

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

ELLICOTT CITY

DISTRICT

DATE 7/16/84

P 34113

A REPAIR

approval 8/23/84 C.W.

INDEXED  
06-405479

MAINTENANCE CONTRACT REQUIRED  
FOR FINAL APPROVAL C.W.

8/23/84  
8/21/84  
AM please 11:30 am 12:00

Tim French IS PERMITTED TO INSTALL ALTER ☒ (AHI General Contractors)  
ADDRESS 4617 Round Hill Road, Ellicott City, MD PHONE 465-6568  
SUBDIVISION ROAD 9596 Whiskey Bottom LOT  
PROPERTY OWNER Gladys Harrison PHONE: 725-4836  
9596 Whiskey Bottom Road  
ADDRESS Laurel, Maryland

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY GALLONS NUMBER OF BEDROOMS

REPAIR - 1500 gal. holding tank with alarm device and 1 year maintenance/pumping

contract. TANK MUST BE OF METAL OR FIBERGLASS CONSTRUCTION.

Due to a high water table.

7/17/84 OK to use sealed concrete tank F.S.

PLANS APPROVED BY Frank Skinner DATE 7/16/84

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.

BLDG. PERMIT SIGNED

AND RETURNED 7/18/84

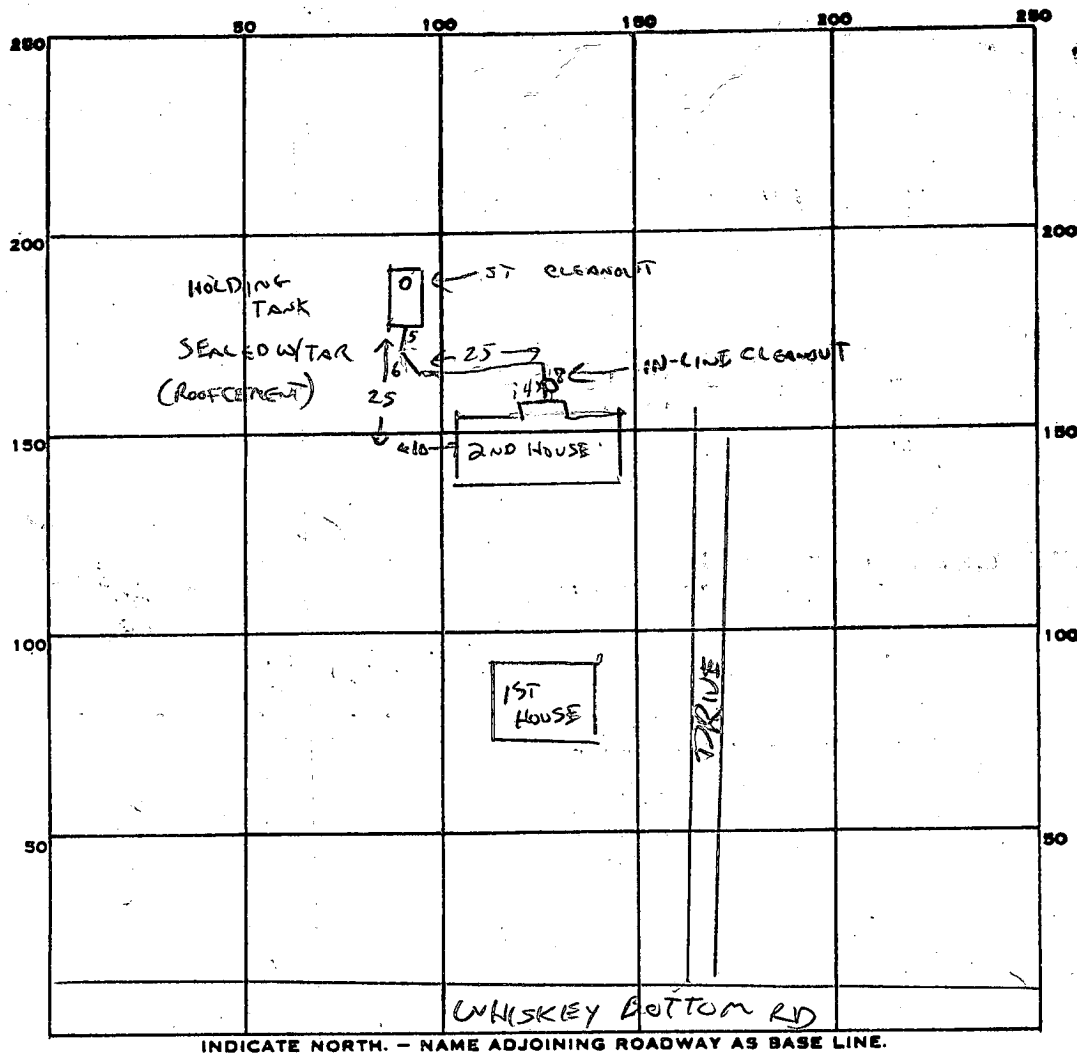
#54954 for Bathall.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 34113



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

HOLDING  
SEPTIC TANK, LEVEL ✓ 1500g

CLEANOUTS ST ✓ IN-LINE ✓

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH        FT. TRENCH WIDTH        FT.

GRAVEL DEPTH        IN. TOTAL LENGTH        FT.

NUMBER OF TRENCHES        TOTAL BOTTOM AREA       

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

ABSORBENT AREA        SQ. FT.

REMARKS

8-10-84 TANK SET AND SEALED. NO CLEANOUTS OR HOOKUPS YET, CW

8-22-84 HOUSE CONNECTION, CLEANOUT & HIGH WATER ALARM OK, CW

DATE SYSTEM APPROVED

8-23-84

INSPECTOR

CW

5/10/84  
3000

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A REPAIR

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT \_\_\_\_\_

DATE 5/03/84

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 Gladys Harrison  
9596 Whiskey Bottom Road  
ADDRESS Laurel, Maryland 20707 Contact  
PHONE Matt Anderson 992-2320

PROPERTY LOCATION: Has public water - wants to install bathroom

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

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)

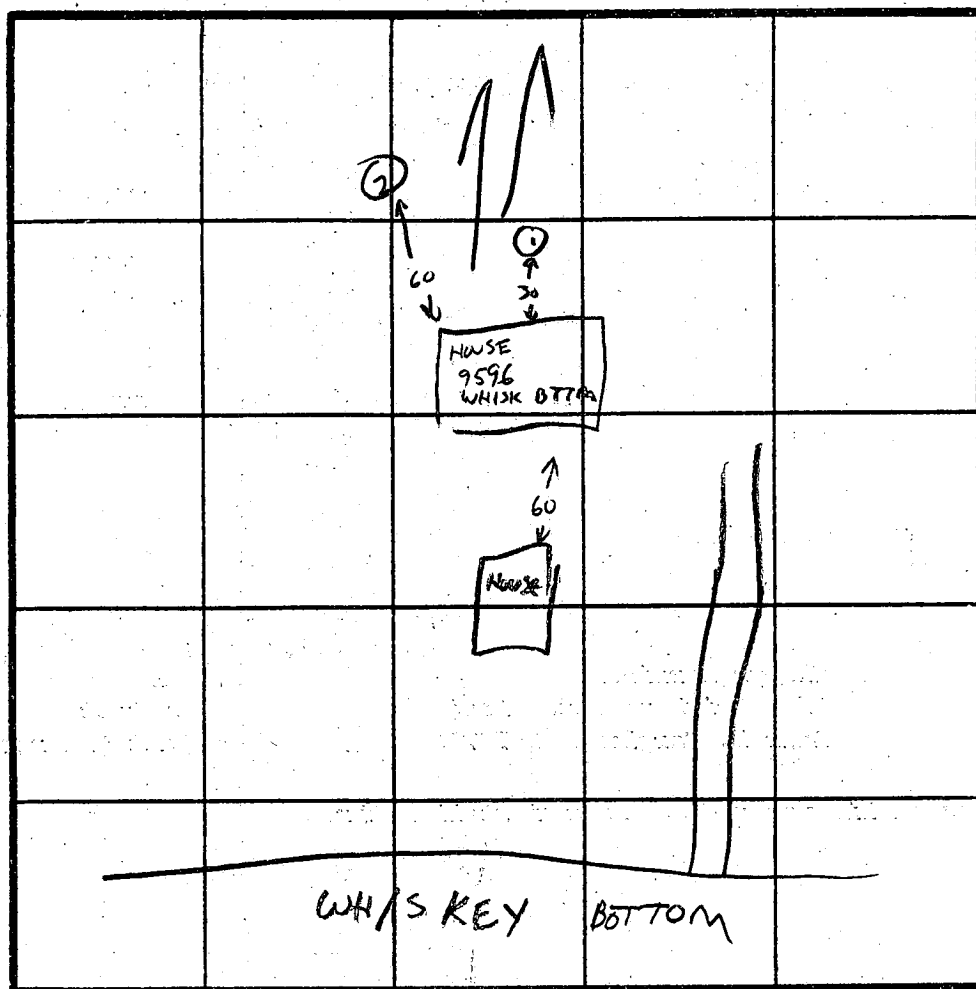
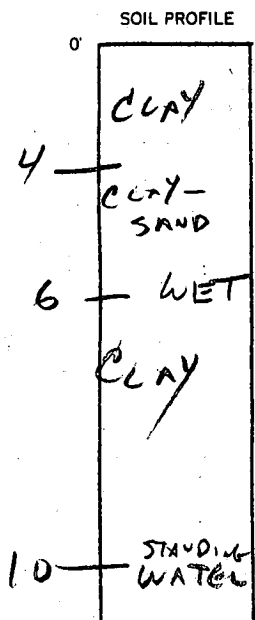
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY C. W. [Signature] FOR SEPTIC DATE 5/10/84

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING HOLDING TANK 1500g REQUIRED

## THIS IS NOT A PERMIT



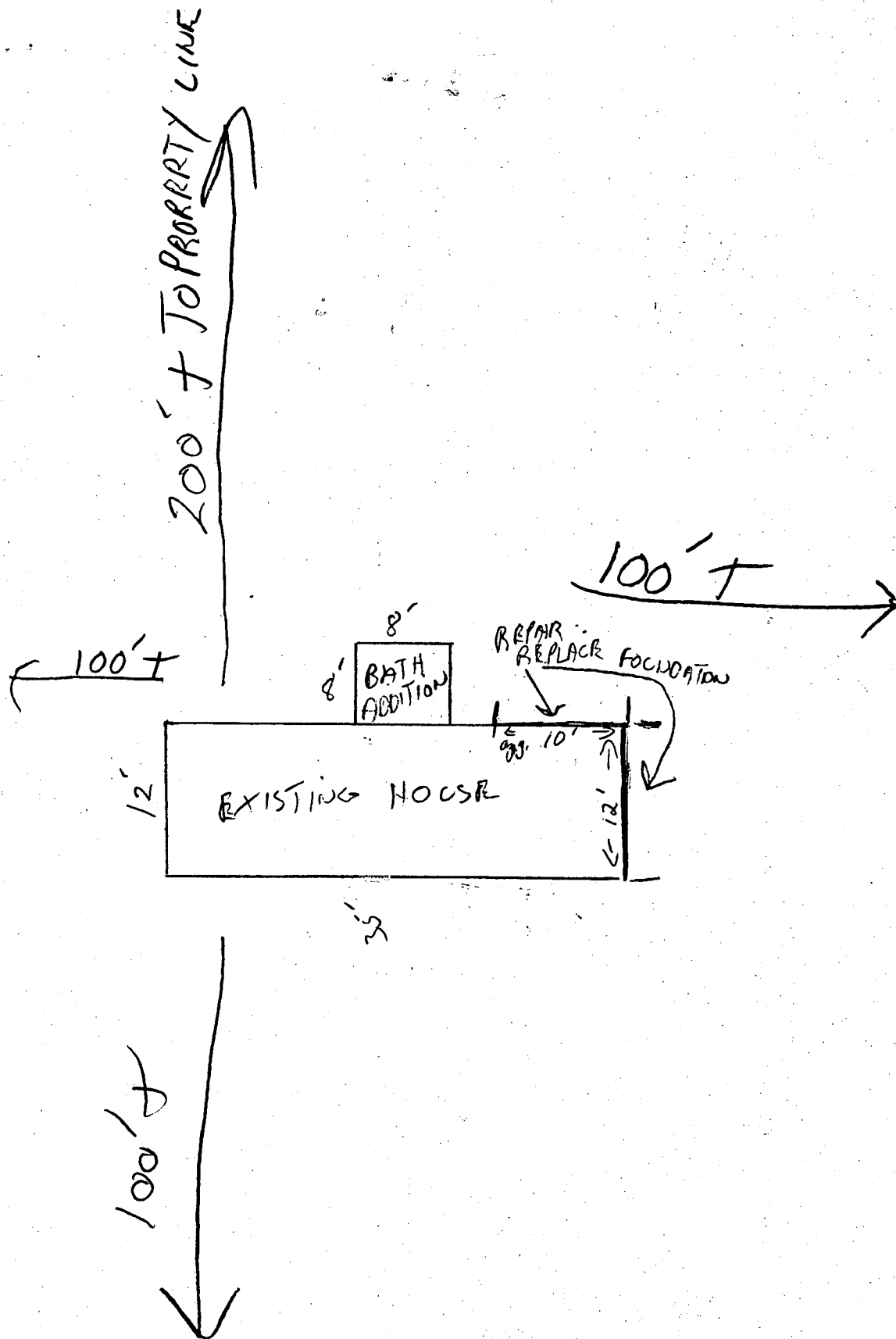
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-10-84	1	12'	CLAY				
			WATER AT 10' - WET TO 5'				X
5-10-84	2	12'	CLAY				
			WATER AT 10' - WET TO 5'				X

