

LAYOUT _____ INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/23/2005

P 522000

APPROVAL DATE: 3/25/05

A 515228-L

PERMIT
INDEXED
TAX ID #03-341860

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 410-531-6773

SUBDIVISION: Paddocks East LOT NUMBER: 12

ADDRESS: 13545 Julia Manor Way PROPERTY OWNER: Pulte Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 5

*1' of Sidewall
 Inlet 3'
 Bottom 5' Trench*

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet <u> </u> feet below original grade. Bottom maximum depth <u> </u> feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in the approved SDA.
NOTES:	<i>System Was Supposed To Be Installed Before B.P. was approved.</i>

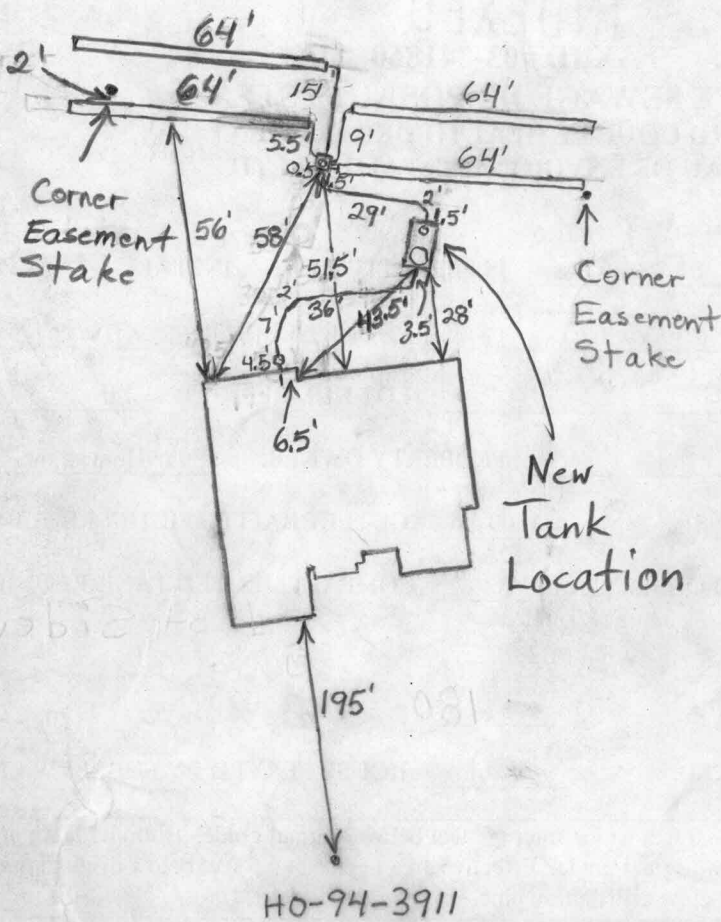
PLANS APPROVED: Kevin J. Bell Reviewed by: DATE: 9/13/04 *2/23/05*

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 515228-L

NOT TO SCALE



Julia Manor Way

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		256'
ABSORPTION AREA		768 + Sidewalk
DISTRIBUTION BOX LEVEL		Level
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'-3'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 3/24/05 Area staked. Tank and dist. box set. To run 4 62'-63' trenches towards the woods. Trench inlet changed to 3'.
 INSTALLATION Bottom at 5'. There could very possibly be rock in parts of the easement. 250' of trench to be installed. (BB) 3/25/05 System finished. O.K. to cover everything. Did encounter some scattered rock pockets. (BB) 5/27/05 New tank location is shown above. Need connection to house and tank cleanouts. (BB) 5/31/05 House connection made and cleanouts installed. O.K. to cover (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 3/25/05 + 5/31/05

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 05/17/05

PERMIT

P 522476

APPROVAL DATE: 5/31/05

A REPAIR - 51228-L

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

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road PHONE NUMBER: 410-984-0047

SUBDIVISION: Paddocks East LOT NUMBER: 12

ADDRESS: 13545 Julia Manor Way PROPERTY OWNER: Pulte Homes, Inc

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

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:	Existing septic tank to be moved. Call for inspection when ground is opened so sanitarian can recommend repair.

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

NOT TO SCALE

See Other Septic Permit for Diagram

ROAD

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 _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
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 _____

INSTALLATION 5/27/05 Existing tank moved and connected to distribution box. Need connection from house to tank and cleanouts. See original septic permit for location. *BB*

