

02-239264

app. 8-18-76 LF

PERMIT

P 23702

8/18/76

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 2nd

DATE 8/10/76

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Philadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 9009 Manordale Lane - off St. John's Lane LOT _____

PROPERTY OWNER Mr. Reyes

ADDRESS 9009 Manordale Lane, Ellicott City, Maryland Phone: 465-9624

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 TRENCH - 100 ft. long - 6½ ft. deep at end near road. Run trench towards back of lot. Connect the test pits. Put 4 ft. of gravel in trench.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED.

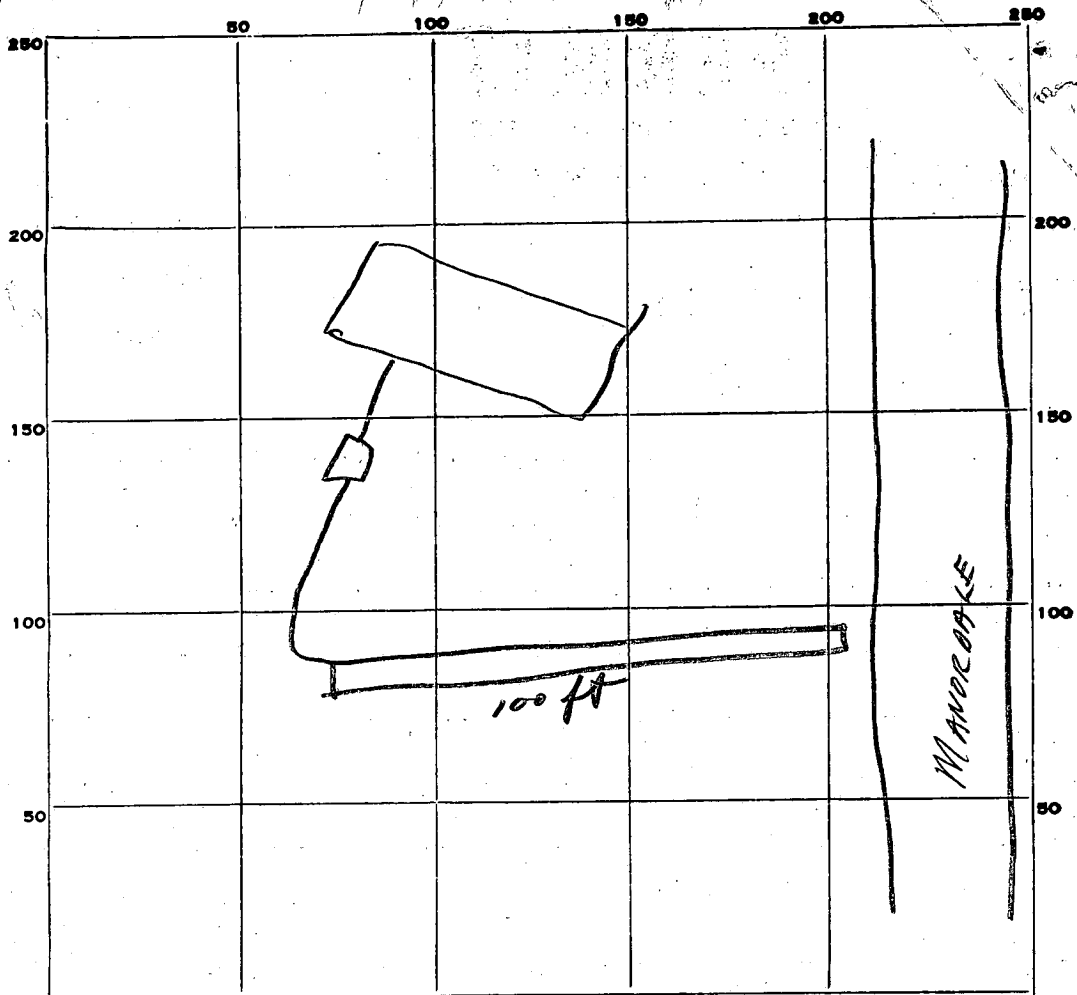
PLANS APPROVED BY Donald W. Monaghan DATE 6/18/76

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.

