

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/1/2005

PERMIT

P REPAIR Peru
only
A 522061-A

APPROVAL DATE: _____

04-313305

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg PHONE NUMBER: 410-988-9270

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 18225 New Cut Road PROPERTY OWNER: Alan Lehman

SEPTIC TANK CAPACITY (GALLONS): Ex ?

PUMP CHAMBER CAPACITY (GALLONS): —

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 90

TRENCHES:	Trench to be <u>3</u> feet wide. Inlet <u>3</u> feet below original grade. Bottom maximum depth <u>7</u> feet below original grade. Effective area begins at <u>3</u> feet below original grade. <u>4</u> feet of stone below distribution pipe.
LOCATION:	<u>1 or 2 trenches on contour, maintain 75' from well pump, collapse & fill in D.W.</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: [Signature] DATE: 5/2/05

- 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 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

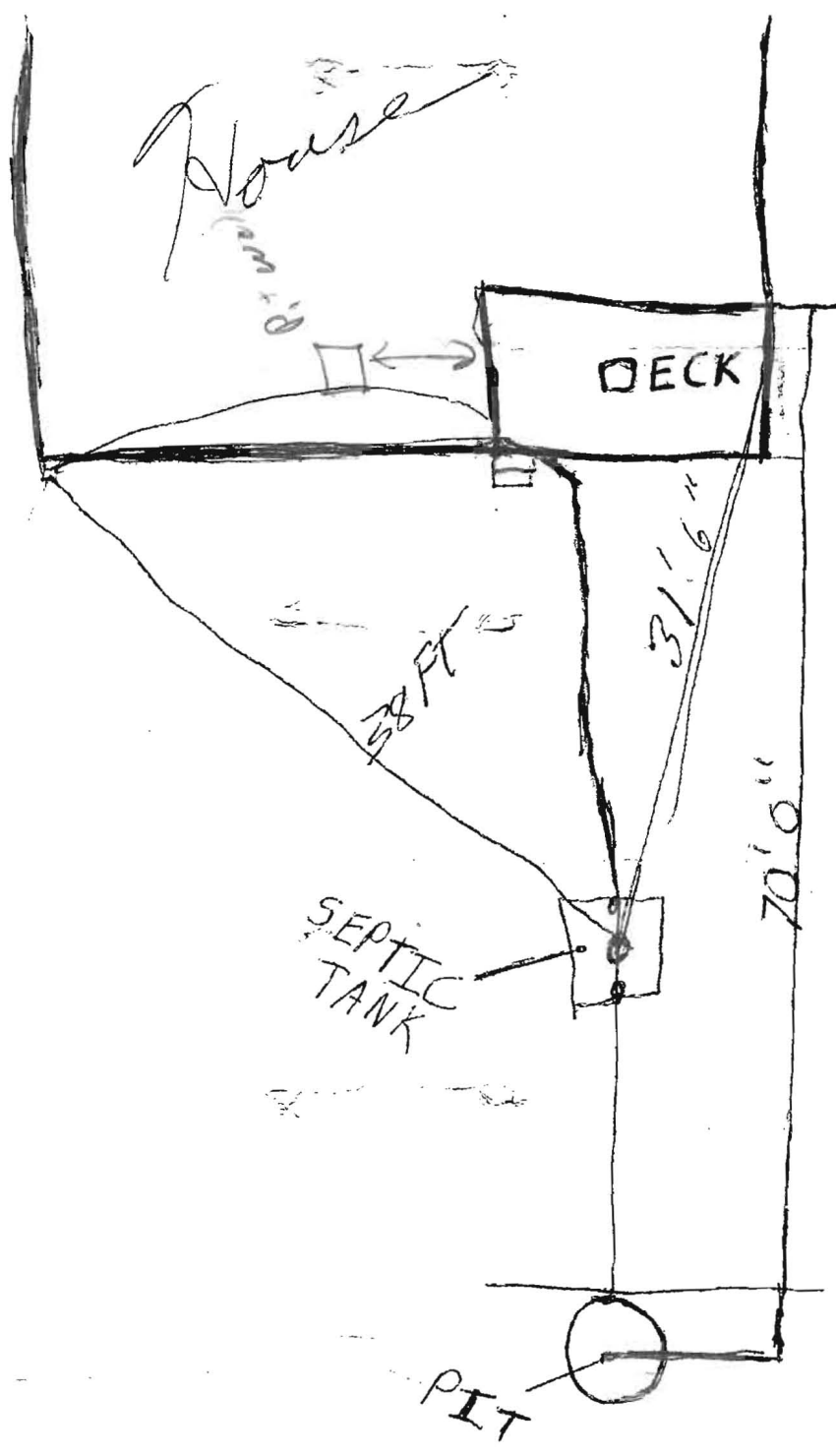
WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____



18 225 New Cut Road

FILE INQUIRY FORM

Property Address: 18225 New Cut Rd

7/25/05 - Phone call from owner - Elsie Lehman.
She is disabled & can't get to the 2nd
floor bedroom. Said she thought I approved
for ex house to be torn down (3 bedrooms)
& a 4 bedroom modular to be put up. I explained
to her I did a repair only. She wants to
convert or replace ex house with a rancher.
Discussed w/ Bob Weber who agreed we
could approve only if replacement house
would be same #. Need plans submitted
& contain 3 bedrooms. Called the homeowner
back, she said septic has not failed
Explained to her what Bob said (50)