

ISSUE DATE: 11/03/08

APPROVAL DATE: 11/19/08

PERMIT
Pat Trac
Tax ID # 05-1355923

upgrade
P 530223
529492
A UPGRADE

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

Fogles Septic IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd. Syskesville MD PHONE NUMBER: 410-795-5670

SUBDIVISION: NA LOT NUMBER: 5

ADDRESS: 13739 Briaridge Ct. Highland 20777 PROPERTY OWNER: Karen Jenkins

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): NA

NUMBER OF BEDROOMS: NA

SQUARE FEET PER BEDROOM: NA

LINEAR FEET OF TRENCH REQUIRED: NA

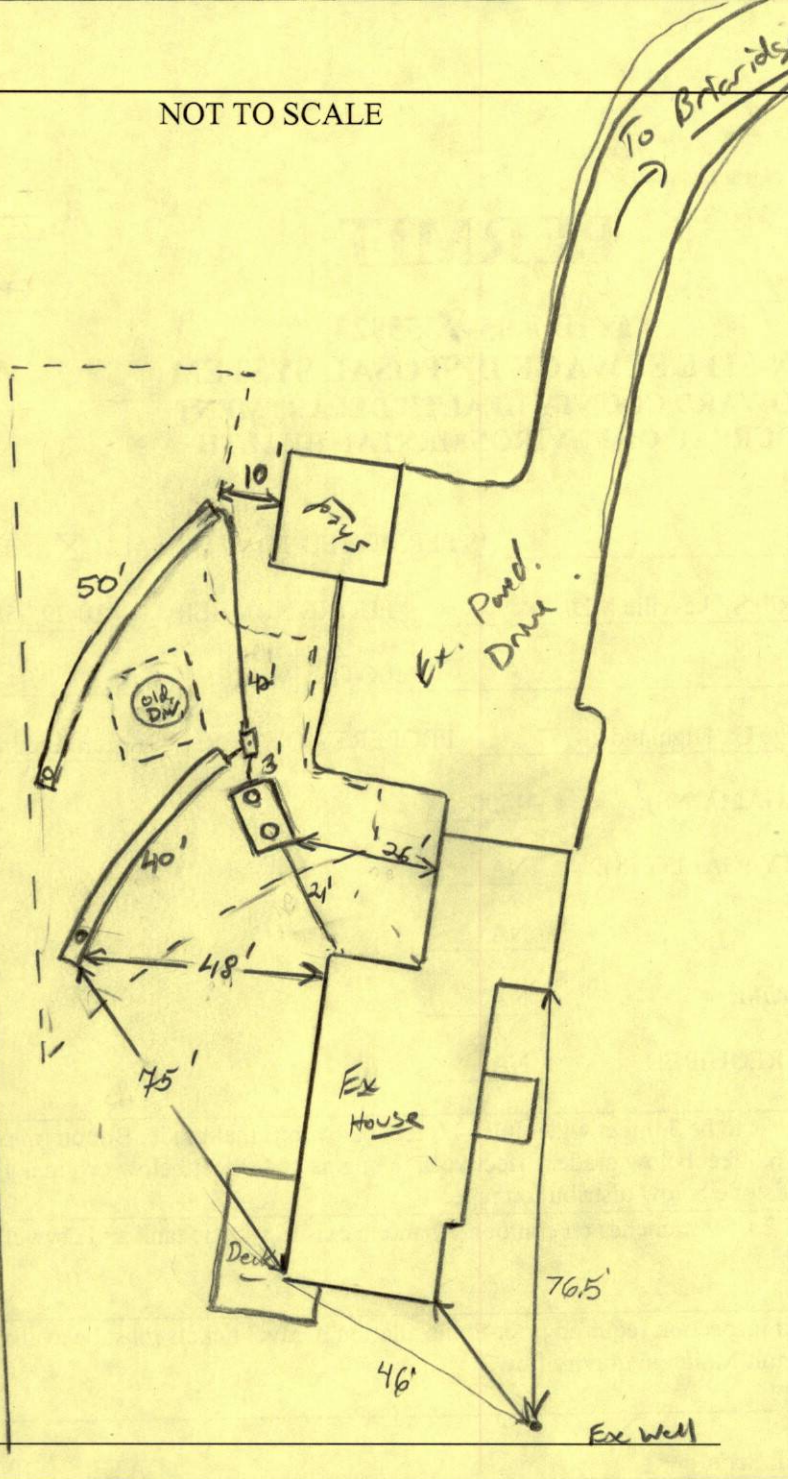
TRENCHES:	Trenches to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.5 feet below grade. Effective area begins at 4.0 feet below original grade. 2.5 feet of stone below distribution pipe.
LOCATION:	Install 2 x 50' trenches on contour. Abandon existing septic tank and drywell.
NOTES:	Layout inspection required prior to installation. Gravel tickets must be available for inspector. Maintain gravity flow.

PLANS APPROVED: Heidi Scott DATE: 10/2/2008

- 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	3-4	6-7
NUMBER OF TRENCHES		2
TOTAL LENGTH		90'
ABSORPTION AREA		270+ Sidewalk
DISTRIBUTION BOX LEVEL		Leveler's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front / Rear
6" PORT LOC	No
WATERTIGHT TEST	No
SLOTTED	Yes
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	

PRE-CONSTRUCTION
 11/14/08 No Layout given. Contour verified. Will need to expose Tank and D.W. (KW)

11/17/08 Ex tank and D.W. exposed. Tank to be pumped and collapsed. D.W. located in center of newly designed septic area

INSTALLATION 11/18/08 D.W. pumped and collapsed. Old tank pumped collapsed and filled in w/ stone. New 1500g tank set. Plumbing installed to D box. Top trench finished. Bottom trench 1/2 way done. OK to take bottom trench to 6.5' bottom. Future repair may require pre-treatment. (KW) 11/19/08 System finished. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 11/19/08

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: 1 Brm

*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: _____

Contractor's Address: _____

Contractor's Phone #: _____

Property Address: _____

Property (Subdivision) & Lot # _____

Owner's Name: _____

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: 1972

of Existing Bedrooms: 2

of Bedrooms after completion of addition: 3

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 _____