

LAYOUT 9/14/10 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/1/2010 **PERMIT – Repair** P 534012
APPROVAL DATE: 9/15/2010 A _____

Tax ID # 05345146
**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: CABIN HILL LOT NUMBER: 12

ADDRESS: 12938 KENTBURY DRIVE PROPERTY OWNER: STEPHEN & KAZOKO BRAITHWAITE

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____ APPLICATION RATE: _____

SQUARE FOOTAGE OF HOUSE: _____ 3' Wide Inlet 4' Bottom 7' 2-52' Trenches

LINEAR FEET OF TRENCH REQUIRED: 104'

TRENCHES:	Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	A Layout inspection is required for correct placement and verification of trench locations.
NOTES:	Manhole access needs to be installed on the tank. Install observation pipes at trench ends. Pump and collapse ex. dry well.

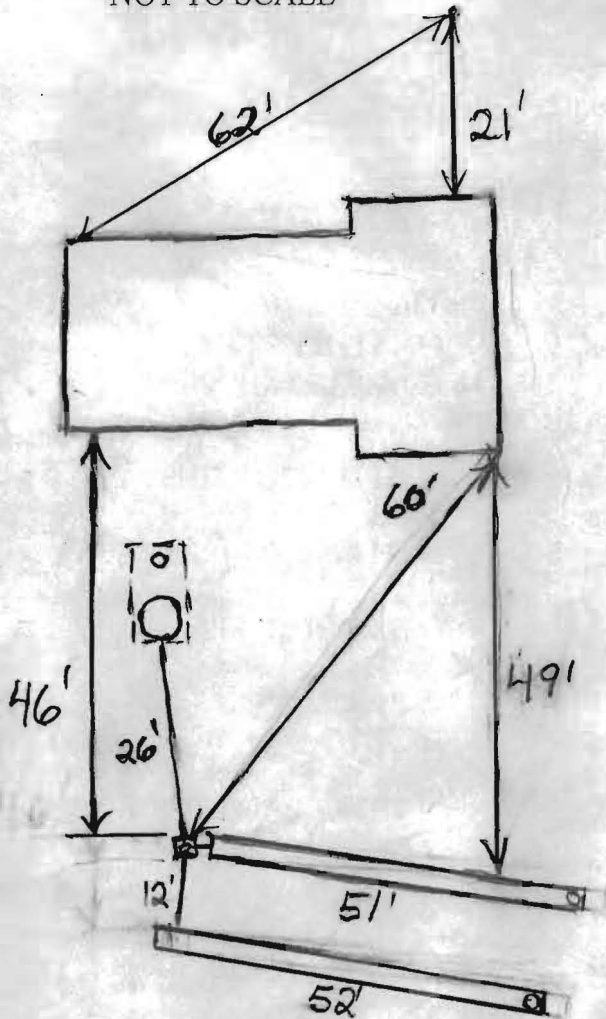
PLANS APPROVED: B. Baber DATE: 9/14/2010

- 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

Ho-73-1497

NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH 3' INLET 3'-4.5' BOTTOM
 NUMBER OF TRENCHES 2
 TOTAL LENGTH 103'
 ABSORPTION AREA 309+Sidewall
 DISTRIBUTION BOX LEVEL Levelers
 DISTRIBUTION BOX BAFFLE Yes
 DISTRIBUTION BOX PORT No

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC Midseam
 TANK LID DEPTH 1-2'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Rear
 6" PORT LOC Front
 WATERTIGHT TEST No
 SLOTTED No
 DATE ON LID No

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

9/14/2010 Layout done. (PB) 9/15/10 System finished. O.K. to backfill everything (PB)

INSTALLATION:

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

9/15/2010