

6/3/96
2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-328191

P 56610

A REPAIR

DISTRICT _____

DATE 05/08/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE SYSTEM APPROVED 6/3/96

INDEXED

INSPECTOR *[Signature]*

Arnolds Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7110 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION _____ LOT _____ ROAD 1661 Woodbine Road

PROPERTY OWNER Tina Greco PHONE: 489-7044

ADDRESS 1661 Woodbine Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY 1000 GALLONS *From COMPARTMENT CEISSOOL TO BE REPLACED w/1000 GALLON TANK, MAP 7 GRID 17 P135*

NUMBER OF BEDROOMS 3 (2)

125' SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 140'

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED - (DRYWELL HAS FAILED)
Call for inspection when ground is opened so that a sanitarian can recommend repair.
05/08/96

INLET 2' bottom 3 1/2'

INSTALL TWO TRENCHES 3' WIDE

MINIMUM 65' TO WELL FROM TRENCHES (EXISTING DISTANCE)

PLANS APPROVED BY *Glen Janning* DATE 5/9/96

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

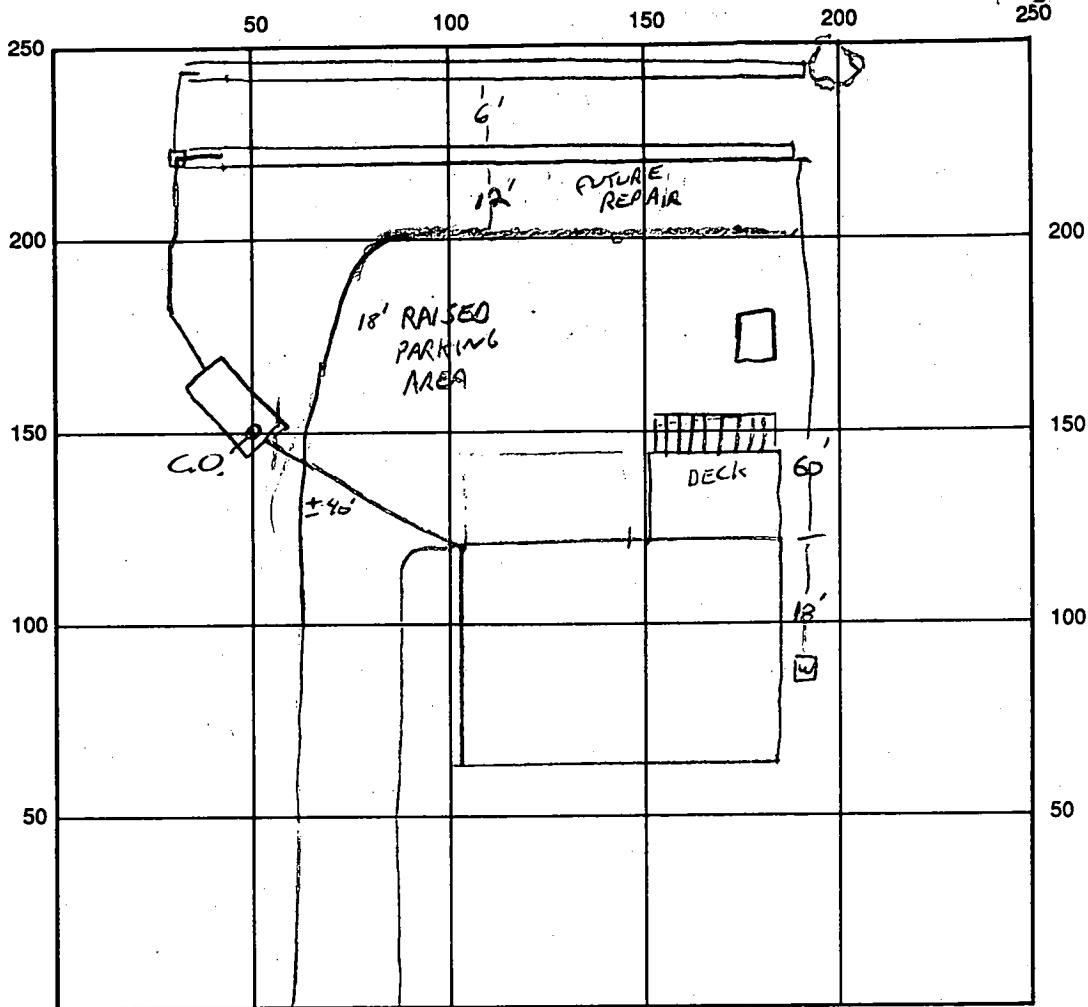
PERMIT VOID AFTER TWO YEARS

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**

P56610



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
ROUTE 94

NOTES
FREDERICK

SEPTIC TANK LEVEL OK - 1000 GAL CLEANOUTS 1 on Tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 140 FT. = 140

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 420 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/3/96 EXISTING CESSPOOL PUMPED + REPLACED w/ NEW TANK
AND TWO TRENCHES. OK TO COVER SYSTEM.

DATE SYSTEM APPROVED 6/3/96 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

REPAIR OF
FAILING
SYSTEM

A _____

P 56610

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

DISTRICT _____

DATE 5/9/96

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 TINA GRECO

ADDRESS 1661 WOODBINE ROAD PHONE 489-7044

AGENT OR PROSPECTIVE BUYER NA

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION SAME

TAX MAP 7 PARCEL # 135

SIZE OF LOT 175' x 80' TYPE BLDG. SFO
(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 _____ DATE _____

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

GIB2

GIC2

GIC2

GIB2

GIB2

EKB2

ChA

MARYLAND ROUTE

94 80' RAW

HOW COUNTY
MON. No. 3730001

No

RUSSEL
SMITH

HOW COUNTY
MON. No. 3730003

220' VEHICULAR INGRESS AND EGRESS ADDRESS RESTRICTED

275' VEHICULAR INGRESS AND EGRESS ADDRESS RESTRICTED

255' VEHICULAR INGRESS AND EGRESS ADDRESS RESTRICTED

3.7719 Ac.±

3.2242 Ac.±

3.2380 Ac.±

R. 325 A. 156
T. 66. 12 3

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R. 545 A. 47

R. 545 A. 47

R. 545 A. 47

R. 545 A. 47

R. 545 A. 47

R. 545 A. 47

R. 545 A. 47

R. 545 A. 47

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HOW COUNTY
MON. No. 3730001

HOW COUNTY
MON. No. 3730003

12' WIDING
(495') DEFEAS

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R. 325 A. 156
T. 66. 12 3

120' - A

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R. 545 A. 47

R. 545 A. 47

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