

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: _____

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: 3552 Rosemary Ln. PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

3' Wide

SQUARE FEET PER BEDROOM: _____

Inlet 3'

LINEAR FEET OF TRENCH REQUIRED: _____

104' Bottom 5.5'

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

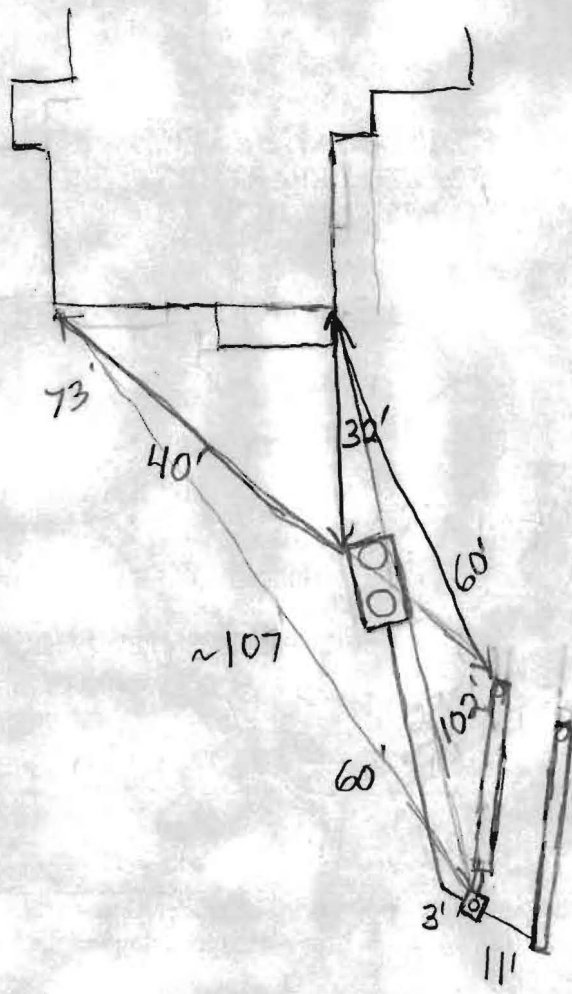
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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**

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
<u>3'</u>	<u>3'</u>	<u>5.5'</u>
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>52 x 2?</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 1.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front + Rear

6" PORT LOC None

WATERTIGHT TEST No

~~SEPTIC TANK 2 LEVEL N/A~~

~~CAPACITY 1000 GAL~~

~~SEAM LOC Top~~

~~TANK LID DEPTH 1.5'~~

~~BAFFLES Yes~~

~~BAFFLE FILTER No~~

~~MANHOLE LOC _____~~

~~6" PORT LOC _____~~

~~WATERTIGHT TEST N/A~~

PRE-CONSTRUCTION

4/21/2010

INSTALLATION: 6/8/2010

FINAL INSPECTOR B. Baker DATE OF APPROVAL 6/9/2010



HOWARD COUNTY HEALTH DEPARTMENT

11532575

DATE
3 / 31 / 10

Received From

Fogles Septic Clean Inc

PHONE # *410-795-5670*

CASH

CHECK

NO.
31718

For *Repair Septic Tank Permits*

3552 Rosemary Ln, Rosemary Est, Lot 23B

Three hundred & thirty and 00/100 Dollars

\$ *330* ^{*00*}

Received By *Mary L Buggs*