

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE:

12/16/04

PERMIT

P 521627

APPROVAL DATE:

4/3/2006

INDEXED

A REPAIR - 519005-A

Re-issued 12/29/05

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

Fogles Septic Clean, Inc

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 580 Obrecht Road, Sykesville

PHONE NUMBER: 410-795-5670

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 1694 Woodstock Road

PROPERTY OWNER: ^{BRETT?} Brian ~~Moses~~ MOSHER

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS:

Will Set at 6 - 4 in House and

SQUARE FEET PER BEDROOM:

180

LINEAR FEET OF TRENCH REQUIRED:

150

Trenches 2'-8' Near
Test Hole, 2'-9' Above
Test Hole
2 For Unoccupied
Rental/Storage
Building

| | |
|-----------|---|
| TRENCHES: | Trench to be 2 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: | 2' Wide Trenches - Trench ~ 80 Yards Gravel Locations Must Be Laid Out Before Starting Work |
| PURPOSE: | Existing septic cess pool has failed. Call for inspection when ground is opened so sanitarian can recommend repair. Stay 100' From Neighbor's Well |

PLANS APPROVED:

Stay 5' Above Estimated
Water Table Depth

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

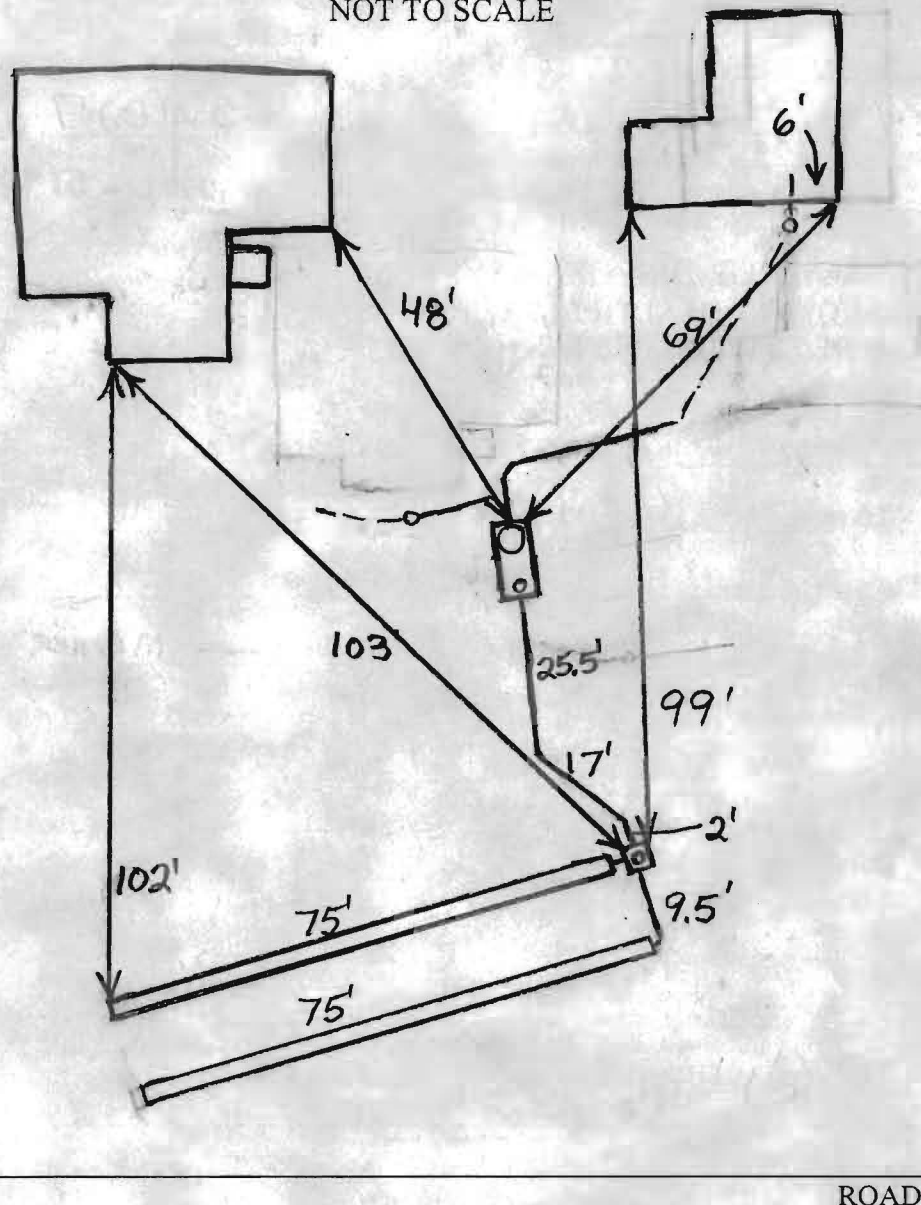
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

**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



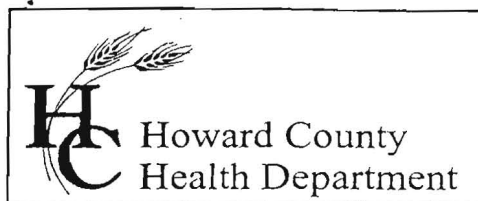
| TRENCH/DRAINFIELD DATA | | |
|-------------------------|-----------|-----------------|
| WIDTH | INLET | BOTTOM |
| <u>2'</u> | <u>2'</u> | <u>8'</u> |
| NUMBER OF TRENCHES | | <u>2</u> |
| TOTAL LENGTH | | <u>150'</u> |
| ABSORPTION AREA | | <u>900</u> |
| DISTRIBUTION BOX LEVEL | | <u>Levelers</u> |
| DISTRIBUTION BOX BAFFLE | | <u>Yes</u> |
| DISTRIBUTION BOX PORT | | <u>Yes</u> |

| SEPTIC TANK DATA | |
|---------------------|-----------------|
| SEPTIC TANK 1 LEVEL | <u>Yes</u> |
| CAPACITY | <u>1500</u> GAL |
| SEAM LOC | <u>Top</u> |
| TANK LID DEPTH | <u>1'-2'</u> |
| BAFFLES | <u>Yes</u> |
| BAFFLE FILTER | <u>No</u> |
| MANHOLE LOC | <u>Front</u> |
| 6" PORT LOC | <u>Rear</u> |
| WATERTIGHT TEST | <u>No</u> |
| SEPTIC TANK 2 LEVEL | <u>N/A</u> |
| CAPACITY | _____ GAL |
| SEAM LOC | _____ |
| TANK LID DEPTH | _____ |
| BAFFLES | _____ |
| BAFFLE FILTER | _____ |
| MANHOLE LOC | _____ |
| 6" PORT LOC | _____ |
| WATERTIGHT TEST | _____ |

PRE-CONSTRUCTION 3/31/06 Trenches locations laid out and started on system. BB

INSTALLATION 4/3/06 System finished. O.K. to backfill. BB

FINAL INSPECTOR B. Baker DATE OF APPROVAL 4/3/2006



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Fax

To: Kurt From: Brian Baker
Fax: (410) 795-3432 Pages: 1
Phone: _____ Date: 1/20/2006
Re: Repair CC: File

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

I estimate about 150' of trench for that repair at 1694 Woodstock Road. Inlet at 2'. Bottom at 7'-9' depending on estimated water table depth at each trenches location. So approximately 80 yards of gravel. Existing drywell should be pumped out and filled in.

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_____ IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 1694 Woodstock Road PROPERTY OWNER: Brett Moser

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

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: | _____ |
| PURPOSE: | _____ |

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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