

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 3/24/66

P 11622

APPROVAL DATE: _____

A 37241

PERMIT INDEXED

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

Excavating Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 10 Autumn Hill, EC PHONE NUMBER: _____

SUBDIVISION: Thistledown LOT NUMBER: 1

ADDRESS: 7000 Woodscape Drive PROPERTY OWNER: Rick Lee Ray

SEPTIC TANK CAPACITY (GALLONS): 750

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

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:	
PURPOSE:	Original lot of record prior to subdivision.

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

**NEITHER THE HOWARD COUNTY COUNCIL OR 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**

A37241

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Trustdown

A 520301

STREET NAME: 7000 Woodscape Dr

LOT NUMBER: 1

AVERAGE PERCOLATION RATE: 5-6

SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 4

LINEAR FEET OF TRENCH PER BEDROOM: 40'

TOTAL LINEAR FEET OF TRENCH: 160

SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade.

Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

=====
PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====
LOCATION: SDA MUST BE STAKED PRIOR to installation. D. box at highest elevation in the middle. Run 2-80' trenches at highest SDA elevation in both directions. May need to extend 5' out of SDA.

ADDITIONAL NOTES: BASEMENT GRAVITY SERVICE IS PROPOSED

Reviewer: Race Norman

Date: 9/24/04

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P 11622

A 11340

ELLICOTT CITY

DISTRICT 5

DATE 3/24/66

FIXED

Excavating Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 10 Autumn Hills, Ellicott City PHONE HO 5-3849

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 6880 Rt. 32 LOT _____

PROPERTY OWNER Maurice Isger & wife

ADDRESS Clarksville, Maryland

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 12 ft. in dia. by 9 ft. deep below the inlet

located 63 ft. from the front property line and 110 ft. off the

right side property line as seen when facing the lot from Md. Rt. 32.

PLANS APPROVED BY J. Hennigan DATE 12/16/65

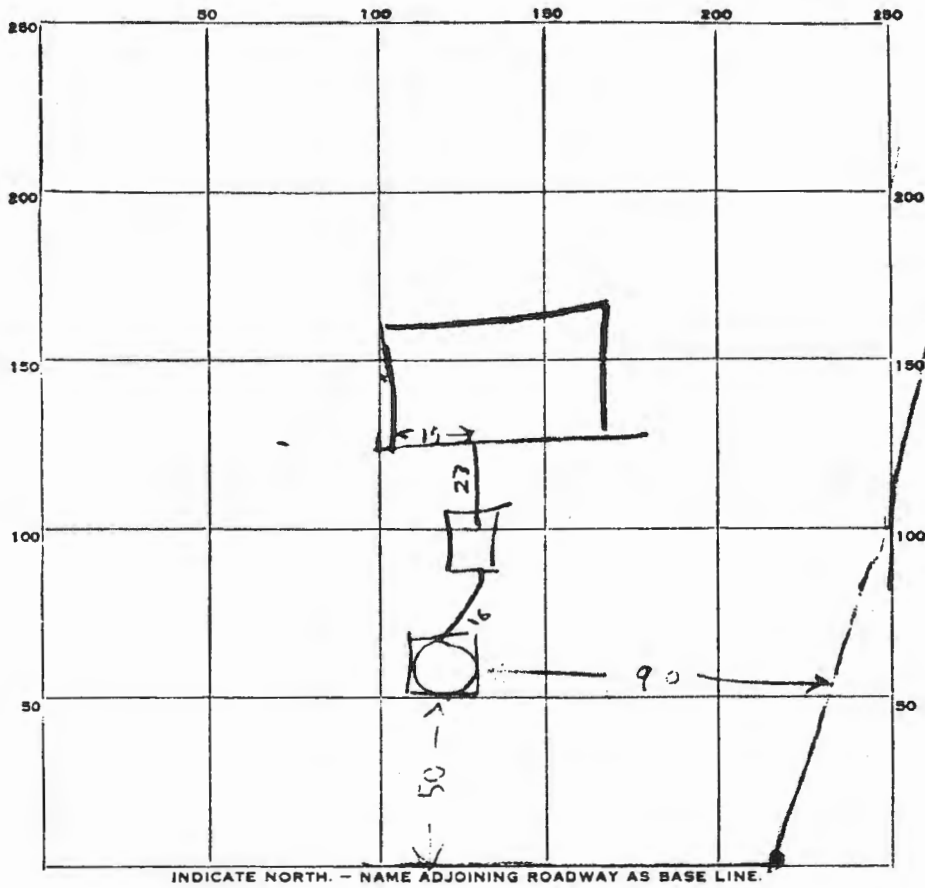
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED
AND RETURNED 11/13/80
Serial # 15015
Garage

A 11340

13
11
13
54



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 256 concrete
to be 5 ft below grade
 DISTRIBUTION BOX, LEVEL _____

CLEANOUTS OK

37
3 2/3

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 333 SQ. FT. 2 covering stone

REMARKS 7 APR - 56 - 10 center all soil and rocks removed
Wash Well 1 set to 5 ft below grade Permit level
Dig Well - 54 ft 54 x 9 = 486 sq ft sidewall
with covering stone

DATE SYSTEM APPROVED 1 APR 56

INSPECTOR [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37241

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 6/25/86

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 Estate of Grace E. Iager
c/o Tom Lloyd
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE _____
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 1 on Parcel

ROAD AND DESCRIPTION South ^{of} Guilford Road between Hall Shop and Pindell School Road.

SIZE OF LOT 3.3 ac (existing structure) TYPE BLDG. residential
(NUMBER OF BEDROOMS)

TM 41-PARCEL 274

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.

Steven P. Murray
(SIGNATURE OF APPLICANT)

APPROVED BY Schuyler FOR Stellan Sept. DATE 1-9-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-14-86 Perc (visual) satisfactory; ~9K \$ below existing SS established; Hold
for Subdivision Plat 5. Amd

THIS IS NOT A PERMIT

