

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 4/7/09

# PERMIT

P 530992

APPROVAL DATE: \_\_\_\_\_

Tax ID # 03-300986

A REPAIR (15682)

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

Farm and Home Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 901 Driver Road PHONE NUMBER: 410-442-2139

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: Parcel C

ADDRESS: 13198 Sky Way PROPERTY OWNER: \_\_\_\_\_

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

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

SQUARE FOOTAGE (OF HOUSE): \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: ≥ 96

*Trench 2' Wide  
Inlet 3.5, Bottom 10'  
Install Three 32+'  
Trenches on Contour  
Above Test Hole (A)*

TRENCHES:	Trench to be _____ feet wide. Inlet at _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below the distribution pipe.
LOCATION:	Septic system is failing. Sanitarian will call to schedule repair perc.
ADDITIONAL NOTES:	

PLANS APPROVED: B. Baker DATE: 4/7/09

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

NOT TO SCALE



ROAD NAME \_\_\_\_\_

**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 \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

**PUMP/SEPTIC TANK LEVEL**

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

PRE-CONSTRUCTION

4/7/09 I install 3 short trenches on contour  
above test hole (A) (B)

INSTALLATION:

FINAL INSPECTOR \_\_\_\_\_

DATE OF APPROVAL \_\_\_\_\_

*2/26/71  
if possible*

*app 2-26-71  
Duro*

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P. 15690  
A. 15682

ELLICOTT CITY,  
DISTRICT 3  
DATE 1/21/71

*Walt Shank  
13196 Sky Way*

**INDEXED**

\_\_\_\_\_ Walter A. Shank IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_  
ADDRESS Walt-Ann Drive, Ellicott City, Maryland PHONE 531-5631

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD End of Sky Way LOT \_\_\_\_\_

PROPERTY OWNER Walter A. Shank

ADDRESS \_\_\_\_\_

SPECIFICATIONS - barn or hangar being remodelled = 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%

OTHER Dry well - 300 sq. ft. sidewall area below the inlet with a maximum depth of 11 ft. below grade at time of perc test. Place the dry well between 50 ft. and 70 ft. from the side of the building opposite from the side of the building where the well is located.

NOTE: ALL PIPE FROM REMODELLED BARN TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Raymond Hodges DATE 1/20/71

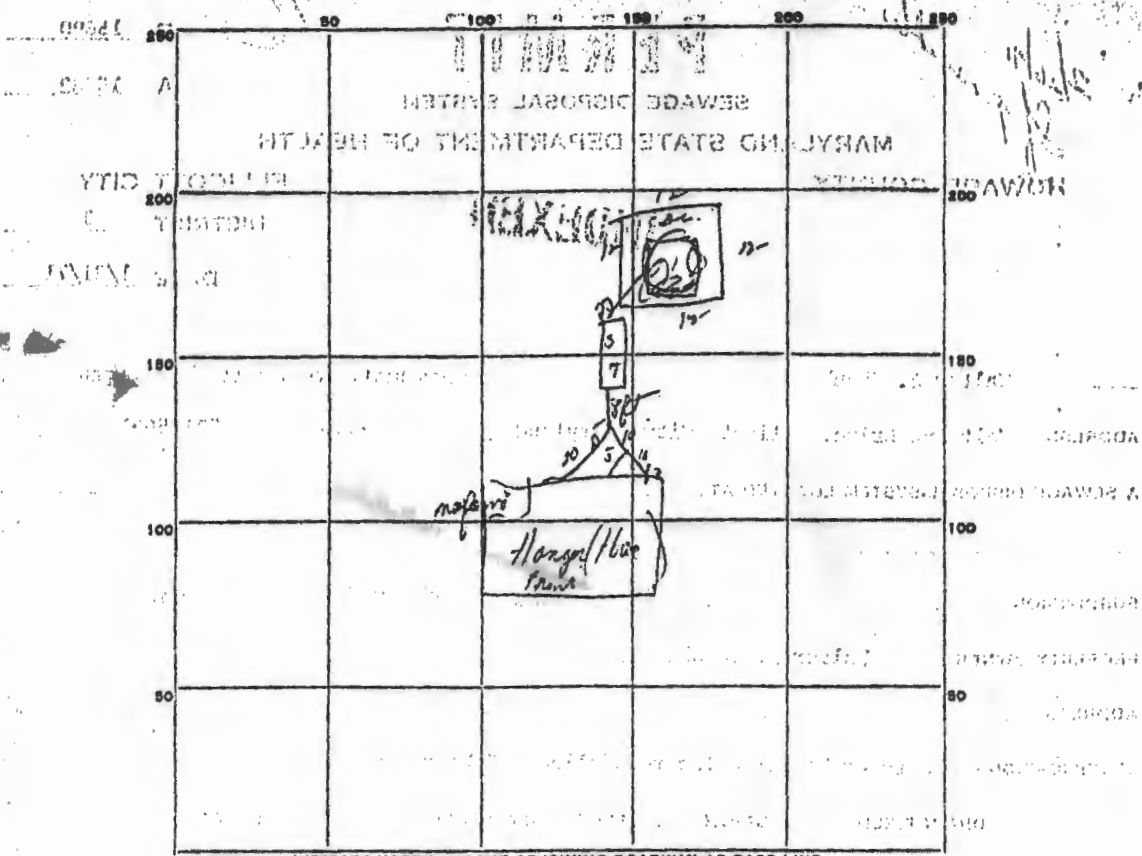
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*(let A)  
refer to 13196 Sky Way dwg.*

*15682*

APPROVED



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD not posted

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER Perimeter 48 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 336 SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 2-26-71 INSPECTOR W. W. Morgan