PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

DATE SYSTEM APPROVED

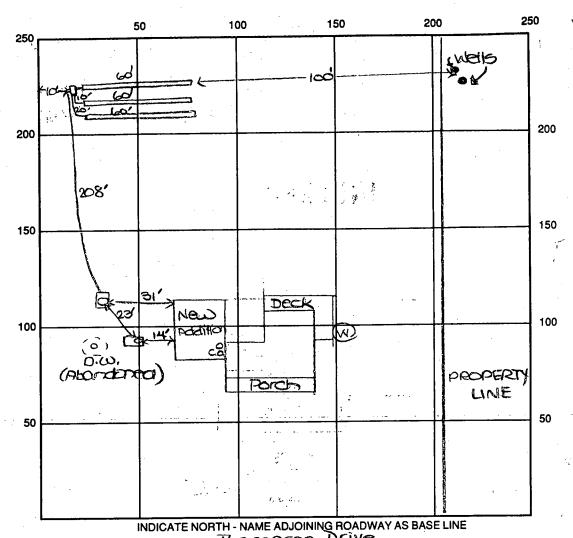
	1 0 74/07
HOWARD COUNTY HEALTH DEPARTMENT	#28710,
DIDEAU OF FARROAMENTAL LIEAL TIL	77

#XX9933 313-2640

	INDEXED	INSPEC	INSPECTOR	
Jack Fyock Septic Serv	vice	IS PERMITTED TO INSTALL	ALTERX	
ADDRESS 4105 Ten Oaks Ro	oad Glenelg, MD 21737	PHONE 988-927	70	
SUBDIVISION	LOT	ROAD 2535 Thompson Driv	ле	
PROPERTY OWNER	Bill and Lisa De	eLong		
ADDRESS	·	 	<u> </u>	
NUMBER OF BEDROOMS 3	GALLONS (Existing) ***ADD 3-60 TRENCHES TO BE M IN TARO, WELL TO LEFT RI OOM TRENCH LENGTH &	1000 GALLONS TOP SEAMED PU SMULLO STARTING AT TSP LEET MAR OF A DIACENT PROFETS P	MP PIT OF SCORE RIGHT LIMITS	
LINEAR FEET OF TRENCH REQUIRED		· · · · ·		
Evaluation of conditi is opened for sanitar REPAIR TO BE INSTALLED: **Existing drywell to Install pump pit at 1 Place distribution bo from edge of existing Trenches to be 3 feet 6.5 feet below original	on of existing drywell ned ian evaluation. 03/18/97 be abandoned** east 100 feet from existix in vicinity of approved deck.	ng hand dug well. perc hole, approximately ow original grade, bottom re e below distribution pipe.	ion when ground	
PLANS APROVED BY Donna	K. Soe	DATE	03/26/97	
COVER NO WORK UNTIL INSPECTED AND AP	PROVED			
NEITHER THE HOWARD COUNTY COUNCIL NO	OR THE HEALTH DEPARTMENT IS RESPONSI	BLE FOR THE SUCCESSFUL OPERATION OF A	NY SYSTEM	
NOTE: CLEANOUT REQUIRED EVERY 70 FE ACCEPTABLE.	EET OF SEWER LINE AND/OR AT 90° SWE	EPS IN LINES FROM HOUSE TO DRAIN FIE	LDS, 90° ELBOWS NOT	
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I. AUTHORIZED)	E. TANK, DISTRIBUTION BOX TRENCHES)	TO BE 100 FEET FROM WELL (UNLESS OT	HERWISE SPECIFICALLY	
NOTE: IF DEEP TRENCH(ES) ARE USED CALL	FOR INSPECTION BEFORE AND AFTER PLA	CING GRAVEL IN TRENCH(ES)		
NOTE: NO DRY WELL SHALL EXCEED 15 FOO	T IN DIAMETER NO ABSORPTION TRENCH T		143	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TA	NK MUST BE CAST IRON OR SCHEDULE 35/4	O PVC OR ABS AND BETYRNED 3	0,-07	
PERMIT VOID AFTER TWO YEARS		Jenist Broion		
NOTE: INSTALL STAND PIPE ON SEPTIC TAN PVA OR ABS ACCEPTED, IF TOP OF SI	IK AND DRY WELL STAND PIPES MUST BE 6 EPTIC TANK IS DEEPER THAN 3 FEET. MANH	S INCHES IN DIAMETER CAST IRON, CONCRET OLE TO GRADE REQUIRED. Manual	E OR TERRA COTTA OR	
NOTE: DISTRIBUTION BOYES MUST HAVE DA	EEL EC		· •	

