

PUB. SEWER STATUS VERIFIED BY SO

ISSUE DATE: 11/3/08

APPROVAL DATE: 11/12/08

PERMIT

Tax ID # 5378117

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put trace*

P 530208
A REPAIR

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: The Heritage LOT NUMBER: 8

ADDRESS: 4078 Sharp Road PROPERTY OWNER: Virginia Sellner

SEPTIC TANK CAPACITY (GALLONS): Ex 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 1.2

LINEAR FEET OF TRENCH REQUIRED: 90

TRENCHES:	<u>2' wide 4' inlet 8' bottom</u>
LOCATION:	<u>Existing septic system has failed. Please call for layout inspection when ground is opened.</u>
ADDITIONAL NOTES:	<u>Abandon old D.W.</u>

truss

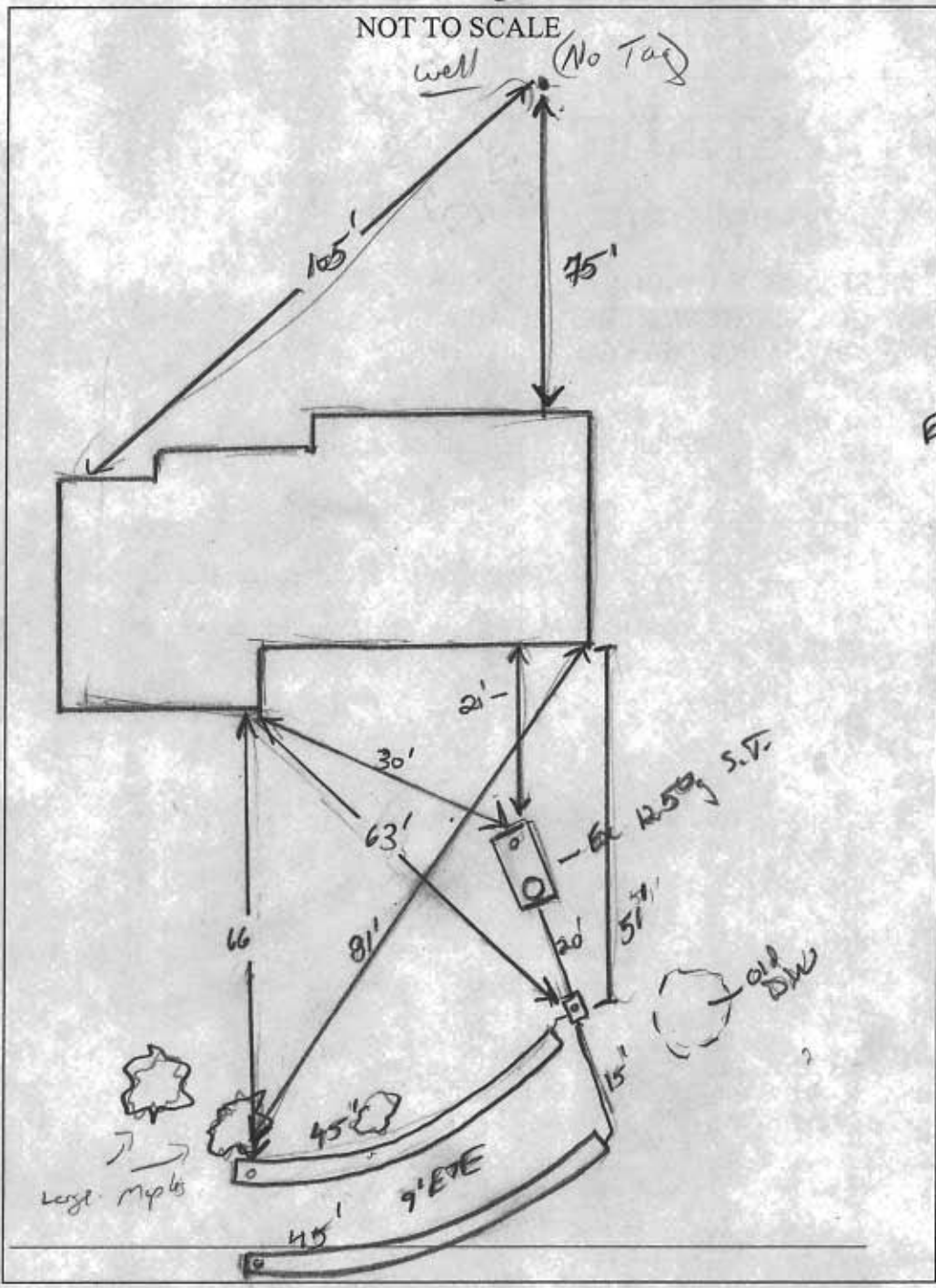
PLANS APPROVED: [Signature] DATE: 11/3/08

- 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

Sharp Rd.

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		90'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
EX SEPTIC TANK 1 LEVEL	
MANUFACTURER	
CAPACITY	1250 GAL
SEAM LOC	Midseam
TANK LID DEPTH	2-3'
BAFFLES	Yes
BAFFLE FILTER	
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	
SLOTTED	NO
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	

PRE-CONSTRUCTION

INSTALLATION

11/12/08 System installed per specs + notes.
 D box tested. Ex D.W. pumped and collapsed per
 contractor. OK to backfill. (KW)

FINAL INSPECTOR K. Wally DATE OF APPROVAL 11/12/08

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

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? _____

In support of a building permit. Type of building addition: _____

*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 or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: Fogle's Septic Clean Inc,

Contractor's Address: 580 Obrecht Rd

Sykesville, MD 21784

Contractor's Phone #: 410 795-5670

Property Address: 4078 Sharp Rd

Property (Subdivision) & Lot # _____

Owner's Name: Virginia Sellner

Is public sewer available/nearby: N/A

Names of Any Previous Owners: Original owners

Year House Built: _____

of Existing Bedrooms: 4

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? _____

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

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.

Environmental Sanitarian tentatively assigned _____