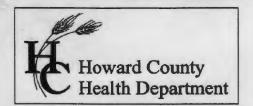
ST. 10 CO.	HOWARD COUNTY HEALTH DEPARTMENT 72732	
	1212472 15	
Received From	C(0) Septic PHONE # 145-86	K
	For Coptic Remiett 10521	
CASH CHECK	puddintare	
M98 156	Ducehenered mety-sy-pollars	popular
3910	DO Received By Alan	



## **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

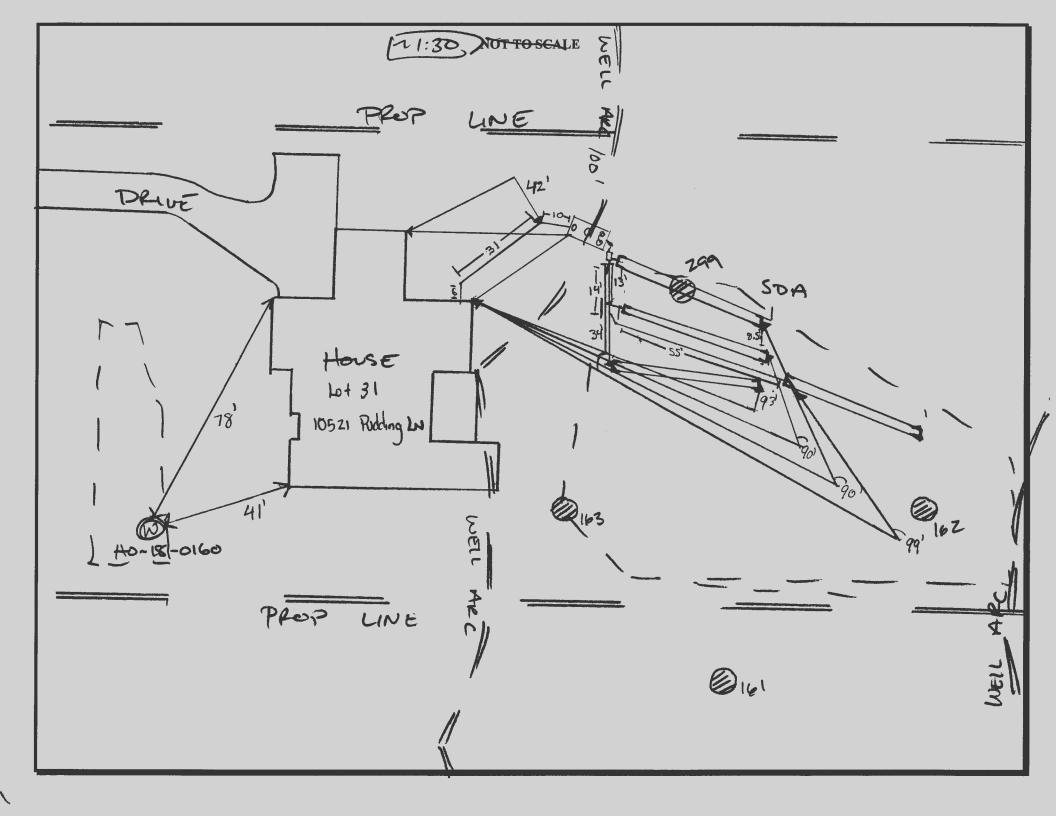
	DATE: 12/21/32 ONSITE SEWAGE DISPO		P 572732
APPROVAL	DATE: 3 13 28 PERMIT: CONS	STRUCTION	Α
PROPERTY A	DDRESS: 10521 Pudding Lane		
SUBDIVISION	: King's Forest	LOT: <b>31</b> TAX ID:	
	R: Fogks Scatic		
	ADDRESS:		IE: 416.795.567
CONTRACT	TOR CERTIFIED FOR BAT INSTALLATION: 🖂 MDE	MANUFACTURER:	
PROPERTY O	WNER: Toll Mid Atlantic	EMAIL: Sriley1@tolb	rothrs.com
OWNER ADDR	ESS: 250 Gibraltar Road	PHONE:	410-872-9105
BAT UNIT MO	ODEL: Norweco PUMP SIZE:	PUMP TANK CAPACITY:	
OPERATION &	MAINTENANCE AGREEMENT DATE SIGNED: 10/5/202	3 DATE RECORDED:	
DISTRIBUTIO	N SYSTEM: GRAVITY PRESSURE DOSED	BEDROOMS: 5 APP	LICATION RATE: 0.8
	LINEAR FEET REQUIRED:197	INLET DEPT	TH:3
TRENCHES:	TRENCH WIDTH:3	MAXIMUM BOTTOM DEPT	TH: 6
	MINIMUM SPACE BETWEEN TRENCHES: 10 EF	FECTIVE AREA BEGINNING DEPT	'H: <b>3</b>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	BAT UNIT LOCATION MUST BE S	STAKED BY LICENSED
NOTES:			
ISSUED BY:	Dana Bernard ISSUE DATE:	8-26-22 EXPIRATION	DATE: 8-26-23 (+)
NOTE: CON	TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION		
NOTE: CON	TRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPRO	VAL OF ALL COMPONENTS PRIO	R TO COVERING
	NE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVI	EL TICKET MUST BE AVAILABLE F	OR REVIEW.
	ERTIGHT SEPTIC TANKS REQUIRED		
	PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWN IHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CH		VELL
	LECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY		THE SYSTEM
	ELECTRICAL PERMIT ISSUED E 2200662		
	NDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FO ING BAT INSTALLATION.	OR BAT INSTALLATION MUST BE	PRESENT AT ALL TIMES
NOTE: MDE	RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREAT		REQUENCY ADEQUATE
IOE	NSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSA	AL 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.

