

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P 526155

APPROVAL DATE: 1/25/07

A Upgrade

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

Fogle's, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Rd PHONE NUMBER: 410-795-5670

SUBDIVISION: N/A LOT NUMBER: N/A

ADDRESS: 5270 Ten Oaks PROPERTY OWNER: John Lynch

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☒

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☒

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

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:	Replace Septic Tank to be 10 feet minimum from proposed addition. No additional trenches required.
NOTES:	

PLANS APPROVED: Gabriel A. Creighton DATE: 01/02/2007

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

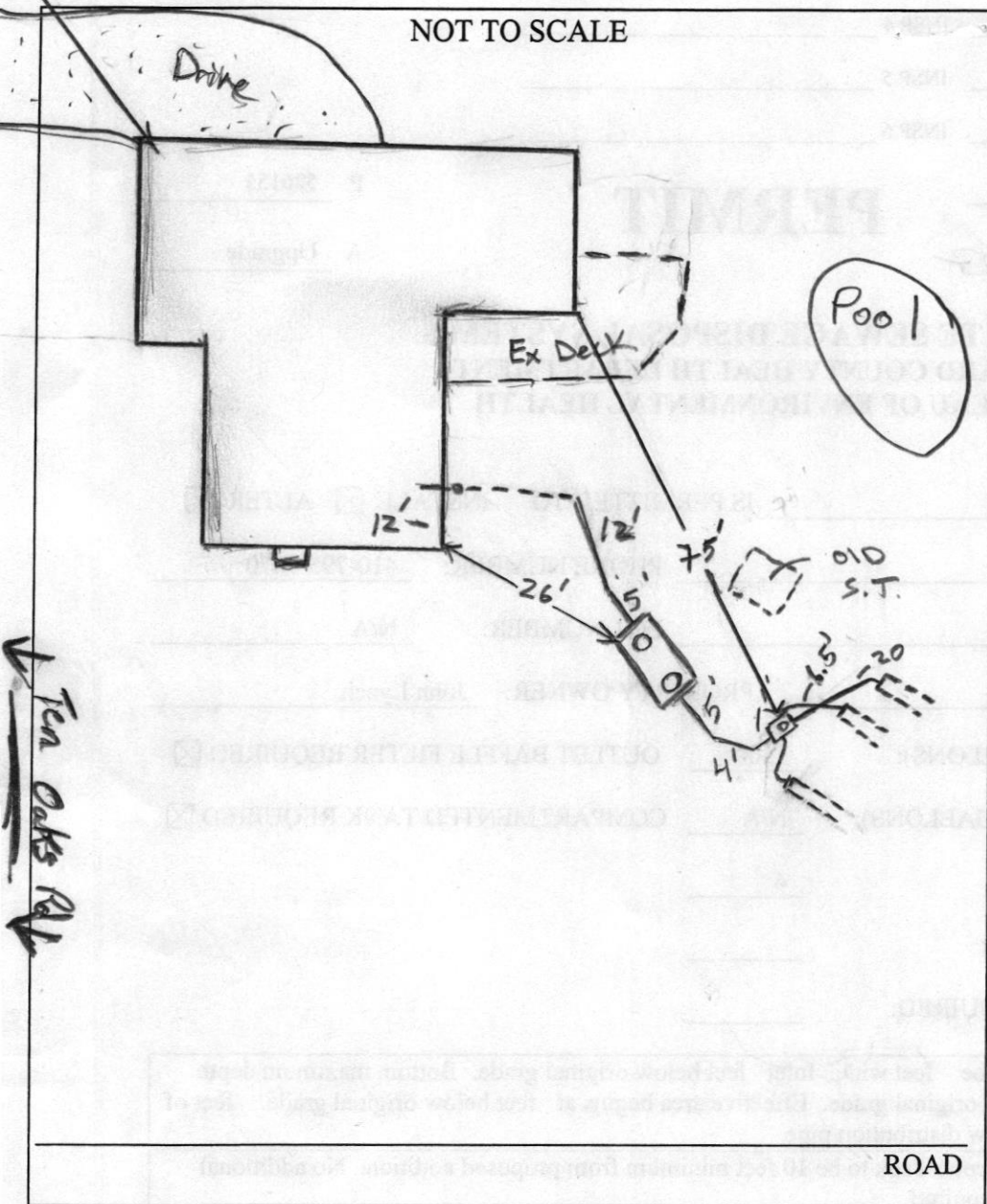
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR 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**

H0-81-2140

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Yes</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>Yes / 6"</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>F/R</u>
6" PORT LOC	<u>—</u>
WATERTIGHT TEST	<u>—</u>
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 1/15/2006 Spoke by telephone w/ Kurt @ Fogles. He is wondering whether the new tank can be set and tied into existing trenches

