

4/10/01
10-30

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P 515023

A REPAIR

ISSUE DATE 4/4/01

410-313-2640

INDEXED **CLOSURE** APPROVAL DATE 7/26/01

04-309804

Arnolds Backhoe & Septic Service

IS PERMITTED TO INSTALL ALTER X

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 15359 Union Chapel Road

PROPERTY OWNER Margaret Bewley PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY EX 750 GALLONS

PUMP CHAMBER CAPACITY — GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES: Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth

9 feet below original grade. 5 feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE - EXISTING SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 4/4/01

(3) 70' TRENCHES TOWARD FENCE

OK TO MAINTAIN EX S.T. DUE TO PENDING PROPERTY SALE (MR)

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

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

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

VOTE: WATERTIGHT SEPTIC TANKS REQUIRED

VOTE: 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

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

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

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

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

VOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

VOTE: 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

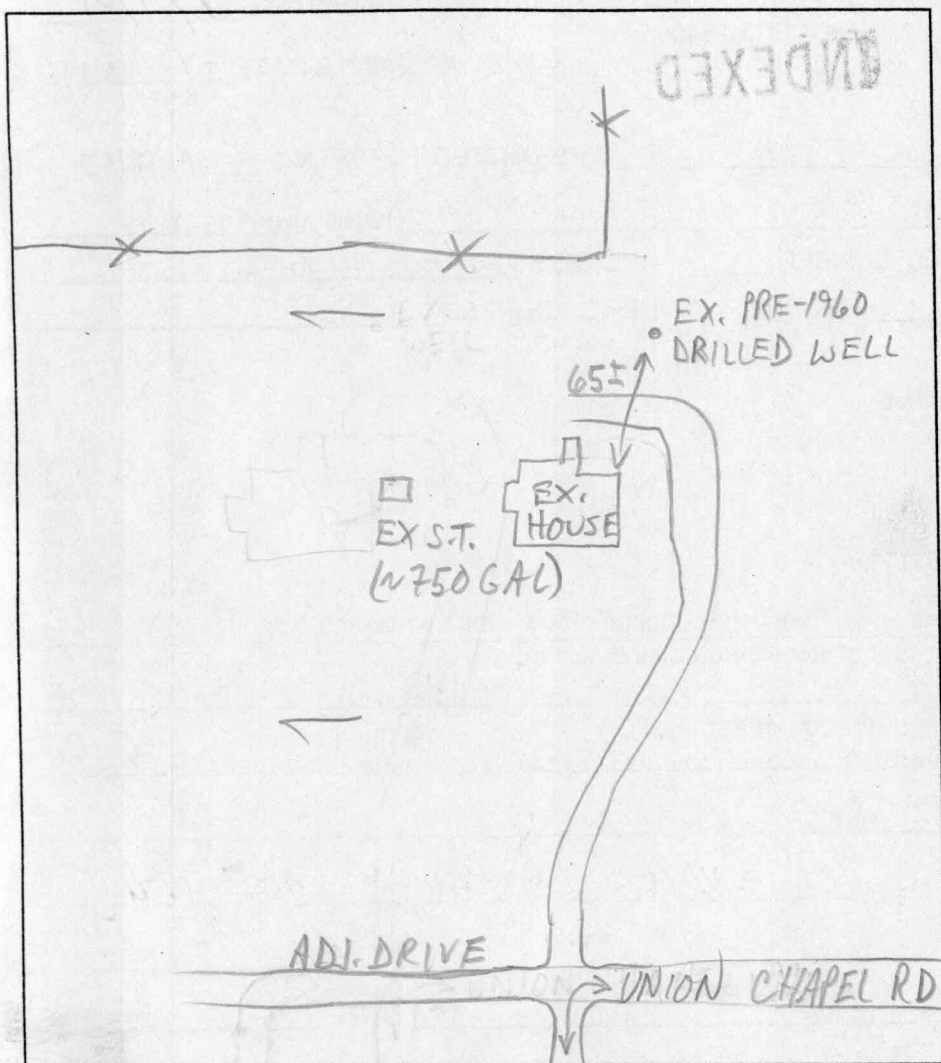
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

1515023

5349

NOT TO SCALE



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 _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 7/26/01 UNSCHEDULED SITE INSP: OWNER
REPORTS HOUSE SEWER LINE REPLACED; NO DISCH OBS'D
TODAY, FILE CLOSED (MR)

INSPECTOR _____ DATE SYSTEM APPROVED _____