

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6th

INDEX

DATE 5/23/77

P 25910
A 25909

Development Technology

IS PERMITTED TO INSTALL ALTER

ADDRESS Room 321, Teachers Building, Columbia, Md.

PHONE 730-9388

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Intersection of Tamar Drive & Oakland Mills Road LOT _____

PROPERTY OWNER Jeffers Hill Community Pool

ADDRESS _____

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

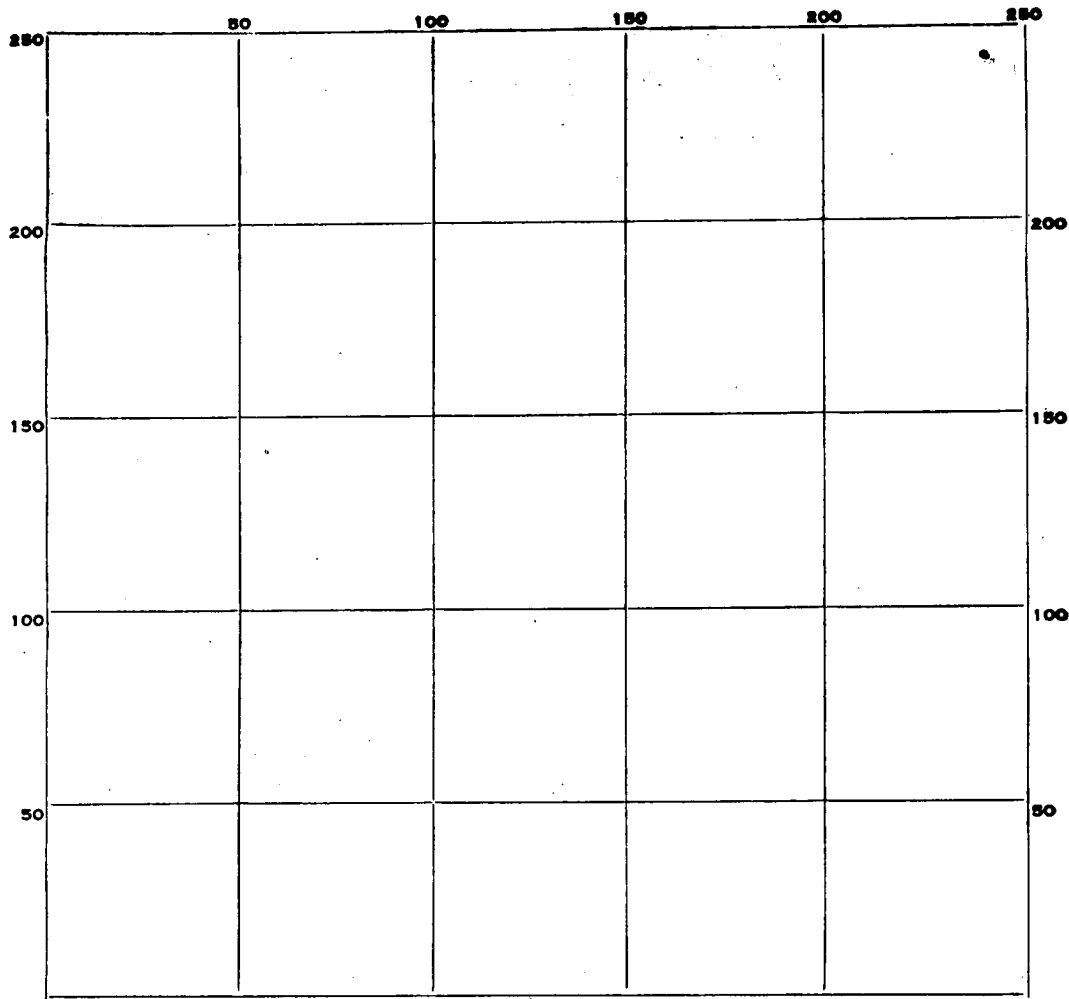
OTHER 3 trenches - each trench 2ft wide - 12ft deep, 100ft long with 9ft of gravel in each trench - 10ft apart center to center
OK to gravel trenches as dug - providing certification of above is provided by Columbia Assoc.
& installed in area tested

PLANS APPROVED BY Steve Manogher DATE 5-26-77

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.

