



HOWARD COUNTY HEALTH DEPARTMENT

24117

2 ^{DATE} P3 PC

P5

Received From

Hatfield's Equipment

PHONE # 301-854-6172

P.O. BOX 579, ANNAPOLIS JUNCTION MD 20701

For Septic Tank Upgrade - ~~2000~~

2625 THOMPSON DRIVE

☐ CASH

☒ CHECK

NO.

2112

One Thousand Sixty Two and ⁰⁰/₁₀₀

Dollars

\$ 165.00

Received By

Stephan Nelson

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 2/23/06

PERMIT

P 524140

APPROVAL DATE: _____

A REPAIR

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

Hatfields Equipment IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: P. O. Box 519 PHONE NUMBER: 301-854-6172

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2625 Thompson Drive PROPERTY OWNER: Robert Weickgenannt

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:	
PURPOSE:	Replace septic tank, only paid \$165.00, on 2/27/06 contractor called and said the trenches have failed <u>must pay additional \$165.00 for total repair perc.</u>

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

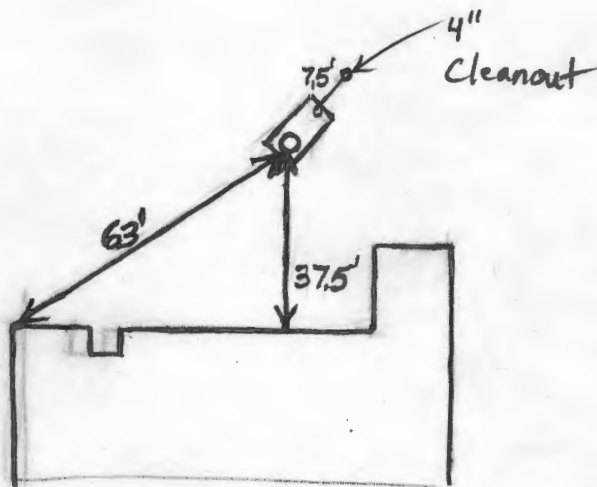
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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**

NOT TO SCALE



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	2'
BAFFLES	Front Rear
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
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 2/27/06 New tank set and covered by contractor prior to inspection. Supposed to be 1500 top seam.

* Trenches appear full but there is no surface discharge. * (BB)

FINAL INSPECTOR _____

DATE OF APPROVAL _____