

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 4/25/07 MINOR SEPTIC REPAIR PERMIT

P A23221  
A REPAIR

APPROVAL DATE: 9/13/07 Tax ID #

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

Homeowner/Peace Plumbing (410) 636-3184

PERMITTED TO INSTALL  ALTER

ADDRESS: 3500 Sharp Rd PHONE NUMBER: (410) 442-5158

SUBDIVISION: Columwood Est. LOT NUMBER: H/S-1

ADDRESS: 3500 Sharp Rd PROPERTY OWNER: John/Denise Cabral

SEPTIC TANK CAPACITY (GALLONS): Ex

PUMP CHAMBER CAPACITY (GALLONS): Ex

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: N/A

LINEAR FEET OF TRENCH REQUIRED: N/A

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:	<u>New Connection to S.T. from new bathroom</u>
PURPOSE:	<u>Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.</u> <u>Must have 1/2" pipe (Sch. 40) 10' min. off Septic Tank</u>

PLANS APPROVED: [Signature] DATE: 7/25/07

- 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
_____	_____	_____
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 \_\_\_\_\_

ROAD

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION 9/13/07 Contractor had sawed line covered up / back-filled after I viewed. said it was ok but next time needs to be approved by health dept before backfilling (P)

FINAL INSPECTOR

*J. W. Wolf*

DATE OF APPROVAL

9/13/07