A 25909



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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 _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

5/25/77
1:30 p.m.
2 hole apart
50 ft. pipe

APPLICATION

A 25909

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 6th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 5/23/77

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

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 Jeffers Hill Community Pool

ADDRESS intersection of Tamar Drive & Oakland Mills Rd. PHONE Paul Revelle 730-7000

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION intersection of Tamar Drive & Oakland Mills Road

SIZE OF LOT 5 acres TYPE BLDG. Seepage pit for backwash. 1500 gal. every 36 hrs.
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 P. M. Revelle

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

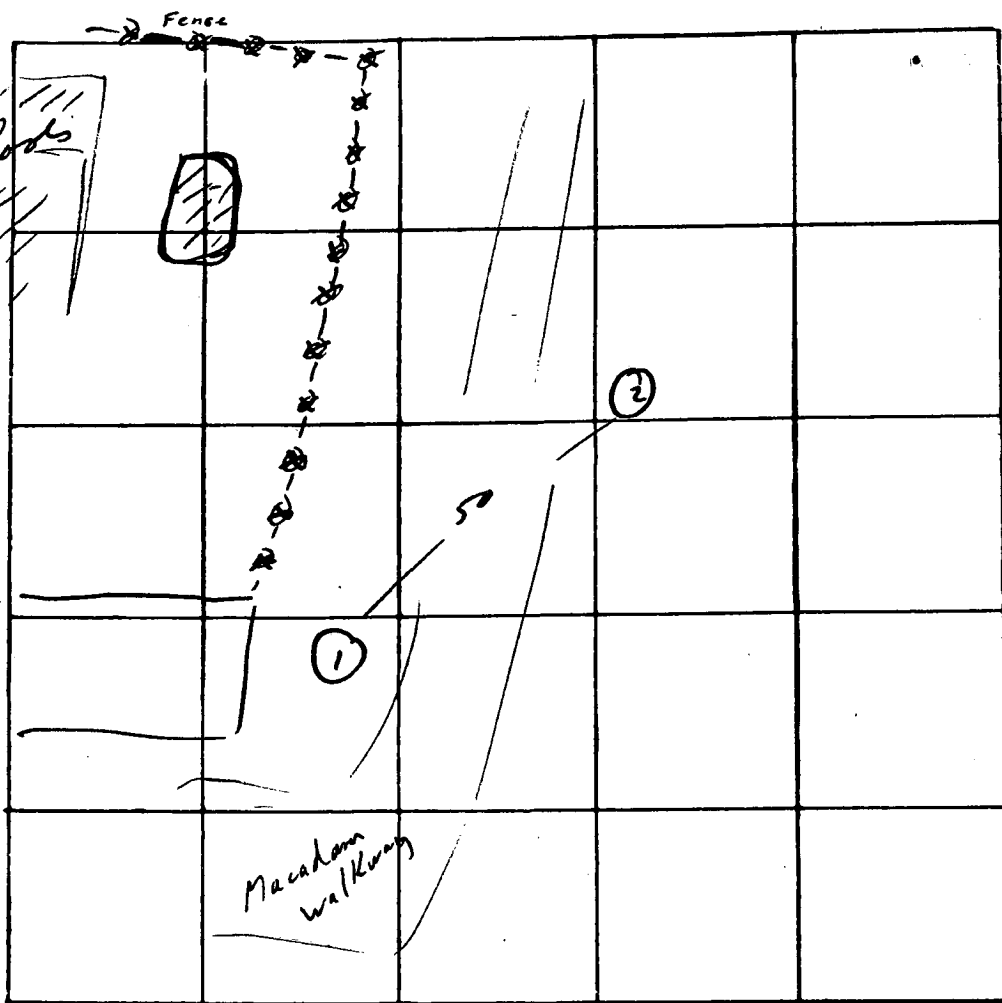
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

0 ——— clay & soil
 3' - - - -
 1 ——— clay
 6 ———
 1 ——— sandy
 13 ———



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/25/77	1	3	3:30				28
	2	13	3:30				28
	3	13	vis	5 in	#1		

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: P. Revelle