

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT

INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

359171

P

A 516959-A

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 5493 Ten Oaks Road PROPERTY OWNER: James Kelly

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

BUILDING PERMIT SIGNED

AND RETURNED 5/2/2002

800 135825 UG PROPANE TANK

4516959-A

10/3/68

off 12-3-68
12/2/68

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P 13915

A 13270

ELLICOTT CITY

DISTRICT 5

DATE 8/29/68

INDEXED

Paul Martin IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS Ten Oaks Road, Clarksville, Md. PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD Ten Oaks Road LOT

(see application for directions)

PROPERTY OWNER Elizabeth Adams (New Owner Paul Martin)

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well 400 sq. ft. absorbent sidewall area to begin below inlet pipe. Inlet pipe 4 ft. below original grade. Maximum depth permitted for dry well below original grade is 10 ft. Place dry well about 35 to 40 ft. from rear lot line and about 72 ft. from left side line as seen when facing lot from Ten Oaks Rd.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan DATE 11/29/67

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

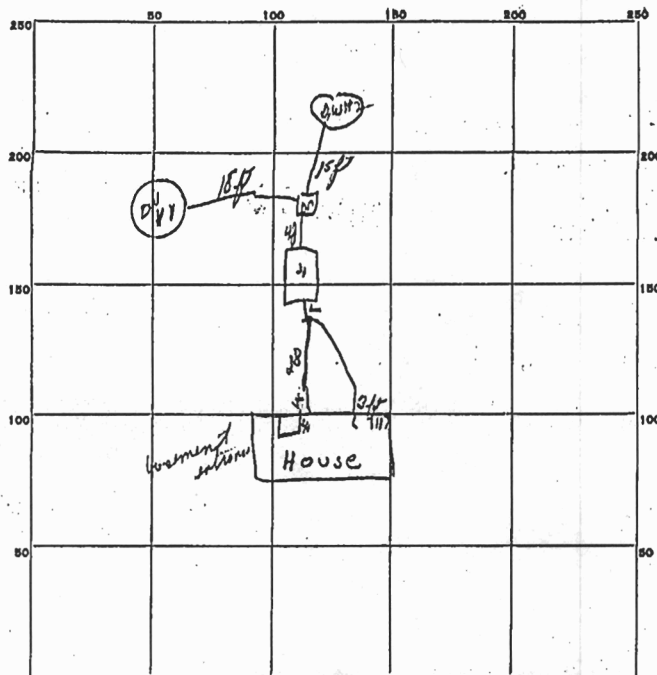
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

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

13270

$$\begin{array}{r} 3.14 \\ \times 11 \\ \hline 314 \\ 314 \\ \hline 3454 \\ 341.78 \end{array}$$

$$\begin{array}{r} 31.4 \\ \times 6\frac{1}{2} \\ \hline 157 \\ 1884 \\ \hline 204.1 \end{array}$$



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 7200 Oak Road

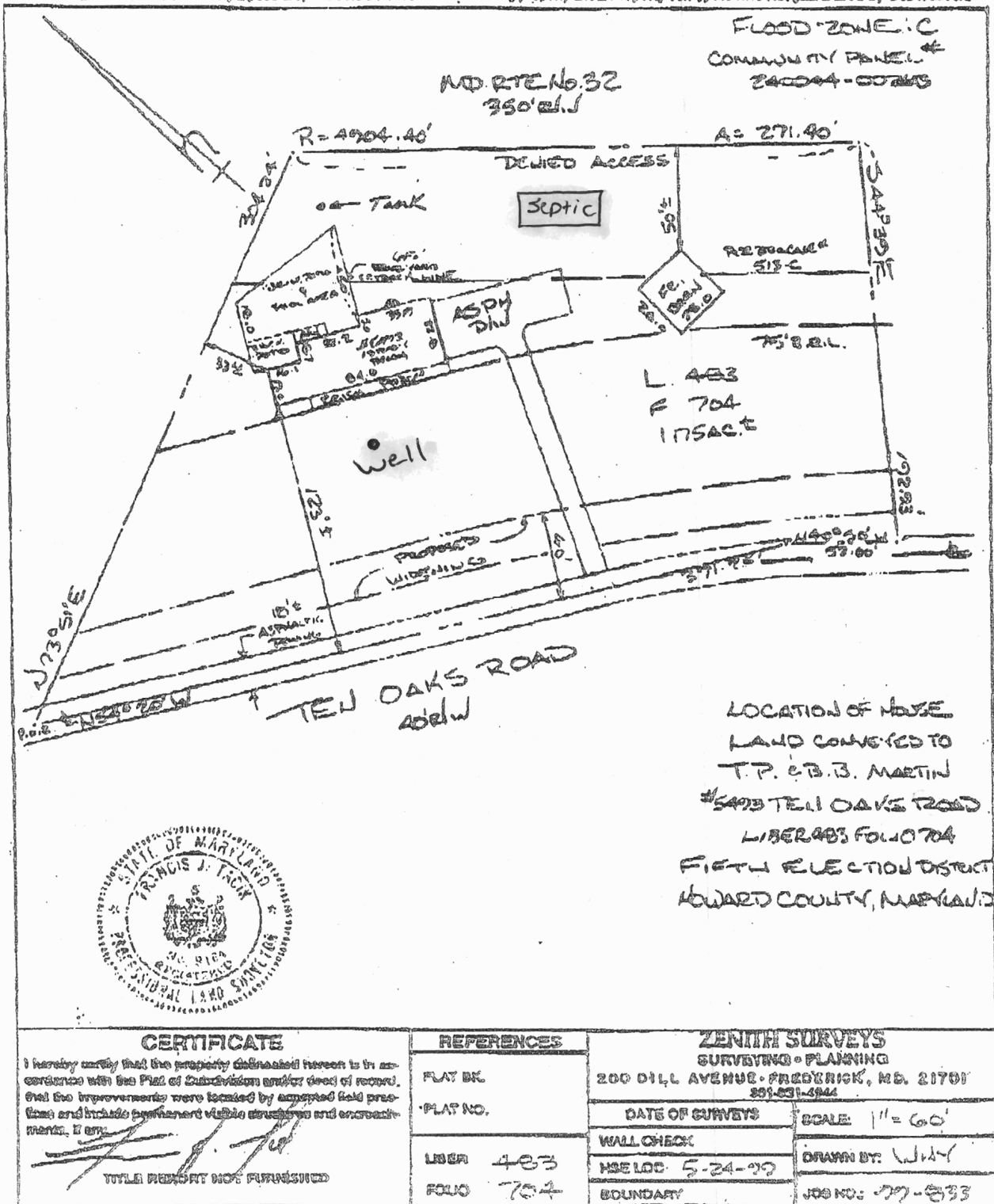
PERMIT CARD OK
 SEPTIC TANK, LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX, LEVEL OK
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 10/3/68 Day Well #1 wall to wall diameter 11 ft x 7 ft x 10 ft = 241.78
 Day Well #2 " " " " " " 10 ft x 8 ft " " 204.1 } Total
 445.88 sq ft

DATE SYSTEM APPROVED 10/3/68 INSPECTOR DW Monaghan

FILE No: 5907(A)-11

NOTE: This location for the purpose only — not to be used for determining property lines. Property corner Markers Not guaranteed by this location.



Original file could not be located.