

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

ISSUE DATE: 08/29/07

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

# PERMIT

P 527322

A UPGRADE

**Tax ID # 03-320839**

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

Gawthrop Construction, Inc. IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 13334 Folly quarter Road PHONE NUMBER: 410-531-6413

SUBDIVISION: Quarterfield II LOT NUMBER: 36

ADDRESS: 11600 Whitetail Lane 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**

LAYOUT 9/5/07 (Kw) INSP 4 \_\_\_\_\_  
INSP 2 9/5/07 (Kw) INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 8/29/07

P 527322

APPROVAL DATE: 9/5/07 (Kw)

A 48852

# PERMIT

TAX ID # \_\_\_\_\_

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

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

ADDRESS: 11600 Whitetail Lane PROPERTY OWNER: \_\_\_\_\_

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED ☒

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

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

**BUILDING PERMIT SIGNED  
AND RETURNED**

*10/03/07 B07004068 - New Foyer*

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:	Tank replacement. Abandoned original tank.

PLANS APPROVED: SF DATE: 9/5/07

NOTE: PERMIT VOID AFTER 2 YEARS

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

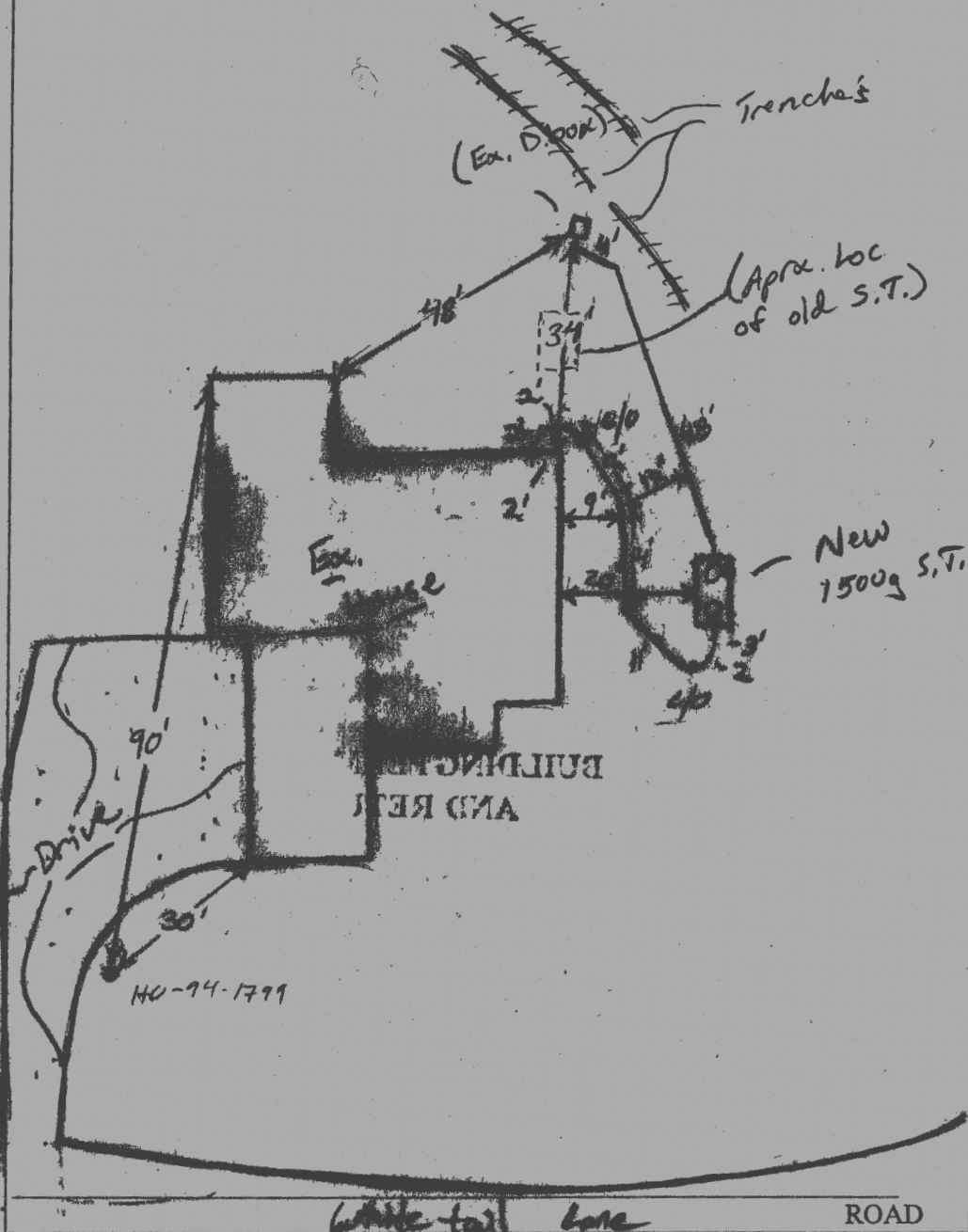
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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 UNLESS SPECIFICALLY AUTHORIZED

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CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE



Ex.

**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 Yes

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 0.5'-1.5'

BAFFLES Yes

BAFFLE FILTER —

MANHOLE LOC Front / Rear

6" PORT LOC none

WATERTIGHT TEST N/A  
mayer Bros, slotted.

