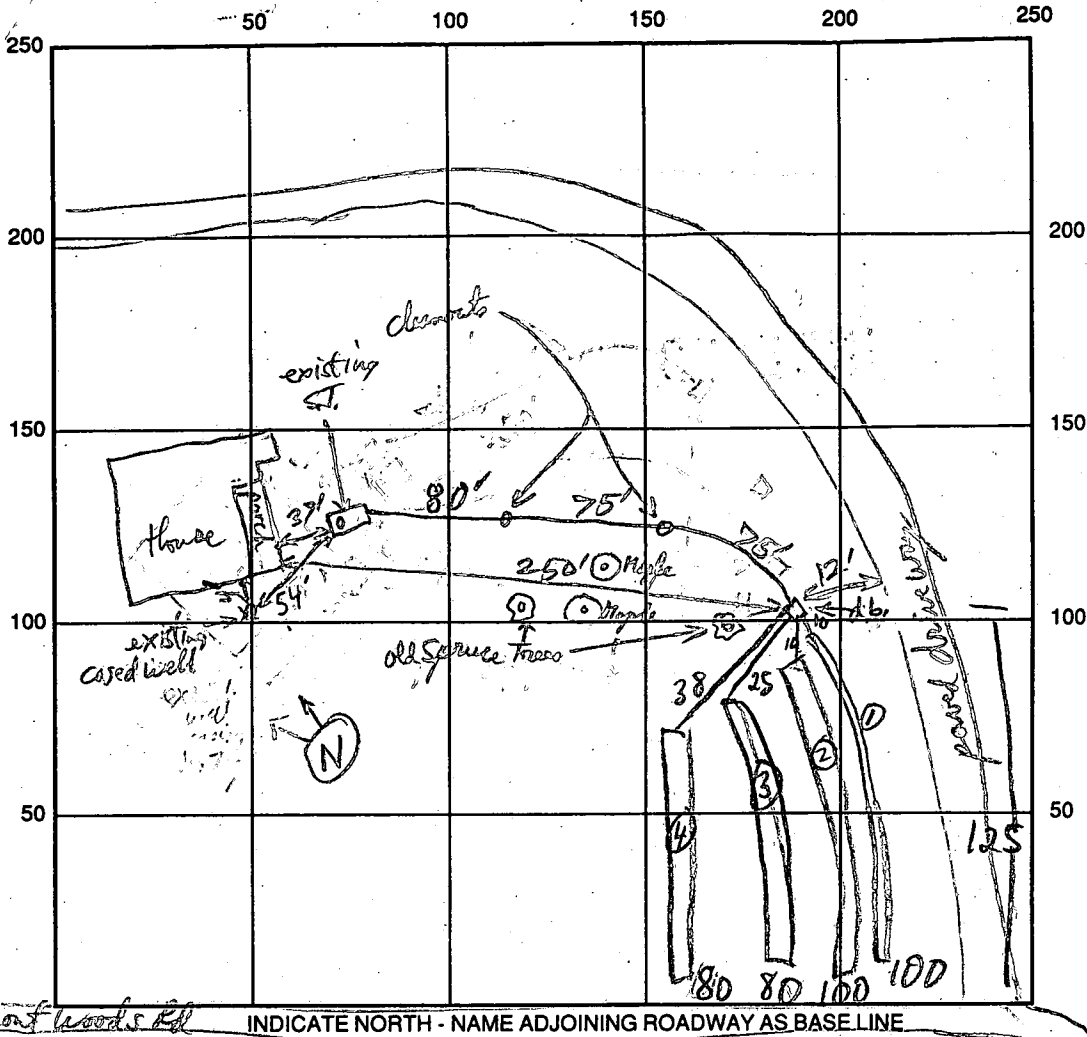
PERMIT VOID AFTER TWO YEARS

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**

A 49507



SEPTIC TANK LEVEL existing CLEANOUTS EX. S.T. 4 2 IN LINE - OK

DISTRIBUTION BOX LEVEL Top D.B. is 7' Below ground Level BAFFLE IS IN

DRAIN FIELD/TITLE DEPTH $\frac{10}{10} \frac{10}{10} \frac{10}{10}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1}{7} \frac{2}{7} \frac{3}{7}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{3}{3} \frac{3}{3} \frac{3}{3}$ FT. TOTAL LENGTH $\frac{100}{100} \frac{100}{80} \frac{100}{80}$ FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 300 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1080 SQ. FT.

REMARKS: D.B. + supply line set. D.B. made of for gravity flow so allowed Bottom @ 10' ± 2' gravel under pipe
+ 1ft gravel over pipe to use better soil in trenches (which begin @ 6-7') R/P 8/31/93
OK to gravel fill Trench #1, leave ends open for inspection and proceed & dig pipe filling other trenches,
9/3/93 #1 OK TO STONE LAST TRENCH MR
9/3/93 #2 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 9/3/93 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A 49507
P Repair

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

Repair

DISTRICT _____
DATE 8/6/93

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 Dale Schumacher

ADDRESS 6581 Belmont Woods Road, Elkridge MD 21227 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 6581 Belmont Woods Rd

N/ of Elibank Dr

TAX MAP 32 Blk 19 PARCEL # 86

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 _____

HD-216

THIS IS NOT A PERMIT

Map 32
Grid 19
Parcel 86
6581 Belmont Woods Road

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