

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT
INDEXED

P _____

A A518005-B

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

03-294579

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Rosemary Estates LOT NUMBER: 16

ADDRESS: 13080 Williamfield Drive PROPERTY OWNER: Relvani

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

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:	_____

PLANS APPROVED: _____ DATE: _____

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

BUILDING PERMITS SIGNED 313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

4-21-02 800139479-IG PDDL
0-1-04 800142315-AL LP TANK

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