

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

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

RECEIPT	DATE: 9/23/20 UNSITE SEWAGE DIS	PUSAL STSTE	VI P	56/989	
APP RO VAL [DATE: 10/16/2020 PERMIT:	REPAIR	A	567989	
	DDRESS: 14069 Stevens Valley Court			-	
SUBDIVISION	l:	LOT:	TAX ID:		
CONTRACTO	R: Fogles Septic Clean Inc	EMAIL:	kim@foglesinc.co	<u>om</u>	
CONTRACTO	R ADDRESS: 580 Obrecht Road, Sykesville, MD 2:	1784	PHONE:	410-795-5670	
PROPERTY O	WNER: Robert Leedom	EMAIL: _			
	RESS: 14069 Stevens Valley Court, Glenwood, M			443-266-7179	
SEPTIC TANK	SIZE (GALLONS): PUMP CHAMBER CA	PACITY (GALLONS):	P	UMP SIZE:	
NUMBER OF	BEDROOMS: HOUSE SQ. FT.		APPLICATION RA	ATE: 0,8	
DISTRIBUTIO	N SYSTEM: GRAVITY FED LOW PRE	SSURE DOSED]		
	LINEAR FEET REQUIRED: 125		INLET DEPTH:	3-4'	
TRENCHES:	TRENCH WIDTH: 3	MAXIMUM			
	MINIMUM SPACE	EFFECTIVE AREA BE	CININING DEDTH	l	
			GINNING DEFIN.	6	
LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.					
	Install 2 x 625 trendes of yerd. Set D box towards	the viter	of yord.	Pun ad	
NOTES: college ex. dynd,					
ISSUED BY:	K. Wolf ISSUE DAT	E: 10 6 2620	EXPIRATION DA	ATE: 10/6/2021	
NOTE: CON	TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSP	ECTION PRIOR TO BE	SINNING ANY INST	ALLATION	
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					
	PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DO IHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUM		I ANY WATER WELL	•	
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM					
	ELECTRICAL PERMIT ISSUED E NA	,,			
	HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNO				
	GNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/O				
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					
	ADNCE.	ONSOLIAMI ON PRO	LUSIONAL LINGINE	LINTONTONTILL	
	RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETR		PUMPED AT A FREC	QUENCY ADEQUATE	
TO E	NSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DIS	POSAL 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.

30' 42' 51' 42' 66' 00 HA	ABSORPTION AREA 39(55) DISTRIBUTION BOX LEVEL STEED DISTRIBUTION BOX BAFFLE 45 DISTRIBUTION BOX PORT DISTRIBUTION BOX PORT SEPTIC TANK DATA SEPTIC TANK 1 LEVEL 425 MANUFACTURER BOYLOW CAPACITY 500 GAL SEAM LOC 500 TANK LID DEPTH 15 BAFFLES FOR 4 100 CK 6" PORT LOC 6" PORT LOC 700 WATERTIGHT TEST 5LOTTED 420 PUMP/SEPTIC TANK LEVEL 6AL SEAM LOC TANK LEVEL GAL SEAM LOC TANK LEVEL GAL SEAM LOC TANK LEVEL GAL SEAM LOC TANK LID DEPTH GAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST
ROAD NAME	SLOTTED DATE ON LID
PRE-CONSTRUCTION: 10/6/2020 Install 2 & 63 trenches runn; front yard. Pune and college as Dyna to replace backlin if not sub 40.	11. Contrator recoverce
INSTALLATION: 10/13/20 Bont content expired top = to be concluded in the lide will rud to reg tent. (km) 10/14/2020 old tank and druwell colla New sever line tied into existing east from line with a Fernco. driveway. Tank and d-box set and connected ST 10/16/2020 D box of Speed Levels to	psed and filled with stone. SL sleeved underneath
FINAL INSPECTOR DATE OF APPRO	VAL 10/16/2020 .

