

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/22/2011

PERMIT

P 535271

APPROVAL DATE: 6/24/2011

A _____

Tax ID # _____

ON-SITE SEWAGE DISPOSAL SYSTEM TANK REPLACEMENT HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

FOGLE'S SEPTIC CLEAN, INC. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 OBRECHT ROAD, SYKESVILLE, 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: _____ LOT NUMBER: _____ TAX MAP 8, PARCEL 177

ADDRESS: 14050 FORSYTHE ROAD PROPERTY OWNER: TOM MCLAUGHLIN

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N.A. COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 3 APPLICATION RATE: N.A.

SQUARE FOOTAGE OF HOUSE: 2607

LINEAR FEET OF TRENCH REQUIRED: existing

NOTES:	Do not order the septic tank until after layout inspection and Sanitarian approval. Layout inspection required prior to tank installation. Original septic tank must be properly abandoned before new tank installation. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.
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PLANS APPROVED: ROBERT BRICKER DATE: 6/22/2011

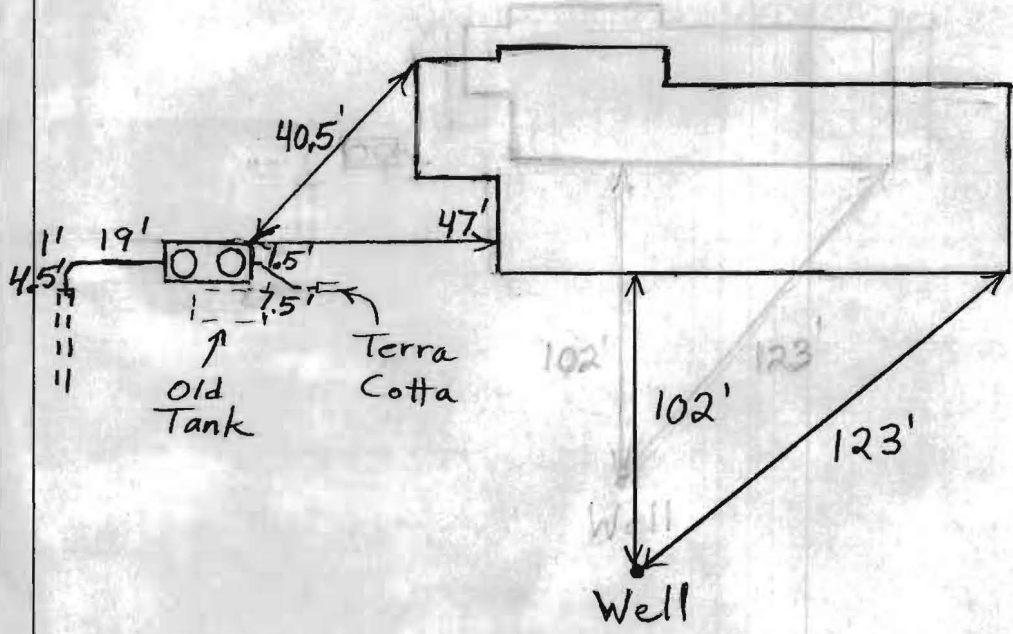
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL OR 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 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

Tank Hole

Or Br Sa	
Cl Loam-Sa	
Loam	2
Beige Sa	
Loam	25'
Beige	
Loamy Sa	
Trace Rock	7'



ROAD NAME

TRENCH/DRAINFIELD DATA		
WIDTH	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 1'-2.5'
TANK LID DEPTH	1'-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	2/25/2011
RUMP/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	_____

