LAYOUT 8/24/6	05 INSP 4			
-11				
INSP 3 8/29/05 INSP 6				
ISSUE DATE:		IT	P 523078	
PERMIT  PPROVAL DATE: 10/21/06  TAX ID # 04-36-995			A 514952-E	
	ON-SITE SEWA HOWARD COUNT BUREAU OF EN	GE DISI TY HEALT	POSAL SYSTEN TH DEPARTMEN	
Fogle's Septic Cle	ean, Inc.	IS PI	ERMITTED TO IN	ISTALL ⊠ ALTER □
ADDRESS: 580 OF	orecht Rd., Sykesvi	ille	_ PHONE NUMBE	R: 410-795-5670
SUBDIVISION: Wa	terford Farm	100	LOT NUMBER:	_33
ADDRESS:15904 Willis Way			PERTY OWNER: _	Toll MD II, LP
SEPTIC TANK CAPACITY (GALLONS):		1250	OUTLET BAFFL	E FILTER REQUIRED 🖂
PUMP CHAMBER CAPACITY (GALLONS):		1250	COMPARTMENT	TED TANK REQUIRED □
NUMBER OF BEDROOMS:		4		
SQUARE FEET PER BEDROOM:		180		
LINEAR FEET OF TRENCH REQUIRED:		180		
TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.			
LOCATION:	Place distribution box 1 (2) 85' or 90' length tren	0 feet out of	at the highest right ha	and corner of SDA and run
NOTES:	SDA must be staked prior to installation. CAUTION: High water table area; do not exceed 4 1/2 foot trench depths			
PLANS APPROVED:	.SRK			DATE:5/10/02
NOTE: PERMIT VOID AFTEI NOTE: CONTRACTOR RESP	R 2 YEARS ONSIBLE FOR SCHEDULING A	PRE-CONSTRU	CTION INSPECTION FOR A	LL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM



