

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P 520402-C

A RE-INDEX

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 7000 Brooks Road PROPERTY OWNER: Johnson

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:	Reindex file 7/30/04

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**

520402-C

PERMIT

SEWAGE DISPOSAL SYSTEM

HEALTH DEPARTMENT

INDEXED

16592
P 16966

A 16592

ELLICOTT CITY

DISTRICT 5

DATE 4/27/72

IS PERMITTED TO INSTALL ALTER

City, Md. 20906 PHONE 774-9698

ROAD Brooks Road off Rt. LOT 108

FEET, BOTTOM AREA _____ SQ. FT.

SIDE-WALL AREA _____ SQ. FT.

CAPACITY 1,000 GALLONS

SEWAGE DISPOSAL AREA 22% & TANK CAPACITY 50%.

Minimum sidewall area to begin below the first

depth permitted for dry well is 11 ft. below original

ground surface and 65 ft. from existing driveway

away.

TANK MUST BE CAST IRON.

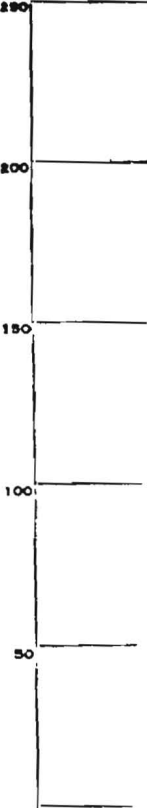
TANK AND DRY WELL.

DATE 1/7/72

NO WORK BEFORE CALLING FOR AN INSPECTION. COVER NO WORK

THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE

A 16592



PERMIT CARD _____

SEPTIC TANK, LEVEL _____

DISTRIBUTION BOX, LEVEL 100 ft

TILE FIELD, DEPTH _____

GRAVEL DEPT _____

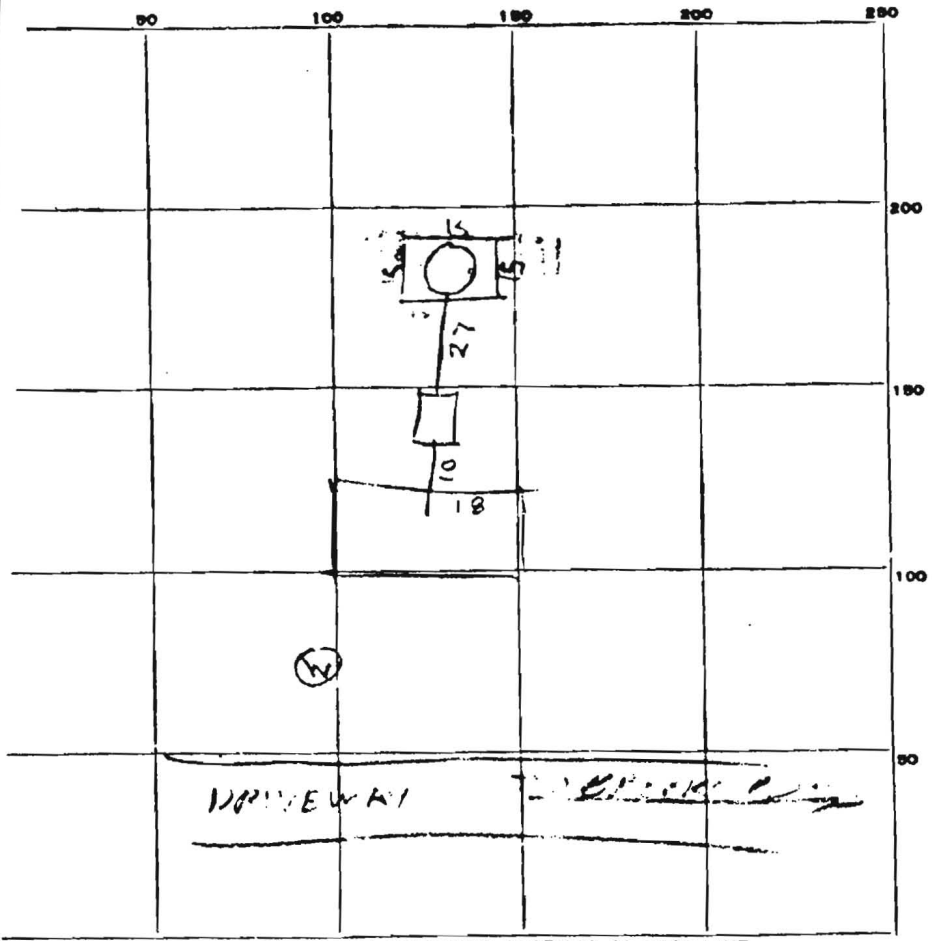
NUMBER OF T _____

SEEPAGE PITS, INSIDE DIA _____

ABSORBER _____

REMARKS 016

Kevin J. Hedrick
Township



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

100' concrete CLEANOUTS 015
 12" 1' hole in wall
 LEVEL _____

_____ FT. TRENCH WIDTH _____ FT.

_____ IN. DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

PIPE DIAMETER 12 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 450 SQ. FT. counting slope

6' - 1/2" diameter hole in driveway

to all walls as 60' x 1'

concrete driveway

in place location 015
