

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: _____

A 518034-A

INDEXED

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

05-354477

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 5090 Greenbridge Road PROPERTY OWNER: Ramzie Hungerford

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	REPLACEMENT WELL

PLANS APPROVED: _____ DATE: _____

- 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 UNLESS SPECIFICALLY AUTHORIZED

**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**

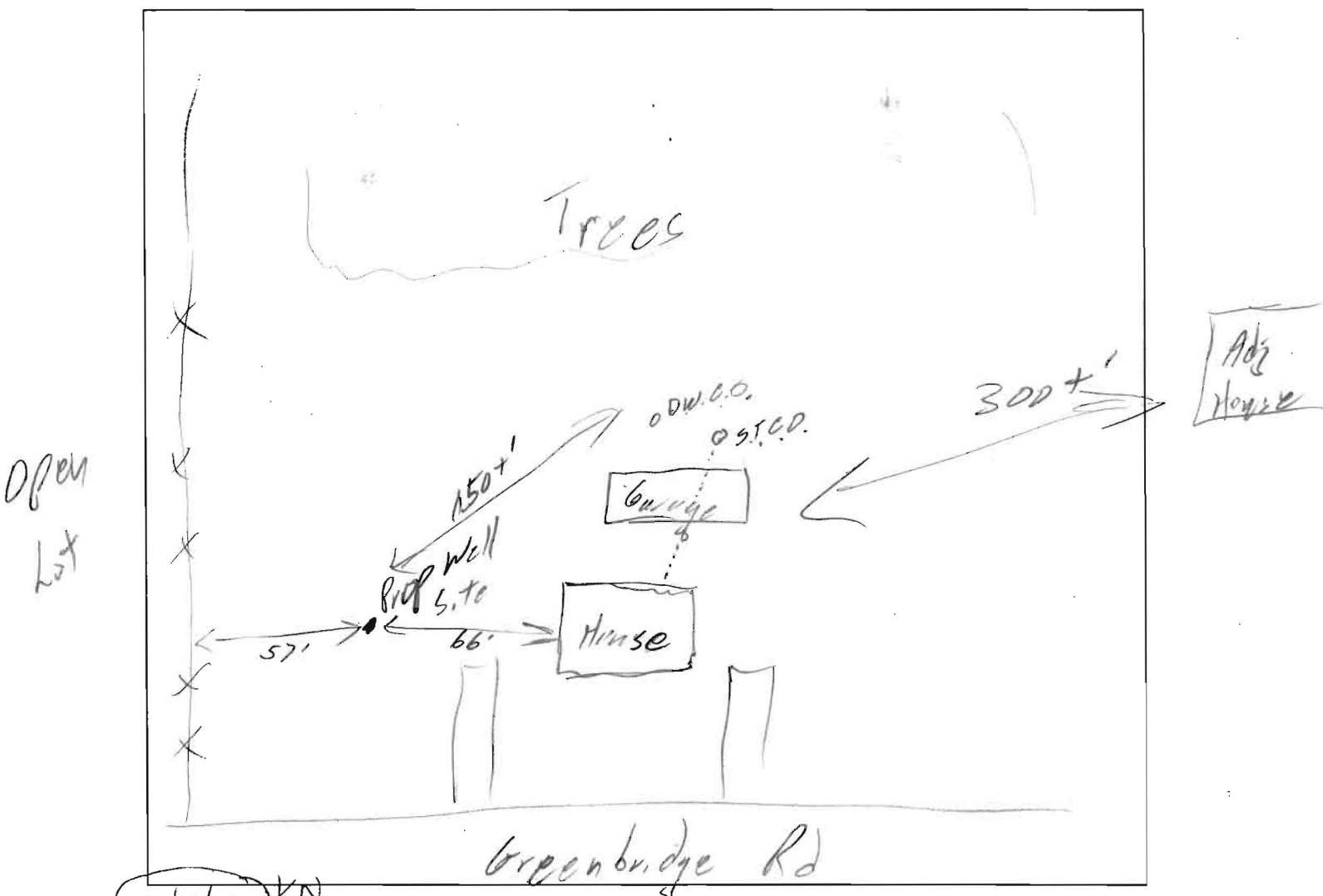
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Filled out by KN on 10/16/02
TUES NOV 12 INSP

SITE INSPECTION SHEET

OWNER: Hungerford, RamIE PHONE #: _____
ADDRESS: 5090 Green Bridge Road CONTRACTOR: Easterday
WELL TAG #: HD-94-3524
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard (13)
PROPOSAL: ? Replace low yield well?? No flow

LOCATION DIAGRAM



11/8/02 KN
COMMENTS: 11/6/02 Easterday Staked site. OK to inspect.
11/12/02 Well site OK (SO)

DATE: 11/12/02 INSPECTOR: [Signature]