

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P _____

A 56635-C

ISSUE DATE _____

APPROVAL DATE _____

TAX ID 03-284530

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Woodmark LOT NUMBER 6 ADDRESS 12123 Mt. Albert Rd.

PROPERTY OWNER Woodrow + Nancy Clookie PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

**BUILDING PERMIT SIGNED
AND RETURNED**

1-box BOODIS 790-FINISH BASEMENT

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:	PERMIT SIGNED	AND RETURNED	PERMIT SIGNED	AND RETURNED	PERMIT SIGNED	AND RETURNED
38817 - POOL		4/19/79		12/19/96		7/25/01
			BO0103450 - DECK			BO0131671 WALK-IN CLOSET ADDITION AND DECK

PLANS APPROVED _____ DATE _____

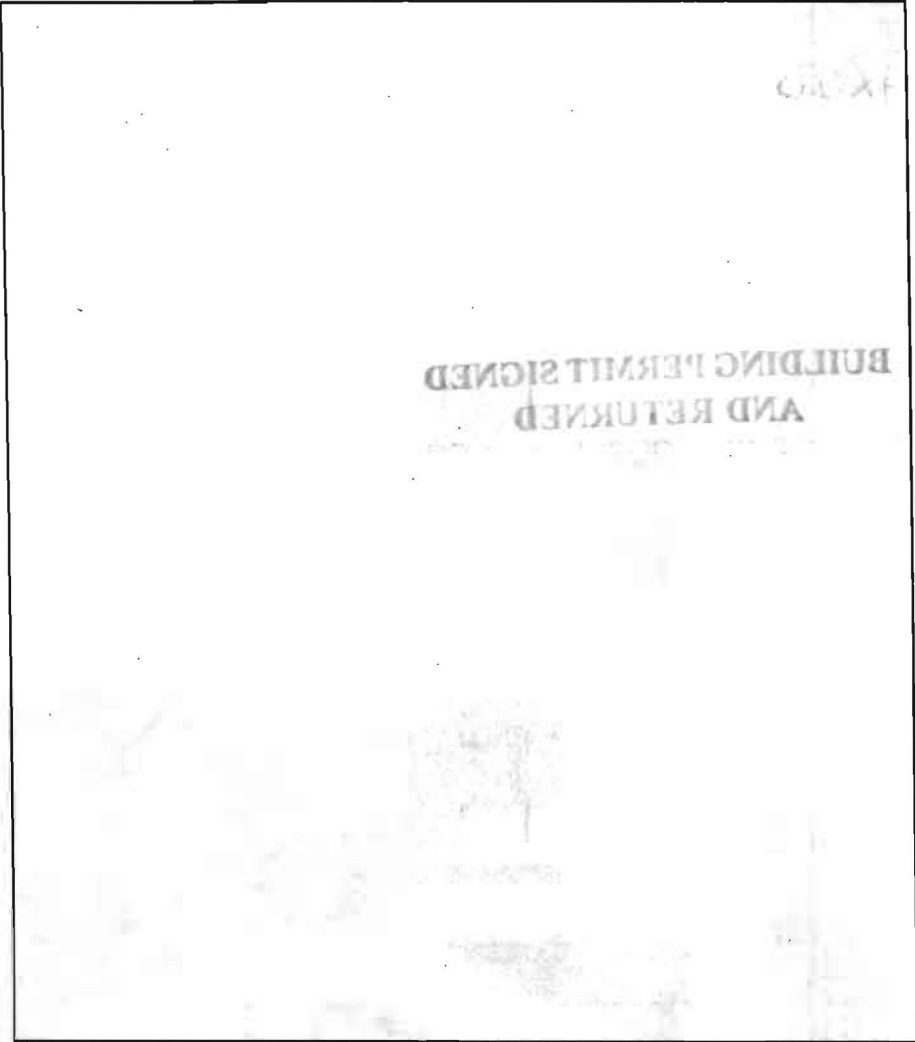
PERMIT VOID AFTER 2 YEARS

- 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

A 56635-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 9/17/73

P 18991

A 18932

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Tea Oaks Road, Glenelg, Maryland

PHONE 286-8939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark

12123

ROAD Ms. Albert Road

LOT 6, Blk. D, Sec.

PROPERTY OWNER Tiber Construction Company

ADDRESS NEW OWNER: Woodrow F + Nancy V Crokie

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1200 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 20%.

OTHER DRY WELL - 100 sq. ft. absorbent sidewall area per bedroom to be below
inlet pipe. Inlet pipe 3 ft. below original grade. Maximum depth permitted for
dry well below original grade is 11 ft. Place dry well about 20 ft. from front
lot line and 40 ft. from right side line as seen when facing lot from Ms. Albert
Road.

*Pool permit
signed 4/9/79
permit no. 38817*

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Donald W. Monaghan

DATE 3/7/68

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

THIS DRY WELL IS SUBJECT TO BE MOVED SLIGHTLY IF RE-TEST, ~~UNSATISFACTORY~~ AT A SLIGHTLY LOWER ELEVATION IS SATISFACTORY.

BLDG PERMIT SIGNED

AND RETURNED 12/9/96

Serial # 4610 103450
dick

J.F.

12932

A56635C

INFORMATION FORM - SEPTIC SYSTEM REPAIR UPGRADE / EVALUATION

For internal office use only

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?

System relocation for proposed addition for setback compliance *

Verification of adequate system per COMAR 26.04.02.02D (4)*

To replace collapsed septic tank _____

To replace collapsed drywell _____

Septic Contractor: Fyock septic service

Contractor's Address: po Box 89 Glenelg md

Contractor's Phone #: 21737

Property Address: 410 988-9370

Property (Subdivision) & Lot #: 12123 mt Albert Rd

County file number if known: woodmark

Owner's Name and Phone number: John Shebel 410 531-2910

Is public sewer available/nearby: No

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: _____

of Bedrooms after completion of addition: _____

Has this request been discussed previously with another Sanitarian: _____ Name: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair, upgrade or evaluation.

Print out copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection,

Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion.

Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling Sanitarian.

No permit is to be issued nor inspection to be scheduled without prior fee collection at office unless an emergency situation exists. Contractor to notify office of the emergency situation as soon as possible.