

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 11/12/09

APPROVAL DATE: 11/24/09

PERMIT

P 531997

A REPAIR

Tax ID # 05-436796

TANK REPLACEMENT

In Pat
Trac

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

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519, Annapolis Junction, MD 20701 PHONE NUMBER: 301-490-4289

SUBDIVISION: Buckskin Ridge LOT NUMBER: 29

ADDRESS: 4272 Buckskin Wood-Drive PROPERTY OWNER: Jared T Healy Trustee

SEPTIC TANK CAPACITY (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FOOTAGE (OF HOUSE): >3500 1st & 2nd floor and 1/2 of basement
Design flow (BRx150) 600

LINEAR FEET OF TRENCH REQUIRED: _____

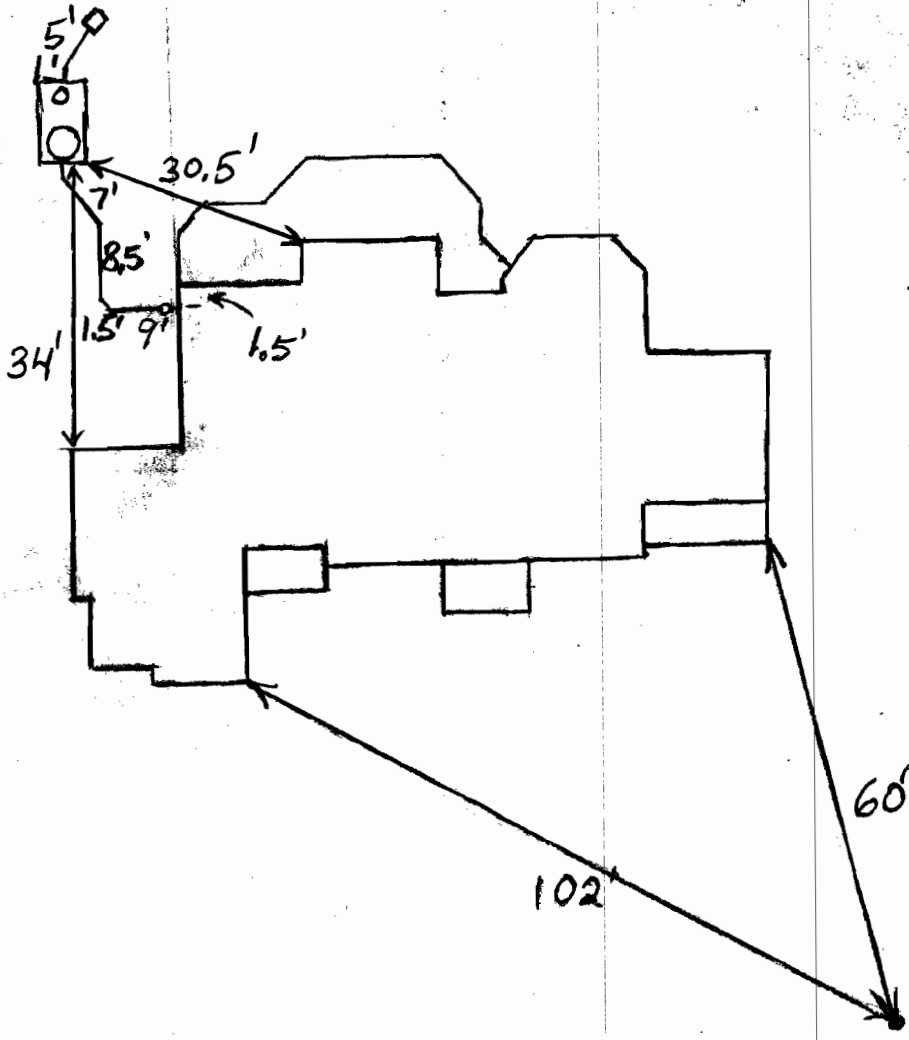
TRENCHES:	Trench to be feet wide. Inlet at feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below the distribution pipe.
LOCATION:	1 Replace septic tank as proposed, 20 ft from proposed garage (2000-gallon capacity). 2 Existing 1250-gallon tank must be pumped and properly abandoned. 3 Maintain gravity flow.
ADDITIONAL NOTES:	1 Stake location of proposed garage. 2 Call for layout inspection prior to ordering septic tank. 3 Contractor provides transit or level at layout inspection. * Tank layout inspection must be completed prior to tank installation. * Existing septic tank must be pumped and properly abandoned.

PLANS APPROVED: Robert Bricker DATE: 11/12/2009

- 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



ROAD NAME

H0-94-3165

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT No

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes
 MANUFACTURER Babylon
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 2'-3'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front
 6" PORT LOC Rear
 WATERTIGHT TEST No
 SLOTTED Yes
 DATE ON LID Covered
~~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 _____~~

PRE-CONSTRUCTION:

11/16/09 Keep the new tank 10' from the garage and 20' from the house foundation. Pump, crush and fill old tank and reconnect to dist. box. (BB)

INSTALLATION:

FINAL INSPECTOR

B. Baber

DATE OF APPROVAL

11/24/09

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: _____

Contractor's Address: _____

Hatfields Equipment
PO Box 519 Annapolis Junction
MD 20701

Contractor's Phone #: _____

301 490-4289

Property Address: _____

4272 Buckskin Wood Dr

Property (Subdivision) & Lot # _____

Buckskin Lake Lot 29

County file number if known: _____

Owner's Name and Phone number: _____

Is public sewer available/nearby: _____

NA

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners: _____

Year House Built: _____

2003

of Existing Bedrooms: _____

of Bedrooms after completion of addition: _____

Has this request been discussed previously with another Sanitarian: _____ 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.