

PUB. SEWER STATUS VERIFIED BY _____

02-218356

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P 517004

A REPAIR

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3531 Sylvan Lane PROPERTY OWNER: James Harvey

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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**

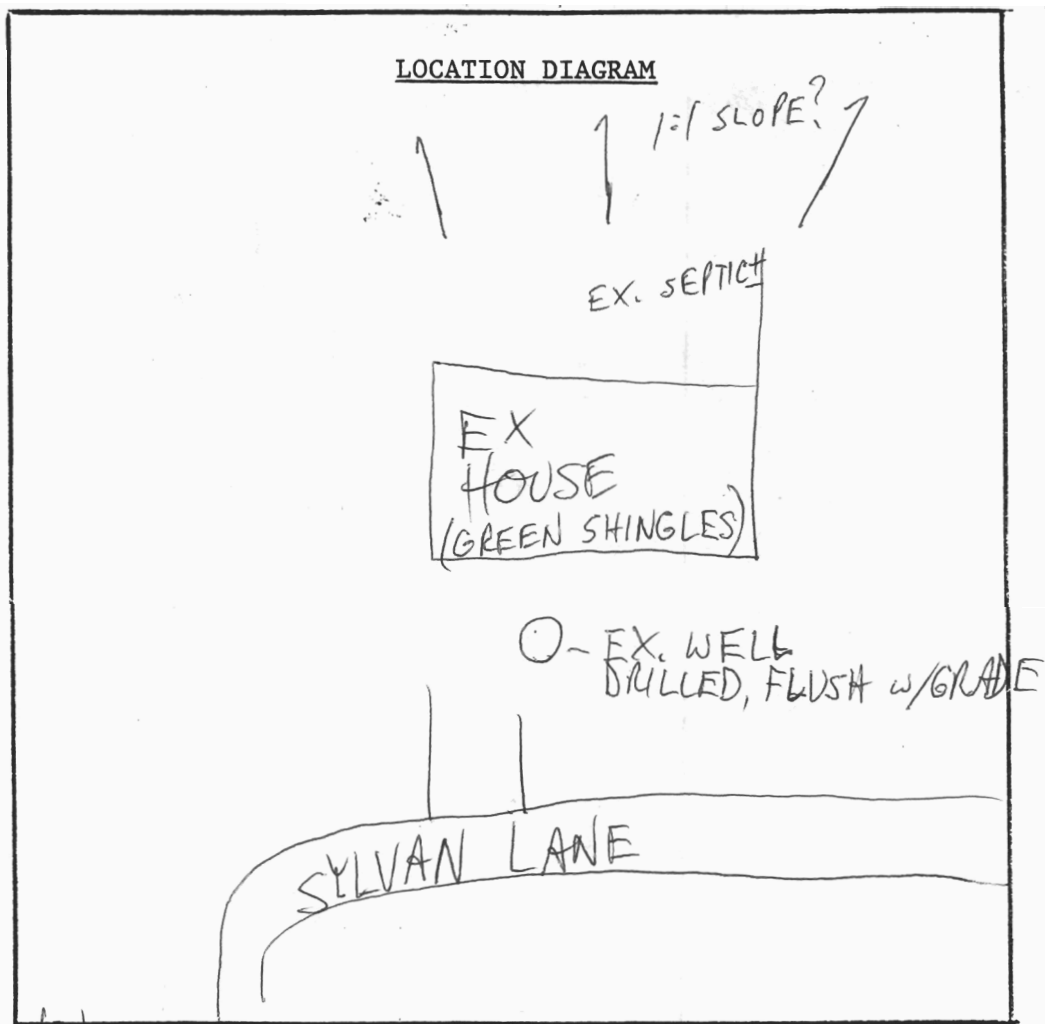
517004

10/10/02
10:30

SITE INSPECTION SHEET

3408

OWNER: James Harvey, Thelma Harvey (siblings) DATE REQUESTED: _____
PHONE #: 410-465-0338 ^{Fax} 265-1612 CONTRACTOR: _____
ADDRESS: 3531 Sylvan Lane 21043 WELL TAG #: _____
COUNTY #: _____
PROPOSAL: Confirmation of ~~the~~ water supply emergency for
County - Financing



COMMENTS: 10/10/02 MET OWNER @ SITE; OWNER DISABLED, WATER CURRENTLY
ACCESSED VIA HOSE FROM NEIGHBOR; NO ON-SITE VERIFICATION OF
LACK OF H₂O CONDUCTED; OWNER REPORTS WELL IS 40 YRS OLD ±,
AND ~~THE~~ ONLY ABOUT 40' WATER REMAINS (MR)

DATE: _____ INSPECTOR: _____