

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 08/29/07

P 527322

PERMIT

APPROVAL DATE: _____

A UPGRADE

Tax ID # 03-320839

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

Gawthrop Construction, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 13334 Folly quarter Road PHONE NUMBER: 410-531-6413

SUBDIVISION: Quarterfield II LOT NUMBER: 36

ADDRESS: 11600 Whitetail Lane PROPERTY OWNER: _____

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:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

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

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

LAYOUT 9/5/07 (KW) INSP 4 _____
 INSP 2 9/5/07 (KW) INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/29/07

P 527322

APPROVAL DATE: 9/5/07 (KW)

A 48852

PERMIT

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

Gawthorp Construction, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 13334 Folly Quarter Rd PHONE NUMBER: 410-531-6413

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 11600 Whitetail Lane PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

**BUILDING PERMIT SIGNED
 AND RETURNED**

SQUARE FEET PER BEDROOM: _____

10/03/07- B07004068- New Foyer

LINEAR FEET OF TRENCH REQUIRED: _____

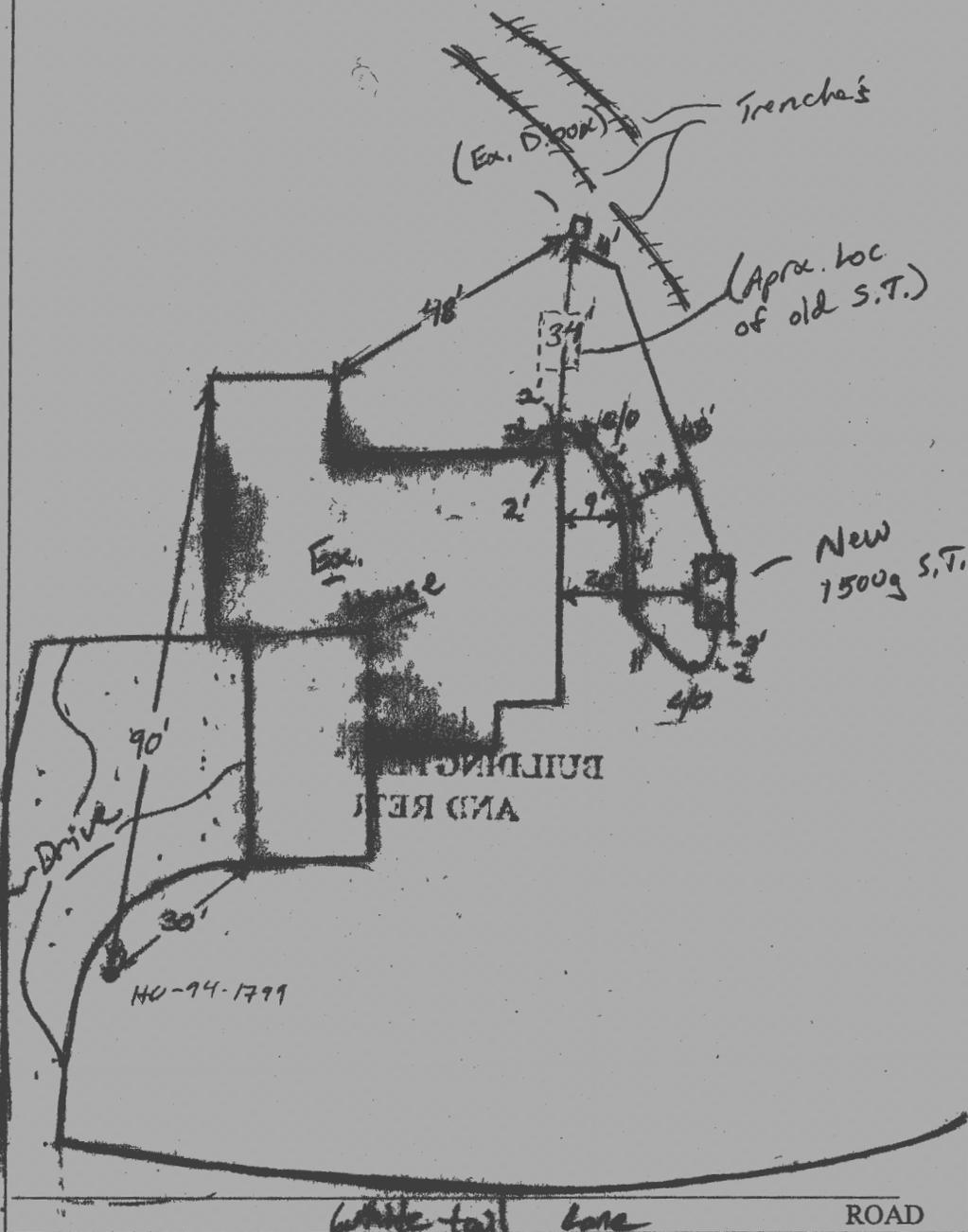
TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	
NOTES:	Tank replacement. Abandoned original tank.

PLANS APPROVED: SF DATE: 9/5/07

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- 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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



Ex.

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 Yes

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 0.5'-1.5'

BAFFLES Yes

BAFFLE FILTER _____

MANHOLE LOC Front/Rear

6" PORT LOC None

WATERTIGHT TEST N/A
maier Bros, slotted.

