

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

P 32485 \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

A 520380-A \_\_\_\_\_

# PERMIT

INDEXED

TAX ID # 03-302121

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

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Triadelphia Farms II LOT NUMBER: 7-B

ADDRESS: 13232 Huntridge Road PROPERTY OWNER: Di Sun

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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A520380-A