

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 4-21-15

PERMIT

P 555818

APPROVAL DATE: 8/5/15 SEC

A _____

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

Zach Brendel IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: (410) 984-1430

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2175 Woodbine Rd, PROPERTY OWNER: Zach Brendel

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4?

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:	_____
NOTES:	_____

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 UNLESS SPECIFICALLY 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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

See As-Built Drawing
On Seperate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES

TOTAL LENGTH

ABSORPTION AREA

DISTRIBUTION BOX LEVEL

DISTRIBUTION BOX BAFFLE

DISTRIBUTION BOX PORT

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL YES

MANUFACTURER

CAPACITY 2000 GAL

SEAM LOC TOP

TANK LID DEPTH 2'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC FRONT + REAR

6" PORT LOC NONE

WATERTIGHT TEST NO

SLOTTED YES

DATE ON LID NONE

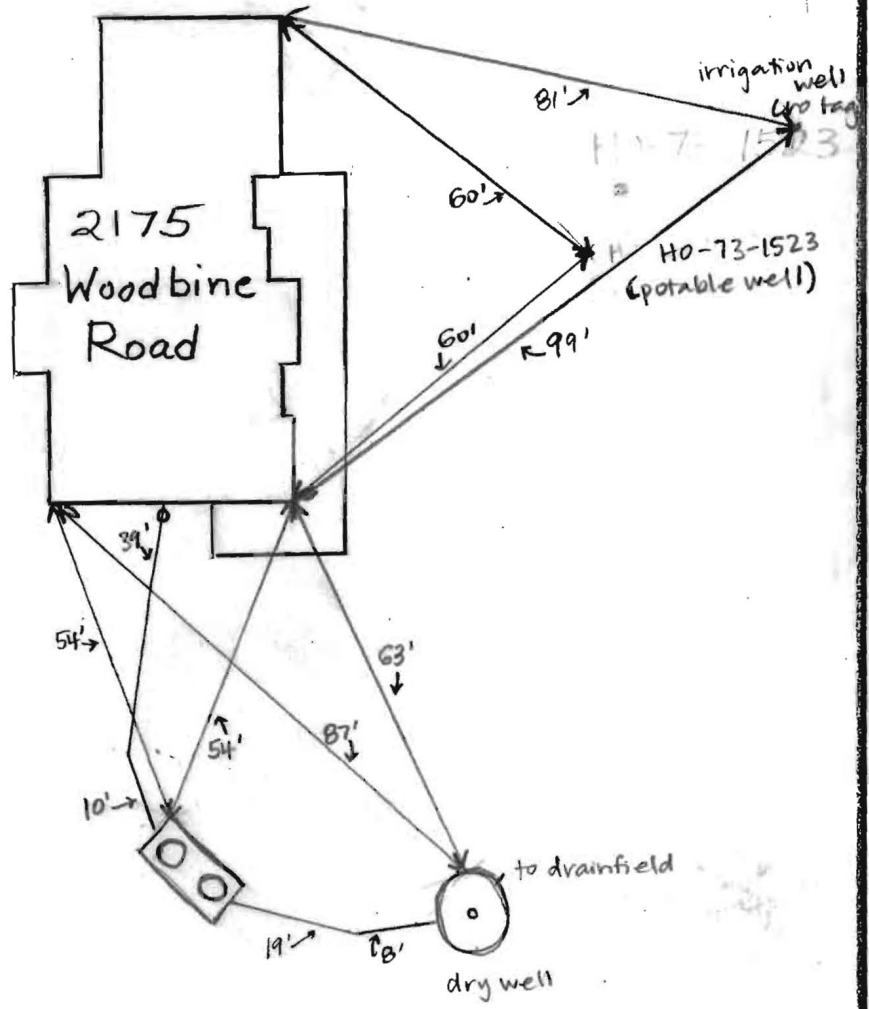
~~PUMP/SEPTIC TANK LEVEL
MANUFACTURER
CAPACITY GAL
SEAM LOC
TANK LID DEPTH
BAFFLES
BAFFLE FILTER
MANHOLE LOC
6" PORT LOC
WATERTIGHT TEST
SLOTTED
DATE ON LID~~

PRE-CONSTRUCTION
3/23/2015 Talked to Zack about setbacks. Told him he could proceed, but that septic permit needs to be paid for. (B)

INSTALLATION: 4/14/15 New tank installed and connected to house + dry well. 6-in inlet baffle and 4-in outlet baffle. ~9' vertical perforated pipe installed in dry well with ~3' non-perforated pipe + cap above ground as an observation port. Dry well connected to drain field. All PVC SCH 40; tie-in to drain field is cast iron. Contractor currently filling dry well w/ #2 stone. He'll leave dry well w/ stone open for inspection. Old tank collapsed. (S) 4/15/15 Dry well filled with stone and covered with cloth to top of perforated pipe. Contractor will cover with dirt. (S)

Dry well
9'
inner
diameter,
10' deep

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 4/5/15



PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P Re-index

A 519569-A

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

04-321405

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2175 Woodbine Road PROPERTY OWNER: David Ritter

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

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:	Re-indexed, Building Permit # B00136114 for the installation of a mobile home was not approved, site inspection needed & additional perms. Owner never contacted to go forward with building permit.

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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A519569-A

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 8/14/72

INDEXED

James Costello

IS PERMITTED TO INSTALL ALTER

ADDRESS Route 94, Lohan, Md.

