

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

P _____

APPROVAL DATE: _____

A 518556-A

PERMIT

INDEXED

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

03-291871

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 1675 Woodstock Road PROPERTY OWNER: Steve Malat

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED ☐

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:	
NOTES:	REPLACEMENT WELL

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

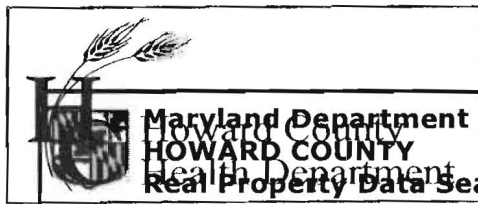
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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 UNLESS SPECIFICALLY AUTHORIZED

**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**

518556-A



Maryland Department of Assessments and Taxation
 HOWARD COUNTY
 Health Department
 Real Property Data Search

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 213-2640

Fax (410) 313-6648

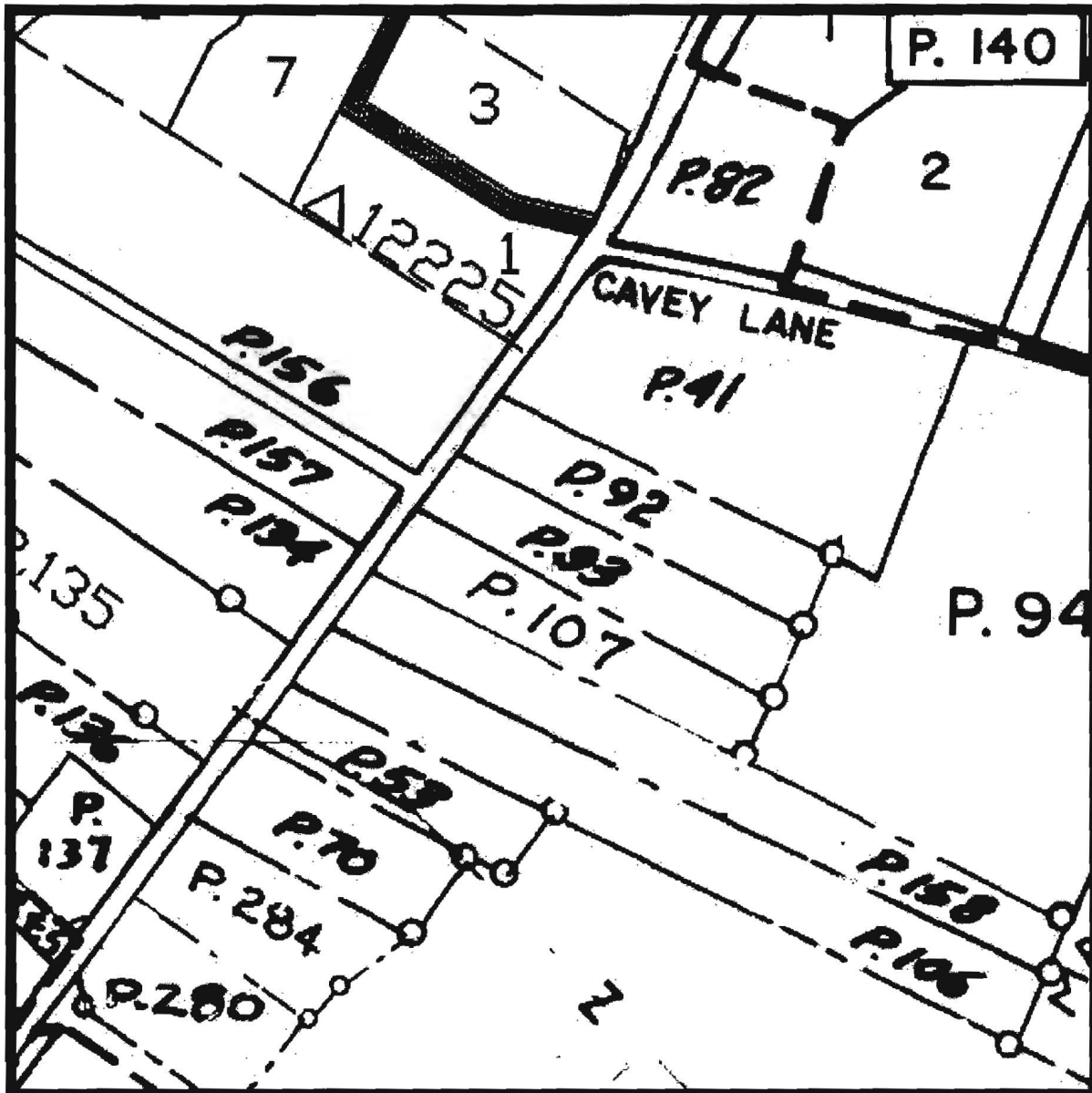
TDD (410) 313-2323

Toll Free 1-800-313-6300

website: www.hchd.net

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District - 03 Account Number - 291871 Penny E. Borenstein M.D., M.P.H., Health Officer



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 web site at www.mdp.state.md.us