

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

ISSUE DATE: 07/01/08

# PERMIT

*(changed M)*

P 529466

APPROVAL DATE: 7/9/08

A UPGRADE

Tax ID # 03-310612

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

Hatfields Equipment IS PERMITTED TO INSTALL  ALTER

ADDRESS: PO Box 519, Annapolis Junction PHONE NUMBER: 301-854-6172

SUBDIVISION: Homewood LOT NUMBER: 13

ADDRESS: 11140 Homewood Road PROPERTY OWNER: Thomas Cunningham

SEPTIC TANK CAPACITY (GALLONS): ex.

PUMP CHAMBER CAPACITY (GALLONS): ex.

NUMBER OF BEDROOMS: 6

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

LINEAR FEET OF TRENCH REQUIRED: 225'

TRENCHES:	Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.
LOCATION:	D box placement @ middle of 2nd trench. 1/2 of 2nd trench to be capped. 3rd ex. trench to be used. Additional 2x20' are to be installed just below ex. bottom trench.
PURPOSE:	Call for layout inspection when ground is opened. Collapse and fill existing system. Addition needs to be staked. Contractor must have transit available on-site. Contractor to expose ends of tank, Dbox & both ends of trenches.

PLANS APPROVED: KW/ES. DATE: 7/8/08

- 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**

NOT TO SCALE

\* See Separate sheet for As-Built

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		5
TOTAL LENGTH		242'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Lower
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	?
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3.5'
BAFFLES	Yes
BAFFLE FILTER	-
MANHOLE LOC	Front
6" PORT LOC	None
WATERTIGHT TEST	-
SLOTTED	NO

**PUMP/SEPTIC TANK LEVEL** Yes

MANUFACTURER	?
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3.8"
BAFFLES	NO
BAFFLE FILTER	-
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	-
SLOTTED	NO

**PRE-CONSTRUCTION**

7/8/08 Contractor dug up ex. 5x5 exposed. Need to cap off top trench. New D box to be placed @ middle of second trench, Bottom trench can

to use 48' of trench and cap off ex. 48'. Bottom trench can be used. Additional 2x50' are to be installed as directed. (K)

INSTALLATION: 7/9/08 Contractor installed a 40' and 60' trench instead of 2x50' trenches. Both trenches installed on concrete but did not do as instructed. OK to backfill (K)

FINAL INSPECTOR J. W. Kelly DATE OF APPROVAL 7/9/08



SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 7-1-08

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   J  

\*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: Hatfields Equipment

Contractor's Address: P O Box 519 Annapolis  
Junction Md 20701

Contractor's Phone #: 410 984 0101

Property Address: 11140 Homewood Rd

Property (Subdivision) & Lot # Part of Homewood Lot 13

Owner's Name: Thomas Cunningham

Is public sewer available/nearby: NO

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

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

# of Existing Bedrooms: \_\_\_\_\_

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

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

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

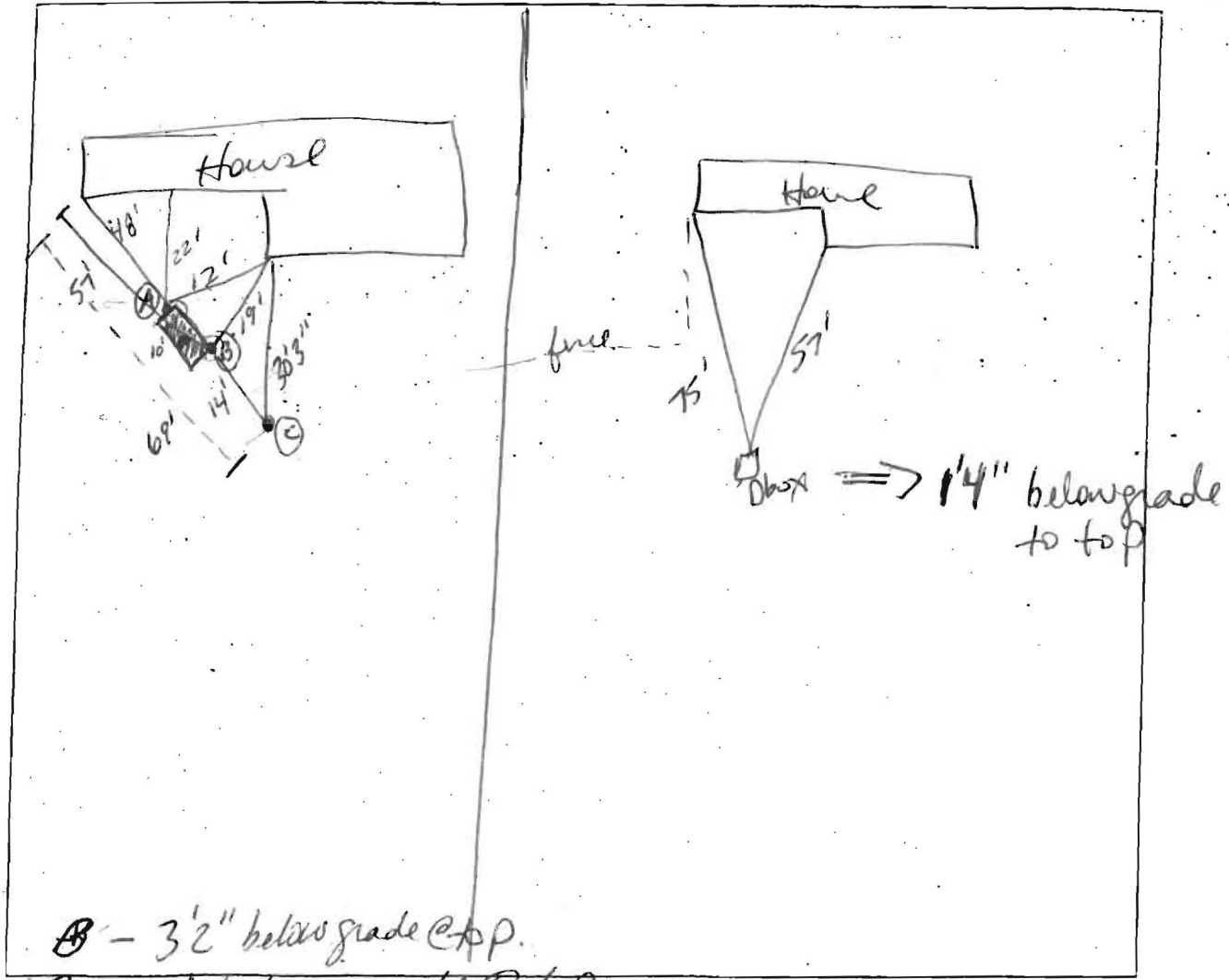
A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

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

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
COUNTY #: \_\_\_\_\_  
PROPOSAL: locate existing septic tank & Dbox

LOCATION DIAGRAM



**A** - 3'2" below grade @ top.  
**C** - 1' below grade @ top.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