1	NOT TO SCALE	TRENCH/DRAINFIELD DATA
*	NOT TO SCALE	WIDTH INLET BOTTOM
		3 3 6
		NUMBER OF TRENCHES 4
	•	TOTAL LENGTH 190
		ABSORPTION AREA 576 39 44.
		DISTRIBUTION BOX LEVEL YES
		DISTRIBUTION BOX BAFFLE YES
		DISTRIBUTION BOX PORT YES
		1
	•	SEPTIC TANK DATA SEPTIC TANK 1 LEVEL Ve.3
		MANUFACTURER BOOK ROME
		CAPACITY TNT 750 GAL
		SEAM LOC Top
		TANK LID DEPTH 2.5-3°
		BAFFLES
		BAFFLE FILTER
		MANHOLE LOC VOOT
		6" PORT LOC
		WATERTIGHT TEST
		SLOTTED - YES
		DATE ON LID 12/21/22
		PUMP/SEPTIC TANK LEVEL NA
		MANUFACTURER
		CAPACITY GAL
		SEAM DOC
		TANK LID DEPTH
		BAFFLES
		BAFFLE FILTER
		MANHOLE LOC_
		6" PORT LOC
		WATERTIGHT TEST
		SLOTTED
	ROAD NAME	DATE ON LID
PRE-CONSTRUCT	ION:	`
12/22/2022	Confirmed Contour of 4	450' frenches. P
		<u> </u>
INSTALLATION:	12/36/22 - tanks called in for inspec	but contractor not ready delay onsite,
with tank just	all etion; ok to continue (ee 1/3/	23 - Tank set 11 depth 12
1		1110 0 110
212 -3	. Tenk specs per plan. Saw	mont activation, in doll accition,
& back cla	William Per Ash. (80) 1/4/23-5	per between 1, 2 ann 8.5° 24 and 5 ments
saviuse co		
	, , , , , , , , , , , , , , , , , , , ,	
Finished 1, -13	, stated Ty Stone & F262 01/24 1/6/2	
contractor ora	1260 top. Level ed & Dax observed one	dry well. Silt sence open to make room for
	to be reported within 2 of anys. O-box 184	eled a mersured House to Trank of the
34, SIN FEME	to be reputed within 2 ways. U TILL ICA	
FINAL INSPECTO	OR Response	DATE OF APPROVAL 3 13 23
-		





