

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 48283

A REPAIR

DISTRICT _____

DATE 4/24/92

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ Tax Map: 47
LOT Parcel: 791 ROAD 9334 Vollmerhausen

PROPERTY OWNER Wise

ADDRESS 792-2978 9334 Vollmerhausen - Off of Murry Hill Road

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

1/28/91 UNSATISFACTORY SOIL LIMITED AREA
1/2 AC LOT WITH WATER WELL
RECOMMEND SEALED TANK RP

PLANS APPROVED BY C. Williams DATE 1/28/91

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

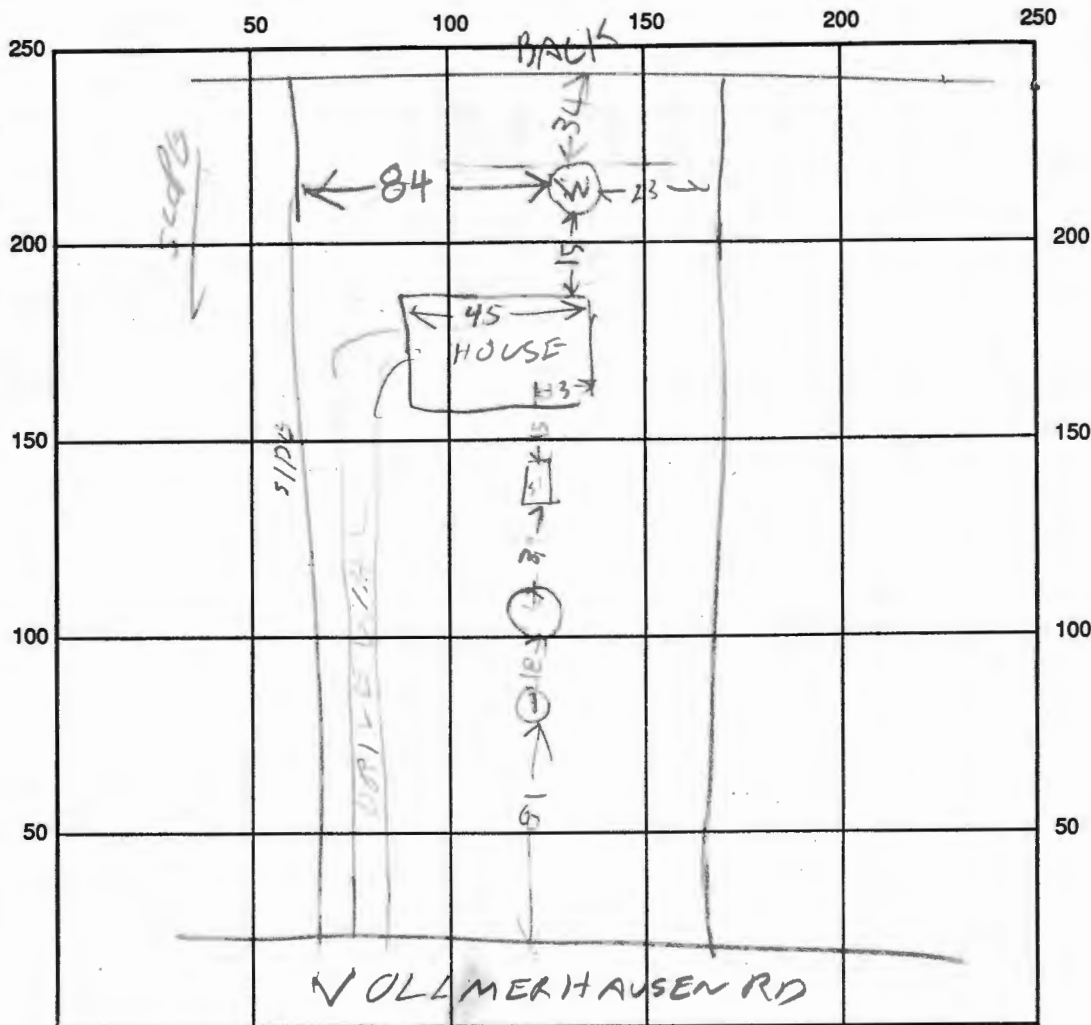
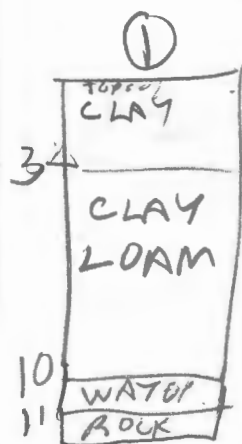
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 1/28/91 - RH TESTED AT 3 FT FAIL & 5 FT FAILED
 PER ROCKY & RICK. CITY WATER NOT AVAILABLE & CITY
 SEWER NOT AVAILABLE NO PLACE TO DIG EXTRA HOLES
 BECAUSE SMALL 1/2 AC LOT WITH WELL TALKED TO MRS
 WISE RECOMMENDED SEALED TANK. ROCKY AGREED RH
 MRS WISE DISAPPOINTED RH 5/26/94 OWNER REPORTS PUMPING

DATE SYSTEM APPROVED _____ INSPECTOR _____

EVERY 6 WEEKS TO AVOID BACKUP. LAST YEAR SPOKE
 TO MS. BUTLER 313-6318 (HOUSING). NO NEWS SINCE THEN.
 HOUSE 25 YRS OLD MR 5/27/94 T/C TO HOUSING, LEFT MSG. MR

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 48213

A REPAIR

DISTRICT _____

DATE 1/24/91

DATE SYSTEM APPROVED _____

INSPECTOR _____

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PROPERTY OWNER Wise

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1/20/91 - UNSATISFACTORY SOIL LIMITED AREA
1/4 AC LOT WITH WATER WELL
RECOMMEND SEALED TANK R/H

PLANS APPROVED BY C. Williams DATE 1/28/91

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Howard County Health Department

Bureau of Environmental Health, Ellicott City, Md. 461-9933

SEWAGE DISPOSAL PERMIT NO. A-Ripani P-48283

PERMITTEE Jack Furr

LOCATION Tax Map 47 Parcel: 791 - 93347 Wilmersburg Rd
(Wise)

Do Not Cover Work Until Health Department Approval Appears On This Card

NOTICE

☐

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

Inspector _____

Date _____

☐

WORK IS SATISFACTORY, CONTINUE

Inspector _____

Date _____

☐

FINAL INSPECTION MADE,
COVER ALL WORK

Inspector _____

Date _____

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD