

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 8/16/82

INDEX

Olen Ketterman

IS PERMITTED TO INSTALL ALTER X

ADDRESS 14960 Frederick Road, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Warren Sargeant

ADDRESS Route 97, Glenwood, Maryland

SPECIFICATIONS WX 3 bedrooms

SEPTIC TANK CAPACITY 1600 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 an appointment when ground is opened up and Sanitarian will

recommend the repair system. Will also be replacing septic tank and

putting in new lines to connect septic system. DEEP DITCH

400 50FT SIDEWALL AREA ONE SIDE
11FT DEEP WITH INLET AT 4 FT BOG FILLED WITH
PLANS APPROVED BY Palmer F. Wine DATE 8/16/82

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.

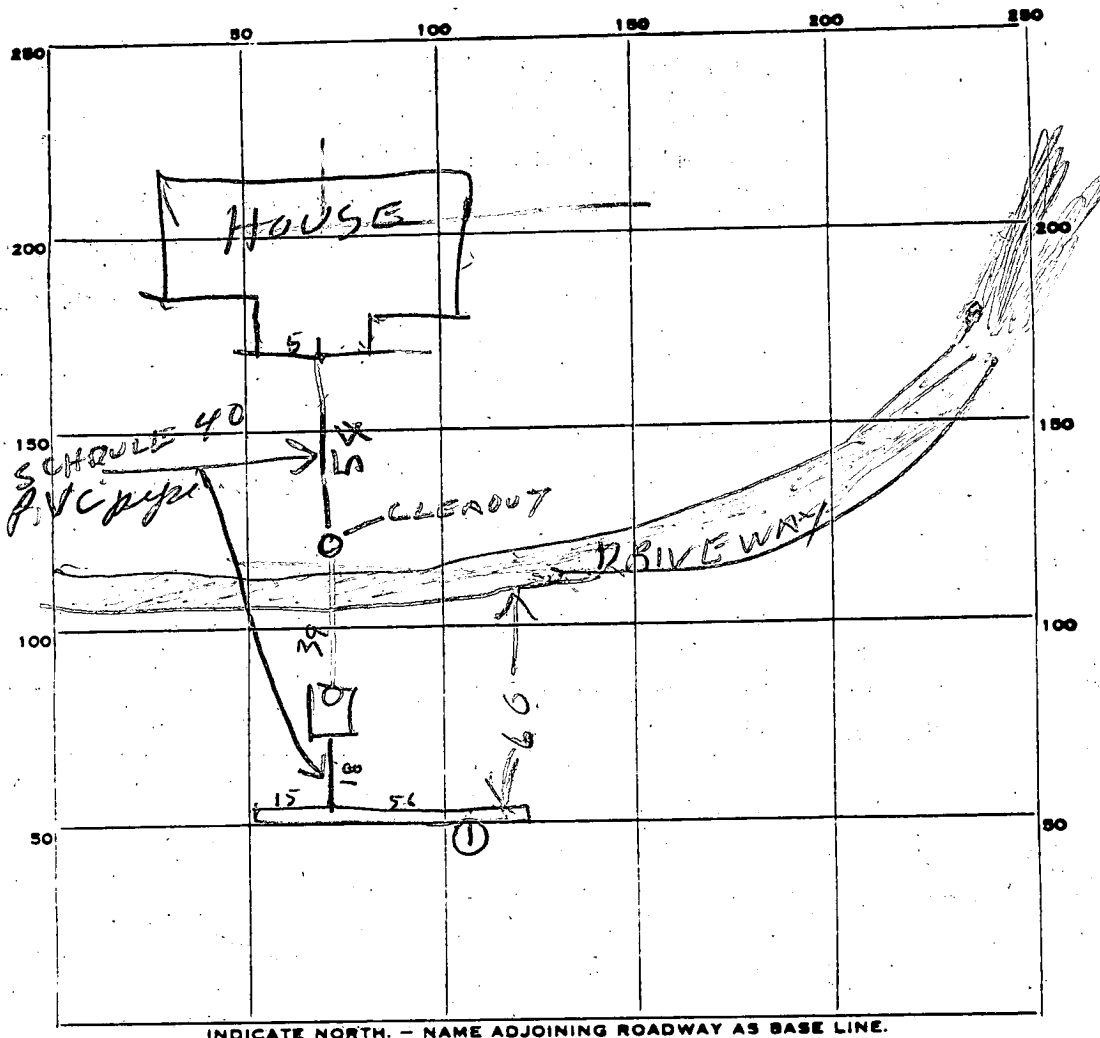
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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.



PERMIT CARD

SEPTIC TANK, LEVEL OK 1000
 TOP IS 6 FT BELOW GRADE
 DISTRIBUTION BOX, LEVEL NEEDS MANHOLE

am ST
 NO MANHOLE OK
 CLEANOUTS N

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 71 FT.
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 49 7
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/17/82^{am} VISUAL HOLE IS OK. DITCH DUG ADD STONE
TO DITCH. INSTALL MAN HOLE ON TANK. OK TO
COVER HOUSE SEWER.
8/17/82^{pm} STONE & PIPE ADDED TO DITCH & MANHOLE
INSTALLED

DATE SYSTEM APPROVED 8/17/82 INSPECTOR Raymond Fodge

APPLICATION

A 21893

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 4P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 7/28/75TO: 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 Warren SargentADDRESS Rt 97 - Brookeville, Md. PHONE Final #4

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1ROAD AND DESCRIPTION Route 97 Proposed
Existing HouseSIZE OF LOT 12.97 acres TYPE BLDG. 3 or 4

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 John Schneider

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

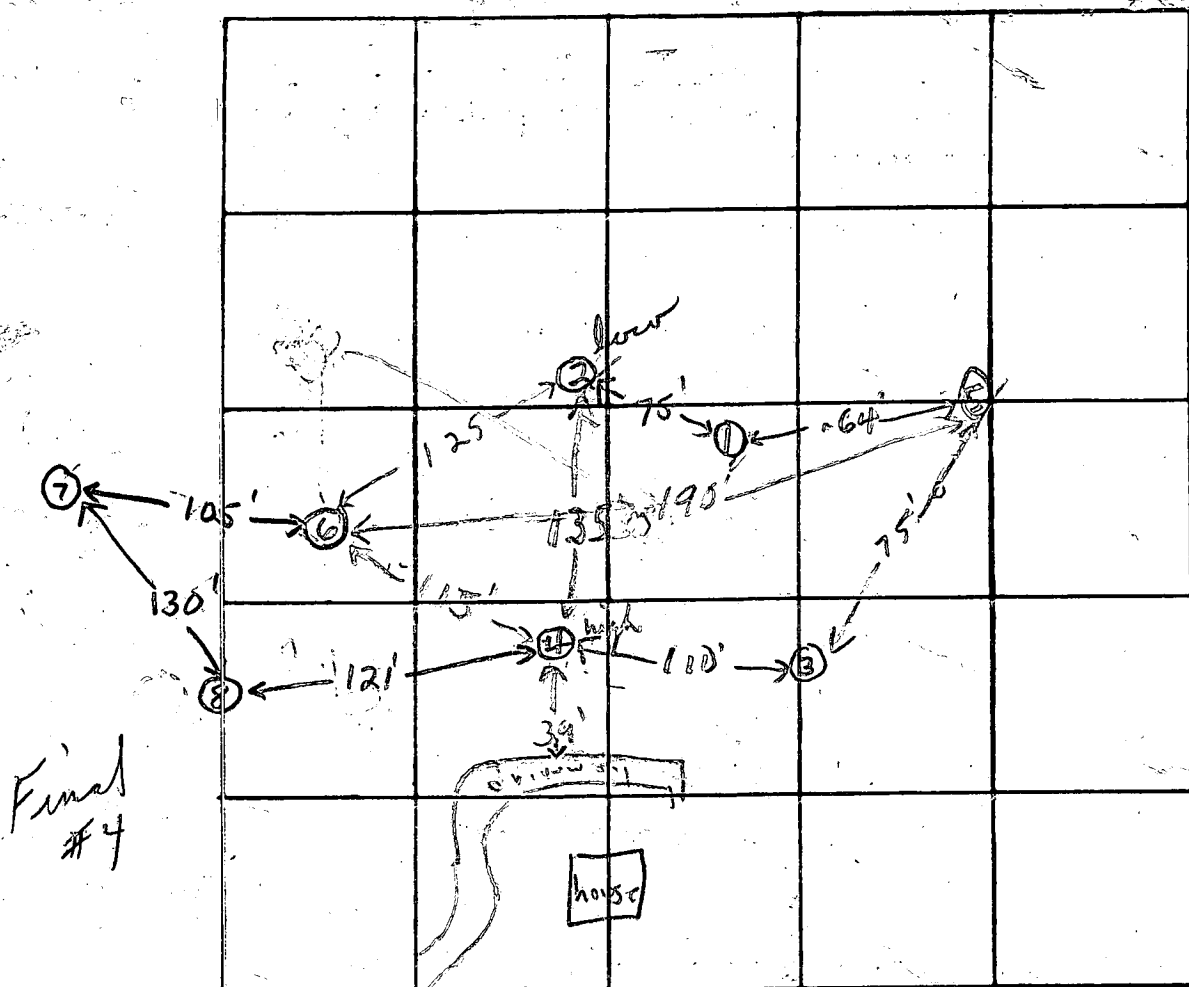
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/28/75 Hold for further perc. test. E.H.7/31/75 Perc. O.K. G.S.1/9/76 Lot 1 perc. O.K. has existing house & system of 100000 gal. future disposal area G.S.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rte 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/25/75	(1)	5	10:06	10:25	pulled by 1/8" drop		
	1A	12 1/2'	10:06	10:09	10:09	10:15	6 min
	(2)	5	10:08	10:30	pulled by 1/8" drop		
	2A	12'	10:10	10:14	10:14	10:22	8 min
	3	11 1/2'	Visual	clayey to ~5'	silty & sandy loam below		
	4 high	3 1/2'	10:32	10:34	10:34	10:37	3 min
	4A	12'	10:32	10:38	10:38	10:52	14 min
	(1B)	7'	10:41	10:44	pulled by 1/8" drop		
	(5)	7'	11:21	11:37	11:37	11:45	8 min
	6 low	4'	11:53	11:56	11:56	12:00	4 min
	6A	11 1/2'	11:53	12:02	12:02	12:20	18 min
7/31/75	7	4'	9:50	9:51	9:51	9:53	2 min
	7A	12'	9:50	10:02	10:02	10:25	23 min
	8	12'	Visual	clayey to ~3'	silty loam below		

REMARKS

(3) & (4) ~ same elevation ~ 7' drop between (2) & (4)

TYPE OF SOIL

clayey to ~10' in (1) & (5); sandy silty loam below

TESTED BY

F.S.

ALSO PRESENT:

J. Britt, W. W. W. & J. S. W. W.

4-12' Loles in 10,000 ft.

APPLICATION

A 21892

SEWAGE DISPOSAL TESTING

P. _____

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 4

DATE 7/28/75

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 Warren Sargent

ADDRESS Rt. 97 - Brookville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 4 1/2 acres / m/l TYPE BLDG. 3-4

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 1st John Schneider

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY Frank Skinner FOR ANY DATE 1/9/76

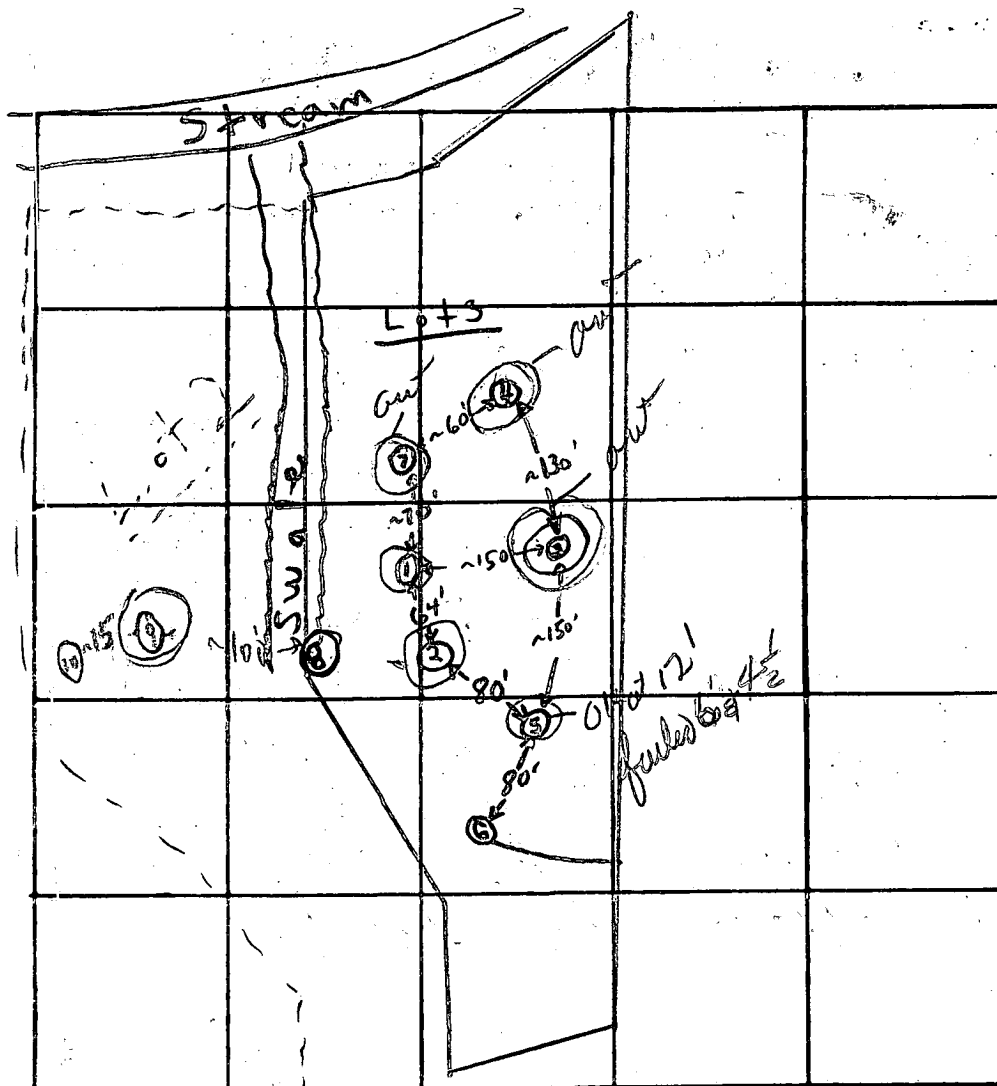
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/31/75 Hold for further perc. testing G.S.

1/9/76 Failed standard perc. test G.S.

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	
7/31/75	1 low	5'	11:16	11:22	11:21	11:32	11 min
	1A	12'	11:16	11:21	11:21	11:31	10 min
	2	7'	11:00	11:05	11:05	11:15	10 min
	2A	13'	11:29	11:39	11:39	11:54	15 min
	③	4'	Boulders at 3'				
	④	4'	Boulders at 4'				
	⑤	4 1/2'	12:59	1:10	1:10	3 1/4" Drop	at 1:45 pulled up
	5A high	12'	1:05	1:09	1:09	1:13	4 min
	6	11 1/2'	clay to 5 1/2' sandy loam 5 1/2' - 8'; sandy loam below				
	⑤D	6'	3:32	4:00	one time		
	⑦	4'	Boulders at 4'				
1/1/76	8	11'	H2O at 11'		clay to 8' sandy loam below		
	⑨	13'	clay to 8 1/2' sandy loam below				
	10	11'	avg. 11.5'		sandy loam & sandy loam below hard at 11'		

REMARKS

7/8/75 1st tested in scale test during wet season or have deep visual hole in wet season 7/8/75

TYPE OF SOIL

TESTED BY

F.S.

ALSO PRESENT:

J. Brittingham & Boender

APPLICATION

A 218921

SEWAGE DISPOSAL TESTING

P _____

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 4

DATE 7/28/95

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

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

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/76	11	9'	Sandy loam hard clay		10' 6" sandy loam		
	12	11'	Clay to 10' 6" sandy below		hard at 11'		
	13	12'	Clay to 10' 6" sandy & sandy below				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

Prel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30338

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 11/6/79

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 Warren G. & Marguerite R. Sargent

ADDRESS Route 97, Brookville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 97 (Georgia Ave.)

*Final #1
Proposed #2
Existing House*

SIZE OF LOT 3.10 acres TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ W.G. Sargent

APPROVED BY _____ FOR _____ DATE _____

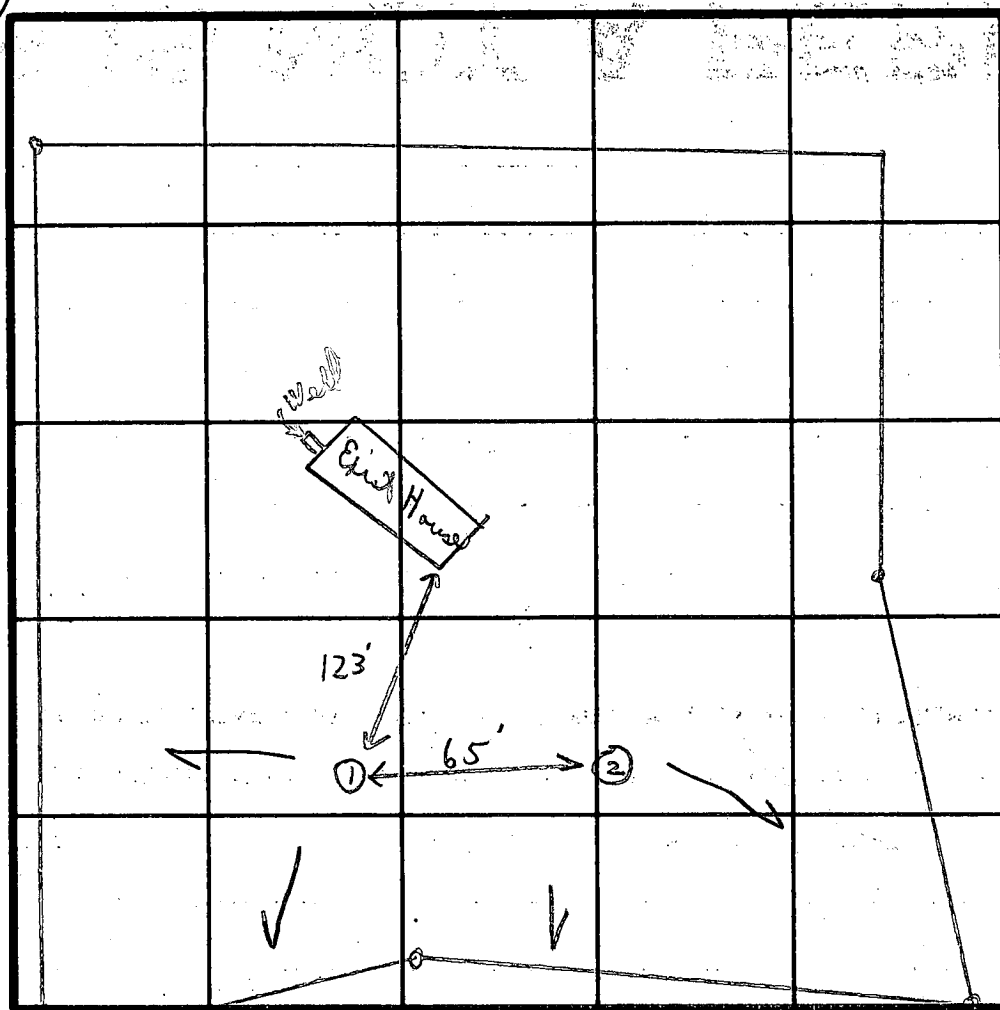
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

↓



Field
sheet

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

K897

[illegible]

REMARKS

Existing house

TYPE OF SOIL

С. В. В.

TESTED BY

ALSO PRESENT

Copy given Mr. Vazant.

Mr. Tom Vargel
{ Michael Bauer
{ Edgar Marguard