

10/11/95
2-2:30
10/12/95
12:45pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50911

A REPAIR

DISTRICT _____

DATE 10/2/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

481-9933 313-2640

INDEXED

04-326504

DATE SYSTEM APPROVED 10/12/95

INSPECTOR *R. Penley*

Arnold Backhoe & Septic, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION _____ LOT _____ ROAD 16713 Frederick Road

PROPERTY OWNER Norman Standifer

16713 Frederick Road

ADDRESS Mt. Airy, MD 21771

SEPTIC TANK CAPACITY ^{New} 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED Bed System only - 15' x 20' = 300 sq ft bottom area Total is acceptable due to site limitations.

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

Note - Primary Repair Site Near Test Hole D (in front of lot) - Future Repair Site Near Test Hole C in Rear of lot.

Install a new 1000 gallon septic tank (probably where old cesspool was located)

Install a single bed 15' wide by 20' long in vicinity of Test Hole D (see previous notes)

Inlet at @-3ft, max bottom hft, 3ft stone fill. *R. Penley 10/6/95*

PLANS APPROVED BY _____ DATE _____

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

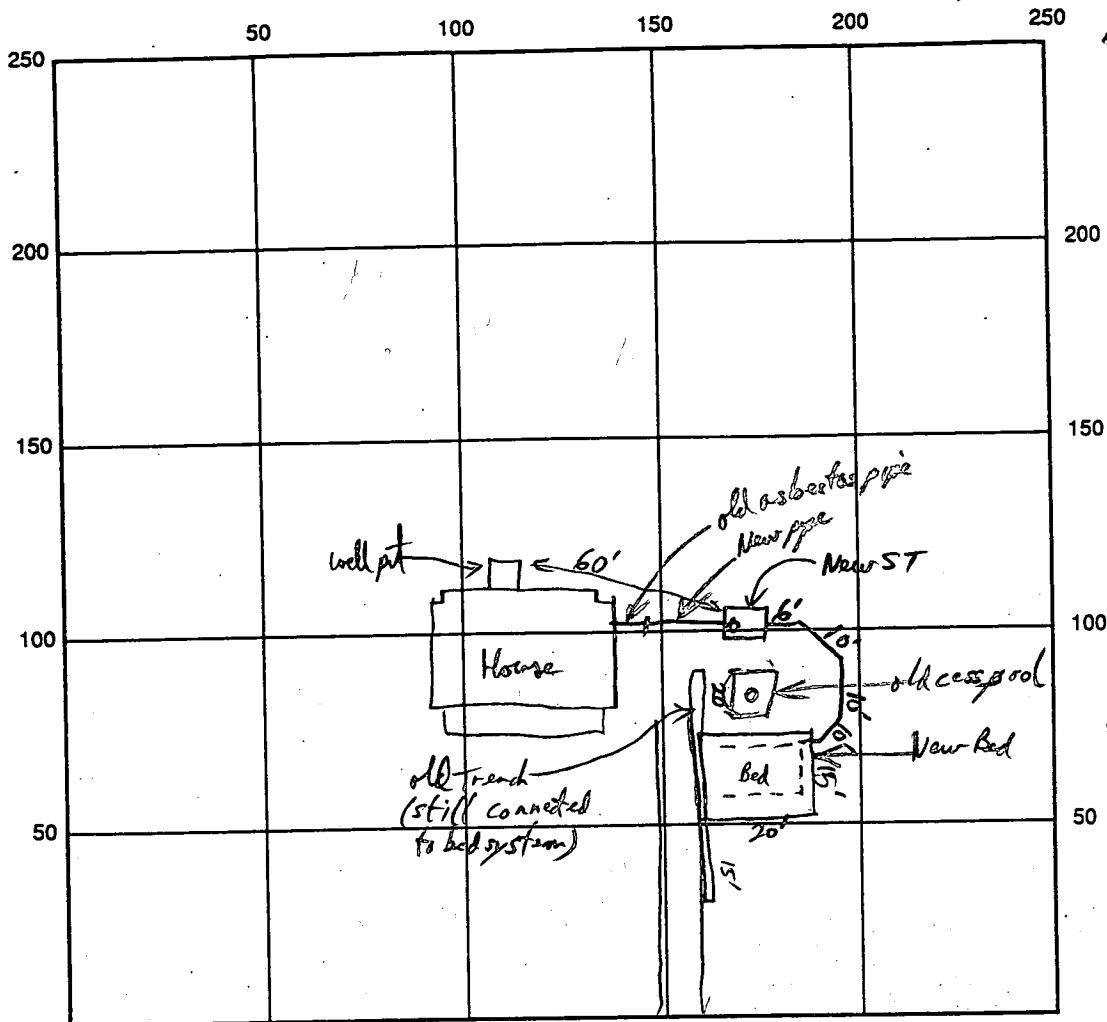
PERMIT VOID AFTER TWO YEARS

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 P 50911



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal CLEANOUTS ST

DISTRIBUTION BOX LEVEL NA

DRAIN ^{Bed} FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 15 FT. INLET DEPTH 2 1/2 ^{upper side} FT. (2' Lower side)

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 20' FT.

NUMBER OF TRENCHES me ONE SIDEWALL/BOTTOM AREA 300 SQ. FT. 105 " " = 405 Total

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: While installing bed an old unused septic trench was uncovered parallel to Driveway and estimated extending 15' past low end of bed and 20 ft past upper side of bed. Septic Tank installation needed get PIP 10/11/95 OK to cover system when finished. PIP 10/12/95

DATE SYSTEM APPROVED 10/12/95 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A Repair
P 50911

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 10/2/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Standifer, Norman

ADDRESS 16713 Frederick Rd PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION SW side of Route 144 (Frederic Rd) about 300' Northwest of
E. Watersville Rd Intersection

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.

APPROVED BY Test for repair only - suitable for shallow bed system only - repair placed over test hole D (Front Right of lot) (SIGNATURE OF APPLICANT)
FOR _____ DATE _____
DISAPPROVED BY _____ FOR _____ DATE _____
Area Near test hole C (Rear Right Corner of lot) OK for future repair

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

