

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

approved
6/13/86
S. ABEL

P. 36187
A. REPAIR

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

ELLICOTT CITY

DISTRICT 5th

DATE 11/08/85

INDEXED

Charles Hall IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 9875 Harmony Lane, Laurel, MD 20707 PHONE 498-5833

SUBDIVISION _____ ROAD 9875 Harmony Lane LOT _____

PROPERTY OWNER Charles Hall

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

REPAIR.

ONGOING CONDEMNATION PROCEDURES FOR PLANNED WATER & SEWER SERVICE.

ANTICIPATED COMPLETION DATE 18 MONTHS, IF ALL GOES WELL.

PER DAVE WOESNER, PUBLIC WORKS 2/3/86

REPLACEMENT TRAILER - BP 68760

PLANS APPROVED BY C. Williams DATE 11/08/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

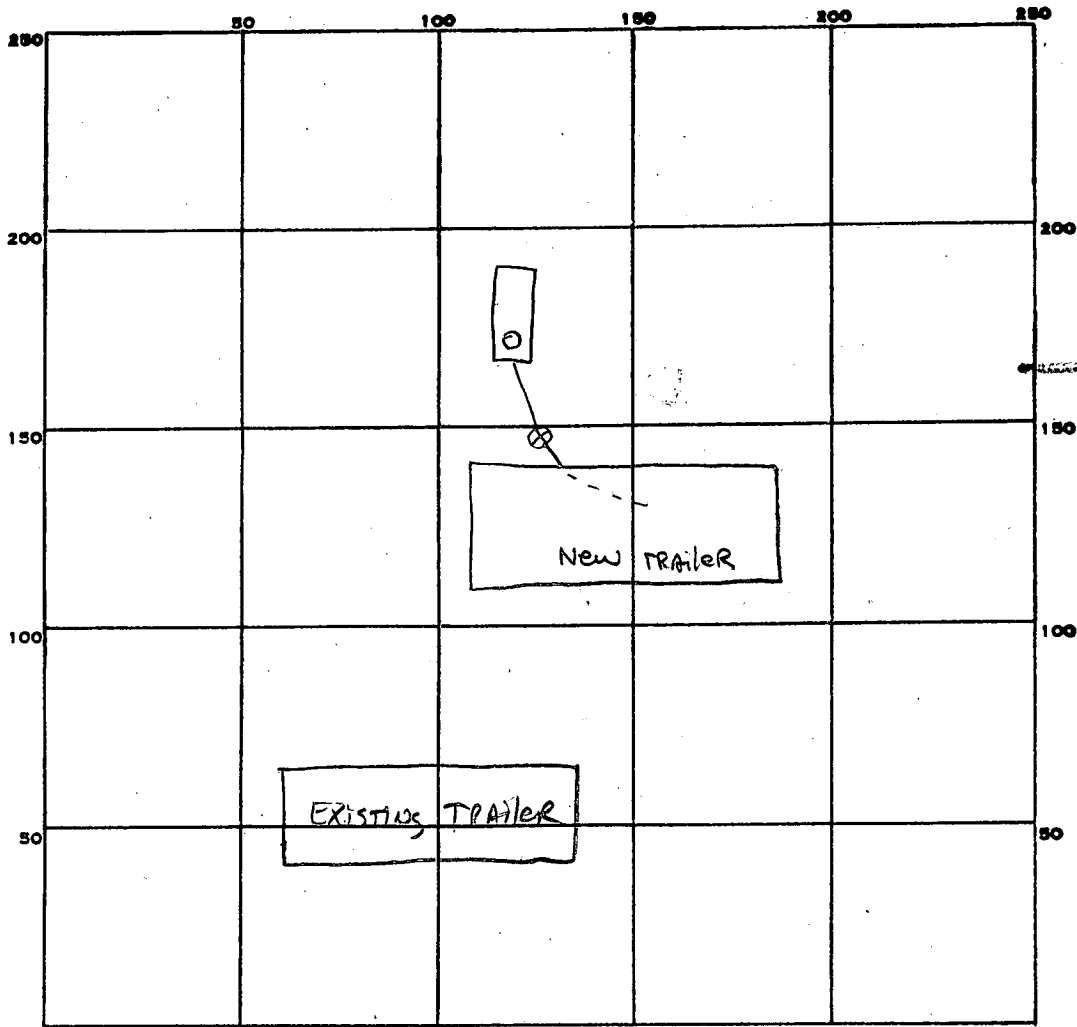
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A Repair
36187



