

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 9/6/2005

P 523256

APPROVAL DATE: 12/9/05

A REPAIR

PERMIT

Tax ID# 03-292185

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

Fyock Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-531-2939

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3777 Folly Quarter Road PROPERTY OWNER: Courtney Whiting

SEPTIC TANK CAPACITY (GALLONS):	<u>Existing</u>	<u>Inlet 1.5'</u>
PUMP CHAMBER CAPACITY (GALLONS):	<u>1000 if Required</u>	<u>Bottom 2.5'</u>
NUMBER OF BEDROOMS:	<u>3</u>	<u>Trenches 3' Wide</u>
SQUARE FEET PER BEDROOM:	<u>180</u>	<u>1 Foot Stone Below Pipe</u>
LINEAR FEET OF TRENCH REQUIRED:	<u>150</u>	<u>Stay 100' From Well</u>

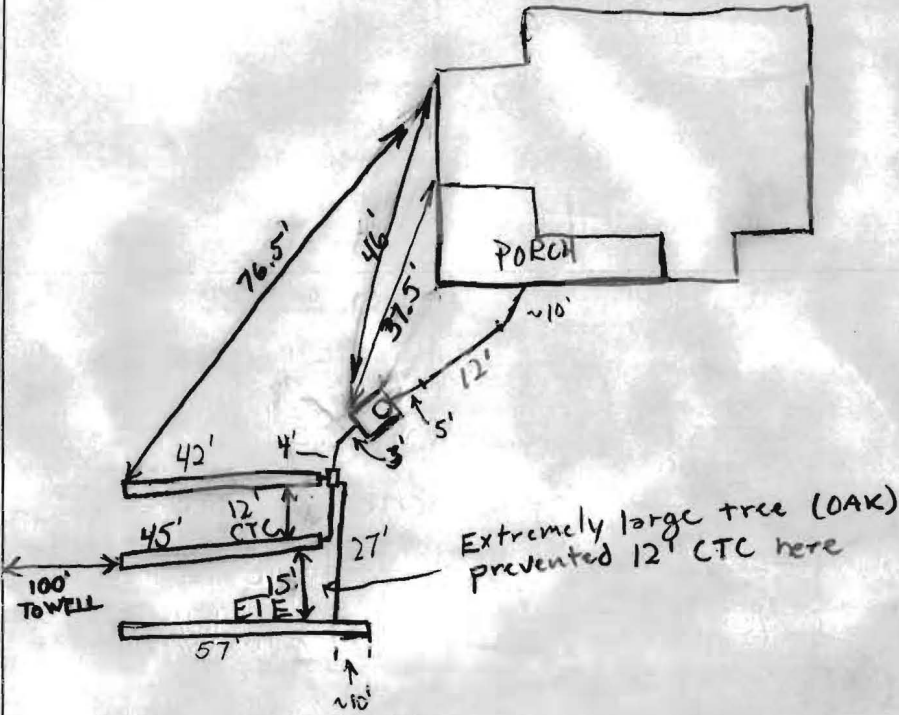
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>Install trenches in area of holes B+C, 3 or 4 short trenches will be needed</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair. <u>Will Need Pump if Trenches Cannot Be Installed at Above Specs.</u>

PLANS APPROVED: B. Baker 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'	1.5'	2.5'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	144'	
ABSORPTION AREA	432sf + side	
DISTRIBUTION BOX LEVEL	Yes	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	No	

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		
NEW	CAPACITY	1000 GAL
1comp	SEAM LOC	Top
	TANK LID DEPTH	~6"
	BAFFLES	yes 2
	BAFFLE FILTER	No
	MANHOLE LOC	Inlet
	6" PORT LOC	N/A
	WATERTIGHT TEST	N/A

SEPTIC TANK 2 LEVEL		
CAPACITY	_____	GAL
SEAM LOC	_____	_____
TANK LID DEPTH	_____	_____
BAFFLES	_____	_____
BAFFLE FILTER	_____	_____
MANHOLE LOC	_____	_____
6" PORT LOC	_____	_____
WATERTIGHT TEST	_____	_____

PRE-CONSTRUCTION 12/7/05 Went over trench placement with Robert.
 Final distribution box location to be checked with transit
 INSTALLATION after line dug up. **BB** 12/9/05 New tank set, old abandoned
 New line tied into existing cast iron ~10' from house. trenches installed
 per layout, transit used (Robert does know how!) OK to cover. **(GAC)**

FINAL INSPECTOR Gabriel A. Crighton DATE OF APPROVAL 12/9/05



HOWARD COUNTY HEALTH DEPARTMENT

23256

DATE
9/16/05

AS

Received From

Frost Septic Service Inc

PHONE #

(410) 531-2939

P.O. Box 89 Glenely MD 21737

For

Faulting System & Perc

CASH

CHECK

3777 Polky Quarter RD

NO.

1483

three hundred thirty three Dollars

\$

330 | 00

Received By

[Signature]