

12/11/00 10AM

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INDEXED PERMIT

RPS# 295648

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

P 514692
A 514692
REPAIR

ISSUE DATE 12/5/2000

APPROVAL DATE _____

*No Repair work done
File closed after 2 yrs
App 6/2/02*

Eogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 12102 Frederick Road

PROPERTY OWNER Karen Pullin PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 5

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: REPAIR - PURPOSE - Replace collapsed tank and evaluate existing drainfield. 12/1/2000

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

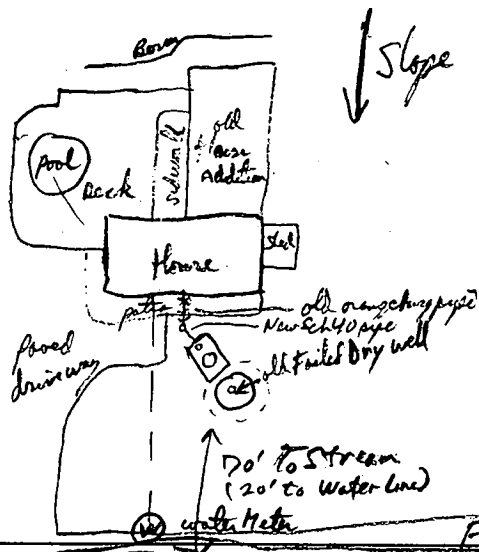
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

4514692

NOT TO SCALE

FUTURE
REPAIR
AREA



Trench A (5' x 5' per moment edge of drywell)
to topsoil
black chemicals
2 1/2' fill dirt
new 40x8 5/2 - 4/2 cut with (10x12 L-L) w/d
old c/d black grey (10x12 5/2) c/d block (10x12 5/2)
old concrete - saturated - (10x12 5/2) 10x12 5/2
10x12 5/2

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 1500 T.S. (one compartment) GALLONS
 MANHOLE RISER 1/2' riser (black plastic)
 6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: old well was under check was abandoned & sealed per William Pullin (owner)

Non-a public well

INSPECTION COMMENTS: Septic Tank set, 2 manhole riser and demountable T + drywell set.
 Drywell was full of water to top excavated soil were untreated and black & dark grey to top line of concrete blocks, concrete blocks were block and to top layer & hole. At Trench Hole A grey & black water surface was under 2 1/2' of fill. It appears this dry well never had a grant to be remain in part. Rather it appears old dry well began see pipe break at it ditch handle nearby, which was covered with 2 1/2' ft of fill in the end to keep drilling system under ground & undiscovered to R. Kelly 12/4/00
 limited area - too close to stream for Septic remain in front
 They never called for Septic final - or actual repair or suggest per that in books 6/21/02 File closed.

INSPECTOR _____ DATE SYSTEM APPROVED _____

APPLICATION

PERCOLATION TESTING

A Repair
P 514692

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

DISTRICT _____
DATE 12/5/2000

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 Karen Pullin

ADDRESS 12102 Frederick Road PHONE 410-795-5670

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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

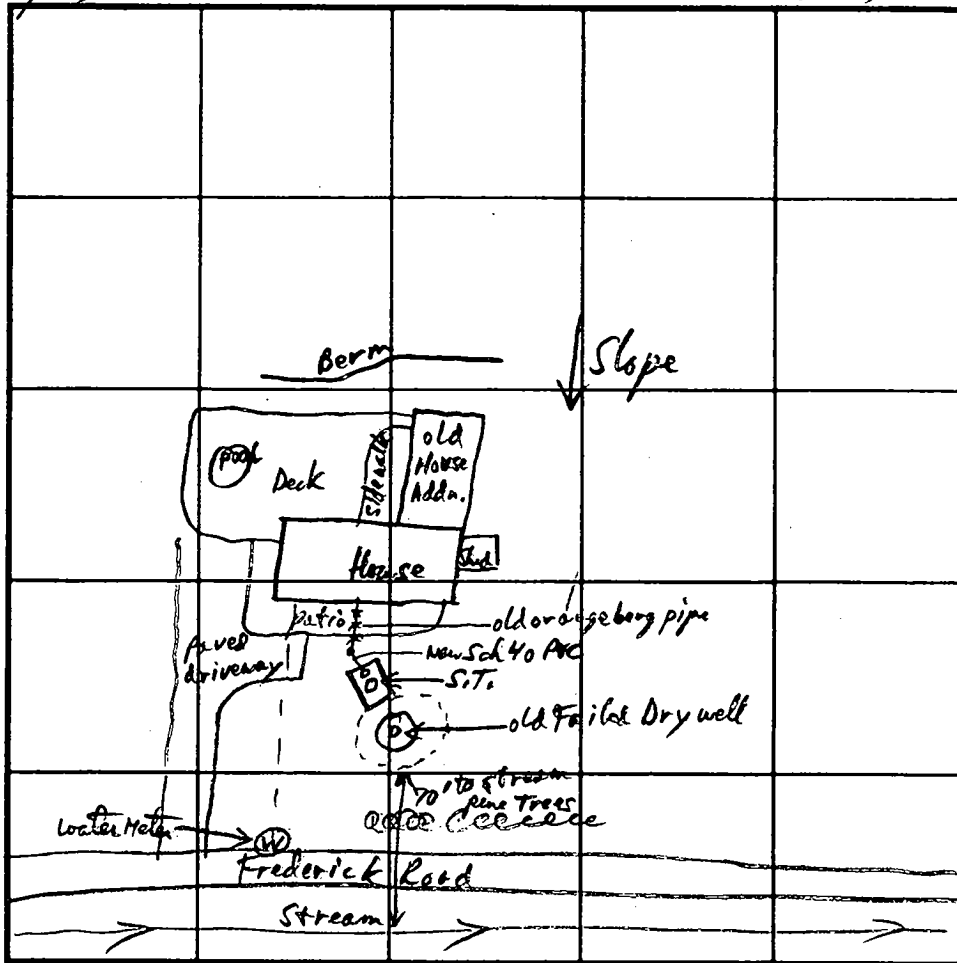
COUNTY #

SOIL PROFILE A

0"	Topsoil
2"	Reduct CL (Miccaceous)
1"	Fill dirt
2 1/2"	grey (10YR 5/2-4/3) wet soils (Mic L-HL)
	w/c 2d Black/grey (10YR 5/2-6/2)
	sub Blk (10YR 3/1)
	concretions saturated, caving
7 1/2"	strong yellow (10YR 5/4) mic L (wet)
8"	

SOIL PROFILE

0"	
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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

House is on Public water!

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/11/00	A	8'	wet Mottled soils		at 5ft from			
			Nearst downhill edge		of drywell			
			see repair permit for notes on condition & long standing failure made evidence					
			Area in front too small, too near failed drywell					
			and too close to stream - Recommend perc testing uphill					
			in Rear of Lot for a pumped system repairs					

REMARKS ^{perc evaluation} For a Septic Failure & Repair (Never Completed) - Existing 5 Bedroom Home

TYPE OF SOIL Area in front of house too close to stream & too near failed system

TESTED BY Robert J Pinkley for effective repair - Need to test uphill in Rear of ALSO PRESENT properties

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

