

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-346584

ELLICOTT CITY

DISTRICT 5th

DATE 8/3/81

Approved 8/3/81
Stayer
P 31526
A Repair

INDEX!

Arnold Septic Tank Service

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771

PHONE 795-7873

SUBDIVISION _____ ROAD 8365 Murphy Road

LOT _____

PROPERTY OWNER William W. & Zella H. Collier

ADDRESS 8365 Muppy Road, Laurel, Md. 20810

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

TRENCH - 70 ft. long, 11 ft. *deep*. Inlet maximum 4 ft. below original grade, with

7 ft. of stone. Leave 5 ft. earth buffer between dry well and trench.

Clean out to be installed on septic tank and dry well.

PLANS APPROVED BY James Stayer

DATE 8/3/81

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

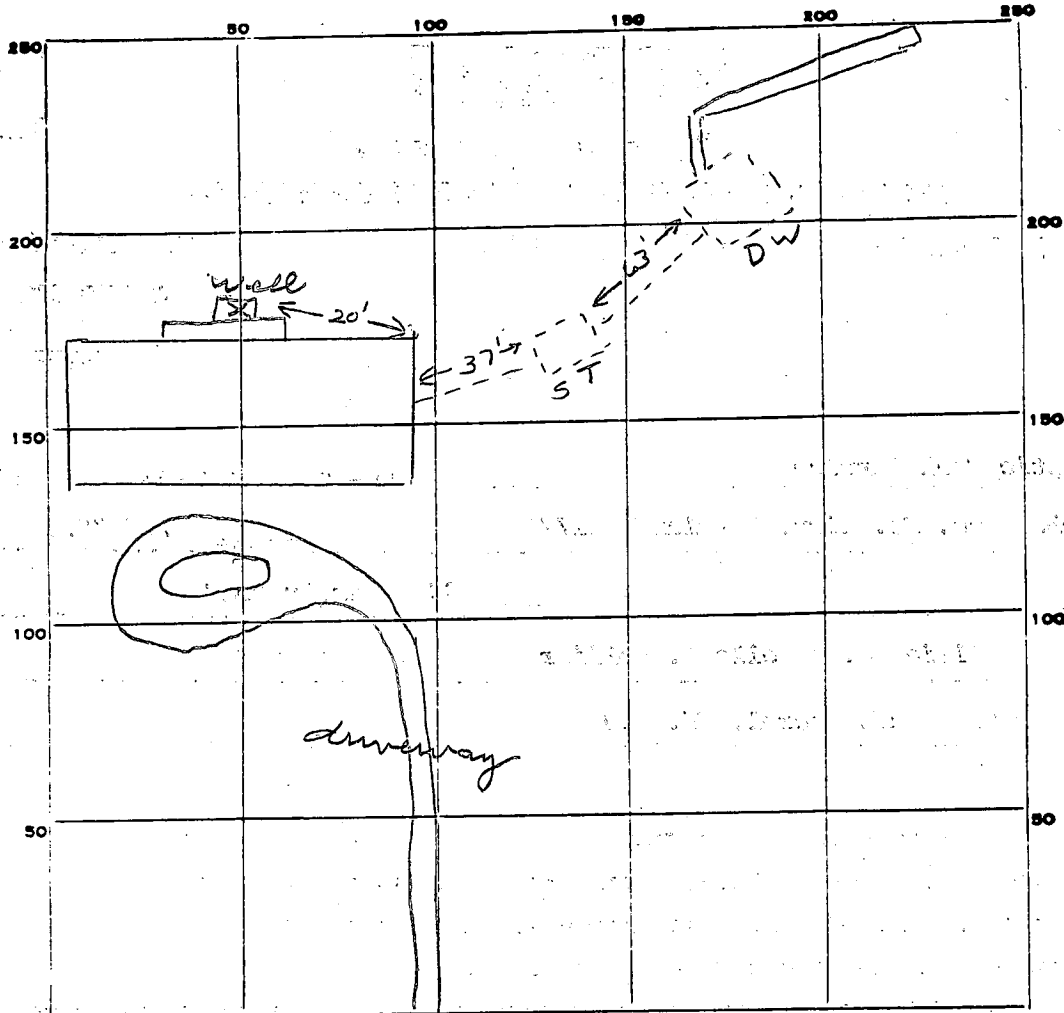
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

3/526



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL _____

CLEANOUTS ST / DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 560

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

ABSORBENT AREA 560 SQ. FT.

