

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/7/2004

PERMIT

P 520138-A

APPROVAL DATE: 10/19/04

A UPGRADE

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: P.O. Box 89, Glenelg PHONE NUMBER: _____

SUBDIVISION: Glenelg Manor LOT NUMBER: 10

ADDRESS: 4179 Heritage Hill Lane PROPERTY OWNER: Adonis Kranwinkel

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

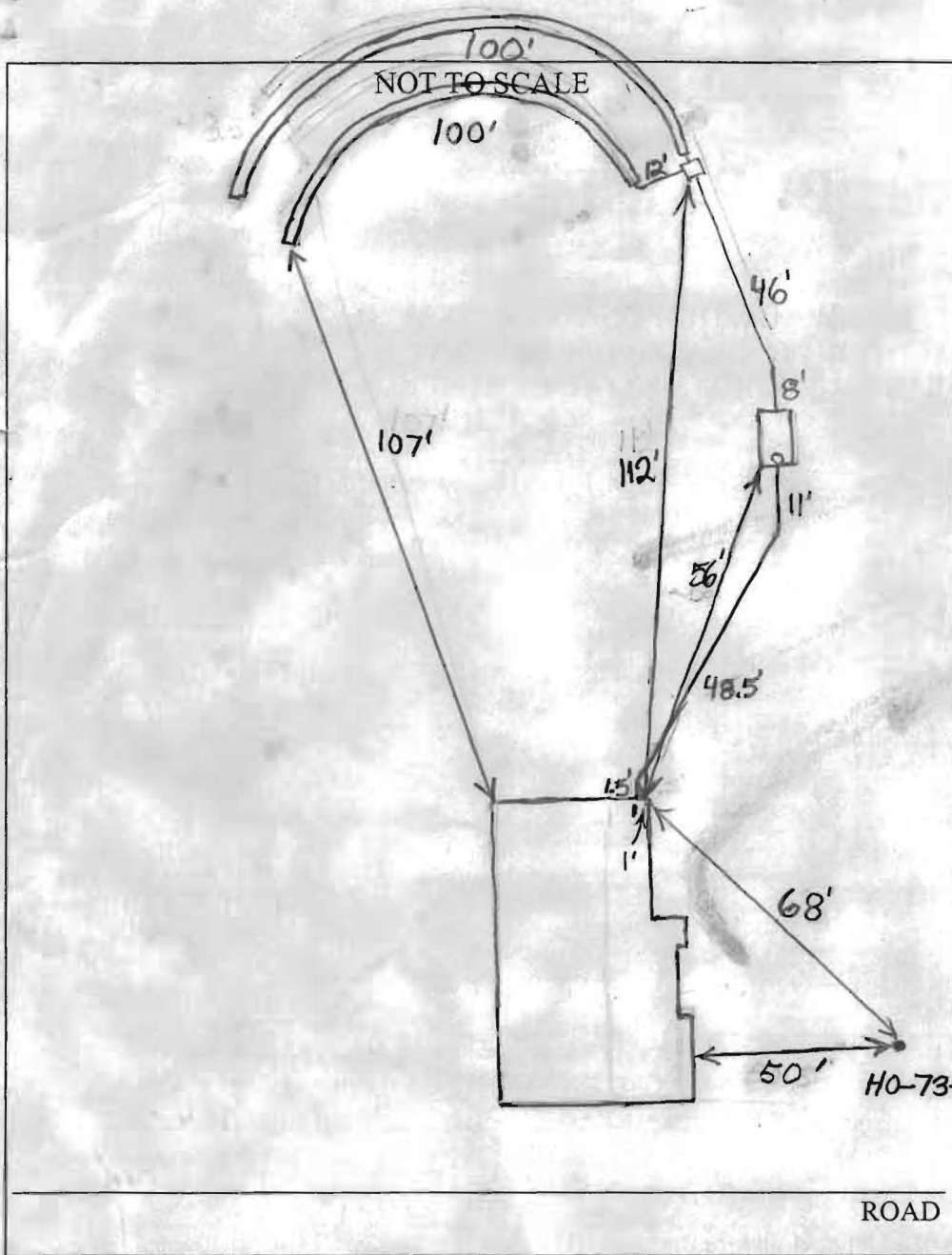
LINEAR FEET OF TRENCH REQUIRED: 188' - 200' Installed

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:	In support of addition. Call for inspection when ground is opened so sanitarian can recommend repair.

