PUB. SEWER STATUS VERIFIED BY					
ISSUE DATE:	04/19/06	PERMIT	P	524420	
APPROVAL DATE:			Α	REPAIR	

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

Fogles Septic Clean, Inc	c	IS PERMITTED TO	INSTALL ☐ ALTER ☒
ADDRESS: 580 Ob	recht Road	PHONE NU	MBER: 410-795-5670
SUBDIVISION: Cla	arksville Ridge	LOT NUME	BER: 17
ADDRESS: 6617 W	hitegate Road	PROPERTY OW	NER: Janet Jagdhane
SEPTIC TANK CAPA	CITY (GALLONS):	Existing .	Trench 3' Wide
PUMP CHAMBER CA	PACITY (GALLONS):	N/A	Inlet 2.5'
NUMBER OF BEDROOMS:		3	Bottom 3.5'
SQUARE FEET PER BEDROOM:		180	
LINEAR FEET OF TR	ENCH REQUIRED:	144'	2-72' Trenches
TRENCHES:		. Effective area begins at	al grade. Bottom maximum depth feet below original grade.
LOCATION:	Keep Trench	es At Least	100 From Well
PURPOSE:	Existing septic system has sanitarian can recommend		when ground is opened so
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 SYSTMEM 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

PUB. SEWER STATU	S VERIFIED BY	·			
ISSUE DATE:	04/19/06	PERN	ЛІТ	P	524420
APPROVAL DATE:			/11 1	Α	REPAIR

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

Fogles Septic Clean, Inc	2.	IS PERMITTED TO	NSTALL ☐ ALTER ⊠	
ADDRESS: _580 Ob	recht Road	PHONE NUMBE	ER: 410-795-5670	
SUBDIVISION: Cla	rksville Ridge	LOT NUMBER:	17	
ADDRESS: 6617 W	hitegate Road	PROPERTY OWNER:	Janet Jagdhane	
SEPTIC TANK CAPAC	CITY (GALLONS):	Trenc	h 3'Wide	
PUMP CHAMBER CAPACITY (GALLONS):			+ 2.5'	
NUMBER OF BEDROOMS:		- ,,,,,		
SQUARE FEET PER BEDROOM:		Bott	om 3.5'	
LINEAR FEET OF TRENCH REQUIRED:		2-72	2'Trenches	
TRENCHES:	Trench to be feet wide. In feet below original grade. Ef feet of stone below dist	fective area begins at	de. Bottom maximum depth feet below original grade.	
LOCATION:		A . 1	1 - 1 - 11	
	Keep Trenches	At Least 100	o' From Well	
PURPOSE:	Existing septic system has faile sanitarian can recommend repa	ed. Call for inspection when		
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 SYSTMEM 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

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640 SEWAGE DISPOSAL PERMIT NO. A-524420 P-524420

PERMITTEE	FOGLES 5	EPTIC CLEAN, II	vc		
LOCATION	66 17 WHI	TEGATE ROAD -	CLARKSVIL	LE RIDGE - LO	T 17
		(JANES JAGOH			
POST		ork Until Health Departme D WHERE IT C			DAD
DISPO		TION ON SEWAGE ND CONTACT HEALTH E CONTINUING			
WORK IS SATISFACTORY, CONTINUE		DRY,	Inspector		Date
			Inspector		Date
		ı			
				•	•
	INSPECTION MAR ALL WORK	ADE,			
HD 230 (2/07)			Inspector		Date