

2/17/04

2/13/04  
~9:30

2/17/04  
A.M. F/U

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

ISSUE DATE: 2/9/04

# PERMIT

P 520053-A

APPROVAL DATE: 2/17/04

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, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: 1

ADDRESS: 3301 Jennings Chapel Road PROPERTY OWNER: Reeve Family LLC

|                                  |                 |                                                                                  |
|----------------------------------|-----------------|----------------------------------------------------------------------------------|
| SEPTIC TANK CAPACITY (GALLONS):  | <u>Existing</u> | <u>3' Wide Trenches<br/>Inlet at 7'<br/>Max. Bottom Depth 9'<br/>2' of Stone</u> |
| PUMP CHAMBER CAPACITY (GALLONS): | <u>N/A</u>      |                                                                                  |
| NUMBER OF BEDROOMS:              | <u>4</u>        |                                                                                  |
| SQUARE FEET PER BEDROOM:         | <u>210'</u>     |                                                                                  |
| LINEAR FEET OF TRENCH REQUIRED:  | <u>180'</u>     |                                                                                  |

|           |                                                                                                                                                                                                                                   |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 system is failing. Call for inspection when the ground has been opened so sanitarian can recommend repair.                                                                                                                 |

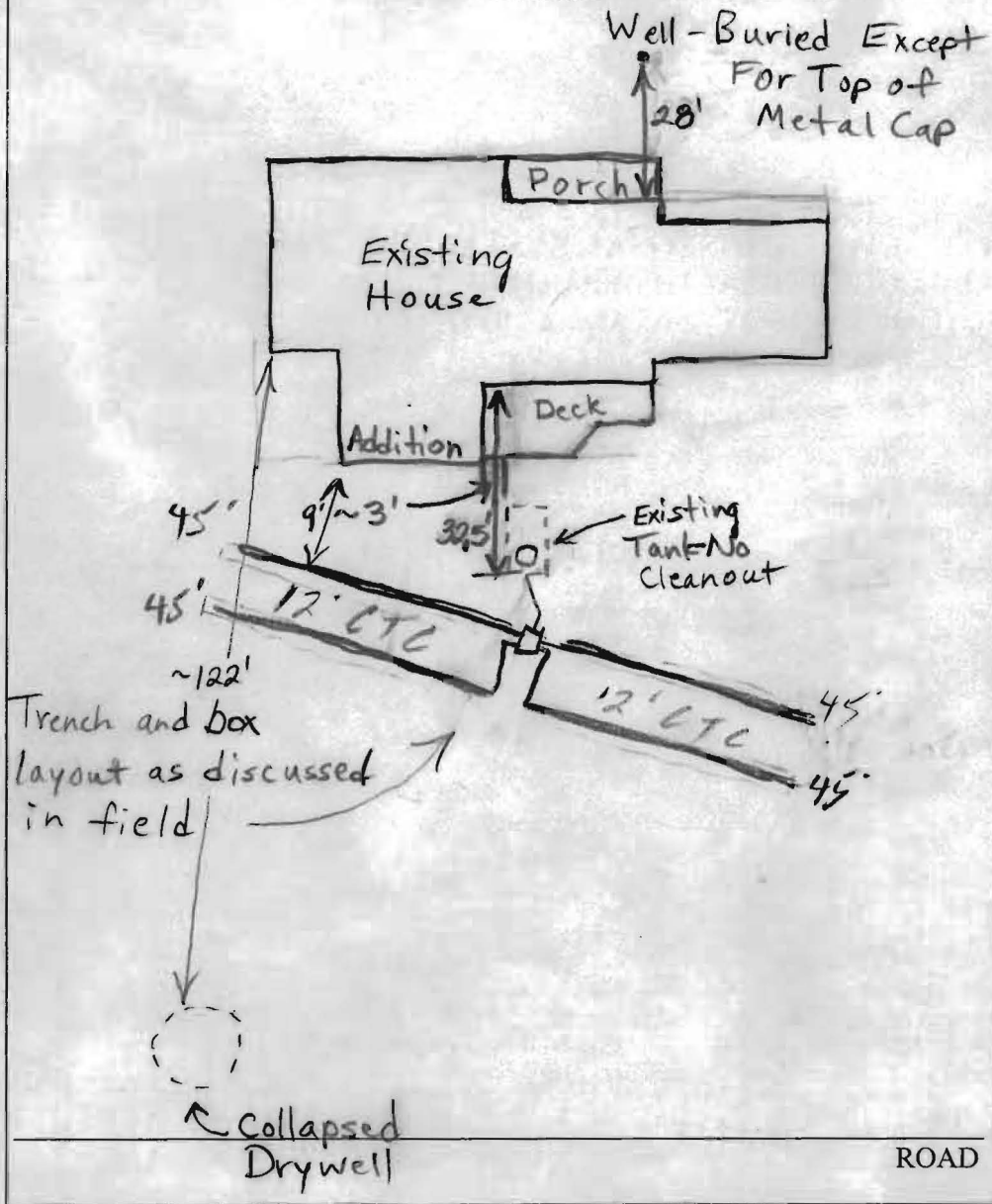
PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- 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 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**

# Jennings Chapel Road

NOT TO SCALE



| TRENCH/DRAINFIELD DATA                                      |       |        |
|-------------------------------------------------------------|-------|--------|
| WIDTH                                                       | INLET | BOTTOM |
| 3'                                                          | 7'    | 9'     |
| NUMBER OF TRENCHES                                          |       | 4      |
| TOTAL LENGTH                                                |       | 180'   |
| ABSORPTION AREA _____                                       |       |        |
| DISTRIBUTION BOX LEVEL <input checked="" type="checkbox"/>  |       |        |
| DISTRIBUTION BOX BAFFLE <input checked="" type="checkbox"/> |       |        |
| DISTRIBUTION BOX PORT <input type="checkbox"/>              |       |        |

| SEPTIC TANK DATA    |                                     |
|---------------------|-------------------------------------|
| SEPTIC TANK 1 LEVEL | <input checked="" type="checkbox"/> |
| CAPACITY            | Ex 750 GAL                          |
| SEAM LOC            | Mid                                 |
| TANK LID DEPTH      | 7'                                  |
| BAFFLES             | <input checked="" type="checkbox"/> |
| BAFFLE FILTER       | <input type="checkbox"/>            |
| MANHOLE LOC         | Back                                |
| 6" PORT LOC         | <input type="checkbox"/>            |
| WATERTIGHT TEST     | <input type="checkbox"/>            |
| SEPTIC TANK 2 LEVEL | <input type="checkbox"/>            |
| CAPACITY            | _____ GAL                           |
| SEAM LOC            | _____                               |
| TANK LID DEPTH      | _____                               |
| BAFFLES             | N/A                                 |
| BAFFLE FILTER       | <input type="checkbox"/>            |
| MANHOLE LOC         | _____                               |
| 6" PORT LOC         | _____                               |
| WATERTIGHT TEST     | _____                               |

PRE-CONSTRUCTION 2/13/04 Drywell has collapsed. Pump and fill in drywell. Pump out tank and install manhole cleanout. Set a distribution box after tank and run trenches in both directions. There should be 4 trenches with a total length of 180 feet. Made recommendation to owner that they may want to replace the septic tank with larger traffic bearing tank. Tank 6.5' below grade. (BB)

2/17/04 - OK to cover all work. D. Well collapsed, filled in (SD)

FINAL INSPECTOR Jim De DATE OF APPROVAL 2/17/04