

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 11/12/2010

PERMIT

P 534089

APPROVAL DATE: 11/19/2010

A REPAIR

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

J.M. Contracting IS PERMITTED TO INSTALL ALTER

ADDRESS: 425 Obrecht Road Sykesville, MD 21784 PHONE NUMBER: 443-277-7526

SUBDIVISION: Twin Acres LOT NUMBER: 2

ADDRESS: 2277 Daniels Road PROPERTY OWNER: Gloria Banks

SEPTIC TANK CAPACITY (GALLONS): N/A

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET OF HOUSE: _____

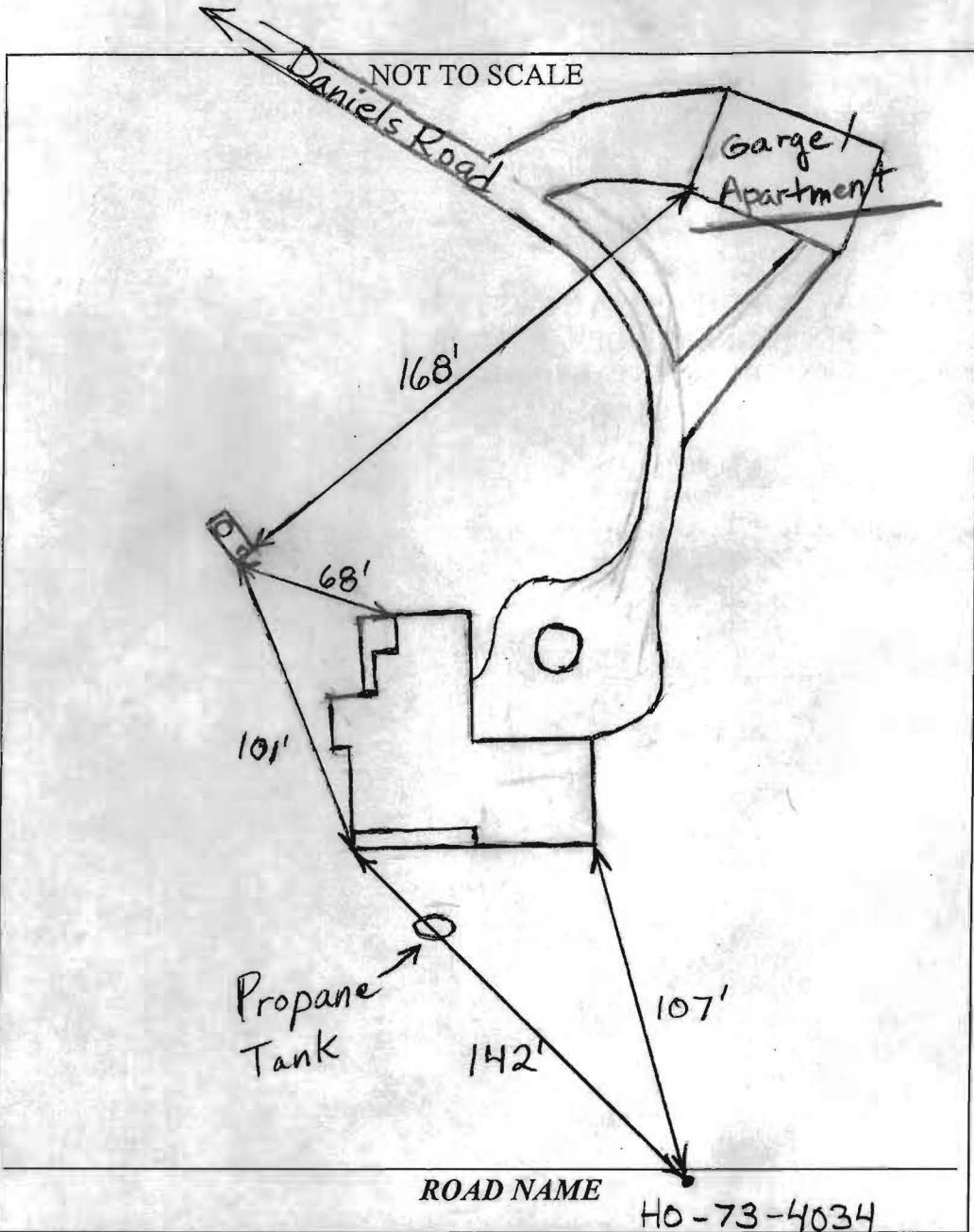
LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	
LOCATION:	
PURPOSE:	Replace pump in pump chamber and add an alarm to the system. Line between the septic tank and pump chamber needs to be repaired.

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM



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 I LEVEL Yes

MANUFACTURER ?

CAPACITY ? GAL

SEAM LOC Midseam

TANK LID DEPTH 4'-4.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED No

DATE ON LID N/A

~~PUMP/SEPTIC TANK LEVEL N/A~~

~~MANUFACTURER _____~~

~~CAPACITY _____ GAL~~

~~SEAM LOC _____~~

~~TANK LID DEPTH _____~~

~~BAFFLES _____~~

~~BAFFLE FILTER _____~~

~~MANHOLE LOC _____~~

~~6" PORT LOC _____~~

~~WATERTIGHT TEST _____~~

~~SLOTTED _____~~

~~DATE ON LID _____~~

PRE-CONSTRUCTION: 11/19/2010 Repair cancelled. Tank or distribution box clogged because tank never pumped out. Contractor to install manhole riser on rear of tank. Garage changed to living space and is currently occupied. Driveway was cut and patched. Line running from existing system to garage. (BB)

INSTALLATION: _____

FINAL INSPECTOR B. Baker DATE OF APPROVAL 11/19/2010