

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 08/24/09

APPROVAL DATE: \_\_\_\_\_

# PERMIT

**Tax ID # 05-349524**

P 531892

A REPAIR

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 580 Obrecht Rd, Sykesville MD 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 12523 Scaggsville Road PROPERTY OWNER: Mason Yu

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: 5

SQUARE FOOTAGE (OF HOUSE): \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be feet wide. Inlet at feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below the distribution pipe.
LOCATION:	Septic system is failing. Call for inspection when ground is opened.
ADDITIONAL NOTES:	

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

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

NUMBER OF TRENCHES \_\_\_\_\_  
TOTAL LENGTH \_\_\_\_\_  
ABSORPTION AREA \_\_\_\_\_  
DISTRIBUTION BOX LEVEL \_\_\_\_\_  
DISTRIBUTION BOX BAFFLE \_\_\_\_\_  
DISTRIBUTION BOX PORT \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_  
CAPACITY \_\_\_\_\_ GAL  
SEAM LOC \_\_\_\_\_  
TANK LID DEPTH \_\_\_\_\_  
BAFFLES \_\_\_\_\_  
BAFFLE FILTER \_\_\_\_\_  
MANHOLE LOC \_\_\_\_\_  
6" PORT LOC \_\_\_\_\_  
WATERTIGHT TEST \_\_\_\_\_  
SLOTTED \_\_\_\_\_  
DATE ON LID \_\_\_\_\_

PUMP/SEPTIC TANK LEVEL \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_  
CAPACITY \_\_\_\_\_ GAL  
SEAM LOC \_\_\_\_\_  
TANK LID DEPTH \_\_\_\_\_  
BAFFLES \_\_\_\_\_  
BAFFLE FILTER \_\_\_\_\_  
MANHOLE LOC \_\_\_\_\_  
6" PORT LOC \_\_\_\_\_  
WATERTIGHT TEST \_\_\_\_\_  
SLOTTED \_\_\_\_\_  
DATE ON LID \_\_\_\_\_

***ROAD NAME***

PRE-CONSTRUCTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTALLATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

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: \_\_\_\_\_

\*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: Fogle's Septic Clean Inc.

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

Contractor's Phone #: 410 795-5670

Property Address: 12523 Scaggsville Rd

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: Mason Yu

Is public sewer available/nearby: \_\_\_\_\_

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: \_\_\_\_\_

# of Existing Bedrooms: 5

# 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