

2/5/02 - Final 11-12am

ISSUE DATE: 2/1/2002

P 516498

APPROVAL DATE: 2/5/02

A REPAIR

**PERMIT
INDEXED**

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

04-309243

Jenkins Brothers IS PERMITTED TO INSTALL ALTER

ADDRESS: 7670 Smith's Private Rd, 21784 PHONE NUMBER: 410-461-9282

SUBDIVISION: _____ LOT NUMBER: 11

ADDRESS: 14180 Forsythe Road PROPERTY OWNER: Lester Schultheis

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 192

LINEAR FEET OF TRENCH REQUIRED: 192 3-64' Systems

TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>2</u> feet below original grade. Bottom maximum depth <u>7</u> feet below original grade. Effective area begins at <u>2</u> feet below original grade. <u>5</u> 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: _____ 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

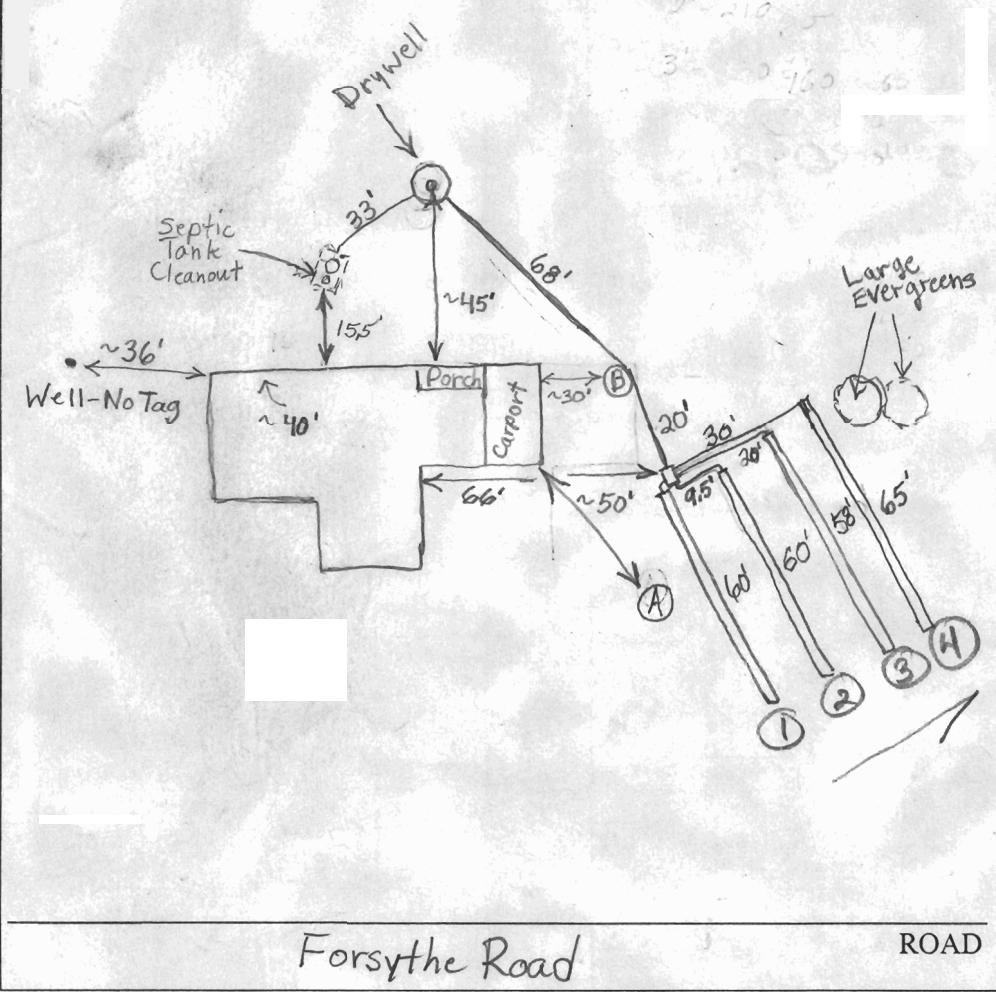
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

P 516498

3'-9 1/2 min 4.5-3 1/2 min

NOT TO SCALE

(A)	Red Br	(B)	Red Or Br
2'	Cl Loam	2'	Sa Cl Loam
	Or Br Sa		Red Si Loam
3'-4'	Cl Loam	4'	Or Red and Tan
	Sa Loam		Sa Loam
8.5'	>50% Rock Below 3'	11'	
		12'	~40% Rock



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>2</u>	<u>2</u>	<u>7</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH		<u>192'</u>
ABSORPTION AREA		<u>845± sq ft</u>
DISTRIBUTION BOX LEVEL		<u>Yes</u>
DISTRIBUTION BOX BAFFLE		<u>Yes</u>
DISTRIBUTION BOX PORT		<u>No</u>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Existing</u>
CAPACITY	<u>1200?</u> GAL
SEAM LOC	<u>Mid</u>
TANK LID DEPTH	<u>27"</u>
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 2/1/02 line from tank to drywell is metal and clogged - replaced with PVC. Drywell almost full. (BB)

