

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

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: 5/11/09

# PERMIT

P 530968

## MINOR SEPTIC REPAIR

A REPAIR

Tax ID # 04-314050

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
SEWER HOUSE CONNECTION**

South Carroll Backhoe IS PERMITTED TO INSTALL  ALTER

ADDRESS: 4410 Salem Bottom Rd, Westminster MD 21157 PHONE NUMBER: 410-875-4197

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

ADDRESS: 2800 Duvall Road PROPERTY OWNER: Scott Carneal

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: 4

SQUARE FOOTAGE (OF HOUSE): \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be feet wide. Inlet at feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below the distribution pipe.
LOCATION:	In support of building permit #B07004986, master bath and master bedroom added to the existing house. <b>Connect addition sewer to house sewer before septic tank.</b>
ADDITIONAL NOTES:	Use 'wye' connection. Call for inspection before covering

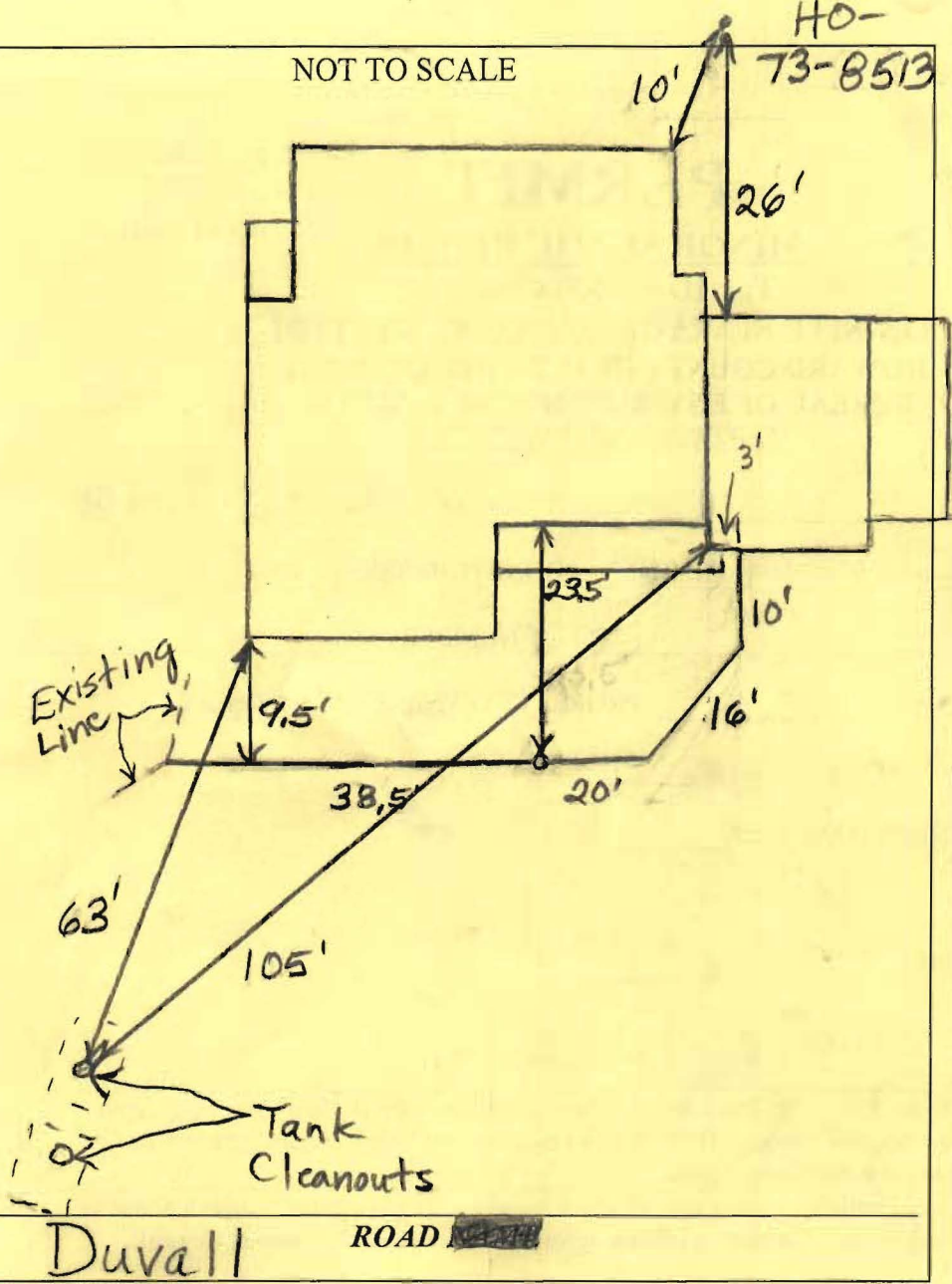
PLANS APPROVED: Robert Bricker DATE: 04/14/2009

