



**Howard County  
Health Department**

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

**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](https://www.facebook.com/hocohealth)

RECEIPT DATE: 11/26/25 **ONSITE SEWAGE DISPOSAL SYSTEM** P 590288

APPROVAL DATE: 12/17/2025 **PERMIT: Tank Replacement** A \_\_\_\_\_

PROPERTY ADDRESS: 1855 Long Corner Road

SUBDIVISION: \_\_\_\_\_ LOT: 13 TAX ID: 04-330161

CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21084 PHONE: 410-795-5670

PROPERTY OWNER: Suzanne Krawetzki EMAIL: Robin\_Wolfrey@hcpss.org

OWNER ADDRESS: 1855 Long Corner Road, Mount Airy, MD 21771 PHONE: 301-266-8813

SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFACTURER: \_\_\_\_\_

PUMP MODEL: N/A PUMP SIZE N/A PUMP TANK CAPACITY: N/A

DISTRIBUTION SYSTEM:  GRAVITY  PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: Ex

|           |  |   |
|-----------|--|---|
| TRENCHES: | LINEAR FEET REQUIRED: <u>Existing Drywell</u>  | INLET DEPTH: <u>Existing Drywell</u>                    |
|           | TRENCH WIDTH: <u>Existing Drywell</u>  | MAXIMUM BOTTOM DEPTH: <u>Existing Drywell</u>           |
|           | MINIMUM SPACE BETWEEN TRENCHES: <u>Existing Drywell</u>  | EFFECTIVE AREA BEGINNING DEPTH: <u>Existing Drywell</u> |
| LOCATION: | <u>New Septic Tank to be installed 15' downhill from old Septic Tank</u>   |   |
| NOTES:    | <u>Old Septic Tank to be Pumped, Crushed, &amp; Filled<br/>Contractor to install 2-compartment 2000 gallon septic tank</u> |   |

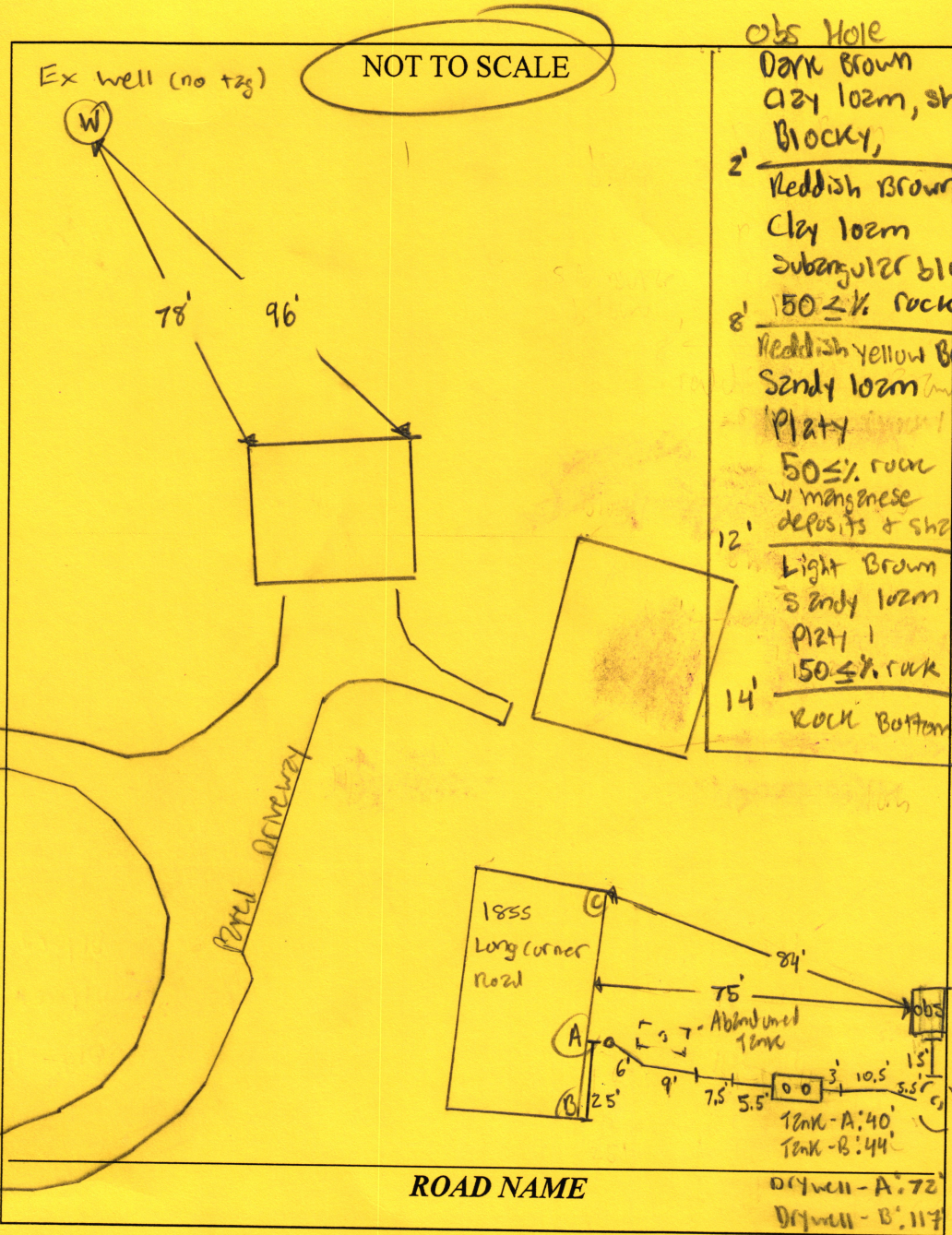
ISSUED BY: S. Page ISSUE DATE: 12/10/2025 EXPIRATION DATE: 12/10/2026

