

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

P 536686

APPROVAL DATE: 1/18/2012

A REPAIR

PERMIT

Septic Repair

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

GPS-Yes

J.M.Contracting LLC. IS PERMITTED TO INSTALL ALTER

ADDRESS: 425 Obrecht Road Sykesville, MD 21784 PHONE NUMBER: 443-277-7526

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 11006 Gaither Farm Road PROPERTY OWNER: Daniel and Dawn Balkin

SEPTIC TANK CAPACITY (GALLONS): N/A Trenches 2' Wide

PUMP CHAMBER CAPACITY (GALLONS): _____ Inlet 5'

NUMBER OF BEDROOMS: 4 Bottom 10.5'

SQUARE FEET OF HOUSE: _____

LINEAR FEET OF TRENCH REQUIRED: 150' 2-75' Trenches

TRENCHES:	
LOCATION:	
PURPOSE:	

PLANS APPROVED: B. Baker DATE: 1/13/2012

- 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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

See As-Built Drawing
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA
 WIDTH INLET BOTTOM
2' 5' 10.5'
 NUMBER OF TRENCHES 2
 TOTAL LENGTH 151'
 ABSORPTION AREA 529
 DISTRIBUTION BOX LEVEL Levelers
 DISTRIBUTION BOX BAFFLE Yes
 DISTRIBUTION BOX PORT No

SEPTIC TANK DATA ?
 SEPTIC TANK I LEVEL _____
 MANUFACTURER ?
 CAPACITY 2000 GAL
 SEAM LOC _____
 TANK LID DEPTH 1'-1.5'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front+Rear
 6" PORT LOC None
 WATERTIGHT TEST No
 SLOTTED ?
 DATE ON LID No

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

PRE-CONSTRUCTION:

1/13/2012 Install two 75' trenches on contour above holes A and C. Keep trenches 100' from well. Trench locations checked and marked on site. (BB)

INSTALLATION:

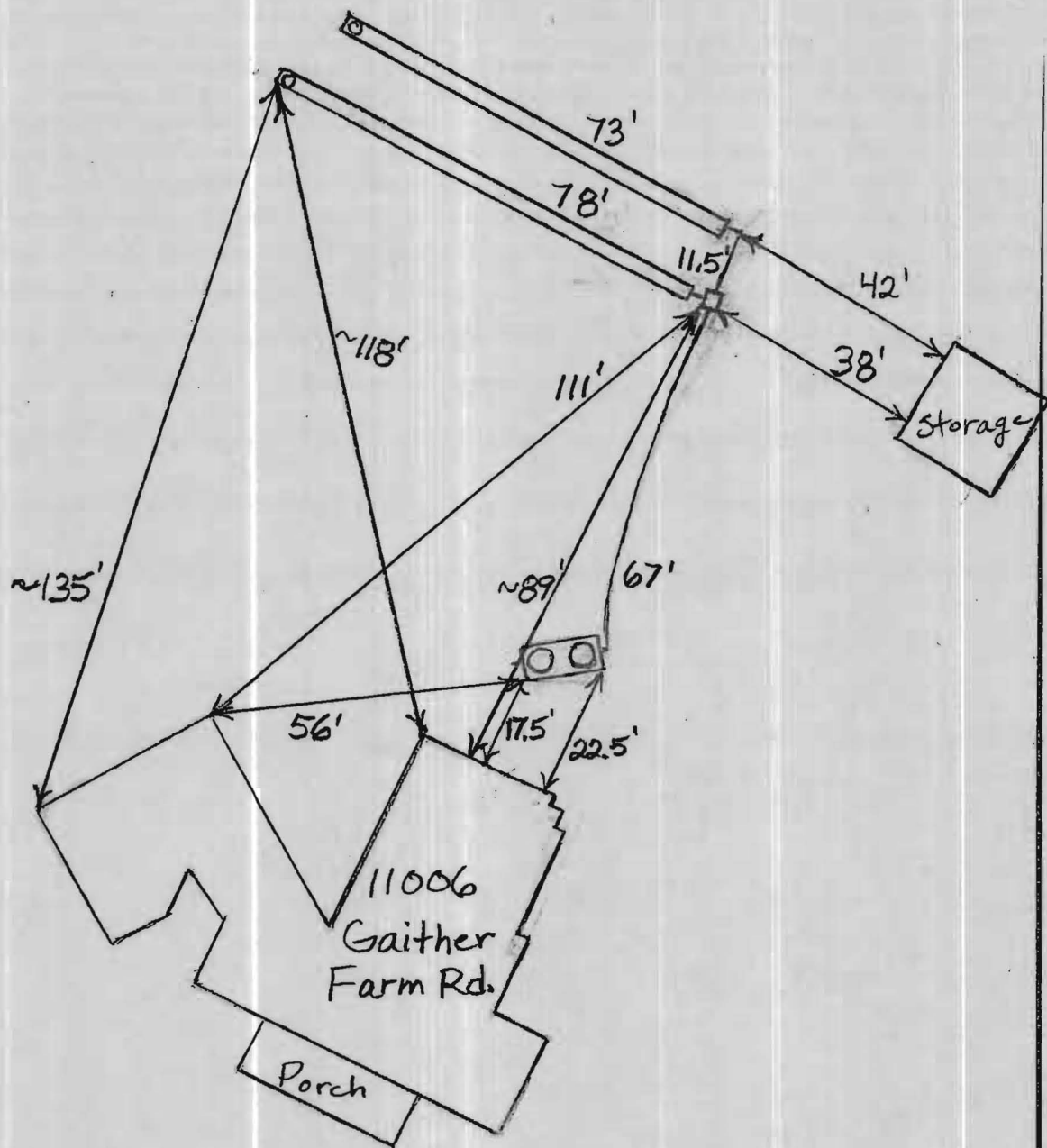
1/13/2012 System finished. O.K. to backfill. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

