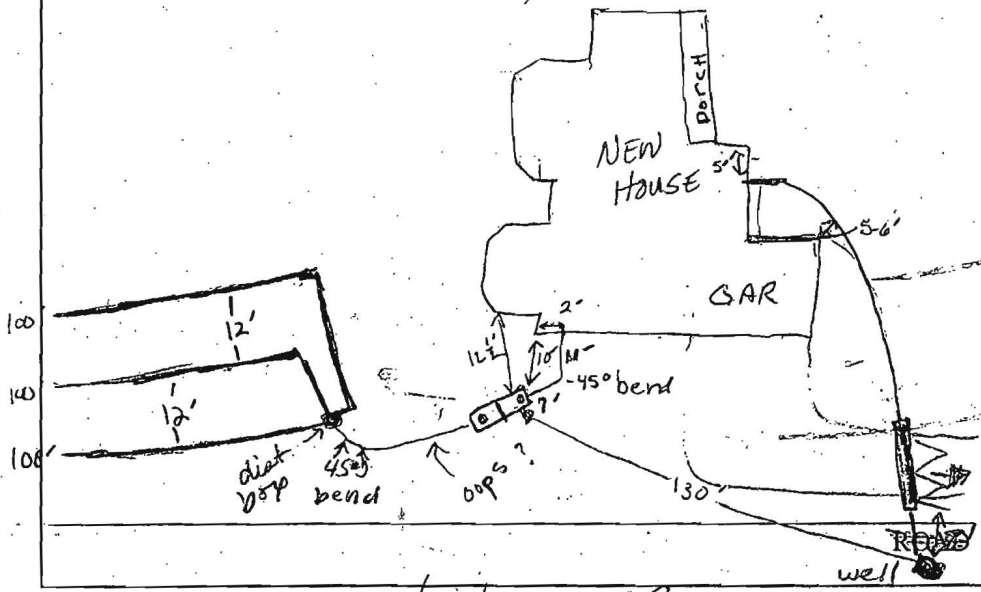


NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6"
NUMBER OF TRENCHES		3
TOTAL LENGTH		300'
ABSORPTION AREA		90 ft ²
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1250 GAL
SEAM LOC	top
TANK LID DEPTH	12-18'
BAFFLES	yes
BAFFLE FILTER	No
MANHOLE LOC	f+b
6" PORT LOC	None
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL	NA
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____



PRE-CONSTRUCTION 9/24/03 - SRA staked, contours accurate. Install
 Trenches per B.P. (SD) 9/25/03 Septic tank location & d. box
 INSTALLATION per plan. OK to cover all work. Well exp not
 ready - re-insp 8' distance gravel drive to well but location should
 be okay. (KN) 9/29/03 OK to cover all work (KB/SD)

FINAL INSPECTOR Ken Ball

DATE OF APPROVAL 9/29/03

BUILDING PERMIT SIGNED AND RETURNED

Fee Paid \$165.00
Receipt #P 530336

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: garage

*System relocation for proposed addition for setback compliance Tank

*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: Fogle's Septic Clean Inc.

Contractor's Address: 580 Obrecht Rd
Sykesville, MD 21784

Contractor's Phone #: 410 795-5670

Property Address: 1781 Long Corner Rd

Property (Subdivision) & Lot # _____

Owner's Name: Bob Poore

Is public sewer available/nearby: N/A

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 4

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.

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 _____

FAX TO 410-313-2648