

8/13/01
11:00

05-359600

ISSUE DATE: 7/16/01

P 515341

APPROVAL DATE: _____

A REPAIR

PERMIT
INDEXED

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

Mike Johnson IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Goshen Property LOT NUMBER: Pres. Par. A

ADDRESS: 14831 Triadelphia Road PROPERTY OWNER: Brian Schiner

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

~~OLD PERMIT SIGNED~~
~~AND RETURNED~~ 9-13-01
B00132359 - Convert BK to Handicap
BUILD 20X16 POOL HOUSE

~~OLD PERMIT SIGNED~~
~~AND RETURNED~~ 12-11-2001
B00133340
1000 GAL UG. PROPANE TANK

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:	In support of BP B00130575 to add a large addition with no additional bedrooms.

PLANS APPROVED: MER DATE: 7/16/01

- 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 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

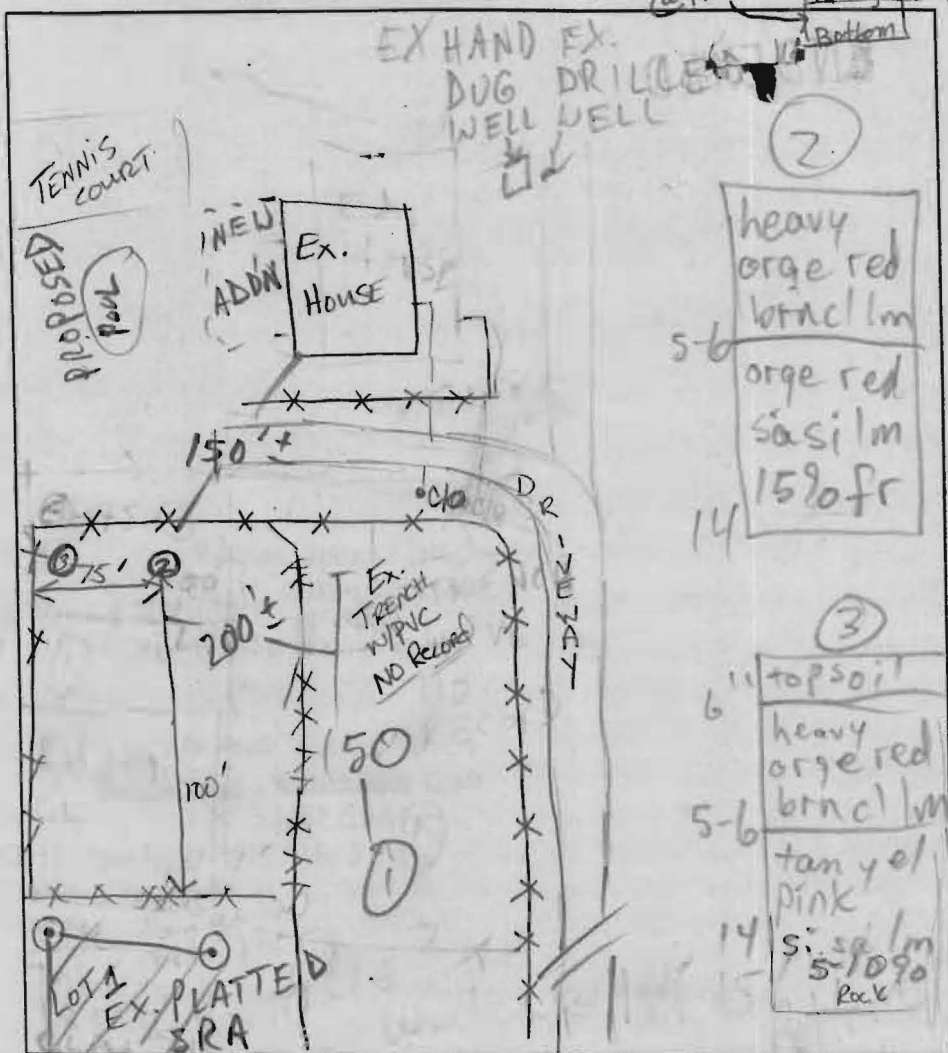
~~OLD PERMIT SIGNED~~
~~AND RETURNED~~ 8-22-01
B00132083 - IGP08L
50X24 3-9' Deep

P515341

8' ②
 1:06 1:09 6 min
 1:09 1:15

NOT TO SCALE

① soil profile
 rd org
 cl
 tan yellow
 brn micaaceous silt
 brn
 rd org claysilm
 Bottom
 water @ 14'-15' 11'



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

②
 heavy
 org red
 brncl/m
 5-6
 org red
 sasil/m
 15% fr
 14

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

③
 6" top soil
 heavy
 org red
 brncl/m
 5-6
 tan yel
 pink
 14
 s: sil/m
 5-10%
 rock

