

10/AM 6/18/04

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 6/15/04

P 520422

APPROVAL DATE: 6/18/04

A REPAIR

PERMIT INDEXED

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Linden Chapel Hill LOT NUMBER: 25

ADDRESS: 13586 Argo Drive PROPERTY OWNER: Robert Warner

SEPTIC TANK CAPACITY (GALLONS): 1500

**BUILDING PERMIT SIGNED
AND RETURNED**

PUMP CHAMBER CAPACITY (GALLONS): _____

8-17-04 60014982-2 5784 Addition

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:	Replacing septic tank in support of addition. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

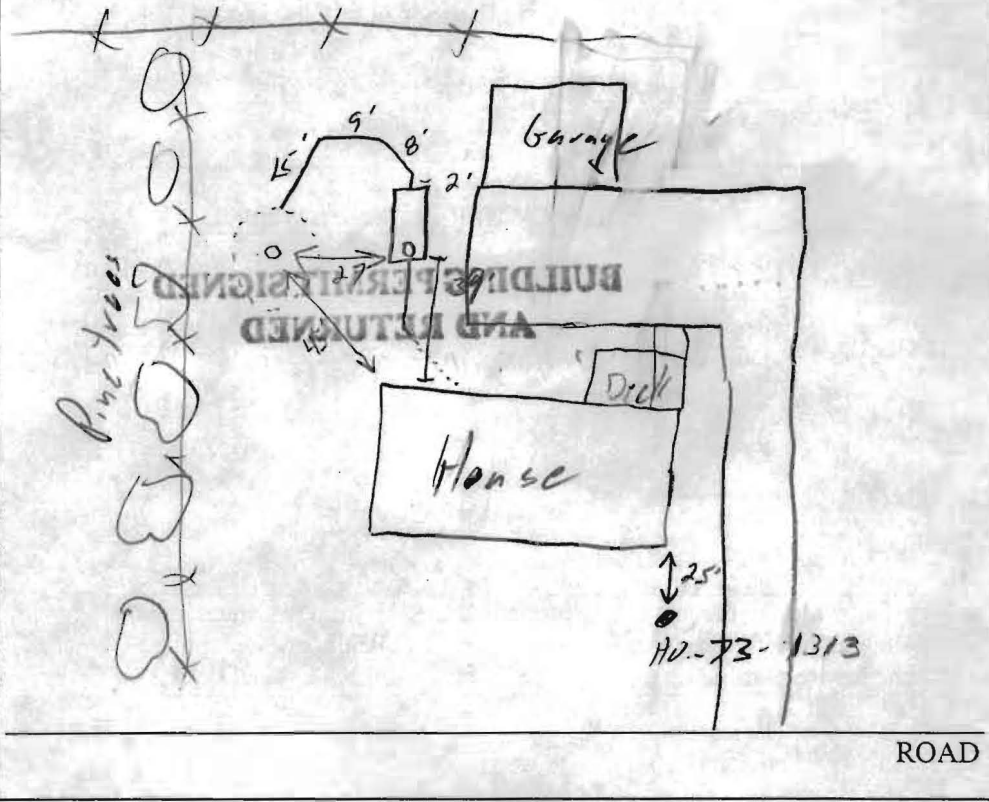
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND 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**

PS 20422

NOT TO SCALE

INDEXED



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	_____ ✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1-2'
BAFFLES	_____ ✓
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	Front
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	N/A
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

INSTALLATION 6/18/04 - Tank abandoned, New 1500 gal tank installed. Dug up D.W. stone, dry at top. Connect new S.F. to old D.W.

6/18/04 - OK to cover all work. Old S.T. pumped, collapsed & filled in (50)

FINAL INSPECTOR Steve Orr DATE OF APPROVAL 6/18/04

FILE INQUIRY FORM

Phone #
410-531-9292

Property Address: 13586 Argo Drive

4-19-04 KN Spoke to Kelly, homeowner,
concerning septic repair. Kelly said she
had S.T. pumped out and Contractor
told her it may need to be repaired soon.
I asked how many bedrooms - she said
three but den downstairs may be
considered #4. I told her the procedures
for applying for an addition to the house,
which she plans to do in the near
future, and recommended a 1500 gallon
S.T. since not much more than a 1250
Addition will have enlarged kitchen &
dining room. 1500 gallon is only a
recommendation, 1250 is necessary

(KN)

