

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

ISSUE DATE: 10/3/08

APPROVAL DATE: _____

PERMIT

P 529584

A REPAIR

TAX ID # _____

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

Gina and Charles Brown IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1015 River Rd PHONE NUMBER: 410-442-3712

SUBDIVISION: _____ LOT NUMBER: 8

ADDRESS: 1015 River Rd PROPERTY OWNER: Charles and Gina Brown

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

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

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	
LOCATION:	Septic line between the existing septic tank and existing drywell
NOTES:	Septic line between the tank and drywell has cracked causing flow problems for homeowners, needs replacing.

PLANS APPROVED: SS DATE: 10/3/08

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

P 33416



JOB NO.
J-6003

INSPECTOR:

SF 6/25/05 ~~RE~~ - RJB