

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

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: 12/21/10

# PERMIT

P 534407

A REPAIR

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

J.M Contracting LLC IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 425 Obrecht Road Sykesville, MD 21784 PHONE NUMBER: 443-277-7526

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 8523 Reservoir Road PROPERTY OWNER: Glenn King

SEPTIC TANK CAPACITY (GALLONS): N/A

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

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

SQUARE FEET OF HOUSE: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: 125'

*~ 77 for stone.*

TRENCHES:	2' wide. 9' ETE Inlet @ 4' Bottom @ 9' ETE @ 6.5'
LOCATION:	Install 5' from ex. paved drive. Install a 55' and 70' trench on contour
PURPOSE:	Ex. S.T. must have manhole and baffles. D.W. to be pumped & collapsed.

PLANS APPROVED: K. Wolf DATE: 12/20/10

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**

[illegible]

WIDTH 2' INLET 4' BOTTOM 9'

NUMBER OF TRENCHES 2

TOTAL LENGTH \_\_\_\_\_

ABSORPTION AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL Yes

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT no

SEPTIC TANK I LEVEL Ex  
MANUFACTURER ?  
CAPACITY 1250? GAL  
SEAM LOC mid  
TANK LID DEPTH 3.5'  
BAFFLES concrete  
BAFFLE FILTER —  
MANHOLE LOC Rear  
6" PORT LOC Front  
WATERTIGHT TEST —  
SLOTTED no  
DATE ON LID —

MANUFACTURER \_\_\_\_\_  
CAPACITY \_\_\_\_\_ GAL  
SEAM LOC \_\_\_\_\_  
TANK LID DEPTH \_\_\_\_\_  
BAFFLES \_\_\_\_\_  
BAFFLE FILTER \_\_\_\_\_  
MANHOLE LOC \_\_\_\_\_  
6" PORT LOC \_\_\_\_\_  
WATERTIGHT TEST \_\_\_\_\_  
SLOTTED \_\_\_\_\_  
DATE ON LID \_\_\_\_\_

12/20/10 Layout given @ time of repair pers. Install  
2 trenches on center (55' and 70').

INSTALLATION: 12/21/10 Contractor ran new plumbing out of septic tank access  
drive. Trunks installed as directed, OK to backfill all work (100%)

FINAL INSPECTOR K. Wolf, DATE OF APPROVAL 12/21/10.



Howard County  
Health Department

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](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

### INFORMATION FORM – SEPTIC SYSTEM REPAIR / UPGRADE

**Reason for Request:**

A. Failing System (includes surface discharge or inadequate treatment zone) X

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

B. System relocation for proposed addition for setback compliance \*

C. To replace a collapsed septic tank

D. To replace a collapsed drywell

**\*\*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, additional testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.**

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #:

County file #, if known:

Owner's Name and Phone #:

Is public sewer available/nearby:

If public sewer may be close, mention further research will be performed to verify availability

Names of any previous owners:

Year House Built:

# of Existing Bedrooms:

# of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: \_\_\_\_\_ Name: \_\_\_\_\_

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair or upgrade.

Print out a copy of the Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_

**\*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" ( defined as abutting or within the property), through the Bureau of Engineering (x2414).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden, x4419, for further detail.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. Contractor is to notify office of the emergency situation as soon as possible.



# HOWARD COUNTY HEALTH DEPARTMENT

34407

DATE 12 / 07 / 11

Received From

PHONE # 443 277 7526

☐ CASH  
☐ CHECK  
NO. 1118

For

Septis personal repair  
\$523

Three hundred thirty

Dollars

\$ 330 / 10

Received By

J. H. H. H.