

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P 532557

APPROVAL DATE: _____

A REPAIR

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

Jeff Wellen IS PERMITTED TO INSTALL ALTER

ADDRESS: 3200 Fox Valley Drive PHONE NUMBER: 410-442-3290

SUBDIVISION: Fox Valley LOT NUMBER: _____

ADDRESS: 3200 Fox Valley Drive PROPERTY OWNER: Jeff Wellen

SEPTIC TANK CAPACITY (GALLONS): N/A

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET OF HOUSE: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	
LOCATION:	
PURPOSE:	

PLANS APPROVED: Robert Bricker 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 OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

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 I LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

PRE-CONSTRUCTION

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

-76°58'52"



39°16'41"



39°16'41"

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.

-76°58'52"




Howard County
M A R Y L A N D

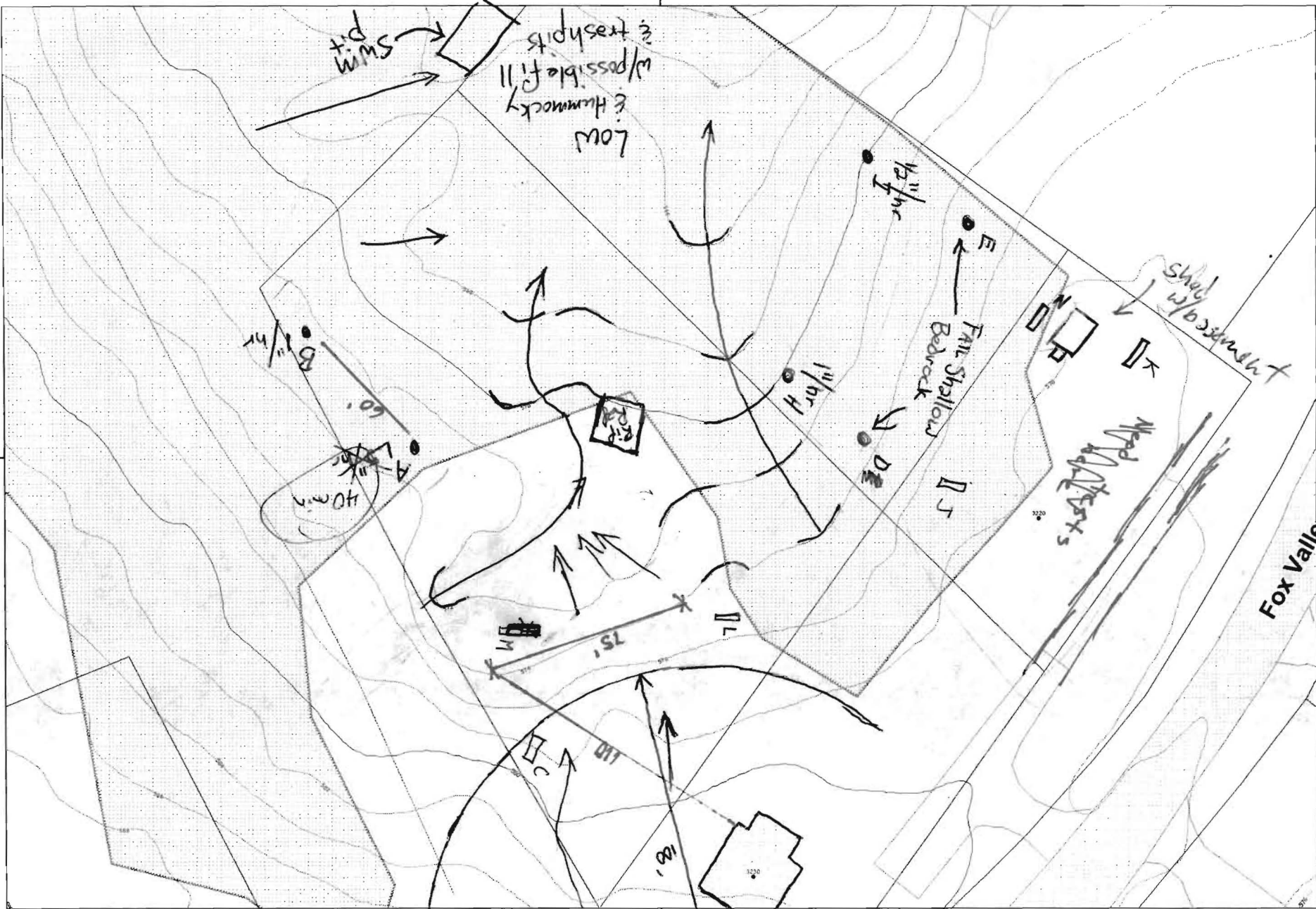
well

By:
Office:
Map Width: 455.00 ft.
Print Date: 4/4/2007
Scale: 1 in. = 50 ft.

