

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE:

4/28/09

PERMIT

P 530970

APPROVAL DATE:

4/29/09

A REPAIR

Tax ID # 03-302830

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

Mathena Septic Tank Service

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 429, Manchester MD 21102

PHONE NUMBER: 410-833-0460

SUBDIVISION: Wayside Estates

LOT NUMBER: 9, Blk B, Sec 1

ADDRESS: 3612 Scheel Drive

PROPERTY OWNER: George Ogle

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

3

SQUARE FOOTAGE (OF HOUSE): _____

LINEAR FEET OF TRENCH REQUIRED: _____

116'

Inlet 3'-4'

Bottom 8'-9'

2' Wide

2-58' Trenches

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 system is failing. Seepage pit has collapsed.
ADDITIONAL NOTES:	

PLANS APPROVED:

B. Baker

DATE:

4/28/09

NOTE: PERMIT VOID AFTER 2 YEARS

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

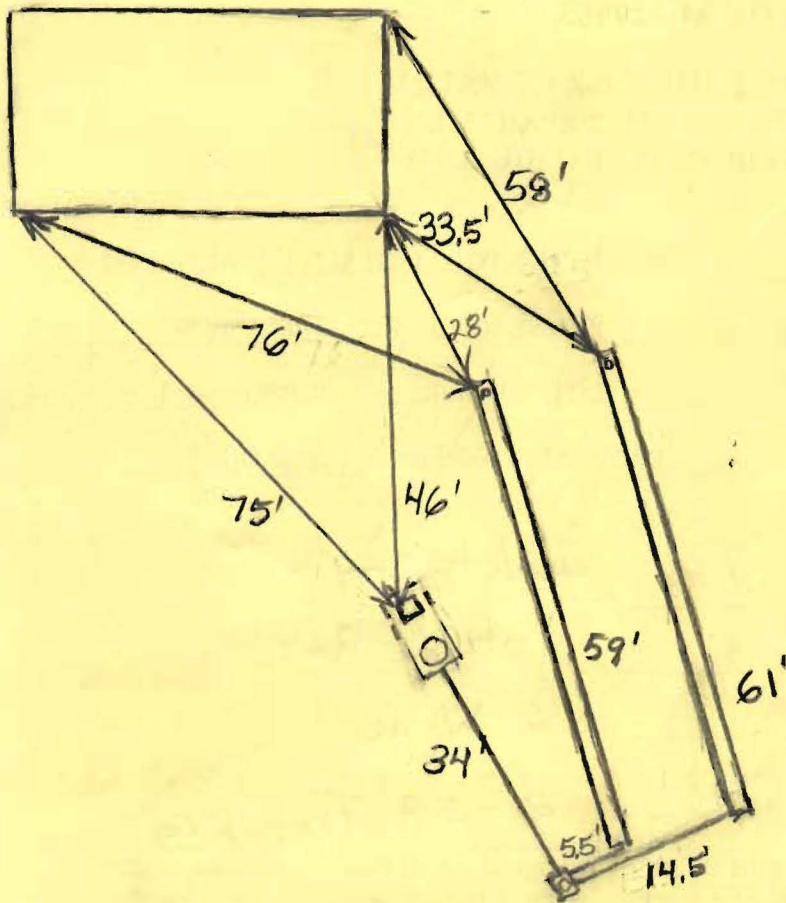
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3.5'	8.5'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 120'		
ABSORPTION AREA 600		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes
 MANUFACTURER ?
 CAPACITY ? GAL
 SEAM LOC Midseam
 TANK LID DEPTH 2'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Rear
 6" PORT LOC Front
 WATERTIGHT TEST No
 SLOTTED No
 DATE ON LID 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 _____
 DATE ON LID _____

PRE-CONSTRUCTION:

4/28/09 Install 2 equal length trenches in the area between the drywell and the house. (BB)

INSTALLATION:

4/29/09 System finished. O.K. to backfill. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

4/29/09

Fee Paid \$ 330.00
Receipt # P 530970

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 4-22-08

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone)

Collapsed seepage pit

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:

Jeffrey Mathews Sr. T/A Mathews Septic Serv

Contractor's Address:

2530 Sabvale Rd. Marlchester, Md 21062

Contractor's Phone #:

410-238-1228

Property Address:

3612 Scheel Drive Ellicott City, Md 21042

Property (Subdivision) & Lot # _____

Owner's Name:

George Ogles

Is public sewer available/nearby:

NO

Names of Any Previous Owners: _____

Year House Built:

1976

of Existing Bedrooms:

3

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who?

SFO

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

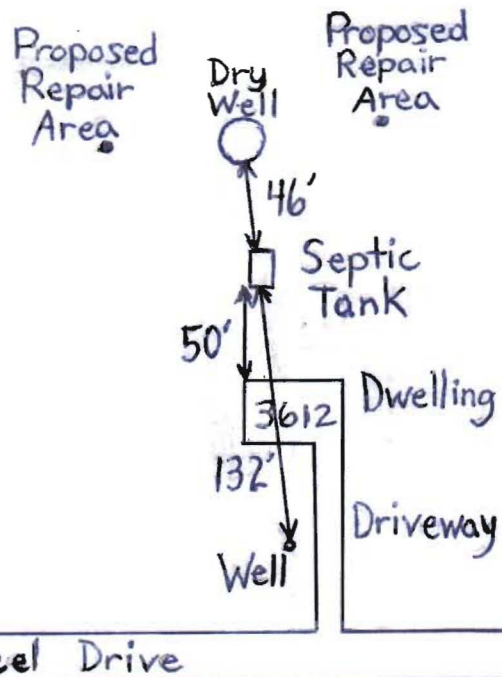
A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned

Brian Baker

FAX TO 410-313-2648

To Scale (1:100)



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 3rd

DATE 3/10/76

INDEXED

Scheel

G. Albert ~~Scheel~~, Jr.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 12845 Triadelphia Road, Ellicott City, Md.

PHONE K531-6677

A SEWAGE DISPOSAL SYSTEM LOCATED AT

Wayside Estates

ROAD

3612 Scheel Drive
Wayside Drive

LOT 9, Blk. B, Sec. 1