

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

ISSUE DATE: _____
APPROVAL DATE: _____

PERMIT INDEXED

P _____
A 518639-A

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

03-288293

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Albeth Heights, Section 2 LOT NUMBER: 11

ADDRESS: 11215 Albeth Road PROPERTY OWNER: Michel

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:	

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
BUILDING PERMIT SIGNED AND RETURNED**

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

4/9/03 B00140955 SUNROOM

518639-A

4-2-63
1456700

PERMIT

P 06484
A 05879

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
INDEXED

ELLICOTT CITY
DISTRICT 2

INDEXED DATE 3-29-63

Excavating Co.

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Albeth Heights 11215
ROAD Albeth Road LOT 11/Sec. 2

PROPERTY OWNER James Co.

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WELL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER Leaching Bed - 450 sq. ft. installed at a depth of 4 to 5 ft.
FRONT LOT LINE

Place leaching bed about 120 to 160 ft. from back lot line and

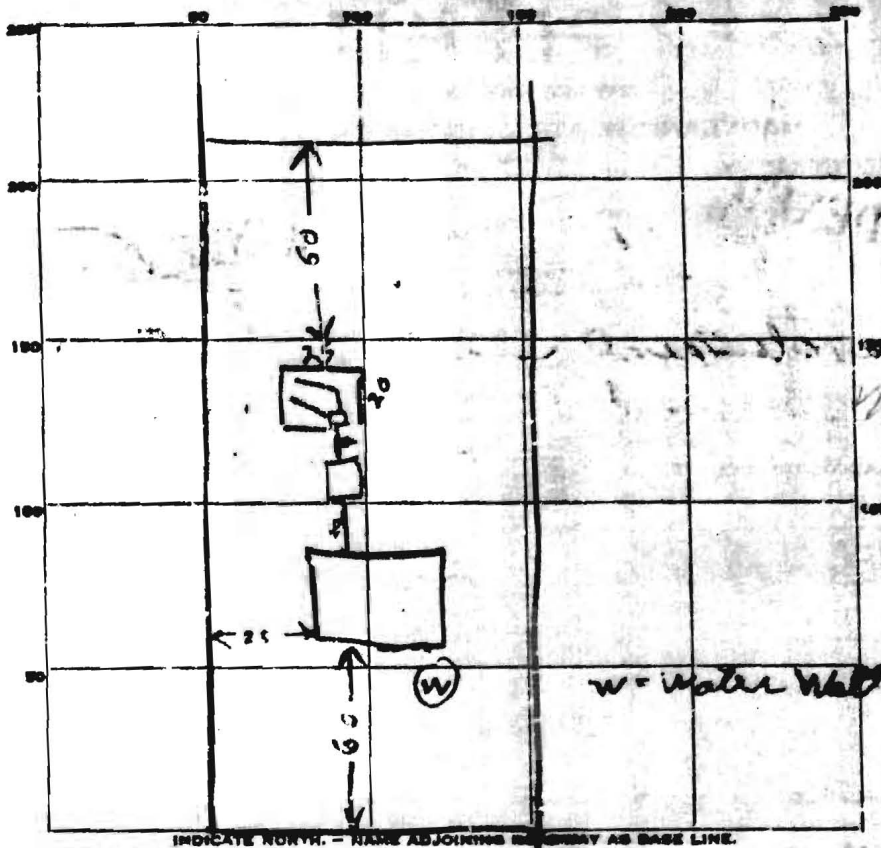
about 10 to 50 ft. from the left side of lot as seen when facing lot from

PLANS APPROVED BY Raymond D. Hodges DATE 11-11-62 Albeth Rd

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

11215



PERMIT CARD 2/2

SEPTIC TANK, LEVEL 750 OK Concrete Top
is 3 ft. below grad

CLEAROUTS OK

DISTRIBUTION BOX, LEVEL 615

LEACHING DEPTH 5-6 FT. TRENCH WIDTH 20 FT.

GRAVEL DEPTH _____ IN. SERIAL LENGTH 25 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA 500

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED

APRIL 63

INSPECTOR

Raymond Dodge