

RECEIPT DATE: 12/20/12

P 544477

INSTALLATION APPROVAL DATE: _____

PERMIT

A _____

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

PROPERTY OWNER: Vincent Coleianne

OWNER'S ADDRESS: 17425 Frederick Road PHONE: 410-442-8068

ADDRESS: 17415 Frederick Road TAX ACC'T #: _____

SUBDIVISION: Hazel P. Annis Property LOT: 1

SEPTIC TANK CAPACITY (GALLONS): TBD 2000

PUMP CHAMBER CAPACITY (GALLONS): TBD N/A

NUMBER OF BEDROOMS: TBD 5 APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD +3501 0.8.

LINEAR FEET OF TRENCH REQUIRED: TBD 174
2' wide
Inlet 2'
Bottom 7'
Effective 3'

TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/20/12 EXPIRATION DATE: 12/20/13

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- 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
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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.

RECEIPT DATE: 12/20/12

P 544477

INSTALLATION APPROVAL DATE: 7/1/15

PERMIT

A _____

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

PROPERTY OWNER: Vincent Coleianne

OWNER'S ADDRESS: 17425 Frederick Road PHONE: 410-442-8068

ADDRESS: 17405 Frederick Road TAX ACC'T #: _____

SUBDIVISION: Hazel P. Annis Property LOT: 1

SEPTIC TANK CAPACITY (GALLONS): TBD 2000

PUMP CHAMBER CAPACITY (GALLONS): TBD N/A

NUMBER OF BEDROOMS: TBD 5 APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD +3501 0.8.

LINEAR FEET OF TRENCH REQUIRED: TBD 174 2' wide Inlet 3' Bottom 7' Effective 3'

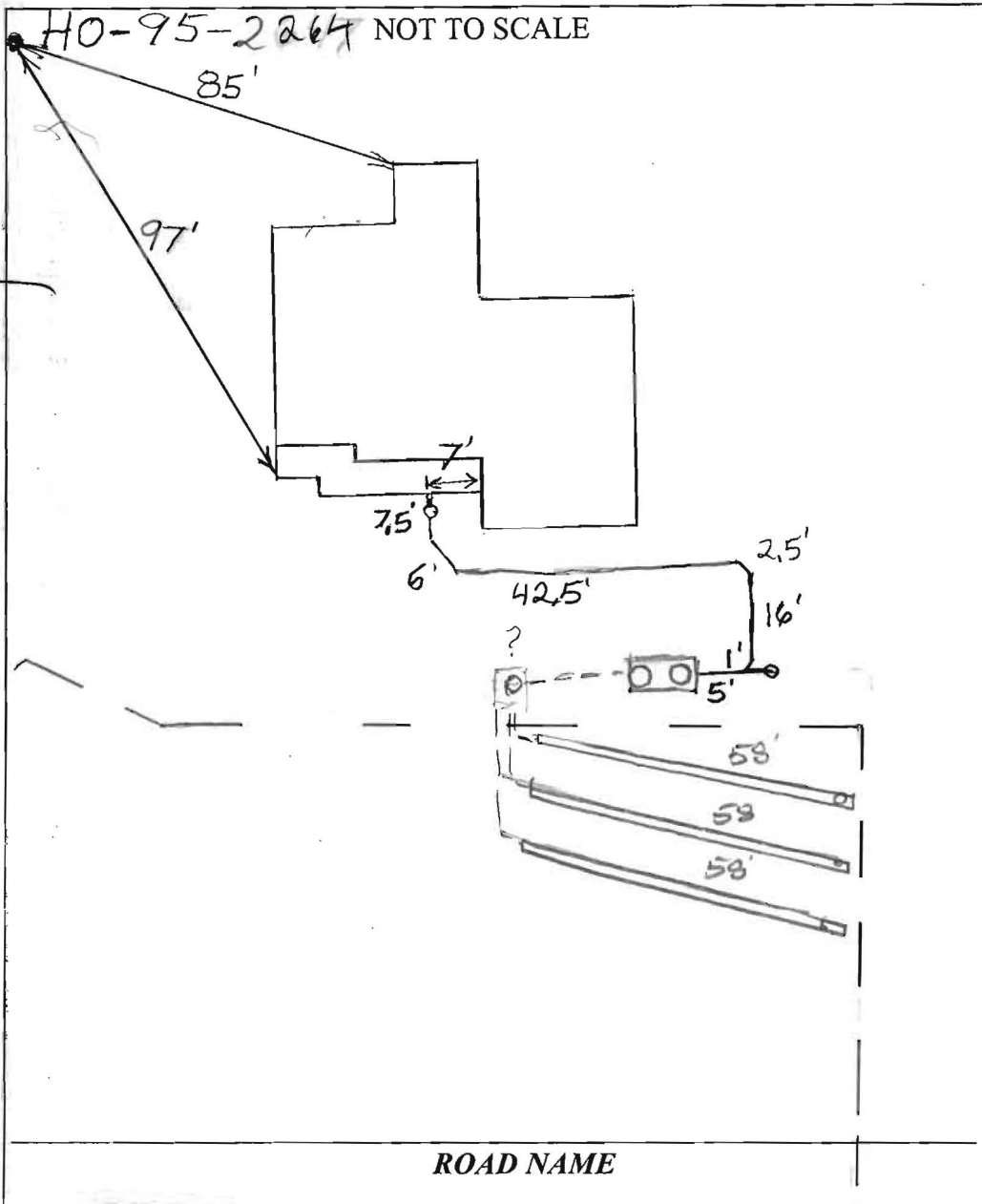
TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

3x58'

ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/20/12 EXPIRATION DATE: 12/20/13

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- 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
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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.



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	3'
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>174'</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>level in</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	_____
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>Front/Rear</u>
6" PORT LOC	<u>none</u>
WATERTIGHT TEST	<u>N/A</u>
SLOTTED	<u>Yes</u>
DATE ON LID	<u>N/A</u>
PUMP/SEPTIC TANK LEVEL <u>N/A</u>	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION: 12/19/13 Set S.D. per plan. Install Dbox top middle part of SRA. Install 3x58' trenches on contour as shot in field. Call for flv insp. Very busy week, may need to make exception (w)

INSTALLATION: 12/20/2013 (BB) As-built collected @ time of insp.
7/1/2015 (BB) House connection made, system complete

FINAL INSPECTOR B. Baker DATE OF APPROVAL 7/1/15