6/21/2000

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640 ISSUE DATE 6/13/2000

P 5/3635

AREPAIR

APPROVAL DATE 6/21/00

INDEXED

04-323345

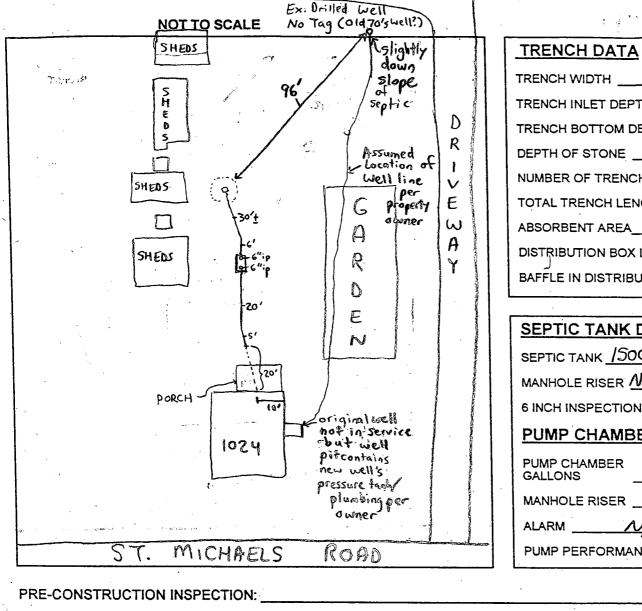
Arnolds Backhoe & Sep	otic Service, Inc.	IS PERMITTED TO INSTALL	ALTER _x
ADDRESS P.O. Box 15, Woodbing	e. MD 21797	PHONE _410-7	795-7873
		ADDRESS 1024 St. Michaels	
PROPERTY OWNER William & Card SEPTIC TANK CAPACITY /500	_ GALLONS (Top Scamed	OWNER'S ADDRESS Same 2 compartmented)	
PUMP CHAMBER CAPACITY	GALLONS		
NUMBER OF BEDROOMS?		•	
SQUARE FEET PER BEDROOM	<u> </u>		
LINEAR FEET OF TRENCH REQUIRED)/A		
feet below origin		ow original grade. Bottom maximum depow distribution box.	th
.OCATION:			
REPAIR - PURPOSE -Existing Call for inspection		so sanitarian can recommend re	pair. 6-13-00
Contractor	installed new septic	tank as per property own	er's
request. See	reverse for detail	tank as per property own s - SRK 6/21/00	
PLANS APPROVED		DATE	
PERMIT VOID AFTER 2 YEARS			
NOTE: CONTRACTOR RESPONSIBLE FOR SO	HEDULING A PRE-CONSTRUCTION	INSPECTION FOR ALL INSTALLATIONS	
NOTE: TOP OF SEPTIC TANKS ARE TO BE NO	DEEPER THAN 3.0 FEET BELOW F	INISH GRADE	
NOTE: WATERTIGHT SEPTIC TANKS REQUIR	RED		•
NOTE: CLEANOUT REQUIRED EVERY 70 FEE ARE NOT ACCEPTABLE	T OF SEWER LINE AND/OR AT 90° S	SWEEPS IN LINES FROM HOUSE TO DRAIN FIE	LDS, 90° ELBOWS
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E OTHERWISE SPECIFICALLY AUTHOR	. TANK, DISTRIBUTION BOX, DRAIN IZED	FIELDS) TO BE 100 FEET FROM ANY WATER V	WELL UNLESS
NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED			
NOTE: ALL PIPE FROM HOUSE TO SEPTIC T.	ANK MUST BE CAST IRON OR SCHE	DULE 35/40 PVC OR ABS	
NOTE: MANHOLE RISERS REQUIRED ON AL	L SEPTIC TANKS AND PUMP CHAMI	BERS	
NOTE: DISTRIBUTION BOXES MUST HAVE B	AFFLES		

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P513635



TRENCH INLET DEPTH TRENCH BOTTOM DEPTH NUMBER OF TRENCHES TOTAL TRENCH LENGTH DISTRIBUTION BOX LEVEL BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA 2 Compartments SEPTIC TANK 1500 T.S. GALLONS MANHOLE RISER None Takk Shallow 6 INCH INSPECTION PORT 2 on Tank **PUMP CHAMBER DATA** PUMP PERFORMANCE TEST

INSPECTION COMMENTS: 6/21/00 - NEW 1500 GALLON, TOPSEAM , 2 COMPART MENTED TANK INSTALLED, AND PUCTPIPING? ADDED, EXISTING SEPTIC TANK PUMPED, CRUSHED AND ABANDONED PROPERLY, DISCUSSED W/ PROPERTY OWNER THE POTENTIAL COMPLICATIONS OF FUTURE REPAIR BECAUSE OF EX. WELL LOCATION, OK TO COVER ALL WORK FORK

DATE SYSTEM APPROVED (TANK & SEPTIC PLUMBING (REPLACED)