

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: _____

A REPAIR _____

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

Martin Iftikhar IS PERMITTED TO INSTALL ALTER

ADDRESS: 13448 Allnutt Lane PHONE NUMBER: 301-385-9596

SUBDIVISION: Tax Map 46, Parcel 137 LOT NUMBER: _____

ADDRESS: 8555 Murphy Road PROPERTY OWNER: Shamin Iftikhar

SEPTIC TANK CAPACITY (GALLONS): _____

*ALL THREE DWELLINGS ONSITE
ARE RENTED*

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

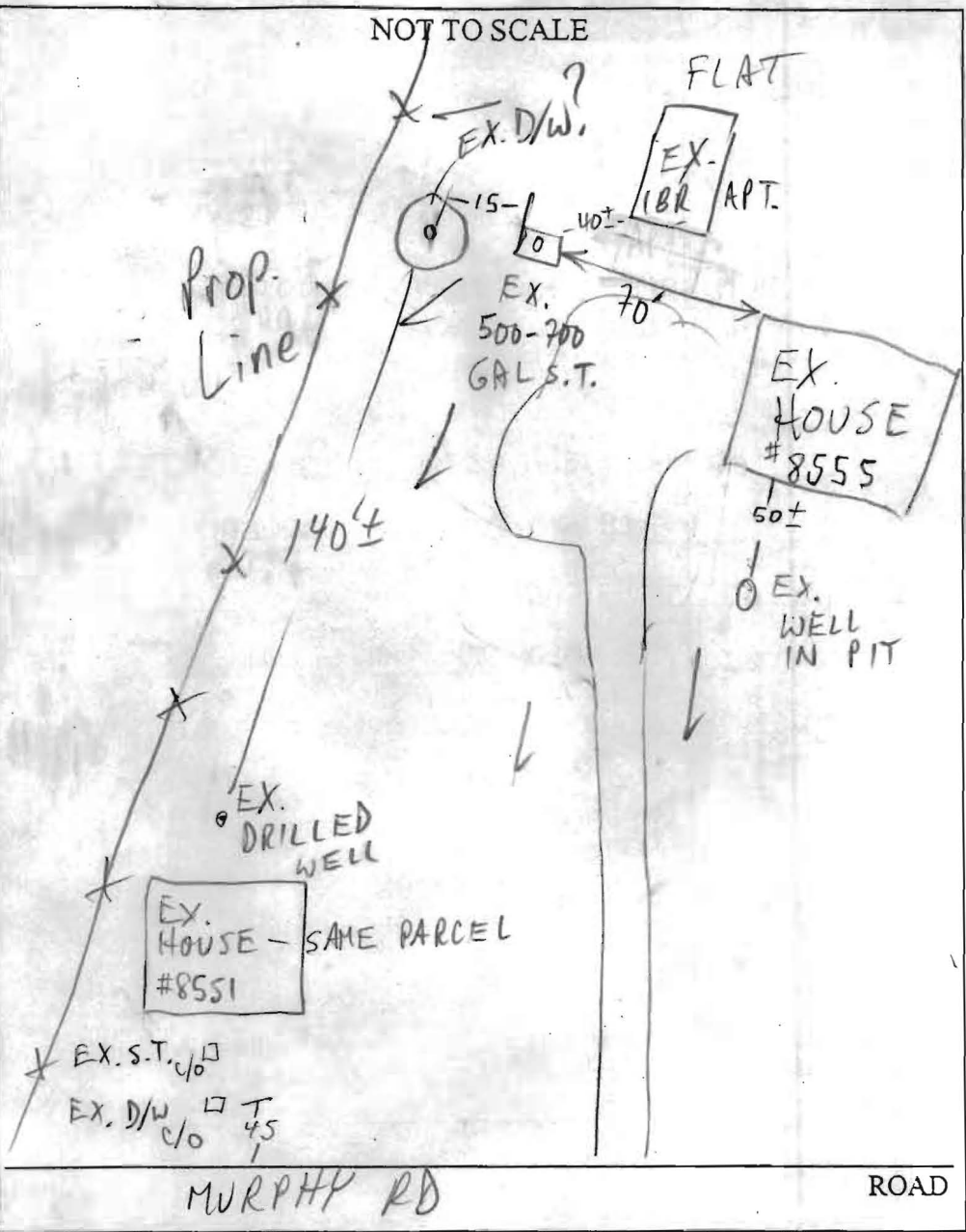
LINEAR FEET OF TRENCH REQUIRED: _____

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:	Existing drywell is full. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: MER DATE: 3/26/03

