

LAYOUT 8/5/10 BB INSP 4 \_\_\_\_\_  
 INSP 2 8/30/10 CB INSP 5 \_\_\_\_\_  
 INSP 3 9/1/10 (CB) INSP 6 \_\_\_\_\_

ISSUE DATE: 7/9/2010

APPROVAL DATE: 1/31/2011

# PERMIT

P 533320  
514619-M  
 A UPGRADE

Tax ID # 3342522  
~~1403292339~~

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

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: PRESERVE @ WAVERLY GLEN LOT NUMBER: 13

ADDRESS: 1863 MOUNT DENALI DRIVE PROPERTY OWNER: TRINITY HOMES

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): NA COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4 APPLICATION RATE: 1.2

SQUARE FOOTAGE OF HOUSE: >3,500

LINEAR FEET OF TRENCH REQUIRED: 103'

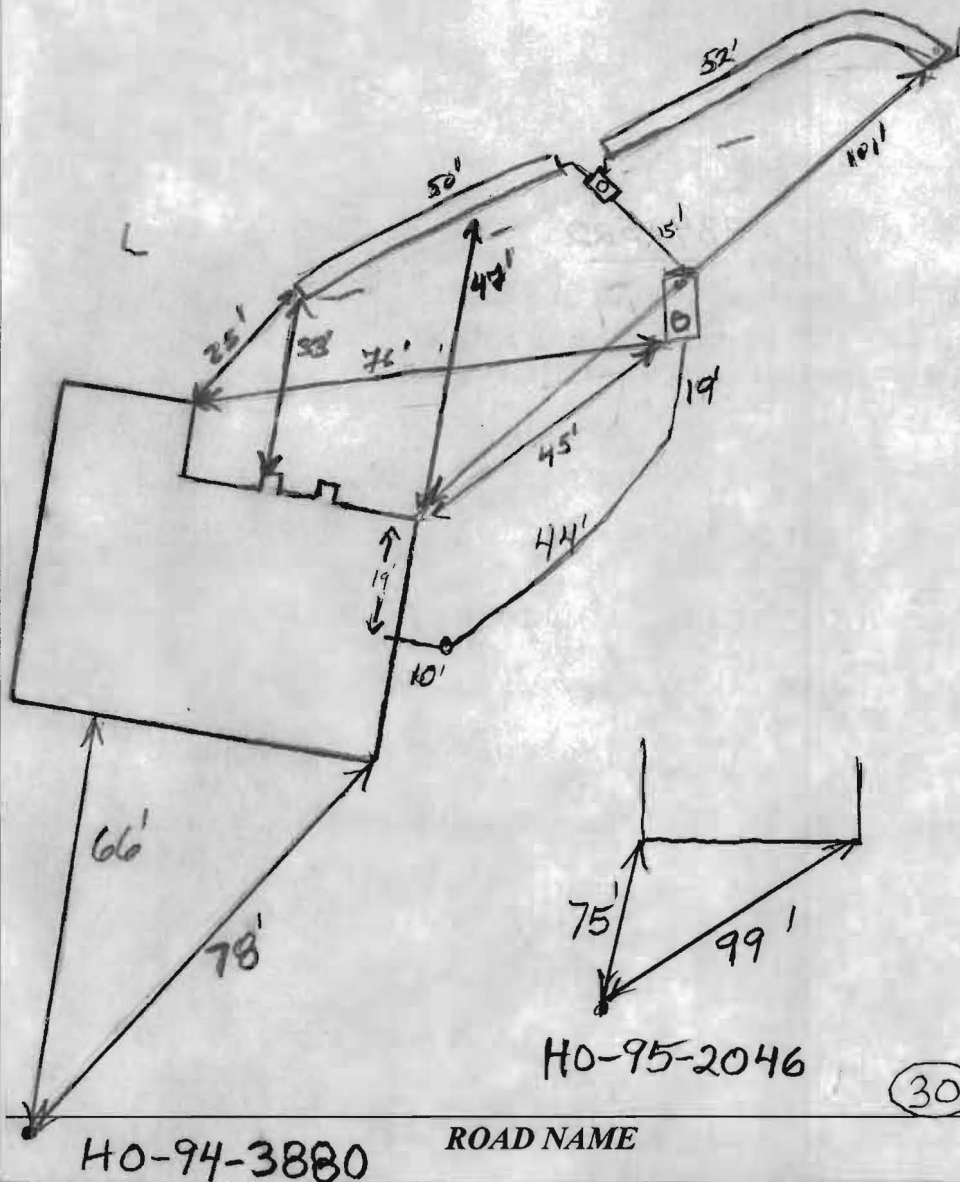
TRENCHES:	Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below grade. Effective area begins at 3 feet below original grade with 2 feet of stone below distribution pipe.
LOCATION:	Run 2 x 52' trenches on contour on either side of proposed d-box
NOTES:	<b>Do not</b> order the septic tank until after layout inspection and Sanitarian approval. Stake septic easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

PLANS APPROVED: HEIDI SCOTT DATE: 7/9/2010

- 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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE



**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		102
ABSORPTION AREA		306' ± SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	7/6/10

~~PUMP/SEPTIC TANK LEVEL N/A~~

MANUFACTURER	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

8/5/2010 Set tank near top middle of easement. Cannot lay out trenches because there is no transit. (BB)

8/30/2010 Set the distribution box near the top middle of the easement and install a 52' trench on contour in both directions. (BB)

INSTALLATION:

9/1/10 System complete. Installed per layout. D box revealed. Still need house connection for final approval (BB)

1/31/2011 House connection made. (BB)

FINAL INSPECTOR

B. Baser

DATE OF APPROVAL

1/31/2011

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: The Preserve at Waverly Woods

A 514619-M

STREET NAME: \_\_\_\_\_

LOT NUMBER: 1513

AVERAGE PERCOLATION RATE: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

LINEAR FEET OF TRENCH PER BEDROOM: \_\_\_\_\_

TOTAL LINEAR FEET OF TRENCH: \_\_\_\_\_

SEPTIC TANK CAPACITY: \_\_\_\_\_

TOP SEAMED TANK REQUIRED? YES OR NO

COMPARTMENTED TANK REQUIRED? YES OR NO

TRENCH DIMENSIONS: 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.

PUMPED SYSTEM PROPOSED: YES OR NO

Pumped Septic System Detail: \_\_\_\_\_ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump  
septic system.

LOCATION: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_