

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 8/9/2004

PERMIT

P 520816

APPROVAL DATE: _____

A UPGRADE

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: P.O. 89, Glenelg, MD 21737 PHONE NUMBER: 988-9270
~~410-531-1256~~

SUBDIVISION: David Sheppard Property LOT NUMBER: Parcel 2

ADDRESS: 3210 Jones Road PROPERTY OWNER: _____

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:	Existing septic system has failed. Call for inspection when ground is 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

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 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

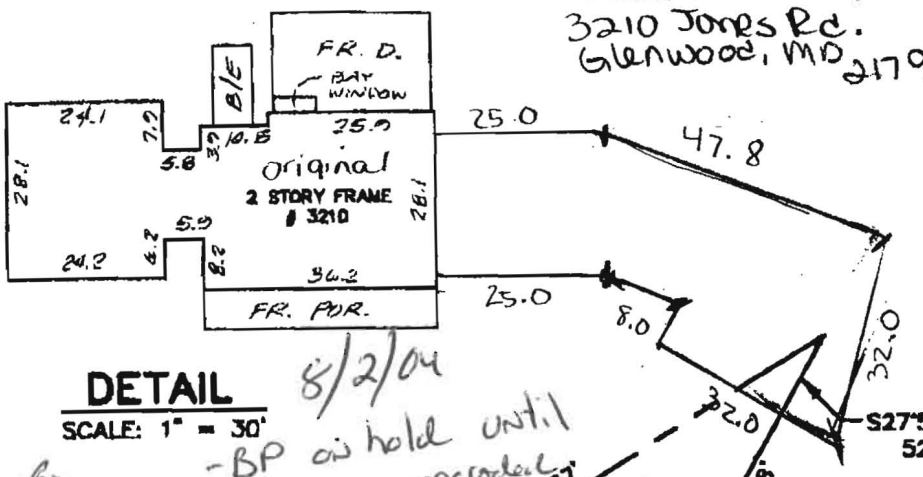
FINAL INSPECTOR _____ DATE OF APPROVAL _____

⚠: This location for title purposes only - not to be used for determining property lines. Property corner Markers Not guaranteed by this location

owner: (410) 489-4013
 Kathy + Tom Myer
 3210 Jones Rd.
 Glenwood, MD 21797

IMPROVEMENT LEGEND

- Sh = Shed
- S = Stoop
- P = Patio
- D = Deck
- B/E = Basement Entrance
- D/W = Driveway
- C = Concrete
- St = Stone
- Br = Brick
- Fr = Frame
- +++ = Fence / E
- G = Gate
- O/H = Overhang
- Por = Porch
- Sty = Story
- Asph = Asphalt



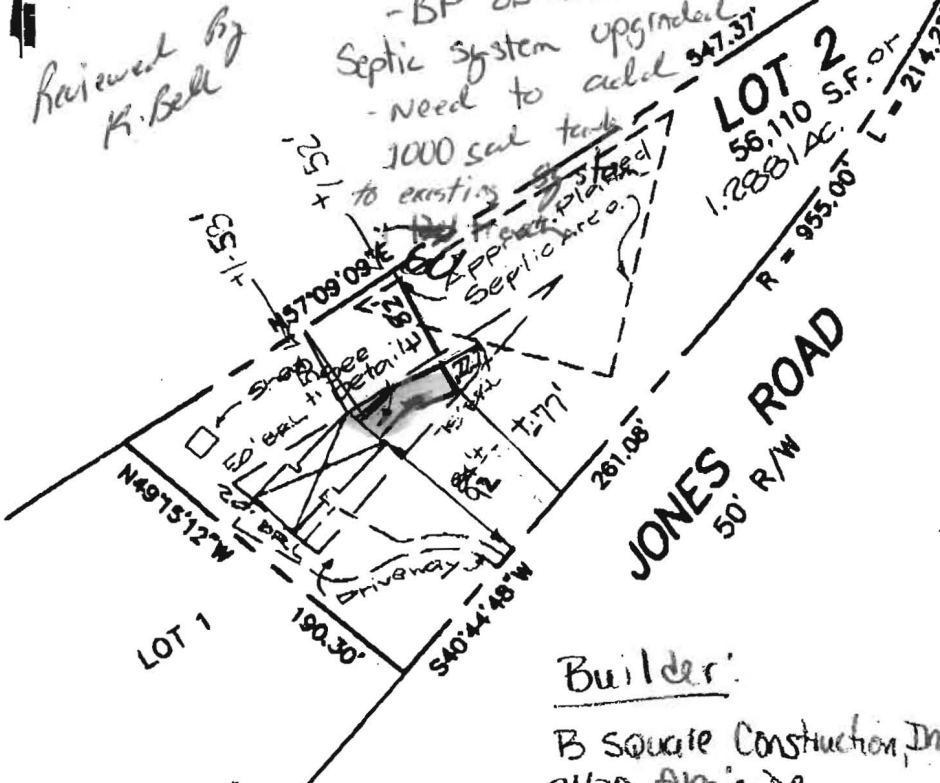
DETAIL

SCALE: 1" = 30'

8/2/04

Reviewed By
 K. Bell

- BP on hold until
 Septic system upgraded
 - need to add
 1000 gal tank
 to existing
 600 gal tank
 (Septic Arc Co.)



