

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/18/05

03-310078
PERMIT
INDEXED

P 521954
A35218
A REPAIR

APPROVAL DATE: 2/22/05

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

mlb WESMAR
Katherine M. Ruben IS PERMITTED TO INSTALL ALTER

ADDRESS: 6326 Hodding Night Court 21044 PHONE NUMBER: 410-531-2415

SUBDIVISION: Burntwoods LOT NUMBER: 7

ADDRESS: 13835 Burntwoods Road PROPERTY OWNER: Katherine Ruben

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:	Replacing collapsed septic tank. 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

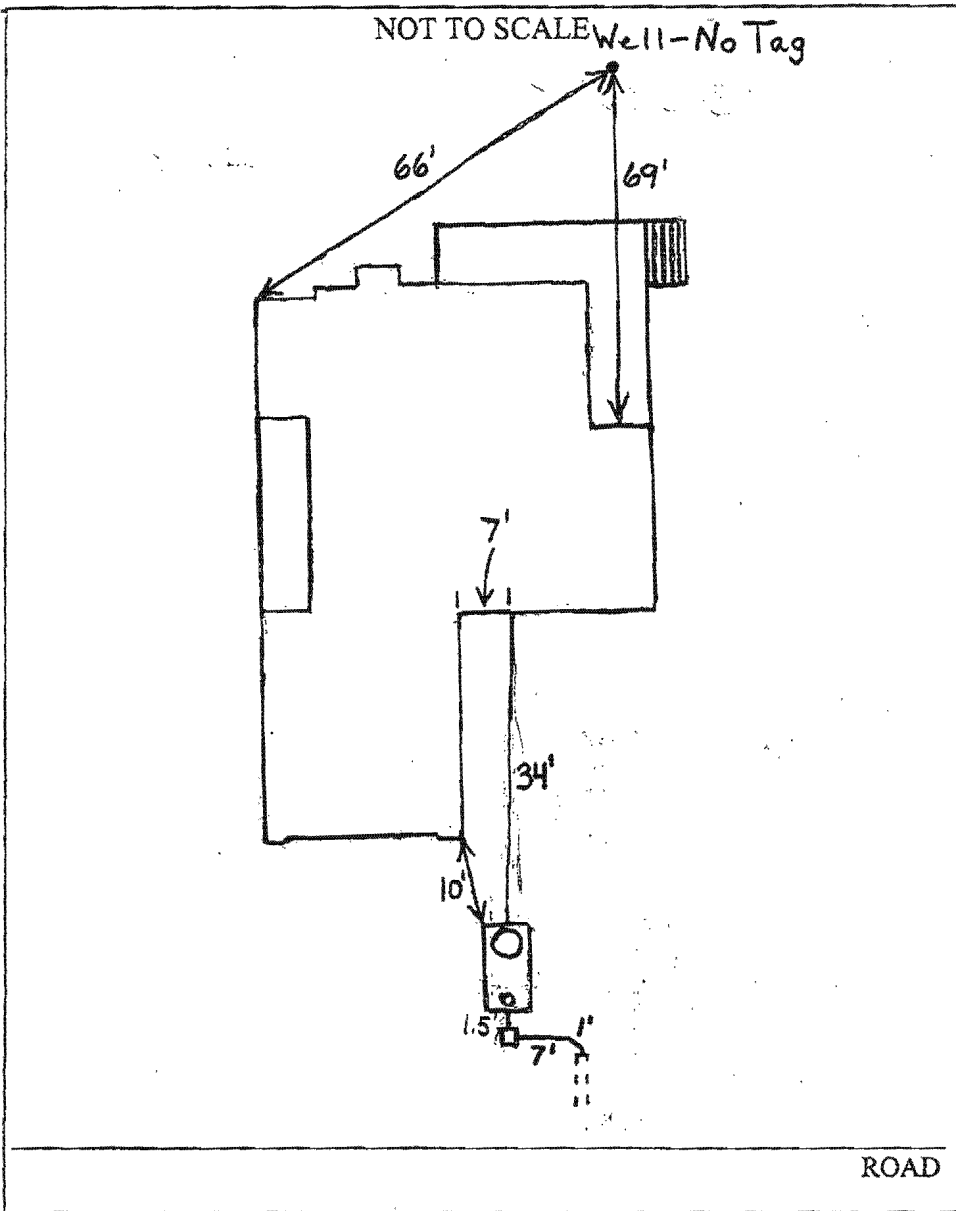
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

*2-2-05 BOD 152117 - IG POOL
2-24-05 BOD 152240 - 2 STORY ADDITION*

A35218

6443



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Yes</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>No</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1'-2'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>Rear</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL	<u>N/A</u>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

2-Comp

PRE-CONSTRUCTION _____

INSTALLATION 2/22/05 Old tank pumped out and upper half removed.
New tank and distribution box installed. O.K. to cover
everything (BB)

BUILDING PERMIT SIGNED
 AND RETURNED

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 2/22/05