1/18/2012





APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 531 dohle
 AGENCY REVIEW: _____ DATE 1-9-12

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 4 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Daniel + Dawn Balkin

DAYTIME PHONE _____ CELL 443-277-7526 FAX 410 552 5815

MAILING ADDRESS 11006 Gaither Farm Rd. Ellicott City MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Neaps

DAYTIME PHONE _____ CELL 443 277 7526 FAX 410 552 5815

MAILING ADDRESS 425 Obrecht Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 11006 Gaither Farm Rd. Ellicott City Md. 21042
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

1' Topsoil
 Light Br and Reddish SaCl Loam
 4.5' Beige SaCl Loam - sandy Loam
 7' Dense Beige Sa Loam
 ~8.5' Beige Sa Loam
 ~14' SaCl Loam Dry
 16'

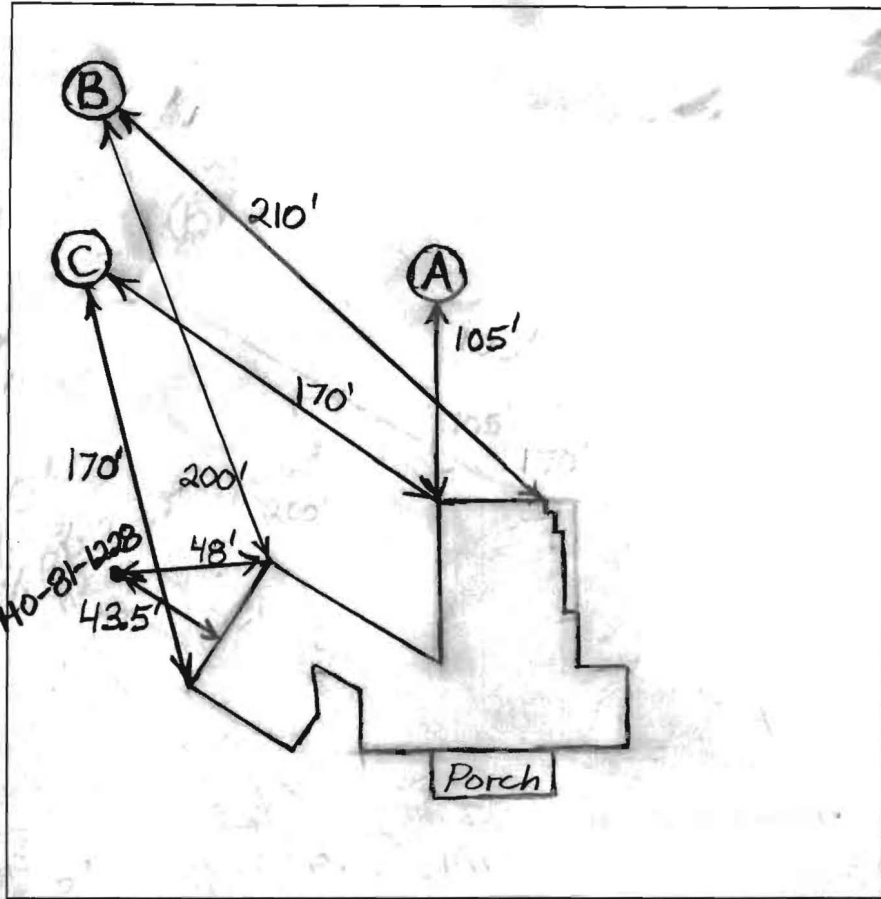
(B)

Sandier Than Other 2 Holes

12' Water
 13.5'

(C)

3.5' Red Br Cl Loam
 4.5'-5' Red Br SaCl Loam
 Or Br Sa Cl Loam - Sa Loam
 5.5' Red Br Sa Loam
 15+



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/13/12	A	6' 1/6"	10:54	11:17:30	Pulled - Slow	~45	
		8'	11:29	Pulled - Slow		~45	
		9.5'	12:01:30	12:05	12:10	5	P
	B	13.5'	- Not Tested				P
	C	7' 1/5"	12:46	12:50:30	12:56	5 1/2	P

REMARKS Wet Season Water Levels
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____
 TEST HOLES USED IN SDA A + C AVG. PERC TIME 5+ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W Below 7'