

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 05/14/07

P 526699

APPROVAL DATE: 5/21/07

A REPAIR

PERMIT

Logged Into Permit Manager
Tax ID # 05-407125

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 PHONE NUMBER: 410-795-5670

SUBDIVISION: Twelve Hills LOT NUMBER: 10

ADDRESS: 13018 Twelve Hills Road PROPERTY OWNER: Jim Smits

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 tank to be replaced (in support of building permit). 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

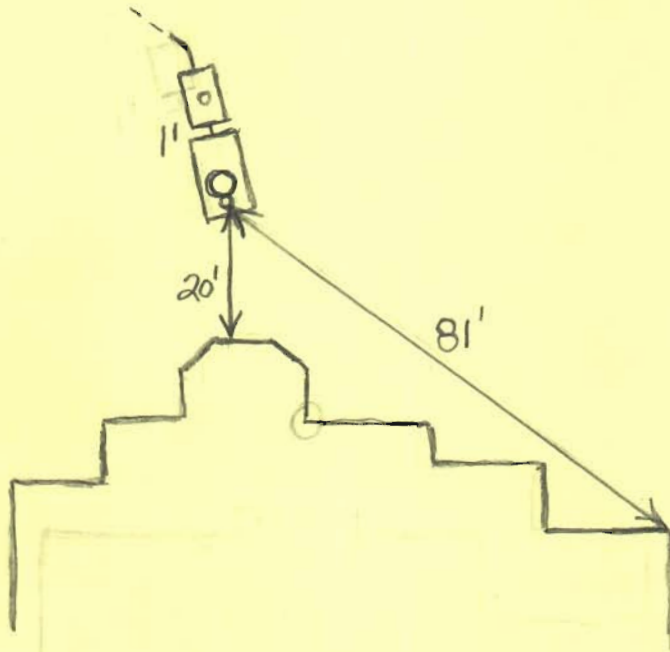
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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**

**BUILDING PERMIT SIGNED
AND RETURNED**

5/23/07. BO7001957- add 1 story addition

NOT TO SCALE



ROAD

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	<u>Yes</u>
CAPACITY	<u>1500?</u> GAL
SEAM LOC	<u>Midseam</u>
TANK LID DEPTH	<u>3.5-5'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL	<u>Yes</u>
CAPACITY	<u>500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>3.5-4</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>None</u>
6" PORT LOC	<u>Middle</u>
WATERTIGHT TEST	<u>No</u>

PRE-CONSTRUCTION _____

INSTALLATION 5/21/07 500 gallon tank added after
existing tank. BB

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 5/21/07

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

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? _____
 *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 _____
 To replace collapsed drywell _____

Septic Contractor:
 Contractor's Address:

Fogle's Septic Clean Inc
 580 Obrecht Rd
 Sykesville
 410 795-5670
 13018 Twelve Hills Rd

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name:

Jim Smits

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:

4

of Bedrooms after completion of addition:

4

Has this request been discussed previously with another Sanitarian:

If yes, then with whom and when:

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.

Print out copy of 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 (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

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 at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.