REMARKS \_\_\_\_\_

TYPE OF SOIL CLAY - GRAY & YELLOW

TESTED BY C. Williams ALSO PRESENT M. ANDERSON



WHISKEY BOTTOM

HOLDING TANK EXEMPTION CERTIFICATE APPLICATION

Provide the following information in full and submit the completed application to:

Compliance Monitoring Coordinator  
Little Patuxent Wastewater Treatment Plant  
8900 Greenwood Place  
Savage, Maryland 20763

APPLICANT'S NAME<sup>(1)</sup> Gladys Harrison

ADDRESS: 9596 Whiskey Bottom Rd.  
Laurel Md. 20707

TELEPHONE NO. 725-4836

HOLDING TANK SIZE 2000 GALLONS

Describe source(s) of waste discharged to holding tank:

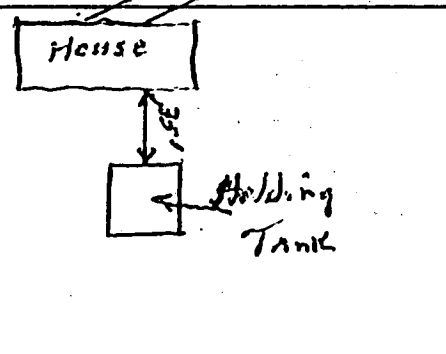
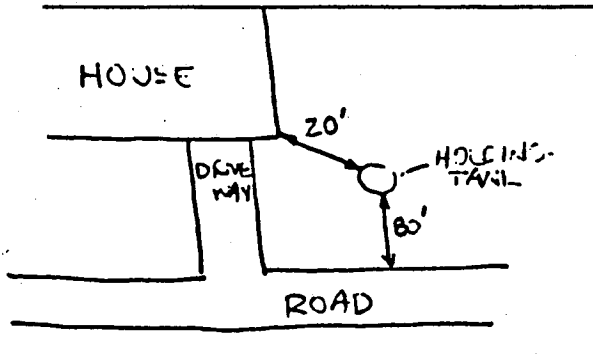
Toilet - Bath - Kitchen

Provide frequency at which holding tank is emptied by waste hauler  
(example: 1 time/week, 2 times/month, etc.) 2 times Mo.

Provide sketch below showing holding tank location:

EXAMPLE:

PUT YOUR SKETCH HERE:



DO NOT WRITE BELOW THIS LINE

NOTES: (1) Applicant must be property owner.

☒ APPROVED ☐ DENIED BY HEALTH DEPT., REVIEWER R. HODGES DATE 9/11/91

IF DENIED, STATE REASON \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 9596 WHISKEY BOTTOM RD ZIP \_\_\_\_\_OWNER ☐ LADYS HARRISON ADDRESS 75YR 11 PHONE 11

COMPLAINANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION MR BAKER 7991942 WATERLOO SANITATION  
WANTS TO KNOW IF MRS HARRISON IS ON A SEALED TANK  
CHECKED FILE. NO RECORD FIELD VISIT NEEDED RH CODES \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INVESTIGATION \_\_\_\_\_ TIME \_\_\_\_\_ WEATHER \_\_\_\_\_

REPORT SEALED TANK WAS INSTALLED 5+ YRS AGOINSPECTED BY C WILLIAMS, C. Williams 8/12/91

DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_