

10/13/88
10:50 AM
10/14/88
12N on letter

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42649

A Repair

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 9/26/88

DATE SYSTEM APPROVED 10-14-88

INSPECTOR JEN

INDEXED

Dale Fogle Septic Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Holsinger Property ROAD 760 Long Corner Road LOT _____

PROPERTY OWNER Jeff and Sue Harrison

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

SHALLOW SYSTEM 1000 gallon tank. Inlet at 2.0 ft, bottom at 3.5 ft. 3 ft wide trench. 240 sq ft/bedroom. Effective depth of stone 1.5 ft. Repair area; depth of trenches should be deeper with bottom at 5.5 ft. 10-13-88 JEN Nadeau. Maintain 100 ft from well.

PLANS APPROVED BY Craig Williams DATE 9/26/88

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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 TWO 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.

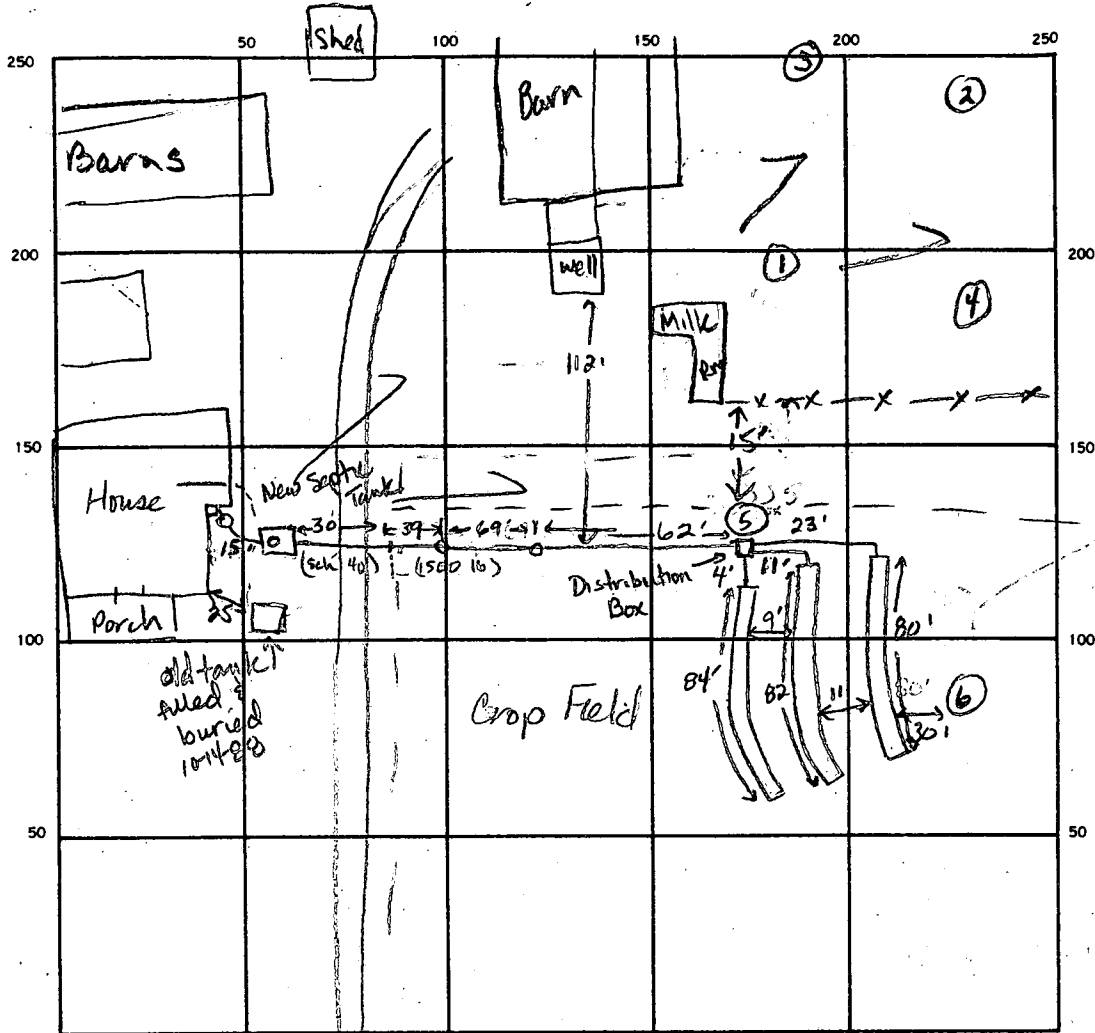
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 42649



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1000 gal CLEANOUTS 1 at house, 1 on s. tank

DISTRIBUTION BOX. LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 3.5 3.5 3.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 20' 20' 20'

EFFECTIVE GRAVEL DEPTH 1.5 1.5 1.5 FT. TOTAL LENGTH 84 82 80 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 252 246 240 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 738 SQ. FT.

REMARKS 10-14-80 OK to cover all work. JEN.

