

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

P _____

APPROVAL DATE: _____

A520826-A

PERMIT

INDEXED

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Dasher Woods LOT NUMBER: 2

ADDRESS: 6454 Oakland Mills Road PROPERTY OWNER: Singer Family Trust

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:	BUILDING PERMIT SIGNED AND RETURNED
NOTES:	8/4/2004 B00149491 Enclosed porch

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

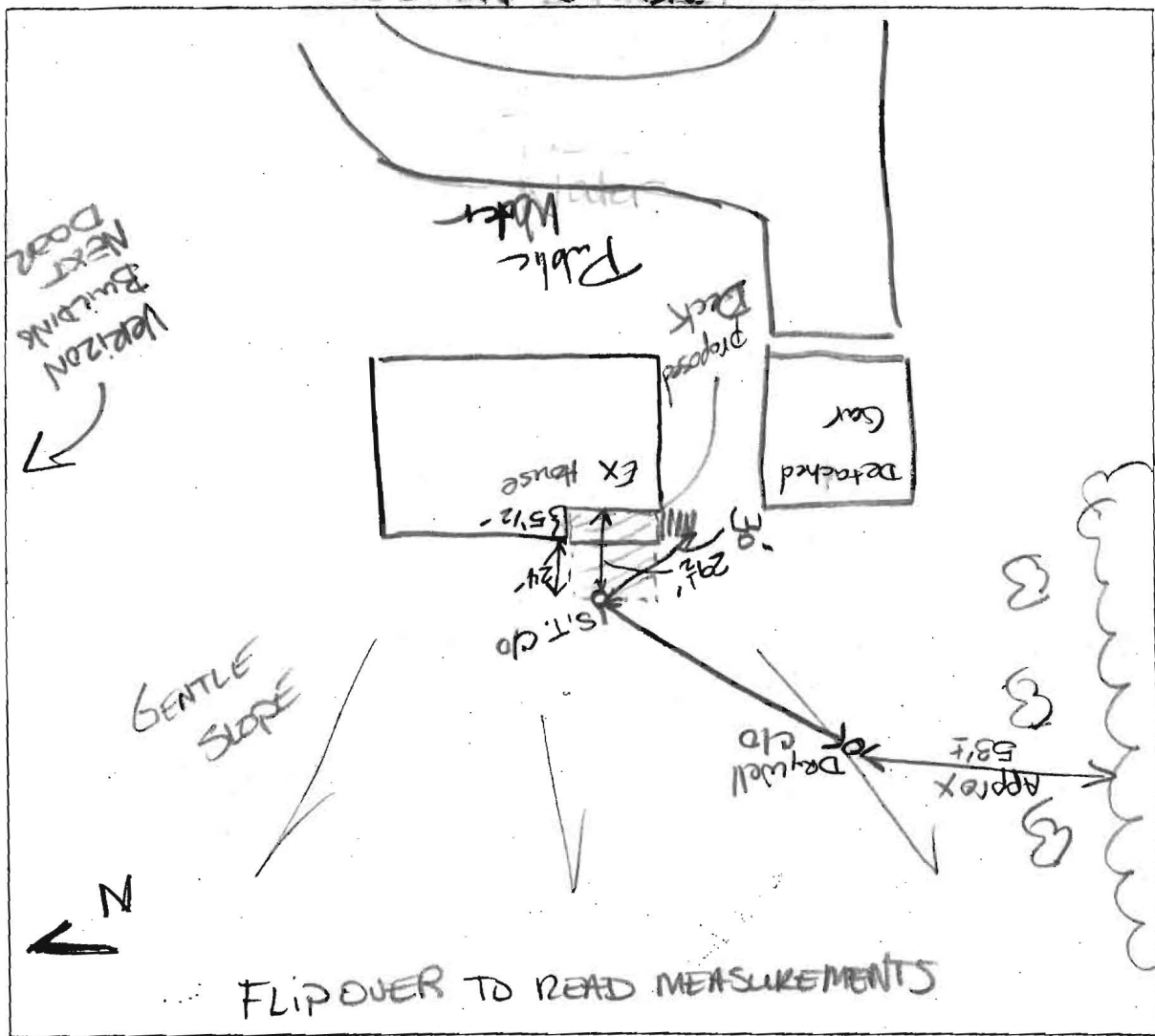
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A520826-1A

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 6454 Oakland Mills CONTRACTOR: _____
SUBDIVISION: N/A LOT: _____ WELL TAG #: _____
PROPOSAL: 7/21/04 Locate septic cleanouts COUNTY #: _____

LOCATION DIAGRAM
OAKLAND MILLS RD



COMMENTS: 7/23/04 CLEANOUT FOR S.T. IS 24' FROM house.

Deck extending from house wall is 24 1/2'. Proposed

Deck elevation 3'. Not approvable. SEPTIC FUNCTIONING

properly (KAI)

DATE: 7/23/04

INSPECTOR: KN