- 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

HO-73-8513



**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 \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

**PUMP/SEPTIC TANK LEVEL**

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

PRE-CONSTRUCTION:

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INSTALLATION: 5/11/09 Plumbing from addition connected to existing line before septic tanks. (BB)

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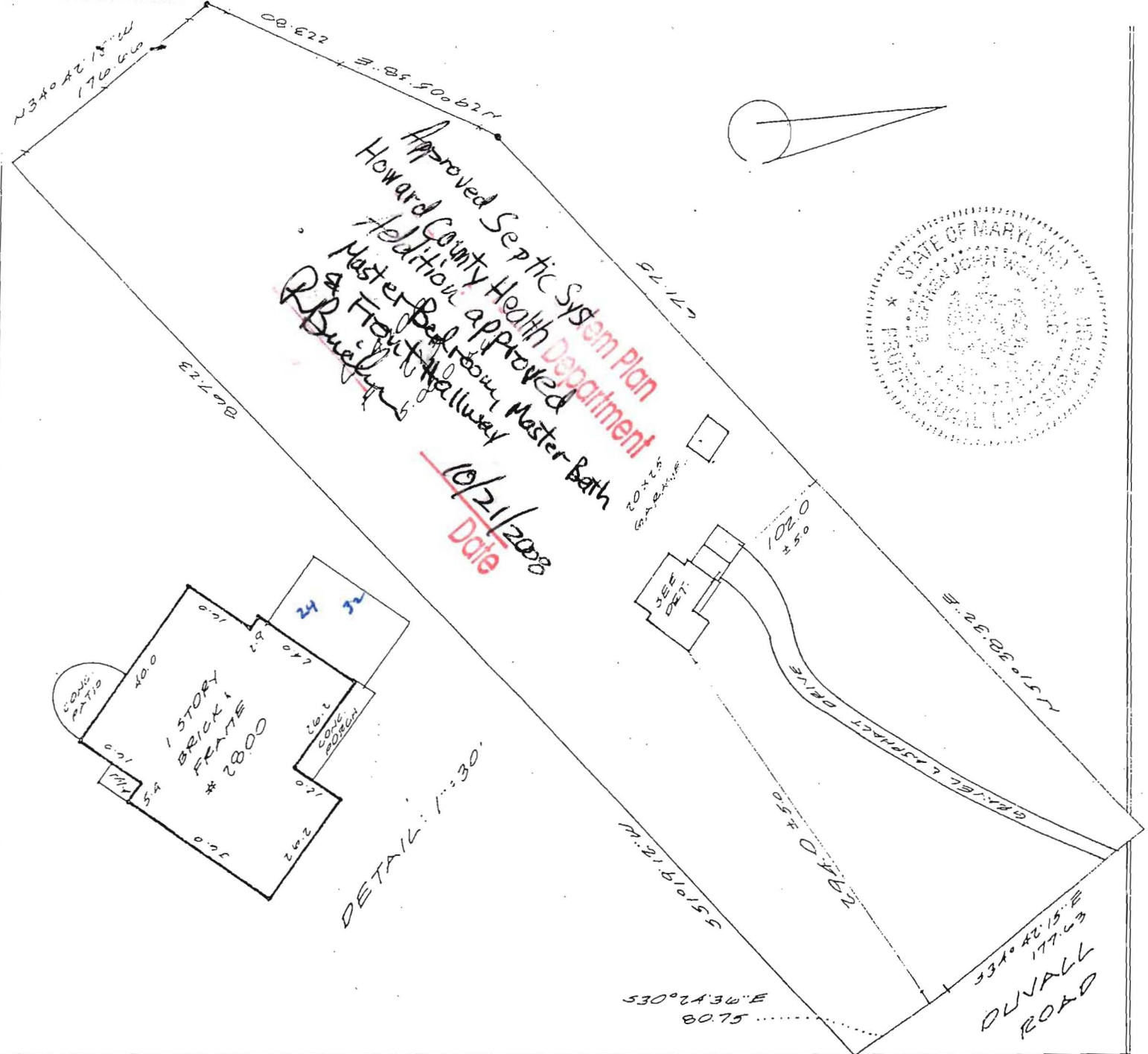