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HARMONY LANE

PERMIT CARD _____

SEPTIC TANK, LEVEL HOLDING TANK 1500 CLEANOUTS IN LINE & ST

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/13/46 WATER ENTERING TANK FROM INSIDE TRAILER S. Hall

DATE SYSTEM APPROVED 6/13/94

INSPECTOR S. Hall

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- Show to whom and date delivered —¢
- Show to whom, date, and address of delivery.. —¢
2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to
the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**

Mr. Charles Hall
9875 Harmony Lane
Laurel, Maryland 20707.

4. **TYPE OF SERVICE:**

- REGISTERED INSURED
 CERTIFIED COD
 EXPRESS MAIL

ARTICLE NUMBER

4557996

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

Charles Hall

5. **DATE OF DELIVERY**

2-22-86

POSTMARK

6. **ADDRESSEE'S ADDRESS** (Only if requested)7. **UNABLE TO DELIVER BECAUSE:**7a. **EMPLOYEE'S
INITIALS**

PC-21

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



75TH ANNIVERSARY
U.S. ARMY RESERVE
PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**RETURN
TO**



*Craig Williams, Director
Water and Sewerage Program
Bureau of Environmental Health
(Name of Sender)
Howard County Health Department
P. O. Box 476*

(Street or P.O. Box)

*Ellicott City, Maryland 21043
(City, State, and ZIP Code)*

Please send me a septic repair
permit in the name of Charles L Hall
9875 Harmony Lane, Laurel MD 20707

Thank you
Barbara

HALL, CHARLES, 9875 HARMONY LA.

DO NOT DISCARD

| HOLE | DEPTH | START | STOP | START | STOP | TIME |
|---------------------------------|---|--------------------------------------|------|-------|------|------|
| 11-14-85 1 S ^{high} | 4' | 9:46 | 9:48 | 9:48 | 9:54 | 6min |
| 1 mV | GRAVEL ZONE NOT A FRASIPAN - KIC IN THIS AREA & 4' TEST | | | | | |
| 1 V | 11.5' | VARYING SOIL STRUCTURE - see profile | | | | |

| | | | | | | |
|----------------------|------|--|-------|-------|-------|------|
| 2 S ^(LOW) | 4.5' | 10:23 | 10:27 | 10:27 | 10:34 | 7min |
| 2 V | 12' | SAME AS HOLE #1 GRAVEL LAYER 5'-5.5' below GRADE | | | | |

| | | | | | | |
|---------------------|-----|---|-------|-------|-------|------|
| 3 S ^{high} | 4' | 10:16 | 10:18 | 10:18 | 10:23 | 5min |
| 3 V | 10' | SAME AS HOLE #1 see profile - BOTTOM 1-2' CAVE IN | | | | |

