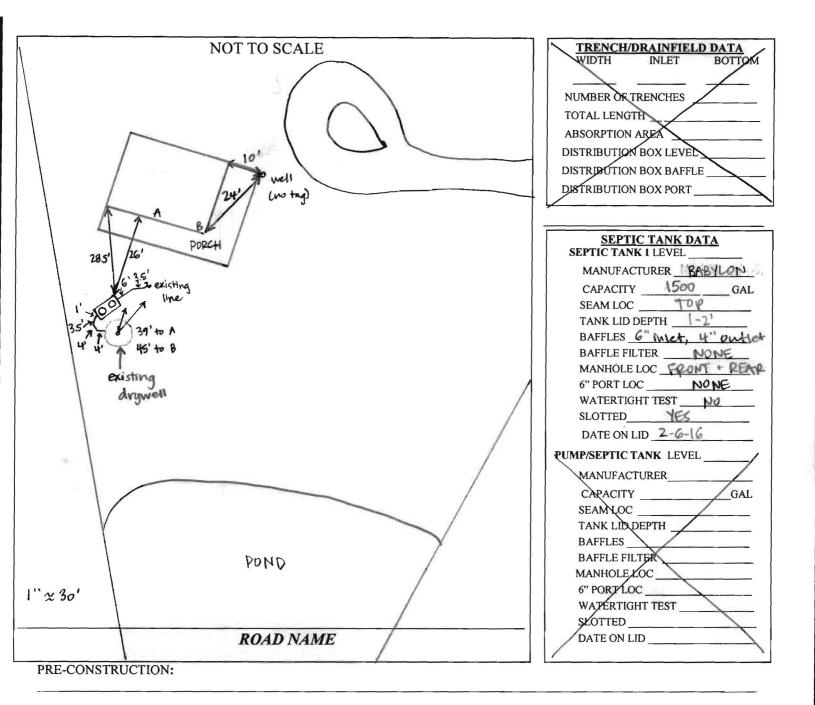
Howard County Health Department		Bureau of Environmental Health 8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640   Fax: 410-313-2648 TDD 410-313-2323   Toll Free 1-866-313-6300 <u>www.hchealth.org</u> Facebook: www.facebook.com/hocohealth Maura J. Rossman, M.D., Health Officer				
RECEIPT DATE: 4/25/16 ONSITE SEWAGE DISPOSAL SYSTEM P 558092						
APPROVAL DATE: _ 5/10/16 SEC PERMIT: REPAIR A						
PROPERTY ADDRESS: 16835 Colton Court						
SUBDIVISION:			LOT:	TAX ID:	04-324447	
CONTRACTO	R: Fogle's Septic Clear	Inc.	EMAIL:	kevin@foglesing	com	
CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784				PHONE:	410-795-5670	
PROPERTY OWNER: Deb Manning EMAIL:						
OWNER ADD	DRESS: 16835 Colton Co	urt, Woodbine, MD 21797	1	PHONE:	443-266-7192	
SEPTIC TANK SIZE (GALLONS): PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:						
NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. A				APPLICATION R	PPLICATION RATE:	
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED						
[	LINEAR FEET REQUIRED:			INLET DEPTH:		
TRENCHES: TRENCH WIDTH:						
	MINIMUM SPACE					
BETWEEN TRENCHES: EFFECTIVE AREA BEGINNING DEPTH:						
LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION. Install 1500-gal (minimum) tank, 2-compartment + slotted. Keep tank 20'						
	•	(minimum) tank,	2-compartmen	nt + sloffed.	Keep tank 20'	
NOTES: off house.						
ISSUED BY: Sarah Collins ISSUE DATE: 4/28/16 EXPIRATION DATE: 4/28/17						
NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION						
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING						
NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.						
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL						
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS						
NOTE: AN E	NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM ELECTRICAL PERMIT ISSUED E					
NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS						
DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE						
THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER						
GUIADNCE. NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE						
TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA						
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 410-313-1771 TO SCHEDULE INSPECTIONS.						
JW 5/2015						
3 * * 5/2023						



INSTALLATION: 5/9/16 1500-gol 2-compartment tank installed, NOT slotted. On site while Fogle's cutting tank (slot 24" off bottom, 4" slot as per Babylon's spece for 1500-gal. 2-compartment slotted tall, 4 wide). No lid on dry well - possibly collapsed + filled in with stone previously. No 4' probe Foole's running a new perforated proc across top + marking center light found with ~ halfway out during site visit. (SC) 5/10/16 Slot out in tank to specs with 4" stand piece Slot Center T turned 90° + capped into stone pit. 7.5' Tank tied diameter + desorhed above. has 4" stand pipe to mark.

FINAL INSPECTOR Sarah Collins \_\_\_\_\_ DATE OF APPROVAL 5/10/16\_\_\_