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FINAL INSPECTOR B. Baber DATE OF APPROVAL 5/11/09



Date: 08-03-01 Scale: 1"=100' Dmn: B.O.  
 Plat Book:  
 Plat No.: NO TITLE REPORT FURNISHED  
 Work Order: 01-3621  
 Address: 2800 DUVALL ROAD  
 District: 4  
 Jurisdiction: HOWARD COUNTY, MD

LOCATION DRAWING  
 LIBER 4109  
 FOLIO 213

**Surveyor's Certification**

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. This property does not lie within a 100-year flood plain according to FEMA insurance maps as interpreted by the originator unless otherwise shown hereon. Building restriction lines shown are as per available information and are subject to the interpretation of the originator.

*Stephen L. Head*



Meridian Surveys, Inc.  
 811 Russell Avenue  
 Suite #303  
 Gaithersburg, MD 20879  
 (301) 721-9400

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

minor septic 855.00 per permit.

Fee Paid \$  
Receipt #P

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: Master Bath Master Bed

\*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 \_\_\_\_\_

\*\*\*\*\* minor septic \*\*\*\*\*  
Septic Contractor: South Carroll Backhoe

Contractor's Address: 4410 Salem Bethan Rd

Westminster 21157

Contractor's Phone #: 410-875-4197

Property Address: 2800 DUVAL RD

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: SCOTT CARNEAL

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? NO

*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 \_\_\_\_\_

SEPTIC SPECIFICATIONS WORKSHEET

1st Repair

Subdivision \_\_\_\_\_

A 528453

Street Name 2800 Davall Rd.

Lot Number \_\_\_\_\_

Average Percolation Rate(min./in.) 20

Application Rate (GPD/sq. ft.) 0.6

Number of Bedrooms 4

Design Flow (BRx150) 600

Square Footage (of House) \_\_\_\_\_

Septic Tank Capacity (gal.) exist

Sidewall Credit / % Reduction 4136

Total Length of Trench (ft.) 120

\*All Septic/Pump tanks must be top seamed unless otherwise approved by this agency.

\*All Septic tanks must be compartmented unless otherwise approved by this agency.

Baffle Filter Required? Yes  No

TRENCH DIMENSIONS: Trench to 3 feet wide, Inlet at 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below the distribution pipe.

PUMP SYSTEM PROPOSED? YES  NO

Pump system details: \_\_\_\_\_ gallon pump chamber

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test required prior to Health Department approval of pumped septic system.

LOCATION: 3 Trenches x 40' length  
opposite exist system.

ADDITIONAL NOTES: \_\_\_\_\_

Reviewed by: R Bricker

Date: 10/16/08

SEPTIC SPECIFICATIONS WORKSHEET

Subdivision \_\_\_\_\_ A P 530968  
 Street Name 2800 Duval 2<sup>d</sup> repair Lot Number \_\_\_\_\_  
 Average Percolation Rate(min./in.) 10 to 14 Application Rate (GPD/sq. ft.) 0.8  
 Number of Bedrooms 4 Design Flow (BRx150) 600  
 Square Footage (of House) \_\_\_\_\_ Septic Tank Capacity (gal.) \_\_\_\_\_  
 Sidewall Credit / % Reduction 2 162 Total Length of Trench (ft.) 120

\*All Septic/Pump tanks must be top seamed unless otherwise approved by this agency.

\*All Septic tanks must be compartmented unless otherwise approved by this agency.

Baffle Filter Required? Yes  No

TRENCH DIMENSIONS: Trench to 3 feet wide, Inlet at 2 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below the distribution pipe. (AVG)

PUMP SYSTEM PROPOSED? YES  NO

Pump system details: \_\_\_\_\_ gallon pump chamber

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test required prior to Health Department approval of pumped septic system.

LOCATION: 3 Trenches x 40' Length  
in lower easement area

ADDITIONAL NOTES: \_\_\_\_\_

Reviewed by: R. Borieker

Date: 10/16/08



# HOWARD COUNTY HEALTH DEPARTMENT

30968

DATE 4/14/09

ps:

Received From

South Carroll Brookshire

PHONE #

410-873-4197

- CASH
- CHECK

For

minor septic - mowal

2800 Mowall Rd.

NO.

0011704

fifty five dollars

Dollars

\$

55.00

Received By

Wishmuth