

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

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: 4/25/07

A 526622

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

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519 Annapolis Junction PHONE NUMBER: 301-490-4289

SUBDIVISION: Pindell Woods LOT NUMBER: 2

ADDRESS: 11607 Pindell Woods Dr. PROPERTY OWNER: _____

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

*** ~~RECEIVED~~ BUILDING PERMIT SIGNED
AND RETURNED**

5/1/07. B07001564- 1 story room 16 x 22.

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:	
NOTES:	Ex. Tank to be moved for addition.

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

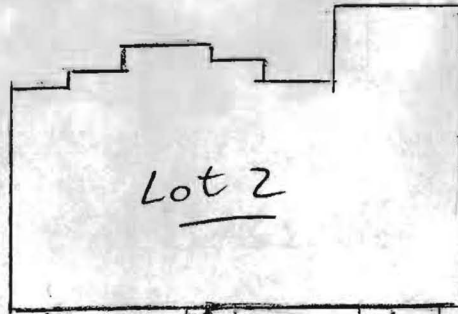
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

4/25/07



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/25/07		Tank moved to new location. New plumbing installed from house to Tank.					
		D box relocated and plumbing to Tank installed.					

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

