ISSUE DATE:	PERMIT		P 519596-C		
APPROVAL DATE:	1	A INDEX			
	ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH				
	04-3	21812 is permitted to in	NSTALL 🗌 ALTER 🛛		
ADDRESS:	PHONE NUMBER:				
SUBDIVISION:		LOT NUMBER:	19 <u></u>		
ADDRESS: 3560	WOODBINE ROAD	PROPERTY OWNER	: WILLIAM PHEBUS		
SEPTIC TANK CAPA	ACITY (GALLONS):				
PUMP CHAMBER C.	APACITY (GALLONS):				
NUMBER OF BEDRO	DOMS:				
SQUARE FEET PER	BEDROOM:				
LINEAR FEET OF TI	RENCH REQUIRED:	4 <u>112</u>			
TRENCHES:	feet below original grad	ide. Inlet feet below original gra le. Effective area begins at w distribution pipe.	ade. Bottom maximum dep feet below original grade.		
LOCATION:	and a state of the				
		D-SITE INSPECTION DONE T	O SUPPORT BUILDING		
PURPOSE:	NO INDEX FILE FOUN PERMIT FOR PROPAN				

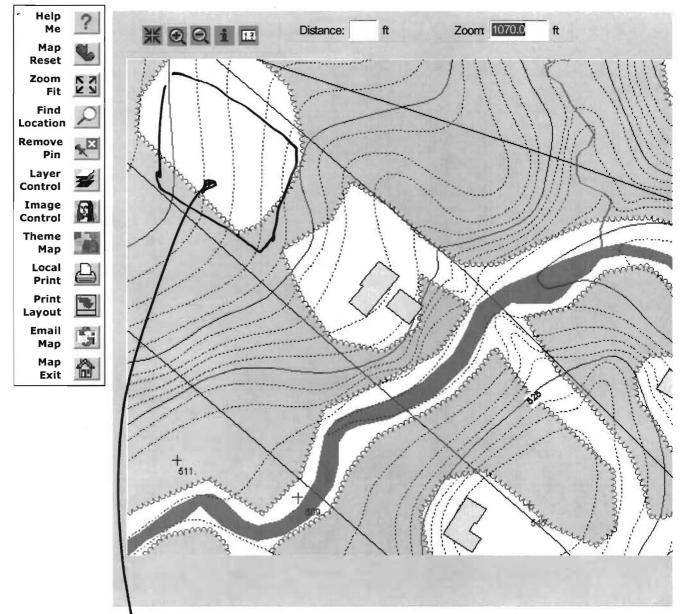
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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**

519596-0

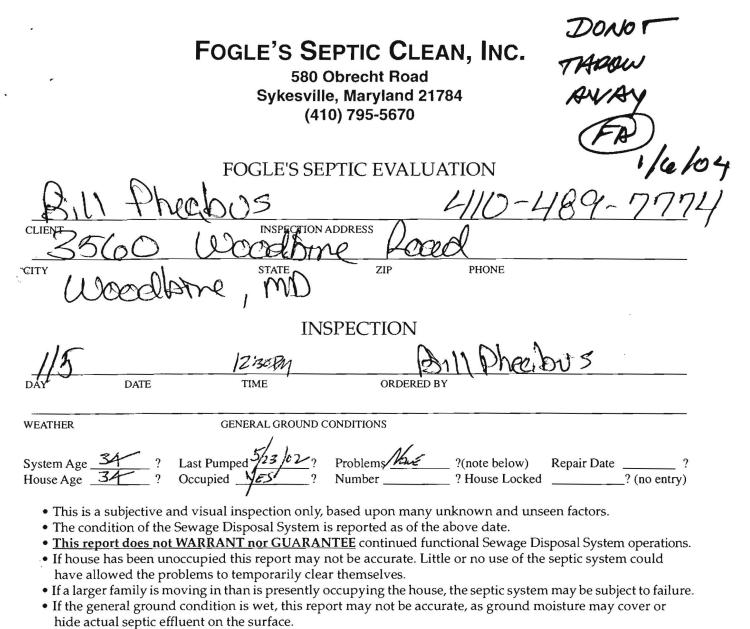


Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising There are no oral agreements or warranties relating to this sale and/or use of this map. Tuesday, January 06 2004 | 8:23:38 AM | @599

Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

3560 Woodbire DO. Future septic cesarout for yagrack 1 repair. See letter claked on this date to current owner, Mr. William Philos.

1/6/04



- In the above cases, it is strongly suggested that the septic system be recertified in 3 to 6 months.
- If system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.

PAYMENT FOR THIS INSPECTION SIGNIFIES UNDERSTANDING AND ACCEPTANCE OF ABOVE CLAUSES.

The outside area showed no signs of septic system failure or as noted below:

System Appear $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{2051}$ Check No.	S: FUNCTIONAL J 1 04 Date Paid		UNSATISFACTORY UShyllo
CLIENT %			
BILL TO	C	COMPANY	
ADDRESS		CITY	STATE

tec	,et	FOGLE'S SEPTIC CLEAN, INC. 580 OBRECHT RD. – SYKESVILLE, MD 21784 (410) 795-5670 Portable Toilets Backhoe Service • Percolation Tests • Septic Line Cleaning Pump Septic Tank & Drywells • New Installations • Repair Syste	Drop 084 Certificat
		POGLE SEPTIC SERVICE	065618
Bill To:		Bill theabors	Date of Order: Order Taken By:
Address: City:	e:	15 all laboralities and	SCHEDULE FOR:
5. ec	dered By:	Dale	Job Phone: Home Phone (1/1) L/BS
Work Order	Actual Work	DESCRIPTION OF WORK	7774
		Pump Septic & Back Flush	PD-
	*	Pump Drywell	
		Discharge Fee	
		Emergency Fee DON Extra Back Flushing THPE	21
		Extra Back Flushing	10
		Extra Hose	AY
		Locating System	
		Hand Digging	
		Back Hoe	R)
		Hand Snaking	
		Electric Snaking	6/04
	1 cont	Septic Certification	
		$\sum_{i=1}^{n} \sum_{j=1}^{n} \left\{ y_{i} \in \{1, \dots, n\} \} \right\}$	
		Condition of Driveway:	
		We are not responsible for your cleanout cap if we break it when we remov	e it.
		We are not responsible for any damage to your driveway.	
] No C)ne Home	Date Completed: 1-9-113 Done By:	
Signature	e: /)	OT D	
hereby	acknowle	dge the satisfactory completion of the above described work.	
		PAY FROM THIS INVOICE A finance charge 1.5% will be charged monthly on unpaid balance.	NET 30 DAYS