HOWARD COUNTY HEALTH DEPARTMENT

A+P5 26250

DATE 2/23/07

Received From Anthony R Peake PHONE # 410-531-8549

5484 Ten Oaks rd, Clarksville MD 21029

For Repair Fee + Repair Permit

same as above

☐ CASH
☒ CHECK
NO. 801

Three Hundred thirty and 00/100 Dollars

$ 330 | 00

Received By Mary L Biggs

330.00 TOTAL

Fee Paid $
Receipt #P 526250

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 2/23/07

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) Yes DRYWELL SATURATED

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? Yes

In support of a building permit. Type of building addition: N/A

*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 ____

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Septic Contractor: Jenkins Bros Septic Svc INC

Contractor's Address: 7670 Smiths Private Rd
Sykesville, Md 21784

Contractor's Phone #: 410 781 7133

Property Address: 5484 Ten Oaks Rd Clarksville, Md 21029

Property (Subdivision) & Lot #

Owner's Name: Anthony Peake

Is public sewer available/nearby: No

Names of Any Previous Owners:

Year House Built:

# of Existing Bedrooms: 5

# of Bedrooms after completion of addition:

Has this request been discussed previously with a Sanitarian, who? No

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

Pd #330

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 02/23/07

APPROVAL DATE: 3/15/07

PERMIT

P 526250

A REPAIR

Tax ID # 05-392446

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

Anthony R Peake IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 5484 Ten Oaks Road PHONE NUMBER: 410-531-8549

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 5484 Ten Oaks Road PROPERTY OWNER: Anthony R Peake

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 225'

- Trenches 2' Wide
- Inlet ≤ 6'
- Bottom 11'
- 5' of Stone Below Pipe
- 3 Trenches of Close to Same Length - (~75')

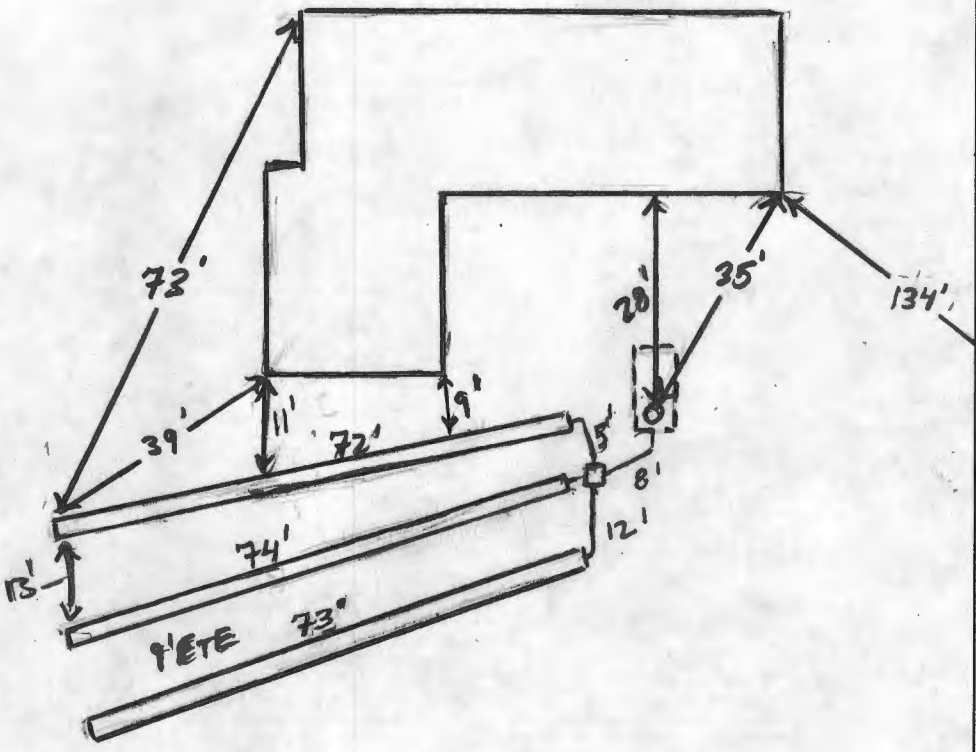
TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	Pump Out and Fill in Drywell
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: B. Baker DATE: 3/13/07

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 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



ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	6'	11'

NUMBER OF TRENCHES 3

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL Yes/level

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT NO

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Some what

Ex Tank
CAPACITY — GAL
SEAM LOC mid
TANK LID DEPTH 4'
BAFFLES Yes, rear, new
Ex Well BAFFLE FILTER —
MANHOLE LOC Rear
No Tag 6" PORT LOC Front
WATERTIGHT TEST —

SEPTIC TANK 2 LEVEL _____

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

PRE-CONSTRUCTION _____

INSTALLATION 3/15/07 System complete. 3 Trenches w/ 6' inlet. Rear baffle added on to Ex Tank. Top trench slightly off center. Note to be 6" above huge oak tree @ end of trench. OK to Backfill (KW)

FINAL INSPECTOR Kevin Wall DATE OF APPROVAL 3/15/07