

1100

Approved 9/11/84
Stayer

PERMIT

P 34139

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEX

ELLICOTT CITY

DISTRICT 4th

DATE 7/24/84

Amold Septic Service

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION New Horizon Farm ROAD 2931 Route 94 LOT _____PROPERTY OWNER Alan and Anne Anthony

2931 Route 94

ADDRESS Woodbine, Maryland 21797

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES 0 NO 7SEPTIC TANK CAPACITY 92 GALLONS NUMBER OF BEDROOMS 2 & SEWING ROOM

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

REPAIR. 8/23/84 TRENCH 2 FT WIDE, 12 FT DEEP

WITH INLET 3 FT DEEP & 9 FT OF STONE & 55 FT LONG
 PLACE THE TRENCH BETWEEN PERC HOLES (1) & (2) PERC
 HOLE (1) IS LOCATED 30 FT DOWN HILL FROM THE FENCE
 & 78 FT FROM THE SHEED. PERC HOLE (2) IS LOCATED
 60 FT DOWN HILL FROM THE FENCE & 178 FT FROM
 THE SHEED RH

PLANS APPROVED BY Frank Skinner DATE 7/24/84

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

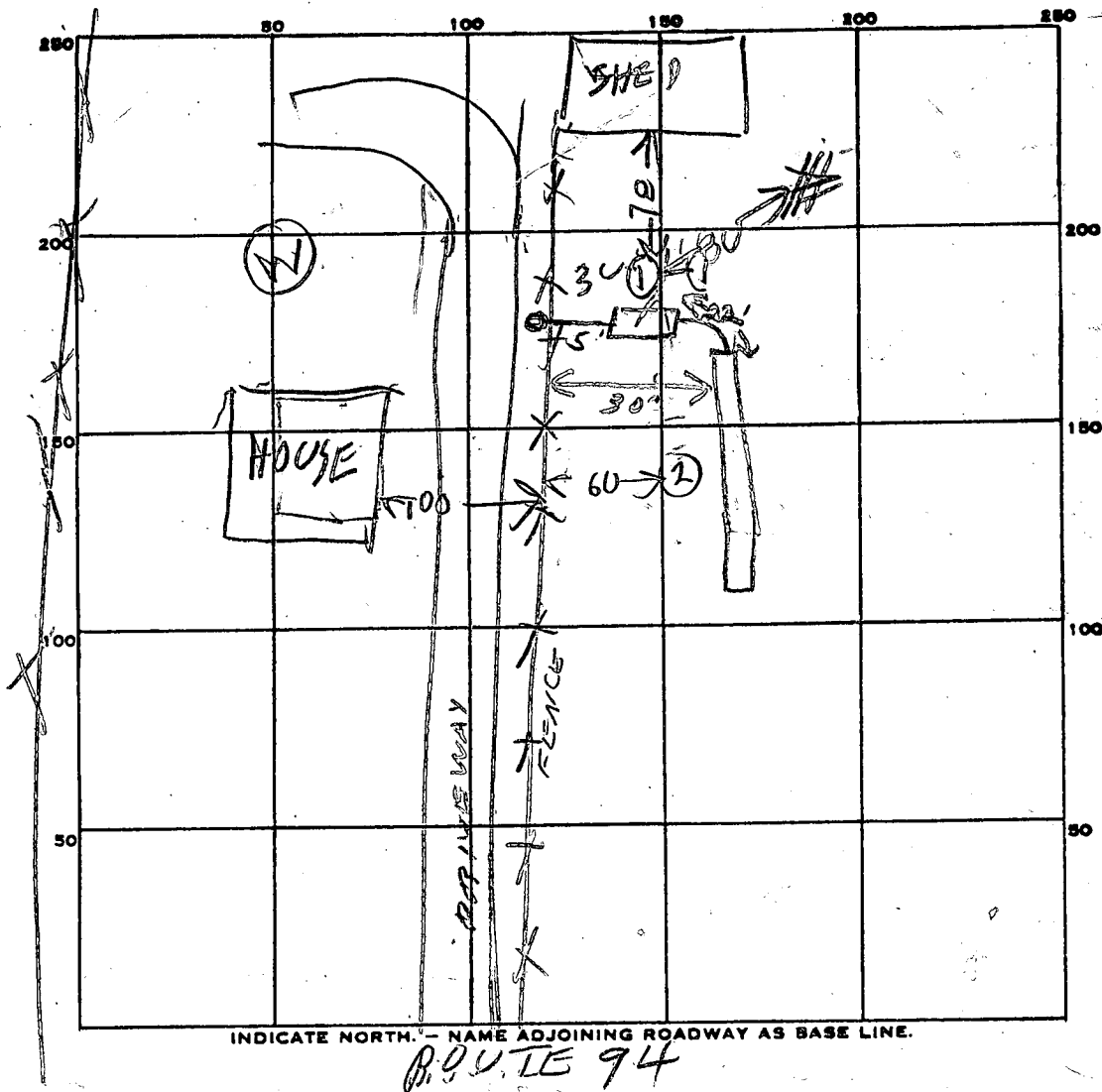
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR
 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 34139



PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 1000

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9 IN. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 59.5

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

ABSORBENT AREA 59.5 SQ. FT.

