INSP 2 8/11/6	INSP 5				
NSP 3	INSP 6				
SSUE DATE:	8/5/05 D	FDM	ПТ	P 52311	
APPROVAL DATE	The second secon	ERMIT A		A 525257 A 526042	
	TAX	ID #05-4	13427		
			POSAL SYSTEM		
			TH DEPARTMENT ENTAL HEALTH		
yock's Septic Serv	ice, Inc.	IS P	ERMITTED TO INST	ALL ALTER	
ADDRESS: P. O	O. Box 89, Glenelg MD 21737	7	PHONE NUMBER:	410-531-2739	
SUBDIVISION:	The Warfields		LOT NUMBER:	24	
ADDRESS: 148	331 Sapling Way	PRO	PERTY OWNER: Cha	arles Griesser	
SEPTIC TANK CAPACITY (GALLONS):		1250	OUTLET BAFFLE FILTER REQUIRED		
PUMP CHAMBER CAPACITY (GALLONS)		n/a	COMPARTMENTED TANK REQUIRED ⊠		
NUMBER OF BEDROOMS:		4			
SQUARE FEET PER BEDROOM:		180			
LINEAR FEET OF TRENCH REQUIRED:		200	HOUSE SERVED BY PUBLIC WATER		
TRENCHES:		rade. Effectiv	eet below original grade. E e area begins at 4.0 feet be		
LOCATION:					
NOTES:		Install a 104' trench 12' down slope of existing 96' trench, abandon top 2 trenches (higher in elevation) and relocate distribution box.			
			700		

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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 **ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

BUILDING PERMIT SIGNED

9-2105 BOD ISG114- IG POUL

