

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 www.hchealth.org

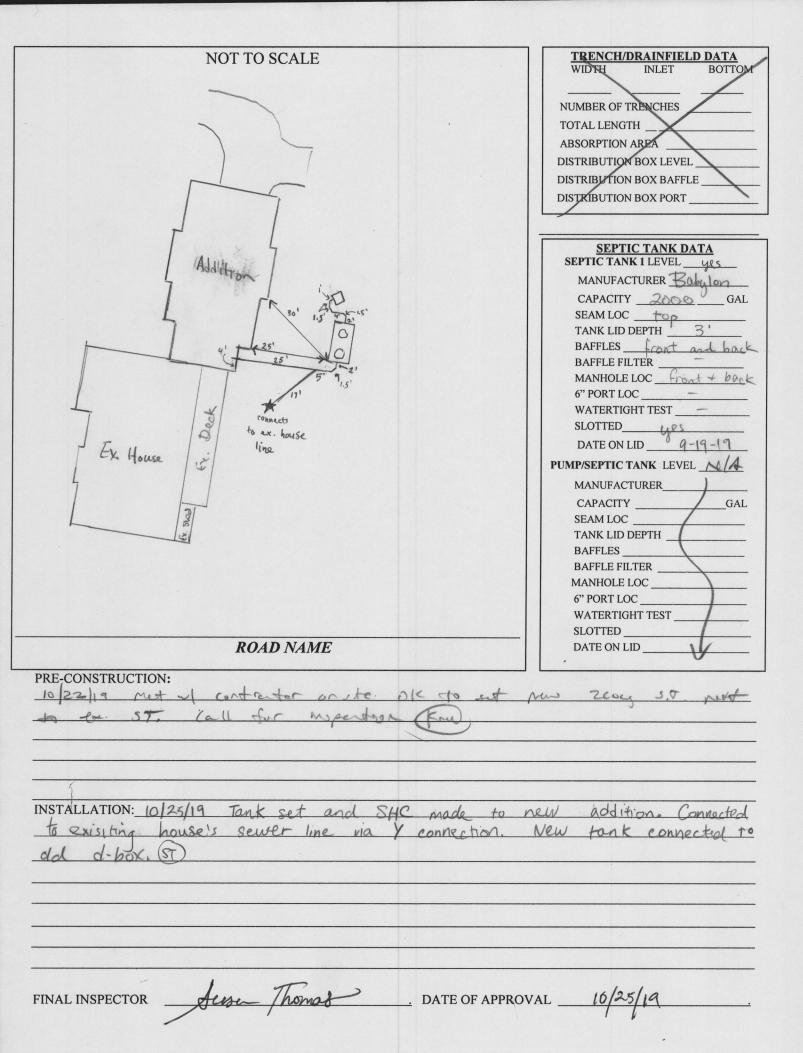
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Maura J. Rossman, M.D., Health Officer

RECEIPT	DATE: 7/22/19 ONSITE SEWAG	E DISPOSAL SYSTE	P 565562			
APPROVAL	DATE: PERMIT:	REPAIR	A Upgrade			
PROPERTY	ADDRESS: 2445 Sand Hill		opgrade			
SUBDIVISIO	N:	LOT:	TAX ID:			
CONTRACTO	OR: Fogle's Septic Clean Inc.	EMAIL: K				
CONTRACTO	R ADDRESS: 580 Obrecht Road Sykesville, N		PHONE: 410-795-5670			
PROPERTY	OWNER:	EMAIL:				
OWNER ADDRESS: PHONE:						
SEPTIC TANI	K SIZE: 2000 PUMP TANK CAPA	CITY: n/a PUM	P SIZE: n/a			
DISTRIBUTIO						
DISTRIBUTIO	ON SYSTEM: GRAVITY PRESS	SURE DOSED BEDROOMS:	4 APPLICATION RATE: 0.8			
	LINEAR FEET REQUIRED: n/a	<u> </u>	INLET DEPTH: n/a			
TRENCHES:	TRENCH WIDTH: n/a MAXIMUM BOTTOM DEPTH: n/a					
	MINIMUM SPACE BETWEEN TRENCHES: n/a	EFFECTIVE AREA BEG	GINNING DEPTH: n/a			
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CO		<u></u>			
Install new 2000g septic tank outside of 100 ft well arc. Just below existing septic tank. Pump and collapse the existing tank. Call for inspection						
	File missing @ time of inspection					
ISSUED BY:	K. Wolf (for Spencer Freemon) ISS	SUE DATE: 7/22/19	EXPIRATION DATE: 7/22/2020			
NOTE: CON	FRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INS	PECTION PRIOR TO BEGINNING A				
	TRACTOR MUST SCHEDULE AN INSPECTION AND GAIN A					
	IE MUST BE APPROVED BY HEALTH DEPARTMENT AND	GRAVEL TICKET MUST BE AVAILAB	BLE FOR REVIEW.			
	ERTIGHT SEPTIC TANKS REQUIRED ARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET I	ONNER A DIENT EDGA A ANNUAL				
NOTE: MAN	ARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET [HOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUI	DOWNGRADIENT FROM ANY WAT MP CHAMBERS	ER WELL			
NOTE: AN E	LECTRICAL PERMIT IS REQUIRED FOR INSTALLATION O BELECTRICAL PERMIT ISSUED E n/a		OF THE SYSTEM			
NOTE: THE	ICHD DOES NOT WARRANTY ANY SYSTEM AND CANN	OT GUARANTEE THE PERFORMAN	NCE OF THIS SYSTEM AS DESIGNED, BY			
ACCE	PTING THIS PERMIT, THE OWNER AND/OR APPLICANT	ACKOWLEDGE THAT THE SPECIF	ICATIONS DETAILED IN THIS DESIGN ARE			
QUAI	POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW IFIED DESIGN CONSULTANT OR PROFESSIONAL ENGIN	OTHER PROPOSALS. YOU HAVE T VEER FOR FURTHER GUIADNOF	HE OPTION TO SEEK THE ADVICE OF A			
NOTE: AN IN	IDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURALLATION.	RER FOR BAT INSTALLATION MUS	T BE PRESENT AT ALL TIMES DURING BAT			
NOTE: MDE	RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRET SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL ARE	REATMENT UNITS BE PUMPED AT A	F A FREQUENCY ADEQUATE TO ENSURE			

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.





HOWARD COUNTY HEALTH DEPARTMENT

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