

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

ISSUE DATE: 3/13/08

P 528535

APPROVAL DATE: 3/19/08

# PERMIT

*Logged Into Permit Manager*  
Tax ID # 05-372704      REPAIR

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

J M Contracting LLC IS PERMITTED TO    INSTALL     ALTER

ADDRESS: 309 Saddlebrook Trail, Mt Airy, MD 21771    PHONE NUMBER: 443-277-7526

SUBDIVISION: Beaufort Park    LOT NUMBER: 4 & 5G

ADDRESS: 8528 Blounts Lane    PROPERTY OWNER: Ashy Oussama

SEPTIC TANK CAPACITY (GALLONS): Ex 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 1.2

LINEAR FEET OF TRENCH REQUIRED: 68

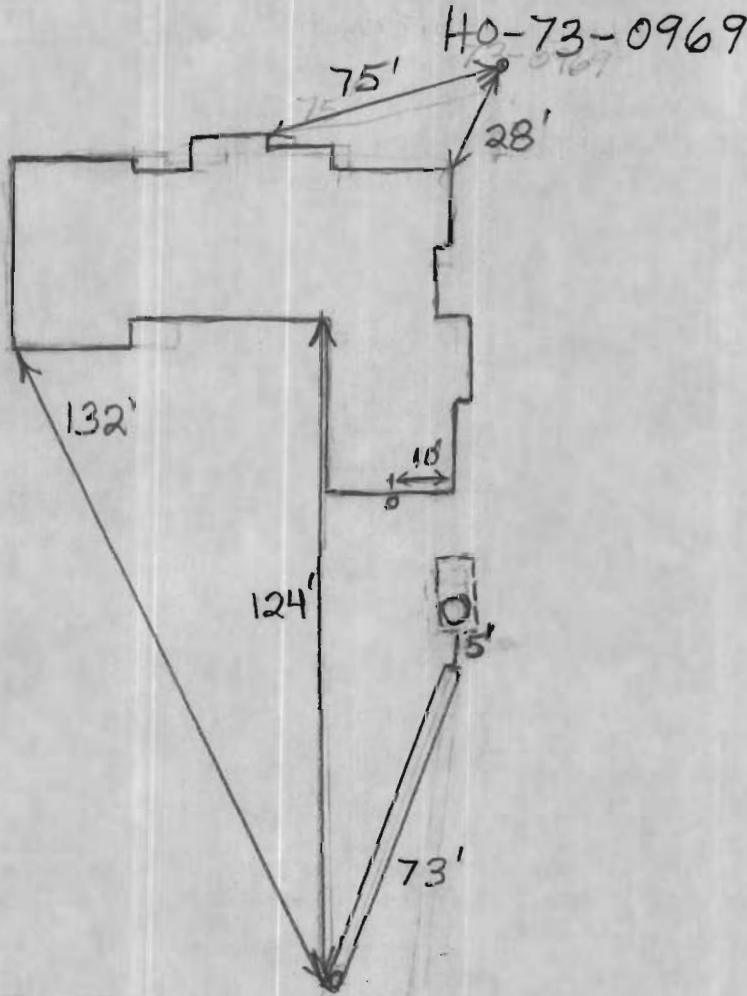
TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>2</u> feet below original grade. Bottom maximum depth <u>4.5</u> feet below original grade. Effective area begins at <u>2</u> feet below original grade. <u>6</u> feet of stone below distribution pipe.
LOCATION:	<i>Place trench on contour as high as possible to get flow from tank. Replace outlet baffle. Pump Collapsed fill in.</i>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so <i>D/W</i> sanitarian can recommend repair.

PLANS APPROVED: *[Signature]*    DATE: 3/19/08

- 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'	3.5'-4'	9.5'-10'
NUMBER OF TRENCHES <u>1</u>		
TOTAL LENGTH <u>73'</u>		
ABSORPTION AREA <u>438</u>		
DISTRIBUTION BOX LEVEL <del>_____</del>		
DISTRIBUTION BOX BAFFLE <del>_____</del>		
DISTRIBUTION BOX PORT <del>_____</del>		

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL _____	
CAPACITY _____	GAL
SEAM LOC <u>Midseam</u>	
TANK LID DEPTH <u>25-3'</u>	
BAFFLES <u>New Rear</u>	
BAFFLE FILTER <u>No</u>	
MANHOLE LOC <u>Rear</u>	
6" PORT LOC <u>None</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 3/18/08?

INSTALLATION 3/19/08 Drywell pumped out and filled in. Repair finished. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 3/19/08

Fee Paid \$ \_\_\_\_\_  
Receipt #P \_\_\_\_\_

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: Ronnie Heaps / J M Contracting

Contractor's Address: 425 C Brecht Rd  
Sykesville Md 21784

Contractor's Phone #: 443 277 7526

Property Address: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

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

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

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

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

# of Bedrooms after completion of addition: 5

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+  
25  
11

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-372704

P 59309  
A REPAIR

DISTRICT \_\_\_\_\_

DATE 1/12/98

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

INDEXED

Fyock Septic Service

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 13775 Triadelphia Road Glenelg, Maryland 21737 PHONE (410) 988-9270

SUBDIVISION Beaufort Park LOT \_\_\_\_\_ ROAD 8528 Blounts Lane

PROPERTY OWNER \_\_\_\_\_

ADDRESS 8528 Blounts Lane

SEPTIC TANK CAPACITY \_\_\_\_\_

NUMBER OF P... \_\_\_\_\_