

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 07/17/09

PERMIT

P 531087

APPROVAL DATE: 7/17/09

A REPAIR

Tax ID # 04-337565

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd PHONE NUMBER: 410-795-5670

SUBDIVISION: Brantly LOT NUMBER: 14-A

ADDRESS: 3353 Brantly Road PROPERTY OWNER: Brad Mistichelli

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FOOTAGE (OF HOUSE): _____

LINEAR FEET OF TRENCH REQUIRED: _____

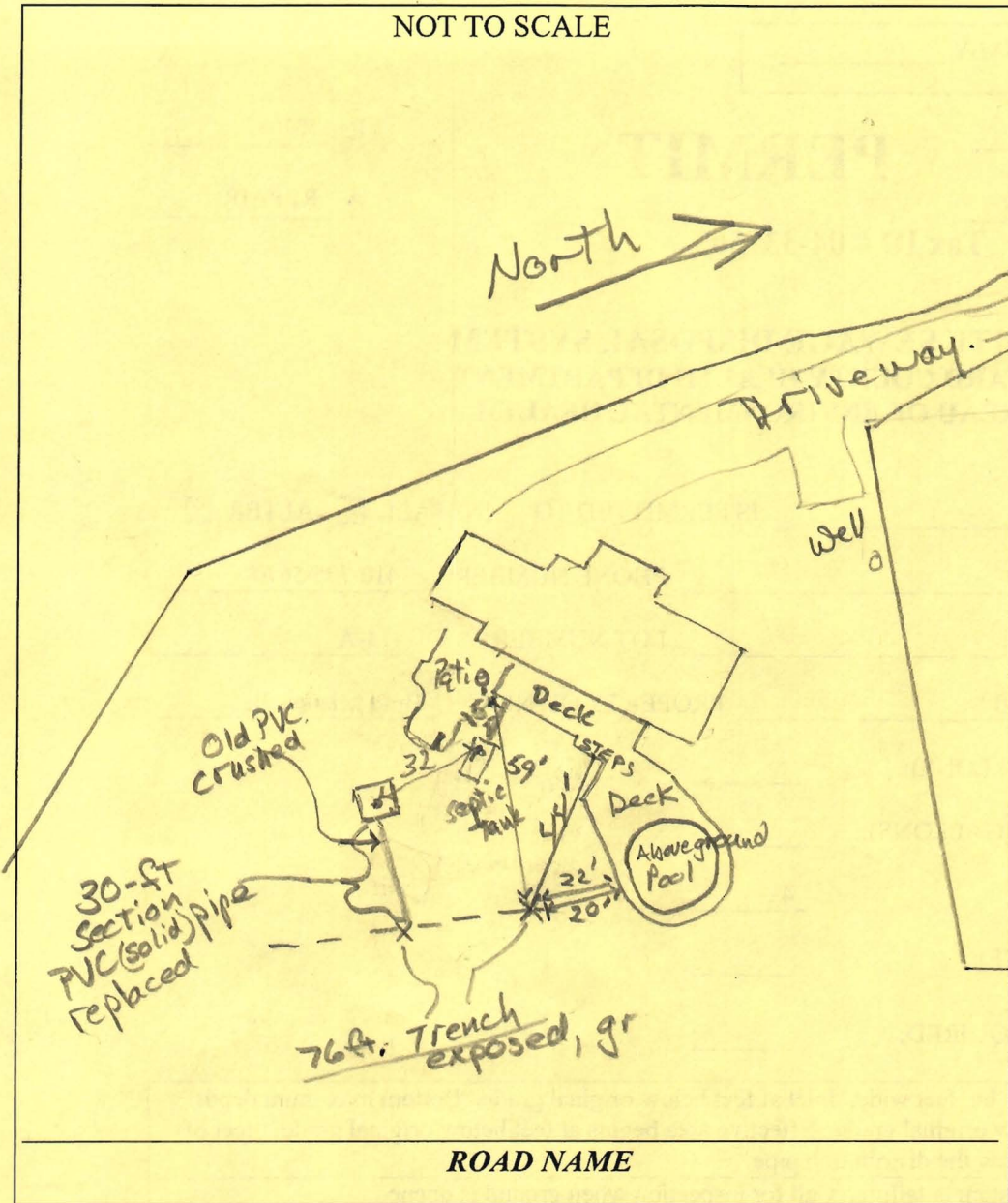
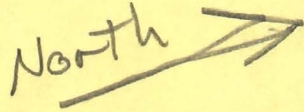
TRENCHES:	Trench to be feet wide. Inlet at feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below the distribution pipe.
LOCATION:	Septic system is failing. Call for inspection when ground is opened.
ADDITIONAL NOTES:	

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

NOT TO SCALE



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 _____	
MANUFACTURER _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	
PUMP/SEPTIC TANK LEVEL _____	
MANUFACTURER _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	

ROAD NAME _____

PRE-CONSTRUCTION:

Upon arrival: existing trench exposed in two locations - gravel clean to below pipe invert. PVC pipe removed from between dry well and trench had been crushed nearly closed, apparently at time of installation. Some black deposits on outside. Some evidence of seepage around dry well is apparent.

INSTALLATION:

* "Minor Repair" - a 30-foot section of PVC pipe is installed from dry well to "T" connection in Distribution Pipe, connection sealed, Invert at Dry well good. (fee overpaid)

OK to cover. Advised owner that septic tank capacity (1000 gallon) may be inadequate for the amount of use by occupants (5).

FINAL INSPECTOR

Robert Becker

DATE OF APPROVAL

7/17/2009

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 _____

Septic Contractor: Fogle's Septic Clean Inc.

Contractor's Address: 580 Obrecht Rd.
Sykesville, MD 21784

Contractor's Phone #: 410 795-5670

Property Address: 3353 Brantley Rd

Property (Subdivision) & Lot # Brantly Lot 14

Owner's Name: Brad mistichelli

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: ~ 1979

of Existing Bedrooms: 4

of Bedrooms after completion of addition: _____

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 _____