REMARKS 9/11/84 OK to add stone in trench.

Trench starts at perc hole #1

9/11/84 OK to comm all work

DATE SYSTEM APPROVED

9/11/84

INSPECTOR

Stayer

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P repair

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 3/12/84

EXISTING HOUSE - REPAIR SYSTEM
TRAILER - REMOVE TRAILER
ONE BEDROOM HOUSE - NO

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 Alan and Anne Anthony

ADDRESS 2931 Rte 94, Woodbine PHONE 854-6956

PROPERTY LOCATION:

SUBDIVISION tax map 13, parcel 14 LOT NO. _____

ROAD AND DESCRIPTION New Horizon Farm

SIZE OF LOT _____ TYPE BLDG. existing house
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/22/84 Report Existing House

has overflowing system near thorn bushes
near trailer. Trailer to be removed
One Bedroom House has OK system but
THIS IS NOT A PERMIT
visual hole needed for future repair

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 3/12/87

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 Alan & Anne Anthony

ADDRESS 2931 Rt 94, Woodlin PHONE 854-6956

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. existing house

ROAD AND DESCRIPTION _____

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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

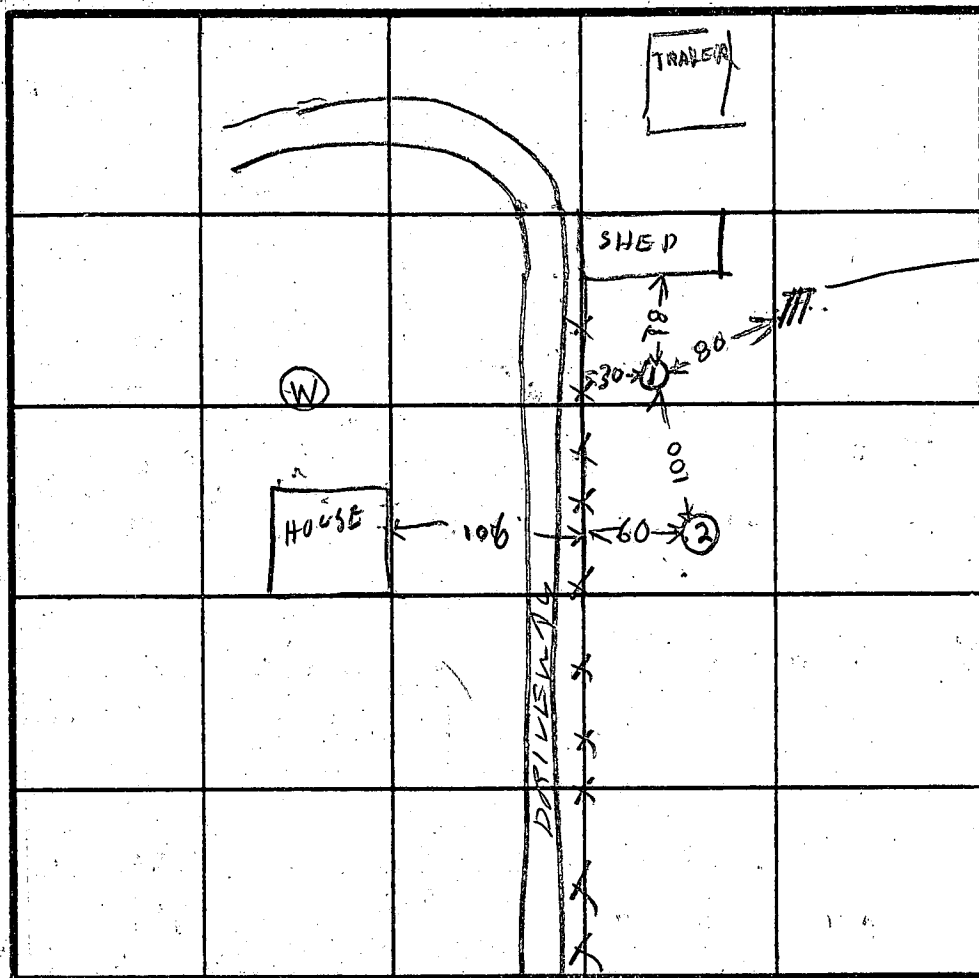
(1)
CLAY
PINK
SAND
SILT
SHALE

15

(2)