DATE SYSTEM APPROVED 10-14-80

INSPECTOR Jane E. Nadeau

APPLICATION

2-7 / 180
8-15 / 210
16-20 / 240
21-30 / 300

PERCOLATION TESTING

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

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 Jeff & Sue Harrison

ADDRESS 760 Long Corner Road PHONE _____

PROSPECTIVE BUYER Repair to septic system

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____

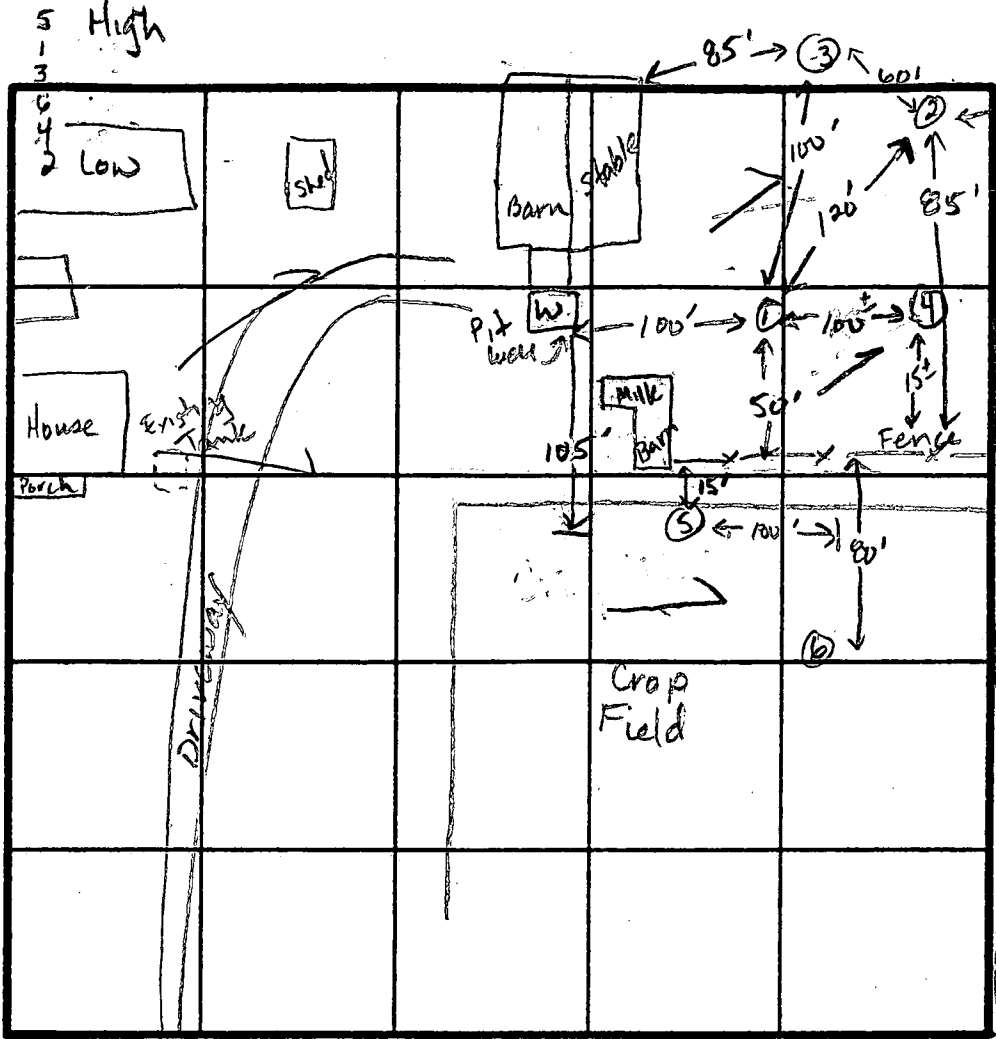
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-13-88 Repair area downslope of well and 100 ft away. Initial system w/ bottom at 3.5 ft. Future system w/ bottom at 5.5 ft. SHALLOW SYSTEM ONLY. JENADEAN.

HD-216

THIS IS NOT A PERMIT



SOIL PROFILE

0-6.5 Br sil cl
1m, trc
of broken
rock < 10%

6.5-11.0 Br sa sil
1m, some
broken
rock (kyanite
schist)
< 45%

11.0 Bottom

0-6.0 Br sil sil
1m, trc
broken
rock < 5%

6.0-10.5 Br sa sil
1m, some
broken
rock
< 40%

10.5 Refusal

0-5.0 Br sil
1m, trc
broken
rx < 10%

5-10.5 Br sa sil
1m, < 25%
broken rx

10.5 Bottom

0-3.5 Br sil cl
some broken
rock < 10%

3.5-10.0 Br sa sil
some broken
rock < 55%

10.0 Bottom

0-3.5 Br sil cl
1m, some
broken rx
< 15%

3.5-9.0 Br sa sil
Broken rock
< 85%

9.0 Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Long Corner Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-13-88	1	4.0 S 11.0 D	10:50	11:04	11:04	11:34	1/4 inch Failed
	2	10.0 V	(Rocky at 5.0 ft)				Failed
	3	9.0 V	(Refusal at 9.0 ft)				Failed
	4	11.0 V	(Rocky at 6.5 ft)				
	5	4.0 S 10.5 D	11:54	11:58	11:58	12:06	8 min ok
	6	4.5 S 10.5 D	12:08	12:22	12:22	12:36	20 ok

REMARKS: Rocky soils. Keep system as shallow as possible.
 Repair area, trenches to be deeper w/ bottom at 5.5 ft.

TYPE OF SOIL: 0-4 Br sil sil 1m, 4-11 Br sa sil 1m, < 40% rock.

TESTED BY: J.E. Nadeau ALSO PRESENT Dale Fogel
 Owner

X = 18 min
 Inlet at 2.0'
 Bottom at 3.5'
 240 sq ft / bdrm