

2/28/00
10:00

PERMIT

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

P 513294
A Repair

INDEXED

RPS# 29701

ISSUE DATE _____

APPROVAL DATE 2/29/00

Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 13705 Forsythe Road

PROPERTY OWNER Sutton PROPERTY OWNER'S ADDRESS 13705 Forsythe Road

SEPTIC TANK CAPACITY 750 gal/1000 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 125

LINEAR FEET OF TRENCH REQUIRED 80'

TRENCHES: Trenches to be 2' feet wide. Inlet 4-5' feet below original grade. Bottom maximum depth 10'
feet below original grade. 5-6' feet of stone below distribution box.

LOCATION: _____

REPAIR: PURPOSE: SEPTIC SYSTEM HAS FAILED
Call for inspection when tank is in place so that a sanitarian can recommend repair.

To install two trenches off of the existing drywell to approximately 10" from the right property line. 80' minimum of total trench. Gravel from 4-5' depth to 10' depth.
PLANS APPROVED B. Baker DATE 2/28/00

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

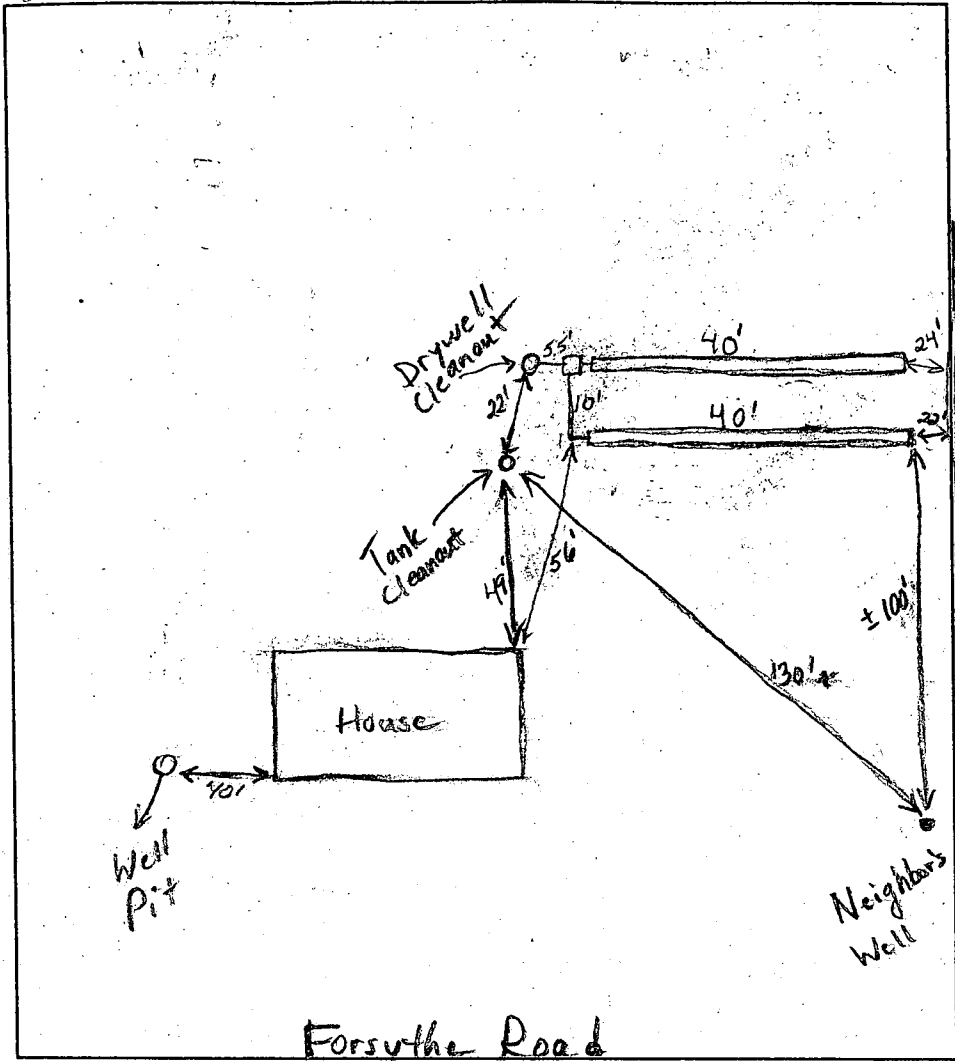
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