PRE-CONSTRUCTION INSPECTION: _____

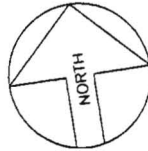
INSPECTION COMMENTS: 8/13/01 Reprie field for septic ident. - ok Also located repaired trench sys where record indicated dry well location. YG/MR

INSPECTOR _____ DATE SYSTEM APPROVED _____

HOUSE
SEPTIC
WELL

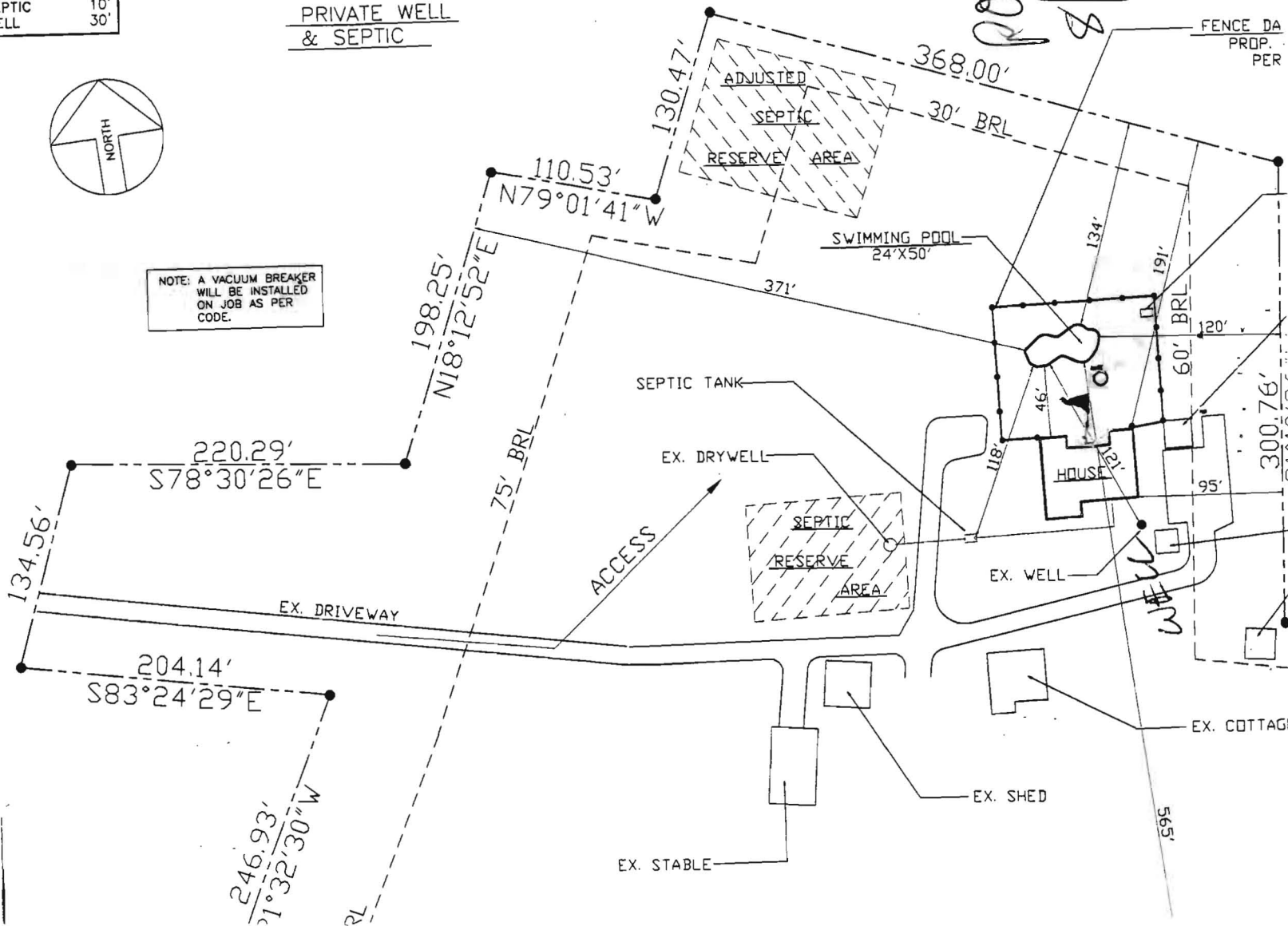
10'
30'

PRIVATE WELL
& SEPTIC



NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.

TRIA RD



POOL OK
\$22/01

FENCE DA
PROP.
PER

WELL

565'