REMARKS 8/3/81 - OK to cover all work. JS

DATE SYSTEM APPROVED 8/3/81 INSPECTOR Stayer

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 7/31/81

A REPAIR
P _____
1402
1418

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 Mr. William Collier

ADDRESS 8365 Murphy Rd., Laurel, Md

PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION 8365 Murphy Rd., Laurel, Maryland

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.

Bud Arnold for Mrs. Collier

(SIGNATURE OF APPLICANT)

APPROVED BY *JS*

FOR *trench*

DATE 8/3/81

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

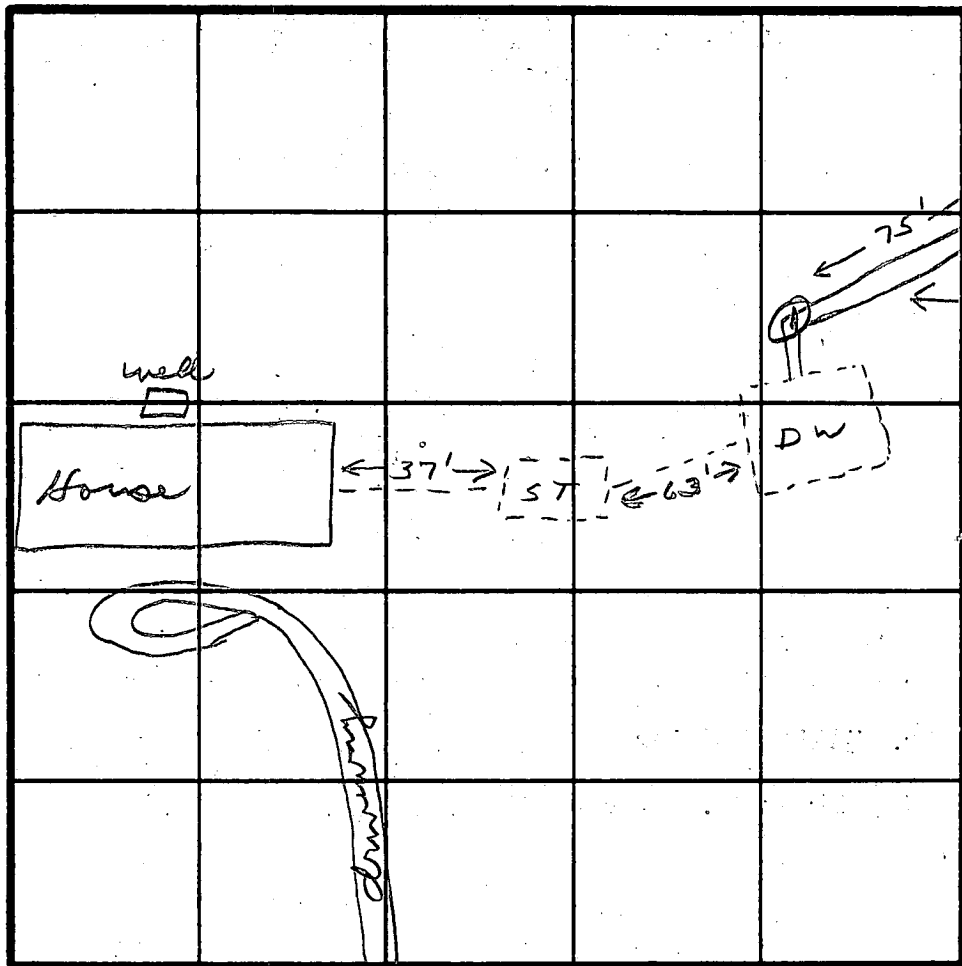
DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

① ②
SOIL PROFILE

0'	Sandy clay 2 1/2'
	Sandy loam 13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
8/3/81	15	8	10:05	10:07	10:07	10:11	4
	1M	8	10:05	10:07	10:07	10:09	2
	2V	13					

REMARKS Repair perc, drywell overflowing

TYPE OF SOIL _____

TESTED BY [Signature]

ALSO PRESENT Bruce Arnold
Collins

EH-12-1079