

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: Sunroom

*System relocation for proposed addition for setback compliance TANK REPLACEMENT

*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

Contractor's Phone #: 410 795-5670

Property Address: 1224 Round Gate Ct

Property (Subdivision) & Lot # _____

Owner's Name: Doug Castner

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 4

of Bedrooms after completion of addition: 4

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 _____

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 06/23/08

P 529458

PERMIT

APPROVAL DATE: _____

A REPAIR

Tax ID # _____

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 PHONE NUMBER: 410-795-5670

SUBDIVISION: Lisbon Acres LOT NUMBER: 24

ADDRESS: 1224 Round Gate Court PROPERTY OWNER: Doug Castner

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

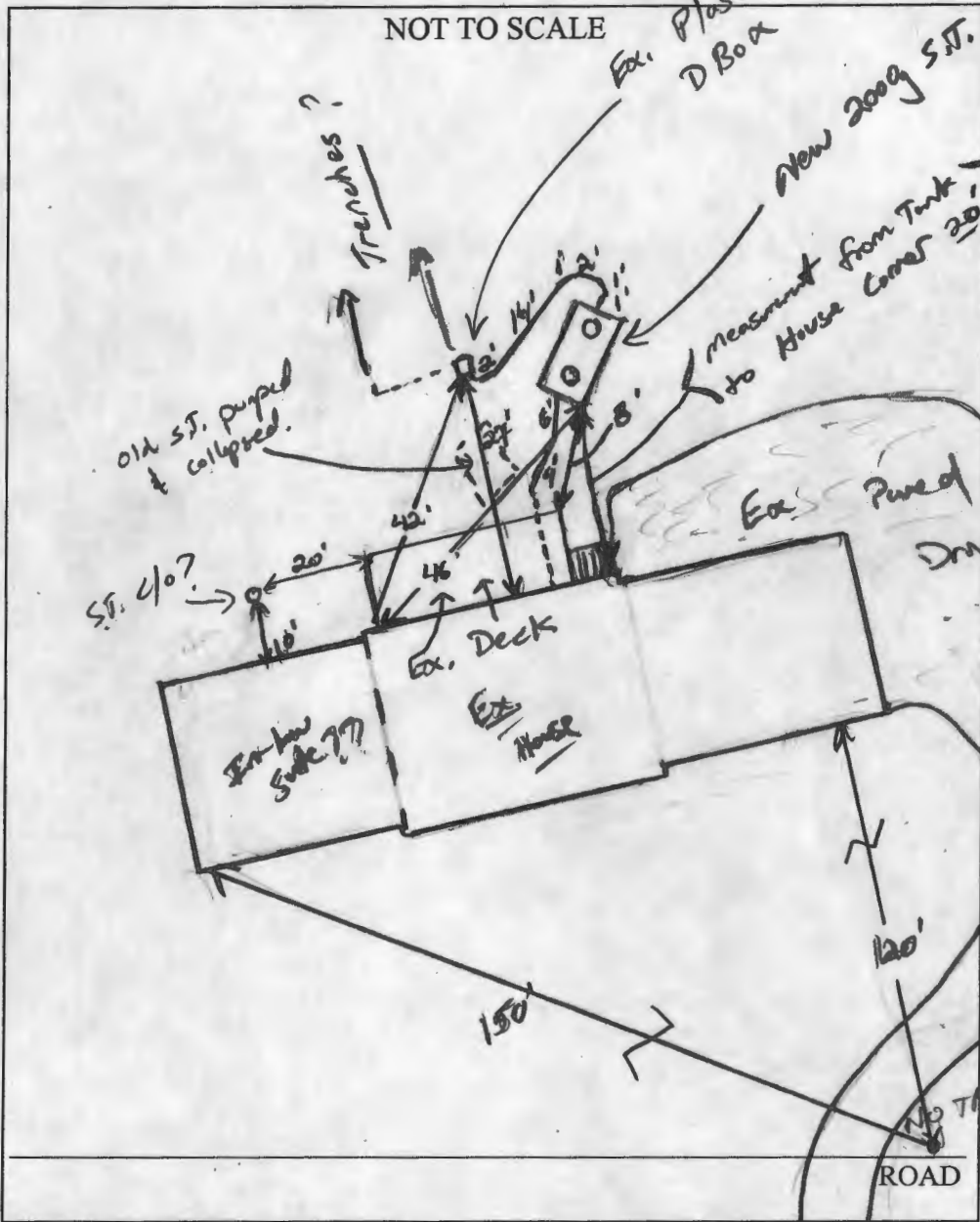
LINEAR FEET OF TRENCH REQUIRED: _____

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:	To relocate the septic tan. Collapse and fill existing system.

PLANS APPROVED: _____ DATE: _____

- 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



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	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
Baby/Slotted CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	_____
MANHOLE LOC	<u>Front/Rear</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL _____	
CAPACITY _____ GAL	
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	

PRE-CONSTRUCTION 7/2/08 No plan submitted for proposed addition
 met w/ builder and contractor on-site. Builder pointed out
 INSTALLATION proposed addition (pole sunroom). New 2009 S.T.
 to be added approx. 5' from present addition. Ex Tank
 to be pumped and collapsed. (KW)
 7/2/08 system complete pending BP approval for
 encroachment setbacks to proposed addition (KW)

