

LAYOUT 7/21/08 INSP 4 _____
INSP 2 7/23/08 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

P Upgrade (529494)

APPROVAL DATE: 7/24/08

PERMIT

Logged Into Permit Manager
TAX ID # 04367731

A 515227-1

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

Hatfields Equipment IS PERMITTED TO: INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Waterford Farms LOT NUMBER: 10

ADDRESS: 3169 Lorenzo Lane PROPERTY OWNER: Toll MD II LP

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: _____

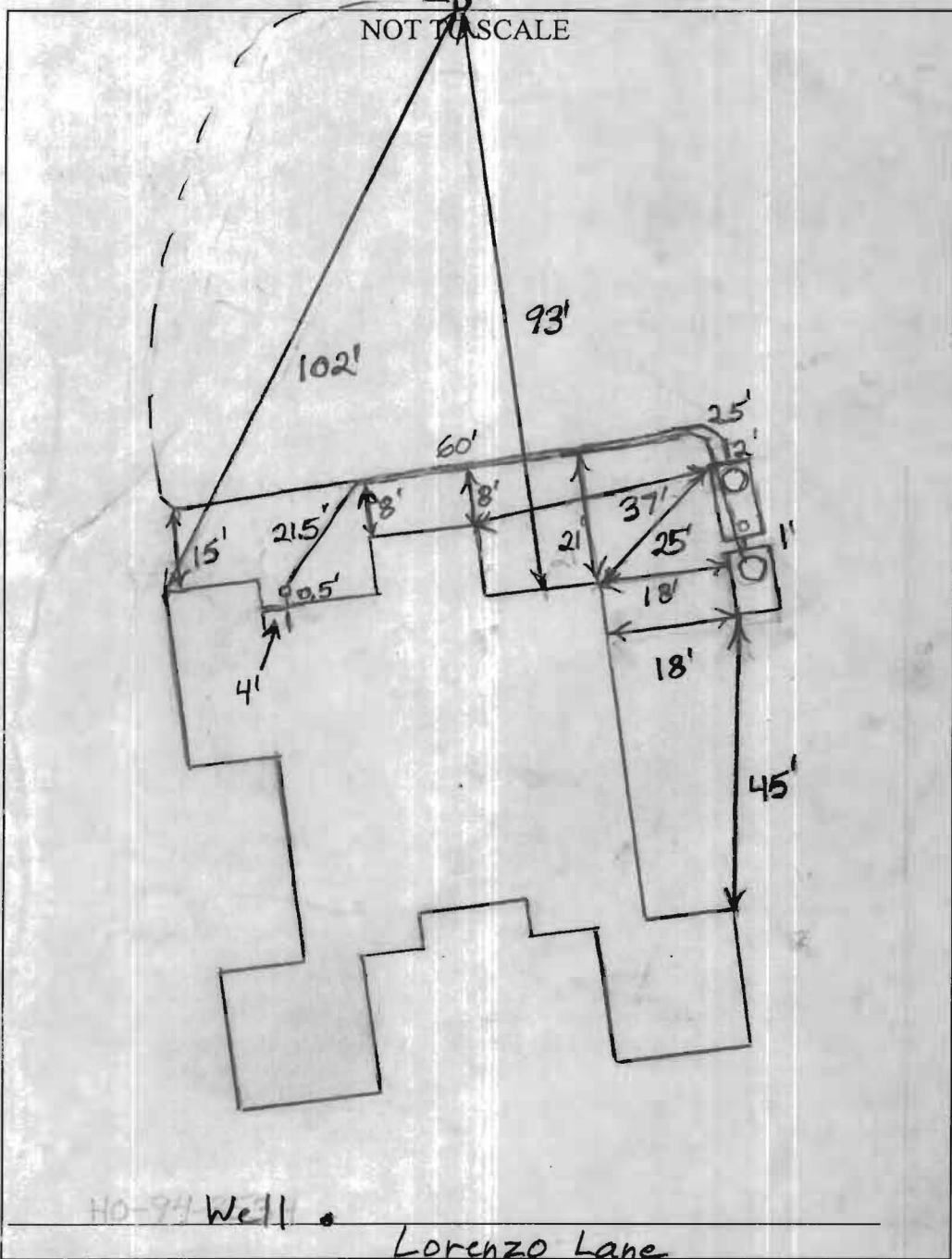
LINEAR FEET OF TRENCH REQUIRED: _____

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:	1) Re-locate Septic Tank & Pump Tank per plan. Minimize impact on area of approved septic easement.
NOTES:	1) Call for layout inspection. 2) Mark utilities. 3) Abandon existing Septic Tank & Pump Tank prior to final approval of installation.

PLANS APPROVED: Robert Bricker DATE: 7/17/08

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 UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR 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**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2.5-3'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>Rear</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>Yes</u>
PUMP/SEPTIC TANK LEVEL <u>Yes</u>	
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>3'-4'</u>
BAFFLES	<u>Front</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>No</u>

PRE-CONSTRUCTION
7/21/08 Set tanks close to where shown on plan but about 10' farther downhill. Pump tank will be

too deep if installed per plan. Unable to contact homeowners. No tank elevations on plans. (BB)

INSTALLATION: 7/23/08 Old tanks pumped and filled. New tanks set. House connection made (BB) 7/24/08 Pump and alarm working. Service main reconnected to new pump chamber. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 7/24/08

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: Pool installation

*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: Hoff-elds Equipment

Contractor's Address: 8159 Brock Bridge Rd
Annapolis Junction Md

Contractor's Phone #: 301 854-6172 410-984-0047

Property Address: 3169 Lorenzo Lane

Property (Subdivision) & Lot # _____

Owner's Name: Ted Argeropoulos

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: _____

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? Sara / Robert

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 _____