

LAYOUT _____ INSP 4 _____

INSP 2 9/11/2012 INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/10/2012

PERMIT

P 538062

APPROVAL DATE: 9/11/2012

A _____

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

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Edgewood Farm LOT NUMBER: 55

ADDRESS: 14536 Edgewood Shwy PROPERTY OWNER: Kevin Lewis

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

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

*Connect New Pool Building
to Existing Septic Tank,
Run Water Line to Pool
Building*

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:	Call our office the day before you want an inspection and give us an approximate time of when you think the connection will be finished.

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

NUMBER OF TRENCHES _____
TOTAL LENGTH _____
ABSORPTION AREA _____
DISTRIBUTION BOX LEVEL _____
DISTRIBUTION BOX BAFFLE _____
DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

See As-Built Drawing
On Separate Sheet

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

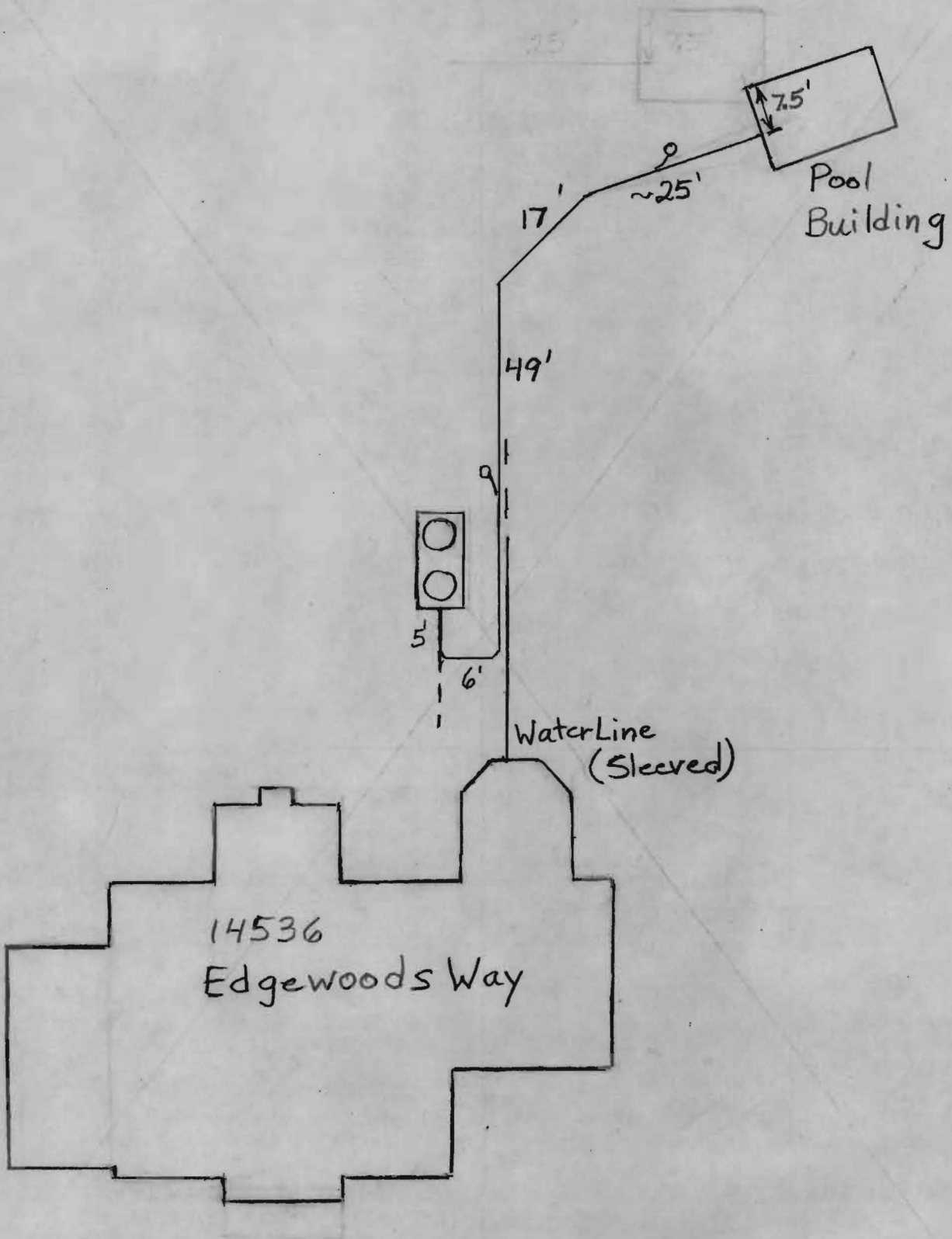
9/11/2012 Water and septic connected to pool building. O.K. to backfill, (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

9/11/2012



LAYOUT SEWER STATUS VERIFIED BY INSP 4 _____
INSP 2 _____ INSP 5 _____

ISSUE DATE: 9-10-12 INSP 3 _____ INSP _____

ABBREVIATED DATE: _____

APPROVAL DATE: _____

P _____
R REPAIR _____
A _____

PERMIT Minor Septic Repair

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

Kevin Lewis IS PERMITTED TO INSTALL ALTER

ADDRESS: 14536 Edgewoods Way IS PERMITTED TO INSTALL ALTER

ADDRESS: Edgewood Farm PHONE NUMBER: 55

ADDRESS: 14536 Edgewoods Way PROPERTY OWNER: Kevin Lewis

SEPTIC TANK CAPACITY (GALLONS): N/A PROPERTY OWNER: _____

PUMP CHAMBER CAPACITY (GALLONS): N/A OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: N/A

SQUARE FEET OF HOUSE: N/A

SQUARE FEET PER BEDROOM: N/A

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: _____

LOCATION: _____

PURPOSE: Install gravity sewer line from pool house to tank and maintain at least 1% well line must be sleeved along entire line to avoid 12 inch separation from septic line. Install cleanout at 45 degree bends. Do not backfill until approved for final inspection.

NOTES: _____

PLANS APPROVED: _____ DATE: 9-10-12

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VALID FOR 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATER TIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: WATER TIGHT SEPTIC TANKS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 PERMITTED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1740 FOR INSPECTION OF SEPTIC SYSTEM