

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 12/05/07

PERMIT

P 527936

APPROVAL DATE: _____

A REPAIR

Tax ID # _____

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

Hatfields Equipment IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 519, Annapolis Junction PHONE NUMBER: 301-854-6172

SUBDIVISION: The Heritage I LOT NUMBER: 68

ADDRESS: 4081 Sharp Road PROPERTY OWNER: Pontius

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 Yes
CAPACITY _____ GAL
SEAM LOC Midseam
TANK LID DEPTH 2.5-3
BAFFLES _____
BAFFLE FILTER No
MANHOLE LOC _____
6" PORT LOC Front
WATERTIGHT TEST No
SEPTIC TANK 2 LEVEL N/A
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION 12/19/07 No repair needed. Pipe going to
drywell was clogged. (BB)

FINAL INSPECTOR _____

DATE OF APPROVAL _____