

LAYOUT 5/4/2012 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P 537294

APPROVAL DATE: 5/10/2012

A _____

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

Hatfields IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Kingston LOT NUMBER: 2

ADDRESS: 3594 Conchita Dr. PROPERTY OWNER: Kenneth Kave

SEPTIC TANK CAPACITY (GALLONS): N/A OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 3 Trench 2' Wide

SQUARE FEET PER BEDROOM: _____ Inlet 5'

LINEAR FEET OF TRENCH REQUIRED: 60+ Bottom 12'
One 60+ Trench

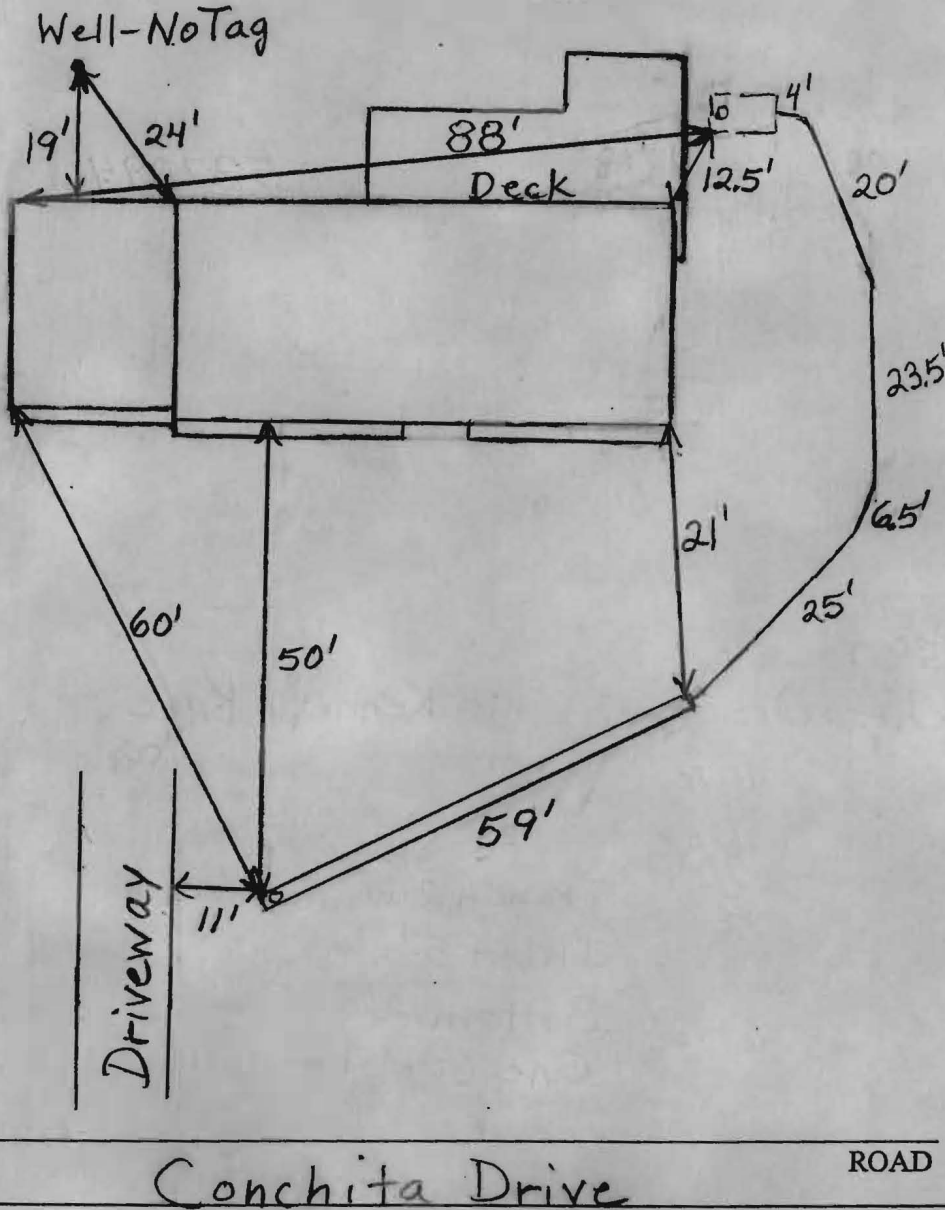
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: B. Basur DATE: 5/4/2012

- 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
2'	4'-4.5'	12'
NUMBER OF TRENCHES 1		
TOTAL LENGTH 59'		
ABSORPTION AREA 354+		
DISTRIBUTION BOX LEVEL N/A		
DISTRIBUTION BOX BAFFLE N/A		
DISTRIBUTION BOX PORT N/A		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	_____ GAL
SEAM LOC	Midseam
TANK LID DEPTH	1'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 5/4/2012 I install one 60+' trench close to contour across the front yard. Keep the trench at the 100' well radius. (BB)