INSTALLATION 2/1/02 Encountered rock in test hole (A), Test hole (B) was good to 11'. Trench (3) installed from 2'-7' depth, encountered patches of rock. Told installer to put in 3 more 3' wide trenches as shallow as possible. Trench (1) 6' depth, trench (2) is 5' deep and trench (4) is 4' deep. Trenches (1), (2) and (4) are 3' wide with 2' of stone. Leftover stone pushed into trench (1). O.K. to cover. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 2/5/02

PERMIT

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

P 511544

A REPAIR

ISSUE DATE 4-27-99

APPROVAL DATE _____

INDEXED

Lester Schultheis IS PERMITTED TO INSTALL ALTER

ADDRESS 14180 Forsythe Road, Sykesville, MD 21784 PHONE 410-442-8234

SUBDIVISION _____ LOT NUMBER 11 ADDRESS 14180 Forsythe Road

PROPERTY OWNER Dr. Lester Schultheis PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: REPAIR - PURPOSE - To evaluate septic system in support of Building Permit B00116407
Call for inspection when ground is opened so sanitarian can recommend repair. 4-27-99

OK/MR

3/3/2000 OWNER DID NOT REQUEST INSPECTION
NO SITE INSPECTION, NO REPAIR INSTALLED (MR)

PLANS APPROVED Mark Rifkin DATE 3-3-2000

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

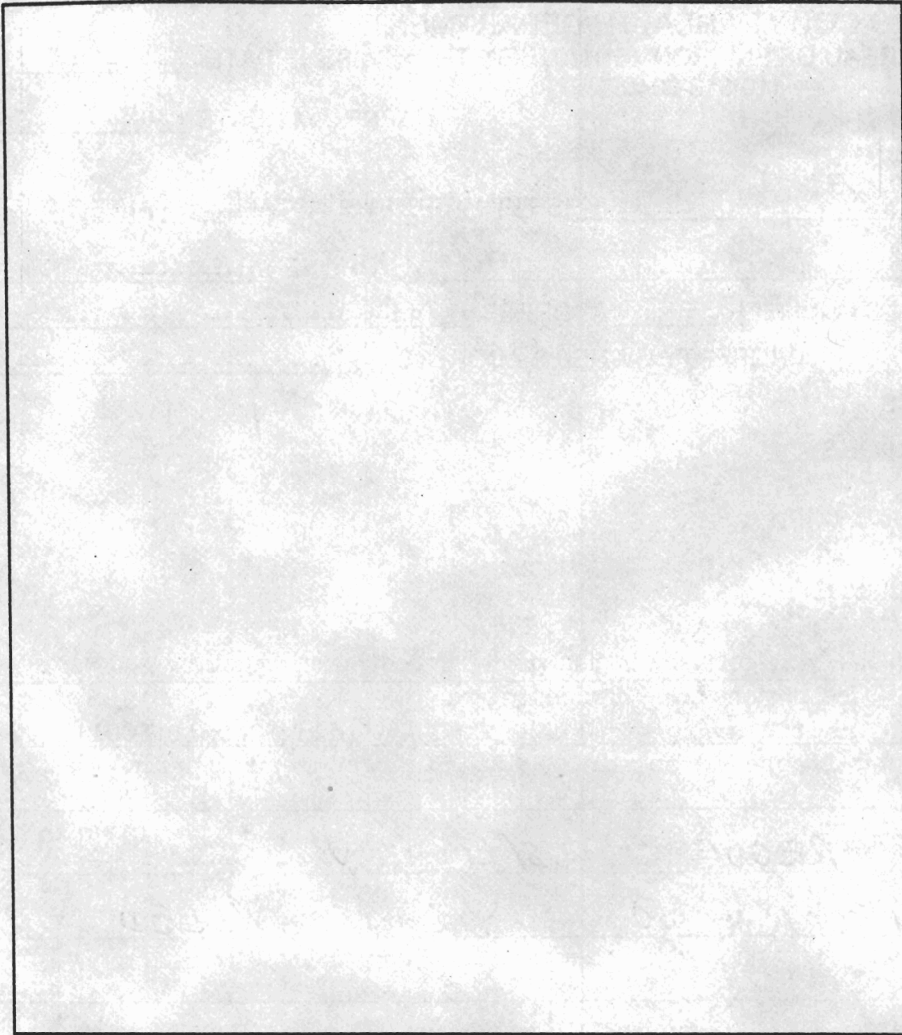
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

LOG PERMIT SIGNED
AND RETURNED 4/27/99
B00116407 Room Addition

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

511544

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

D R A F T *Reply to:*

DATE April 27, 1999

MEMORANDUM

TO: Dr. Lester Schultheis
14180 Forsythe Road
Sykesville, MD 21784

FROM: Mark Rifkin *(MR)*
Water and Sewerage Program
Bureau of Environmental Health

RE: Building Permit Application Number: B00116407

Proposed Use: addition of recreation room, deck, carport

Address: 14180 Forsythe Road

This is to confirm that the above referenced building permit application was recommended for approval subject to the following conditions and/or cautions:

- that a septic system repair permit will be requested, and an inspection arranged to evaluate the existing septic system for repair, within six (6) months of the date of this letter.

These conditions were discussed with you Dr. Schultheis on or about April 12, 1999.

This office's recommendation for approval of the building permit application was based upon your acceptance of these conditions.