

9/26/84 9/27/84
AM Dept. Final-AM.

Approved
9/26/84
P. 34338
A. REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-509034
INDEX

ELLICOTT CITY
DISTRICT 4th.
DATE 9/10/84

Bud Arnold IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, MD 21771 PHONE 795-7873

SUBDIVISION Twin Maples ROAD 17028 Frederick LOT 2

PROPERTY OWNER Joseph Daugherty
ADDRESS 17028 Frederick Road

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 _____

Install 360 sq. ft. leaching bed to left and rear of existing dry well. Leaching bed to be on level ground - no closer than 26 feet to fence and bottom no deeper than 5 feet.

PLANS APPROVED BY Frank Skinner / Craig Williams DATE 9/10/84 - 9/5/84

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 APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 34338

9/5/84
930

APPLICATION

A Repair
P _____

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE _____

5 MIN PERC AT 5' OK
20 SEC PERC AT 8' FAILS

SEE BELOW FOR REPAIR SPECS.
CW William
9/5/84

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 Joseph Daugherty
ADDRESS 17028 Fredrick Rd. PHONE 489-4824

PROPERTY LOCATION:
SUBDIVISION Twin Maples LOT NO. 2

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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 _____

OK
REASON FOR REJECTION OR HOLDING INSTALL 360 SQ FT LEACHING BED TO LEFT

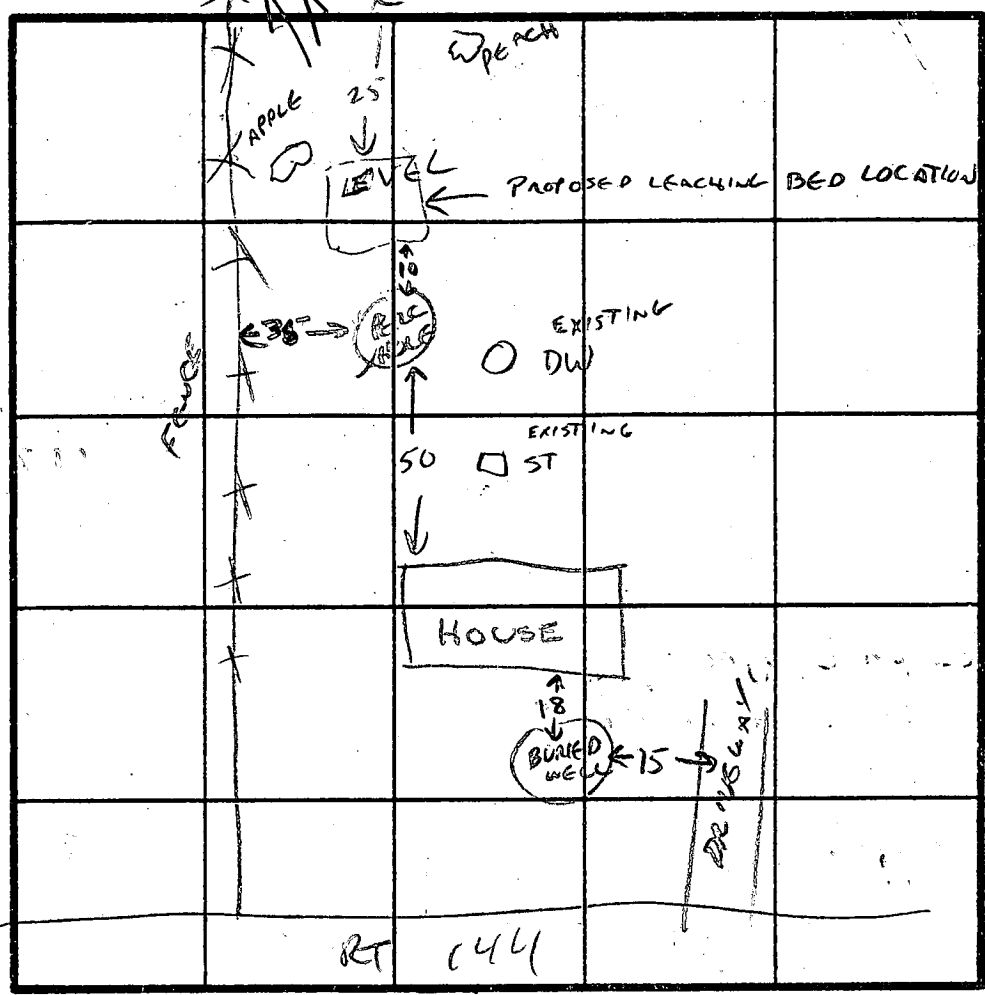
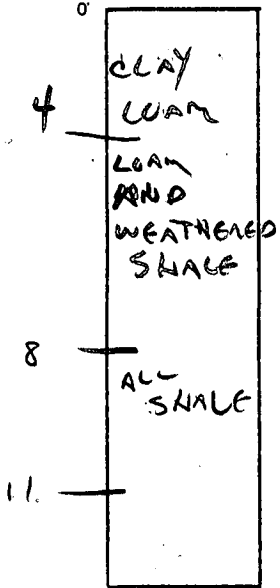
AND REAR OF EXISTING DRYWELL. LEACHING BED TO BE ON LEVEL GROUND NO CLOSER THAN 25' TO FENCE AND BOTTOM NO DEEPER THAN 5'.

