10/25/01 11 x.M. House cont.

APPROVAL DATE:

ISSUE DATE:

8/17/01

10/25/01

PERMIT

P 515989

A REPAIR

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

INSTALL ☐ ALTER ☒ PERMITTED TO Mark Wilson PHONE NUMBER: 410-531-3591 ADDRESS: 12301 Wake Forest Road SUBDIVISION: Heritage Heights LOT NUMBER: 7-C 12301 Wake Forest Road PROPERTY OWNER: Mark Wilson ADDRESS: SEPTIC TANK CAPACITY (GALLONS): PUMP CHAMBER CAPACITY (GALLONS): N/A NUMBER OF BEDROOMS: 3 SQUARE FEET PER BEDROOM: LINEAR FEET OF TRENCH REQUIRED: TRENCHES: feet wide. Inlet feet below original grade. Bottom maximum Trench to be depth feet below original grade. Effective area begins at feet below feet of stone below distribution pipe. original grade. LOCATION: PURPOSE: In support of building permit, B00131874 Call for inspection when ground is opened so sanitarian can recommend repair. PLANS APPROVED: Mark Rifkin DATE: 8/17/2001

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 SYSTMEM 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

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TEEL 1/2 A A A A A A A A A A A A A A A A A A A	SAIDE FOREST ROLD	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
INSPECTION COMMENTS: House connected, off fundation: 2' deep, to septio line 10/25/01 SC	y Sign	STEMAPPROVED 12/25/01

TRENCH DATA TRENCH WIDTH ____