

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

ISSUE DATE: 8/12/05

APPROVAL DATE: _____

Conditional PERMIT

P 523125

A Repair

TAX ID #01-291521 ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Geraldine Brigandi IS PERMITTED TO INSTALL ALTER

ADDRESS: 5421 Montgomery Road PHONE NUMBER: 410-465-2719

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 6441 Montgomery Road PROPERTY OWNER: Geraldine Brigandi

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS) n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

*Original Tank collapsed
Public Sewer up hill is 217'*

SQUARE FEET PER BEDROOM: 180

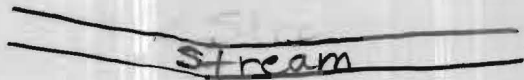
LINEAR FEET OF TRENCH REQUIRED: existing HOUSE SERVED BY PUBLIC WATER

TRENCHES:	New septic tank to be hooked up to existing <u>drywell</u> . ?
LOCATION:	Existing septic tank must be pumped and collapsed and filled in. If new tank needs to be in the same location as the existing septic tank, the existing tank must be completely removed.
NOTES:	This is a conditional use permit to allow this tank to be replaced because of the previous & expected future use to have limited flow rates. The homeowner has agreed & understands that if the property is put up for sale, it must first be connected to public sewer before it can be transferred. Signed by owner <u>Geraldine Brigandi</u> date <u>8/12/05</u>
PLANS APPROVED:	<u>Stuart Oster</u> Reviewed by: _____ DATE: <u>8/12/05</u>

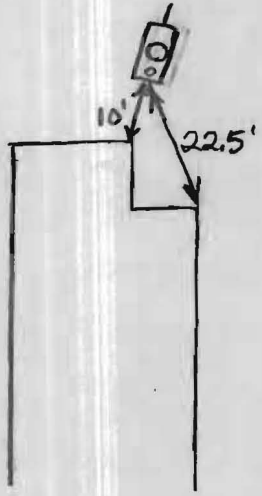
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE



System ?



Montgomery

ROAD

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	Yes
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-1.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
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 10/19/05 Tank area wet and stream about 40' from tank. Whatever type of system installed downhill of tank is probably polluting stream. Did not observe any pipes going into stream, but brush and other things block view in areas. Could not do dye test because tank was not full and didn't have any dye. Should have connected to public sewer. Could not locate any abandoned wells. Told installer that all tanks in future must be 2 compartment. Cannot approve installation. If able will attempt to do dye test. (BB)