

5/27/01  
Repair #0100

05-565570

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 515 261

A REPAIR

ISSUE DATE 5/25/2001

APPROVAL DATE 5/29/01

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Mooresfield Sec. 4 LOT NUMBER 12 ADDRESS 7425 Cherry Tree Drive

PROPERTY OWNER Sasser PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY EX. GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

MINIMUM DEPTH OF TRENCH REQUIRED 90

TRENCHES: Trenches to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 11 1/2 feet below original grade. 8 feet of stone below distribution box.

LOCATION: REPAIR - PURPOSE - Existing drywell collapsed.

(2) 45' TRENCHES, PARALLEL TO DRIVE

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

515261

NOT TO SCALE

②

brn  
sic 1m 4

pink red

brn  
si 1m  
10% frags 1 1/2

①

brn  
sic 1m

pink tan  
si 1m  
5-25%  
Rx frags

HOUSE SIDE STREET SIDE

**TRENCH DATA**

TRENCH WIDTH 2

TRENCH INLET DEPTH 3 1/2

TRENCH BOTTOM DEPTH 1 1/2

DEPTH OF STONE 8

NUMBER OF TRENCHES 2

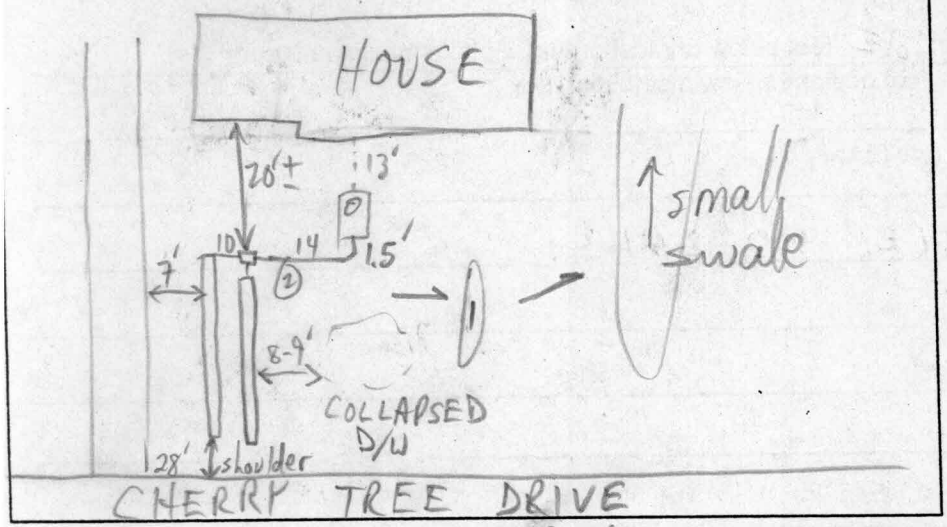
TOTAL TRENCH LENGTH 90

ABSORBENT AREA 720

DISTRIBUTION BOX LEVEL ✓

BAFFLE IN DISTRIBUTION BOX ✓

EX. WELL



**SEPTIC TANK DATA (1250?)**

SEPTIC TANK EX. GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 5/29/01 OK TO START (MA)

INSPECTION COMMENTS: 5/29/01 OK TO COVER (MR)

INSPECTOR M. Ratkin DATE SYSTEM APPROVED 5/29/01