

**Bureau of Environmental Health**  
 8930 Stanford Boulevard, Columbia, MD 21045  
 Main: 410-313-2640 | Fax: 410-313-2648  
 TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 4/22/15      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 555824

INSTALLATION APPROVAL DATE: 5/12/2015      **PERMIT**      A \_\_\_\_\_  
**REPAIR**

PROPERTY ADDRESS: 6293 Linkythorn Lane

SUBDIVISION: Aintree Estates Section One      LOT: 12      TAX ID: 05-355133

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

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

PROPERTY OWNER: Judy Roberts      EMAIL: \_\_\_\_\_

OWNER ADDRESS: 6293 Linkythorn Lane, Clarksville, MD 21029      PHONE: 301-351-9560

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>134'</u>	INLET DEPTH: <u>2'-4.5'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9.5'-12'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<u>2x67' Trenches</u>	

ISSUED BY: \_\_\_\_\_      ISSUE DATE: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_

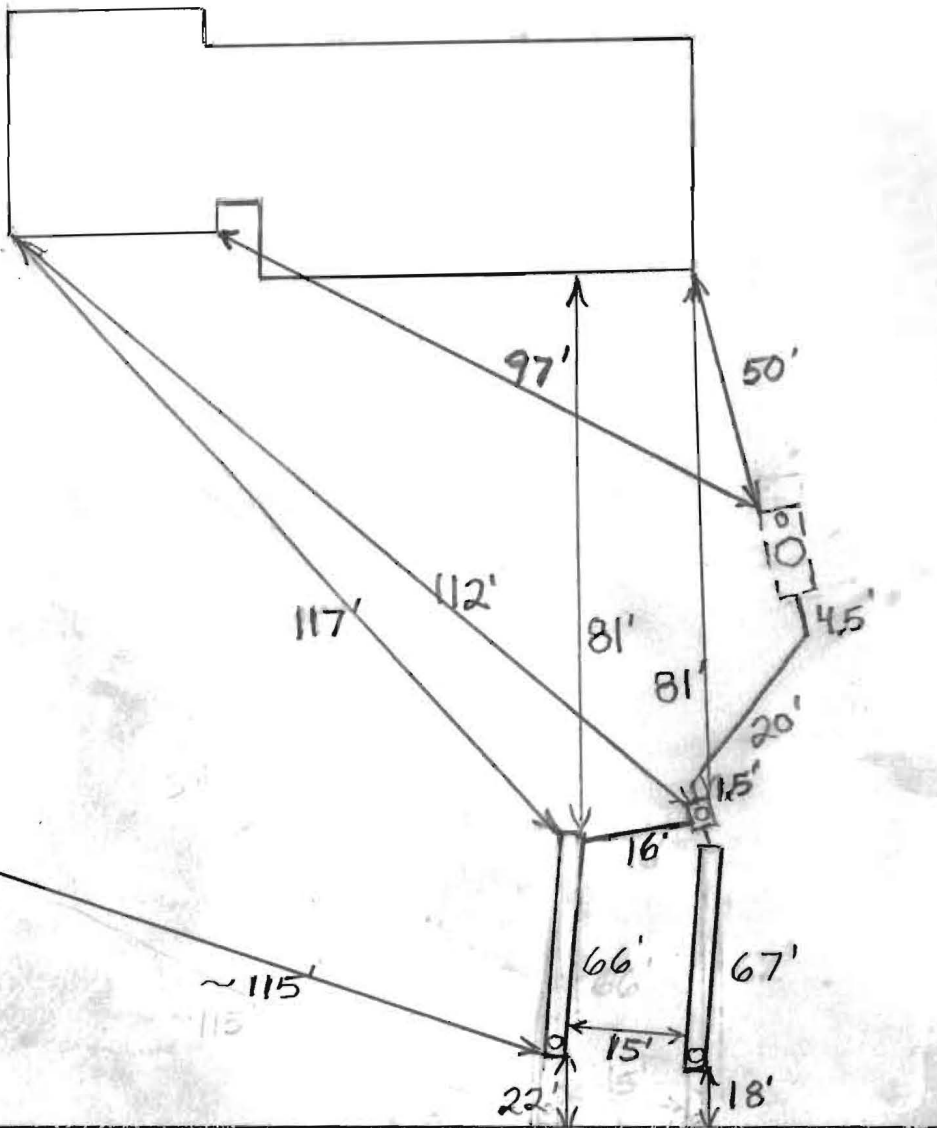
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING**
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.**
- 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**
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.**
- 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.**

