

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 1/14/08

PERMIT

P 528444

APPROVAL DATE: _____

A 41990

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

Jerry Craft Plumbing IS PERMITTED TO INSTALL ALTER

ADDRESS: 6346 Loudon Ave PHONE NUMBER: 410-796-1864

SUBDIVISION: Choi Property LOT NUMBER: 27

ADDRESS: 3284 Danmark PROPERTY OWNER: Gerald Wannarka

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

PUMP CHAMBER CAPACITY (GALLONS): 1000 COMPARTMENTED TANK REQUIRED

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:	Install a 1000 Gallon Pump Chamber at least 20 feet from the garage to be served by the pump. Use pressure sewer line to pump the sewage uphill to join the existing septic system sewer line at a point a minimum of 10 ft before flowing into the existing septic tank.
NOTES:	A pre-construction layout inspection is required prior to starting any work. Call the number provided below 24 hours prior to set this inspection up. <u>In support of B07003528 Garage w/ 1/2 bath</u>

PLANS APPROVED: Gabriel Creighton DATE: 1/14/08

- 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

As-Built Drawing
On Separate Sheet

ROAD

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE Elbow

DISTRIBUTION BOX PORT No

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

CAPACITY 1000 GAL

SEAM LOC Top

TANK LID DEPTH 0'-1.5'

Mayer Bros. BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC _____

2-Comp. 6" PORT LOC _____

WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL N/A

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

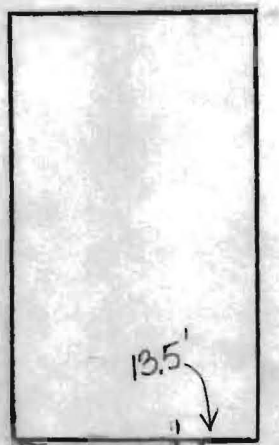
MANHOLE LOC _____

6" PORT LOC _____

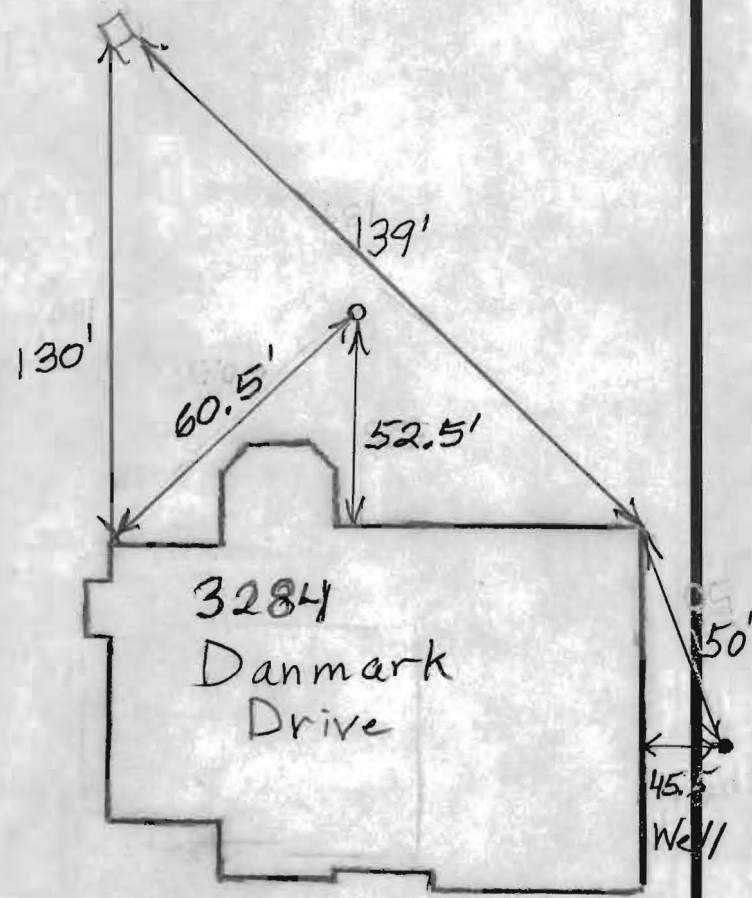
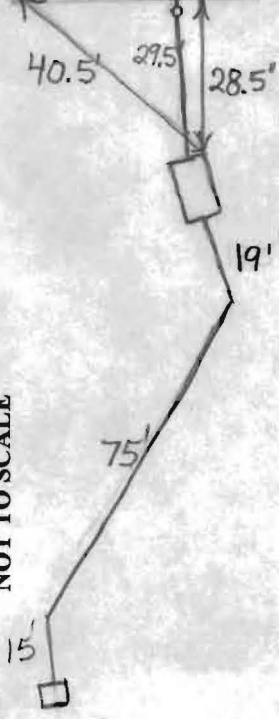
WATERTIGHT TEST _____

