

2/8/01 ASAP

# PERMIT

P 514922

## SEWAGE DISPOSAL SYSTEM

A REPAIR

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

ISSUE DATE 2/6/2001

INDEXED

APPROVAL DATE 2/8/01

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL      ALTER X

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 401-795-5670

PROPERTY DIVISION      LOT NUMBER      ADDRESS 1411 Morgan Station Road

PROPERTY OWNER Robert Smith PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY      GALLONS

PUMP CHAMBER CAPACITY      GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM     

NUMBER OF FEET OF TRENCH REQUIRED 23

NOT IN  
RPS

TRENCHES: Trenches to be      feet wide. Inlet      feet below original grade. Bottom maximum depth      feet below original grade.      feet of stone below distribution box.

LOCATION:     

REPAIR - PURPOSE - Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 2-5-01

PLANS APPROVED      DATE     

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

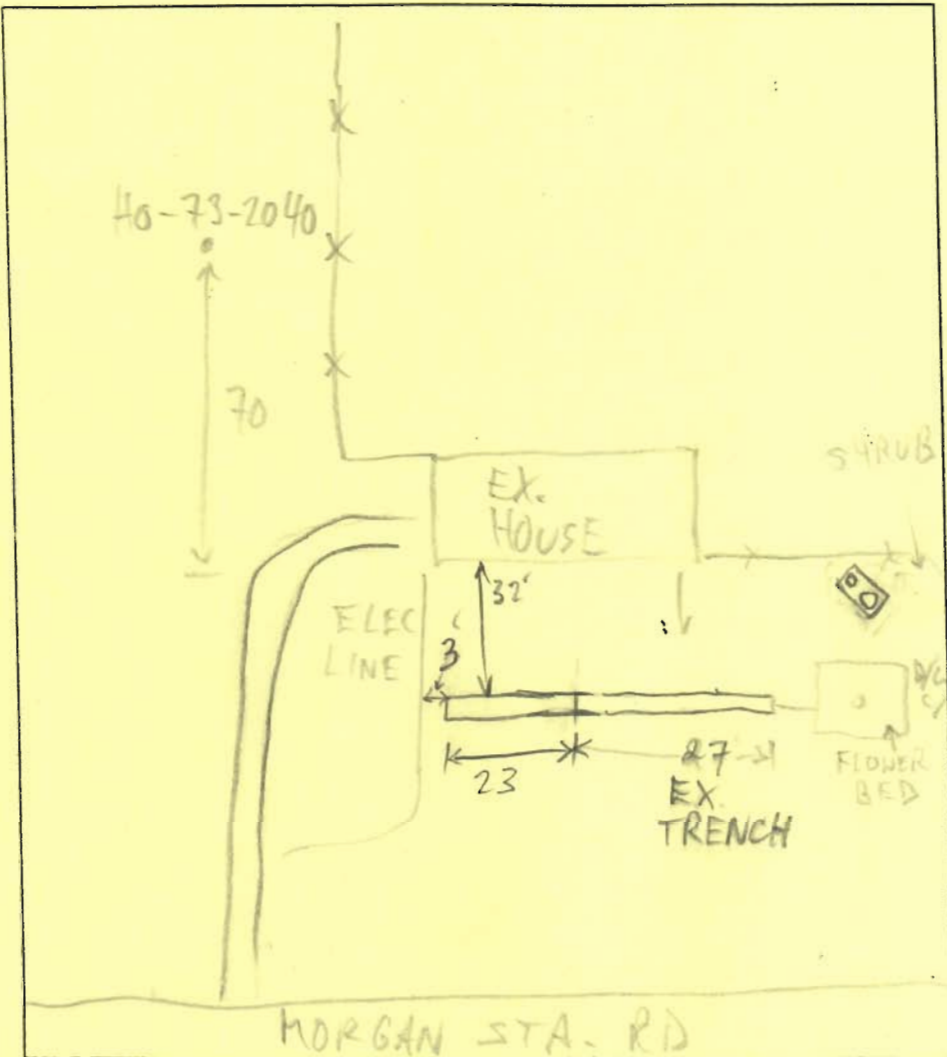
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514922

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 2

TRENCH INLET DEPTH 5-6

TRENCH BOTTOM DEPTH 12

DEPTH OF STONE 6-7

NUMBER OF TRENCHES 1

TOTAL TRENCH LENGTH 51

ABSORBENT AREA 350

DISTRIBUTION BOX LEVEL -

BAFFLE IN DISTRIBUTION BOX -

**SEPTIC TANK DATA**

SEPTIC TANK EX. GALLONS

MANHOLE RISER ADDED

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 2/8/01 10:00 EX. TRENCH DRY DUE TO PIPE W/REVERSE

FALL: OK TO ADD 20' ADD'L TO EX. TRENCH (OVER TO ELEC. LINE)

INSPECTION COMMENTS: 2/8 1:30 ADD 5' TRENCH, CONTINUE (MR)

2/8/01 OK TO COVER (MR)

INSPECTOR M. Ripkin DATE SYSTEM APPROVED 2/8/01