

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

RPS# 353599
 05'

ISSUE DATE: 1/24/64
 APPROVAL DATE: 3/31/64

PERMIT
INDEXED

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 A 00787

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Dogwood LOT NUMBER: 16

ADDRESS: 6810 Redberry Road PROPERTY OWNER: Furman

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: _____

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:	_____

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**

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PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

SALISBURY CITY

DISTRICT

DATE

Elected Seepage

ADDRESS _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION *Dogwood* ROAD *6810 Redden Rd*

PROPERTY OWNER *Relph. P. ...*

ADDRESS _____

SPECIFICATIONS *for 3 beds max*

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT END-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY *750* GALLONS

FOR GARbage GRINDER, INCREASE DISPOSAL AREA AND TANK CAPACITY

OTHER *Septic System is used which provides for*

take 3/11/5 see detail specifications for more specifications 10.1.1-

PLANS APPROVED BY *J. ...* DATE *4-20-59*

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER HOLES UNTIL INSPECTED AND APPROVED.

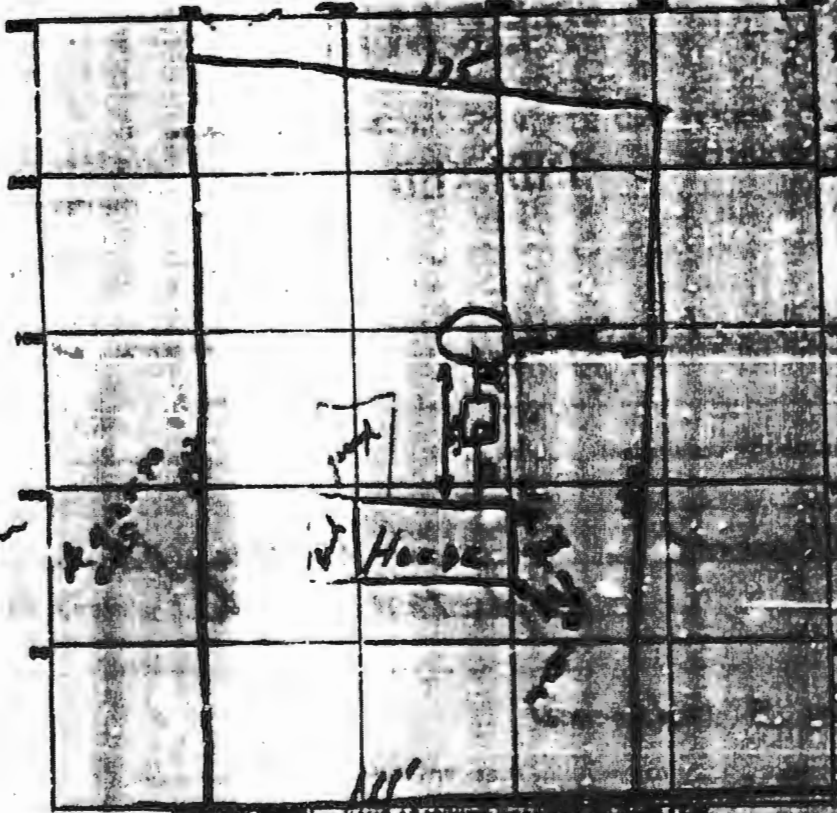
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED *4/27/59*
Serial # 32005
dash

BLDG. PERMIT SIGNED AND RETURNED *7/29/59*
Serial No. 44605
Ernest Pavilion

BLDG. PERMIT SIGNED AND RETURNED *3-28-59*
000134985 - ADDITION TO KITCHEN

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PERMIT CARD you

SEPTIC TANK, LEVEL 150 gal concrete

DISTRIBUTION BOX, LEVEL same

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

BESPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 9' 2"

ABSORBENT AREA OK SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 3-31-64

INSPECTOR J. Hanger