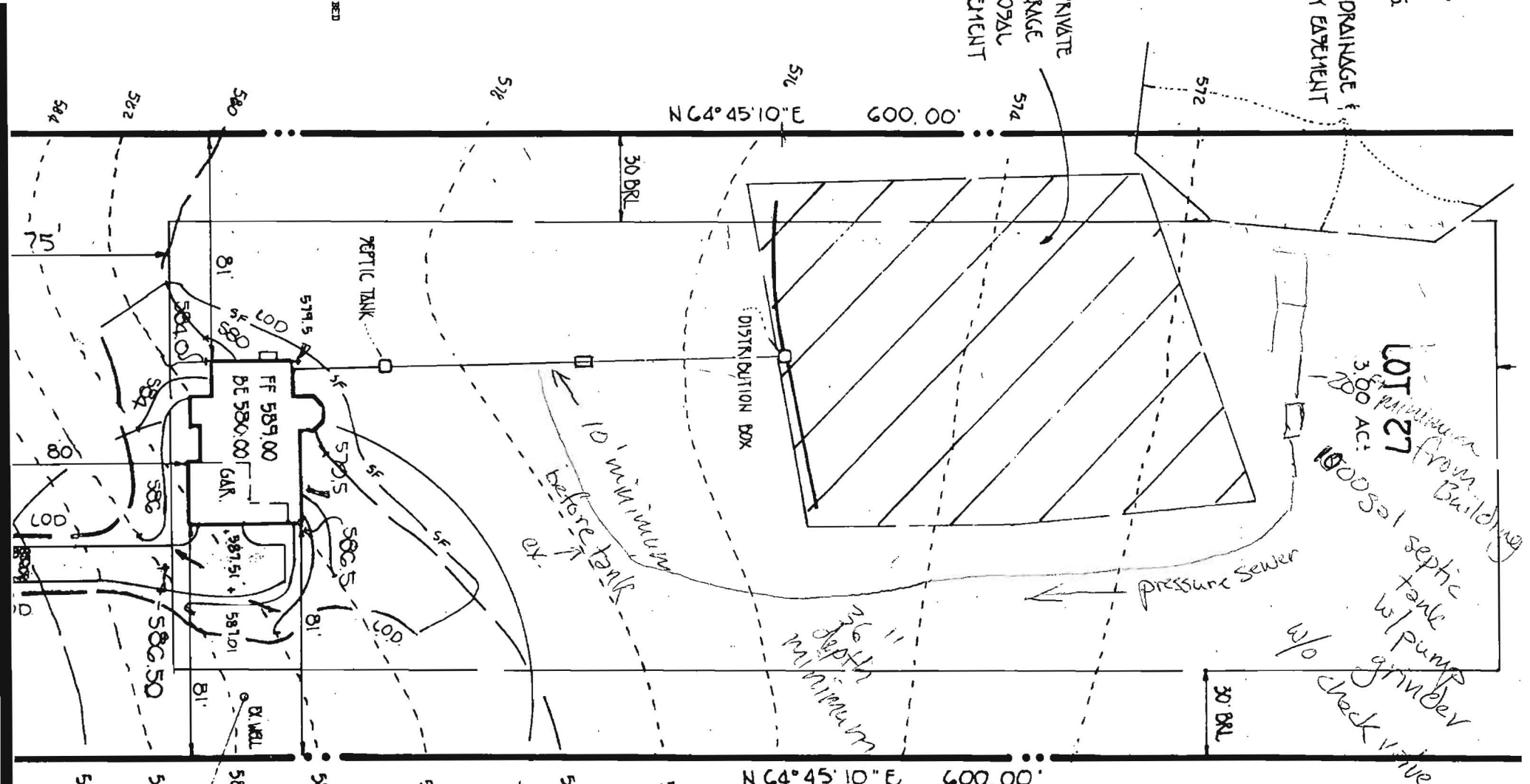
PRE-CONSTRUCTION 2/21/08 O.K. to install a 1500 gallon
2 compartment tank and pump the effluent to
 INSTALLATION the distribution box. Keep pump line out
of septic easement. (BB) 3/7/08 Contractor set a
1000 gallon 2 compartment tank instead of the pro-
posed 1500 gallon. This should still be adequate
for 1 bathroom. Need pump and alarm test. (BB)

FINAL INSPECTOR _____ DATE OF APPROVAL _____



NOT TO SCALE





LOT 27
 3.80 AC.
 10005al septic tank w/ pump w/o grinder check valve

GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- No. 1
 PROPOSED 1500 GALLON SEPTIC TANK
 A. FIRST FLOOR ELEVATION: 589.00
 B. BASEMENT ELEVATION: 580.00
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 576.1
 D. INVERT IN AT SEPTIC TANK: 575.1
 E. INVERT OUT AT SEPTIC TANK: 574.8
 F. PROPOSED GRADE OVER SEPTIC TANK: 577.0
 G. INVERT AT DISTRIBUTION BOX: 573.5
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 575.9
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

Approved Septic System Plan
 Howard County Health Department

Ann McMeel 2015/98
 Signature Date

Total Linear feet required
 Width of trench(es)
 Depth of trench(es)
 Depth of stone req. distribution pi