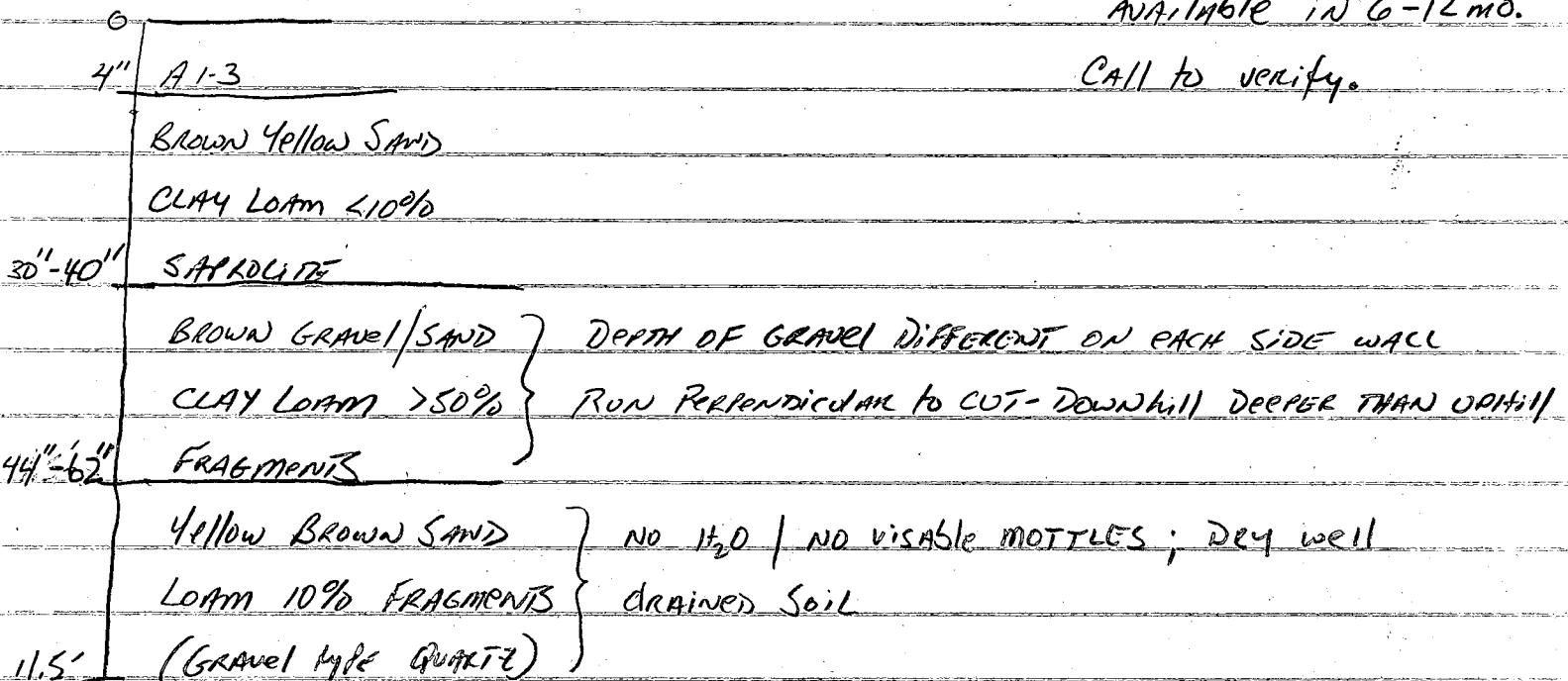
| | | | | | | |
|-----|-----|--|--|--|--|------------------|
| 4 V | 11' | HOLE SAME IN STRUCTURE TO #1 GRAVEL AT 46" TO 60" | | | | X Perc Time 6min |
|-----|-----|--|--|--|--|------------------|

158 #1/BR INLET = 4'
BOTTOM = 9'

