

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT
INDEXED

TAX ID #04331214

P _____

A 522903-A

**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: 2271 Duvall Road PROPERTY OWNER: Christa Gainey

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

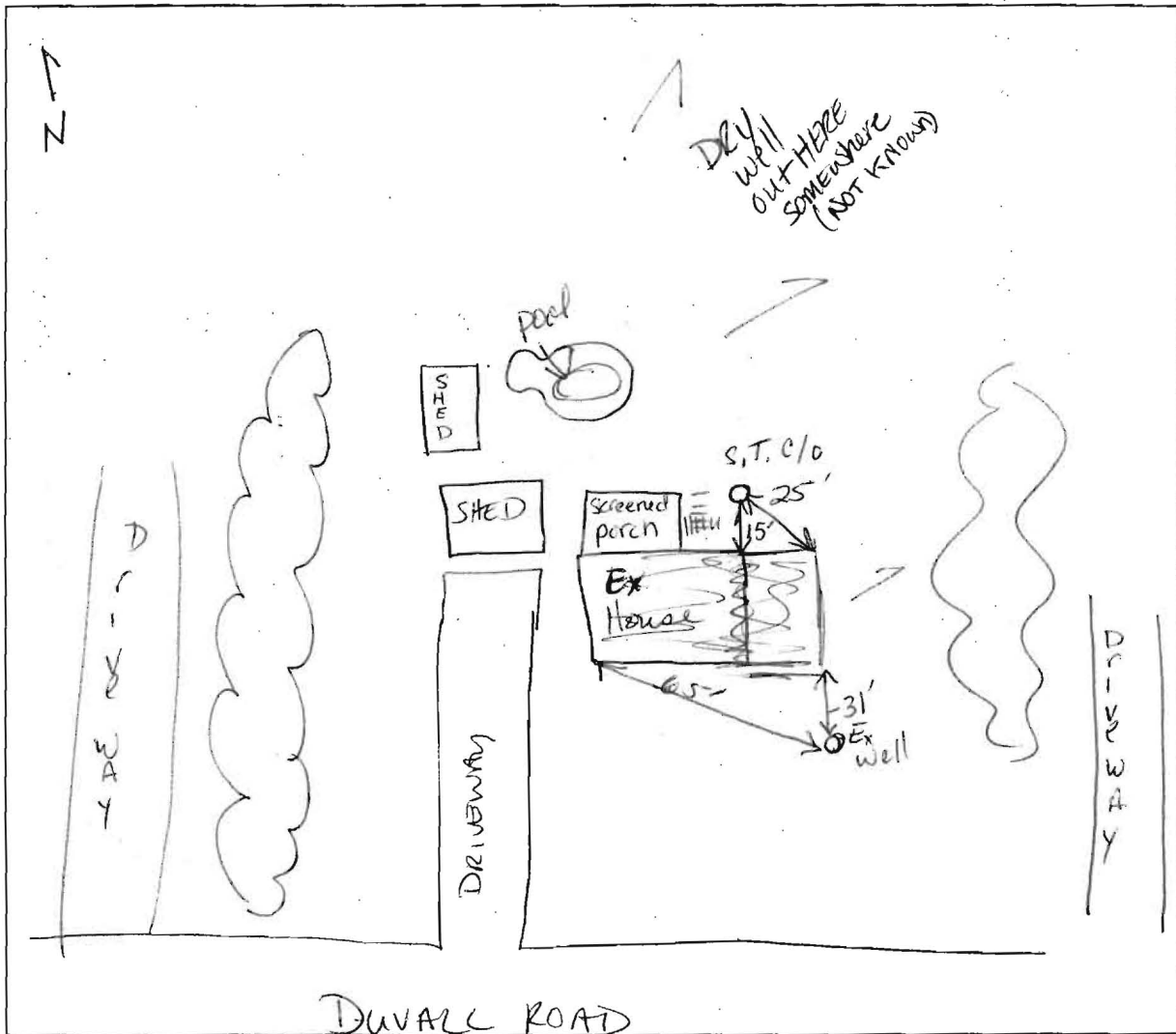
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

4522903-A

SITE INSPECTION SHEET

OWNER: Christa Gaine PHONE #: _____
ADDRESS: 2271 Dwall Road CONTRACTOR: _____
WELL TAG #: HO-73-0741
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: inspect condition of septic & well lines. No records on property.

LOCATION DIAGRAM



COMMENTS: 3-1-05 Septic tank full - Hartfields to come, 1 person currently residing in home. Owner says "dry well way out there" - but not sure exactly where. Owner advised to keep eye on septic tank levels for possible overat soils @ drywell ^{due to age of system.}
DATE: 3-1-05 INSPECTOR: KN / py

John

2/25



Howard County

Internal Memorandum

may want to check that ~~to~~ no damage to well or plumbing leading to.

(Remembering are other case & all the flup we had to do

POSTING
E

(313-3298)

enses, and Permits

ding Inspections (FAX 313-1861)
enses, and Permits

461-0115)
Taxation

(FAX 313-6066)

(FAX 313-3297)

(FAX 313-2648)
th

Date:

As a result of an emergency incident, the following building/structure was posted as unsafe by Fire & Rescue Services:

ADDRESS OF INCIDENT:		2271 Dwall Road
O W N E R	NAME:	Christa Gainey
	ADDRESS:	2271 Dwall Road, Woodbine, mo. 21703
	PHONE:	—
POSTING DATE:		February 26, 2005
DESCRIPTION OF DAMAGE:		Building was posted because staircase was burned away, smoke, heat damaged.

BCRE Blankenship

[Name of Posting Individual]

Issue Date: 06/30/04