

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 4/28/2014 **ONSITE SEWAGE DISPOSAL SYSTEM** P 546334
 INSTALLATION APPROVAL DATE: 5/22/2014 **PERMIT** A Repair
REPAIR

PROPERTY ADDRESS: 2154 McKendree Road
 SUBDIVISION: _____ LOT: _____ TAX ID: 04-330625
 CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kurt@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: Keiran MacDermott EMAIL: _____
 OWNER ADDRESS: 2154 McKendree Road, West Friendship, MD 21794 PHONE: [REDACTED]

SEPTIC TANK SIZE (GALLONS): Existing
 PUMP CHAMBER CAPACITY (GALLONS): N/a (future) STATIC HEAD (FEET): N/a
 NUMBER OF BEDROOMS: 2 HOUSE SQ. FT. N/a APPLICATION RATE: _____
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

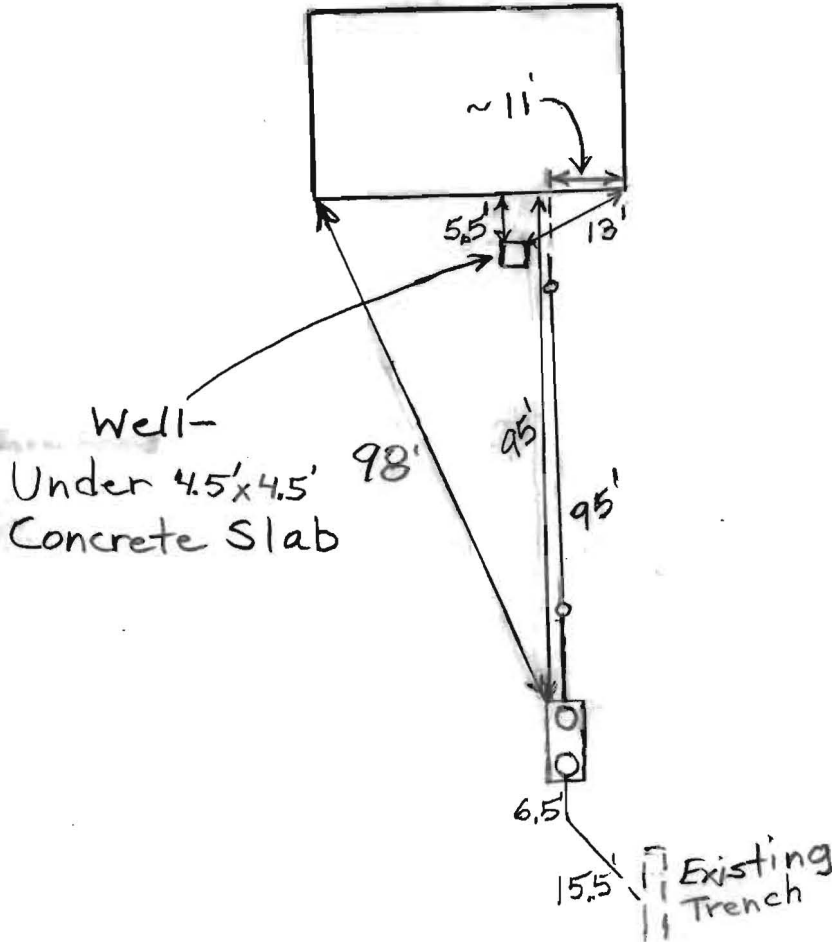
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	Trenches to be located aprx 25' off of back of house, running parallel with house. D-box can be installed in the middle of both trenches. Trenches to be 60' in length as painted out in field.	
NOTES:	Additional 2' of stone must be placed above trench pipe to minimize safety factors. Must use laser/transit while installing trenches. Minimum fall must be maintained. Ex. drywell must be pumped and collapsed. Two Manhole access risers to be installed on ex. s.t. to minimize earth load. Obs. ports must be installed at trench ends. <u>FUTURE REPAIR WILL REQUIRE INTERNAL PLUMBING TO BE RE-ROUTED AT DIFFERENT SEWER-OUT INVERT ELEVATION!!!</u>	

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- 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
- 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

**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



ROAD NAME

TRENCH/DRAINFIELD DATA
 WIDTH Existing INLET _____ BOTTOM _____
 NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA
 SEPTIC TANK I LEVEL Yes
 MANUFACTURER Babylon
 CAPACITY 1500 GAL
 SEAM LOC Top
 TANK LID DEPTH 0.5'-1'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front+Rear
 6" PORT LOC None
 WATERTIGHT TEST No
 SLOTTED Yes
 DATE ON LID 4/19/2014
~~PUMP/SEPTIC TANK LEVEL N/A~~
~~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: 5/22/2014 New tank installed and connected. Old tank pumped and collapsed. New tank ~ 10' further from well. No layout done. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 5/22/2014