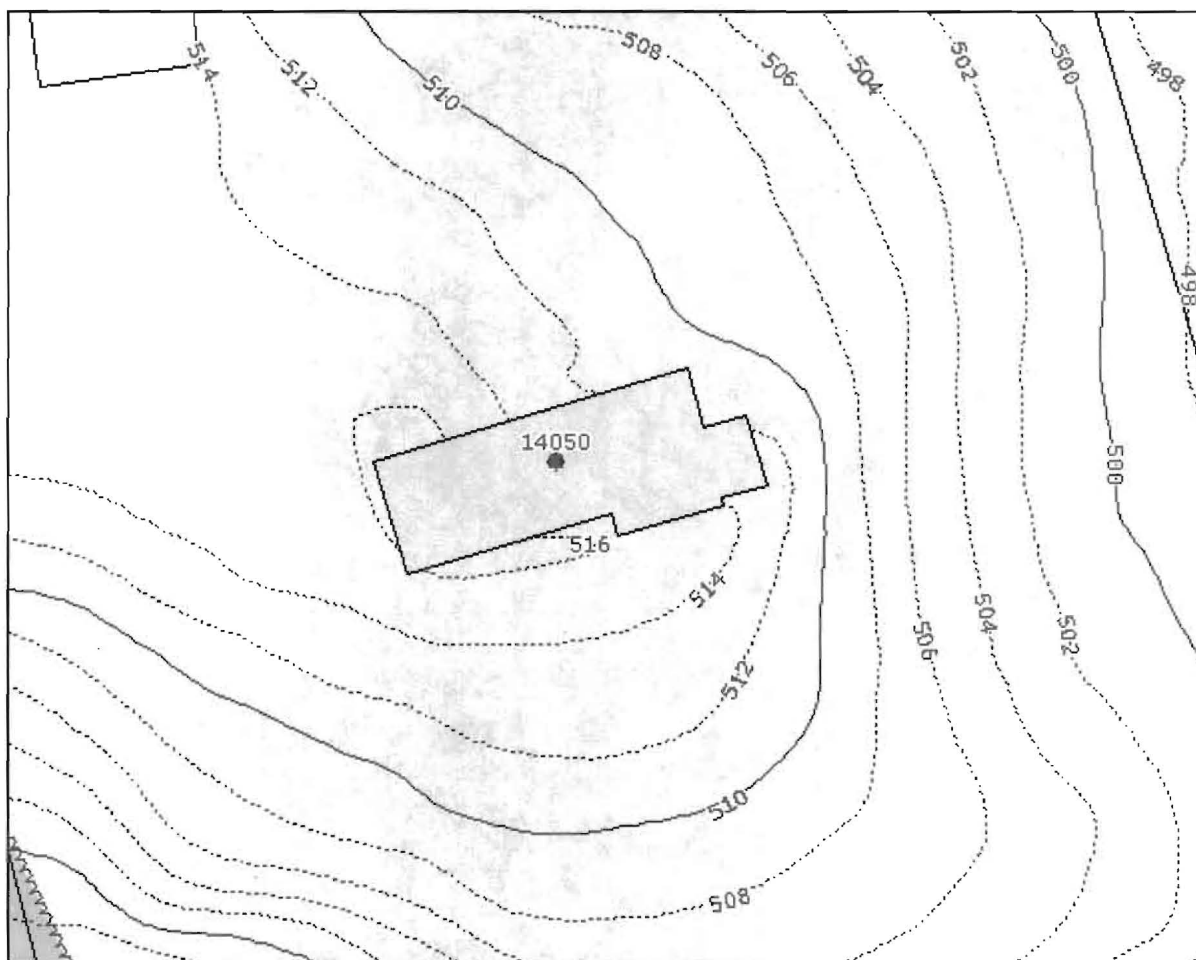
PRE-CONSTRUCTION:

6/24/2011 Very good soil. New 1500 gallon tank installed. Metal tank pumped and collapsed. (BB)

INSTALLATION:

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/24/2011



Fogle's Septic Clean, Inc.

580 Obrecht Road
 Sykesville, MD 21784
 410-795-5670

WORK ORDER

Date	6/22/2011
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JOB LOCATION

TOM MCLAUGHLIN
 14050 FORSYTHE RD
 SYKESVILLE, MD 21784

Name / Address

TOM MCLAUGHLIN
 14050 FORSYTHE RD
 SYKESVILLE, MD 21784

Customer Phone	410-489-6089
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A finance charge of 1.5% will be charged monthly on unpaid balances. And any actual and reasonable collection fees may be added if delinquent. There is a \$25 fee for a returned check.

We are not responsible for your cleanout cap if we break it when we remove it. We are not responsible for any damages to your driveway.

Description	Qty	Cost	Total
MINI EXCAVATOR - DIG UP OUTLET LINE AND REPLACE APPROXIMATELY 20 FEET OF LINE ** CUSTOMER WILL MAKE PAYMENTS OF \$400.00 WITH 1 1/2% f/c PER MONTH <i>SR Permit</i> <i>SR needs a new tank 1500 gallon 2 comp</i> <i>HC - 20'sche 40</i> <i>\$3500.00</i> <i>3BR</i>		1,200.00	1,200.00

Thank you for your business.	Total	\$1,200.00
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Customer Signature _____

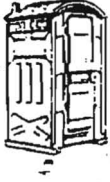
FOGLE'S SEPTIC CLEAN, INC.

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 Systems



Handwritten signature: P. D. Cash

Bill To: Robert Smith
~~Church~~
 Address: 4829 Buffalo Rd
 City: MT Airy Md 21771
 Job Name: _____
 Location: _____
 Work Ordered By: _____

DATE OF ORDER _____
 ORDER TAKEN BY _____
 SCHEDULE FOR: 5/18/11
 Morning Afternoon
 Job Phone _____
 Mobile Phone _____
 Home Phone: 240-508-1883

Work Order	Actual Work	DESCRIPTION OF WORK			
✓		Pump Septic & Back Flush <i>front risers</i>			210. -
		Pump Drywell			
		Pump Grease Trap			
		Cleanout Location			
		Emergency Fee			
		Extra Back Flushing			
		Locating System			
		Hand Digging			
		Mini-Excavator			
		Hand Snaking			
		Electric Snaking			
		Service Call			
		Gallons Removed			
✓		Do we have permission to use driveway? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
		We are not responsible for your cleanout cap if we break it when we remove it.			
		We are not responsible for any damage to your driveway.			

No One Home

Date Completed: _____

Done By: _____

Signature: _____

I hereby acknowledge the satisfactory completion of the above described work.

NET 30 DAYS

A finance charge of 1.5% will be charged monthly on unpaid balances
 And any actual and reasonable collection fees may be added if delinquent. There is a \$25.00 fee for a returned check.
 PRICES SUBJECT TO CHANGE