

approved  
4/15/86 C. Williams

# PERMIT

P 36780

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT \_\_\_\_\_

~~461-9933~~  
461-9933

DATE 4/09/86

Donald G. Parlette

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 6575 Route 32, Clarksville, Maryland PHONE 531-2140

SUBDIVISION \_\_\_\_\_ ROAD 6058 Waterloo Road LOT \_\_\_\_\_

PROPERTY OWNER Ingong Choe

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS NUMBER OF BEDROOMS \_\_\_\_\_

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

4/15/86 REPLACING LINE TO SEPTIC TANK ONLY.  
OK TO PROCEED WITHOUT INSPECTION. C. Williams

PLANS APPROVED BY C. Williams DATE 4/09/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

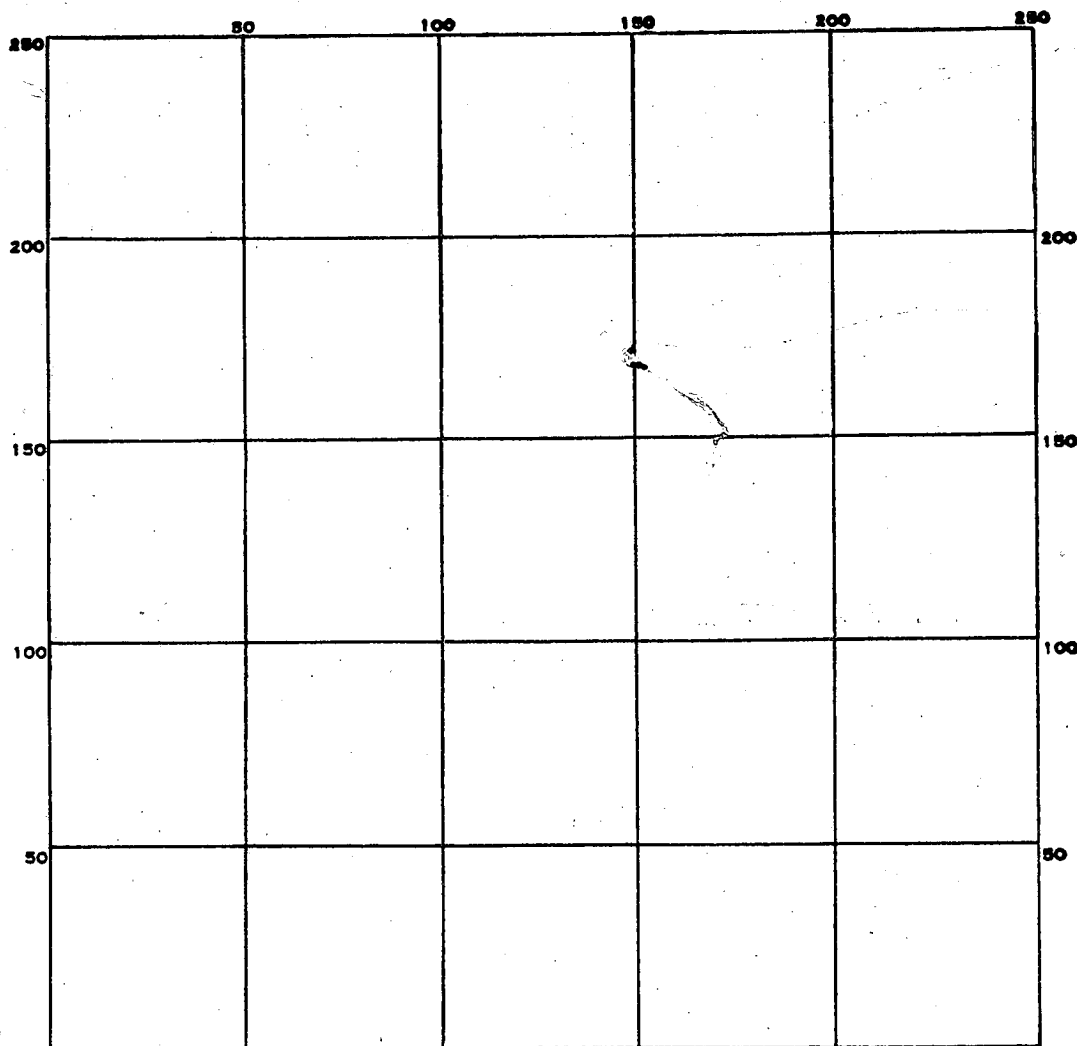
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

~~CALL 392-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A  
REPAIR  
36780



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.

INSTALLER <sup>REPLACED</sup> ~~REPLACED~~ DAMAGED, CLOGGED SEWER LINE.

REMARKS NO INSPECTION MADE. CW.

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DATE SYSTEM APPROVED 4/15/86 INSPECTOR Craig W. Allen