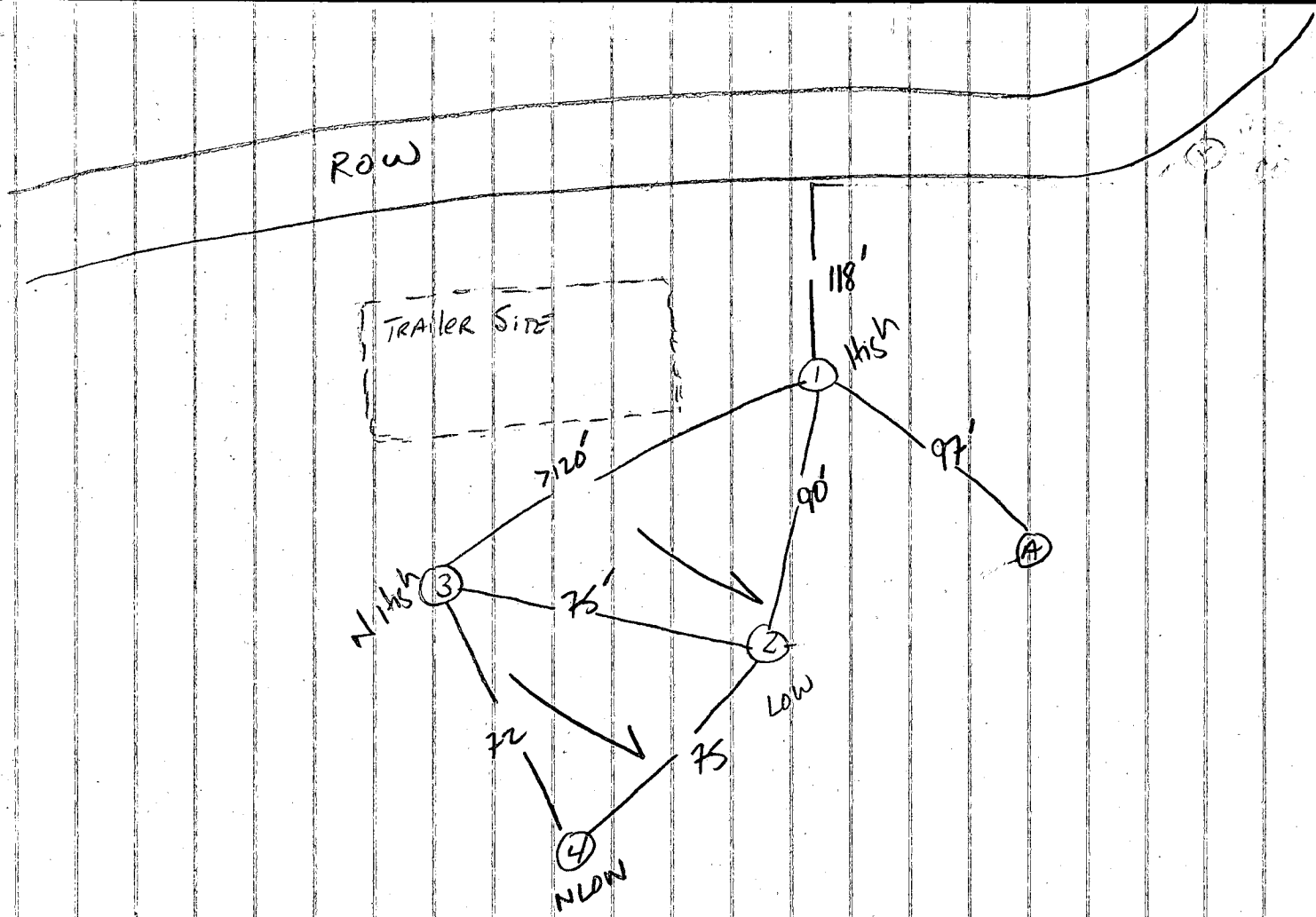
NOTE Public H₂O +
SEWER TO BE

AVAILABLE IN 6-12 MO.
CALL TO VERIFY.

① ② ③



TESTED BY - 11-14-85 S. Abel



1+3 APPROX SAME CONTOUR; #3
MAY BE SLIGHTLY LOWER.

S. AWL

November 29, 1985

Mr. Charles Hall
9875 Harmony Lane
Laurel, Maryland 20707

RE: Charles Hall Property
Harmony Lane

Dear Mr. Hall:

Percolation testing conducted November 14, 1985 on the above referenced lot indicated satisfactory soil conditions.

Approval of the lot is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams
Craig Williams, Director
Water and Sewerage Program

CW/SA:JR

PLAT UNSATISFACTORY —

PLAT SHOWS EXISTING HOUSE ON PROPERTY.

TANKER TO BE RELOCATED IS ACTUALLY ON DIFFERENT LOT.

MUCH OF PERC AREA IS ON A THIRD LOT.

