| INSP 2  | INSP 5  |                               | - 101 |                          |
|---|---|-------------------------------|---|--------------------------|
| INSP 3  | INSP 6  |                               |   |                          |
| ISSUE DATE: 5/2/06 PERMIT                                   |   |                               | IIT   | P 524/36                 |
| APPROVAL DATE:  | 5/16/06   | IDEXE                         | D   | A 514193-EE              |
|   | IAA   | ID #04-3                      |   |                          |
|   |   |                               | POSAL SYSTEM TH DEPARTMENT  |                          |
|   |   |                               | ENTAL HEALTH  |                          |
| 406160S0  | ptr Curant  | IS PI                         | ERMITTED TO INST  | CALL ⊠ ALTER □           |
| ADDRESS: 580  | OBREAKT AD  | 2178                          | ✓ PHONE NUMBER:   | 410-780-56               |
| SUBDIVISION: _Tr  | iadelphia Crossing  |                               | LOT NUMBER:   | 25                       |
| ADDRESS: 14340  | Triadelphia Road  | 1                             | _ <u>To</u>   | II MD II, LP             |
| SEPTIC TANK CAPACITY (GALLONS):                             |   | 1250                          | OUTLET BAFFLE FILTER REQUIRED   |                          |
| PUMP CHAMBER CAPACITY (GALLONS):                            |   | n/a                           | _ COMPARTMENTED TANK REQUIRED ⊠   |                          |
| NUMBER OF BEDROOMS:   |   | 4                             | To Santan   |                          |
| SQUARE FEET PER BEDROOM:                                    |   | 180                           | 1000  |                          |
| LINEAR FEET OF TRENCH REQUIRED:                             |   | 210                           | HOUSE SERVED BY PUBLIC WATER  |                          |
| TRENCHES:   | Trench to be 2.0 feet wide<br>8.0 feet below original gra-<br>feet of stone below distrib | ade. Effectiv                 |   |                          |
| LOCATION:   | Keep distribution box at the highest elevation in the approved SDA.                       |                               |   |                          |
| - 0.0   |   | No.                           |   |                          |
| 30 #  | _0387   |                               |   |                          |
| PLANS APPROVED:   | Pete Yencsik Reviewed   | 1 by: Kr                      | 3)  | DATE: 10/31/05           |
| WATERTIGHT SEPTIC<br>ALL PARTS OF SEPTI<br>MANHOLE RISERS R | SPONSIBLE FOR SCHEDULING A PI   | OM ANY WATER<br>AND PUMP CHAN | R WELL UNLESS SPECIFICALLY<br>MBERS UNLESS SPECIFICALLY   | AUTHORIZED<br>AUTHORIZED |

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 ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED
AND RETURNED

8/31/06 BO 608 4055 FINISH BASEMENT/BATH + RECRM



