

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 6/6/02

PERMIT

P 517308

APPROVAL DATE: _____

A REPAIR

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

Gartland Plumbing IS PERMITTED TO INSTALL ALTER

ADDRESS: 1835 W Old Liberty Road, 21157 PHONE NUMBER: 410-875-2400

SUBDIVISION: _____ LOT NUMBER: 7

ADDRESS: 16368 Frederick Road PROPERTY OWNER: Richard Bloom

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: | In support of building permit. Call for inspection when ground is opened. |
| PURPOSE: | |

PLANS APPROVED: _____ DATE: 6/6/02

- 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

NOT TO SCALE

w/Plumber
To start repair for
~~prop.~~ prop. bath
add'n, submit plan
MK 5/6/02

ROAD

| 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 _____ | |
| CAPACITY _____ | GAL |
| SEAM LOC _____ | |
| TANK LID DEPTH _____ | |
| BAFFLES _____ | |
| BAFFLE FILTER _____ | |
| MANHOLE LOC _____ | |
| 6" PORT LOC _____ | |
| WATERTIGHT TEST _____ | |
| SEPTIC TANK 2 LEVEL _____ | |
| CAPACITY _____ | GAL |
| SEAM LOC _____ | |
| TANK LID DEPTH _____ | |
| BAFFLES _____ | |
| BAFFLE FILTER _____ | |
| MANHOLE LOC _____ | |
| 6" PORT LOC _____ | |
| WATERTIGHT TEST _____ | |

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____