

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 06/18/09

P 531048

PERMIT

APPROVAL DATE: 7/7/09

A REPAIR

Tax ID # 03-283291

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

South Carroll Backhoe IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Kings Gift LOT NUMBER: 30

ADDRESS: 11509 E. Winchester Lane PROPERTY OWNER: John Brown

SEPTIC TANK CAPACITY (GALLONS): _____ Trenches

PUMP CHAMBER CAPACITY (GALLONS): _____ 2' wide

NUMBER OF BEDROOMS: 5 Inlet @ 5'

SQUARE FOOTAGE (OF HOUSE): _____ Bottom @ 12'

LINEAR FEET OF TRENCH REQUIRED: 275 3 x 92'

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:	Septic system is failing. Call for inspection when ground is opened. <u>start trenches below ex. trenches.</u>
ADDITIONAL NOTES:	<u>Install 3 x 92' trenches on contour. ~230 ton stone</u>

PLANS APPROVED: J. Wolf DATE: 7/1/09

- 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 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	5'	12'
NUMBER OF TRENCHES		3
TOTAL LENGTH		275
ABSORPTION AREA		550 + SW
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

See Separate Sheet
For As Built

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 _____

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

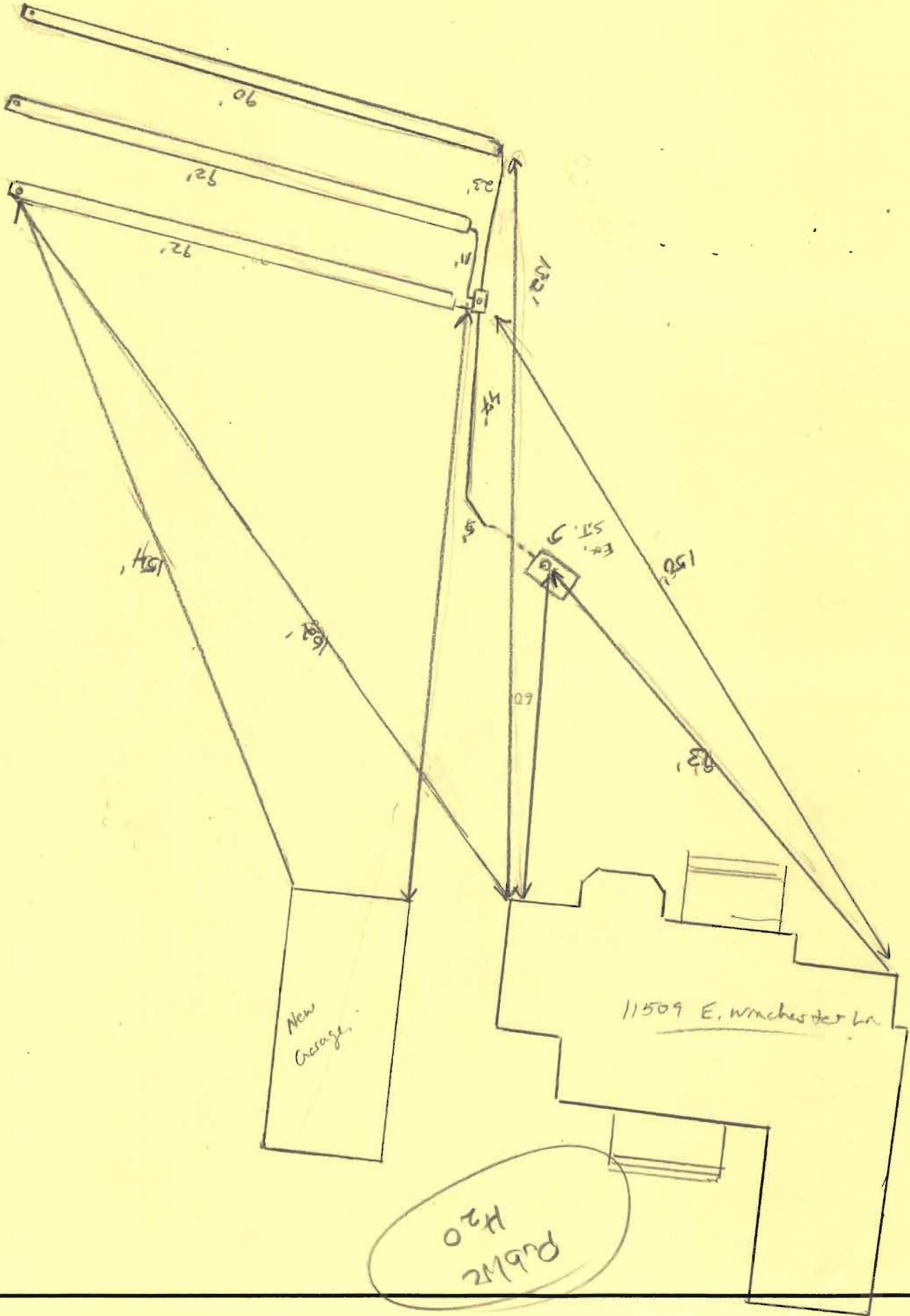
SLOTTED _____

PRE-CONSTRUCTION
 7/1/09 Install 3x93' trenches just below initial system. Inlet 5', bottom @ 12'. (19)

INSTALLATION
 7/2/09 Top most trench dug and stoned. D box set. OK to continue. (19)
 7/6/09 2nd trench completed. (19)
 7/7/09 System completed. OK to backfill. (19)

FINAL INSPECTOR K. Walf DATE OF APPROVAL 7/6/09

