



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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 11/5/20

ONSITE SEWAGE DISPOSAL SYSTEM

P 5723846

INSTALLATION

APPROVAL DATE: 11/25/2020 (ST)

PERMIT

A _____

MINOR REPAIR

PROPERTY ADDRESS: 1121 River Road

SUBDIVISION: River Park Estates

LOT: 5

TAX ID: 03-297446

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Jennifer Coomber

EMAIL: _____

OWNER ADDRESS: 1121 River Road, Sykesville, MD 21784

PHONE: 410-804-1771

NUMBER OF BEDROOMS: _____ SEPTIC TANK SIZE: _____ DRAINFIELD SIZE/TYPE: _____

LOCATION:	
NOTES:	Drywell to be collapsed. Dbox to be installed and connected to two existing trenches.

ISSUED BY: Kevin Wolf

ISSUE DATE: 3/13/20

EXPIRATION DATE: 3/13/21

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

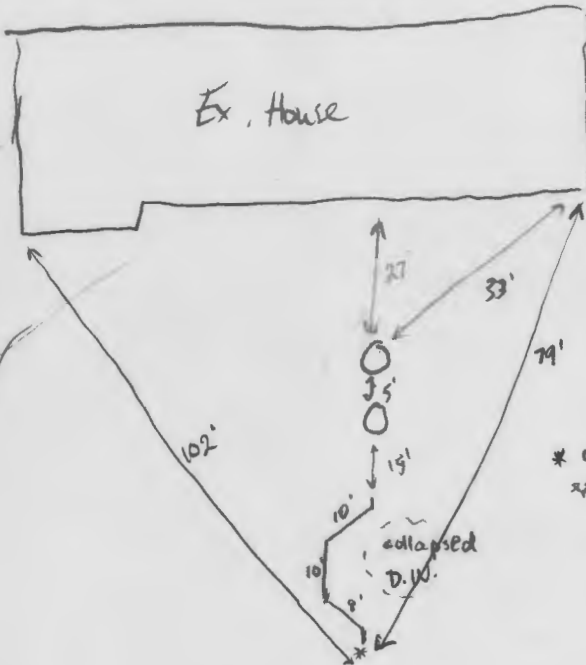
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 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 ~ 2'
 BAFFLES back
 BAFFLE FILTER _____
 MANHOLE LOC front + back
 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 _____

PRE-CONSTRUCTION:

INSTALLATION: 11/25/2020 Contractor rerouted around old drywell (lid had fallen in) and collapsed the drywell. Contractor could not locate trenches but connected new line into existing SCH 40 that was coming out of drywell. Contractor confirmed that water was coming through the new pipe when owner did laundry yesterday. Contractor says owner is aware that trenches might fail and need repair in future. (S)

FINAL INSPECTOR Austin Thomas DATE OF APPROVAL 11/25/2020

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A-_____ P- 572846

RESIDENTIAL PERMIT ☐

(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT ☐

(DESIGN FLOW: _____ GPD)

PERMITEE:

Foakes Septic Clean Inc.

LOCATION:

1124 River Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

☐

STOP ALL CONSTRUCTION ON SEWAGE
DISPOSAL SYSTEM AND CONTACT HEALTH
DEPARTMENT BEFORE CONTINUING

Inspector _____

Date _____

☐

WORK IS SATISFACTORY, OK TO
CONTINUE

Inspector _____

Date _____

COMMENTS:

☐

FINAL INSPECTION MADE, OK TO
COVER ALL WORK

Inspector _____

Date _____