

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P 535934

APPROVAL DATE: _____

A REPAIR

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

J.M. Contracting LLC. IS PERMITTED TO INSTALL ALTER

ADDRESS: 425 Obrecht Road Sykesville, MD 21784 PHONE NUMBER: 443-277-7526

SUBDIVISION: Poplar Springs LOT NUMBER: _____

ADDRESS: 16825 Hardy Road PROPERTY OWNER: Eric Cool

SEPTIC TANK CAPACITY (GALLONS): N/A

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET OF HOUSE: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	
LOCATION:	
PURPOSE:	

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

Tax ID# 4325419

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 _____

ROAD NAME

PRE-CONSTRUCTION:

Perc testing Cancelled,

INSTALLATION:

FINAL INSPECTOR _____

DATE OF APPROVAL _____

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INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____