

4/5/02
PM

04327691

PUB. SEWER STATUS VERIFIED BY NA -

ISSUE DATE: 4/05/2002

APPROVAL DATE: 4/5/02

**PERMIT
INDEXED**

50790-I
P NO FEE
A Repair

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

Fogles Septic Clean, Inc

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 580 Obrecht Road

PHONE NUMBER: 410-795-5670

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 3404 Sharp Road

PROPERTY OWNER: ~~James Bauer~~ R EARLE JOHNSTON II

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): NA

NUMBER OF BEDROOMS: 4?

SQUARE FEET PER BEDROOM: NA

LINEAR FEET OF TRENCH REQUIRED: existing

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:	
PURPOSE:	Septic tank has collapsed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: Mark Rifkin

DATE: 4/15/02

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 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**

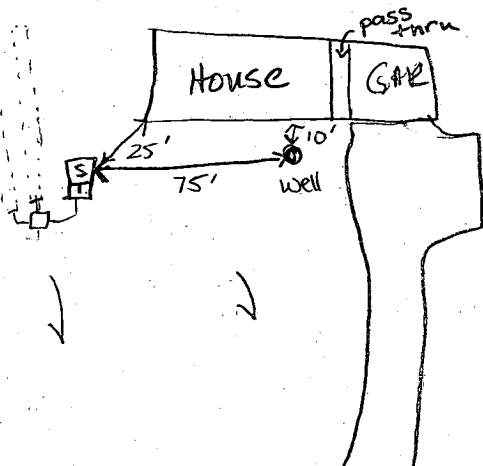
**BUILDING PERMIT SIGNED
AND RETURNED**

10-7-04 800150592-Sewer Room-Kitchen Expansion

50790-I

NOT TO SCALE

EXISTING



TRENCH DATA existing

TRENCH WIDTH _____
TRENCH INLET DEPTH _____
TRENCH BOTTOM DEPTH _____
DEPTH OF STONE _____
NUMBER OF TRENCHES _____
TOTAL TRENCH LENGTH _____
ABSORBENT AREA _____
DISTRIBUTION BOX LEVEL _____
BAFFLE IN DISTRIBUTION BOX ☒

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER center ?
6 INCH INSPECTION PORT ?

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
MANHOLE RISER NA
ALARM NA
PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: Sharp Road

INSPECTION COMMENTS: 4/5/02 New topseam tank, 1500 gal Babylon, replaced metal tank. Existing dry well filled in. Trenches still like new - previous contractor had distribution box AT HIGHER elevation than septic TANK OR dry well. Trenches and distribution box were lowered $\approx 10"$ for flow into trenches (Kb/mr)

BUILDING PERMIT REQUIRED
AND RETURNED

INSPECTOR Mark Riffin (SRK) DATE SYSTEM APPROVED 4/5/02

7/19/95
9:00 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50790I

A REPAIR

DISTRICT _____

DATE 7/29/95

DATE SYSTEM APPROVED 7/11/95

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

313-2640

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 3404 Sharp Road

PROPERTY OWNER James and Susan Bauer

ADDRESS 3404 Sharp Road
Glenwood, Maryland 21738

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO ENLARGE SEPTIC SYSTEM CAPACITY TO ACCOMMODATE THE INTERIOR ALTERATION IN BASEMENT FOR 2 ADDITIONAL BEDROOMS, RECREATION ROOM AND FAMILY ROOM. (Propose building permit). 1 existing bdr to be converted into office

Call for inspection when ground is opened so sanitarian can recommend repair. 06/06/95

Install 2 trenches off existing drywell along the left
property line, along contour.

Trench inlet 4'-5' / bottom 10'-11' / slope 6.