RETURN TO OWNER FOR REDESIGN. 12/7/85 CW Williams

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 CHARLES HALL

ADDRESS 9875 HARMONY LA. PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 9875 HARMONY LANG

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 _____

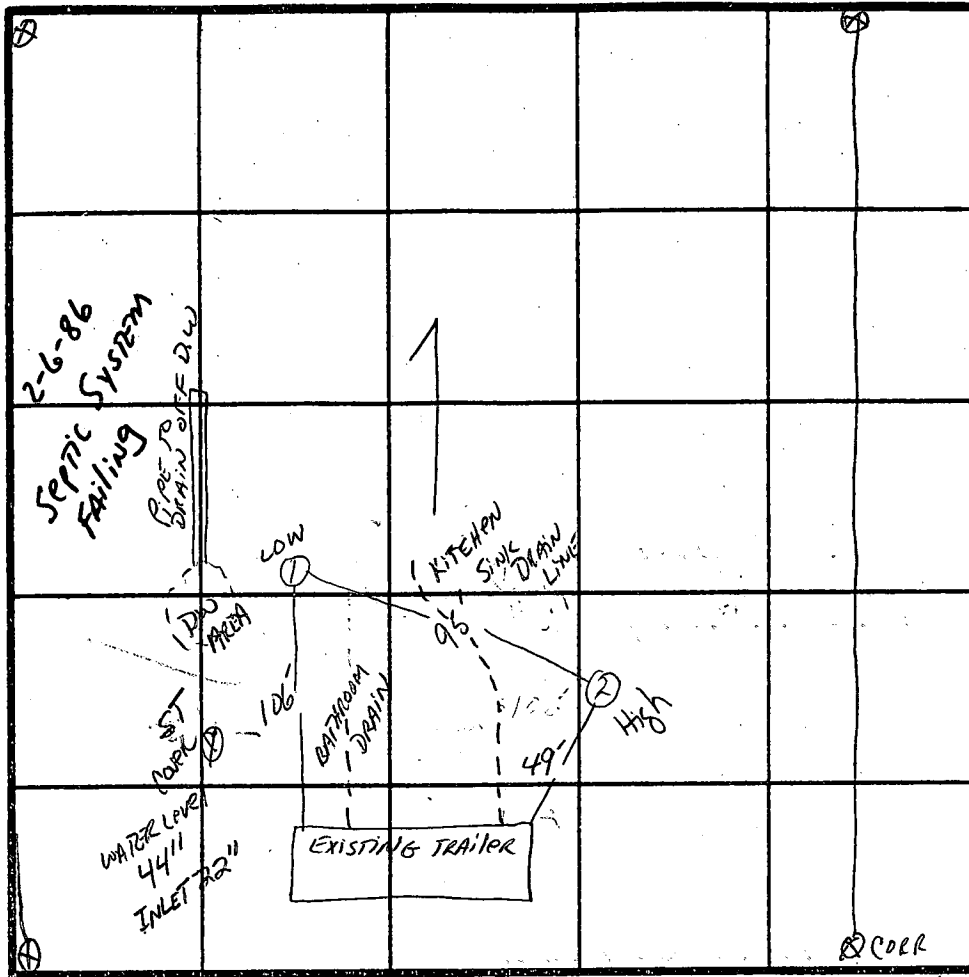
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

①

| | |
|--------------|--|
| 0" | A - DARK GRAY LOAMY SAND |
| 6" | B/C Yellow. OR. to BR Yellow. LOAMY SAND Fine pebbles INCREASING w/depth 5-20% GRAY MOTTLES w/ PINK CAST, WET SOIL |
| AT 2.5'-3.5' | olive BR SAND COARSE GRAVEL. Poorly developed Bx ZONE |
| 6' | |



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
HARMONY LANE

②

| | |
|------|--|
| 12" | A] GRAY BR Silt LM |
| 62" | OR. SAND FEW SMOOTH Pebbles, WET SOIL |
| 100" | GRAY Silt CLAY LM, Olive GRAY MOTTLES SMOOTH GRAVEL 5-15% DENSE + COMPACT SAND w/depth |
| 12' | C] BROWN SAND LESS COMPACT w/ SMOOTH QUARTZ Pebbles |