PHONE 442-3288

SEWAGE DISPOSAL SYSTEM LOCATED AT _____

DIVISION _____

ROAD Florence Rd. (Rt. 94) LOT _____
see application for better directions

PROPERTY OWNER James F. Costello

ADDRESS _____

New owner - Karl Leimbardt

SPECIFICATIONS - 4 bedrooms - 1 trailer now

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,300 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 & TANK CAPACITY 50%.

OTHER Dry well - 14 ft. sq. - 8 ft. deep below inlet pipe. Trench off dry well - 30 ft. long - 10 ft. deep - 5 ft. of gravel under pipe installed in area tested.

NOTE: ALL PIPE FROM TRAILER TO BE TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

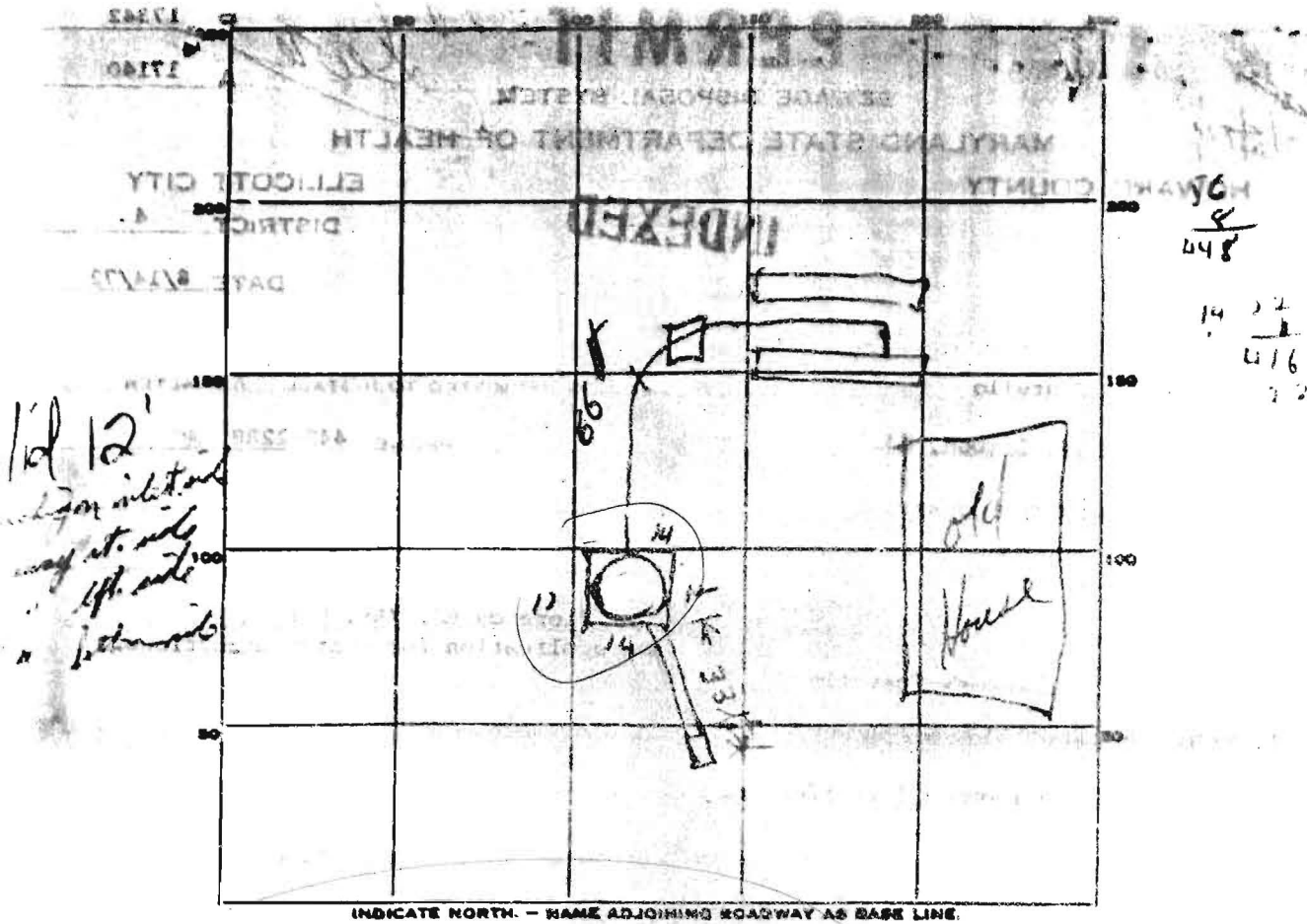
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

APPROVED BY D. W. Monaghan

DATE 8/9/72

ALL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

EITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.



1' id 12'
 12' from inlet
 14' from inlet
 14' from inlet
 14' from inlet

HC
 8
 248
 14 22
 416
 22

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8-31-72 no gravel at half of digwell
 starting 8 ft from inlet to digwell gravel top of pipe
 3 1/2 ft from surface to 10 1/2 ft from surface
 no pipe from digwell to trench or in trench
 see cleanout on 5/4, pipe in front of tank not sealed in cleanout
 need additional 7 ft trench 10 ft deep 3 ft from top of pipe
 seal pipe where in digwell

DATE SYSTEM APPROVED 12/5/72 INSPECTOR [Signature]