5/10/2012 System finished. O.K. to backfill. Old drywell pumped out and filled in. (BB)

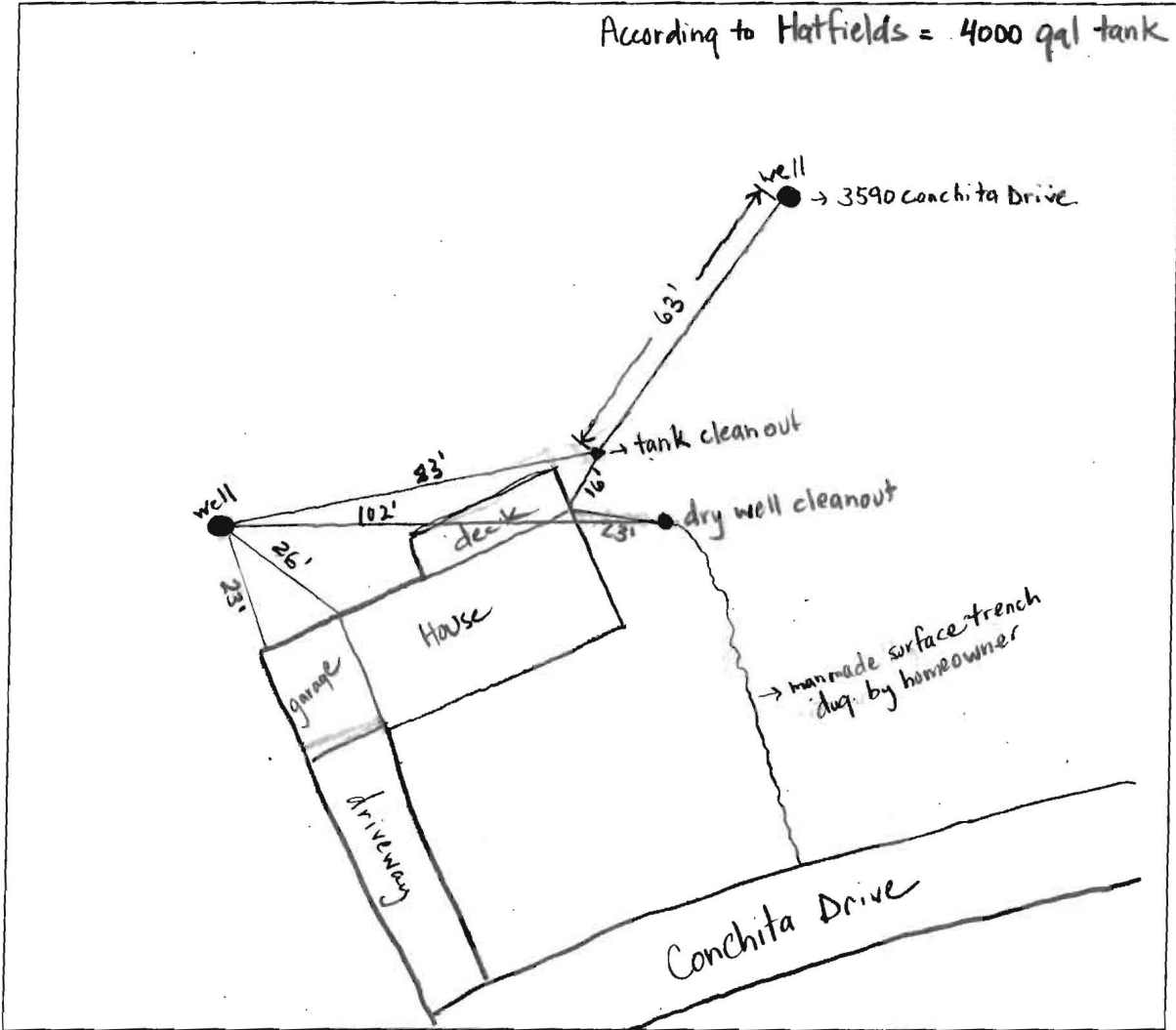
FINAL INSPECTOR B. Baker

DATE OF APPROVAL 5/10/2012

SITE INSPECTION SHEET

OWNER: Kenneth Kave PHONE #: cell- 301-928-4777
ADDRESS: 3594 Conchita Drive CONTRACTOR: Hatfields
Ellicott City, MD 21042 WELL TAG #: NO TAG
SUBDIVISION: _____ LOT: 2 COUNTY #: _____
PROPOSAL: Septic System Repair

LOCATION DIAGRAM



COMMENTS: Current septic system has failed, Hatfield's to pump and treat affected surface area 4/26/12. Owner stated that he will move forward with Health Dept and Hatfields on perc test and repair layout and installation.

DATE: 4/26/12 INSPECTOR: R. Rappaport