

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/22/09

PERMIT

P 531012

APPROVAL DATE: 7/9/09

A REPAIR (A14724)

Tax ID # 03-289117

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

Freedom Septic IS PERMITTED TO INSTALL ALTER

ADDRESS: 2809 Liberty Rd, Sykesville PHONE NUMBER: 410-795-2947

SUBDIVISION: Woodmark LOT NUMBER: 52, Bl B

ADDRESS: 12340 Pans Spring Ct PROPERTY OWNER: Joseph Rawlings

SEPTIC TANK CAPACITY (GALLONS): Ex.

PUMP CHAMBER CAPACITY (GALLONS): —

NUMBER OF BEDROOMS: 4

SQUARE FOOTAGE (OF HOUSE): —

LINEAR FEET OF TRENCH REQUIRED: 150'

*Inlet 5' → 9' Bottom
2' wide
Eff @ 6'*

TRENCHES:	Trench to be feet wide. Inlet at feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below the distribution pipe.
LOCATION:	Septic system is failing. Please call for inspection.
ADDITIONAL NOTES:	

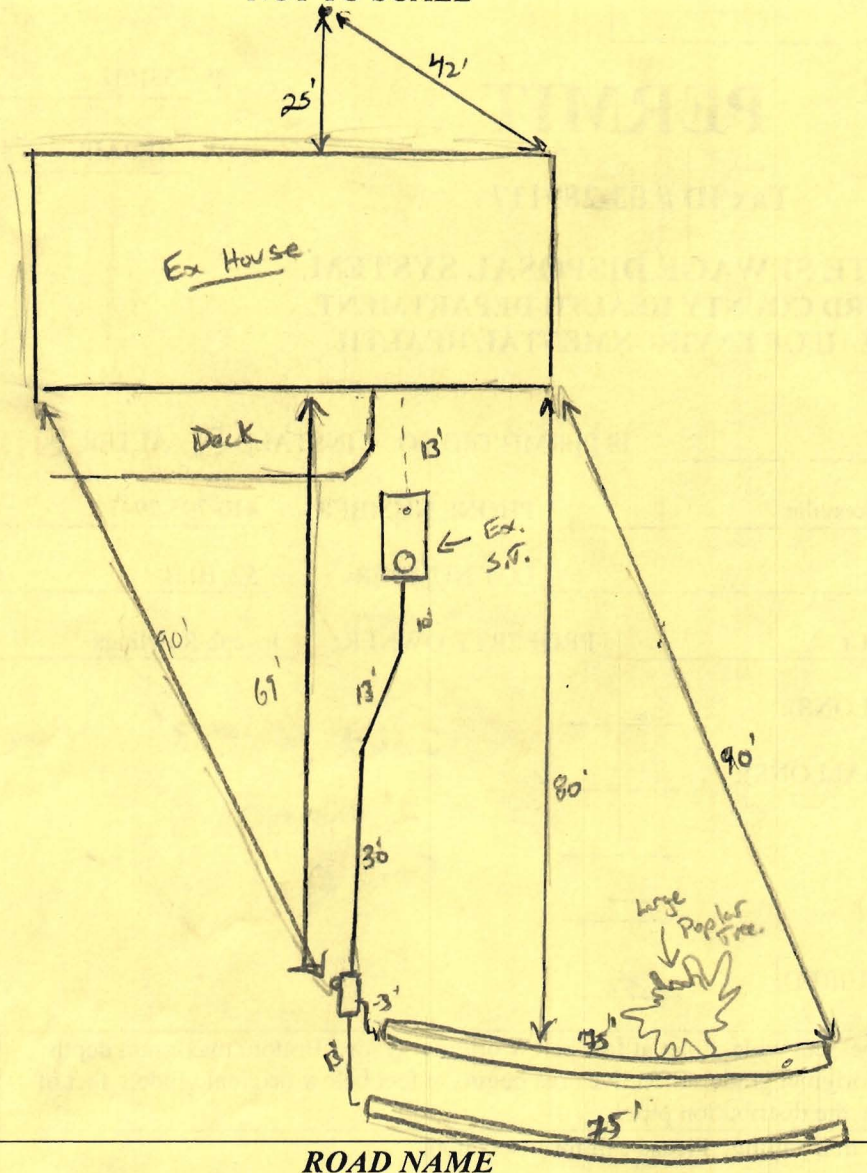
PLANS APPROVED: K. Wolf DATE: 6-23-2009

- 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

HO-73-1234

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		150'
ABSORPTION AREA		300' ± SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	—
MANUFACTURER	—
CAPACITY	— GAL
SEAM LOC	mid
TANK LID DEPTH	2.5'
BAFFLES	Rear (new) Front (old)
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	—
SLOTTED	no
DATE ON LID	—

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

PRE-CONSTRUCTION:

5/22/09 - Freedom Septic paid for permit, homeowner asked if he can hold off a couple of weeks because they have several open houses scheduled. No effluent on ground, so OK (50) 6/6/09 Bruce w/ Freedom called today to schedule for next week (50)

INSTALLATION:

7/8/09 Drywell to be pumped & collapsed. Install 2x 75' trenches running laterally towards prop. line (right).
 7/9/09 system complete. New out lot baffle installed on ex. S.T. Trenches shored a little bit to avoid large poplar tree. OK to cover all work. D.W. pumped and collapsed & filled w/ dirt. (KW)

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 7/9/09

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:

Contractor's Address:

Freedom Septic
2809 Liberty Road
Sykesville Md 21784

Contractor's Phone #:

410 795 2947

Property Address:

12340 Pans Spring Ct

Property (Subdivision) & Lot #

Woodmark Lot 52

County file number if known:

Owner's Name and Phone number:

Joe Rawlings 410-531-3842

Is public sewer available/nearby:

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

Names of Any Previous Owners:

Year House Built:

1976

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.