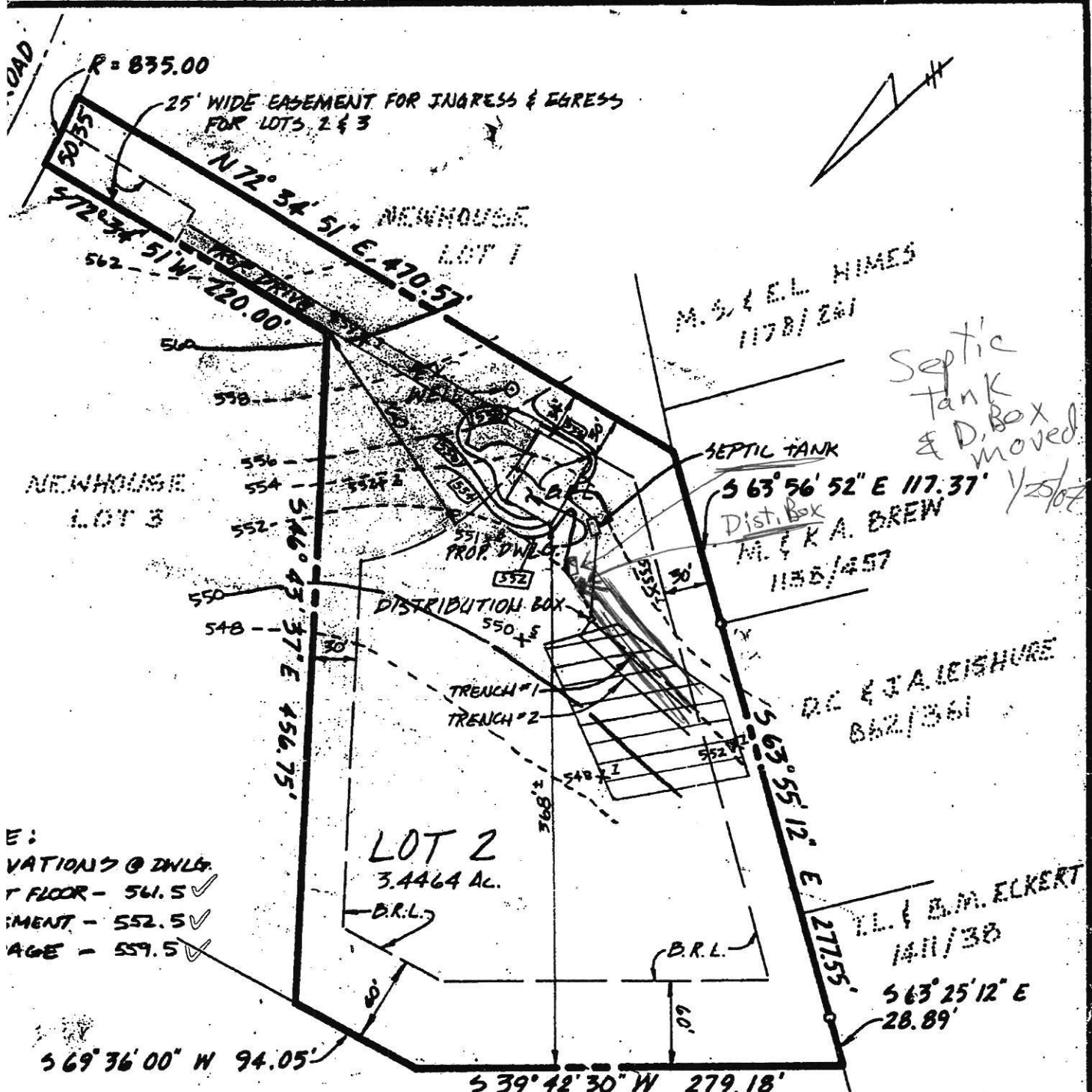
INSTALLATION ~10' into uppermost and ~5' into middle trench. 303 total feet of trench would be 167 ft w/ sidewall. OK. OK to fill ex. tank w/ gravel to allow ex. Koi pond to remain undisturbed. (GAC)

1/25/07 Tank installed along w/ new D box. Tied plumbing (sch. 40) into ex. trenches. Lost couple feet of trench on all 3 trenches. Old tank filled w/ gravel. OK. to cover (KW)

FINAL INSPECTOR

DATE OF APPROVAL

1/25/07



E:
 VATIONS @ DWLG.
 F FLOOR - 561.5 ✓
 IMENT - 552.5 ✓
 AGE - 559.5 ✓

9/29/88
 elevation on
 Sabre

BLDG. PERMIT SIGNED
 AND RETURNED 10/10/88 BP21546
 8AL

NABERGER & LANE
 OWN & COUNTRY BLVD.
 203

SEPTIC SYSTEM DATA

ITEM TYPE	EX. GRADE	FIN. GRADE	INV. IN.	INV. OUT
SEPTIC TANK	553.5	553.5	550.2 ✓	549.3 ✓
DISTRIB. BOX	552.0	552.0	549.3 ✓	549.1 ✓
TRENCH #1	552.0	552.0	549.0 ✓	548.0 ✓
TRENCH #2	551.3	551.3	548.3	542.3

SITE PLAN
NEWHOUSE SUBDIVISION
LOT 2

show
 of
 5'

Fee Paid \$
Receipt #P

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

Tank Replacement?

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: Family Rm

*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

Contractor's Address: 580 Obrecht Rd

Sykesville

Contractor's Phone #: 410 795-5670

Property Address: 5270 Ten Oaks Rd

Property (Subdivision) & Lot # _____

Owner's Name: John Lynch

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 4

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



HOWARD COUNTY HEALTH DEPARTMENT

26155

DATE 12/29/00

ps

Received From

Magle's Septic Cleaners Inc

PHONE # 410 795 5670

☐ CASH

☒ CHECK

NO.

47572

For

septic repair -

5270 Ten Oaks Road

one hundred sixty five dollars

Dollars

\$

165.00

Received By

LL Smith NR