

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/5/07

P 526610

APPROVAL DATE: 4/6/07

A REPAIR

PERMIT

Tax ID # _____

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

Fogles Septic IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2999 Duvall Road PROPERTY OWNER: Robert Tobin

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 200

TRENCHES:	Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 foot of stone below distribution pipe.
LOCATION:	Install two 100 foot trenches on contour in rear of the house near the perc test hole. Pump out and fill in the existing drywell.
PURPOSE:	

PLANS APPROVED: B. Baker DATE: 4/5/2007

- 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

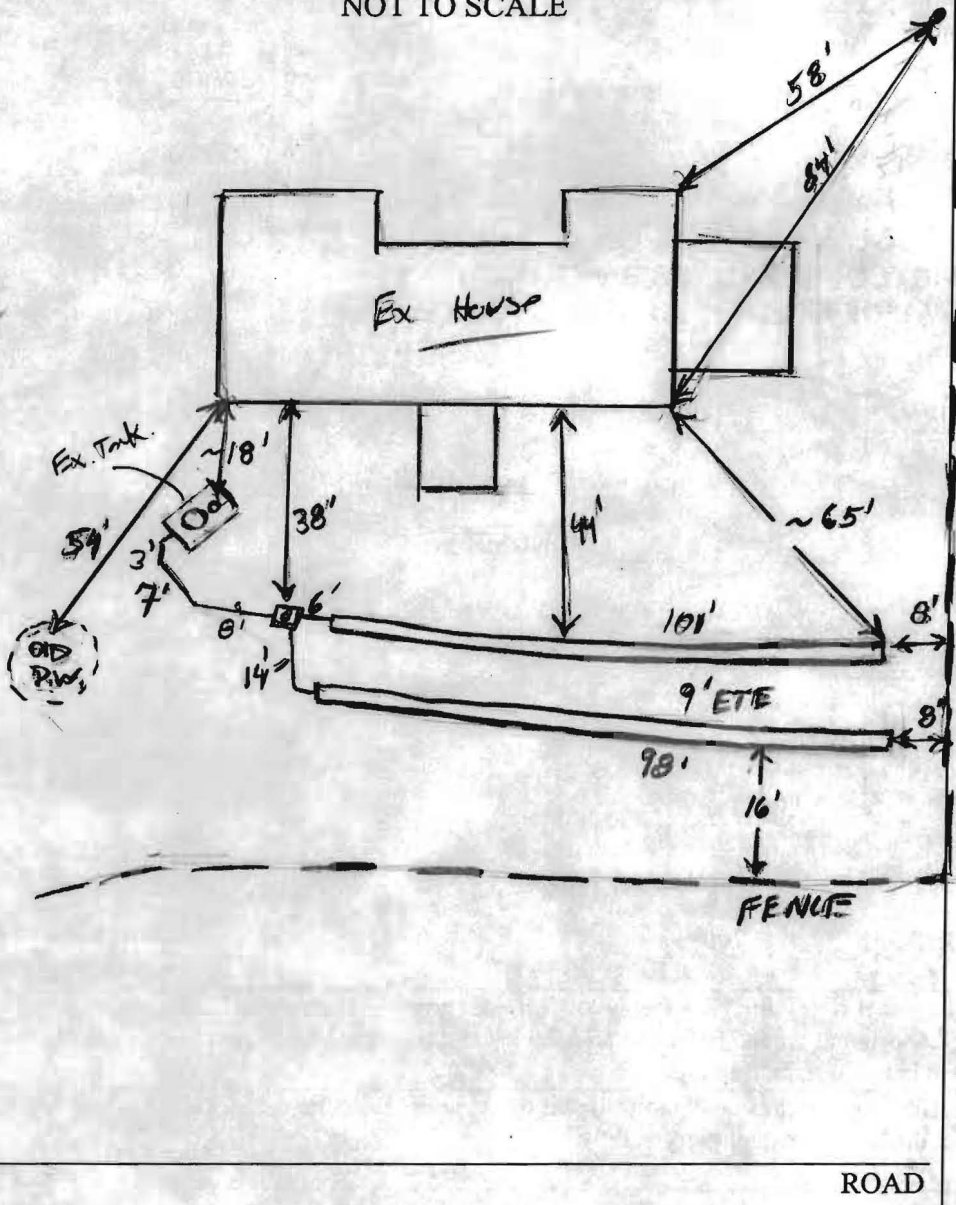
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

1 Pipe Cap. Broken
 HO-73-285

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		199'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Yes (level)</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>?</u> GAL
SEAM LOC	<u>mid.</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>—</u>
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____



PRE-CONSTRUCTION _____

INSTALLATION 4/6/07 System installed as shown.
 Dry well pumped and collapsed. Filled w/ stone.
 OK to cover (RW)

FINAL INSPECTOR K. Wall DATE OF APPROVAL 4/6/07