

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 08/01/08

APPROVAL DATE: 8/14/08

PERMIT

P 529505

A 19331

A REPAIR

Tax ID # 06-411193

Logged Into Permit Manager
**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 580 Obrecht Rd, Sykesville, MD 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Dill LOT NUMBER: 11

ADDRESS: 3938 Sharp Road PROPERTY OWNER: Larry Peterson

SEPTIC TANK CAPACITY (GALLONS): Ex 1000 ?

PUMP CHAMBER CAPACITY (GALLONS): NA

NUMBER OF BEDROOMS: 3 *Size for 4 - Homeowner Request*

SQUARE FEET PER BEDROOM: 1.2

LINEAR FEET OF TRENCH REQUIRED: 70

| | |
|-------------------|---|
| TRENCHES: | <i>Install (1) 70' Trench on highest pos. elev Invert 3' Bottom 7' 4' Stone</i> |
| LOCATION: | |
| ADDITIONAL NOTES: | <i>Abandon old D.W.</i> |

PLANS APPROVED: *[Signature]* DATE: 8/13/08

NOTE: PERMIT VOID AFTER 2 YEARS

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

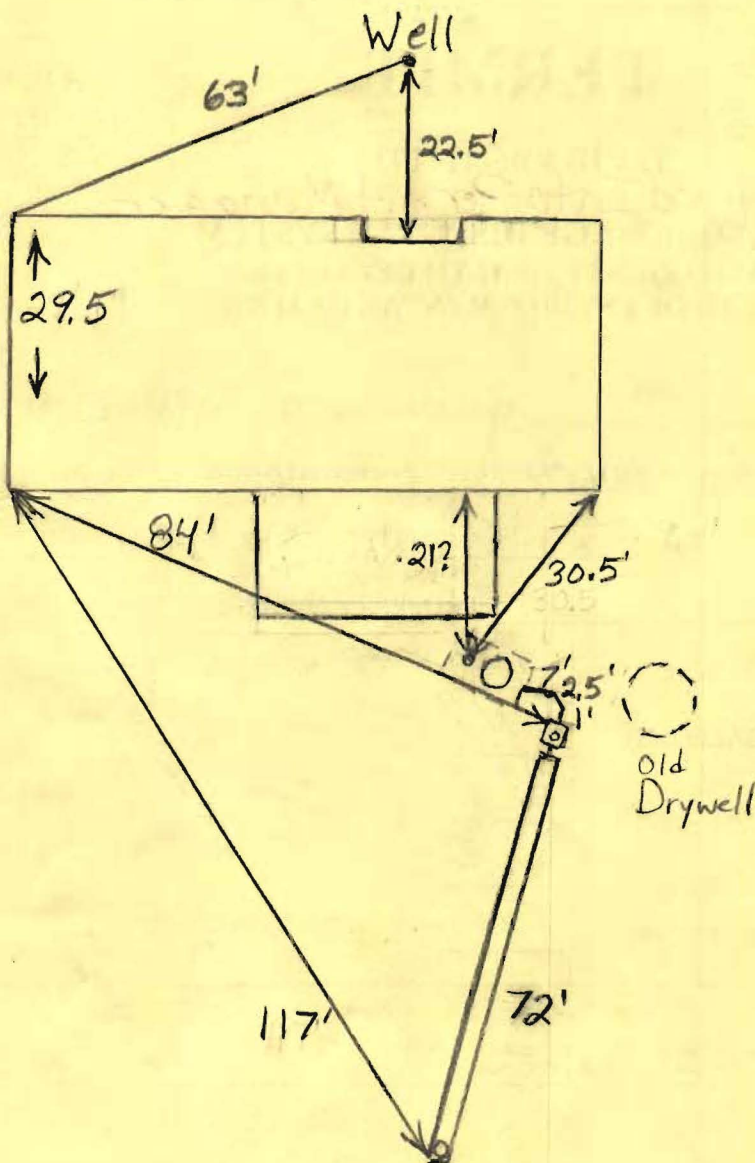
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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 |
| 3' | 4' | 8' |
| NUMBER OF TRENCHES 1 | | |
| TOTAL LENGTH 72' | | |
| ABSORPTION AREA 2/6+Sidewall | | |
| DISTRIBUTION BOX LEVEL N/A | | |
| 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 Middle

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED No

RUMP/SEPTIC TANK LEVEL

MANUFACTURER N/A

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

PRE-CONSTRUCTION

8/13/08 Stuart -
Layout (BB)

INSTALLATION

8/14/08 System installed per Stuart Oster's layout. BB

FINAL INSPECTOR

B. Baker / S.O.

DATE OF APPROVAL

8/14/08

Fee Paid \$ 330.00
Receipt # P 529 505

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:

Fogle's Septic Clean, Inc

Contractor's Address:

580 Obrecht Rd

Sykesville, MD

Contractor's Phone #:

410 795-5670

Property Address:

3938 Sharp Rd

Property (Subdivision) & Lot #

Owner's Name:

Larry + Lisa Peterson

Is public sewer available/nearby:

Names of Any Previous Owners:

Year House Built:

of Existing Bedrooms:

3

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