

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 09/28/06

P 525580

PERMIT

APPROVAL DATE: _____

A REPAIR

Tax ID # 04-325621

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519, Annapolis Junction, MD 20701 PHONE NUMBER: 301-854-6172

SUBDIVISION: Gwenlee Estates LOT NUMBER: 8-B

ADDRESS: 14087 Gared Drive PROPERTY OWNER: William Cross

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

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:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

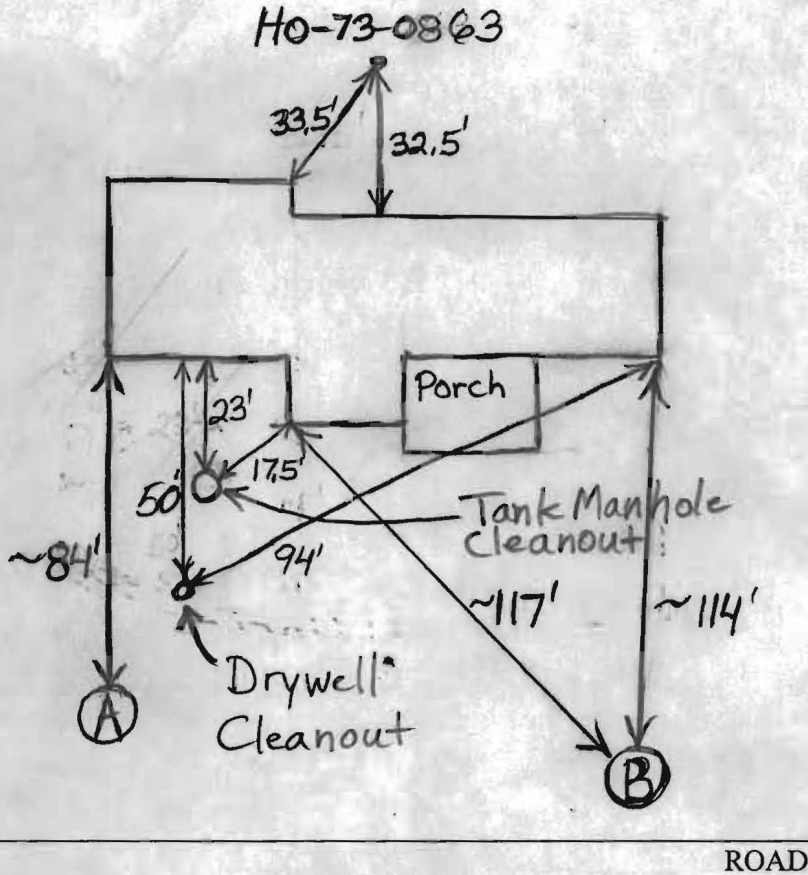
PLANS APPROVED: _____ DATE: _____

- 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

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

NOT TO SCALE

A - 5' / 15' V - 4 1/2 minutes (second inch)
B - 8.5' / 14.5' V - 14 1/2 minutes (second inch)



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 _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

INSTALLATION _____

①

3.5'-4'

Mixture of Red Brcl Loams
Trace Rock

Red Beige
Very Fine
Sa Loam
~15%

15' Saprolite

②

8'-8.5'

Mixture of Clay Loams
~5% Rock

Red Beige
Very Fine
Sa Loam
15-20%

14.5' Saprolite

10/5/06
B. Baker

FINAL INSPECTOR _____

DATE OF APPROVAL _____

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 09/28/06

PERMIT

P 525580

APPROVAL DATE: 10/10/06

A REPAIR

Tax ID # **04-325621**

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519, Annapolis Junction, MD 20701 PHONE NUMBER: 301-854-6172

SUBDIVISION: Gwenlee Estates LOT NUMBER: 8-B

ADDRESS: 14087 Gared Drive PROPERTY OWNER: William Cross

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 105

*Trenches 2' Wide
Inlet 5'-5.5'
Bottom - 10.5'
5'-5.5' of Stone Below
1-105' Trench
Pipe*

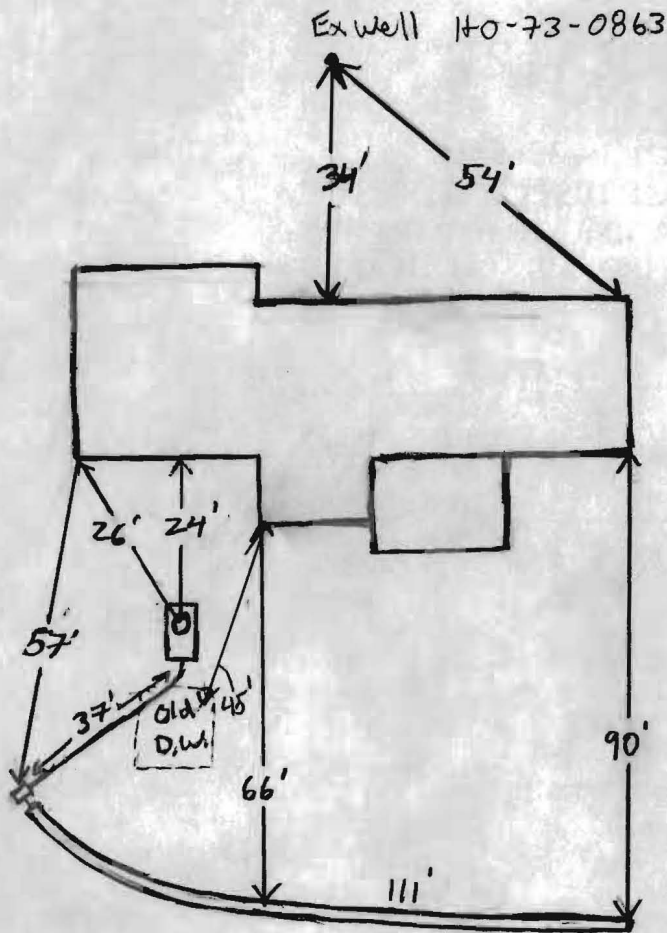
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

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

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

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	10.5'
NUMBER OF TRENCHES		1
TOTAL LENGTH		111'
ABSORPTION AREA		222 + SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		NO

SEPTIC TANK DATA		Tilt
SEPTIC TANK 1 LEVEL		panels run
CAPACITY	1250?	GAL
SEAM LOC		
TANK LID DEPTH	3'	
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC	Front	
6" PORT LOC	none	
WATERTIGHT TEST		
SEPTIC TANK 2 LEVEL		
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

PRE-CONSTRUCTION 10/5/06 Pump out drywell and fill with dirt.
 INSTALLATION 10/10/06. Drywell pumped out / collapsed and fill w/ gravel/dirt. plumbing and D box installed, leveled. started 105' trench. Half way done. KW 10/10/06
 System Complete. 5' inlet 5.5' of stone to bottom. Trench tapers off slightly towards end. OK. to Backfill (KW)

FINAL INSPECTOR K. Welf DATE OF APPROVAL 10/10/06