

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

ISSUE DATE: 2/21/08

P 528506

APPROVAL DATE: 3/12/08

**PERMIT**  
*Logged Into Permit Manager*  
Tax ID # 06423302

A REPAIR

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 10610 Gorman Road PROPERTY OWNER: \_\_\_\_\_

SEPTIC TANK CAPACITY (GALLONS): 1500 Two Compartment Tank

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

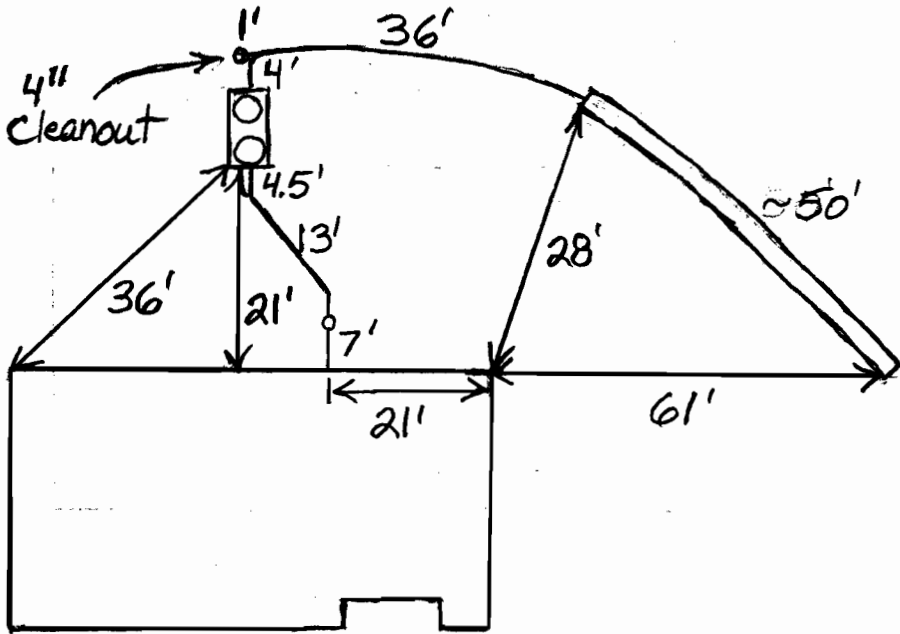
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	Existing septic tank has collapsed. Call 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
	3.5'	
NUMBER OF TRENCHES	1	
TOTAL LENGTH	50'	
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL	N/A	
DISTRIBUTION BOX BAFFLE	N/A	
DISTRIBUTION BOX PORT	N/A	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	0.5-1.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front+Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

2-Comp  
Babylon

Gorman

ROAD

PRE-CONSTRUCTION

INSTALLATION 3/11/08 New tank installed. Old tank pumped and filled in. Roots were clogging trench pipe. Pipe replaced. Trench dry at top. O.K. to cover. Well sealed according to owner. Connected to public water. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 3/12/08

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: \_\_\_\_\_

\*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: Fogle's Septic Clean, Inc.

Contractor's Address: 580 Obrecht Rd

Sykesville MD

Contractor's Phone #: 410 795-5670

Property Address: 10610 Gorman Rd

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: Ron Sebold

Is public sewer available/nearby: \_\_\_\_\_

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: 1967

# of Existing Bedrooms: 3

# of Bedrooms after completion of addition: N/A

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 \_\_\_\_\_