

LAYOUT 8/2/10 INSP 4 _____
INSP 2 8/4/10 INSP 5 _____
INSP 3 8/5/10 INSP 6 _____

ISSUE DATE: 7/30/10

PERMIT

P 533346

APPROVAL DATE: 8/5/10

A 518964

Tax ID # 04-372514

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

Fogles Septic Clean Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 410-795-5670

SUBDIVISION: Edgewood Farm LOT NUMBER: 25

ADDRESS: 14545 Edgewoods Way PROPERTY OWNER: Toll MD V LP

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5 APPLICATION RATE: 0.8

SQUARE FOOTAGE OF HOUSE: Unkwn

LINEAR FEET OF TRENCH REQUIRED: 200

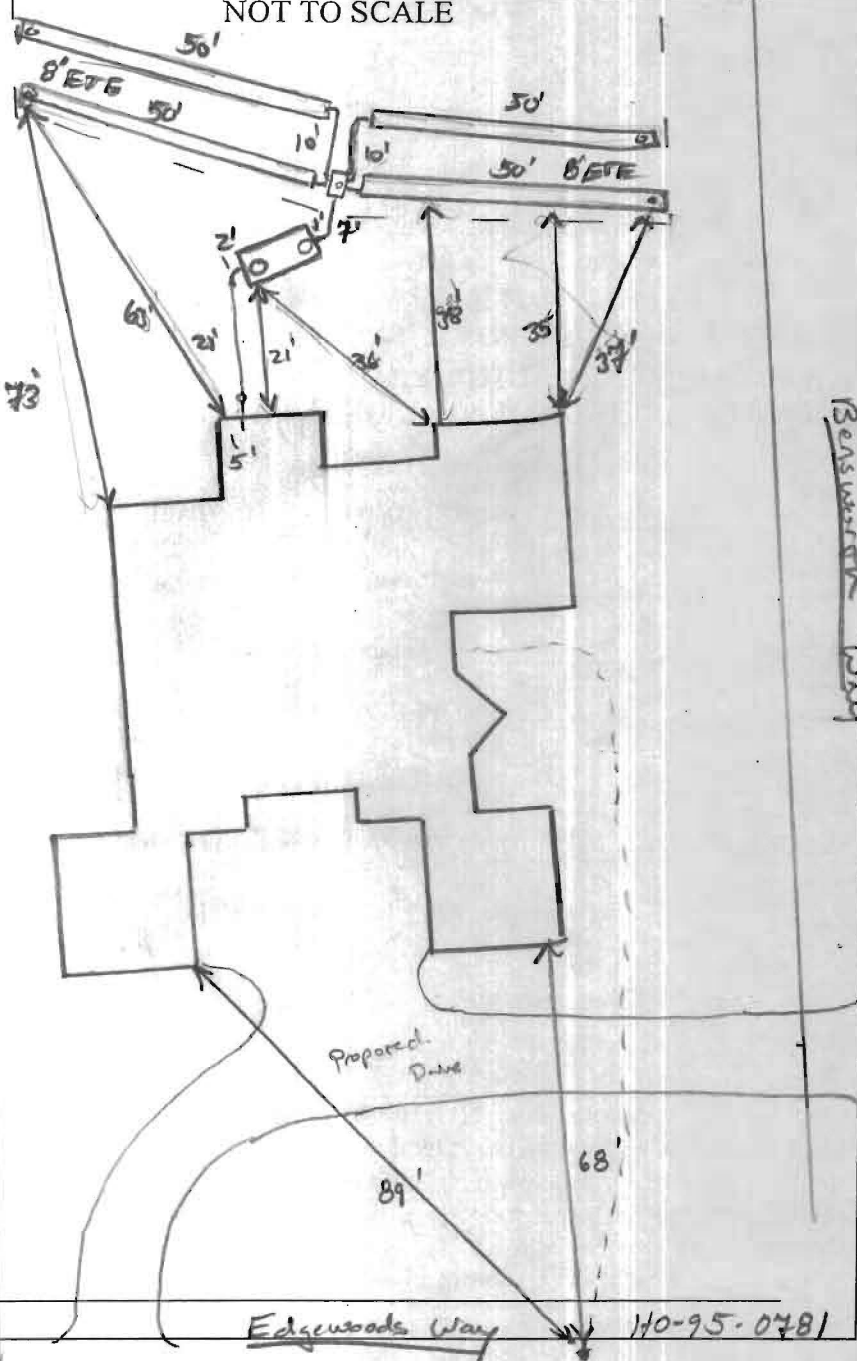
TRENCHES:	Trenches to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 5.0 feet below original grade with 4.0 feet of stone below distribution pipe.
LOCATION:	Set septic tank per layout inspection. Set distribution box at the highest point of septic easement per layout inspection. Install 200 feet of trench on contour-(4) - 50' trenches per layout inspection. These specs are for the initial system only.
NOTES:	Do not order the septic tank until after layout inspection and Sanitarian approval. Stake easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

PLANS APPROVED: Dana Bernard DATE: 2/25/10

- 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

**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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES	4	
TOTAL LENGTH	200'	
ABSORPTION AREA	400'±SW	
DISTRIBUTION BOX LEVEL	Inches	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	Yes	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Front/Rear
6" PORT LOC	None
WATERTIGHT TEST	—
SLOTTED	Yes 5/2/10
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	—

PRE-CONSTRUCTION
 8/3/10 Set Tank and Dbox per approved CE plan. Install 4x50' trenches in both directions, running on corners. Truly

1" = 30'

printed out in field. (K)

INSTALLATION: 8/4/10 S.V. Set. House connection made. (K)
 8/5/10 All trenches completed. Stone used from Storage area.
 looks good. OK to backfill all work (K)

FINAL INSPECTOR K. Nag DATE OF APPROVAL 8/5/10