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|--------|----------|-------|-----------------------------|------|----------------|------|------|--|
| | | | START | STOP | START | STOP | | |
| 2/6/86 | 1V | 12' | WATER AT 6' ENTERIN HOLE | | | | | |
| | 2V | 12' | WATER AT 100" Below Bx ZONE | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

I+A POTENTIAL LOW TO NONE LOW Perm-ability POTENTIAL, SEVERE FLOOD POTENTIAL AT AND Below HOLE #1, CLAY AT 15-22%

SOIL UNSUITABLE FOR ONSITE TREATMENT SYSTEM - Severe Limitations see Above

REMARKS Presence of FRAGIPAN (Bx) BOTH HOLE - WATER TABLE AT 6'-8' NET SOIL ABOVE Bx

TYPE OF SOIL ① Evesboro/LEONARDTOWN TRANSITION ② LEONARDTOWN/Evesboro TRANSITION

TESTED BY S. AMER ALSO PRESENT Charles Hall SKIP

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

February 14, 1986

Charles Hall
9875 Harmony Lane
Laurel, Maryland 20707

Dear Mr. Hall:

Percolation testing conducted February 6, 1986 at the above referenced property for the purpose of repairing the failing septic system revealed soil conditions not suitable for repair.

To correct the existing sewage problem it will be necessary to install a 1500 gallon minimum capacity holding tank with a high water alarm device. A continuing service agreement with a licensed scavenger must be submitted to this department, confirming that the contents of the tank will be pumped out as often as necessary to avoid any sewage overflow.

The holding tank must be installed within ten days of receipt of this letter. Please contact this office at 461-9933 to arrange for inspection of the installed tank. Failure to accomplish this installation within the prescribed time frame may result in the issuance of an enforcement order from this department.

Additionally, you had inquired about replacing the existing trailer with another. Generally, building permits are not approved for circumstances where facilities for sewage disposal are considered inadequate. In this particular circumstance, a replacement trailer could be accepted as not aggravating the existing condition, provided it has no more than three bedrooms.

Incidentally, if you have not already secured a building permit for this trailer, you should do so at your earliest convenience. The review process generally takes greater than one week.

Mr. Charles Hall (Continued)
February 14, 1986

page 2

Thank you for your cooperation in this matter. If you wish to discuss this further, please feel free to contact me at 461-9933.

