

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 04/27/76

APPROVAL DATE: _____

P 23145

A 523145

PERMIT

INDEXED

TAX ID # 05-356598

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

_____ IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Clarksville Ridge LOT NUMBER: 9

ADDRESS: 6602 Swing Court PROPERTY OWNER: _____

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:	

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**

A523145

4/28/76
to M. of Sanitation
trans. to Dept.
file 23145

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

P 23145

A

ELLICOTT CITY

DISTRICT 5

DATE 4/27/76

INDEXED

Jenkins Brothers IS PERMITTED TO INSTALL ALTER X

ADDRESS Route 144, Ellicott City, Maryland PHONE 465-6646

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Clarksville Ridge ROAD 6602 Swinging Court LOT _____

(dead end street) CLARKSVILLE

PROPERTY OWNER Knoerr

ADDRESS _____

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 REPAIR - Call for inspection of ground so Sanitarian can recommend repair

system. 4/27/76 Deep trench: 70 ft long, 11 ft deep, with

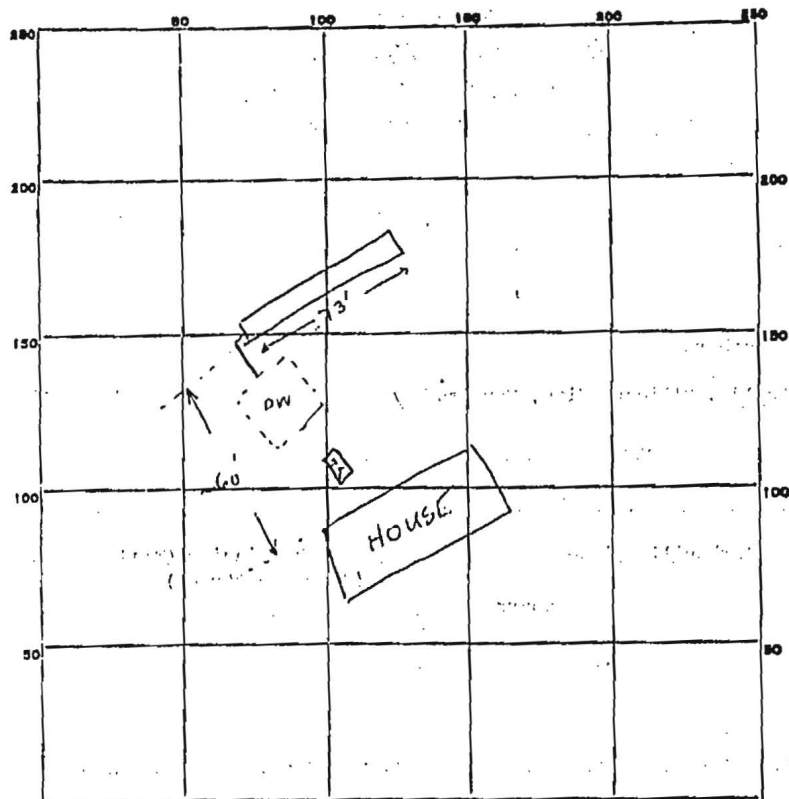
6 ft of stone under distr. pipe. Call for inst. of
trench before stone is installed. WWZ

PLANS APPROVED BY Palmer F. Wine DATE 4/27/76

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.

23145



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
SWING CT

PERMIT CARD ☒

SEPTIC TANK, LEVEL existing

CLEANOUTS existing

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/4 FT. TOTAL LENGTH 73 FT. 11 ft deep

NUMBER OF TRENCHES 1 TOTAL SIDEWALL BOTTOM AREA 456 ☒

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/28/76 10 AM Trench dug 73' long, 11 ft deep. OK to install gravel. WAZ

NAME Gravel installed in Trench to w/in 4 1/2 - 5' of surface

As per FF, Mr. or Mrs. Knowl agree to supervise

installation and covering of distrib. pipe in trench.

We agree to observe installation of pipe with a cover of stone.

Bernadine M. Knowl

DATE SYSTEM APPROVED 4/21/76

INSPECTOR Killian Th. J. J. J.