

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE:

10/22/09

PERMIT

P 531969

APPROVAL DATE:

11/5/09

A REPAIR

Tax ID # 03-297446

TANK REPLACEMENT

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

In Pat Trac

Fogles Septic Clean, Inc

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 580 Obrecht Rd, Sykesville MD 21784

PHONE NUMBER: 410-795-5670

SUBDIVISION: River Park Estates

LOT NUMBER: 5

ADDRESS: 1121 River Road

PROPERTY OWNER: Phillip Coomber

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

3

SQUARE FOOTAGE (OF HOUSE): _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be feet wide. Inlet at feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below the distribution pipe.
LOCATION:	Septic tank is to be replaced. Call for 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

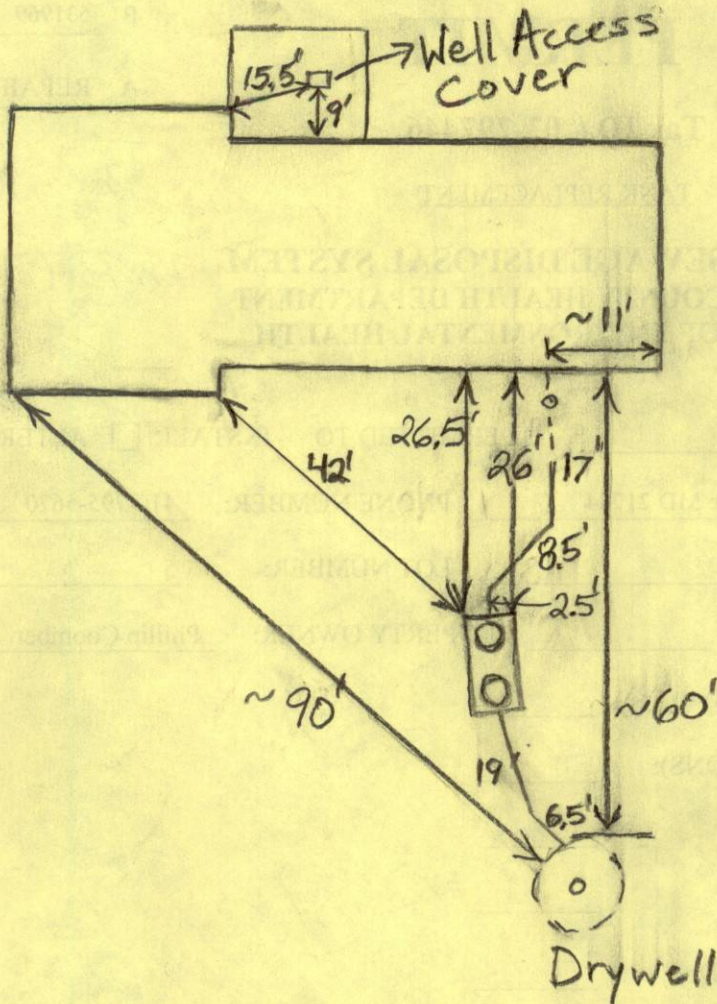
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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



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
MANUFACTURER Babylon
CAPACITY 1500 GAL
SEAM LOC Top
TANK LID DEPTH 1-1.5'
BAFFLES Yes
BAFFLE FILTER No
MANHOLE LOC Front + Rear
6" PORT LOC None
WATERTIGHT TEST No
SLOTTED Yes
DATE ON LID No

RUMP/SEPTIC TANK LEVEL N/A

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

PRE-CONSTRUCTION:

INSTALLATION:

11/5/09 New 1500 gallon tank installed. Old tank pumped out and filled in per Trogles. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

11/5/09

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 10/22/09

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 _____

FAX TO 410-313-2648