3/24/00 ASAP

PERMIT

P 513377

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

ISSUE DATE

APPROVAL DATE

INDEXED 03-2905 IS PERMITTED TO INSTALL ____ ALTER _ Hatfield's Equipment PHONE 301-854-6172 13785 Burntwoods Road, Clenelg, MD 21737. LOT NUMBER _____ ADDRESS <u>13212 Triadelphia Road</u> SUBDIVISION PROPERTY OWNER'S ADDRESS 13212 Triadelphia Road PROPERTY OWNER Sonva Hubbard **GALLONS** SEPTIC TANK CAPACITY **GALLONS** PUMP CHAMBER CAPACITY NUMBER OF BEDROOMS ____ SQUARE FEET PER BEDROOM ___ LINEAR FEET OF TRENCH REQUIRED ___ feet wide. Inlet feet below original grade. Bottom maximum depth 9 feet below original grade. < feet of stone below distribution box. REPAIR - PURPOSE - Existing system has failed. Call for inspection when ground is opened so sanitarian can recommend repair. 3-24-00 PLANS APPROVED

PERMIT VOID AFTER 2 YEARS

TRENCHES:

LOCATION:

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS

ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS

OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

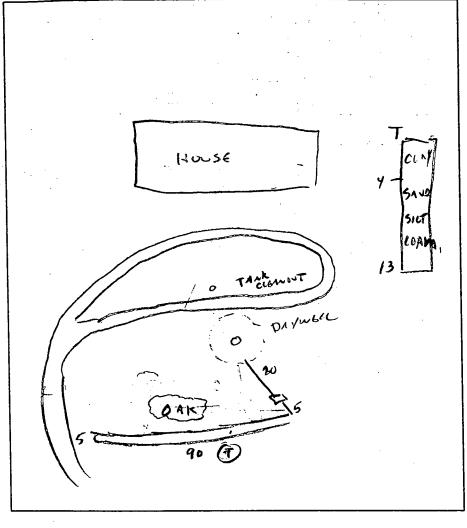
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



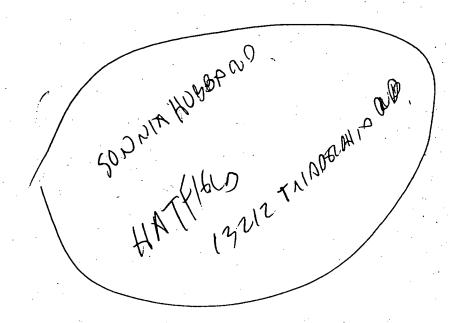
TRENCH DATA
TRENCH WIDTH
TRENCH INLET DEPTH
TRENCH BOTTOM DEPTH 9
DEPTH OF STONE
NUMBER OF TRENCHES
TOTAL TRENCH LENGTH 90
ABSORBENT AREA 450
DISTRIBUTION BOX LEVEL
BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA EXISTING
SEPTIC TANKGALLONS
MANHOLE RISER
6 INCH INSPECTION PORT
PUMP CHAMBER DATA
PUMP CHAMBER GALLONS
MANHOLE RISER
ALARM
PUMP PERFORMANCE TEST

NSPECTION COMMENTS:_	3/24/00 50125 OK TO 13, ADD 90 THOUGH W/5 GRAVE
to existing	Daywou
	3/24/00 pm 54 STOM COMPLETO DE TO COUER 1
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GODNIA HORDA COO MANLY 13212 TAIRBURNIA OND. HATHIBUD TO (FACE) MERROWS Lot 3 TMUKESTO

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HO-13 1415

