

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 6/20/2002

PERMIT

P NO FEE

APPROVAL DATE: _____

A REPAIR

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Kings Gift LOT NUMBER: 53

ADDRESS: 11408 CASTLE LANE
~~11698 Frederick Road~~ PROPERTY OWNER: Araghi

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:	To replace the failing drip line system with two new fields and connecting piping. Original septic tank, pump chamber and controll unit will remain. See attached plans approved 6/20/2002.
PURPOSE:	

PLANS APPROVED: Ronald Pinkley DATE: 6/20/2002

- 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

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 _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

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June 20, 2002

Mr. Frank Skinner, Director
Environmental Health
Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

RE: Kings Gift
Lot 53

Dear Mr: Skinner:

I have reviewed the addendum to the plans for the innovative drip disposal system addendum serving the above referenced property. These plans were received in my office on June 19, 2002.

Once a contractor is selected for the project, they should notify your office and me 48 hours prior to starting system construction so that a preconstruction meeting may be held. The plans stipulate that a representative of American Manufacturing Co., Inc. will also be present at this meeting. Any questions the contractor may have about the system construction can be addressed at that meeting.

If you have any questions or comments please call me at (410) 631-3778.

Sincerely,



Barry Glotfelty, R.S.
Regional Consultant
Groundwater Permits Program

BG:je

Cc: Mr. Jay Prager *NOE*
Mr. Tom Ashton *amer H/j*
Mr. Alex Araghi *amer*