SEPTIC TANK 2 LEVEL \_\_\_\_\_

~~CAPACITY \_\_\_\_\_ GAL~~

~~SEAM LOC \_\_\_\_\_~~

~~TANK LID DEPTH \_\_\_\_\_~~

~~BAFFLES \_\_\_\_\_~~

~~BAFFLE FILTER \_\_\_\_\_~~

~~MANHOLE LOC \_\_\_\_\_~~

~~6" PORT LOC \_\_\_\_\_~~

~~WATERTIGHT TEST \_\_\_\_\_~~

**PRE-CONSTRUCTION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9/5/07 Tank and plumbing set. Also have connection  
 Due to the amount of barrels in the line  
 INSTALLATION: between the hose and S.T., sold contractor  
 to install another c/o in the line.  
 9/5/07 System complete hose connection made.  
 need to collapse ex. S.T. and fill w/ soil / gravel  
 permit per governing authority (K)

FINAL INSPECTOR \_\_\_\_\_

DATE OF APPROVAL \_\_\_\_\_

9/5/07

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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

# Gawthrop Construction, Inc

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MHIC #46907

13334 Folly Quarter Road  
Ellicott City, MD 21042

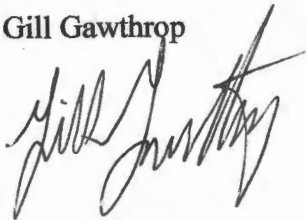
S. McGill Gawthrop, III, President  
Telephone (410) 531-6413

To whom it Concerns,

We were charged \$396.00 for a septic relocation at 11600 Whitetail Way Ellicott City, MD 21042. The fee should have been \$165.00. I am requesting a refund of \$231.00. Thank you for your help with this issue.

Sincerely,

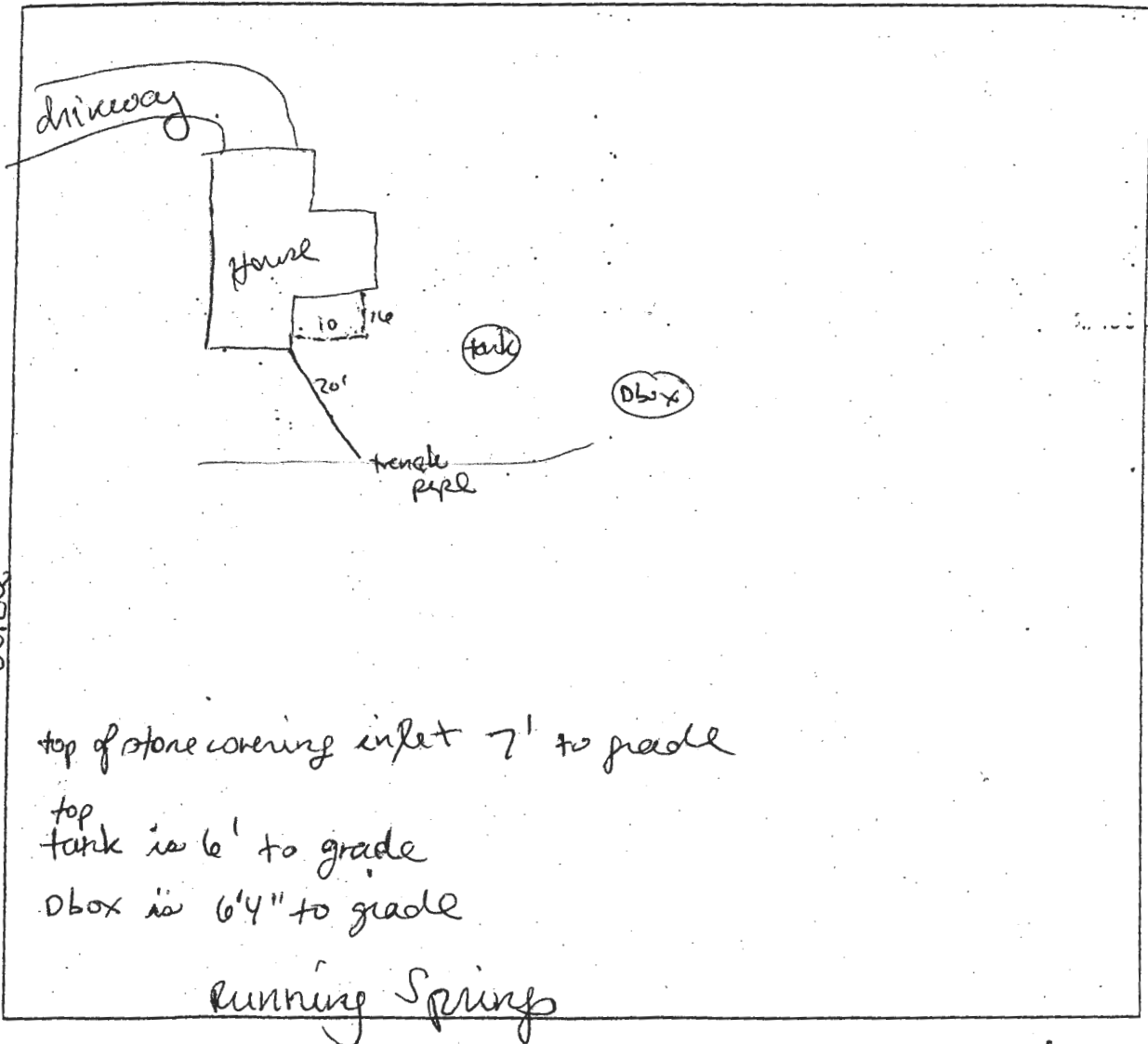
Gill Gawthrop

A handwritten signature in black ink, appearing to read 'Gill Gawthrop', written over a horizontal line.

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 11000 Whotetail Lane CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: Tank needs to be relocated to accomodate  
addition. One trench needs to be abandoned. No additional  
trench needed, 110' linear feet required. will have  
120'