

LAYOUT 2/17/06
INSP 1 _____ INSP 3 _____
INSP 2 _____ INSP 5 _____

ISSUE DATE: 7/15/05
APPROVAL DATE: _____

PERMIT
SHARED SEPTIC SYSTEM
Tax ID # 04- 369149

P 522940
A 514192-I

HOUSE SEWER LINE CONNECTION
ON-SITE SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

FOGUES SEPTIC CLEANING CO. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 OBBECAT RD, SYKEVILLE PHONE NUMBER: 410-795-5670

SUBDIVISION Triadelphia Crossing UNIT NUMBER: 9

ADDRESS: 14211Meadow Lake Drive PROPERTY OWNER: Toll Bros. Inc.

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY A PRIVATE WELL #HO-94-4128

LOCATION:	Install 4" house sewer line connection as per the approved site plan. Final acceptance of the sewer system will be subject to the approval of the Maryland Dept. of the Environment.
NOTES:	This permit is limited to the installation of the individual house sewer line connection. The house water connection shall be witnessed at the same time.

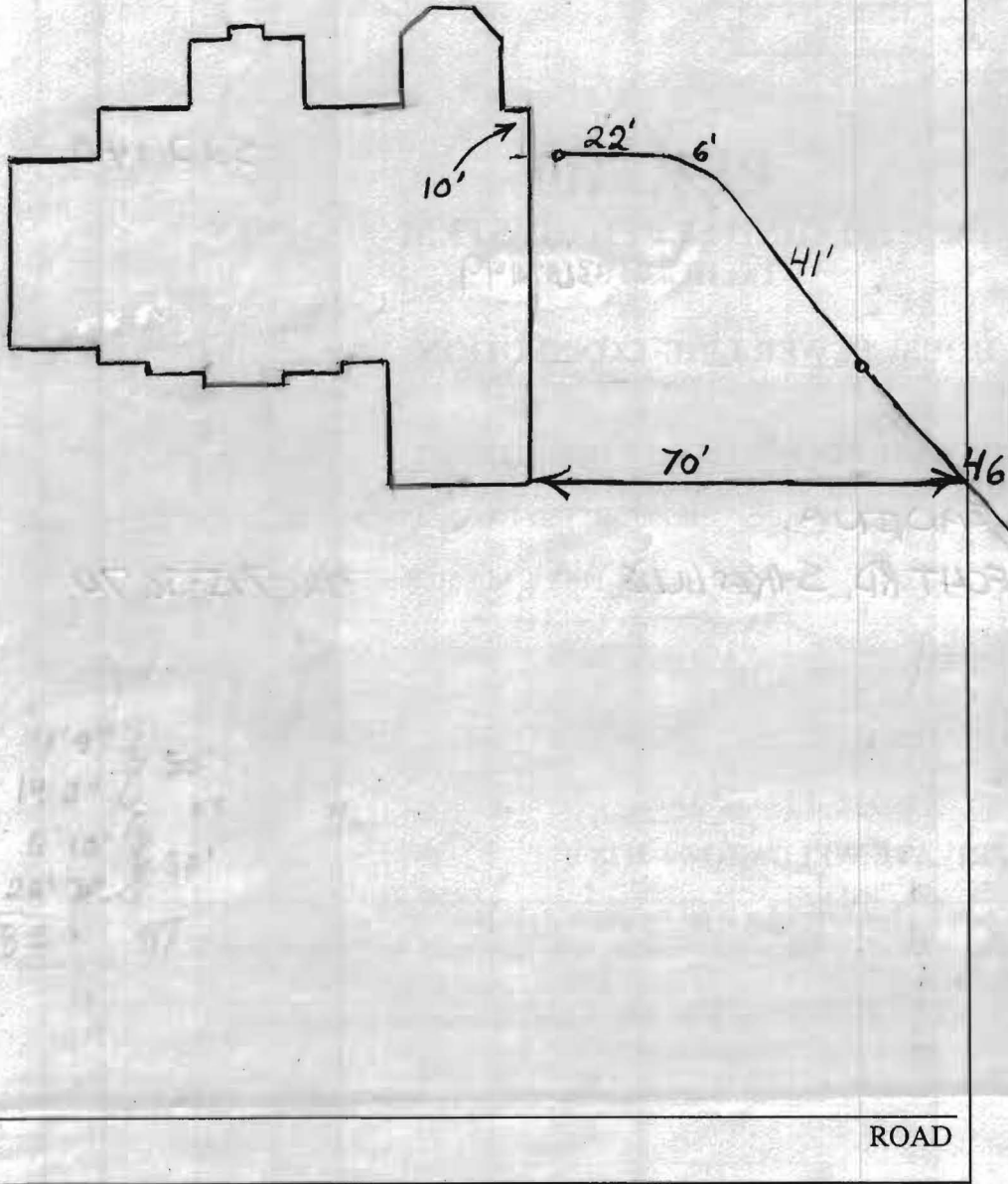
PLANS APPROVED: Kevin J. Bell DATE: 4/22/05

PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
4. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
5. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION OF SEPTIC CONNECTION

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	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
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 2/17/06 *Connection done except through basement wall. Need concurrent approval from Utilities (BB)*

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____