9/5/84 CW William

THIS IS NOT A PERMIT

REPAIR HOLE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/5/84	REPAIR	5'	10:42	10:46	10:46	10:51	5 MIN
	PERC HOLE	8'	10:42	X	20 SECONDS		X
		11'	SHALE				X

REMARKS OK FOR SHALLOW REPAIR ONLY

TYPE OF SOIL LOAM CHANGING TO SHALE

TESTED BY CW Ollian ALSO PRESENT RICK (ARNOLD'S)

10/19/66
Ready

app 10-20-66
DWS

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

P 12155

A 11938

DISTRICT 4

INDEXED

DATE 9/7/66

Stanley B. Miller IS PERMITTED TO INSTALL ALTER

ADDRESS Lisbon, Maryland PHONE HU 9-4816

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Twin Maples Dev. ROAD Rt. 144 LOT 2

PROPERTY OWNER same as above

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. absorbent sidewall area below the inlet pipe.

Place dry well about 150 ft. from front lot line and about 50 ft. from right side line as seen when facing lot from Rt. 144.

PLANS APPROVED BY D. W. Monaghan DATE 6/24/66

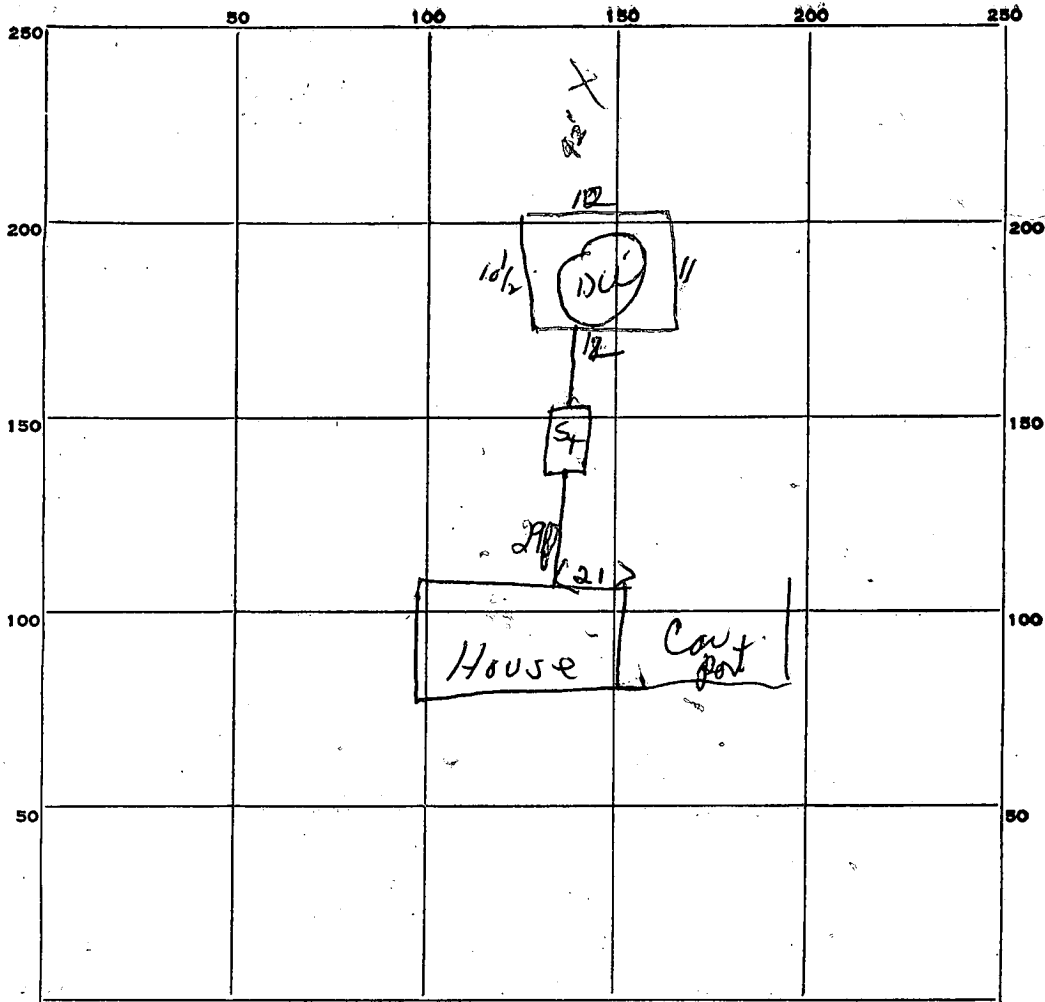
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 10/18/62 Serial # 57251-Carpenter

11938

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.



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

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

Perim of dry well is 45 ft

~~SEEPAGE PITS, INSIDE DIAMETER~~ _____ FT. DEPTH BELOW INLET 7 ft FT.

ABSORBENT AREA 315 SQ. FT.

38
60
3260

REMARKS _____

DATE SYSTEM APPROVED 10/20/66

INSPECTOR DW. Mangan

APPLICATION

A 11938

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

Septic Tank - 750 gal.
dry well - 300 sq. ft absorbent sidewalk area below the inlet pipe
DATE 6/23/66

Please dry well about 150ft from front lotline and about 50 ft from right side line as seen when facing lot from RT 144

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Stanley B. Miller

ADDRESS Lisbon, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION Twin Maples Dev. LOT NO. 2

ROAD AND DESCRIPTION Rt. 144 above John Haines on same side

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 26,208 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Doris Miller