Very truly yours,

Craig Williams

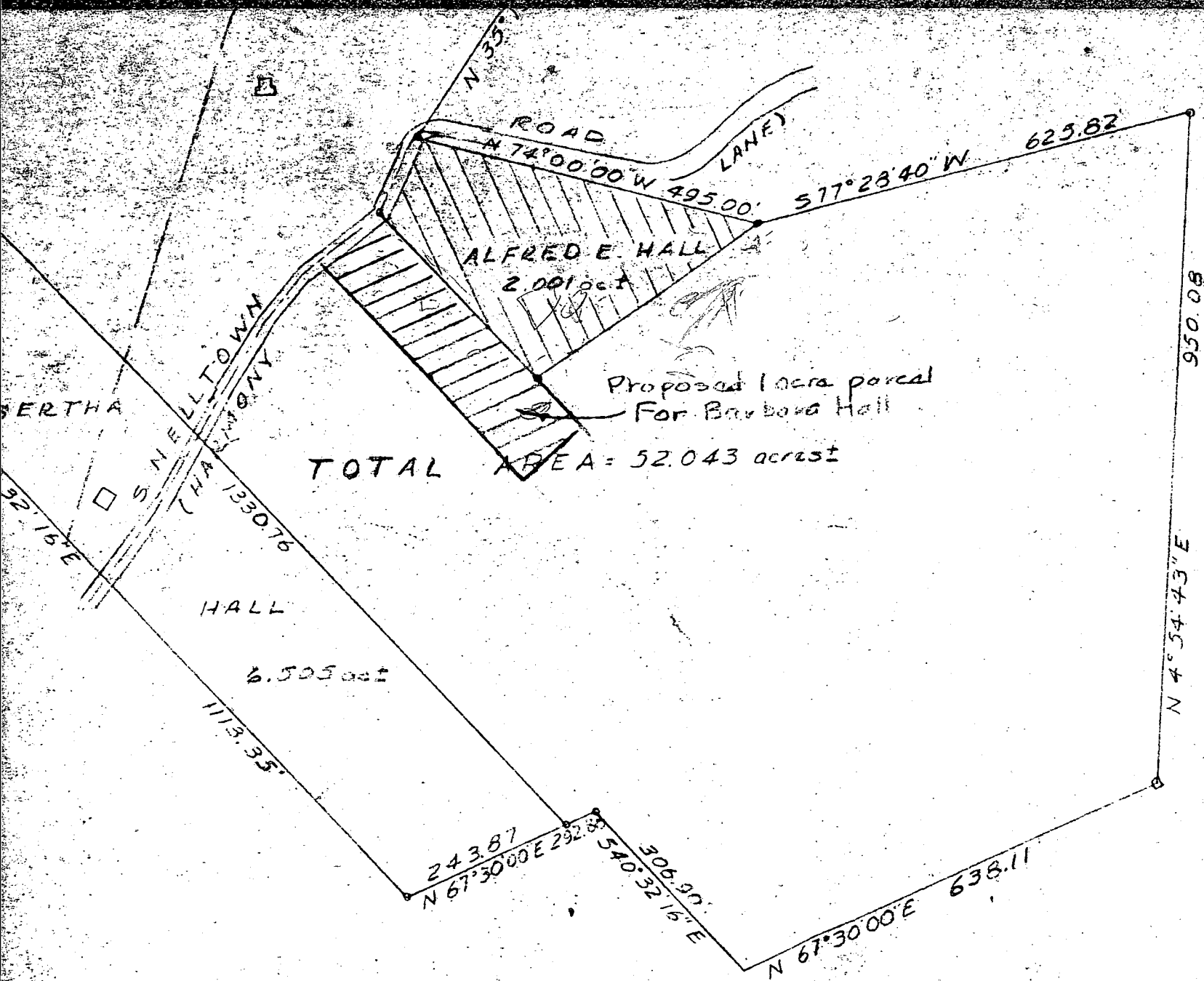
Craig Williams, Director
Water and Sewerage Program

CW:JR

BARBARA HALL 498-5833
W.-953-0078

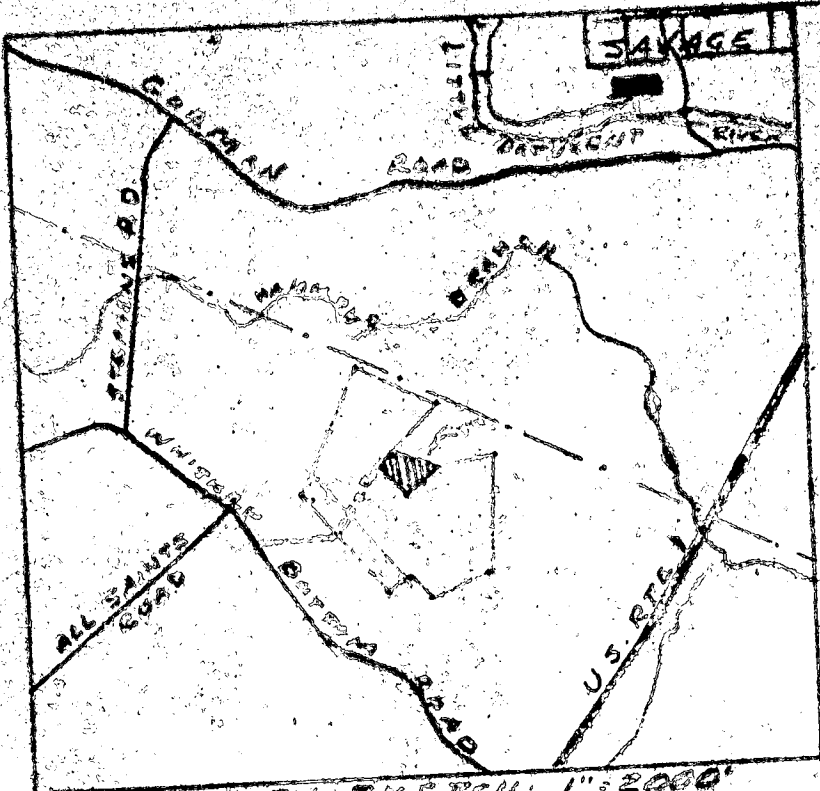
PH CALL TO 498-5833
GENTLEMAN INDICATED "CONTRACTORS DELAY"
SYSTEM TO BE IN WITHIN 1 WEEK
5/23/86 *Craig Williams*

