

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

ISSUE DATE: 04/13/2007

P 526637

APPROVAL DATE: _____

A 526216

PERMIT

TAX ID # 05-370043

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

Todd Sachs IS PERMITTED TO INSTALL ALTER

ADDRESS: 7089 Mink Hollow Road PHONE NUMBER: 301-854-0899

SUBDIVISION: Hughes Property LOT NUMBER: 2

ADDRESS: 7089 Mink Hollow Road-Pool House PROPERTY OWNER: Todd Sachs

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 125

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 6.0 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: Ashley Trump DATE: 04/30/07

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 410-313-1771 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 _____

Earl E. Preston Jr. Inc. & Whiteford Septic Service

Complete Septic System Service – One Call Does It All

Licensed & Insured in – Baltimore, Harford, Carroll, Cecil Counties & Maryland Home Improvement Commission

2228 Engle Road, Fallston, Maryland 21047

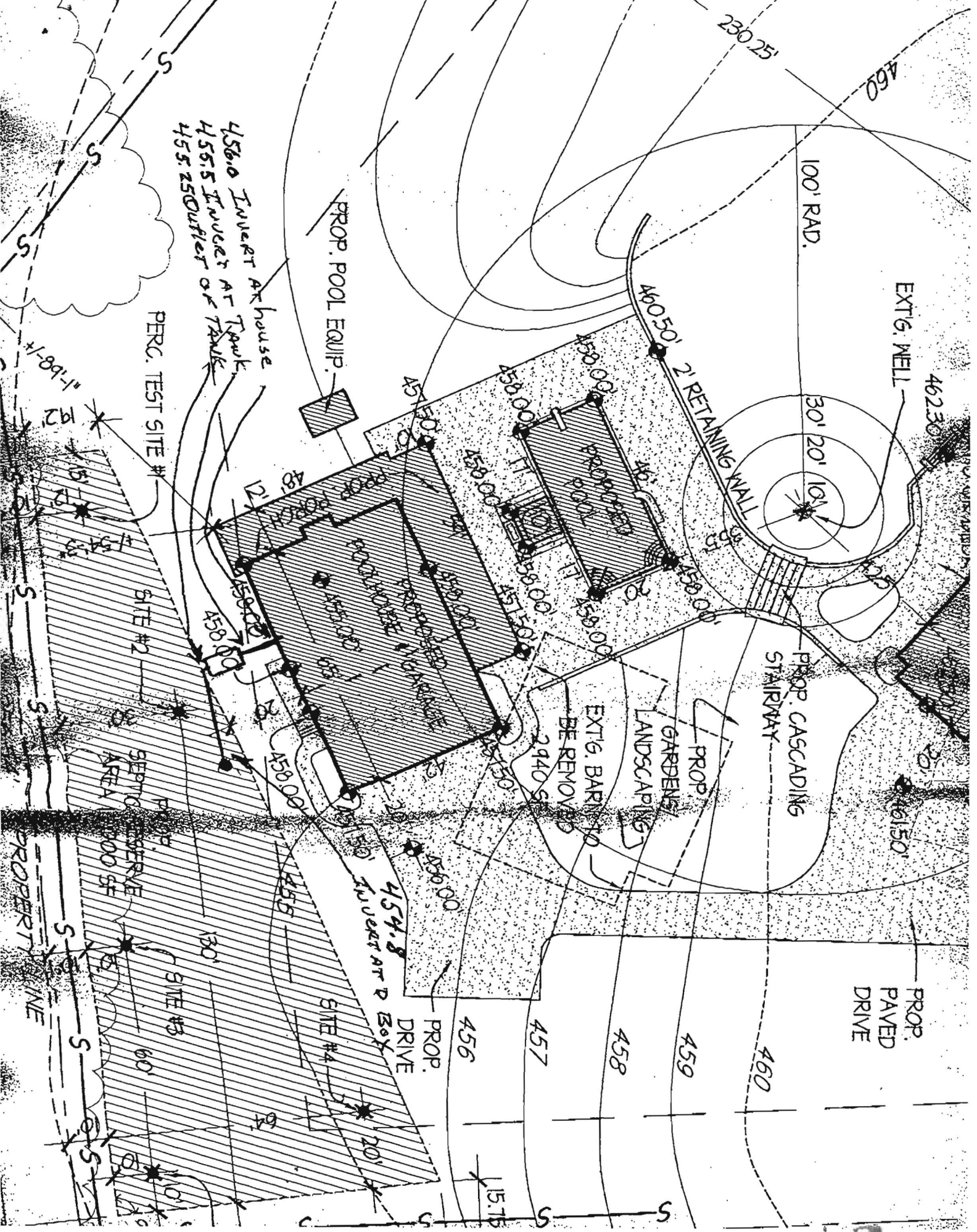
Phone: 410-557-8100 Fax: 410-692-9530 Email: earljr@eprestonjr.com www.eprestonjr.com

Fax Cover Sheet

Toon - 410-599-8373

To: <u>Todd Sachs</u>	From: <u>Gene</u>
Fax: <u>410 321 1354</u>	Pages: <u>2</u> (including coversheet)
Phone:	Date: <u>4/13/07</u>
Re:	CC:

Urgent For Review Please Comment Please Reply Please Sign & Return



456.0 INVERT AT HOUSE
 455.5 INVERT AT TRUNK
 455.250 INVERT AT TRUNK

PERC. TEST SITE #

SITE #2

SEPTIC SERVICE AREA 1000 SF

SITE #3

SITE #4

PROP. DRIVE
 454.8 INVERT AT BOX

PROP. POOL EQUIP.

PROP. CASCADING STAIRWAY

EXTG. BARN TO BE REMOVED

PROP. GARDENS/LANDSCAPING

PROP. PAVED DRIVE

100' RAD.

2' RETAINING WALL

EXTG. WELL

PROPERTY LINE