

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

ISSUE DATE: 1/4/08  
APPROVAL DATE: 1/10/08

# PERMIT

P 528431  
A REPAIR

**Tax ID # 05-380340**  
**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 PHONE NUMBER: 301-490-4289  
SUBDIVISION: The Heritage II LOT NUMBER: 6  
ADDRESS: 4113 Flintlock Court PROPERTY OWNER: \_\_\_\_\_

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_  
PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_  
NUMBER OF BEDROOMS: \_\_\_\_\_  
SQUARE FEET PER BEDROOM: \_\_\_\_\_  
LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

*Trenches : 2' wide  
Inlet 4.5'  
Bottom 9.5'  
150' - 155' total length*

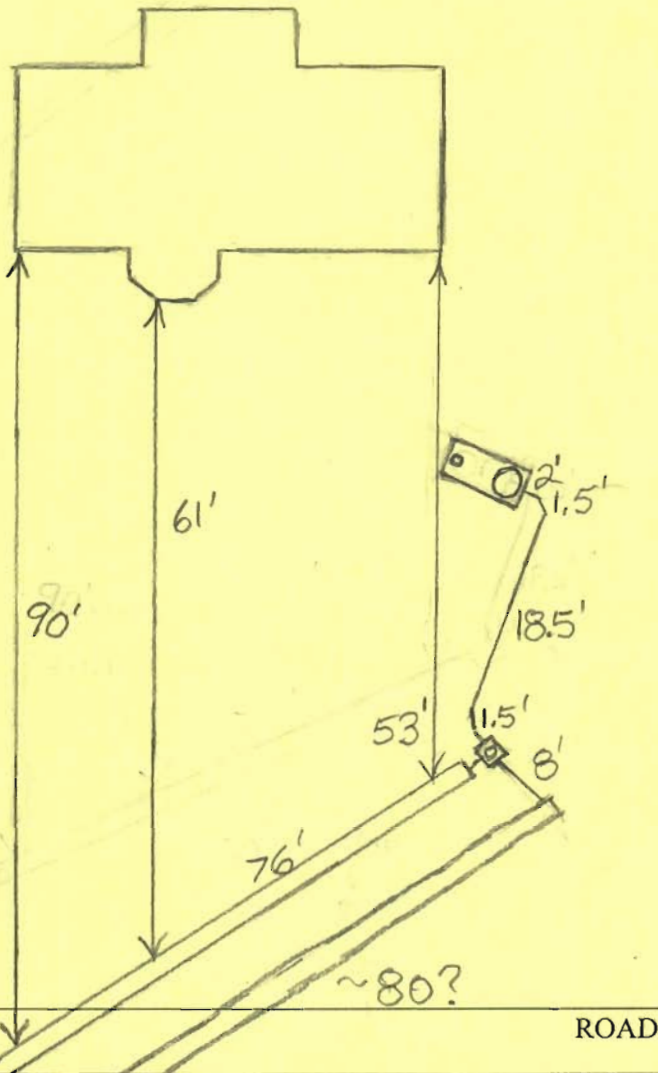
TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>4.5'</u> feet below original grade. Bottom maximum depth <u>9.5'</u> feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: BB DATE: \_\_\_\_\_

- 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'	4.5'	9.5'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>? 156'</u>		
ABSORPTION AREA <u>700 sq ft SW.</u>		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>Existing</u> GAL
SEAM LOC	<u>Midseam</u>
TANK LID DEPTH	<u>1'-4"</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Rear</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL	<u>N/A</u>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION \_\_\_\_\_

12/26/07 Install an upper trench of

INSTALLATION \_\_\_\_\_

about 75' and a lower trench of about 80'. Trench locations are painted on ground.

1/9/08 Top trench finished. Bottom trench started. (BB)

O.K. to leave open just ends of bottom trench since rain expected. Kenny Hatfield II said O.K. since they had to come back out to site next day anyway. (BB)

1/10/08 (4:20) Kenny Hatfield called, said it was starting to rain & wanted to know if they could cover 2nd trench I OK'd (SC)

FINAL INSPECTOR \_\_\_\_\_

*[Signature]*

DATE OF APPROVAL \_\_\_\_\_

1/10/08

**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: N/A

\*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: Huffield's Equipment

Contractor's Address: 8159 Brock Bridge Rd  
Annapolis Junction Md 20701

Contractor's Phone #: 301-854-6172 410 984-0047

Property Address: 4113 Flintlock Court

Property (Subdivision) & Lot # Heritage

Owner's Name: Scott Rosenthal

Is public sewer available/nearby: N/A

Names of Any Previous Owners: N/A

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

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

# 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 \_\_\_\_\_