

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

ISSUE DATE: 12/21/12

PERMIT

P 544489

APPROVAL DATE: _____

A _____

Tax ID # 03-314596

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

Matt Scott IS PERMITTED TO INSTALL ALTER

ADDRESS: 13835 Kennard Drive PHONE NUMBER: 973-727-7683

SUBDIVISION: Crystal Clear LOT NUMBER: 26

ADDRESS: 13835 Kennard Drive PROPERTY OWNER: Matt Scott

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4 APPLICATION RATE: _____

SQUARE FOOTAGE OF HOUSE: 3060

LINEAR FEET OF TRENCH REQUIRED: _____

LOCATION:	Replace existing septic tank to meet 20 foot setback from new (and old) foundation. Call for layout inspection. Pump and crush old septic tank. Fill void with clean earth materials.
NOTES:	Do not order the septic tank until after layout inspection and Sanitarian approval. Layout inspection required prior to tank installation. Original septic tank must be properly abandoned before new tank installation. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

PLANS APPROVED: Robert Bricker DATE: 12/21/12

- NOTE: PERMIT VOID AFTER 1 YEAR
- 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**

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 _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

S.T. 1500

Replace existing septic tank to meet
20-foot setback from new (and old)
foundation.

Call for layout inspection.

Pump and crush old septic tank. Fill
void with clean earth materials.

P44489

LOT 23
CRYSTAL CLEAR
Plat # 8444
N 61° 08' 12" E

LOT 24
"CRYSTAL CLEAR"
Plat # 8444

LOT 26
3.725 AC ±
Plat # 8443

Approved Septic System Plan
Howard County Health Department

C. Wall 3/20/95
Signature Date

- NC
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 2. The ow.
 3. Exi

