

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 3/24/05

P 522048

APPROVAL DATE: 5/11/05

PERMIT
INDEXED

A REPAIR

05359546

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Braeburn LOT NUMBER: 43

ADDRESS: 6406 Lochridge Road PROPERTY OWNER: Michael Weidner

SEPTIC TANK CAPACITY (GALLONS): Ex 1500

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 132

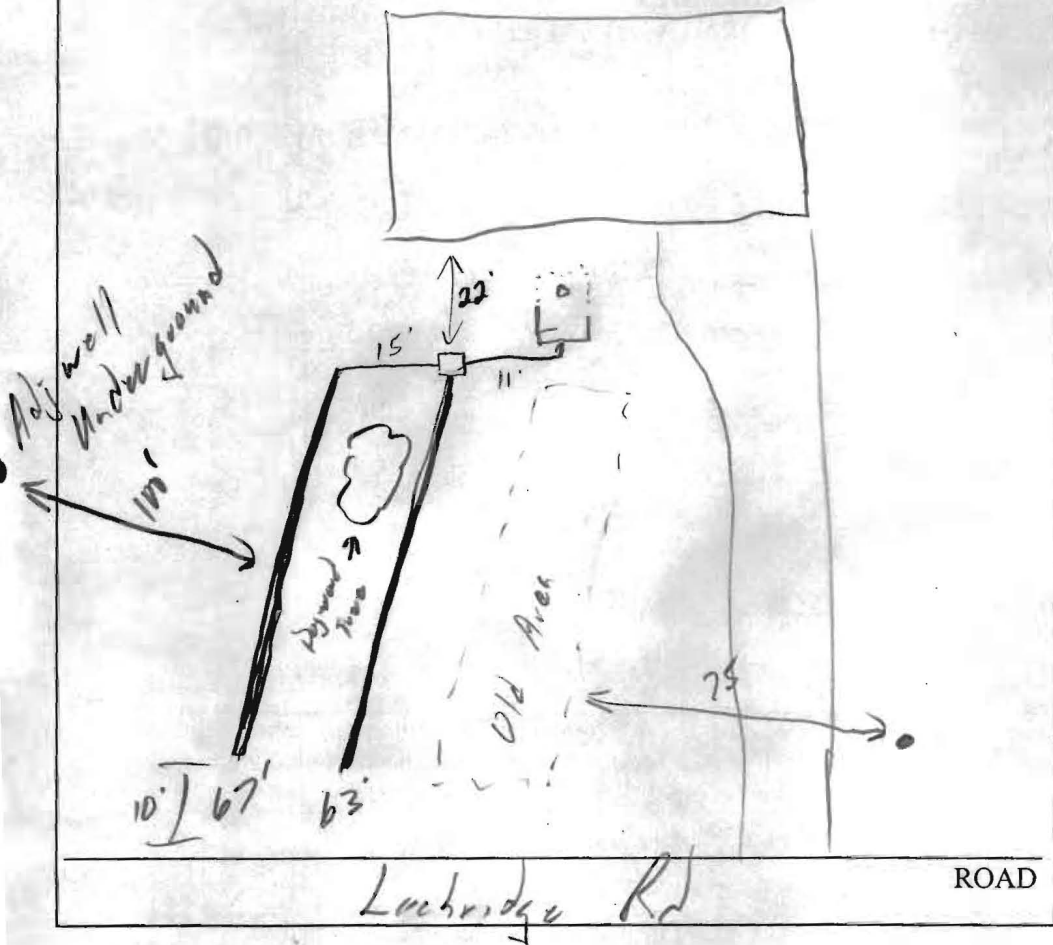
TRENCHES:	Trench to be <u>3</u> feet wide. Inlet <u>3</u> feet below original grade. Bottom maximum depth <u>5</u> feet below original grade. Effective area begins at <u>3</u> feet below original grade. <u>2</u> feet of stone below distribution pipe.
LOCATION:	<u>2 Trenches on best contour - will be : 10" off end to end. Keep as shallow as possible</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: [Signature] DATE: 5/3/05

- 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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		130'
ABSORPTION AREA		390 0
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 5/11/05 - Repair installation complete. OK to cover all work (50)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 5/11/05