BACK RIVER PRE-CAST, LLC PO BOX 329 GLYNDON, MD 21071 PH# 410-833-3394

## **NORWECO CERTIFICATION**

PROPERTY OWNER: TOLL MID-ATLANTIC	INSTALLATION COMPANY: FOGLES SEPTIC		
ADDRESS: 10521 PUDDING LANE	CERTIFIED INSTALLER: JAMIE DEAVERS		
CITY, ZIPCODE & COUNTY: ELLICOTT CITY, 21042, HOWARD	PERMIT#		
SIZE OF SYSTEM INSTALLED:	DATE INSTALLED: 12-30-22		
750 GPD CONCRETE	START-UP DATE: 02-10-23		
NUMBER OF BEDROOMS:	DATE OF FINAL INSPECTION:		
TYPE OF INSTALLATION: NEW	DATE OF ELECTRICAL INSPECTION:		
ELECTRICAL WIRING PER ELECTRICAL INSTRUCTIONS: YES	TANK LEVEL: YES		
HT. OF CONTROL PANEL ABOVE FINAL GRADE: 30"	BURIAL DEPTH OF TANK: 30"		
SYSTEM WIRED ON A 15-AMP DEDICATED CIRCUIT WITH STD. BREAKER: YES	RISERS 4" - 6" ABOVE GRADE: YES		
LENGTH(S) OF UF WIRE PAST LAST AERATION RISER(S): 30"	VENTED LID(S) ON AERATION CHAMBER(S): YES		
FEMALE PLUG(S) WIRED TO UF WIRE: YES	ANY GROUND SETTLING AROUND TANK:		
CONDUIT(S) ENTERING AERATION RISER MADE WITH A WATERTIGHT CONNECTION: YES	NO		
ISTHE INSIDE OF THE CONDUIT ENTERING THE CONTROL PANEL(S) AND AERATION RISER(S) SEALED WITH DUCT SEAL: YES			

ON 2<sup>ND</sup> PAGE MAKE A ROUGH SKETCH OF THE HOUSE ,WHERE THE SYSTEM IS LOCATED, WHERE THE CONTROL PANEL IS LOCATED , WHERE THE FRONT OF THE IS AND DIRECTIONS TO THE PROPERTY.

DIRECTIONS CAN START A FEW STREETS AWAY

EXAMPLE: RT. X LEFT ONTO XX STREET RIGHT ONTO PRIVATE DRIVEWAY 5<sup>TH</sup> HOUSE OF THE LEFT.

I certify that the Norweco Singulair TNT Wastewater Treatment System was installed according to the manufacture's specifications.

Matthew Geckle

February 10, 2023

Signature of BRP Representative

Vice-President

Date



## **Bureau of Environmental Health**

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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

	SEWAGE DISPOSAL	SYSTEM SPECIFICATIONS WORKSH	IEET
Address:			
Subdivision: Kings Forest (Formally Carroll Ziegler Property) Lot:			Lot:31
Initial system:	Application rate:0.8_	Effective area beginning depth:4	Bottom maximum depth:
1 <sup>st</sup> Replacement:	Application rate: 0.8	Effective area beginning depth: 6	Bottom maximum depth:
2 <sup>nd</sup> Replacement:	Application rate: 0.8	Effective area beginning depth:6	Bottom maximum depth:
Design flow + applicat	edit formula: Percent of length of	e of drainfield required uare footage x sidewall reduction per	-
W + 1 + 2D  Standard design requi	· ·	ning depth and trench bottom.	
<ul> <li>Trenches mus</li> <li>All trenches m</li> <li>All trenches m</li> <li>Tank and tren</li> </ul>	t be located to provide ro nust be equal length unles nust be on contour ches must be placed as s	oom for 3 systems in the disposal are ss low pressure dosed hallow as possible while maintaining 2% fall from house is not possible, th	2% fall in pipe from house
<ul> <li>Minimum trer</li> <li>be necessary f</li> <li>2D +W up to a</li> </ul>	for any trench using over a maximum spacing of 18	enches utilizing sidewall reduction cre 3.5' of effective sidewall. In those can '. with no sidewall credit (bottom area	ses, the spacing formula is
	nch length is 100'	cing is measured edge to edge)	
Additional requirem	ents:		
Approved:Dana	Bernard	Date:	3-11-20