

LAYOUT 1/27/10 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 4/7/10 INSP 6 _____

ISSUE DATE: 1/27/10

PERMIT - Repair

P 532507

APPROVAL DATE: 4/2/10

A Repair

Tax ID 04-360230

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

Fugle's Septic Clean

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: _____ PHONE NUMBER: 410-795-5670

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 14623 Riggs Meadow PROPERTY OWNER: Mark Haring

SEPTIC TANK CAPACITY (GALLONS): N/A OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4 APPLICATION RATE: _____

SQUARE FOOTAGE OF HOUSE: N/A Trenches 2' wide
Inlet @ 5'
Bottom @ 11'

LINEAR FEET OF TRENCH REQUIRED: 22.5' APPROX. STONE AMT: 162 Ton

TRENCHES:	Trenches to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	<u>Install 3 x 7.5' trenches on contour just below ex system</u>
NOTES:	Manhole access needs to be installed on the tank along with a new outlet baffle. Pump and collapse ex dry well . Observation pipes required at ends of trenches.

PLANS APPROVED: Kevin Wolf DATE: 1/27/10

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

* See Separate sheet
for As-Built

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH 2' INLET _____ BOTTOM 11'

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER ?

CAPACITY 1500? GAL

SEAM LOC mid seam

TANK LID DEPTH 3'

BAFFLES concrete

BAFFLE FILTER _____

MANHOLE LOC center

6" PORT LOC Front

WATERTIGHT TEST —

SLOTTED no

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:

1/27/10 Install 3x75' trench on contour just below ex. system.
New D box is to be set. Follow trench specs as shown on permit.
Call for inspection (KW)

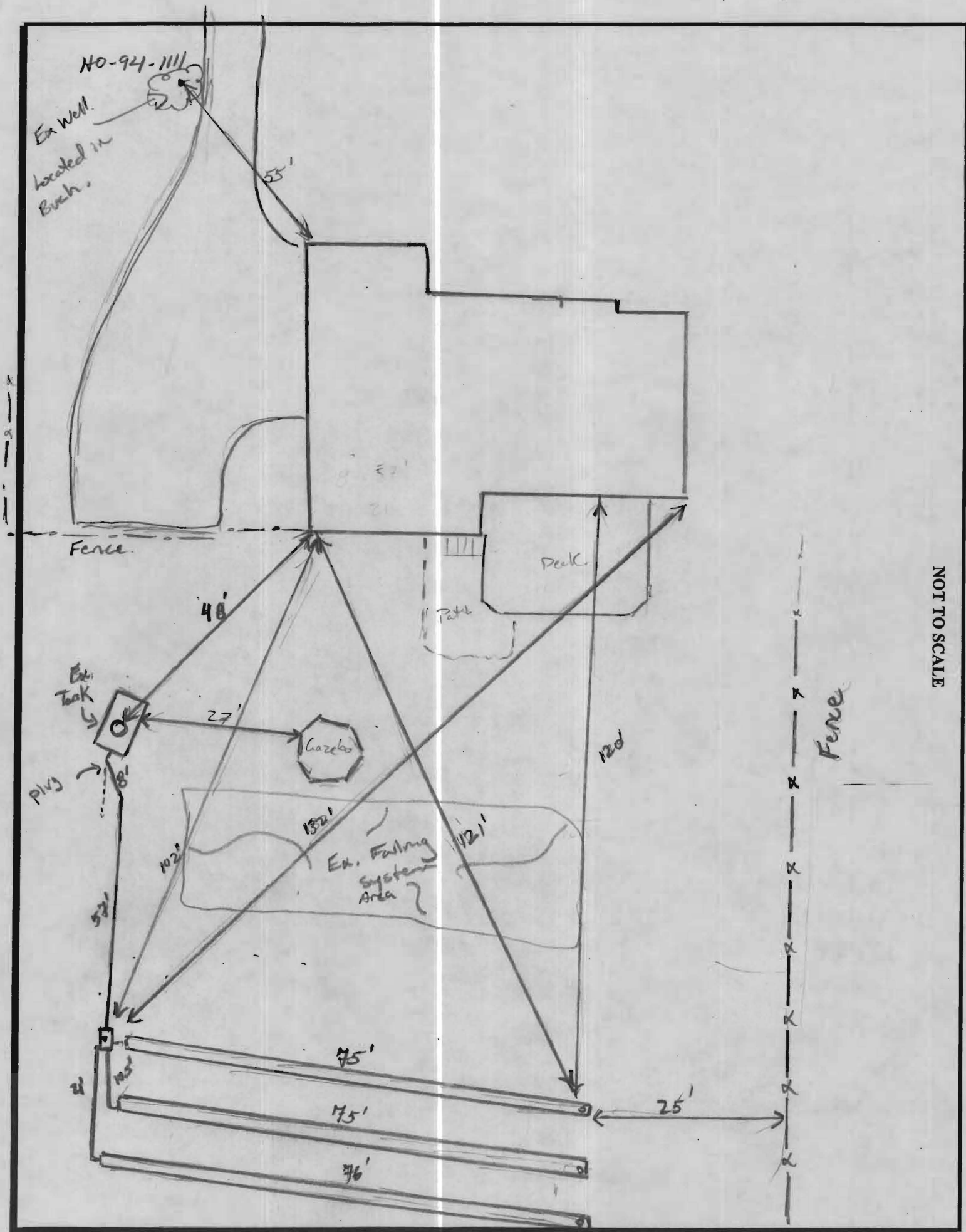
INSTALLATION: 4/7/10 New D box installed and connected to ex. s.p.
Ex. line capped off for possible future use by contractor. Bottom
trench installed per instructions @ time of perc test/repair.
OK to continue (KW) 4/8/10 System complete. Different
stones brought in and used for top trench. (Clearer). OK to
backfill all work. (KW)

FINAL INSPECTOR

K. N. Wang

DATE OF APPROVAL

4/8/10



NOT TO SCALE

Fee Paid \$165^{#5} \$330
Receipt #P 32507

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) ☒

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? _____

In support of a building permit. Type of building addition: _____

*System relocation for proposed addition for setback compliance _____

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: _____

Contractor's Address: _____

Contractor's Phone #: _____

Property Address: _____

Property (Subdivision) & Lot # _____

Owner's Name: _____

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: _____

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? _____

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2648