

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 11/05/07

P 527896

APPROVAL DATE: 12/7/07

A REPAIR

PERMIT

Tax ID # 04-343492

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: Florence Estates II LOT NUMBER: 10

ADDRESS: 1910 Log House Road PROPERTY OWNER: Bill Bender

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:	In support of building permit, existing septic tank must be relocated. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: GABE CREIGHTON DATE: 1/11/2007

- 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 No

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 3.5-4.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front+Rear

6" PORT LOC None

WATERTIGHT TEST No

~~SEPTIC TANK 2 LEVEL N/A~~

~~CAPACITY _____ GAL~~

~~SEAM LOC _____~~

~~TANK LID DEPTH _____~~

~~BAFFLES _____~~

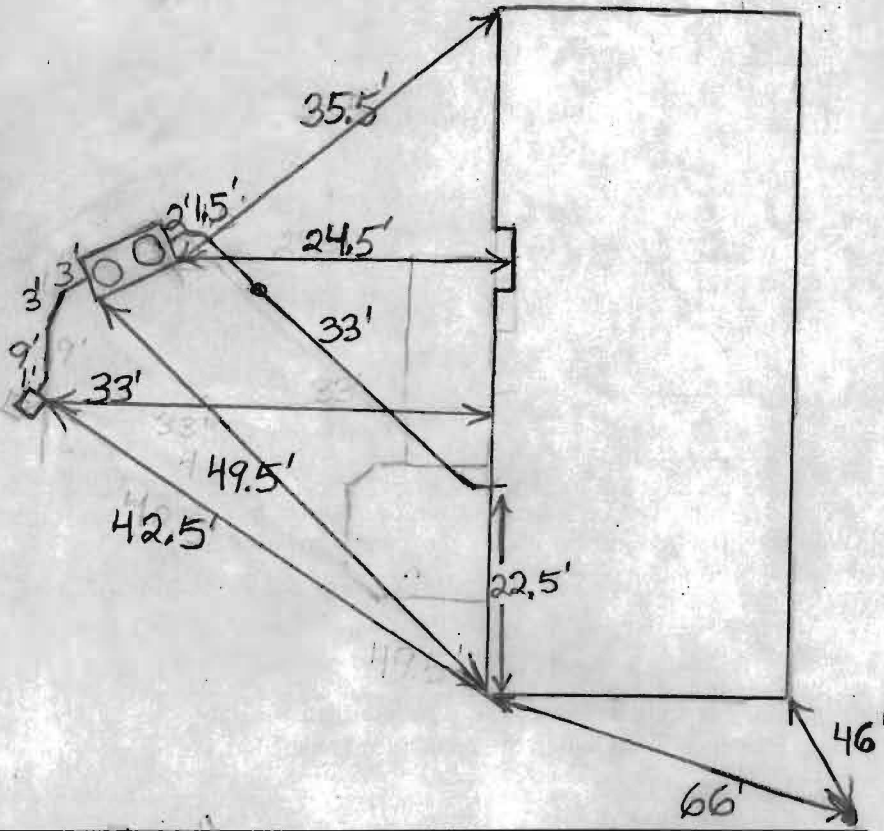
~~BAFFLE FILTER _____~~

~~MANHOLE LOC _____~~

~~6" PORT LOC _____~~

~~WATERTIGHT TEST _____~~

PRE-CONSTRUCTION



HO-81-2142 ROAD

INSTALLATION: 12/7/07 New Babylon 2-compartment tank installed. Old tank pumped out and filled in. (BB)

