

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT

P Index

A 518589-F

INDEXED

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

05-350751

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Braeburn II LOT NUMBER: 31

ADDRESS: 6440 Lochridge Road PROPERTY OWNER: Robert Gastrock

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:	Microfiche record A12027 not found on tape.

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 NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A518589-F

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

Reason for Request:

UPGRADE

- 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: OMEGA CONSTRUCTION
Contractor's Address: P.O. BOX 1229
SYKESVILLE, MD 21784
Contractor's Phone #: 443-864-0582
Property Address: 6440 LOCHRIDGE ROAD
Property (Subdivision) & Lot #: BRAEBURN, LOT 31
County file number if known: A518589-F
Owner's Name: RUDY + LORRAINE MARSHALL

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: 5
of Bedrooms after completion of addition: 5 ??
Has this request been discussed previously with another Sanitarian: NO
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.

Print out copy of Real Property Data via Dept. of Taxation website Indexed file found

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).
If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).
If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.
If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion.
Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____
Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

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

7/15/83
NHN

approved
7-15-83
C. Williams

PERMIT

P 32955
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-350751
INDEX

ELLICOTT CITY
DISTRICT _____

DATE July 14, 1983

Jack Fyock, Jr. _____ IS PERMITTED TO INSTALL X ALTER _____
ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270
SUBDIVISION Braeburn ROAD 6440 Lochridge LOT _____
PROPERTY OWNER Robert R. Gastrock
ADDRESS 6440 Lochridge, Columbia, MD 21044 Phone: 531-6659

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSEPTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

PLANS APPROVED BY ~~XXXXXXXXXXXX~~ Frank Skinner DATE July 14, 1983

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

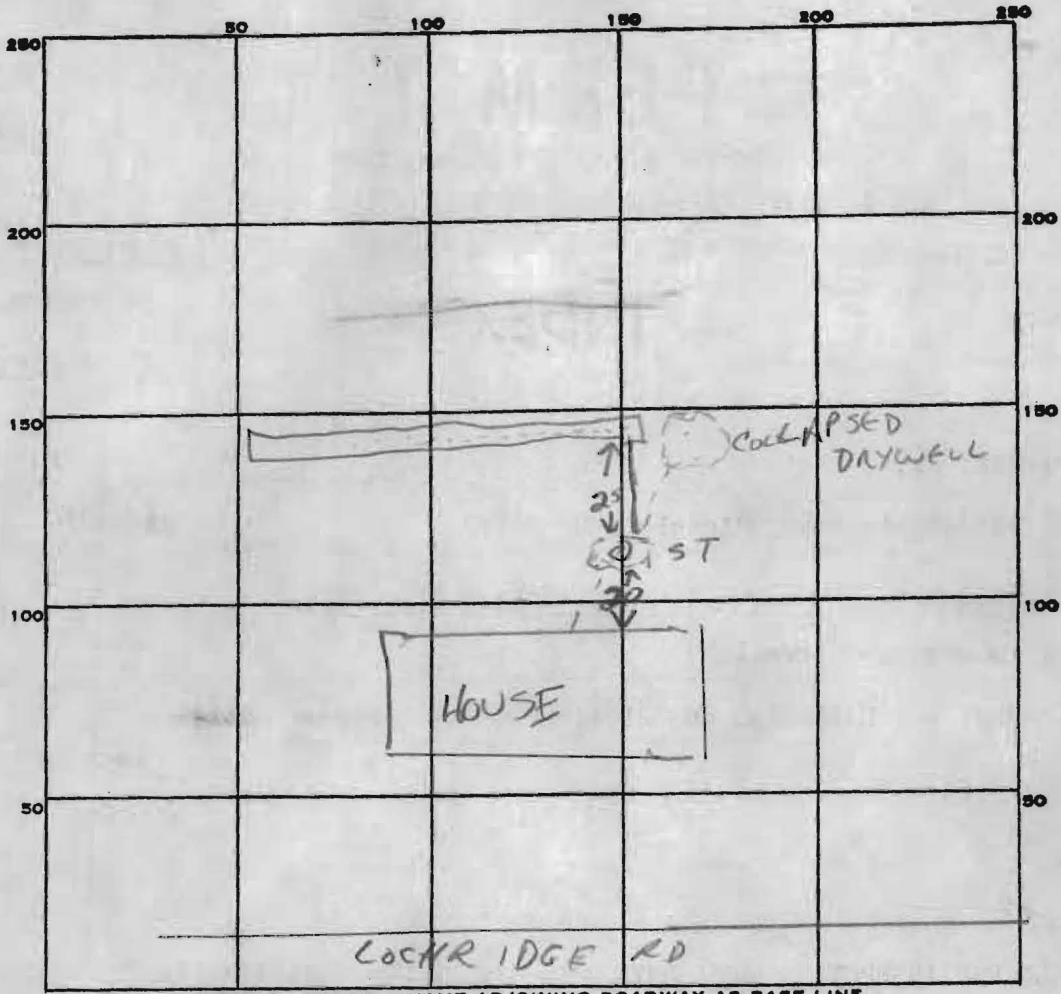
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

X
32955



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS ST EXISTING

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 10 FT IN. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL
TOTAL BOTTOM AREA 550

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 550 SQ. FT.

REMARKS

15' VISUAL HOLE OBSERVED BY OWNER. GROUND ALL SAND.

TRENCH OK ADD GRAVEL. 7-15-83 CW

DATE SYSTEM APPROVED 7-15-83

INSPECTOR C. Williams