

4/23/02  
9:30

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

ISSUE DATE: 4/22/02

P 516943

APPROVAL DATE: 4/23/02  
CLOSE-OUT

# PERMIT INDEXED

A REPAIR

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

04-336763

Arnold Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS: PO Box 15, Woodbine PHONE NUMBER: 410-795-8254

SUBDIVISION: Glen Alpine LOT NUMBER: 3

ADDRESS: 16491 A E Mullinix Road PROPERTY OWNER: William Toole

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:	Existing septic system is failing. Call for inspection when ground is opened.
PURPOSE:	

PLANS APPROVED: \_\_\_\_\_ DATE: 4/22/02

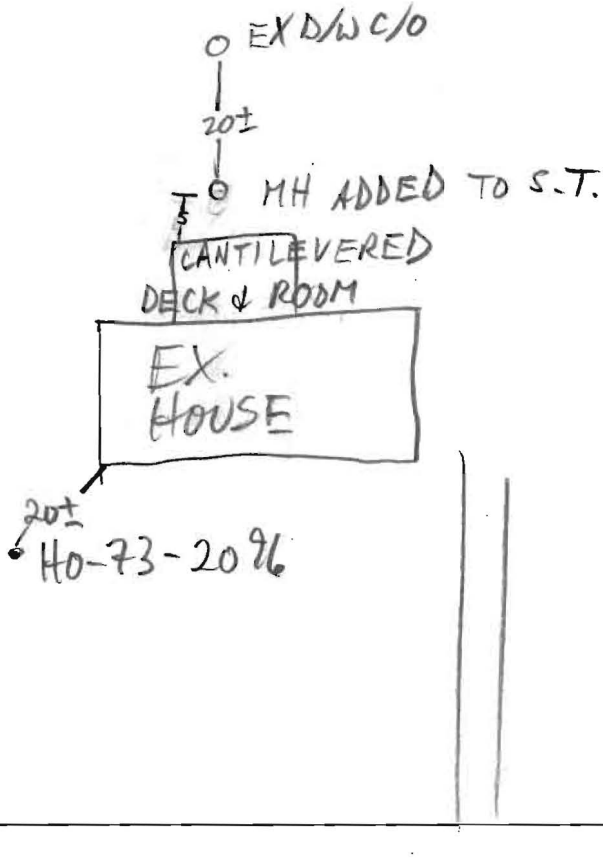
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR 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**

516943

NOT TO SCALE

INDEXED



**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 4/23/02 REPAIR NOT NEEDED; EX. TRENCH OFF D/W  
 NEARLY DRY (MC)

INSTALLATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINAL INSPECTOR M. Ripkin DATE OF APPROVAL 4/23/02  
 CLOSE-OUT