1201 •

1202 •

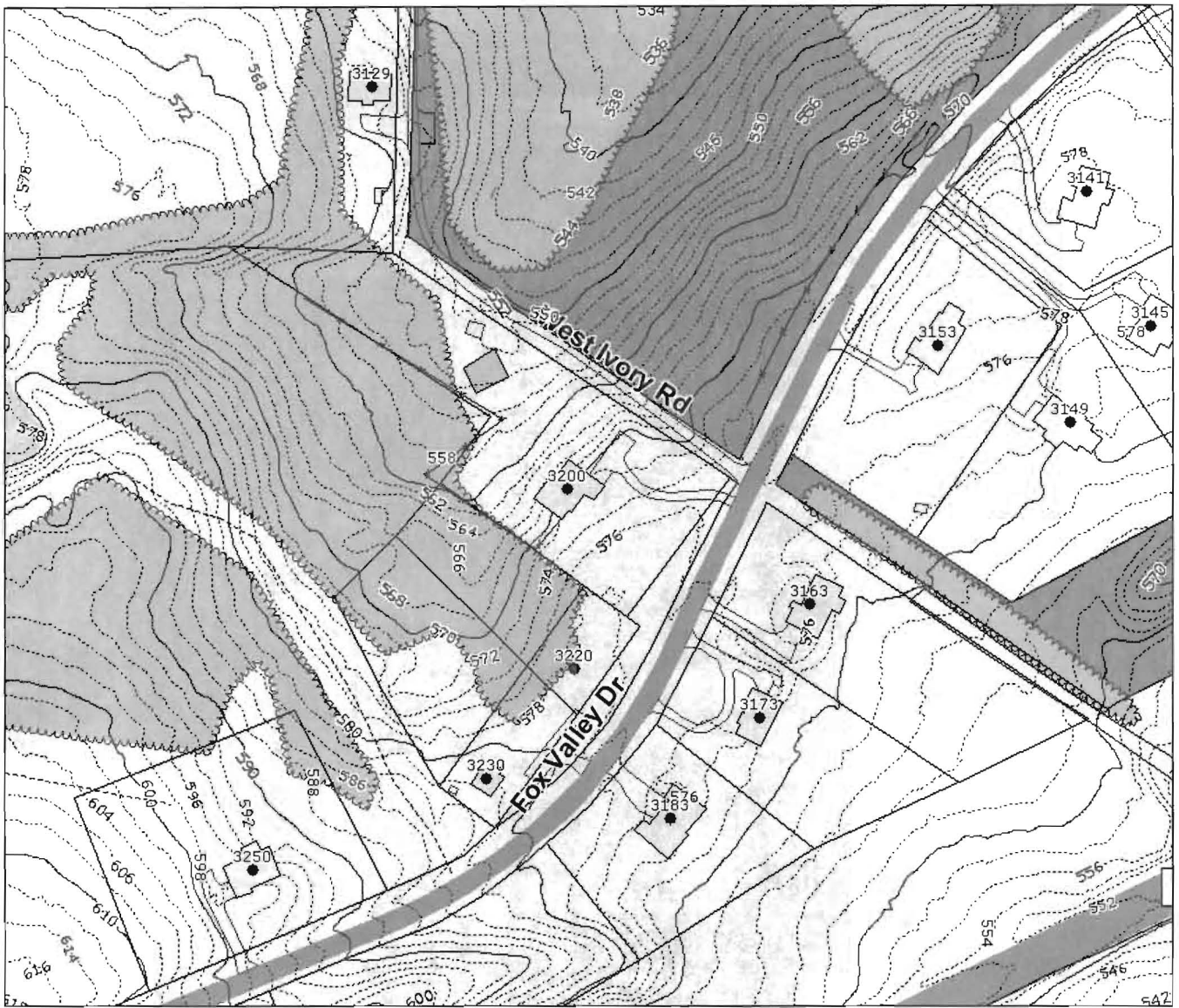


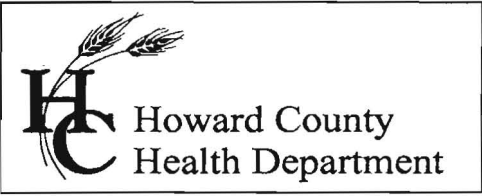


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Approx Well

14/01/01 Transverse failure,
block failure observation
pipe





7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE

Reason for Request:

- (A) Failing System (includes surface discharge or inadequate treatment zone)
B. System relocation for proposed addition for setback compliance *
C. To replace a collapsed septic tank
D. To replace a collapsed drywell

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

**For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, additional testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor:
Contractor's Address:
Contractor's Phone #:
Property Address:
Property (Subdivision) & Lot #:
County file #, if known:
Owner's Name and Phone #:
Is public sewer available/nearby:
If public sewer may be close, mention further research will be performed to verify availability
Names of any previous owners:
Year House Built:
of Existing Bedrooms:
of Bedrooms after completion of addition:
Has this request been discussed previously with another Sanitarian: Name:

20:2 81 51 577

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair or upgrade.

Print out a copy of the Real Property Data via Dept. of Taxation website Indexed file found

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (x2414).
If sewer is available, verify whether the property is within the Metropolitan District (Finance x2061).
If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.
If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden, x4419, for further detail.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. Contractor is to notify office of the emergency situation as soon as possible.