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 OR 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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		600' + Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	~1'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

INSTALLATION 10/19/04 System installed. Specs. upgraded from 4 bedroom to 5 bedroom. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 10/19/04

Adoni's Krenwinkel SITE INSPECTION SHEET

OWNER: 4179 Heritage Hill PHONE #: _____

ADDRESS: Tax Map 22 Parcel 282 CONTRACTOR: _____

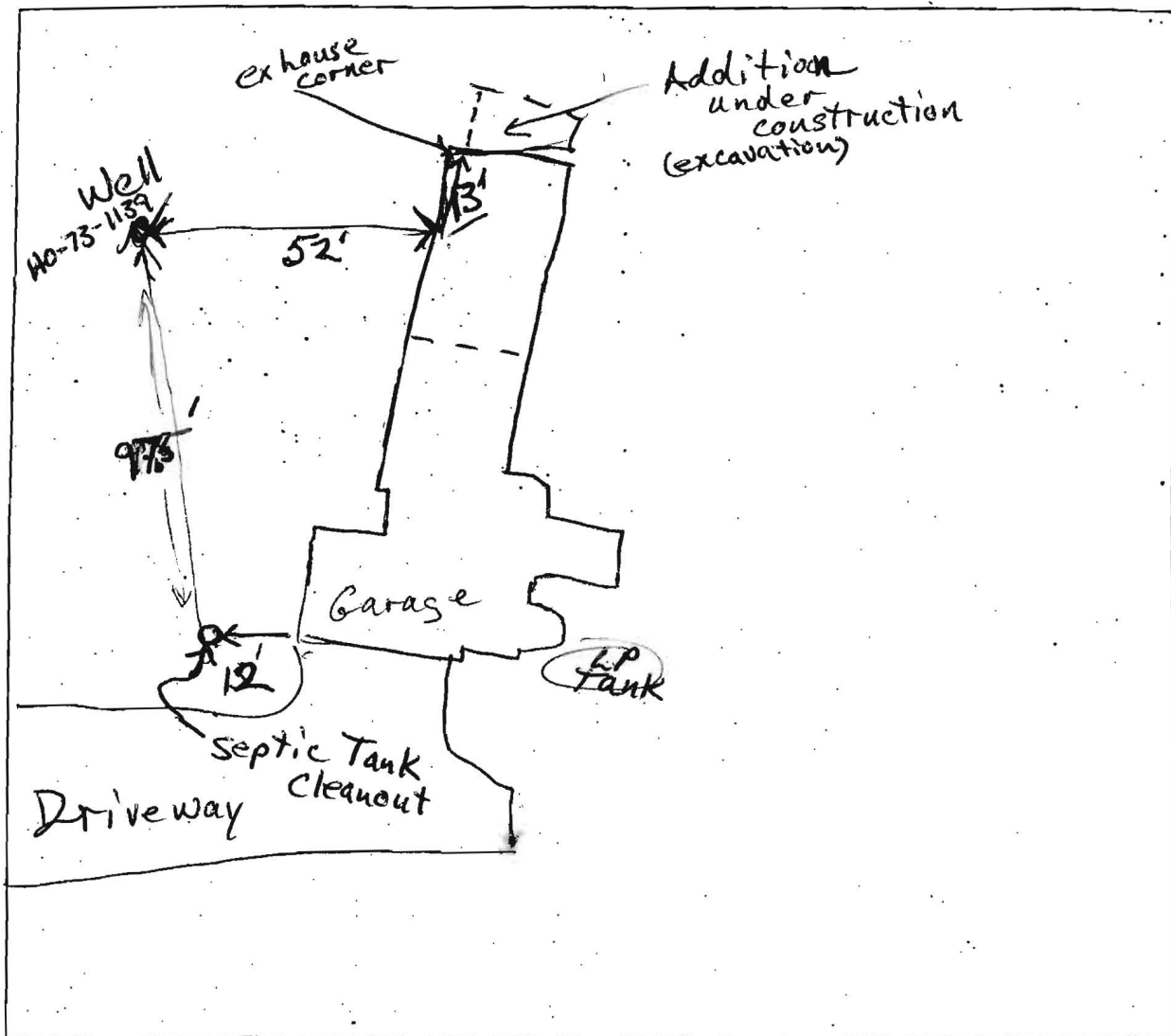
WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: LP Tank installation.

Septic system and well locations inspection.

LOCATION DIAGRAM



COMMENTS: Distances given in relation to 'septic tank' are to the 6" PVC cleanout

Rotal Braker 10/25/2007