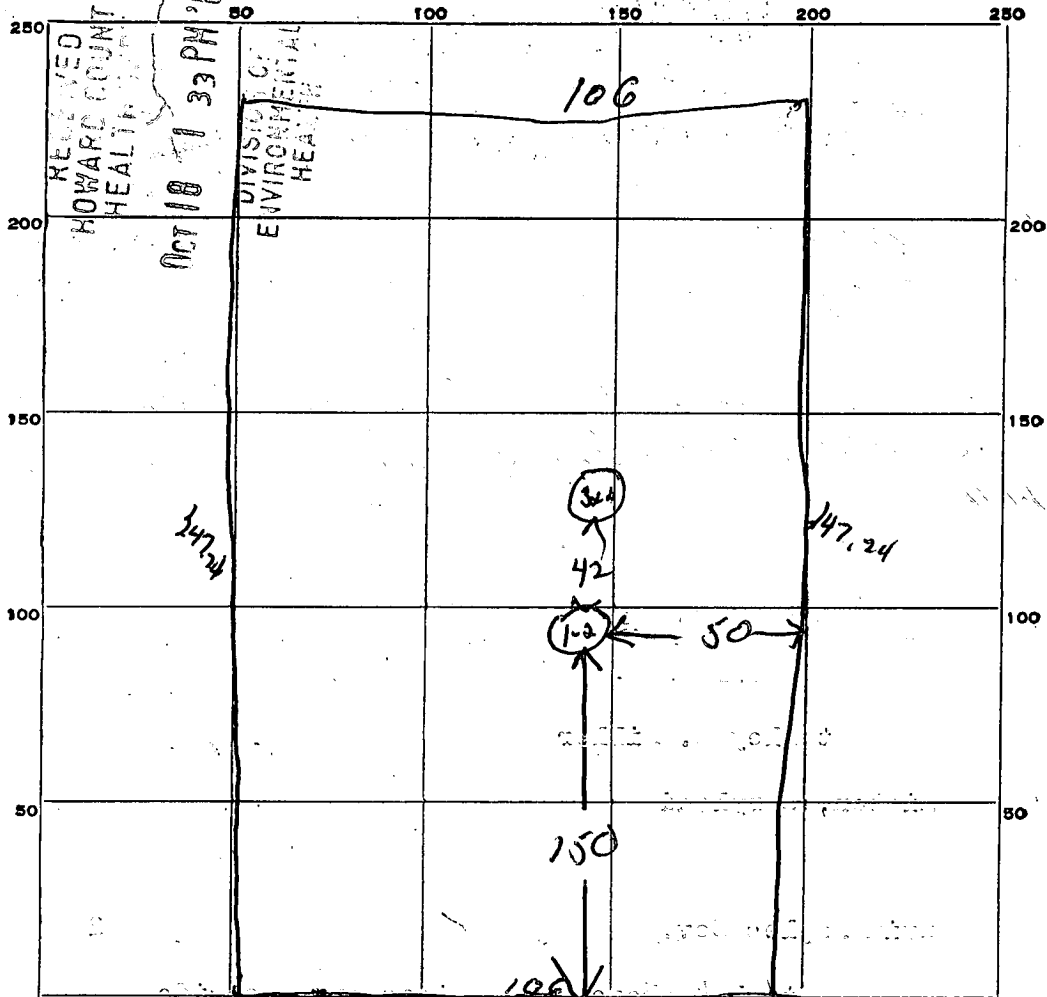
APPROVED BY Donald W. Monaghan FOR Dry Well DATE 6-24-66
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Route 144

