

HOWARD COUNTY HEALTH DEPARTMENT | PE 27933

MAYLAN		12 4 07
eceived Aa	tfulds Equipment	PHONE # 301 -490 -428
PO BOX		ion MD 20701
☐ CASH ☐ CHECK	4070 Shorp Road	The /kittage I Lot 6
NO. 2543	One hundred sixty	- fever and oot, so Dollars
\$ 165	.00	

PUB.	SEWER	STATUS	VERIFIED	BY	

ISSUE DATE:

12/13/07 PERMIT

A REPAIR

APPROVAL DATE:

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

Hatfields Equipment		IS PERI	MITTED TO	INSTALI		ALTER 🖂
ADDRESS: PO Bo	x 519, Annapolis Junction 2	0701	PHONE NUME	BER: _4	10-854	-6172
SUBDIVISION: Th	e Heritage I		LOT NUMBER	k: <u>6</u>		
ADDRESS: 4070 S	harp Road	PRO	PERTY OWNE	R: Elli	iott Wh	nitken
SEPTIC TANK CAPA	CITY (GALLONS):	1500	Гор Seamed, Co	mpartmen	ted Tai	nk
PUMP CHAMBER CAPACITY (GALLONS): N/A						
NUMBER OF BEDRO	OOMS:	4				
SQUARE FEET PER BEDROOM: 0.8						
LINEAR FEET OF TRENCH REQUIRED: 105						
TRENCHES:	Trench to be 3.0 feet wide depth 6 feet below origing grade. 4.0 feet of stone be	nal grade. Eff	ective area begin			
LOCATION:	Pump, collapse & fill in ol (2) 53' trenches, 8-9' end-					
PURPOSE:	Existing septic system has sanitarian can recommend		or inspection wh	nen ground	l is ope	ned so
PLANS APPROVED:	Stuart Oster			DAT	ΓE: _	10/30/2007
NOTE: DEDMIT VOID A ETER	2 VEADS					

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTMEM 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 NUMBER OF TRENCHES TOTAL LENGTH 105 ABSORPTION AREA 315 +5 h 55.51 DISTRIBUTION BOX LEVEL LEVEL DISTRIBUTION BOX BAFFLE Yes DISTRIBUTION BOX PORT Yes SEPTIC TANK DATA CAPACITY 500 GAL SEAM LOC TOD TANK LID DEPTH 0 - 0. BAFFLES Ves 89,5 BAFFLE FILTER NO MANHOLE LOC Front 6" PORT LOC Rew WATERTIGHT TEST No SEPTIC TANK 2 LEVEL NA CARACITY SEAM LQC TANK LID DEPTH BAFFLES ____ BAFFLE FILTER MANHOLE LOC _ 114 6" PORT LOC ___ WATERTIGHT TEST PRE-CONSTRUCTION - magnolia ROAD INSTALLATION: FINAL INSPECTOR

Hatfield's Equipment and Dedication Services, Inc.

P.O. Box 519 · Annapolis Junction, MD 20701-0519 Office: 301-490-4289 / 888-490-4289 • Fax: 301-490-5794

ELLIOTT Elligott Whitken 4070 Sharp Road Glenwood, MD 21738 410-489-6049

Septic repair Proposal # 2618

11/5/07

We propose to supply the labor, materials and equipment to complete the following:

Pump and crush existing septic tank

Install a new 1500 gallon top seam septic tank with 30" manhole and clean out to grade.

Excavate and install 100 LF of 4" PVC pipe across driveway to a new 7 hole distribution box

Tamp existing soil back in place across the driveway

Install 106 LF of trench 3 ft. wide, 6 ft. deep with 4 ft. of stone.

Fine grade Inspected.

At the owners request we will return to price to final grade, rake, seed, straw and fertilize the yard and to replace asphalt.

Exclusions: Permits, stakeout of underground utilities, export of fill, import of fill, asphalt repair, concrete repair, sediment control, sodding, temporary fencing, any items not priced above.

All work will be billed as completed. The total amount is due after 15 days. Interest charged at a rate of 1.5% per month after 30 days. Accounts over 90 days will be turned over to our attorney for collection. A fee of 25% will be charged. Non-payment of any past due amount will be sufficient justification to stop work on the project.

Respectfully Submitted

Accepted By

Most Withen 11/28/07

A Called Pick up permit at Health Dept. Need Check

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: 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