SEPTIC TANK 2 LEVEL _____

~~CAPACITY _____ GAL~~

~~SEAM LOC _____~~

~~TANK LID DEPTH _____~~

~~BAFFLES _____~~

~~BAFFLE FILTER _____~~

~~MANHOLE LOC _____~~

~~6" PORT LOC _____~~

~~WATERTIGHT TEST _____~~

PRE-CONSTRUCTION

9/5/07 Tank and plumbing set. Also have connection
 Due to the amount of boards in the line
 INSTALLATION: between the hose and S.T., sold contractor
 to install another c/o in the line.
 9/5/07 System complete hose connection made.
 need to collapse ex. S.T. and fill w/ soil/gravel
 correct per governing authority (K)

FINAL INSPECTOR _____ DATE OF APPROVAL 9/5/07

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NOT TO SCALE

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 _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Gawthrop Construction, Inc

MHIC #46907

13334 Folly Quarter Road
Ellicott City, MD 21042

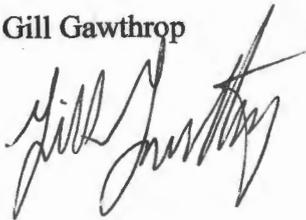
S. McGill Gawthrop, III, President
Telephone (410) 531-6413

To whom it Concerns,

We were charged \$396.00 for a septic relocation at 11600 Whitetail Way Ellicott City, MD 21042. The fee should have been \$165.00. I am requesting a refund of \$231.00. Thank you for your help with this issue.

Sincerely,

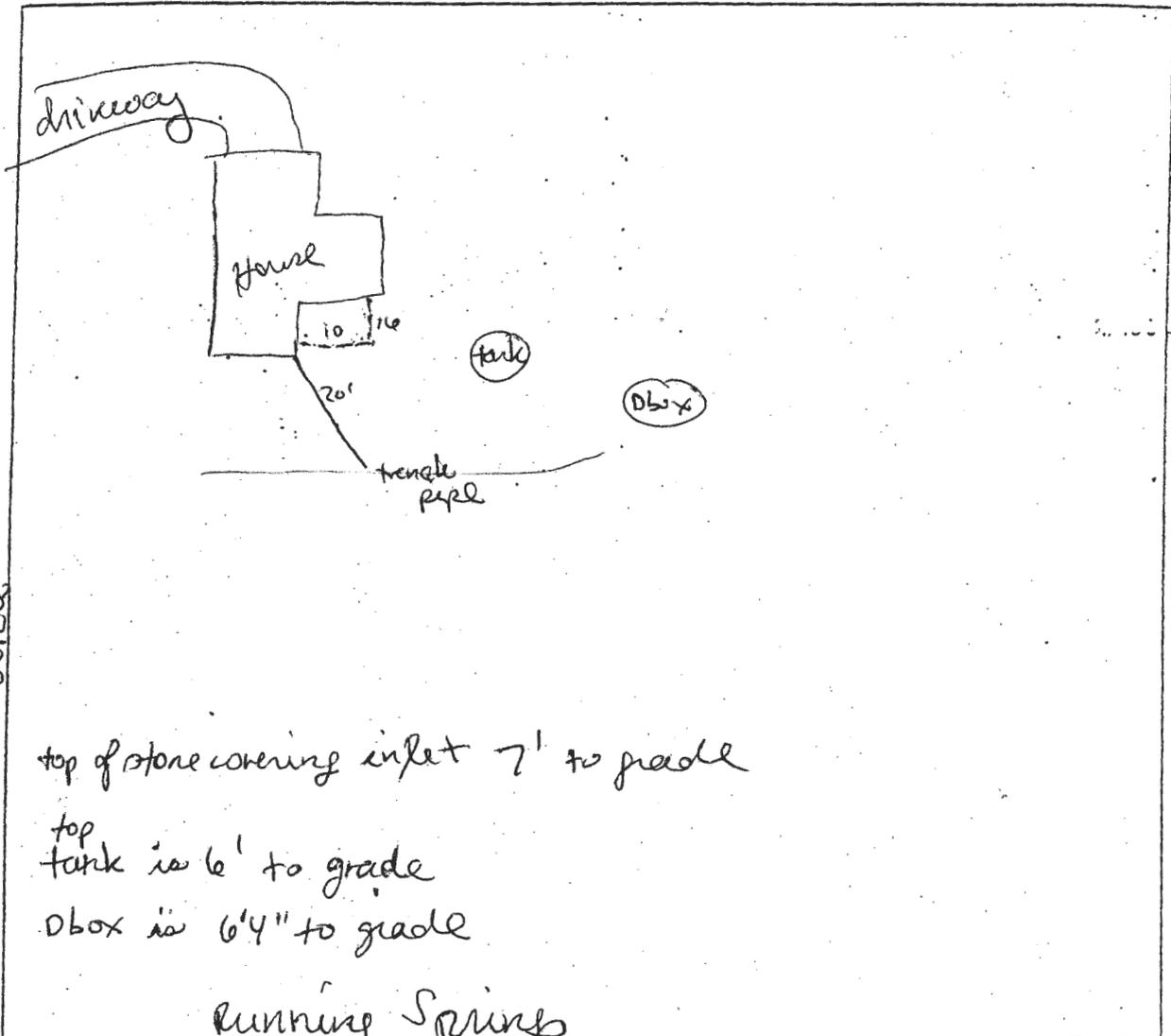
Gill Gawthrop

A handwritten signature in black ink, appearing to read "Gill Gawthrop", written in a cursive style.

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 11000 Whitetail Lane CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: _____
PROPOSAL: _____ COUNTY #: _____

LOCATION DIAGRAM



COMMENTS: Tank needs to be relocated to accommodate
addition. One trench needs to be abandoned. No additional
trench needed, 110' linear feet required. Will have
120'