

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513362C

A _____

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 12510 Old Frederick Rd PHONE _____

SUBDIVISION _____ LOT _____ ROAD _____

PROPERTY OWNER Cagle

ADDRESS _____

BUILDING PERMIT SIGNED

AND RETURNED 10-10-02

BOD 138653 - 1 story GARAGE - cancelled

PLANS APPROVED BY 2/3/04 - BOD 145323 - Pile Building DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

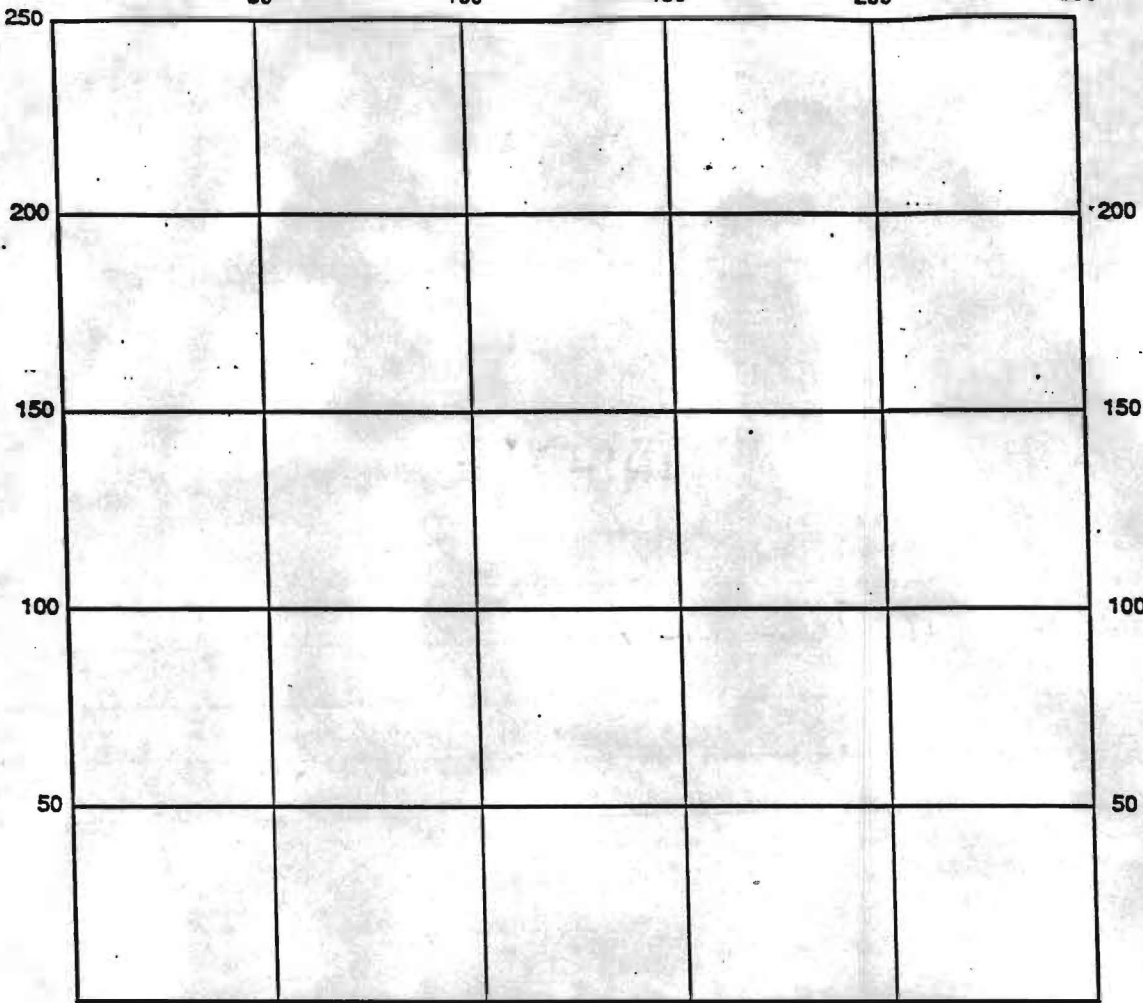
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

513362C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____
 Dosing Chamber Level _____
 Dual Pump _____
 Controls _____
 Alarm _____
 Pump Test _____
 Piezometers _____
 Observation Ports _____
 Float Settings High Off: _____
 High On: _____
 Low Off: _____
 Low On: _____

