

LAYOUT 5/20/10 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 5/20/10 **PERMIT - Repair** P 533218

APPROVAL DATE: \_\_\_\_\_ A Repair

Tax ID 04324366

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

Fogle's Septic Clean IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 3760 Jennings Chapel Rd PROPERTY OWNER: Cindy Porter

SEPTIC TANK CAPACITY (GALLONS): Ex. OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 2 APPLICATION RATE: 1.2

SQUARE FOOTAGE OF HOUSE: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: 70' APPROX. STONE AMT: 35 Ton

TRENCHES:	Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth feet below grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.
LOCATION:	Trench 2' w/ Inlet @ 4', bottom 8'. Set D box @ middle of trench * Try to make 3.5' Inlet if possible.
NOTES:	Manhole access needs to be installed on the tank along with a new outlet baffle. Pump and collapse ex. dry well. Observation pipes required at ends of trenches.

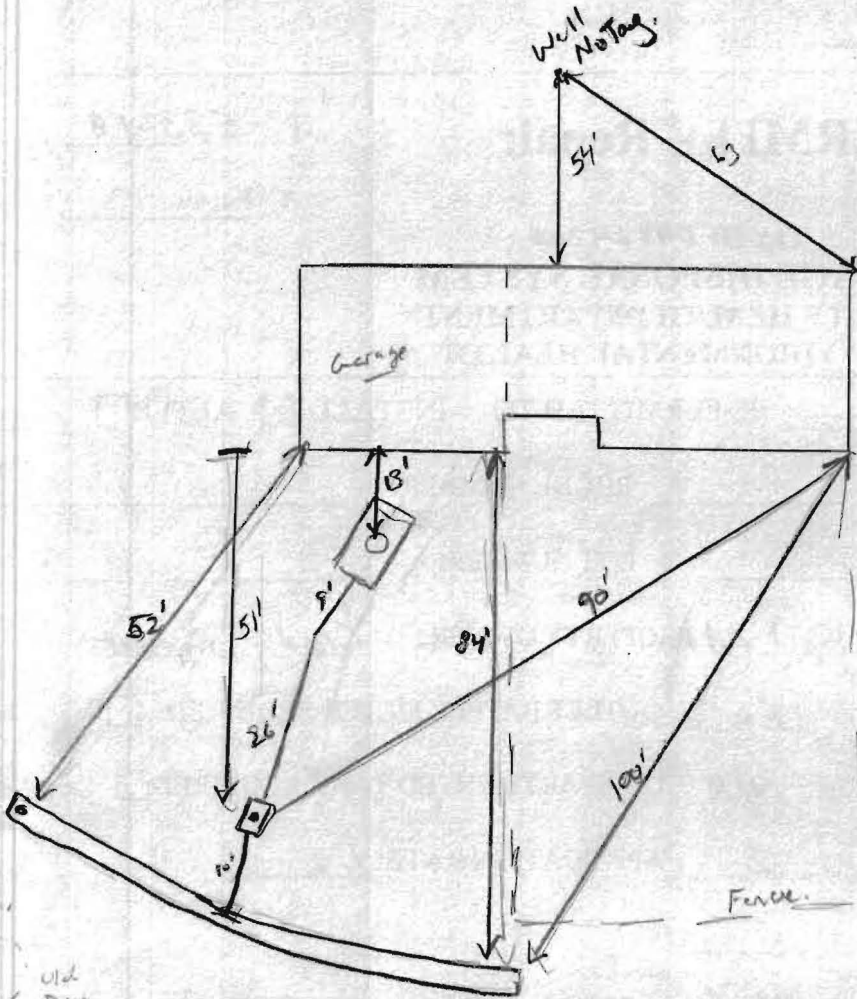
PLANS APPROVED: Kevin Wolf DATE: 5/20/10

- 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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

Jennings Chapel Rd

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		1
TOTAL LENGTH		70
ABSORPTION AREA		140' + SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	?
CAPACITY	1250? GAL
SEAM LOC	mid.
TANK LID DEPTH	5'
BAFFLES	new rear baffle.
BAFFLE FILTER	—
MANHOLE LOC	center
6" PORT LOC	none
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:

5/20/10. Install 1 x 70' trench just above perc test hole. OK to set D box in the middle of the trench run one line w/ a drop "Tee". Trench will end up close to ex. line from tank to drywell. Will need to remove ~5' of that line and bank fill w/ clay. Call for inspection. (ju)

INSTALLATION:

5/21/10 Ex Drywell pumped and collapsed. D box set w/ new sch 40 line and baffle for in tank installed. 75% of trench installed. OK to cover all work when finished. (ju)

FINAL INSPECTOR

*J.H. Way*

DATE OF APPROVAL

5/21/10

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 \_\_\_\_\_

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Septic Contractor: Fogle's Septic Clean Inc.

Contractor's Address: 580 Obrecht Rd.

Sykesville, MD 21784

Contractor's Phone #: 410 795-5670

Property Address: 3760 Jennings Chapel Rd

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: Cindy Porter

Is public sewer available/nearby: \_\_\_\_\_

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: 1969

# of Existing Bedrooms: 2 br

# 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 \_\_\_\_\_