NOT TO SCALE



LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/22/09

P 530976

APPROVAL DATE: 6/23/09

A _____

PERMIT

Tracked by Pat

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

County View Builders IS PERMITTED TO INSTALL ALTER

ADDRESS: 1020 Sunset Valley Dr., 21784 PHONE NUMBER: (443)463-4145

SUBDIVISION: Kings Gift LOT NUMBER: 30

ADDRESS: 11509 E. Winchester Lane PROPERTY OWNER: John Brown

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1000 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

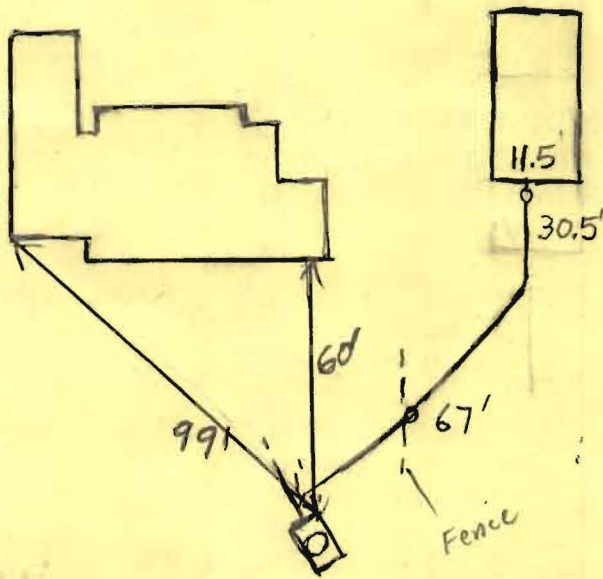
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	This permit is for connecting the proposed garage bathroom to the existing 4 inch house connection line. The connection needs to be made before the existing tank. If the connection can not be done by gravity flow, then a 1000 gallon two compartment pump chamber is to be used.
NOTES:	Call our office the day before you want an inspection and give us an approximate time of when you think the connection will be finished.

PLANS APPROVED: Brian Baker DATE: 4/21/09

- 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 UNLESS SPECIFICALLY AUTHORIZED

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

NOT TO SCALE



Public Water

ROAD NAME

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 Top

TANK LID DEPTH 1-2.5'

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC Middle

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:

INSTALLATION:

6/23/09 Connection from garage to septic tank made. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

6/23/09

NEW GARAGE
53.7 X 24.7 ft

30'