- 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**



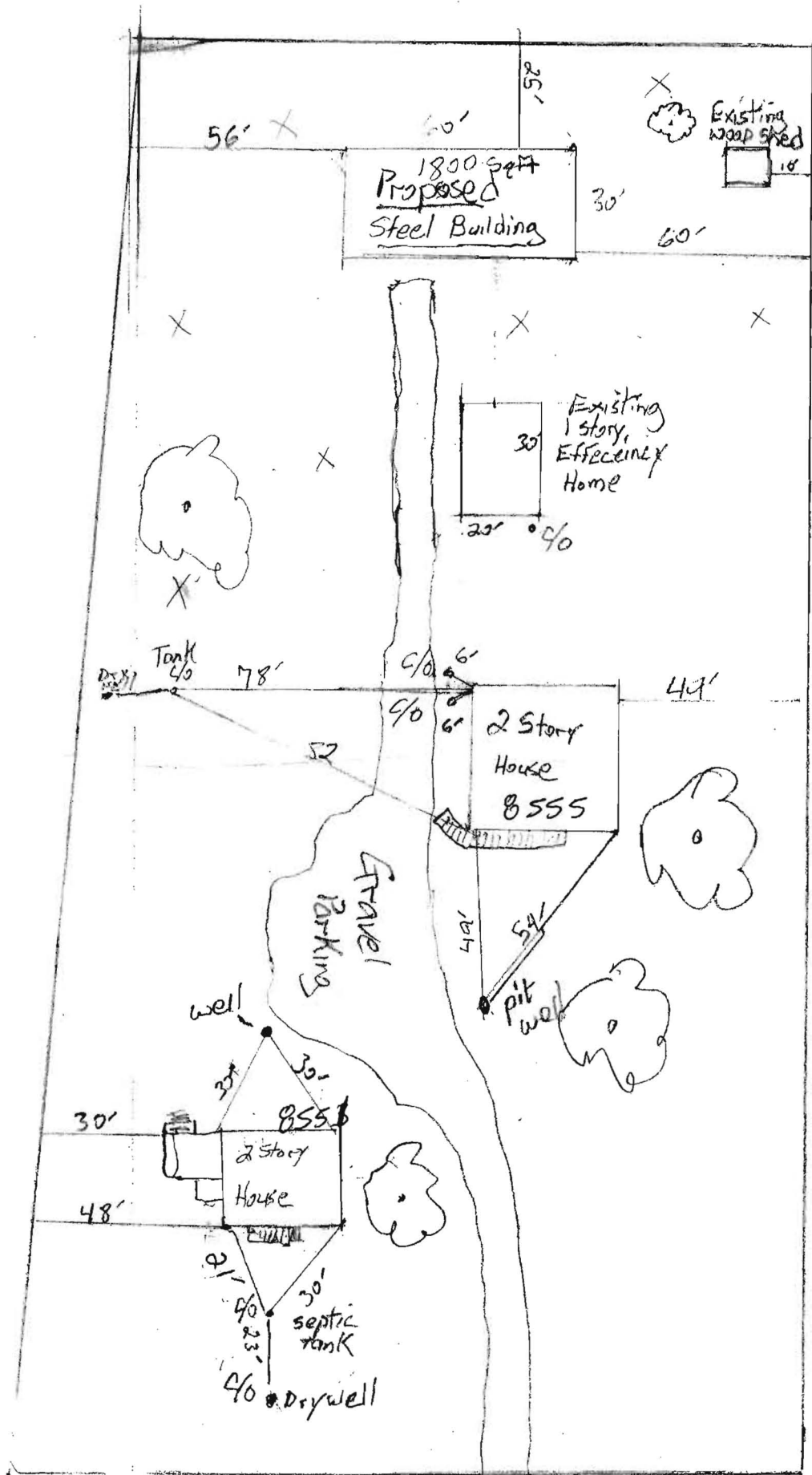
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

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 _____	

PRE-CONSTRUCTION _____

INSTALLATION 3/26/02 INSP SUBSEQUENT TO COMPLAINT RE: UNPERMITTED REPAIR; OWNER'S SON ON SITE; ALTHOUGH D/W IS FULL (LID ~12' B.G.), OWNER'S SON INTENDING TO ONLY REPLACE CLOGGED PIPE BETW S.T. & D/W; WILLING TO CONSIDER REPAIR SOLUTION TOMORROW MR 3/27/02 MET OWNER & SON @ SITE; DESPITE SAN'S RECOMMENDATION, OWNER DECLINED TO INSTALL ANYTHING OTHER THAN PIPE AS ABOVE; SAN ADVISED OWNER THAT NO DISCHARGE/EMERGENCY CURRENTLY, BUT EMERGENCY REQUIRING REPAIR ORDER COULD OCCUR AT ANY TIME; FILE CLOSED (MR)

FINAL INSPECTOR _____ DATE OF APPROVAL _____



8555 Murphy Rd
 parcel 137 6F 7001.
 AK 1.73

1" = 40'
 Scale

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

Martin Iftikhar IS PERMITTED TO INSTALL ALTER

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SUBDIVISION: Tax Map 46, Parcel 137 LOT NUMBER: 301-854-9110

ADDRESS: 8555 Murphy Road PROPERTY OWNER: Shamin Iftikhar

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