5/31/05 House connection made and cleanouts installed. *BB*

FINAL INSPECTOR B. Baber

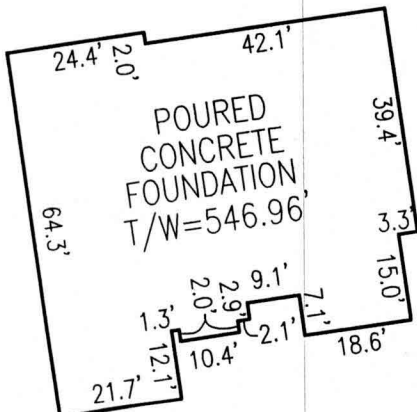
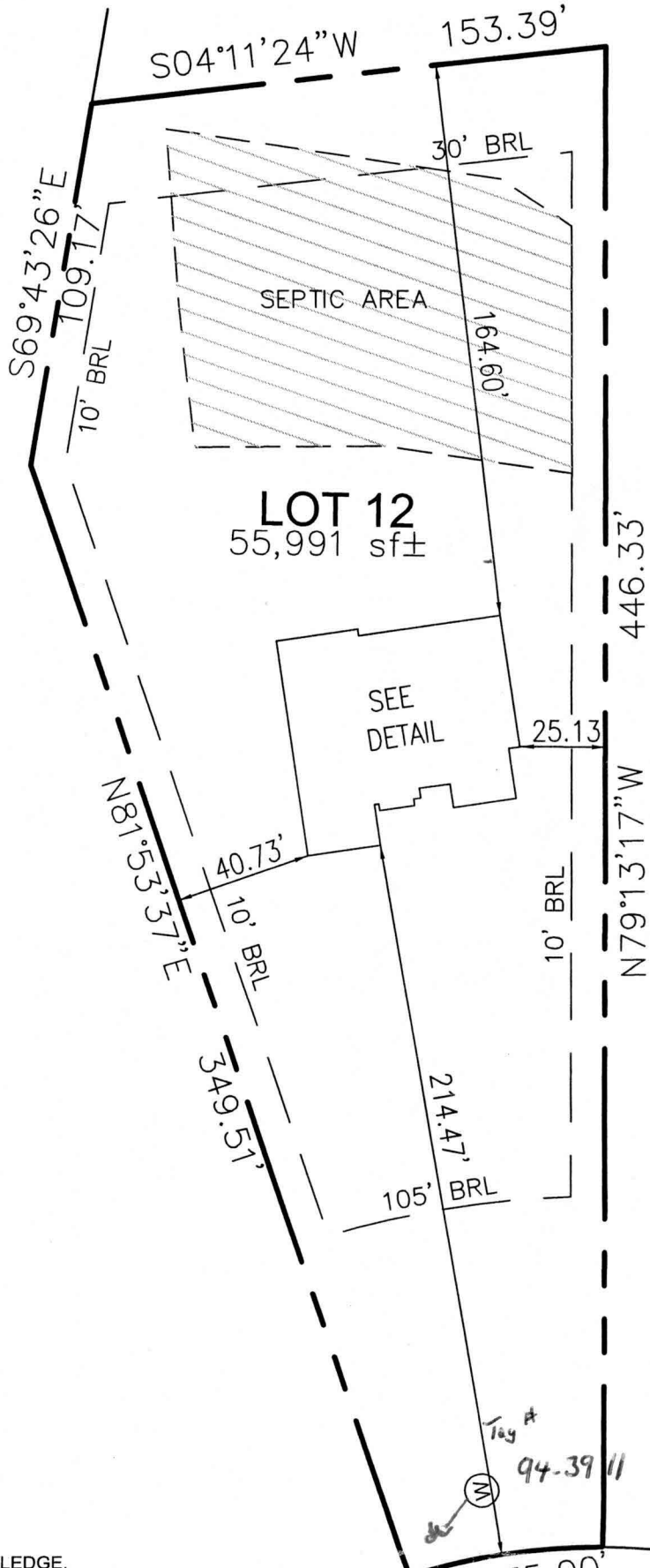
DATE OF APPROVAL 5/31/05

LINDA L HEIGH, TRUSTEE
 L 1536 F 422
 P 113
 ZONING: RR-DEO

MARYLAND STATE GRID MERIDIAN (NAD83/91)

well &
 wall
 check O.K.
Pete Jones
 2/23/05

LINDA L HEIGH, TRUSTEE
 L 1536 F 422
 P 113
 ZONING: RR-DEO



DETAIL
 NOT TO SCALE



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 2/2/05
 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884 DATE

JULIA MANOR WAY
 50' RIGHT-OF-WAY
 R=175.00'
 L=58.34'

SCALE 1"=50'	DATE 1/31/05	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL:410-461-7666 FAX:410-461-8961	WALL CHECK DRAWING LOT 12 THE PADDOCKS EAST PLAT NO. 16834 TAX MAP 22 PARCEL 7 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.ABBOTT	CHECKED BY M.C.M.		
PLAT NUMBER 16834	JOB NUMBER 04-98.00		

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

Reason for Request:

In support of a building permit for what reason? Relocate tank

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 _____

Septic Contractor: HotFields Equipment
Contractor's Address: 13785 Burntwoods Rd

Contractor's Phone #: 410 984 0047

Property Address: 13545 Julie Manor Way

Property (Subdivision) & Lot #: Pastocks East Lot 12

County file number if known: _____

Owner's Name: Pulte

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: _____

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. Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.

Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: 5/17/05 (Clerical staff to update scheduling card with date of request/property address)