

LAYOUT 6/01/04 9:30 INSP 4 \_\_\_\_\_  
 INSP 2 6/4/04 1:00 PM F/0 INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 5/26/04

P 520380

APPROVAL DATE: 6/4/04

A REPAIR

# PERMIT INDEXED

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

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS: P. O. Box 89, Glenelg MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Criswood Manor LOT NUMBER: 66

ADDRESS: 5685 Trotter Road PROPERTY OWNER: ELEANOR YU

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_ OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 100' HOUSE SERVED BY PUBLIC WATER

*2' wide trench  
inlet at 6'  
bottom at 11'*

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:	
NOTES:	Septic System failing. Please call for inspection when ground is opened.

PLANS APPROVED: \_\_\_\_\_ DATE: 5/26/04

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

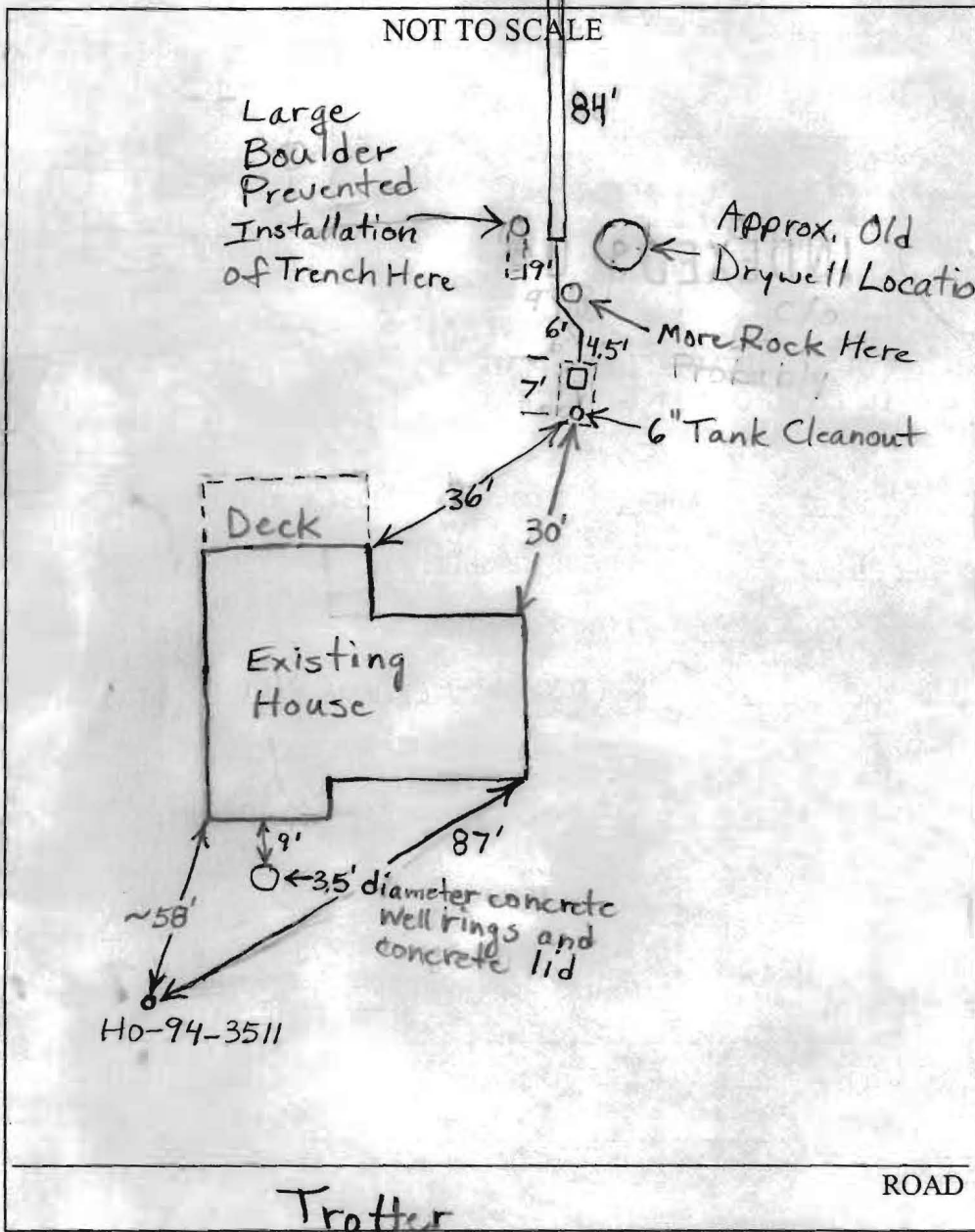
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

**BUILDING PERMIT SIGNED AND RETURNED**

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

*51804 80014943-GARAGE*

P520380



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

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
CAPACITY	<u>Existing</u> GAL
SEAM LOC	_____
TANK LID DEPTH	<u>~3'</u>
BAFFLES	<u>Rear</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Rear?</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL <u>N/A</u>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 6/1/04 To install one - 100' trench uphill of septic tank on contour from the yard into the treeline

INSTALLATION Try to save area to install a second repair trench above the drywell. Pump out and fill the drywell with dirt. (BB) 6/4/04 Septic tank and drywell pumped out. Drywell filled with dirt. Trench location had to be moved downhill closer to drywell location. An unmovable boulder was encountered while attempting to install trench in original location. Probably encountered an isolated vein of rock. Very little rock in relocated trench. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 6/4/04

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

# PERMIT

P W517943

APPROVAL DATE: \_\_\_\_\_

A REPAIR

INDEXED

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

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Criswood Manor LOT NUMBER: 66

ADDRESS: 5685 Trotter Road PROPERTY OWNER: Elenore Yu

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

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:	
PURPOSE:	REPLACEMENT WELL

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- 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**

W517943