

05-369002

4/18/78 F. C. D.
C. B. D.

4/18/78
a.m. please

PERMIT

P 27844
A _____

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 4/17/78

INDEXED

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. PHONE 988-9270

SUBDIVISION Heritage Heights ROAD 6114 Tulane Drive LOT _____

PROPERTY OWNER Mrs. Graham (off 2108)

ADDRESS Tulane Drive, Clarksville, Md. 21029

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

REPAIR - Call for inspection when ground is opened up and Sanitarian will recommend the repair system.

PLANS APPROVED BY Palmer F. Wine DATE 4/17/78

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

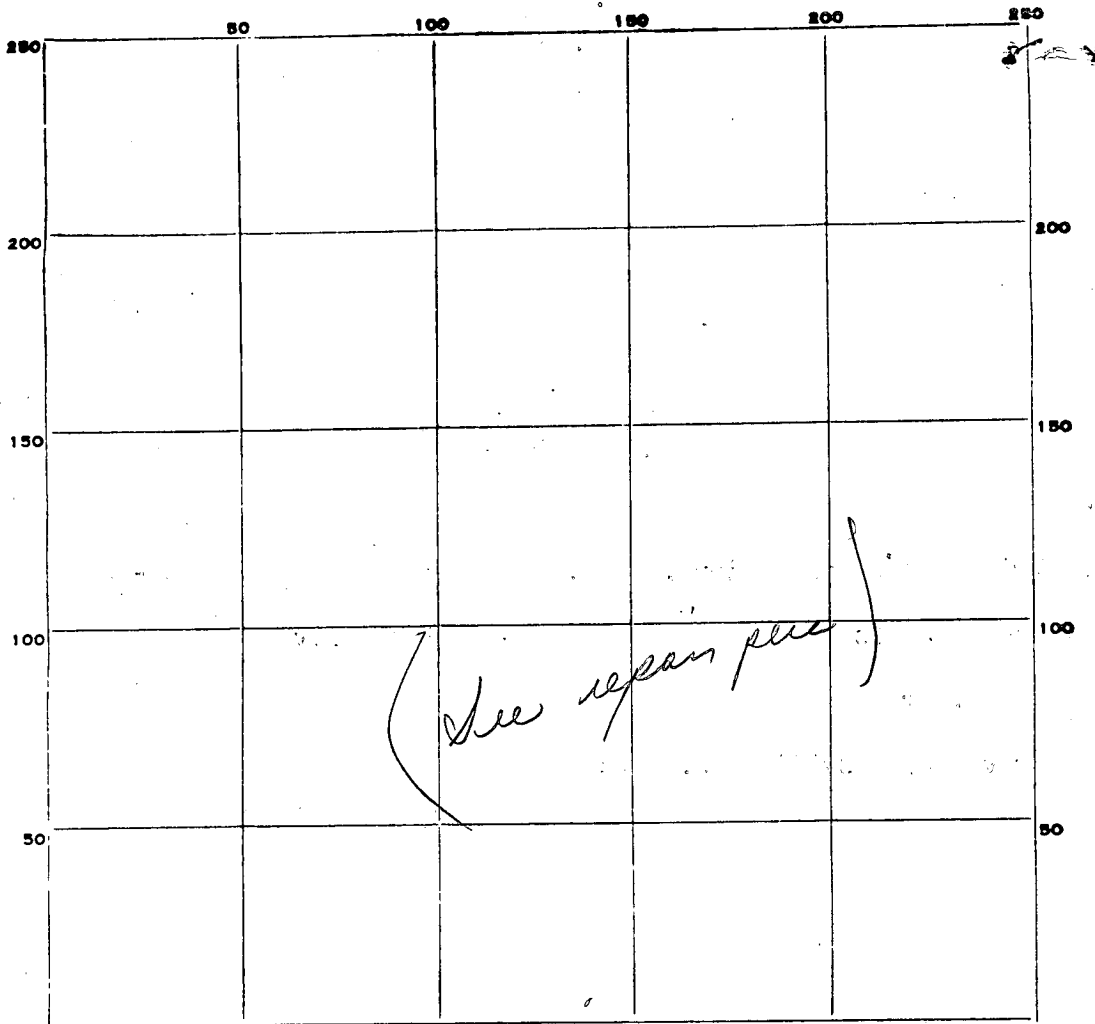
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

P 27844



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Yes

SEPTIC TANK, LEVEL sk CLEANOUTS

S.T	D.W
sk	N/A

DISTRIBUTION BOX, LEVEL _____

Trench
TRENCH, DEPTH 11 FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 480 ± SQ. FT.

REMARKS 4/18/78 Trench - paper to 3' of grade
(Cast iron from tank to trench per Rich of Fyock.) C.B.S

DATE SYSTEM APPROVED 4/18/78 as per above INSPECTOR C. B. Streaker

Repair job

APPLICATION

A. _____

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th
DATE 4/17/78

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 Mr. Graham

ADDRESS 9114 Lulane Drive, Clarksville, Md. PHONE _____

PROPERTY LOCATION:
SUBDIVISION "Heritage Heights" LOT NO. _____

ROAD AND DESCRIPTION Lulane Drive

SIZE OF LOT (?) TYPE BLDG. Existing House
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT 15/ Jack Fyock

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