P23702

A23702



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

east

CLEANOUTS _____

east

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 _____

*gravel 8/10 installed, trench depth ok - what
 could be seen, inferred. In future it would
 be necessary to leave at least both ends open*

DATE SYSTEM APPROVED _____

8-18-76

INSPECTOR _____

James [signature]

APPLICATION

A 23702

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 2

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 6-8-76

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

*Repair
per*

*6/9/76
1:30*

*Trench - 100ft long - 6 1/2 ft deep at end near
road runs trench toward back of lot - connect the test pits
put 4ft of gravel in trench*

** call for inspection of trench before
gravel is installed*

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 *Rayed*

ADDRESS *9009 Maroldale Lane - E.C.* PHONE *465-9624*

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION *9009 Maroldale Lane - off St. John's
Ave*

SIZE OF LOT _____ TYPE BLDG. *Existing House*

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 *Walter Adams-Joshua*

APPROVED BY *W. Manag...* FOR *Trench* DATE *6-8-76*

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

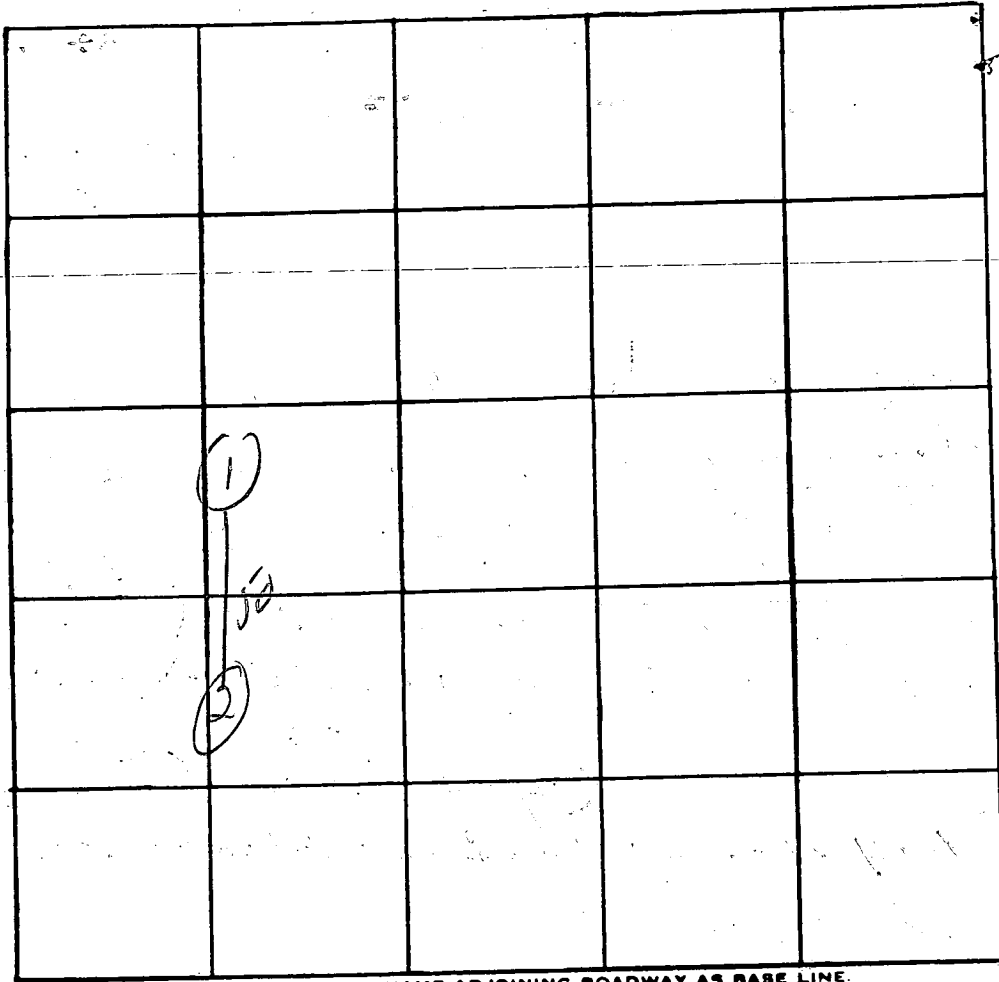
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A23702



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST 1" DROP | | TIME |
|---------|----------|-------|---------|----------------|--------------|------|------|
| | | | START | STOP | START | STOP | |
| 6/14/58 | 1 | 9 | rock | & sand | | | |
| | 2 | 6 1/2 | sandy | - getting hard | | | |
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| | | | | | | | |

REMARKS Soil rocky at bottom

TYPE OF SOIL _____

TESTED BY Dum ALSO PRESENT: _____