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED
- 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 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 N/A
- 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.**

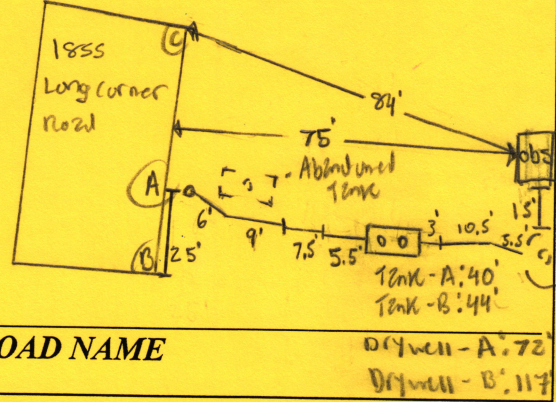


obs Hole  
 Dark Brown  
 Clay lozm, shaly,  
 Blocky,  
 2'  
 Reddish Brown  
 Clay lozm  
 Subangular blocky  
 8'  
 50% rock  
 Reddish yellow Brown  
 Sandy lozm  
 Platy  
 50% rock  
 w/ manganese  
 deposits & shale  
 12'  
 Light Brown  
 Sandy lozm  
 Platy  
 150% rock  
 14'  
 Rock Bottom

Existing Drywell

| 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 1 LEVEL               | <u>yes</u>                    |
| MANUFACTURER                      | <u>Babylon</u>                |
| CAPACITY                          | <u>2000</u> GAL               |
| SEAM LOC                          | <u>Top</u>                    |
| TANK LID DEPTH                    | <u>1'-3'</u>                  |
| BAFFLES                           | <u>6" front &amp; 4" back</u> |
| BAFFLE FILTER                     | _____                         |
| MANHOLE LOC                       | <u>Front &amp; Back</u>       |
| 6" PORT LOC                       | _____                         |
| WATERTIGHT TEST                   | _____                         |
| SLOTTED                           | <u>yes</u>                    |
| DATE ON LID                       | <u>9/11/2025</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                       | _____                         |



SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Jamie  
 SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:  
12/12/2025 - contractor onsite for pre-con. Ex tank excavated,  
measured 15' from back end of tank down hill. confirmed tank will have 1.5'-2' of  
cover. ok to start work. (SP)

INSTALLATION NOTES:  
12/12/2025 - installer onsite for inspection and installed near foundation, new line connected to  
existing. Adequate fall to new tank w/ drops. Tank set w/  $\approx$  3' cover, saw 6" front & 4" back  
baaffle. Adequate fall to DW. All pipe used is SCHD 40, onsite while contractor dug  
obs hole 15' from DW edge. see soil notes on 25-built. Reinspect for tank abandonment. (SP)  
12/17/2025 - Received pic of abandoned tank. (SP)