Trench: _____
 Width _____
 Length _____
 Bottom _____
 Depth _____
 Inlet _____
 Depth _____
 Gravel _____
 Depth _____

BUILDING PERMIT SIGNED
 AND RETURNED

Alarm Float: _____

Remarks: _____

Date System Approved _____ Inspector _____

12/2/99.
10 AM

SITE INSPECTION SHEET

OWNER: Floyd Cagle

DATE REQUESTED: _____

PHONE #: _____

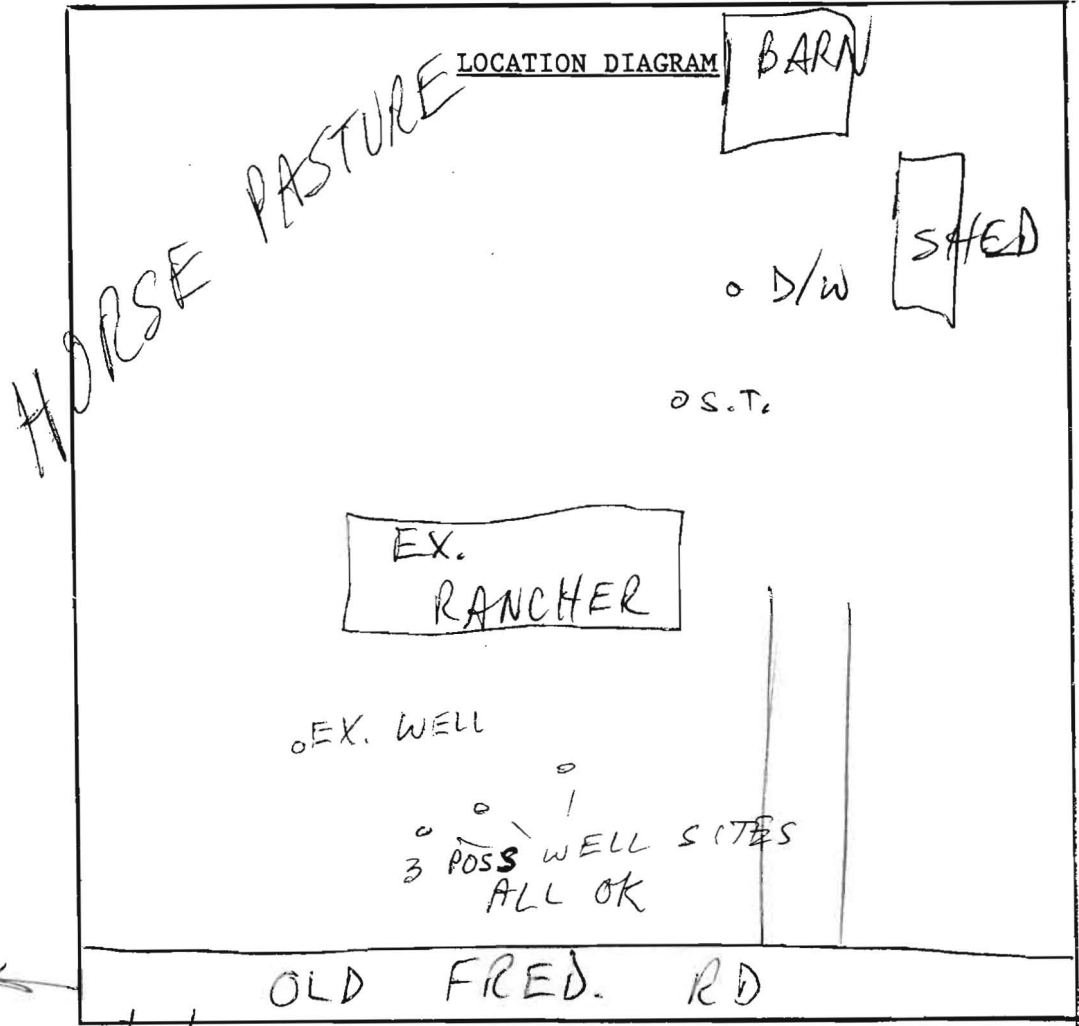
CONTRACTOR: _____

ADDRESS: 12510 Old Frederick Rd
Map 9 Grid 24 P. 214

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: well dry, replacement requested



COMMENTS: 12/2/99 ACTUAL ~~WELL~~ SITE FOR NEW WELL TO BE
SELECTED BASED ON LOC. OF UNDERGROUND UTILITIES;
EX. WELL TO BE ABANDONED (MUR)

DATE: _____

INSPECTOR: _____