

525621

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 12/12/06

PERMIT

P 47985

APPROVAL DATE: 12/19/06

A 47426

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 Rd Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: King's Grant LOT NUMBER: 15

ADDRESS: 3209 Reagents Row PROPERTY OWNER: Frank Reese

SEPTIC TANK CAPACITY (GALLONS): _____ Existing 1500

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

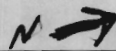
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Install 1000 Gal. septic tank and line from existing garage to existing distribution box..

PLANS APPROVED: Stuart Oster DATE: 12/12/06

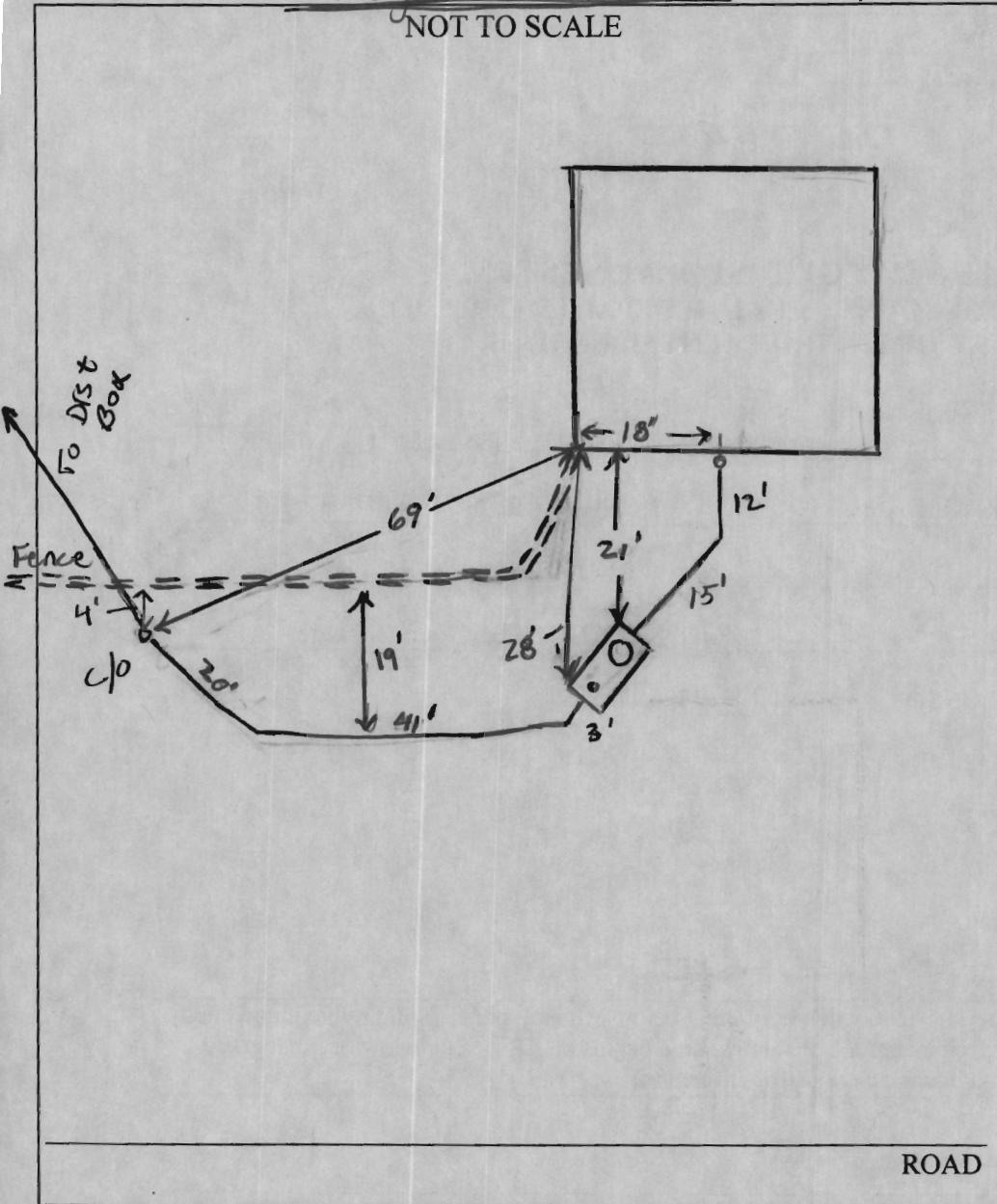
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND 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

Reagents Rd.



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 <i>Slight Forward</i>		
SEPTIC TANK 1 LEVEL	<u>7</u>	<u>Tilt</u>
<i>Babylon</i> CAPACITY	<u>1500</u>	<u>GAL</u>
<i>2comp</i> SEAM LOC	<u>Top</u>	
TANK LID DEPTH	<u>8"-1'</u>	
BAFFLES	<u>Yes</u>	
BAFFLE FILTER	<u>—</u>	
MANHOLE LOC	<u>Front</u>	
6" PORT LOC	<u>Rear</u>	
WATERTIGHT TEST	<u>—</u>	
SEPTIC TANK 2 LEVEL _____		
CAPACITY _____ GAL		
SEAM LOC _____		
TANK LID DEPTH _____		
BAFFLES _____		
BAFFLE FILTER _____		
MANHOLE LOC _____		
6" PORT LOC _____		
WATERTIGHT TEST _____		

PRE-CONSTRUCTION ~~12/19~~

INSTALLATION 12/19 OK. to Cover (KW)

FINAL INSPECTOR (KW)

DATE OF APPROVAL 12/19/06

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A47426

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 capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank _____

To replace collapsed drywell _____

None of the above

Septic Contractor:

Contractor's Address:

Foale's Septic Clean, Inc.
J 580 Obrecht Rd
Sykesville

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name:

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:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian:

If yes, then with whom and when:

410 795-5670
3209 Regents Row
Frank Reese

HO 88-0366 Well Tag #

4

Mike Davis

* Installation of tank for ex. garage + bathroom

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.

4/15/92 1 pm
4/16/92 ASAP

TAP ID -03 -313905

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 47985

A 47426

DISTRICT 3rd

DATE 4/1/92

DATE SYSTEM APPROVED 4/16/92

INSPECTOR RH

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-2006

SUBDIVISION King's Grant LOT 15 ROAD 3209 Regents Row

PROPERTY OWNER Frank Reese

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 158

BLDG. PERMIT SIGNED
AND RETURNED 5-19-92
Serial # BH/05608
detached garage

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 75 feet off the front (168.9') lot line and 215 feet off the left (290.33') lot line as seen when facing the lot from Regents Row. Run trenches on contour toward the front (168.9') and rear (708.35') lot lines. MAINTAIN A MINIMUM OF 100 FEET TO ALL WELLS.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/10/92 RH

PLANS APPROVED BY Jane Nadeau DATE 1/23/92

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 4/1/92
Serial # 421001
RH

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 47426