

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 05/29/07

P 526740

# PERMIT

APPROVAL DATE: \_\_\_\_\_

A REPAIR

Tax ID # **05-341221**

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

Farm & Home Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 901 Driver Road, Marriottsville PHONE NUMBER: 410-442-2139

SUBDIVISION: Linden Chapel Hills II LOT NUMBER: 1-D

ADDRESS: 4980 Morning Star Drive PROPERTY OWNER: George Ware

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

*Trenches 2' Wide*

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

*Inlet 5' to 5.5'*

NUMBER OF BEDROOMS: \_\_\_\_\_

*Bottom 9'*

SQUARE FEET PER BEDROOM: \_\_\_\_\_

*One or Two 55' Trenches*

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

*55' or 110' Connect to Existing Dry Trench*

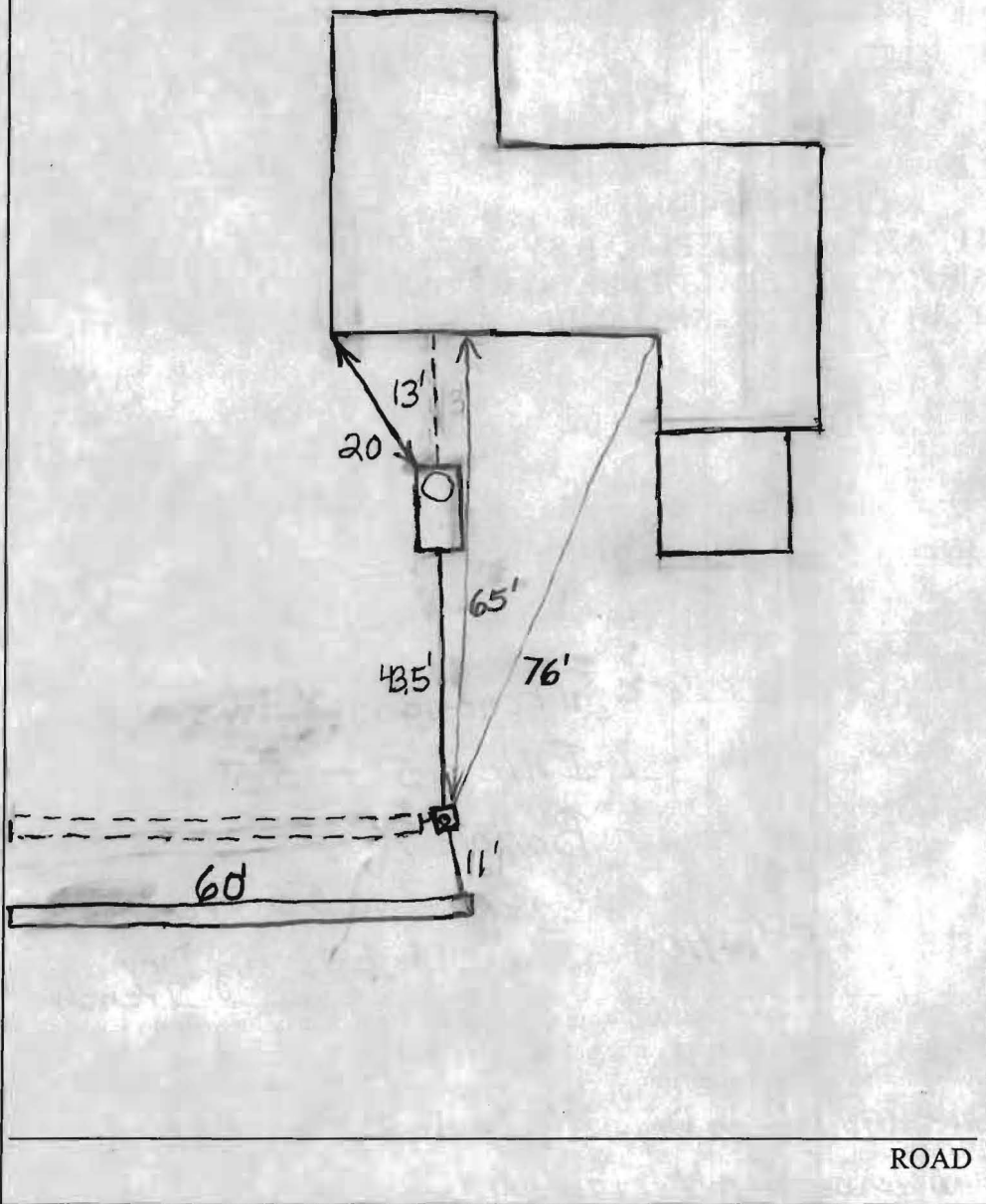
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<i>Pump Out and Fill in Drywell, Install Dist. Box, Put Manhole on Septic Tank</i>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair. <i>Install Trench or Trenches Directly Downhill of Existing Trench</i>

PLANS APPROVED: B. Baber DATE: 6/14/07

- 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
2'	4.5'-5'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		_____
ABSORPTION AREA		_____
DISTRIBUTION BOX LEVEL		_____
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1250 GAL
SEAM LOC	Midseam
TANK LID DEPTH	4.5'-5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION \_\_\_\_\_

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

**INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION**

For internal office use only

**Reason for Request:**

Failing System (includes surface discharge or inadequate treatment zone) Drywell Full  
 Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? Yes  
 \*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 \_\_\_\_\_  
 To replace collapsed drywell \_\_\_\_\_

Septic Contractor: Farm and Home Excavating, Inc.  
 Contractor's Address: 901 Driver Rd.  
Marriottsville, MD 21104  
 Contractor's Phone #: 410-442-2129 410-984-0189 cell  
 Property Address: 4980 Morning Star Drive Dayton, MO. 21036  
 Property (Subdivision) & Lot #: Lot #1 Linden Chapel Hills  
 County file number if known: \_\_\_\_\_  
 Owner's Name: George Ware  
 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: 1970  
 # of Existing Bedrooms: 4  
 # of Bedrooms after completion of addition: \_\_\_\_\_  
 Has this request been discussed previously with another Sanitarian: NO  
 If yes, then with whom and when: \_\_\_\_\_

**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.**

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.