

Bureau of Environmental Health
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 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
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Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 8/31/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556600

APPROVAL DATE: 10/15/15 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 13020 Wainright Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kevin@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Tom and Nancy Albrecht EMAIL: _____

OWNER ADDRESS: 13020 Wainright Road, Highland, MD 20777 PHONE: 301-854-2588

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>140'</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>~6'</u>

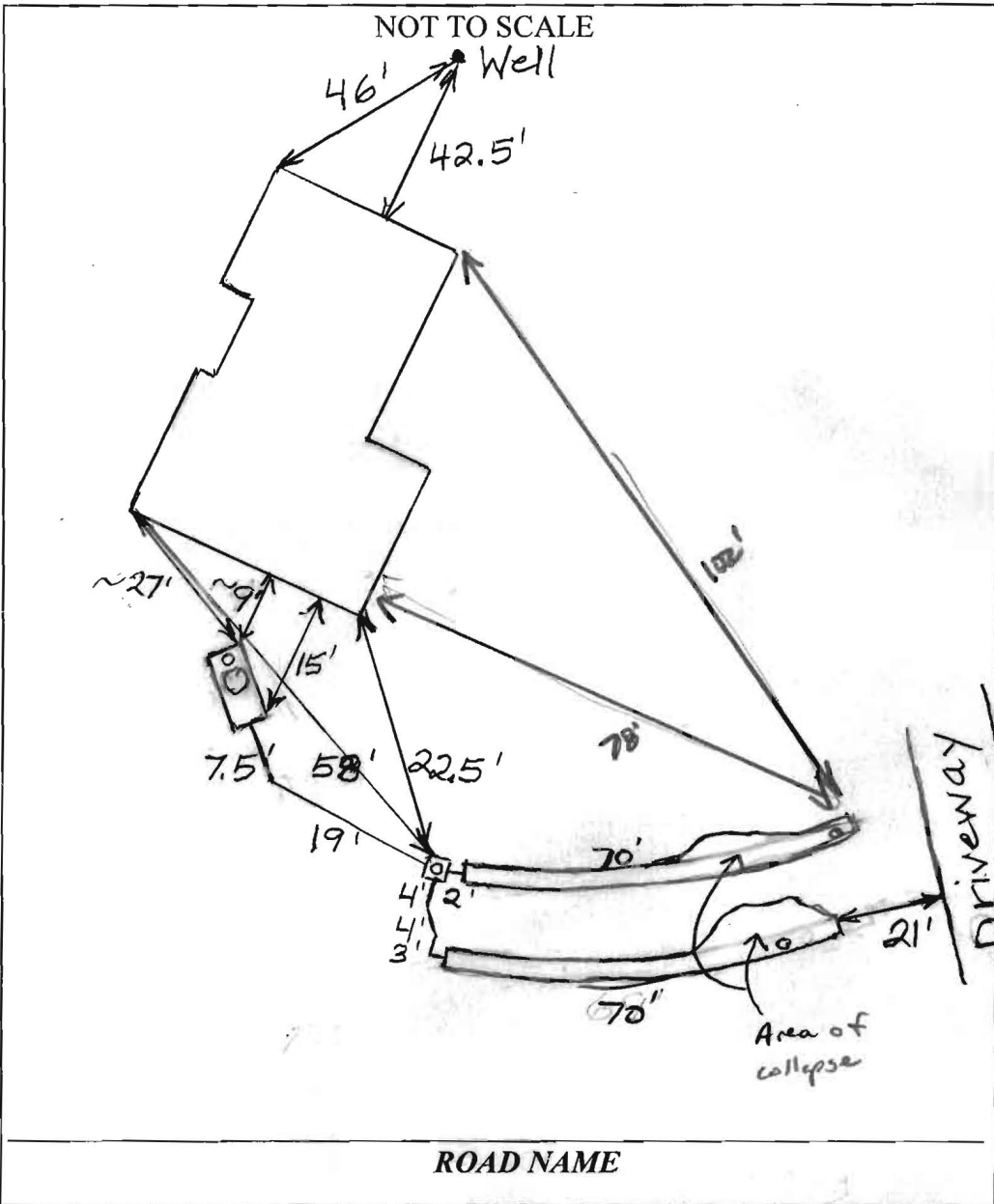
LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: 2 x 70' Trenches

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**
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: **THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.**
- NOTE: **MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL 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.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5'	10'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>140'</u>		
ABSORPTION AREA <u>280'+SW</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

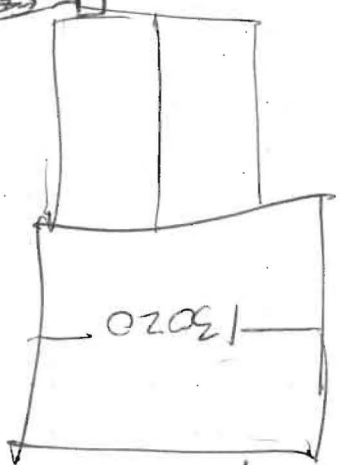
SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	<u>Yes</u>
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	<u>Midseam</u>
TANK LID DEPTH	<u>2-3'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Middle</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>No</u>
DATE ON LID	<u>N/A</u>
PUMP/SEPTIC TANK LEVEL <u>N/A</u>	
MANUFACTURER _____	
CAPACITY _____ GAL	
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	

PRE-CONSTRUCTION:
 9/17/2015 Trench locations and lengths determined. Need transit to check contour (BB) 10/9/2015 Trenches laid out (BB)

INSTALLATION: 10/23/2015 No work done (BB) 10/14/2015 Dist. box set. Trenches too short. Told installer to lengthen trenches to 70'. Waiting on gravel to finish trenches (BB) 10/15/15 Trenches complete. Collapse of both tanks near end close to date. Added ~40 ton mac stone. OK to cover.

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 10/15/15

well
Underground
Electric



Driveway

Wainwright Rd

WOOD LINE

13020 WAINWRIGHT Rd, Highland