

LAYOUT 7/29/04 11am INSP 4 _____
INSP 2 7/30/04 INSP 5 _____
INSP 3 8/2/04 INSP 6 _____

ISSUE DATE: 7/21/04

APPROVAL DATE: 8/2/04

PERMIT INDEXED

P 520791

A 516406

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

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd., Glenelg 21737 PHONE NUMBER: 301-854-6172

SUBDIVISION: Triadelphia Mill Road Property LOT NUMBER: 1

ADDRESS: 14269 Triadelphia Mill Road PROPERTY OWNER: Consolidated Southern Inv.

SEPTIC TANK CAPACITY (GALLONS): 2250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 8

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 315 HOUSE SERVED BY PUBLIC WATER

*SPECS REVISED TO AVOID ELEC UN.
MR/BB
7/29/04*

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 4.0 feet of stone below distribution pipe. <u>3.0</u> <u>5.0</u>
LOCATION:	Place the distribution box just to the rear of the existing garden. Run (2) 8" <u>3 - 75'</u> trenches on contour to the rear of the property.
NOTES:	Excavating existing tank to allow evaluation of the capacity and construction. Install pump tank and pump to distribution box location described above. Upgrade for an 8 bedroom Adult Living Facility. Verify abandonment of existing Dry Well. Okay to install tanks in SRA-room for three systems okay.

PLANS APPROVED: Mark Rifkin Reviewed by: _____ DATE: 7/15/04

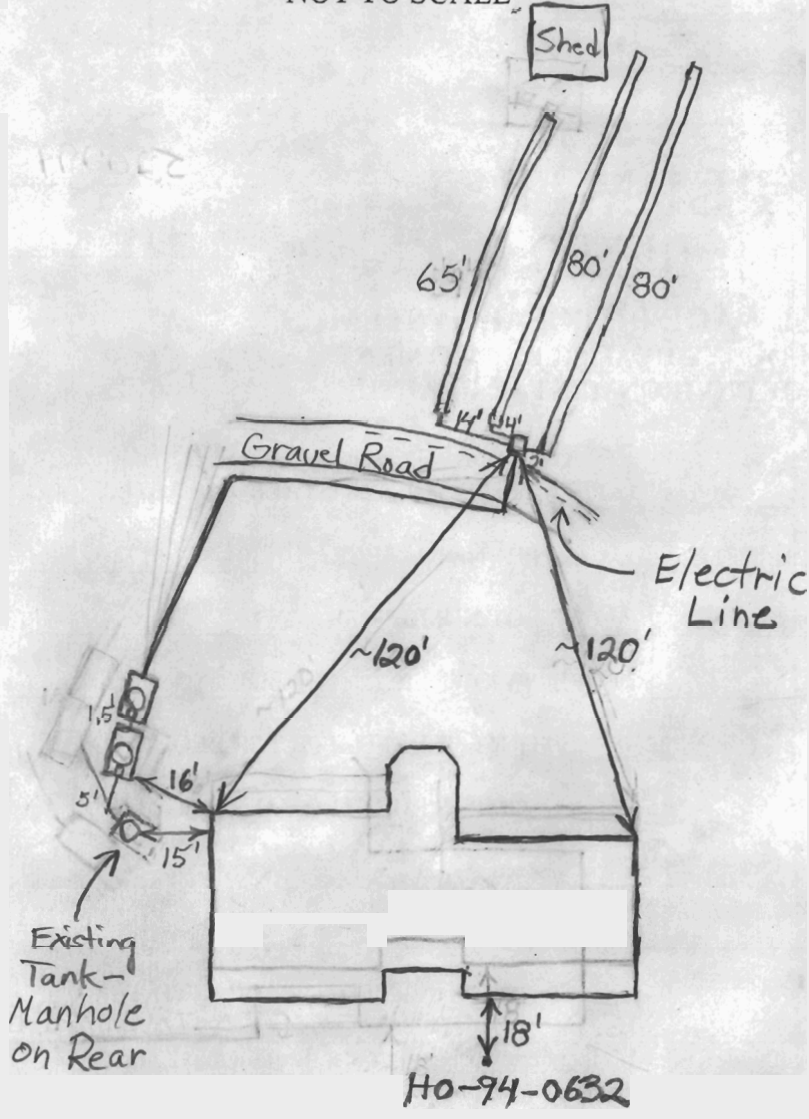
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND 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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED
12/27/04 800141205-PARKING PAD

A51640

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	8'
NUMBER OF TRENCHES		3
TOTAL LENGTH		225'
ABSORPTION AREA		1125 sq. ft.
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Elbow
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA Babylon	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1 1/2' - 2'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	~ 1 1/2'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No

PRE-CONSTRUCTION 7/29/04 Tanks set. Pump line and distribution box installed. Will connect to new system when complete.

INSTALLATION Existing tank to be used for 750 gallons worth of needed 2250 gallons. Installer does not want to run trenches across electric line in easement. Part of easement therefore unusable. To raise inlet to 3' to increase stone depth and save area. (BB) 8/2/04 Pump and alarm working. Rear baffle put in existing tank and tank pumped out. Drywell pumped out and abandoned per contractor. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 8/2/04

PUB. SEWER STATUS VERIFIED BY _____

P 520048
P 513227-516406
A 516406

ISSUE DATE: 2/3/04

PERMIT

APPROVAL DATE: _____

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

Capital City Sewer IS PERMITTED TO INSTALL ALTER

ADDRESS: 256 PERTCH RD, SEVERNA PARK PHONE NUMBER: 410-757-3500

fax 410 647-5989

SUBDIVISION: Triadelphia Mill Road Property LOT NUMBER: 1

ADDRESS: 14269 Triadelphia Mill Road PROPERTY OWNER: Cons'dated Sthm. Invst.

SEPTIC TANK CAPACITY (GALLONS): 2250

PUMP CHAMBER CAPACITY (GALLONS): 1500

NUMBER OF BEDROOMS: 8

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 258315
MR

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box just to the rear of the existing garden. Run (2) 80' trenches on contour to rear of property. <u>3 85'</u>
PURPOSE:	Excavate existing tank and drywell to allow evaluation of capacity and construction. Install pump tank and pump to distribution box location described above. Upgrade for 8 BR Adult Living Facility. <u>Verify abandonment of ex. d/w</u>

OK TO INSTALL TANKS IN SRA-Room for 3 systems OK MR 7/15/04

PLANS APPROVED: MER DATE: 12/24/03

- 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 NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 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 _____

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 _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____