

Tax ID - 05 - 415667

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: _____

A 47582

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

3/23/05

House is being Renovated.
Supposedly it is/was a

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Riverview LOT NUMBER: 1

ADDRESS: 8061 Brown Bridge Road PROPERTY OWNER: Paul Thompson

SEPTIC TANK CAPACITY (GALLONS) Current Usage OUTLET Baffle FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS) Confirmed COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

When a Repair Is Done

SQUARE FEET PER BEDROOM: _____ BB

There is a Sewage Discharge Per Building Owner

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:	_____
NOTES:	_____

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 UNLESS SPECIFICALLY AUTHORIZED

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

A 47582

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: _____

A REPAIR _____

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

Farm & Home Excavating, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 901 Driver Road PHONE NUMBER: 410-442-2139

SUBDIVISION: Riverwood LOT NUMBER: 1

ADDRESS: 8061 Brown Bridge Road PROPERTY OWNER: _____

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

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- _____ P- _____

PERMITTEE FARM + HOME EXCAVATING

LOCATION 8061 BROWN BRIDGE ROAD - RIVERWOOD - LOT 1
(THOMPSON)

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector _____

Date _____

Inspector _____

Date _____

FINAL INSPECTION MADE, COVER ALL WORK

Inspector _____

Date _____