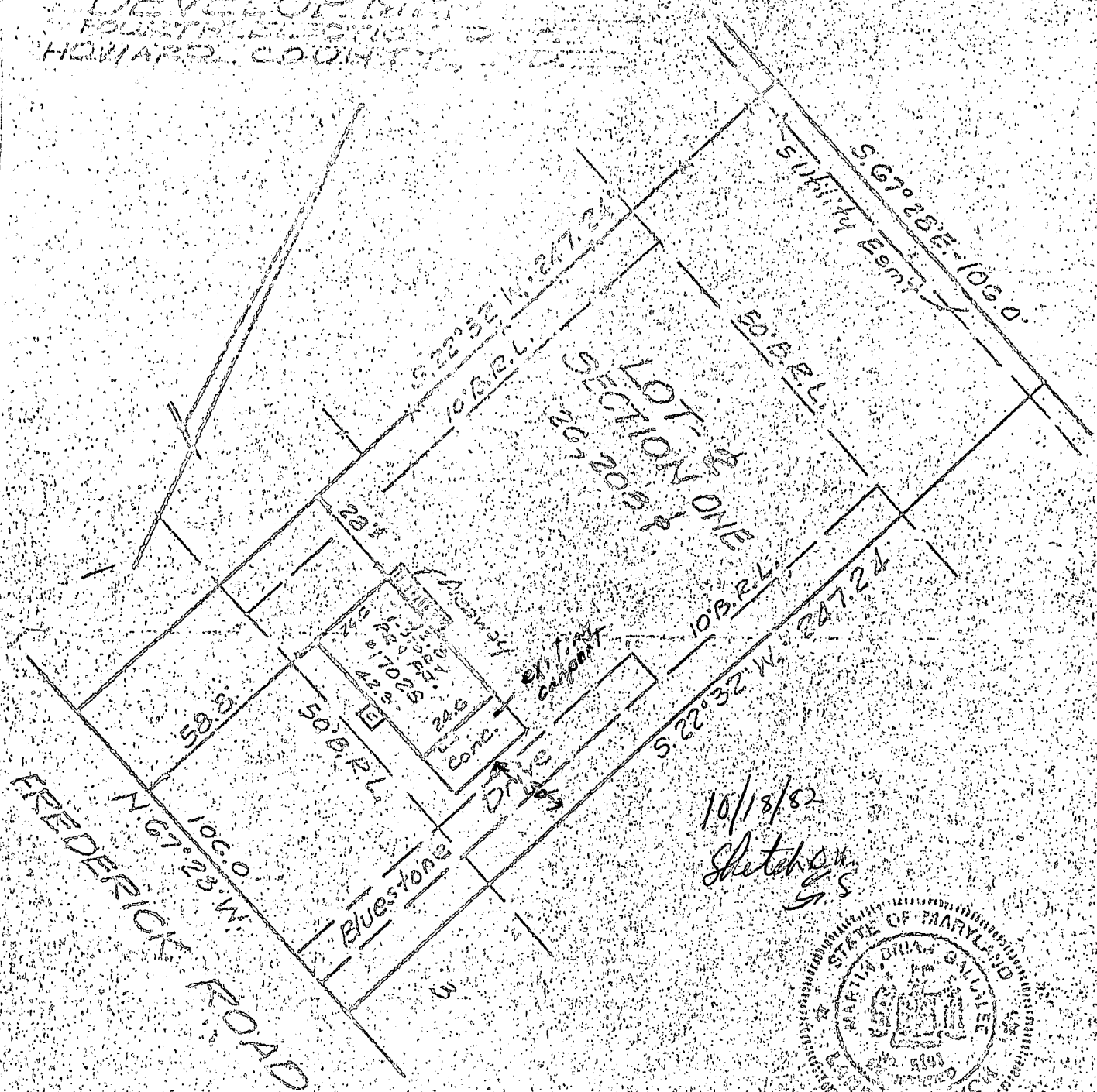
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/24/66	1	9 1/2 ft	9 38	9 39	9 39	9 43	4 min	
	2	7 ft	9 39	9 40	9 40	9 45	5 min	
	3		not tested some type soil as					
	4		hole #1+2 and same as on lot 3					

SOIL AUGER FINDING _____

TESTED BY DEWM

REMARKS also present Stanley Miller Lot 2

SECTION ONE
 LOT 2
 TRAIL MAP
 DEVELOPMENT
 HOWARD COUNTY, MD.



10/18/82
 Sketch
 S.S.



SURVEYOR'S CERTIFICATE

We hereby certify that we have carefully examined the property shown herein in accordance with record description; that all of the existing buildings have been located by a transit-tape survey; that lot corners have not been set by this survey unless otherwise shown.

Martin O. Gallagher

REFERENCE	G. & G. GALLAGHER, INC. LAND SURVEYORS, MD. & VA. 3210 GORMAN AVENUE LAUREL, MD. 20810	
PLAT BK. 6	DRAWN BY	RECORD NO.
PLAT NO. 25	DATE 2-23-76	G-5519
LIDER	SCALE 1" = 40'	