

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/2/09

APPROVAL DATE: 1/8/09

PERMIT

*Checked with
Paul (m)*

P 530276

A REPAIR

Tax ID # 03-284972

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

Freedom Septic IS PERMITTED TO INSTALL ALTER

ADDRESS: 2809 Liberly Rd, Sykesville PHONE NUMBER: 410-795-2947

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12492 Indian Hill Drive PROPERTY OWNER: Charles Phelps

SEPTIC TANK CAPACITY (GALLONS): Ex 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 1.2

LINEAR FEET OF TRENCH REQUIRED: 53

| | |
|-------------------|---|
| TRENCHES: | <u>1 Trench on contour Inlet 4' Bottom & 4' Stone 3' wide</u> |
| LOCATION: | Existing septic system has failed. Please call for layout inspection when ground is opened. |
| ADDITIONAL NOTES: | <u>Pump, collapse, fill in old D.W. New manhole, ab. part, re-bottle</u> |

PLANS APPROVED: [Signature] DATE: 1/6/09

- 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

Ex. Pond.
Dive

Indian Hill Dr.

NOT TO SCALE

H0-73-3167

30'

120'

Deck

Porch



Old D.W.

| TRENCH/DRAINFIELD DATA | | |
|------------------------------------|-------|--------|
| WIDTH | INLET | BOTTOM |
| 3 | 4' | 8' |
| NUMBER OF TRENCHES <u>1</u> | | |
| TOTAL LENGTH <u>70'</u> | | |
| ABSORPTION AREA <u>210' + 5W</u> | | |
| DISTRIBUTION BOX LEVEL <u>N/A</u> | | |
| DISTRIBUTION BOX BAFFLE <u>N/A</u> | | |
| DISTRIBUTION BOX PORT <u>N/A</u> | | |

| Ex. SEPTIC TANK DATA | |
|--|---------------------------------|
| SEPTIC TANK I LEVEL | <u>Yes</u> |
| MANUFACTURER | <u>?</u> |
| CAPACITY | <u>1250 ?</u> GAL |
| SEAM LOC | <u> </u> |
| TANK LID DEPTH | <u>1'</u> |
| BAFFLES | <u>Yes (New Best)</u> |
| BAFFLE FILTER | <u> </u> |
| MANHOLE LOC | <u>Rear</u> |
| 6" PORT LOC | <u>Front</u> |
| WATERTIGHT TEST | <u> </u> |
| SLOTTED | <u>NO</u> |
| PUMP/SEPTIC TANK LEVEL <u> </u> | |
| MANUFACTURER | <u> </u> |
| CAPACITY | <u> </u> GAL |
| SEAM LOC | <u> </u> |
| TANK LID DEPTH | <u> </u> |
| BAFFLES | <u> </u> |
| BAFFLE FILTER | <u> </u> |
| MANHOLE LOC | <u> </u> |
| 6" PORT LOC | <u> </u> |
| WATERTIGHT TEST | <u> </u> |
| SLOTTED | <u> </u> |

PRE-CONSTRUCTION

* Installation per start @ time of repair per *

INSTALLATION 1/8/08 Contractor put new manhole on rear of tank. New plumbing from tank to trench. Contractor decided to put in 20' more feet of trench. Should be OK. Ex D.W. pumped and collapsed and filled in w/ soil. Trench looks good. OK to backfill when complete. (Rev)

FINAL INSPECTOR K. Wolf for (50) DATE OF APPROVAL 1/8/09

Fee Paid \$ 165
Receipt # P 530268

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: 12/30/08

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: Resident

*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: C. Bruce Bopst Freedom Septic

Contractor's Address: 2809 Liberty Road
Sylleesville Md 21784

Contractor's Phone #: 410-795-2947

Property Address: 12492 Indian Hill Drive

Property (Subdivision) & Lot # _____

Owner's Name: Charles Phelps

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: 1979

of Existing Bedrooms: _____

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.

Sanitarian will be in contact within three business days depending upon the urgency of the situation to ordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2643

Joanne's
B-day

map 9 Grid 12 Parcel 177 Dist 03