INSPECTION 6/2/86
TANK INSTALLED - NO CONNECTION, NO WATER ALARM,

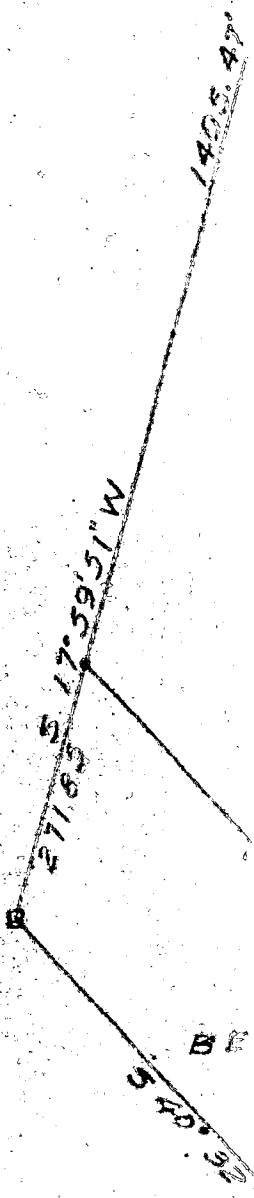


AR
WA

R
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P
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12



VICINITY SKETCH 1" = 2000'



HOLDING TANK EXEMPTION CERTIFICATE APPLICATION

Provide the following information in full and submit the completed application to:

Compliance Monitoring Coordinator
Little Patuxent Wastewater Treatment Plant
8900 Greenwood Place
Savage, Maryland 20763

APPLICANT'S NAME (1) Barbara Hall

ADDRESS: 9875 Harmony Lane
Laurel, MD 20707

TELEPHONE NO. 498-5833

HOLDING TANK SIZE 2000 GALLONS

Describe source(s) of waste discharged to holding tank:

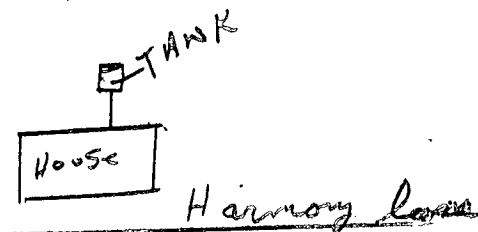
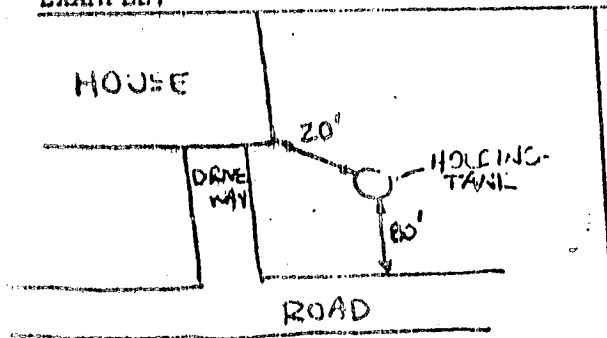
Septic

Provide frequency at which holding tank is emptied by waste hauler (example: 1 time/week, 2 times/month, etc.) 1 time/week

Provide sketch below showing holding tank location:

EXAMPLE:

PUT YOUR SKETCH HERE:



DO NOT WRITE BELOW THIS LINE

NOTES: (1) Applicant must be property owner.

APPROVED _____ DENIED BY HEALTH DEPT., REVIEWER _____ DATE _____

IF DENIED, STATE REASON _____