

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 3/10/2004

APPROVAL DATE: 5/14/04

PERMIT INDEXED

P 520087-A

A REPAIR

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

05-341612

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 7129 Deer Valley Road PROPERTY OWNER: Teresa Cox

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

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:	_____
PURPOSE:	To replace septic tank. Call for inspection when ground is opened so sanitarian can recommend repair.

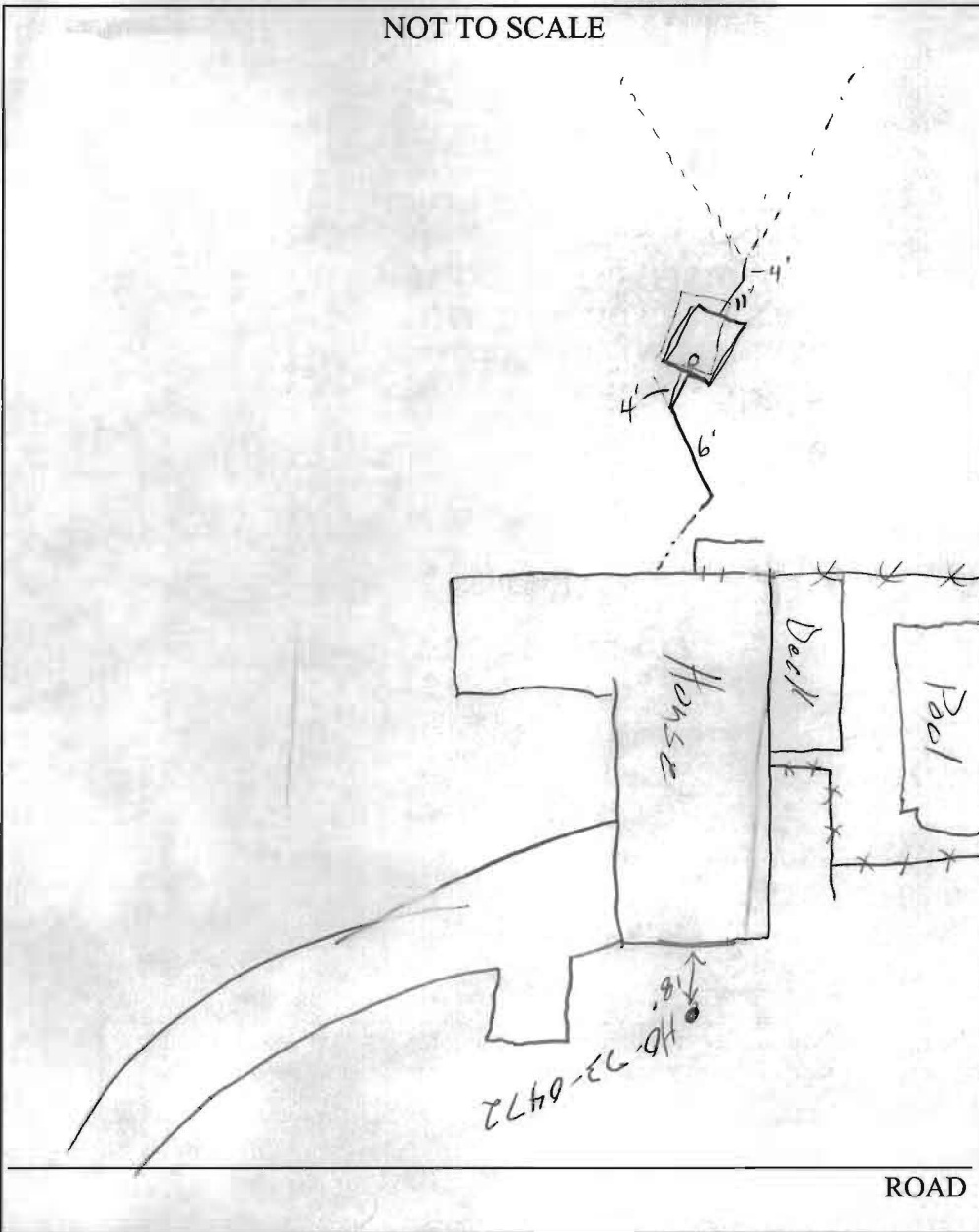
PLANS APPROVED: _____ DATE: _____

- 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

**NEITHER THE HOWARD COUNTY COUNCIL OR 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**

P 520087-A

NOT TO SCALE



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	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'-3.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION _____

INSTALLATION 5/14/04 - New tank to replace original tank that landscape truck drove over & caved in. OK to cover all work (S)

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 5/14/04

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 10/30/73

P 19115

A 18221

11/30/73

INDEXED

11/23/73
11/30/73
body

Fred M. Jones & Sons, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4707 Kiernan Road, College Park, Md. PHONE 345-8111

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 7129 Dear Valley Rd. LOT _____

PROPERTY OWNER Patricia A. Neal (see application for better directions)
Raymond E. & Dorothy B. Anderson

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Trenches - 2 trenches - 45 ft. long with 8 ft. gravel in trenches - bucket (2')
The trenches will be no deeper than 1 1/4 ft. below original grade.
width. /Location-trenches beginning 105 ft. from line 825' long and 65 ft. from right
rear corner of house when facing lot from line with distance of 540' indicated.
P. running near or line toward that lot line

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK AND TRENCHES MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK.

