

LAYOUT 12/14/09 INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 12-14-09 **PERMIT - Repair** P 532463

APPROVAL DATE: \_\_\_\_\_ A Repair

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

Foglia's IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: 410-795-5670

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

ADDRESS: 675 Gaither Rd. PROPERTY OWNER: Richard White

SEPTIC TANK CAPACITY (GALLONS): Ex. OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 3 APPLICATION RATE: 0.8

SQUARE FOOTAGE OF HOUSE: N/A Trenches 2' wide  
Inlet @ 3'  
Bottom @ 9'

LINEAR FEET OF TRENCH REQUIRED: 135 APPROX. STONE AMT: 97 Ton

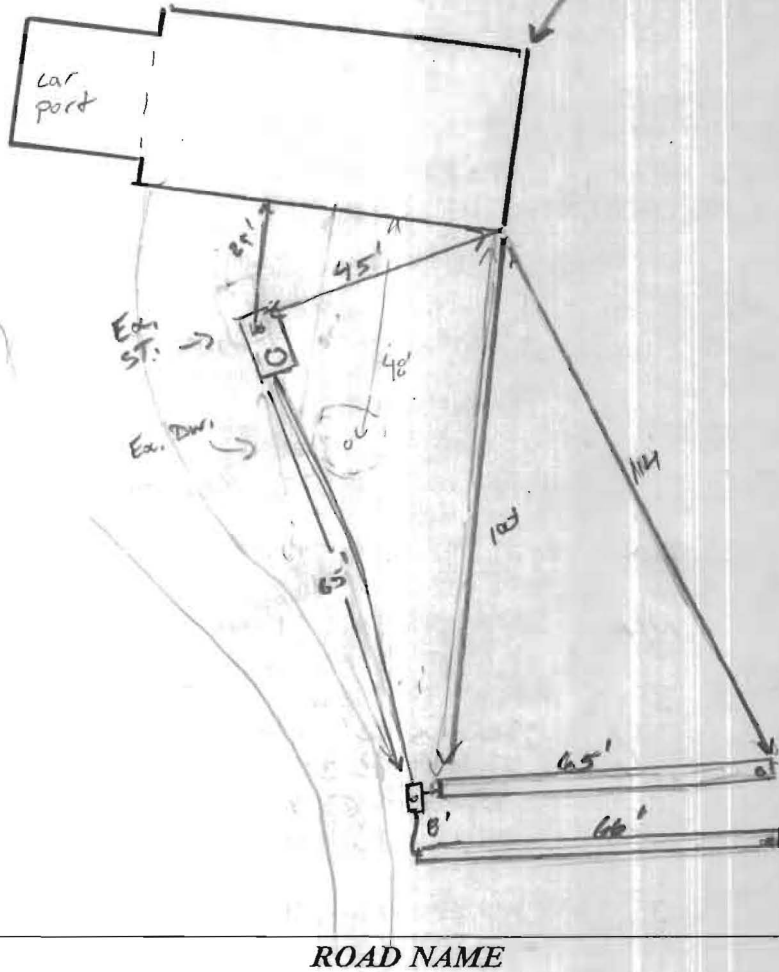
TRENCHES:	Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below grade. Effective area begins at 6 feet below original grade. 6 feet of stone below distribution pipe.
LOCATION:	<u>Install 3x45' trenches on contour.</u>
NOTES:	Manhole access needs to be installed on the tank along with a new outlet baffle. Pump and collapse ex. dry well. Observation pipes required at ends of trenches.

PLANS APPROVED: Kevin Wolf KW DATE: 12-14-09

- 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 PERMITTED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		131'
ABSORPTION AREA		262' + 56'
DISTRIBUTION BOX LEVEL		Level
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	?
CAPACITY	1250? GAL
SEAM LOC	mid
TANK LID DEPTH	2'
BAFFLES	Yes, new rear
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	—
SLOTTED	no
DATE ON LID	—
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	—
DATE ON LID	—

ROAD NAME

PRE-CONSTRUCTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTALLATION:

7/7/10 DW. getting pumped. Riser added to S.T. (K)

7/8/10 D.W. collapsed. Dbox installed w/ dip trench completed. OK to continue (K)

7/7/10 System complete. OK to cover all work (K)

FINAL INSPECTOR

*J. Wolf*

DATE OF APPROVAL

7/9/10

**SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST**

Please fill out this form completely and check off the reason for the request:

Date requested: \_\_\_\_\_

**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? \_\_\_\_\_

In support of a building permit. Type of building addition: \_\_\_\_\_

\*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 or upgrade tank capacity \_\_\_\_\_

To replace collapsed drywell \_\_\_\_\_

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Septic Contractor: Fogle's Septic Clean Inc.

Contractor's Address: 580 Obrecht Rd.

Sykesville, MD 21784

Contractor's Phone #: 410 795-5670

Property Address: 675 Gaither Rd

Property (Subdivision) & Lot # 2 Huebner Prop

Owner's Name: Tanice White

Is public sewer available/nearby: \_\_\_\_\_

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: \_\_\_\_\_

# of Existing Bedrooms: 3

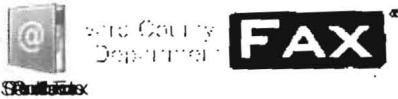
# of Bedrooms after completion of addition: \_\_\_\_\_

Has this request been discussed previously with a Sanitarian, who? \_\_\_\_\_

*If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.*

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.

Environmental Sanitarian tentatively assigned \_\_\_\_\_



User: Mary Lou Bri  
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From: 4104613042

Date: 29.06.2010 15:36 Pages: 2 FaxID: 10807

29/06/2010 15:32 FAX 4104613042

HARMONY BUILDERS INC

001

Harmony Builders



4228 Columbia Road  
Ellicott City, MD 21042

Voice: 410-461-0833 Fax: 410-461-3042  
E-Mail: Getharmony@comcast.net

**Howard County Demolition Permit Request**

Date of Request 06/29/2010

Site Address: House # 9385 Street North Laurel Road  
City Laurel Zip 20723

Tax Map 50 Parcel 426 Lot 33,34,28 Subdivision North Laurel Park

Description of Structure to be Demolished(House, Garage, Barn etc...) \_\_\_\_\_  
House, 1600 sf Rancher

Dear Utility Provider/Review Agency,

We are in the process of acquiring a permit to demolish a building at the above referenced address. The water/sewer account # is ?. The Existing WHC /SHC shall be reused if possible. Please remove your meters and/or service and/or provide a letter indicating that service has been removed and we have permission to raze the structure.

Please contact us with scheduling information and any questions at 410-461-0833 voice, 410-461-3042 fax, [getharmony@comcast.net](mailto:getharmony@comcast.net).

Please fax demo letters to us at 410-461-3042.

Regards,

Scott Godstrey  
Harmony Builders, Inc.  
410.461.0833

BG&E Contractor Service 410-850-4620

Verizon Repair, 800.837.4966 repair agent

Howard County Health Dept, Robert Bricker-410-313-1771, 410-313-2648 fax

Howard County Bureau of Utilities, Joe Lang-410-313-4986, 410-313-4983 fax