NOT TO SCALE

TRENCH/DRAINFIELD DATA
WIDTH INLET BOTTOM
9

NUMBER OF TRENCHES 2
TOTAL LENGTH 62:



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 2104S 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: 9/18/18 ONSITE SEWAGE DISPO	SAL SYSTE	M P	564008		
APPROVAL	DATE: 11/20/16 SEC PERMIT:	REPAIR	А			
PROPERTY ADDRESS: 14070 Stevens Valley Court						
SUBDIVISION	1:	LOT:	TAX ID:	04-313666		
CONTRACTO	R: South Carroll Backhoe	EMAIL:	scbackhoe@con	ncast.net		
CONTRACTO	R ADDRESS: 4410 Salem Bottom Road, Westminster	r, MD 21157	PHONE:	410-596-3618		
PROPERTY O	WNER: Megan and Matt Wessel	EMAIL:				
OWNER ADD	RESS: 14070 Stevens Valley Court, Glenwood, MD 2	1738	PHONE:	301-366-9040		
SEPTIC TANK	SIZE (GALLONS): 1250 (ex) PUMP CHAMBER CAPAC	CITY (GALLONS):		PUMP SIZE:		
NUMBER OF	BEDROOMS: 나 HOUSE SQ. FT.		APPLICATION R	ATE: 0.8		
DISTRIBUTIO	N SYSTEM: GRAVITY FED 🗹 LOW PRESSL	IRE DOSED				
	LINEAR FEET REQUIRED: 135		INLET DEPTH:	<u>5</u> ¹		
TRENCHES:	TRENCH WIDTH:	MAXIMUM	BOTTOM DEPTH:	9'		
	MINIMUM SPACE BETWEEN TRENCHES: (0)	FFECTIVE AREA BI	EGINNING DEPTH:	<u></u>		
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION	ON INSPECTION.				
NOTES:	Install 2 65 trenches below existing abandoned 3 45'	trench. D	ingwell mus	t be jumped +		
ISSUED BY:	Sarah Colvins ISSUE DATE:	11/13/18	EXPIRATION D	ATE: 11/13/19		
	TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECT		•			
NOTE: CON	TRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPR	OVAL OF ALL CON	IPONENTS PRIOR T	O COVERING		
NOTE: STO	IE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAV	VEL 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: 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 ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM ELECTRICAL PERMIT ISSUED E N/A						
NOTE: THE DESI QET/ THE GUI/ NOTE: MDE	HICHO DOES NOT WARRANTY ANY SYSTEM AND CANNOT G GNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR A LILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THA OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CON LONCE. RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREAT INSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOS	APPLICANT ACKON T THE HCHD WILL SULTANT OR PRO TMENT UNITS BE I	NLEDGE THAT THE REVIEW OTHER PR FESSIONAL ENGINE PUMPED AT A FREC	SPECIFICATIONS ROPOSALS. YOU HAVE EER FOR FURTHER QUENCY ADEQUATE		
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.

NOT TO SCALE 75' 1''≈ 30'	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM 2' 4' 8'
Driveway A B Covered Parch Covered Porch A Stro A (Root is under patio) 105' to A 12' to B 101' to A 12' to B 101' to A 12' to B 101' to A 12' to B 13 5' 11' to B ROAD NAME PRE-CONSTRUCTION: 11/15/18 Met S. Cantoll on site for layout. Shot contour and la	NUMBER OF TRENCHES 3 TOTAL LENGTH 137' ABSORPTION AREA 417'+SIDENAL DISTRIBUTION BOX LEVEL YES DISTRIBUTION BOX BAFFLE YES DISTRIBUTION BOX PORT YES SEPTIC TANK DATA SEPTIC TANK I LEVEL EXISTRIAL MANUFACTURER ? CAPACITY 1250 GAL SEAM LOC MLD TANK LID DEPTH 2.5' BAFFLES KEAR WATERTIGHT TEST NO SLOTTED NO DATE ON LID PUMPASEPTIC TANK LEVEL MANUFACTURER CAPACITY GAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED DATE ON LID
may cross perc hole - cannot tell exact location due to	snew on ground. (Sc)
INSTALLATION: 11/19/18 Septic tank uncovered by contractor. Outle 5' or shallower inlet at trenches (SO 11/20/18 Drywell primpe D-box set + connected to tank. First two menches installed inspection and T2 left open. 2' wide 3.5' to stone. S. Carrol bottom is 8'. Tank has terracetta baffle at rear. (SO 11/28/ stone. 2' wide, 4' inlet, 8' bottom. Leveled speed leveleve in + left open for inspection. (SO)	d. S. Carroll Filling with dirt. To left open at ends for 1 could make 4' inset so 18 T3 dug. S. Carroll adding



HOWARD COUNTY HEALTH DEPARTMENT

64008

PHONE #

Received

Š CASH

Received By .