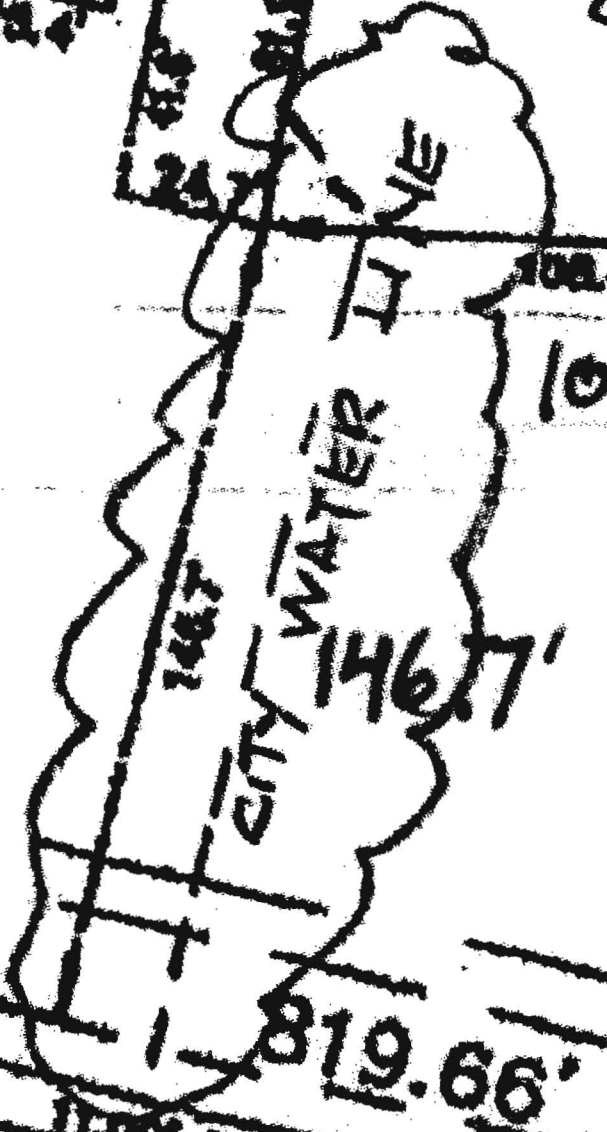
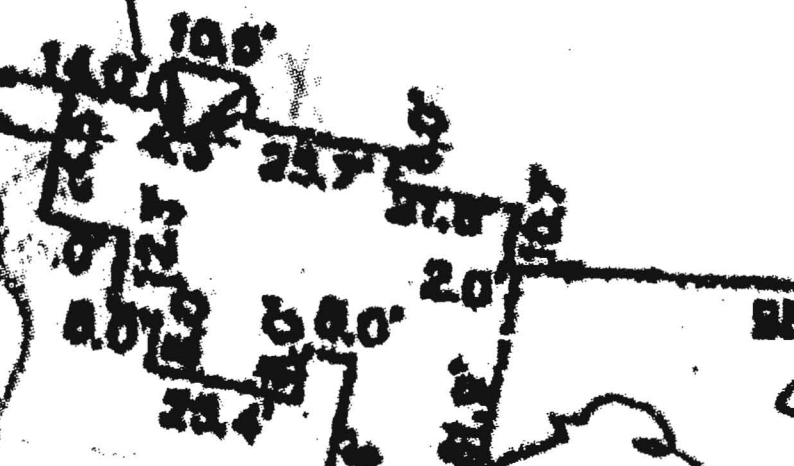
+ 75'

Iron Box and
"Shed" LANE
"Garage" LANE

135'

30' BRL

S48°25'09"E



100' PAVED DRIVE

20.00' EGRESS EGRESS EASEMENT

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

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?**
- System relocation for proposed addition for setback compliance *
- Verification of adequate system per COMAR 26.04.02.02D (4)*
- To replace collapsed septic tank
- To replace collapsed drywell

Septic Contractor: South Carroll Backhoe
 Contractor's Address: 4410 Galen Bottom Rd
Westminster MD 21157
 Contractor's Phone #: 410-875-4197
 Property Address: 11509 E. Winchester Lane
 Property (Subdivision) & Lot #: Kings G.F.O
 County file number if known: _____
 Owner's Name and Phone number: John Brown 443-463-4145
 Is public sewer available/nearby: NO
If public sewer may be close, mention further research will be performed to verify availability
 Names of Any Previous Owners: _____
 Year House Built: 2002
 # of Existing Bedrooms: _____
 # of Bedrooms after completion of addition: _____
 Has this request been discussed previously with another Sanitarian: No Name: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair, upgrade or evaluation.

Print out copy of Real Property Data via Dept. of Taxation website ___ Indexed file found ___

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).
 If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).
 If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.
 If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____
 Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling Sanitarian.
No permit is to be issued nor inspection to be scheduled without prior fee collection at office unless an emergency situation exists. Contractor to notify office of the emergency situation as soon as possible.