

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 12/19/08

PERMIT

P 530263

APPROVAL DATE: 3/26/09

A REPAIR

Tax ID # 05-358272

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

Charles R Brizzi

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 226, Fulton MD20759

PHONE NUMBER: 301-604-9966

SUBDIVISION: _____

LOT NUMBER: 8

ADDRESS: 8237 Reservoir Road

PROPERTY OWNER: Carol Ann Brizzi

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

*Trenches 2' Wide
Inlet 3.5'
Bottom 7.5'*

TRENCHES:	
LOCATION:	Existing septic system is failing. Please call for layout inspection when ground is opened.
ADDITIONAL NOTES:	

PLANS APPROVED: _____

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

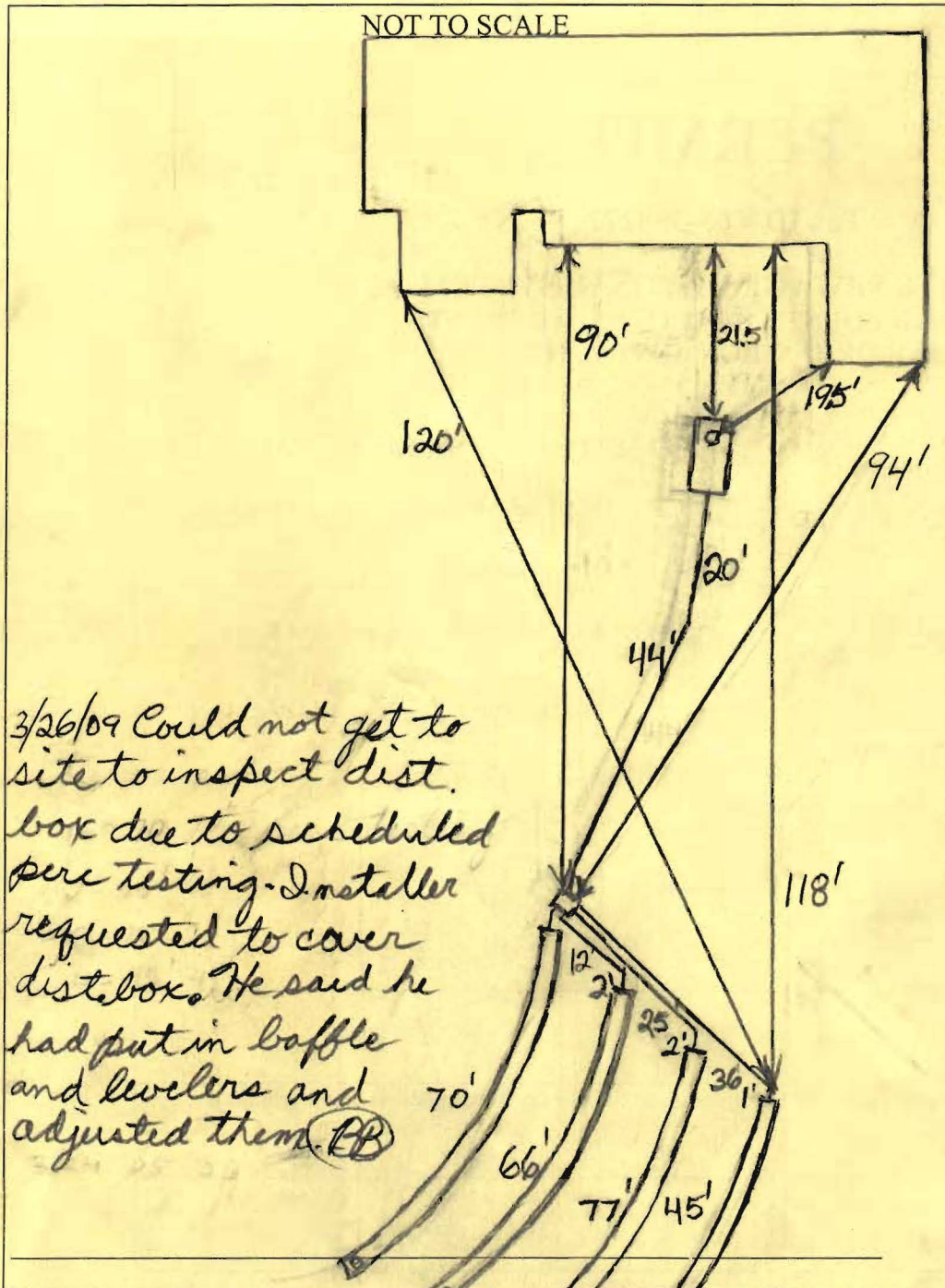
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

**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



3/26/09 Could not get to site to inspect dist. box due to scheduled perc testing. Installer requested to cover dist. box. He said he had put in baffle and levelers and adjusted them. (BB)

TRENCH/DRAINFIELD DATA
 WIDTH INLET BOTTOM
 2' 3.5' 7.5'
 NUMBER OF TRENCHES 4
 TOTAL LENGTH 258'
 ABSORPTION AREA 1,032
 DISTRIBUTION BOX LEVEL Leveled By Contractor
 DISTRIBUTION BOX BAFFLE Installed By Contractor
 DISTRIBUTION BOX PORT No

SEPTIC TANK DATA
 SEPTIC TANK 1 LEVEL Yes
 MANUFACTURER ?
 CAPACITY ? GAL
 SEAM LOC Midseam
 TANK LID DEPTH 1.5'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC None
 6" PORT LOC Front
 WATERTIGHT TEST No
 SLOTTED No
 PUMP/SEPTIC TANK LEVEL N/A
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____

PRE-CONSTRUCTION
 3/20/09 Install a 71', 64' + 93' trench on contour going downhill in the order shown.

