

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/11/06

PERMIT

P 524461

APPROVAL DATE: 5/23/06

A REPAIR

TAX ID# 04-314913

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

J M Contracting LLC IS PERMITTED TO INSTALL ALTER

ADDRESS: 1413 Searchlight Way, Mt Airy 21771 PHONE NUMBER: 410-795-3907

SUBDIVISION: Gwenlee Estates LOT NUMBER: 3-C

ADDRESS: 14086 Gared Drive PROPERTY OWNER: Mark Katsouros

SEPTIC TANK CAPACITY (GALLONS): Existing Trenches 2' Wide
 PUMP CHAMBER CAPACITY (GALLONS): N/A Inlet 5', Bottom 9'
 NUMBER OF BEDROOMS: 4 4' of Stone Below Inlet
 SQUARE FEET PER BEDROOM: 180 - One Upper Trench About
 LINEAR FEET OF TRENCH REQUIRED: 132 - One Lower Trench About 50'
 in Length

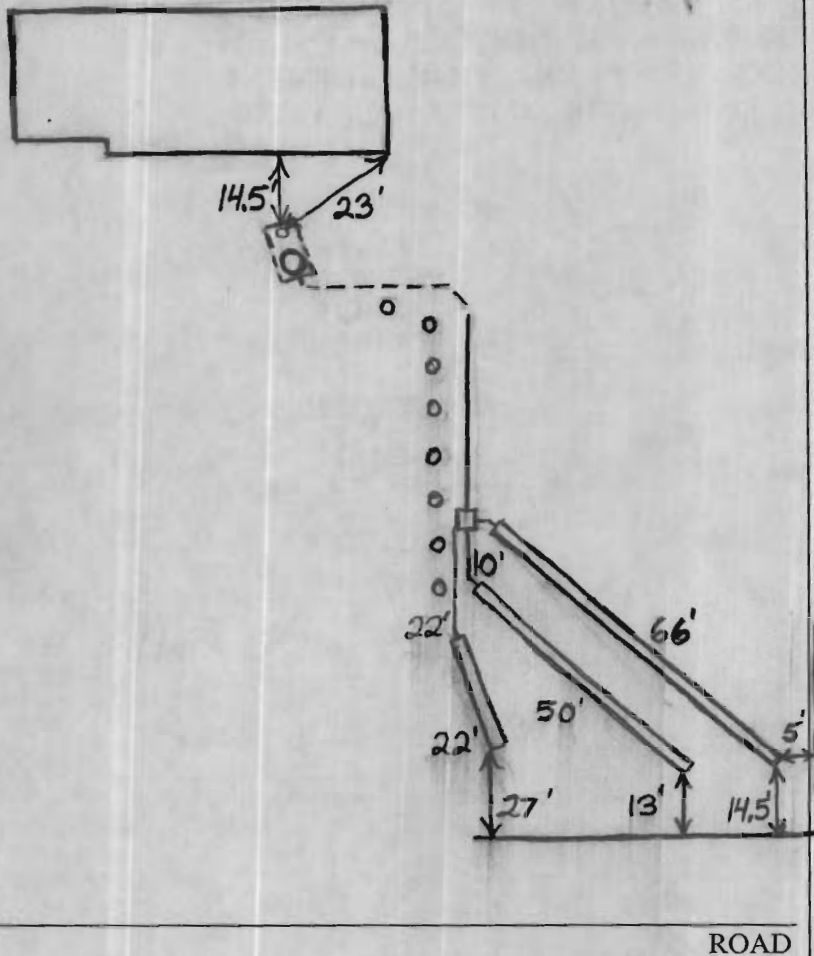
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>Install Trenches On Contour Directly Below Maple Tree and Toward the Left Rear Corner of the Lot.</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ 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
<u>2'</u>	<u>5'</u>	<u>9'</u>
NUMBER OF TRENCHES	<u>3</u>	
TOTAL LENGTH	<u>138'</u>	
ABSORPTION AREA	<u>552</u>	
DISTRIBUTION BOX LEVEL	<u>Levelers</u>	
DISTRIBUTION BOX BAFFLE	<u>Yes</u>	
DISTRIBUTION BOX PORT	<u>No</u>	

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	<u>Rear</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	_____
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 5/22/06 Contractor didn't install trenches as per plan and ran out of room. Will need to install
 INSTALLATION a short 20' trench to achieve required absorption area (BB). 5/23/06 System installed. O.K. to cover everything. (BB)

FINAL INSPECTOR Brian Baker

DATE OF APPROVAL 5/23/2006

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: 5/11/06

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?

Changed pipe from Tank to Drywell! Dry well full.

In support of a building permit. Type of building addition: _____

*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 _____

Septic Contractor: J.M. Contracting LLC (Rennia Heaps)

Contractor's Address: 425 O'Brecht Rd.
Sykesville Md. 21784

Contractor's Phone #: 443-277-7526

Property Address: 14086 GAR Rd DR A18347

Property (Subdivision) & Lot # A Glenwood Md. 21738

Owner's Name: Mark & Valerie Katsouras

Is public sewer available/nearby: NO.

Names of Any Previous Owners: _____

Year House Built: 1970

of Existing Bedrooms: 4

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 _____
FAX TO 410-313-2648

~~6/17/75~~
6/20/75
6/21/75

6/9/75
Partial
R.T.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

P 21626

A 18347

ELLICOTT CITY

DISTRICT 3

DATE 6/5/75

Costello Builders, Inc.

IS PERMITTED TO INST

2201 Route 94 W. Maryland