513294

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2.0'
 TRENCH INLET DEPTH 5.0'
 TRENCH BOTTOM DEPTH 10.0'
 DEPTH OF STONE 5.0'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 80'
 ABSORBENT AREA 400⁺ sq. ft.
 DISTRIBUTION BOX LEVEL O.K.
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 750 or 1000 GALLONS
 MANHOLE RISER No
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: Two trenches to be run from drywell to ~10' from right property line - 80' minimum total length. Gravel from 4-5' depth to
 INSPECTION COMMENTS: 10' depth depending on clay layer boundary in open trenches. 2/28/00 (BB) 2/29/00 Installer met minimum suggested requirements for trench length and had at least 5.0' of stone under pipe. Trenches look good. Installer to replace cast iron pipe section between tank and drywell. O.K. to cover everything. (BB)

INSPECTOR Brian Baker

DATE SYSTEM APPROVED 2/29/00

APPLICATION

PERCOLATION TESTING

A Repair
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HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 13705 Forsythe Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

Red Brown
Cl Loam
No easily discernable layers.
5-10%
Rock

14.5'

(2)

Red Brown
Cl Loam

35'

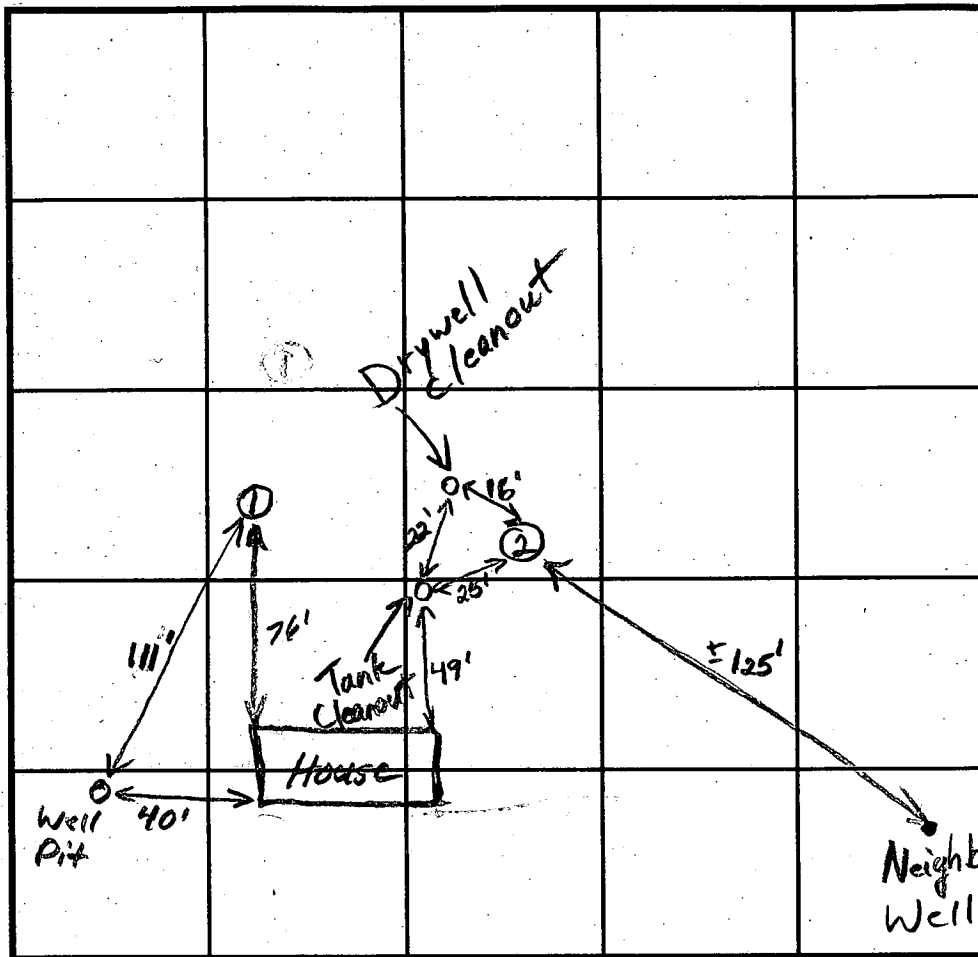
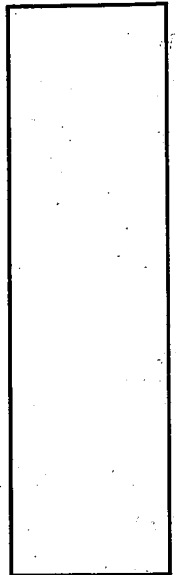
Red Brown
SaCl Loam

5-10%
Rock

4.5'

SOIL PROFILE

0'



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Forsythe Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/28/00	1a	5'/14.5'	10:48	11:03	Stopped	Little Movement	F
	1b	6.0'	11:05	11:21	Stopped	Little Movement	F
	2	5'/4.5'	11:25	11:35	11:35	11:56	21

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

Fyock, Mr. Sutton

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM