

4/6/77 air-satisfactory

PERMIT

P 25578

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

02-254042

ELLICOTT CITY

DISTRICT 2nd

INDEXED

DATE 4/6/77

Ruseell Wiebking

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 10101 Maplewood Drive, Ellicott City, Md.

PHONE 465-2771

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Maplewood

ROAD 10141 Maplewood Drive

LOT _____

PROPERTY OWNER Robert Yingling

ADDRESS 10141 Maplewood Drive, Ellicott City, Md.

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

PLANS APPROVED BY Palmer F. Wine

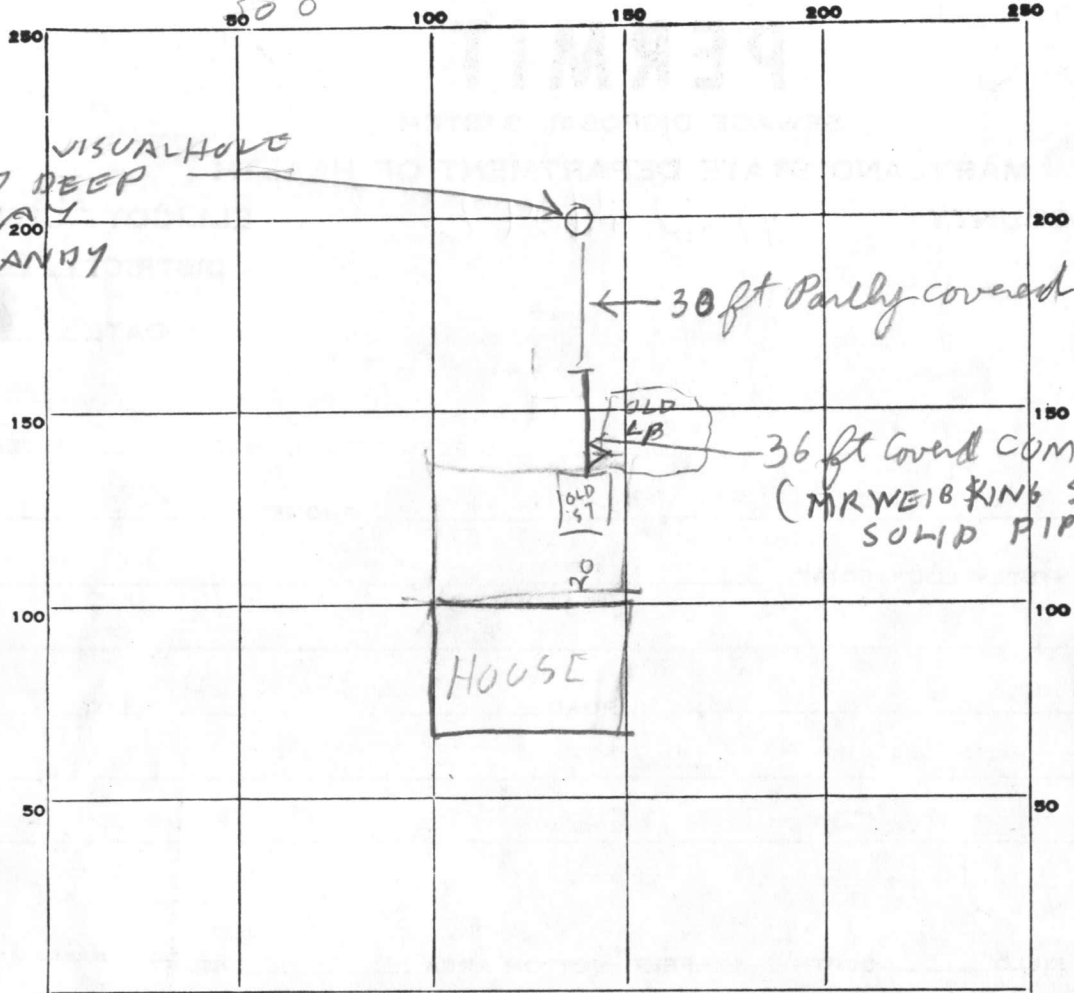
DATE 4/6/77

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.

25578

30
300



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL Old Tank

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DITCH, DEPTH 2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 2 IN. TOTAL LENGTH 96 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA ?

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/6/77 CITY WATER HERE. DIG OPEN END OF DITCH SO STONE CAN BE MEASURED MARK START OF DITCH. DIG A 13 FT VISUAL HOLE NEAR MIDDLE OF DITCH SO SOIL CAN BE EXAMINED

SIGNED CARD & LEFT NOTE WITH YINGLINGS DAUGHTER
4/7/77 - 30 FT LONG, 2 FT WIDE & measured. See attached sheet
4/21/77 HELD FOR REVIEW WITH DM SYSTEM

DATE SYSTEM APPROVED 4/21/77 INSPECTOR Raymond Hodges

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A-_____ P-_____

PERMITTEE _____

LOCATION _____

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector _____

Date _____

Inspector _____

Date _____

FINAL INSPECTION MADE, COVER ALL WORK

HD-230 (3/97)

Inspector _____

Date _____