3/23/09

Trench locations marked. (BB)
 3/23/09 Trenches open and partly graveled. Contractor decided to shorten the bottom trench and add a short trench below it.

INSTALLATION

Line from tank to box area installed (BB) 3/24/09 Trenches done. Contractor forgot to add observation ports. Backhoe is gone. (rental). Told contractor to dig down at end of trenches with shovel and install ports at least 2' into trenches. (BB) 3/25/09 System finished except for distribution box and levelers. Told installer to put gravel around all trench piping. Installer

FINAL INSPECTOR Brian Baker DATE OF APPROVAL 3/26/09
 was not gluing pipe joints properly. (BB)

Fee Paid \$
Receipt #P

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 12/19/08

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: _____

CHARLES R BRIZZI

Chris

Rogers

Contractor's Address: _____

(202) 439-3435

Contractor's Phone #: _____

301-604-9966

Property Address: _____

8237 RESERVOIR RD

Property (Subdivision) & Lot # _____

Owner's Name: _____

CAROL ANN BRIZZI

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.

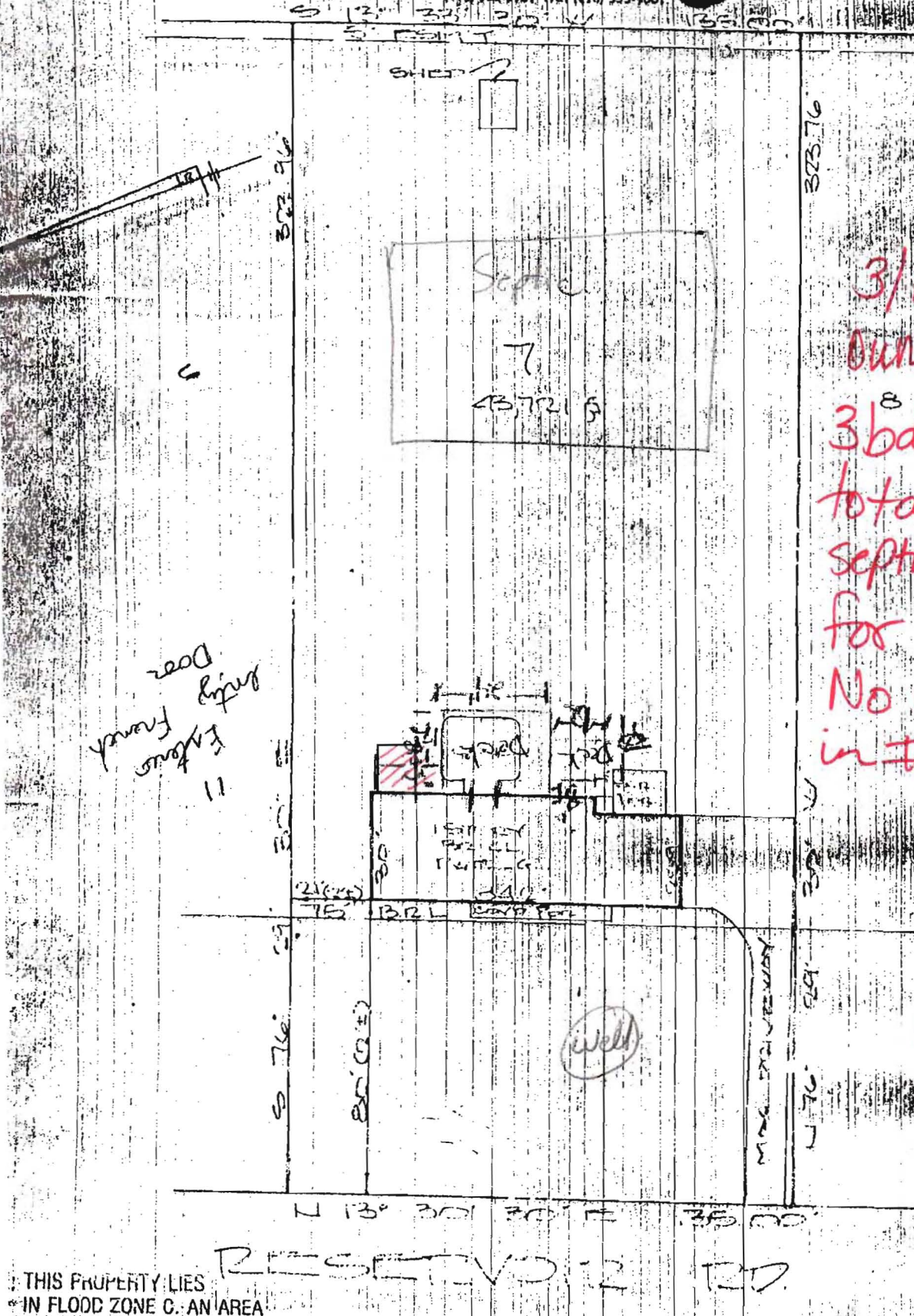
A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2648

LANDTECH ASSOCIATES INC.

1410 CRAIN HIGHWAY, N.W. SUITE 7B GLEN BURNIE, MD 21061
(410) 766-2121 FAX (410) 553-9081



3/17/04
Owner stated
3⁸ bdrms
total -
septic designed
for 3 bdrms
No change
in #. BOO 146 836
OK
(KN)
(last permit
signed 26
mo ago -
no septic
eval. expected)

THIS PROPERTY LIES
IN FLOOD ZONE C, AN AREA
OF ANNUAL FLOODING