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



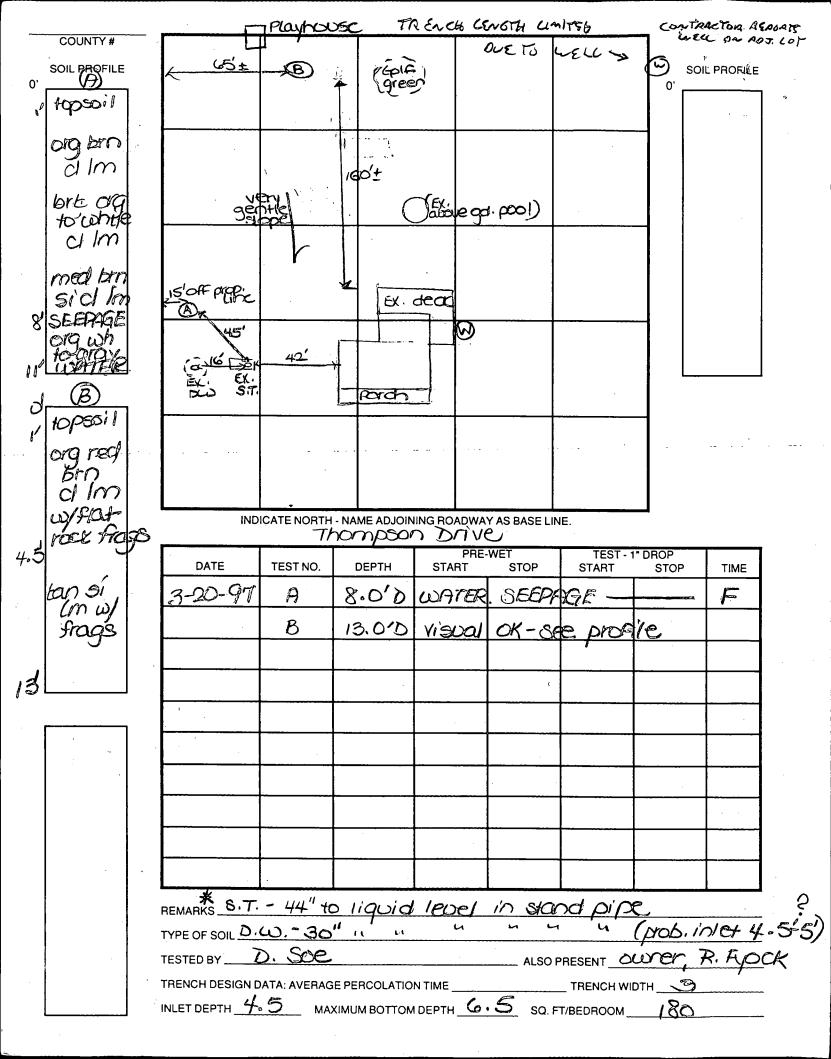
inauban mise
SEPTIC TANK LEVEL EXISTING CLEANOUTS one on sit, manhole on pump pi
DISTRIBUTION BOX LEVEL OK
DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.
EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3×60 FT> 18d
NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 540 SQ. FT.
DRYWALL INSIDE DIAMETERFT. EFFECTIVE DEPTH BELOW INLETFT.
ABSORBENT AREA 540 SQ. FT.
REMARKS: 4/11/97 TANK SET + COVERED, TO BE DEAD AT TIME OF TRENCH INSTALLATION (NOT
COLLECTED) LINE FROM HOUSE TO TANK REPLACED 4/SCH 40. If
4/14/97 Drywell abandoned. OK to cover all septic work.
pumps to be installed - pump check needed. DU
5-9-97 PLMD OPERATION TEST PUMP OF CONTROL BOX/ALARM NOT INSTALLED, NECO
DATE SYSTEM APPROVED INSPECTOR NO ABOUT CHECK AS OF this date, filed but

APPLICATION

PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT DISTRICT _____ BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE TELEPHONE: 313-2640 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. PHONE_ AGENT OR PROSPECTIVE BUYER ___ ADDRESS PHONE_ PROPERTY LOCATION: SUBDIVISION LOT NO. ___ TAX MAP / 10 PARCEL# 222 (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 _____ DISAPPROVED BY _____ FOR__ HOLD PENDING FURTHER TESTS ... REASONS FOR REJECTION OR HOLDING _ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _

THIS IS NOT A PERMIT

HD-216 (3/92)



HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH**

461-9933

PERMIT

SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

REPAIR

DISTRICT

DATE SYSTEM APPROVED

Ja	ck Fyock		ALTER X
ADDRESS		PHONE	
SUBDIVISION	LOT	ROAD 2535 Thompson	n Drive
PROPERTY OWNER	Delong Pro	perty	
ADDRESS	2535 Thomp	oson Drive	
SEPTIC TANK CAPACITY 1000	GALLONS		
NUMBER OF BEDROOMS 3			
SQUARE FEET PER B	EDROOM		
LINEAR FEET OF TRENCH REQUIRE (Lep) (a.c.) REPAIR - TO INSTALL MET CAN RECOMMEND	AL TANK. CALL FOR INSPEC	CTION WHEN GROUND IS OPE	NED SO SANITARIAN
			<u> </u>
	•		·
PLANS APROVED BY	Craig Williams	cm	DATE11/26/90
COVER NO WORK UNTIL INSPECTED AN	D APPROVED		
NEITHER THE HOWARD COUNTY COUNC	CIL NOR THE HEALTH DEPARTMENT IS RES	PONSIBLE FOR THE SUCCESSFUL OPERA	TION OF ANY SYSTEM
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NOTE: NO DRY WELL SHALL EXCEED 15	FOOT IN DIAMETER NO ABSORPTION TREI	NCH TO EXCEED 100 FEET IN LENGTH	

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: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