CLAY
TAN
SHALE
SAND
SILT

HOLES (1) & (2)
ARE SAME
ELEVATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/23/84	1 S	3	1016	1021	1021	1031	10
8/23/84	1 D	10	1016	1025	1025	1036	10
8/23/84	1 V	15	LOOKS		OK		
8/23/84	2 S	3	1027	1031	1031	1038	6
8/23/84	2 V	15	LOOKS		OK		
	3 V						

REMARKS

HO

TYPE OF SOIL

TESTED BY

TRAILER NOT TO BE USED FOR DWELLING

OWNER MRS ANTHONY

ALSO PRESENT BUD ARNOLD

BACK



Alan H. Anthony
New Horizon Farm

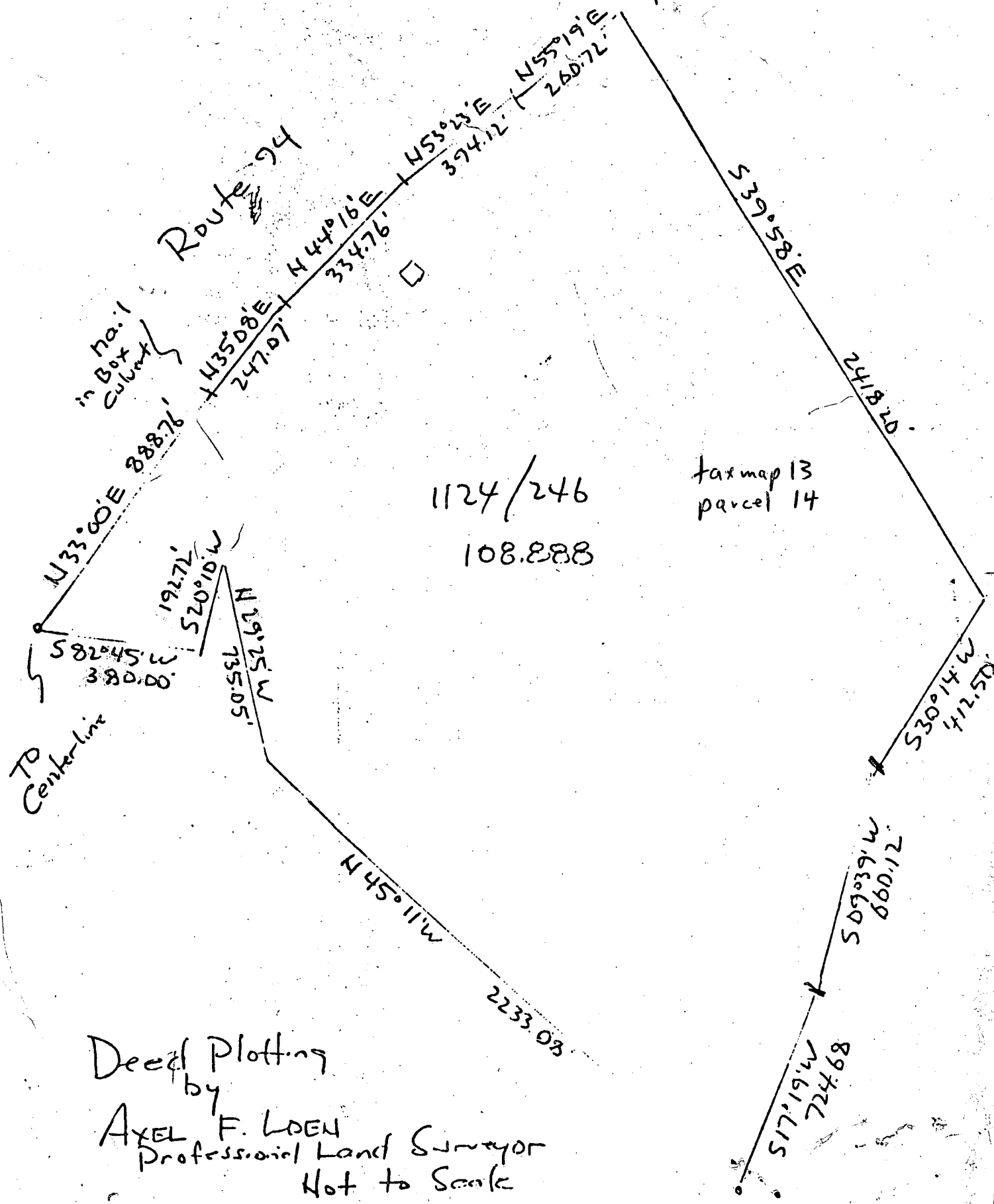
2931

Route 94

Woodbine, Md.

854.6956

Point of Beginning



Deed Plotting

by
AXEL F. LOEN
Professional Land Surveyor
Not to Scale