

Bureau of Environmental Health

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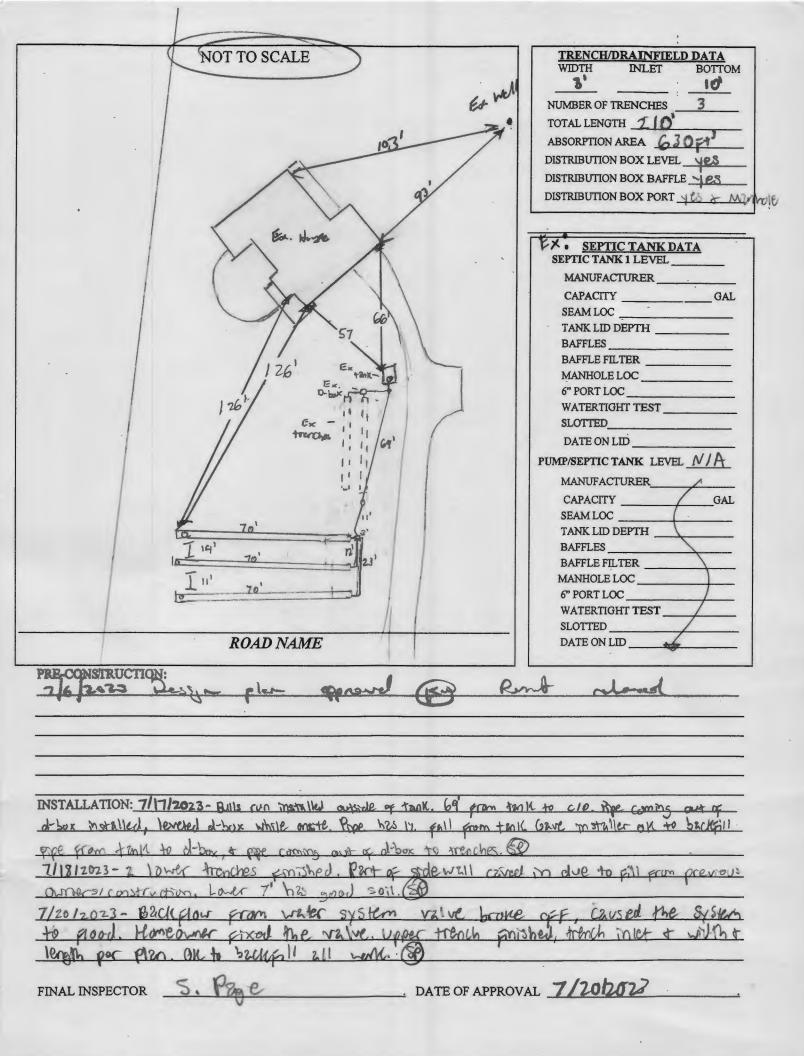
Maura J. Rossman, M.D., Health Officer

