

9:30/10:00  
8/21/02

220  
340  
380

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 8/8/2002

P 517404

APPROVAL DATE: \_\_\_\_\_

A REPAIR

# PERMIT INDEXED

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

04-331664

IS PERMITTED TO  INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Lisbon Meadows LOT NUMBER: 1-B

ADDRESS: 15806 Bellis Drive PROPERTY OWNER: Tom Waller

SEPTIC TANK CAPACITY (GALLONS): EX. 1000

PUMP CHAMBER CAPACITY (GALLONS): —

NUMBER OF BEDROOMS: 3 | 4

SQUARE FEET PER BEDROOM: 18180

LINEAR FEET OF TRENCH REQUIRED: NONE | 60+

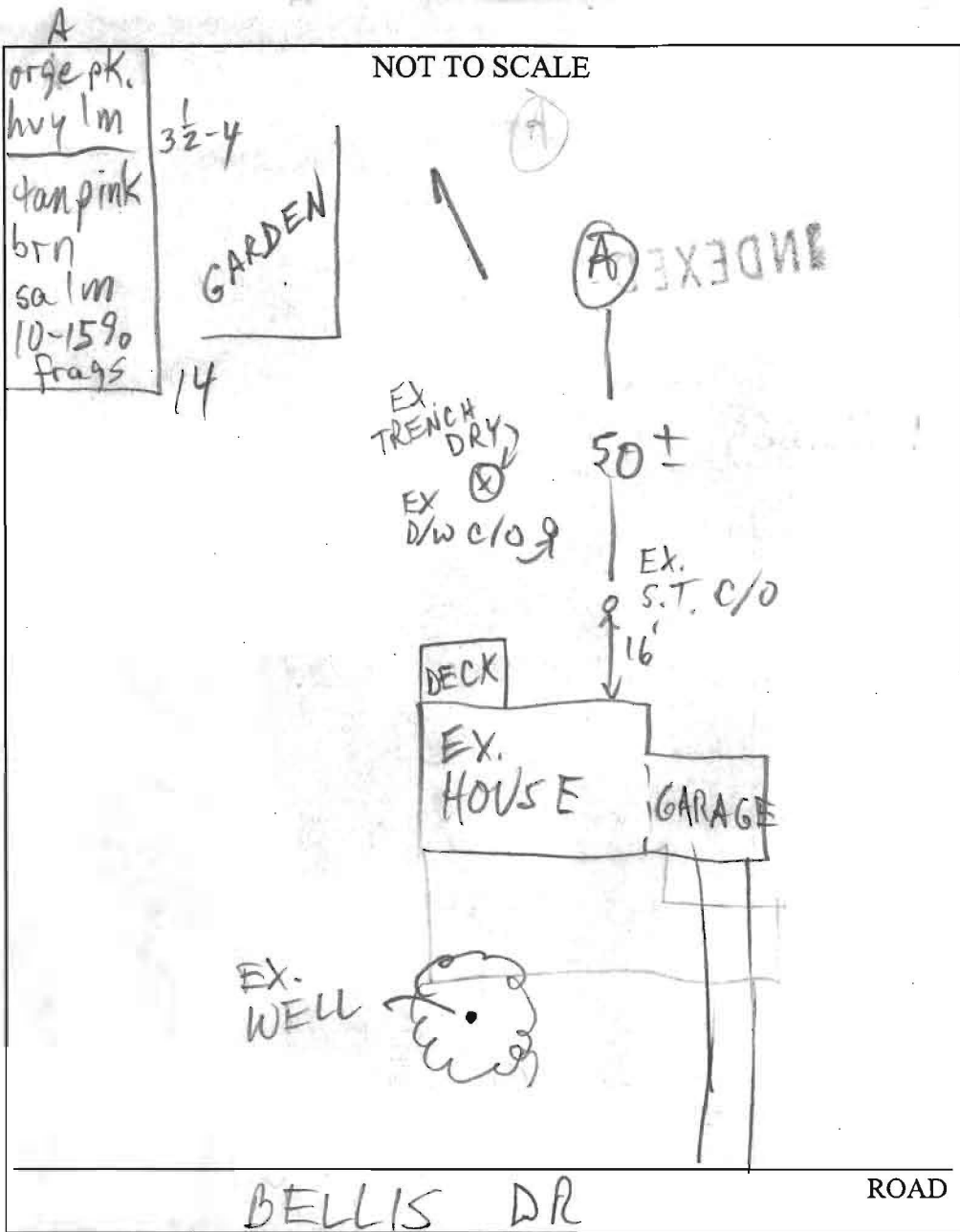
TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>4</u> feet below original grade. Bottom maximum depth <u>10</u> feet below original grade. Effective area begins at <u>4</u> feet below original grade. <u>6</u> feet of stone below distribution pipe.
LOCATION:	<u>EX. TRENCH TO RIGHT OR DOWNHILL OF EX. D/W</u>
PURPOSE:	In support of building permit B00137851. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: MR DATE: 8/21/02

- 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 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

0517404



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 8/21/02 EX. TRENCH DRY; REPAIR CAPACITY OK;  
 SPECS ON FRONT (MR)

INSTALLATION \_\_\_\_\_

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\_\_\_\_\_

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_