C10 Co 20 100 Final 127/19

PERMIT

SEWAGE DISPOSAL SYSTEM

INDEXED

P<u>50432B</u>

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

X46X(X)HXX

313-2640

(UUNTY RELATED NO

DATE __/

DATE SYSTEM APPROVED

INSPECTOR FURNILL

01	_			
Olen Ketterman			PERMITTED TO INSTALL	ALTER X
ADDRESS 14960 Route 144	Woodbine, MD	21797	PHONE442-13:	36
SUBDIVISION	LOT	ROAD	10346 Route 216	
PROPERTY OWNER	Wessel 10346 Route			
ADDRESS	Laurel, Mar	yland 20723		
SEPTIC TANK CAPACITY	_GALLONS CONTAC	TTPERSON: Dan Bo	ennett, Howard Cou	unty Government
NUMBER OF BEDROOMS	<u> </u>		•	•
SQUARE FEET PER BEI	DROOM			
LINEAR FEET OF TRENCH REQUIRED				
REPAIR - PURPOSE - TO RE	PLACE EXISTING DI	SPOSAL FIELD WHI	CH HAS BEEN DISCOV	VERED TO BE ON
COUNTY FIRE DEP Call for inspec	PARTMENT PROPERTY.	is opened so san	itarian can recom	nend repair. 11/16/94
Replace old system	with 1000gal	septic Tonks	and one dry well.	take Dry well
15ft masile, 10A	+ deep. In/et at 3-	32, Eslective Soil	begins at 32-45	t. Keep
	vull as for From			
/				
PLANS APROVED BY			DA	ATE
COVER NO WORK UNTIL INSPECTED AND	APPROVED	Association of the second		

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 504321

200 Fore Horse? 150 to existing drain line 100 100 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE CLEANOUTS S.T. + Dry well SEPTIC TANK LEVEL 1000 gal TopS caned **DISTRIBUTION BOX LEVEL** DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH _____FT. INLET DEPTH _ " " EFFECTIVE GRAVEL DEPTH _____FT. TOTAL LENGTH _____ FT. ONE SIDEWALL/BOTTOM AREA SQ. FT. NUMBER OF TRENCHES EFFECTIVE DEPTH BELOW INLET _______6____FT. **INSPECTOR** DATE SYSTEM APPROVED