FINAL INSPECTOR _____ DATE OF APPROVAL _____

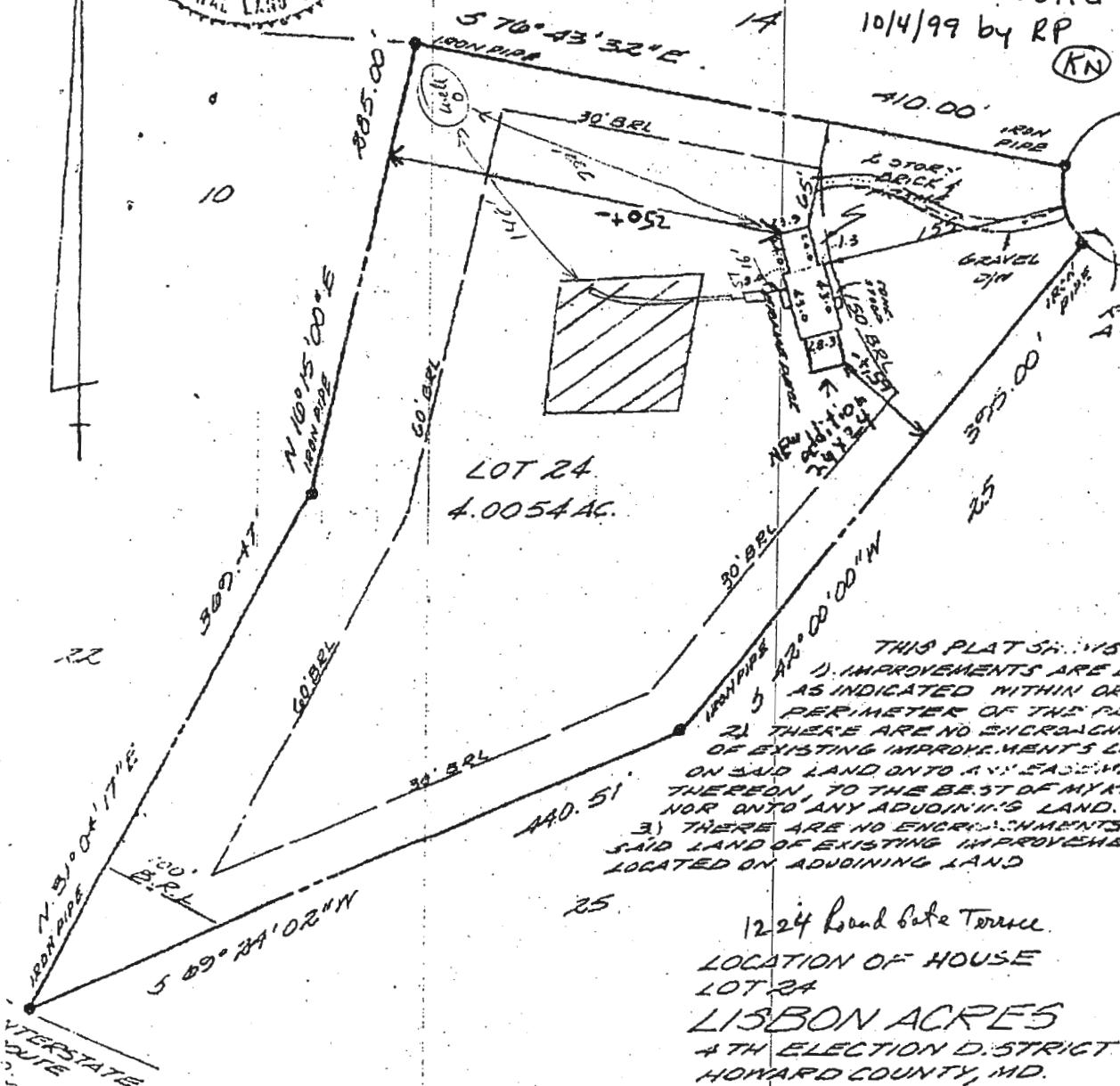
A28619
P 30095



Pending BP appl for addition
No Conflict with well or septic,
became approved RP 9/15/99


B001204190K4
10/4/99 by RP (KN)

PUNJAGIT, C. W. 10/1/97



THIS PLAT SHOWS THAT
1) IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY.
2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON TO THE BEST OF MY KNOWLEDGE NOR ONTO ANY ADJOINING LAND.
3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND

1224 Round Gate Terrace
LOCATION OF HOUSE
LOT 24
LISBON ACRES
4TH ELECTION D. STRICT
HOWARD COUNTY, MD.

SURVEYOR'S CERTIFICATE		REFERENCES		ELDON E. SNIDER & ASSOCIATES	
I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.		PLAT BK.		 LAND SURVEYORS LAND PLANNING CONSULTANTS 2 PROFESSIONAL DRIVE, SUITE 216 GAITHERSBURG, MD. 208 9108	
		PLAT NO. 4194			
Harry D. Blanchard REGISTERED LAND SURVEYOR MD. # 7180	LIBER	DATE OF SURVEYS	SCALE: 1" = 100'	DRAWN BY: RB	
	FOLIO	WALL CHECK:	HSE. LOC.: 9-18-79	JOB NO.: 73-1795	
		BOUNDARY:			



HOWARD COUNTY HEALTH DEPARTMENT

P5 29458

DATE
6 / 23 / 2008

Received From

Fogles Septic Clean Inc

PHONE # 410-795-5670

580 Becht Rd, Sykesville MD 21784

For

Upgrade Permit / Tank Replacement

1224 Round Gate Ct

CASH

CHECK

NO.

25054

One hundred sixty-five and 00/100 Dollars

\$

165⁰⁰

Received By

Mary L Bugge