NOT TO SCALE

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
2'	2-45'	9.5-12'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>133'</u>		
ABSORPTION AREA <u>~532</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** N/A

MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

Linkythern Lane

**PRE-CONSTRUCTION:**

5/8/2015 Trenches laid out and staked/painted. Install two 67' trenches uphill of holes A+B and downhill of existing septic system. Trenches will be off contour. Keep trench bottoms level. Repair area very limited unless pumped to back yard. Pump out and fill in drywell. Install manhole riser on septic tank. (BB)

**INSTALLATION:**

5/12/2015 System finished. O.K. to backfill, (BB)

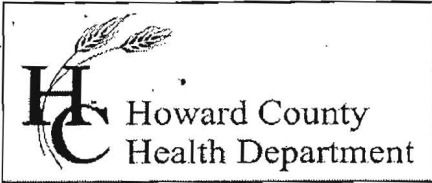
FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

5/12/2015





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 7178 Gateway Drive Columbia, MD 21046  
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 website: www.hchealth.org

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

## APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # 12

PROPERTY ADDRESS 6293 Linky thorn Rd CLARKVILLE 21029  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP 39 GRID 13 PARCEL 247 ZONING DESIGNATION Res

PROPERTY OWNER(S) Judy ROBERTS

DAYTIME PHONE 301-351-9500 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 6293 Linky thorn Rd CLARKVILLE MD 21029  
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE 410-795-5370 CELL \_\_\_\_\_ EMAIL KIM@FOGLESINC.COM

MAILING ADDRESS 580 ORBERT RD, SYKESVILLE MD 21789  
STREET CITY, STATE ZIP

**I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):**

- BUILDING:**  
 RESIDENTIAL WITH A EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE  
 COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
- PROPERTY:**  
 SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_  
 CONSTRUCT NEW OSDS ON UNDEVELOPED LOT  
 REPAIR OR REPLACE FAILING OSDS  
 UPGRADE EXISTING OSDS
- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?  
 YES  
 NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kim D... 4/22/2015  
 SIGNATURE OF APPLICANT DATE



# AQUAFLOW PUMP & SUPPLY CO.

1561 Pufaski Highway • P.O. Box 98 • Bear, DE 19701 ..... (302) 834-1311 • Fax (302) 834-0716  
16816 So. Dupont Highway • Harrington, DE 19952 ..... (302) 398-3704 • Fax (302) 398-3716  
15 Tomlinson Road • Huntingdon Valley, PA 19006 ..... (215) 947-7900 • Fax (215) 947-9907  
3001 Montrose Avenue • Reading, PA 19605 ..... (610) 929-0100 • Fax (610) 929-9230  
104 Railroad Street • Bedford, PA 15522 ..... (814) 623-2290 • Fax (814) 623-8892  
258 Donahoe Road • Greensburg, PA 15601 ..... (724) 552-0240 • Fax (724) 552-0249 • 1-800-581-5113  
9694 Rt. 322 • P.O. Box 157 • Shipperville, PA 16254 ..... (814) 226-5070 • Fax (814) 226-7961 • 1-800-360-4678  
16051 Business Parkway • Hagerstown, MD 21740 ..... (301) 790-0088 • Fax (301) 790-0098 • 1-877-558-0089  
2309 North Dupont Highway • New Castle, DE 19720 ..... (302) 656-5437 • Fax (302) 656-4309

⊙ WELL

