

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 01/30/07

PERMIT

P 526207

APPROVAL DATE: _____

A REPAIR

Tax ID # 03-291219

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

Level Land, Inc. IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 100, Lisbon, MD 21765 PHONE NUMBER: 410-489-5206

SUBDIVISION: Burntwoods LOT NUMBER: 18

ADDRESS: 3330 Roscommon Drive PROPERTY OWNER: Elaine Deskin

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

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:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

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

**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 410-313-2640 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

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

SEPTIC TANK 2 LEVEL

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

ROAD

PRE-CONSTRUCTION

INSTALLATION

FINAL INSPECTOR

DATE OF APPROVAL

HOWARD COUNTY HEALTH DEPARTMENT
Completed Septic System

P 519049-H A Re-indexed

DATE _____

LOCATION	<u>3330 Roscommon Drive</u>	APPLICATION	
	<u>Burntwoods</u>	HOLD	()
		APPROVED	()
LOT	<u>18</u>	REJECTED	()
APPLICANT	_____	INSTALLATION	
OWNER	<u>Elaine Deskin</u>	HOLD	()
PERMITTEE	_____	APPROVED	()
HD-11		APPROVED	
		DATE	_____