WHEN TRENCHES ARE DUG CALL FOR AN INSPECTION BEFORE ANY GRAVEL IS INSTALLED.

PLANS APPROVED BY Streaker & Frommelt DATE 10/30/73

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

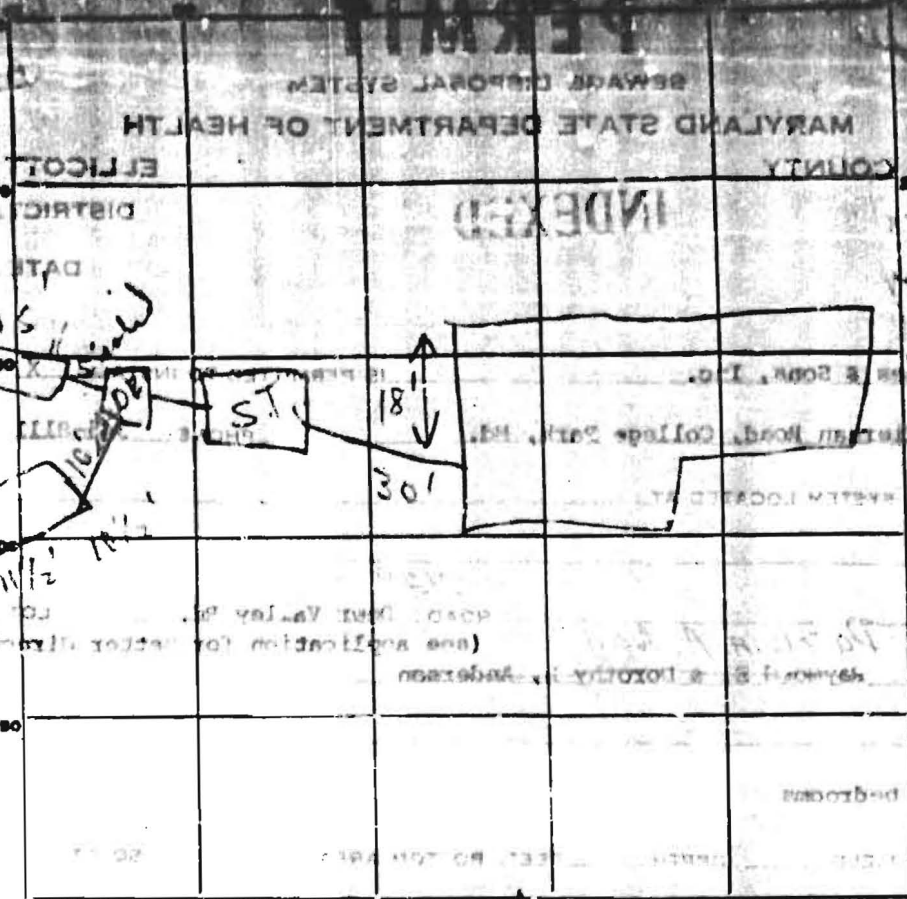
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*11/23/73 Hold & check for cap for cleanout
in S. Tank when in area.*

C.B.S.

REC. PERMIT BOARD
RETAINED *4/20/74*
Sept # 71264
Lundbeck

18331



PERMIT CARD 12/13 yrs ve Yes Partial Partial Cleanout need plug
 SEPTIC TANK, LEVEL OK CLEANOUT None 2 front
 DISTRIBUTION BOX, LEVEL OK type of 1st inspection
 TILE FIELD, DEPTH 11.50 FT. TRENCH WIDTH 18"
 GRAVEL DEPTH 3' IN. TOTAL LENGTH 3' from top
 NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 36 sq ft
 SEPTAGE PITS, INSIDE DIAMETER 18" FT. DEPTH BELOW INLET 18"
 ABSORBENT AREA 689 SQ. FT. 11.50 x 18"

REMARKS: 12/13 yrs
1/30 Need plug for cleanout. Hold approval til
check plug. Note please call when plug
installed. OK to cover all except cleanout.
12/17/07