

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/09/2004

P 520023

APPROVAL DATE: 1/15/04

PERMIT

A REPAIR

INDEXED

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

05-356563

Jenkins Brothers IS PERMITTED TO INSTALL ALTER

ADDRESS: 7670 Smiths Private Rd (21784) PHONE NUMBER: 410-461-9282

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 13523 Triadelphia Road PROPERTY OWNER: Thomas Kouyeas

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210 x .66

LINEAR FEET OF TRENCH REQUIRED: 76

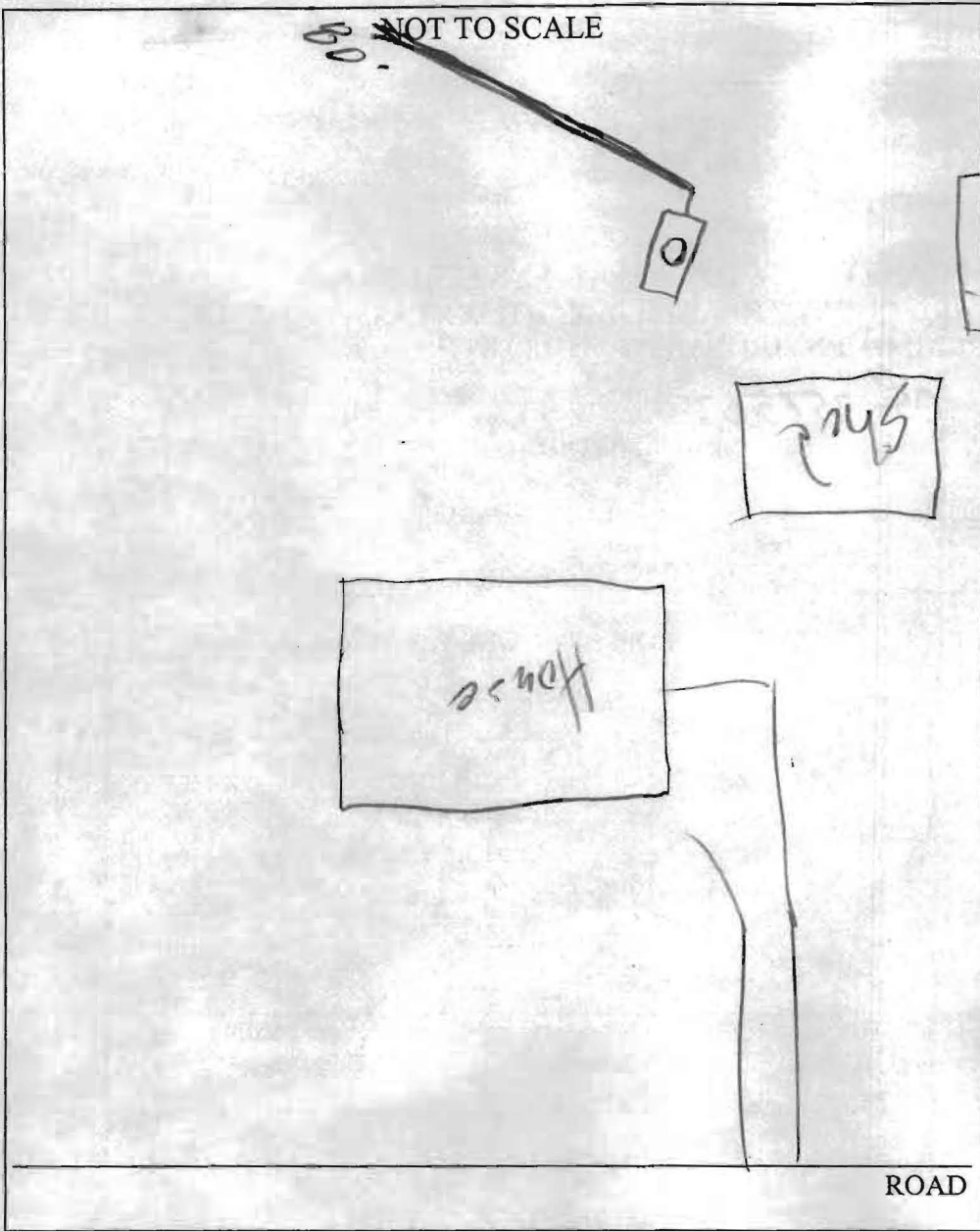
TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>4</u> feet below original grade. Bottom maximum depth <u>8</u> feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Septic system is failing. Call for inspection when the ground has been opened so sanitarian can recommend repair.

PLANS APPROVED: Stuart Oster, RS 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

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

P 520023



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		1
TOTAL LENGTH		20'
ABSORPTION AREA		320 0
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	_____
CAPACITY	Ex 1000 GAL
SEAM LOC	_____
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
New MANHOLE LOC	Center
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 _____

INSTALLATION 1/15/07 OK to cover all work (SC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 1/15/07