FINAL INSPECTOR

B. Baber

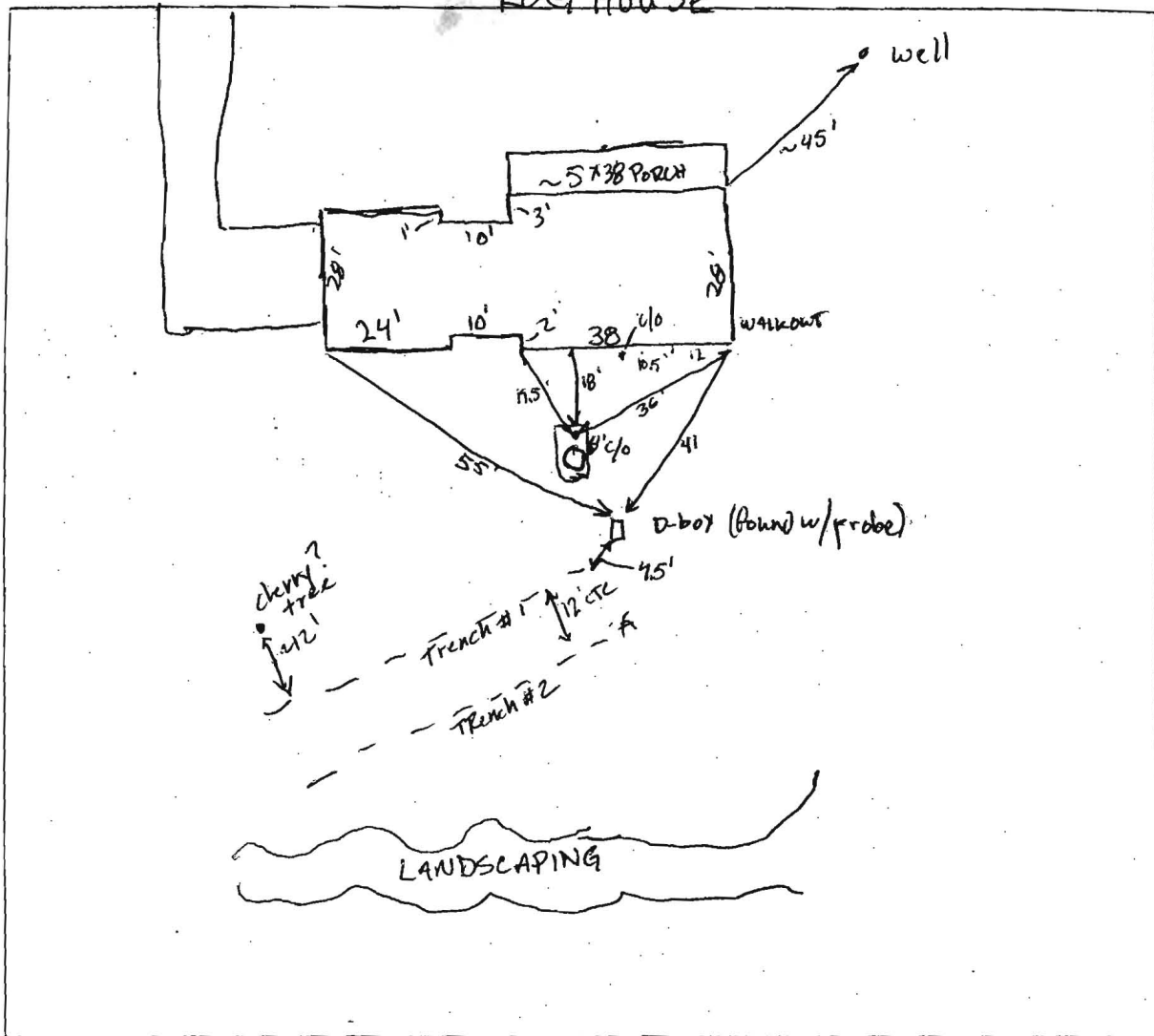
DATE OF APPROVAL

12/7/07

SITE INSPECTION SHEET

OWNER: Bill Bander PHONE #: _____
ADDRESS: 1910 Log House Ct CONTRACTOR: JWK Contracting
WELL TAG #: HO-81-2142
SUBDIVISION: Florence Ests LOT: 10 S2 COUNTY #: _____
PROPOSAL: 12x12 Sunroom on unfinished bsmt.

LOCATION DIAGRAM
LOG HOUSE



COMMENTS: TANK NEEDS TO BE MOVED. MIN. 20' from Sun Room
need plumber to look @ and see if fall works.

DATE: 11/3/07 INSPECTOR: [Signature]