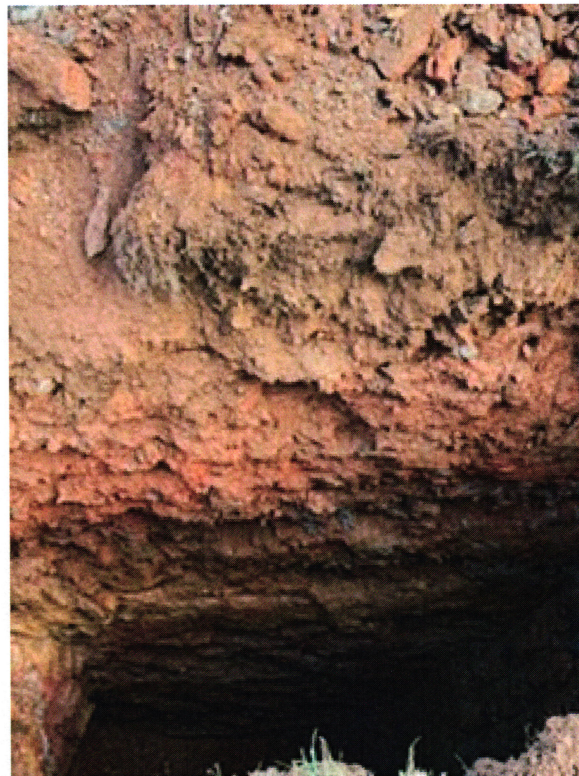
| CONTROL PANEL DATA                 |            |
|------------------------------------|------------|
| CONTROL PANEL HEIGHT (MIN 30")     | <u>N/A</u> |
| INSPECTION DATE                    | <u>N/A</u> |
| INSPECTION: PASS/FAIL (CIRCLE ONE) |            |



12/17/2025 - picture of tank  
From installer. (SP)



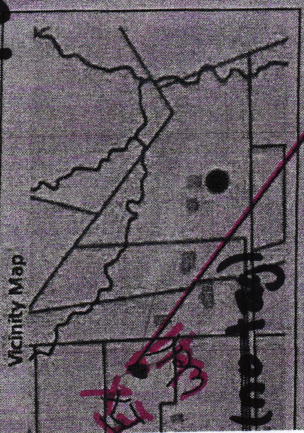
12/12/2025  
SPOIL PILES &  
OBSERVATION HOLE  
SP



12/12/2025  
Observation Hole

SP

# Tank Requirement 1855 Long Corner Plan



No Neighboring  
Wells within  
100'

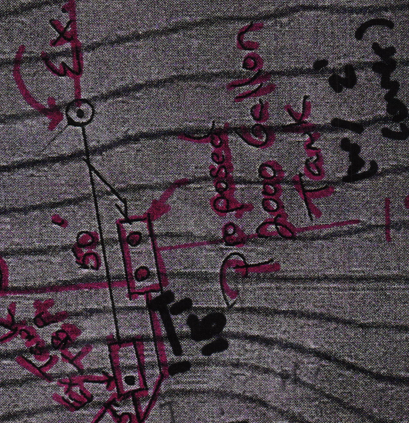
Storage  
Tank

Septic  
Tank

730

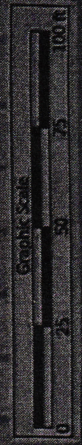
740

1855



Approved Septic System Plan  
Howard County Health Department  
12/10/2025  
Day

Signature



Corner Rd  
Cement Plan

| Designer & Installer Info   | Property Info                                      | Owner Info  | Additional Info   |
|---|--|---|---|
| Designer: John Heitzman<br>Phone: 410-795-5670<br>Email: john@toglesinc.com | Address: 1855 Long Corner Rd<br>Mt. Airy, MD 21774 | Name: Suzanne Krawetzki - Estate<br>Phone: 301-266-8813 (Agent - Jeanette)<br>Email: Robin_Wolfrey@hccpsa.org | Permit No.: n/a<br>Bedrooms: 4<br>Version: 1.0<br>Date:<br>Job No.: 992 |