

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/10/06

PERMIT

P 524457

APPROVAL DATE: _____

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 Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12022 Triadelphia Road PROPERTY OWNER: Dr. Richard Jeffrey

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

Repair on Hold indefinitely.

(GAC)

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:	Existing septic system is failing. Please call for an inspection when the ground is open.

PLANS APPROVED: _____ DATE: 5/10/06

- 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

Repair - on hold indefinitely per contractor.

Re-span

Re-index

SAVE THIS NOTE!

**UNTY COUNCIL OR THE HEALTH DEPARTMENT IS
E SUCCESSFUL OPERATION OF ANY SYSTEM
OR OBTAINING FINAL APPROVAL ON THIS PERMIT
0 FOR INSPECTION OF SEPTIC SYSTEM**

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 5-10-00

Reason for Request

A10134

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: Fagle's Septic Clean, Inc

Contractor's Address: 580 Obrecht Rd

Sykesville

Contractor's Phone #: 410 795-5670

Property Address: 12022 Triadelphia Rd

Property (Subdivision) & Lot # _____

Owner's Name: Dr. Richard Jeffrey

Is public sewer available/nearby: N/A

Names of Any Previous Owners: _____

Year House Built: 70's

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 _____