

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

P 538134

APPROVAL DATE: \_\_\_\_\_

A REPAIR

# PERMIT

## Minor Septic Repair ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Plumbing and Heating Solutions of Maryland

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 2920 Dede Road Suite H, Finksburg, MD  
21048

PHONE NUMBER: 410-833-3730

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 13331 Triadelphia Mill Road

PROPERTY OWNER: Sayed Hassan

SEPTIC TANK CAPACITY (GALLONS): N/A

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: N/A

SQUARE FEET OF HOUSE: N/A

LINEAR FEET OF TRENCH REQUIRED: N/A

TRENCHES:	N/A
LOCATION:	Install sewer line per plan.
PURPOSE:	Tying in new addition to existing sewer line. Uncover tie in location and bend in line and call for inspection.

PLANS APPROVED: Jeff Williams

DATE: 11/16/12

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 OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE

**TRENCH/DRAINFIELD DATA**

WIDTH INLET BOTTOM

NUMBER OF TRENCHES \_\_\_\_\_  
TOTAL LENGTH \_\_\_\_\_  
ABSORPTION AREA \_\_\_\_\_  
DISTRIBUTION BOX LEVEL \_\_\_\_\_  
DISTRIBUTION BOX BAFFLE \_\_\_\_\_  
DISTRIBUTION BOX PORT \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_  
CAPACITY \_\_\_\_\_ GAL  
SEAM LOC \_\_\_\_\_  
TANK LID DEPTH \_\_\_\_\_  
BAFFLES \_\_\_\_\_  
BAFFLE FILTER \_\_\_\_\_  
MANHOLE LOC \_\_\_\_\_  
6" PORT LOC \_\_\_\_\_  
WATERTIGHT TEST \_\_\_\_\_  
SLOTTED \_\_\_\_\_  
DATE ON LID \_\_\_\_\_

PUMP/SEPTIC TANK LEVEL \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_  
CAPACITY \_\_\_\_\_ GAL  
SEAM LOC \_\_\_\_\_  
TANK LID DEPTH \_\_\_\_\_  
BAFFLES \_\_\_\_\_  
BAFFLE FILTER \_\_\_\_\_  
MANHOLE LOC \_\_\_\_\_  
6" PORT LOC \_\_\_\_\_  
WATERTIGHT TEST \_\_\_\_\_  
SLOTTED \_\_\_\_\_  
DATE ON LID \_\_\_\_\_

**ROAD NAME**

PRE-CONSTRUCTION:

INSTALLATION:

9/20- tie-in connection observed, in good condition, measurements recorded  
photo also taken. (RP)

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_



Tie-in  
9/20/13



# HOWARD COUNTY HEALTH DEPARTMENT

38134

DATE

11/16/2012

Received  
From

PHONE #

410-833-3780

For

- ☐ CASH  
☐ CHECK

NO.

(11)

\$

5500

Dollars

Received By

John L. Miller