

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 6/7/07

P 527202

APPROVAL DATE: 6/18/07

A REPAIR

PERMIT
Logged Into Permit Manager
Tax ID # 04-336674

A 22341

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

J M Contracting LLC

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 425 Obrecht Road

PHONE NUMBER: 443-277-7526

SUBDIVISION: Gwenlee Estates

LOT NUMBER: 19

ADDRESS: 3226 Sharp Road

PROPERTY OWNER: Timothy Stang

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 90'

*Inlet 3.5'
Bottom 7.5'
Trenches 2' Wide
2-45' Trenches
Pump Out and Fill
In Drywell*

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:	<i>Install Trenches on Contour Directly Downhill of Drywell, Stay at Least 20' From Fence</i>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: BB

DATE: 6/15/07

NOTE: PERMIT VOID AFTER 2 YEARS

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

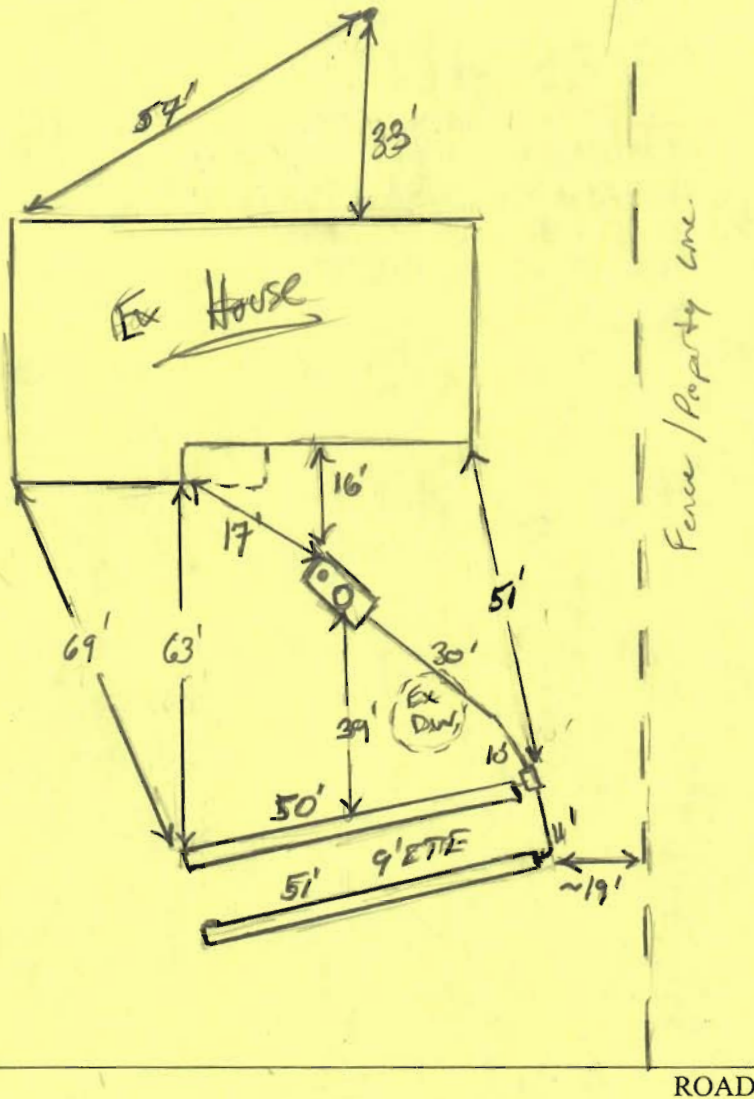
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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
2'	3'	4.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		101'
ABSORPTION AREA		202 ± sq ft
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1250? GAL
SEAM LOC	Midseam
TANK LID DEPTH	2'-2.5'
BAFFLES	Concert Baffle
BAFFLE FILTER	No
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 6/15/07 Layout done (BB)

INSTALLATION 6/18/07 System installed per instructions. Contractor placed 50' of trench. Instead of 45' OK to backfill (RW)

FINAL INSPECTOR 6/18/07 DATE OF APPROVAL _____

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

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? ✓ *Dry well full*

*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

To replace collapsed drywell

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name:

Is public sewer available/nearby:

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners:

Year House Built:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian:

If yes, then with whom and when:

Ronnie Heaps JM Contracting LLC

425 OBrecht Rd

Sykesville MD 21784

443 277 7526

3226 Sharp Rd Glenwood, MD 21738

Tim & Karen Stang

NO

1972

4

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.

Print out copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion.

Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.