

Bureau of Environmental Health

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Maura J. Rossman, M.D., Health Officer

| RECEIPT | DATE: 8/6/13 ONSITE SEWAGE DISPOSAL SYSTE | M P 545111 |
|--|--|--|
| INSTALLA APPROVAL I | PERMIT PATE: 8/26/13 REPAIR | Α |
| PROPERTY A | DDRESS: 2605 Thompson Drive | MO TO THE STATE OF |
| SUBDIVISION | V:LOT: | TAX ID: 03-287106 |
| CONTRACTO | R: Fogle's Septic Clean Inc. EMAIL: | kurt@foglesinc.com |
| ONTRACTO | R ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 | PHONE: 410-795-5670 |
| ROPERTY O | WNER: William Herzog EMAIL: | |
| WNER ADD | DRESS: 2605 Thompson Drive, | PHONE: 410-627-8606 |
| EPTIC TANK | SIZE (GALLONS): Ex. | |
| UMP CHAM | 1BER CAPACITY (GALLONS): PUMP SIZE: | AM |
| NUMBER OF | BEDROOMS: HOUSE SQ. FT. NA | APPLICATION RATE: 1-2 |
| DISTRIBUTIO | N SYSTEM: GRAVITY FED D LOW PRESSURE DOSED | 276 dea |
| | LINEAR FEET REQUIRED: 130' | INLET DEPTH: 3' |
| RENCHES: | TRENCH WIDTH: 3 MAXIMUM | BOTTOM DEPTH: 6 |
| | MINIMUM SPACE BETWEEN TRENCHES: 11 CTC 8'ETE EFFECTIVE AREA BI | EGINNING DEPTH: 4,5 |
| OCATION: | TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | Forp / cellipse Ex. Trywell. | cak batths on talk. |
| SSUED BY: | K. Wolf ISSUE DATE: 8/20/15 | EXPIRATION DATE: |
| NOTE: CONTROL STON NOTE: WAT NOTE: ALL PROTE: MAN NOTE: AN E | TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BE TRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COM- NE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST I ERTIGHT SEPTIC TANKS REQUIRED PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM IHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS LECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL CON- | MPONENTS PRIOR TO COVERING BE AVAILABLE FOR REVIEW. MANY WATER WELL MPONENTS OF THE SYSTEM |

SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

JW 1/2013