(Addition)
 Points to Property Corners
 left rear - +/- 53'
 right rear - +/- 52'
 right front - +/- 77'
 left front - +/- 92'
 right rear to
 septic field - +/- 22'

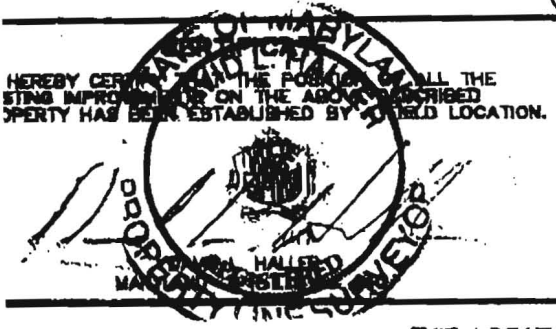
Builder:

B Square Construction, Inc
 2420 Alice's Dr
 New Windsor, MD
 (413) 864-8550 21710

**LOCATION OF HOUSE
 LOT 2**

MILL GREEN RIDGE
 HOWARD COUNTY, MD.

FLOOD ZONE C PER FEMA MAP



REFERENCES	
PLAT BK	---
PLAT NO	3574
LIBER	
FOLIO	

HALLER-BLANCHARD & ASSOCIATES
 P.O. BOX 1774
 FREDERICK, MARYLAND 21702
 (301) 228-2288 FAX (301) 228-2248

DATE OF PLANS	SCALE: 1" = 100'
WALL CHECK:	DRAWN BY: RD
HSE. LOC: 9/17/03	JOB NO.: 03-24108
BOUNDARY:	

THIS LOCATION FOR MORTGAGE PURPOSES FOR Settlement Only

PERMIT

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

P 38964

A 22834

ISSUE DATE _____

APPROVAL DATE _____

Herman C. Sirk & Son _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 25555 Jenings Chapel Road, Woodbine, MD 21797 PHONE 489-4724

SUBDIVISION David Sheppard Property LOT NUMBER parcel 2 ADDRESS 3210 Jones Road

PROPERTY OWNER Jodie Mergliano PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

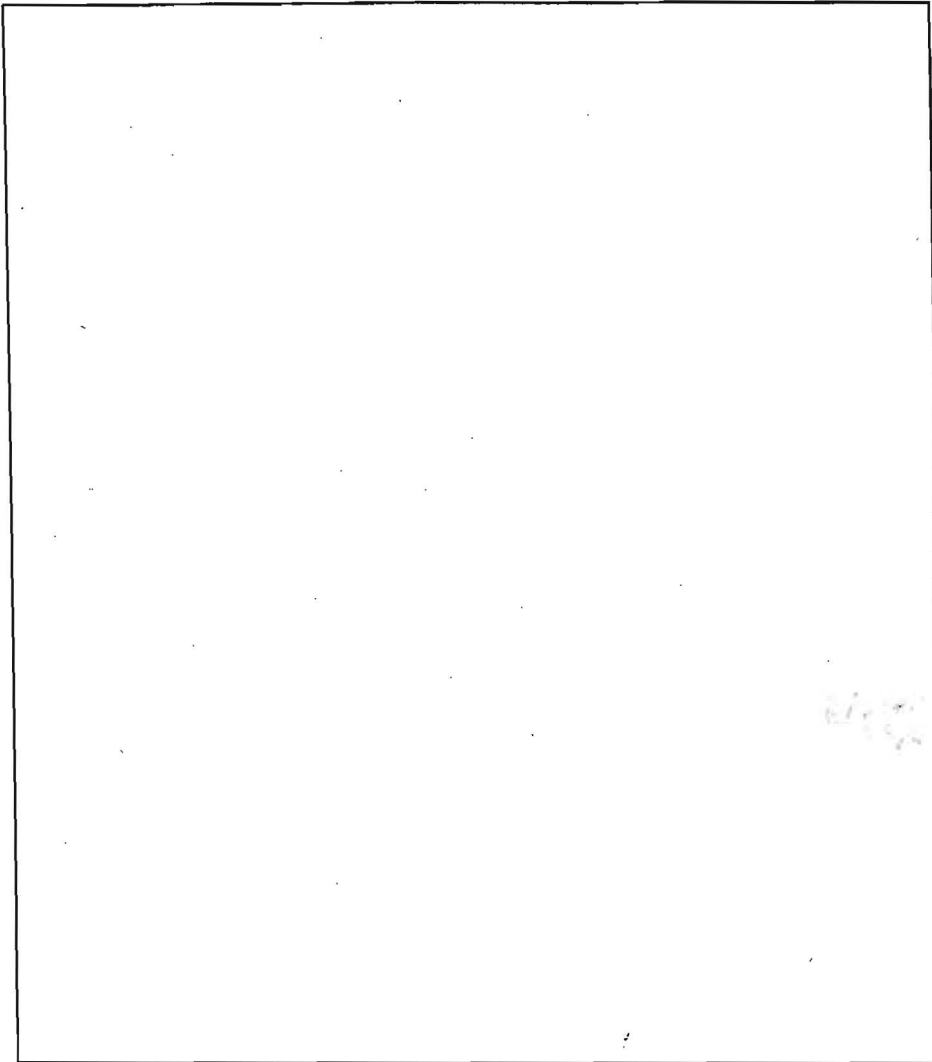
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

P38964

NOT TO SCALE



TRENCH DATA

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 _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

FILE INQUIRY FORM

Property Address: 3210 Jone Rd.

talked w/ septic contractor (skip) told him he needs
to perc existing lot to confirm soil profile +
will need to add 60' of trench w/ 1000 gal tank 8/6/04 (KJB)