| LAYOUT 4/19/2014   | INSP 4   |                      |                   |  |
|--|--|----------------------|-------------------|--|
|  |  |                      |                   |  |
| INSP 3 4/22 /2010  | PM INSP 6  |                      |                   |  |
| ISSUE DATE:  |  | PERMIT               | P 532597          |  |
| APPROVAL DATE:   | 4/22/2010  |                      | Α                 |  |
| Tax ID # 03293289<br>ON-SITE SEWAGE DISPOSAL SYSTEM  |  |                      |                   |  |
| TANK REPLACEMENT   |  |                      |                   |  |
| HOWARD COUNTY HEALTH DEPARTMENT  |  |                      |                   |  |
| BUREAU OF ENVIRONMENTAL HEALTH   |  |                      |                   |  |
| Heritage Really  |  | IS PERMITTED TO IN   | STALL 🛛 ALTER     |  |
| ADDRESS: 15950 North Avenue 482 Lisbon MD PHONE NUMBER: 443-604-4379<br>21765  |  |                      |                   |  |
| SUBDIVISION:   |  | LOT NUMBER:          |                   |  |
| ADDRESS: <u>11730 Triadelphia Road</u> PROPERTY OWNER: <u>Rose Pickett</u>   |  |                      |                   |  |
| SEPTIC TANK CAPACITY (GALLONS): $1500$ OUTLET BAFFLE FILTER REQUIRED   |  |                      |                   |  |
| PUMP CHAMBER CAPACITY (GALLONS):   |  | Traffic COMPARTMENTE | D TANK REQUIRED   |  |
| NUMBER OF BEDROOMS:  |  | APPLICATION RAT      | APPLICATION RATE: |  |
| SQUARE FOOTAGE OF HOUSE:   |  |                      |                   |  |
| LINEAR FEET OF TRENCH REQUIRED:  |  |                      |                   |  |
| NOTES:   | Do not order the septic tank until after layout inspection and Sanitarian approval. Layout   |                      |                   |  |
|  | inspection required prior to tank installation. Original septic tank must be properly<br>abandoned before new tank installation. A written variance request is required for tanks<br>deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet. |                      |                   |  |
| PLANS APPROVED: DATE:  |  |                      |                   |  |
| NOTE: PERMIT VOID AFTER 2 YEARS<br>NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS<br>NOTE: WATERTIGHT SEPTIC TANKS REQUIRED<br>NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL<br>NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS |  |                      |                   |  |
| NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS<br>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

NOT TO SCALE TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM Drywell Depth 4.5-5.5' WIDTH NUMBER OF TRENCHES 2 TOTAL LENGTH ABSORPTION AREA DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT SEPTIC TANK DATA SEPTIC TANK 1 LEVEL Yes MANUFACTURER DODY ON -Old Leaking Metal Tank CAPACITY 1500 GAL SEAM LOC TOP Traffic 53.5 TANK LID DEPTH 5 BAFFLES Yes ~50 BAFFLE FILTER MANHOLE LOC From 6" PORT LOC Rear WATERTIGHT/TEST No ~57 SLOTTED Yes **PUMP/SEPTIC TANK LEVEL** ~69 MANUFACTURER CAPACITY GAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORTLOC\_ WATERTIGHT TEST SPOTTED Jell PRE-CONSTRUCTION InBasement UnderSteps min line than connect to drywell, Put 6" cleanout # ottom of druevel with perforate ons in parto INSTALLATION in drivell. Fill drivell with ston condition of tresse and drewvell when exposed, new tank set and illed with grapel. ited Repair & druce inished the FINAL INSPECTOR B. Baken \_ DATE OF APPROVAL 4/22/2010