RECEIPT	DATE: 6/13/2023 ONSITE SEWAGE DIS	SPOSAL SYSTEM	P 574910		
APPROVAL	DATE: 7/20/2023 PERMIT:	REPAIR	A Repair		
PROPERTY A					
SUBDIVISION	: Friendship Manor	LOT: 38 TAX	ID: 03-305899		
CONTRACTO	R: Fogle's Septic Clean Inc.	EMAIL: John@fe	oglesinc.com		
CONTRACTOR	ADDRESS: 580 Obrecht Road Sykesville,MD 217	84	PHONE: 410-795-5670		
PROPERTY O	WNER: Michael Byrne	EMAIL: n/a			
OWNER ADDRESS: Same as above PHONE:					
SEPTIC TANK	SIZE: Existing PUMP TANK CAPACITY:	n/a PUMP SIZE:	n/a		
DISTRIBUTIO	N SYSTEM: GRAVITY PRESSURE DO	OSED BEDROOMS: 5	APPLICATION RATE: 0.6		
	LINEAR FEET REQUIRED: 208	INLE	T DEPTH: 4		
TRENCHES:	TRENCH WIDTH: 3	МАХІМИМ ВОТТОМ DEPTH: 10			
	MINIMUM SPACE BETWEEN TRENCHES: 9	EFFECTIVE AREA BEGINNING DEPTH: 7' (.50)			
LOCATION:	Area staked in field by installer, checked by EHS at tir	me of site inspection			
NOTES:	Install system per approved plan. Existing trenches to	be disconnected or re-routed v	with Bull-run Valve.		
ISSUED BY:	K. Wolf, LEHS ISSUE DA	ATE: 6/13/2023 EXPIR	ATION DATE: 6/13/2024		
NOTE: CONT	TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTIO	N PRIOR TO BEGINNING ANY INST	ALLATION		
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					
	HOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHA				
	LECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY E ELECTRICAL PERMIT ISSUED E	LECTRICAL COMPONENTS OF THE	SYSTEM		
	HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUA				
	PTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKON POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER				
QUA	LIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FO	OR FURTHER GUIADNCE.			
	NDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOI ALLATION.	R BAT INSTALLATION MUST BE PR	ESENT AT ALL TIMES DURING BAT		
NOTE: MDE	RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE 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.



LAYOUT \$\\\\4\\\04 - 12\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	03-305899
INSP 3 5/6/04 F/4 INSP 6 INSP 6 PERMIT	P 5 20145
APPROVAL DATE: 5/6/04 PERMIT INDEXED	A 26050

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

Fogles Septic Cle	an, Inc	IITTED TO	INSTALL A	TER	
ADDRESS: 580 C	le	PHONE NUMB	ER: <u>410-79</u>	5-5670	
SUBDIVISION: Fri	endship Manor		LOT NUMBER:	38	
ADDRESS: 2550 W	ellworth Way	PROPER	TY OWNER:	Thomas Twigg	240-882-3826
SEPTIC TANK CAPACITY (GALLONS):		1250 OUTLET BAFFLE FILTER REQUIRED			
PUMP CHAMBER CAPACITY (GALLONS):		N/A	COMPARTMEN	ITED TANK REQI	JIRED 🛛
NUMBER OF BEDROOMS:		4			
SQUARE FEET PER BEDROOM:		_210			
LINEAR FEET OF TRENCH REQUIRED:		175	HOUSE SERVE	ED BY PUBLIC W	ATER 🗌
TRENCHES:	Trench to be 3.0 feet wide. Inlet 6.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 2.0 feet of stone below distribution pipe.				
LOCATION:	Place the distribution box as shown on the approved building permit plan.				
NOTES:	Owner agrees to install an injector pump if an adequate septic tank is not available. Tank cover for reinforced septic tank lid may not exceed 5' maximum depth.			able. Tank	
PLANS APPROVED:	Kacie Noonan			DATE:	0/16/03
NOTES: PERMIT VOID AFTER 2 YEARS CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS					

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED

AND RETURNED
10 10 3 BOO 14 2988 GARAGE, FRONT PORCH, 1/2 BATH

NOT TO SCALE	TRENCH/DRAINFIELD DATA WIDTH, INLET, ®BOTTOM NUMBER OF TRENCHES TOTAL LENGTH /80 ABSORPTION AREA DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT
Ag go'	SEPTIC TANK DATA SEPTIC TANK I LEVEL CAPACITY SOO GAL SEAM LOC TOP TANK LID DEPTH 2 BAFFLES BAFFLE FILTER MANHOLE LOC From # 6" PORT LOC BALK WATERTIGHT TEST SEPTIC TANK 2 LEVEL CAPACITY GAL SEAM LOC TANK LID DEPTH A BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST MANHOLE LOC 6" PORT LOC WATERTIGHT TEST
PRE-CONSTRUCTION \$ 4/04 -	
INSTALLATION	
(A)//	BUILDING PERMIT SIGNED
FINAL INSPECTOR WILLIAM	DATE OF APPROVAL 5/6/09
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