PLANS APPROVED BY _____

DATE 7/11/95

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

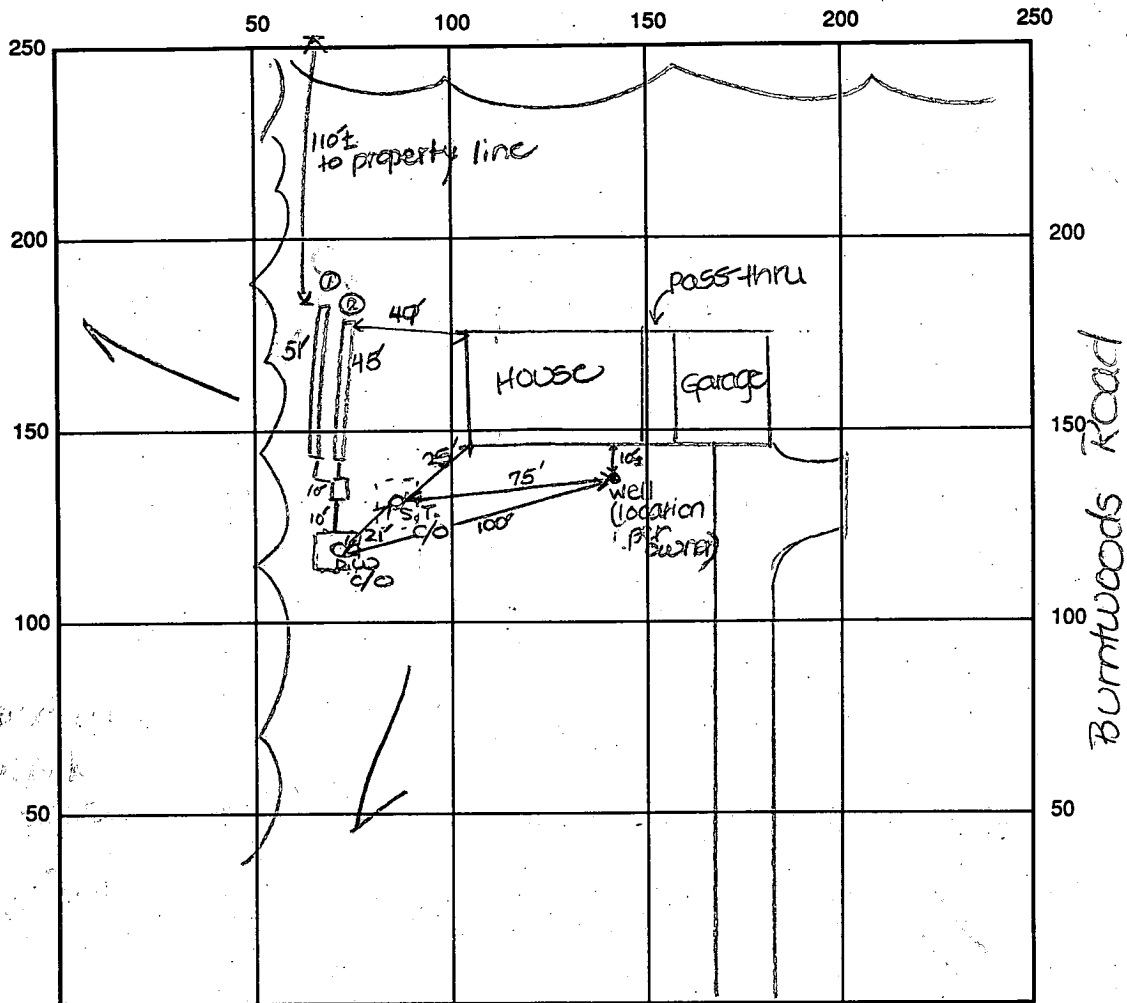
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SIGNED
AND RETURNED 7/11/95

Serial # 60877

Interior Alterations
Basement

P 50790I



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sharp Road

SEPTIC TANK LEVEL Existing CLEANOUTS one on s.t., one on d.w.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 10/11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4/5 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 51' 45' FT. → 96' total

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 576 SQ. FT.

DRYWALL INSIDE DIAMETER Existing FT. EFFECTIVE DEPTH BELOW INLET Existing FT.

ABSORBENT AREA 576 SQ. FT. + Existing

REMARKS: 7/11/95 A.M. OK to begin trenches and continue. DKS

7/11/95 P.M. Final - OK to cover all work. DKS

4/11/96 Final - OK to cover all work. DKS

4/11/96 Final - OK to cover all work. DKS

4/11/96 Final - OK to cover all work. DKS

* Well casing not visible - location per previous owner. DKS

DATE SYSTEM APPROVED 7/11/95 INSPECTOR Donna X Joe



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

APPROVED

WALK-THRU BUILDING PERMIT

BP# 00150542 A# P50790-I

APP. SAN KN DATE: 10-7-04

DESC. OF WORK: ADDITION -

No bedroom t.

KN

