

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/20/2010

APPROVAL DATE: _____

PERMIT

P 34030

A REAPIR

Tax ID # 1404361318

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

CUMBERLAND & COMPANY

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 16391 AE MULLINIX RD PHONE NUMBER: 301-854-6838

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 689 WEST WATERSVILLE PROPERTY OWNER: RICHARD PERRY

SEPTIC TANK CAPACITY (GALLONS): 2,000 ^{MIN.} OUTLET BAFFLE FILTER REQUIRED ☒

PUMP CHAMBER CAPACITY (GALLONS): 1,500 COMPARTMENTED TANK REQUIRED ☒

NUMBER OF BEDROOMS: 5

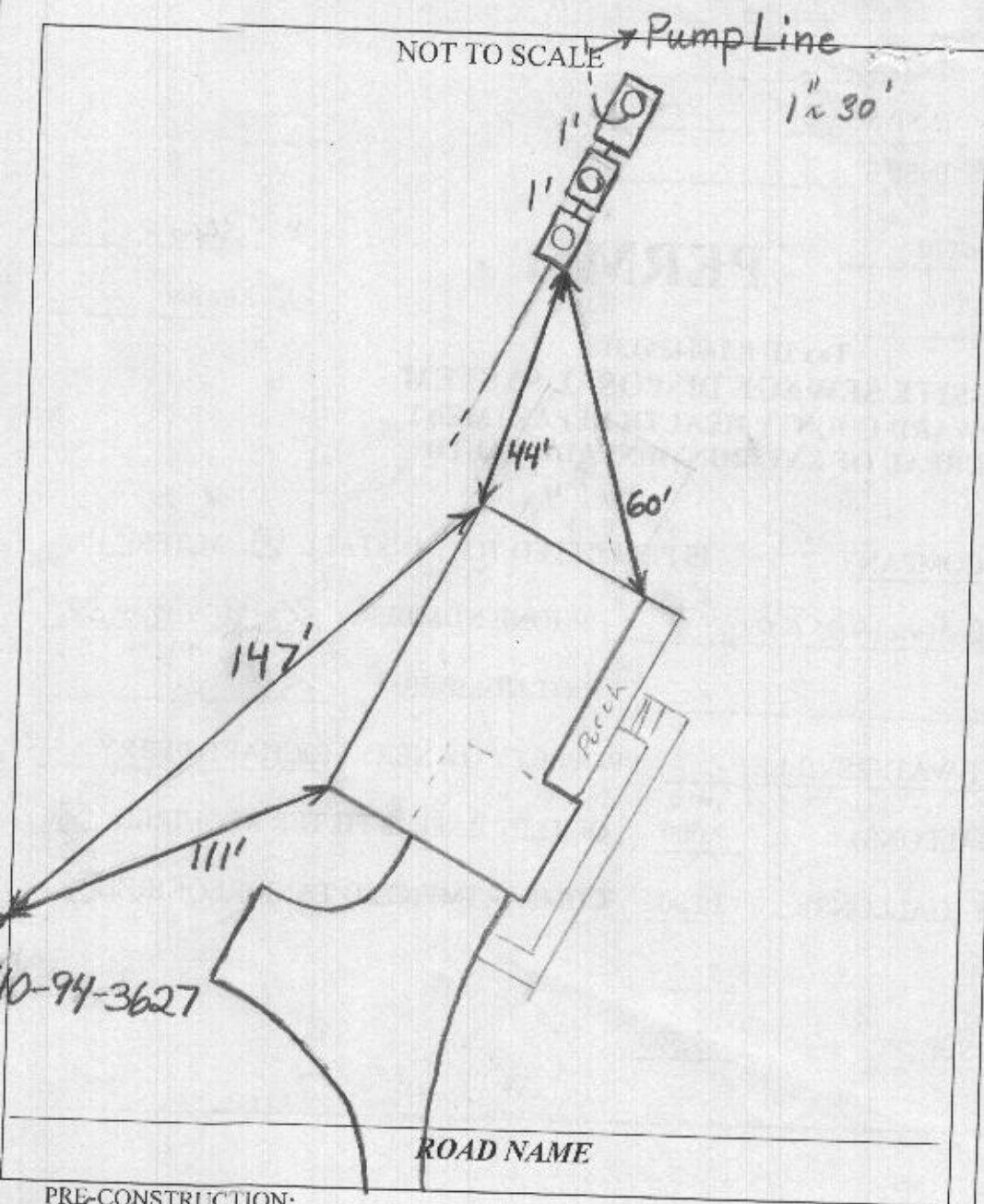
SQUARE FOOTAGE OF HOUSE: ~3,500

TRENCHES:	
LOCATION:	Move existing septic tank and pump tank at least 20' from corners of proposed addition. Utilize ex. 1,250 gal. tanks and add a 1,500 gal. pump tank. Tie into existing force main.
NOTES:	Do not order the septic tank until after layout inspection and Sanitarian approval. Stake Call for layout inspection. Mark utilities. A traffic bearing lid is required for tanks deeper than 4 feet.

PLANS APPROVED: HS DATE: 9/20/2010

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**



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	2 x 1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3', 3'-4'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	None
PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2.5'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	7/29/2010

PRE-CONSTRUCTION:

9/24/10 S.T. and P.T. to be moved meet set back from addition @ 9/29/2010

INSTALLATION: 9/24/2010 Tanks set. (BB) 9/27/2010 No work done (BB) 9/29/2010 Risers installed. Connected to pump line. Everything finished except for pump and alarm test. (BB)

FINAL INSPECTOR

DATE OF APPROVAL



HOWARD COUNTY HEALTH DEPARTMENT

34030

DATE
9/30/10

SP

Received From

Supermarket Company

PHONE #

For

189 West Lakeside

☐ CASH
☐ CHECK
NO. 1165

One hundred thirty four

Dollars

\$

1165

Received By

W. J. W. W.