

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 12/20/06

P 525690

APPROVAL DATE: 12/27/06

A REPAIR

PERMIT

Tax ID #

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

J M Contracting IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 443-277-7526

SUBDIVISION: Highland Lake LOT NUMBER: 14

ADDRESS: 6628 Isle of Skye Drive PROPERTY OWNER: John Fontana

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 84

TRENCHES:	Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 5 feet below original grade. 5 feet of stone below distribution pipe.
LOCATION:	Install the trench on contour directly below the existing system. Pump out and fill in the drywell.
PURPOSE:	

PLANS APPROVED: B. Baker DATE: 12/20/2006

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

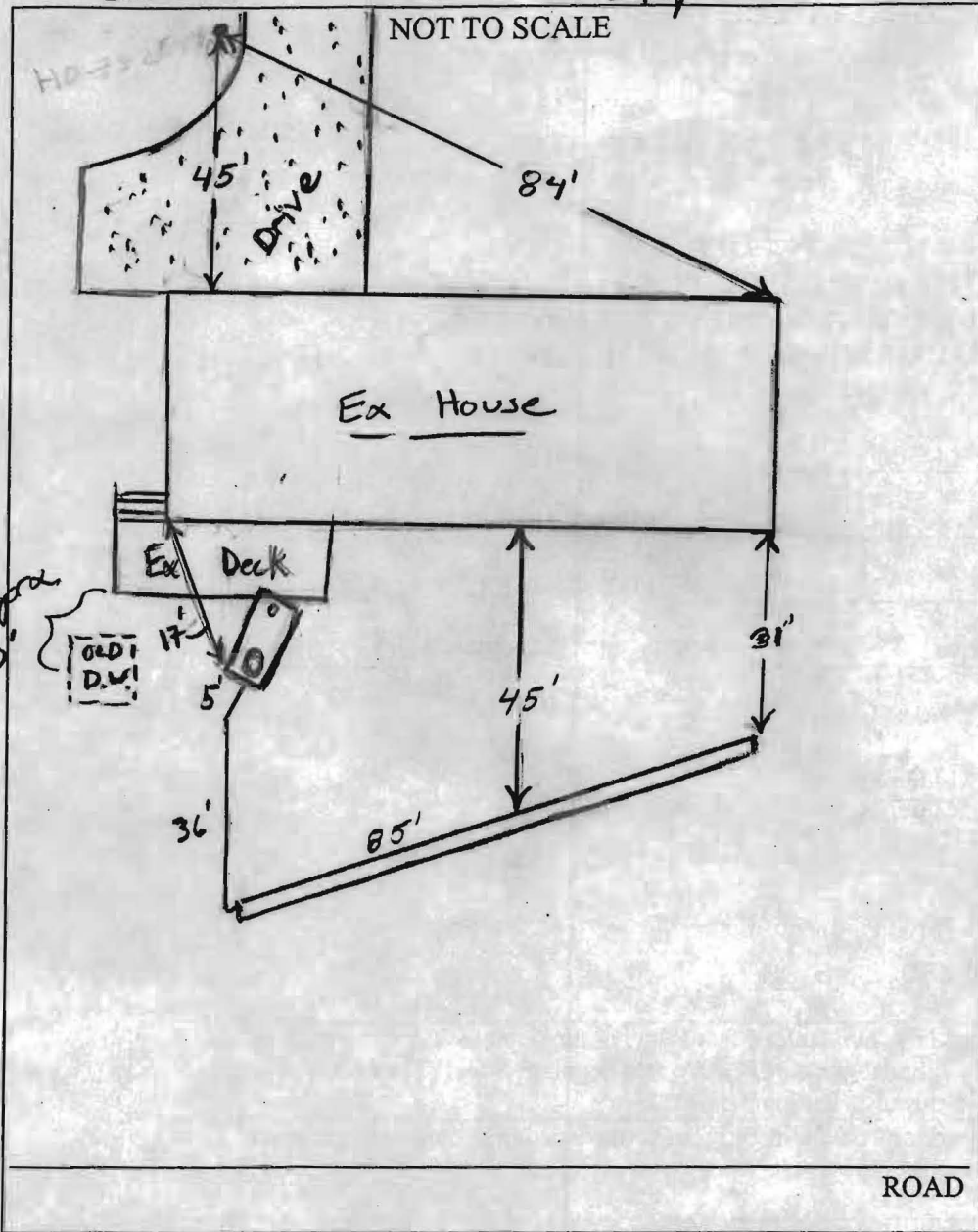
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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**

H0-73-2544
Ex Well

Isla of Skye Dr.

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	10'
NUMBER OF TRENCHES		7
TOTAL LENGTH		85'
ABSORPTION AREA		170 + SW
DISTRIBUTION BOX LEVEL		—
DISTRIBUTION BOX BAFFLE		—
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Level
CAPACITY	1500? GAL
SEAM LOC	mid seam
TANK LID DEPTH	3'
BAFFLES	Rear
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

INSTALLATION 12/27/06 Dry well pumped, collapsed.

Trench installed per installation OK to cover (KW)

(was concerned about septic #2 stone being used)

FINAL INSPECTOR

J. W. Way

DATE OF APPROVAL

12/27/06