

LAYOUT 7/11/2012 INSP 4 _____
INSP 2 7/12/2012 INSP 5 _____
INSP 3 7/13/2012 INSP 6 _____

ISSUE DATE:

7/10/12

PERMIT

P 537393

APPROVAL DATE:

8/3/2012

A 518964

Tax ID # 04-372794

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

Fogles Septic Clean

IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd. PHONE NUMBER: 410 795-5610

SUBDIVISION: Edgewood Farm LOT NUMBER: 50

ADDRESS: 14556 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: 4 APPLICATION RATE: 1.2

SQUARE FOOTAGE OF HOUSE: ±3000

LINEAR FEET OF TRENCH REQUIRED: 140

3' Wide
Inlet 5',
Bottom 7'
45', 45' + 50'

TRENCHES:	Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at <u>4.5'</u> feet below original grade with 2.0 feet of stone below distribution pipe.
LOCATION:	Set septic tank per layout inspection. Set d box per layout inspection. Install 140 feet of trench on contour per layout inspection. Distribution box should be installed at the center of the easement.
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: 12/05/11

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

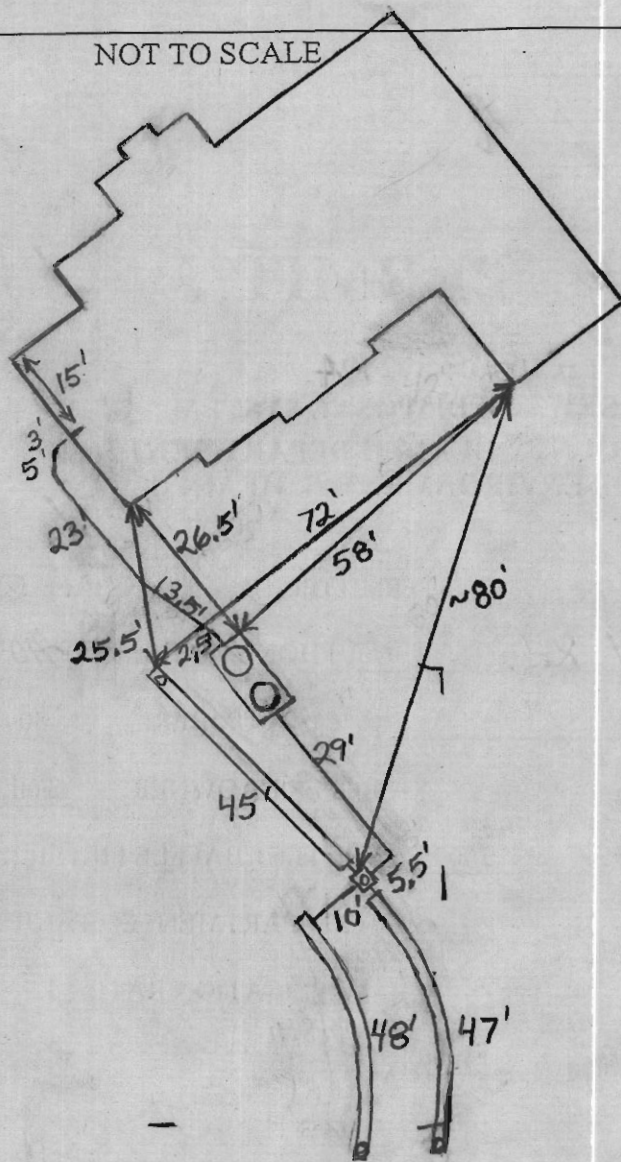
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR
THE SUCCESSFUL OPERATION OF ANY SYSTEM**

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

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NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	5'	7'
NUMBER OF TRENCHES 3		
TOTAL LENGTH 140'		
ABSORPTION AREA 420 + Sidewall		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes
 MANUFACTURER Babylon
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 1'-2'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front + Rear
 6" PORT LOC None
 WATERTIGHT TEST No
 SLOTTED Yes
 DATE ON LID Dry

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 _____

PRE-CONSTRUCTION:

7/11/2012 O.K. to set the tank in the top southern part of the septic easement. Set the distribution box in the top middle of the easement and install trenches on contour in both directions. (BB)

INSTALLATION: 7/12/2012 Need house connection. Tank set, Dist. box set. Starting on trenches. (BB)

7/13/2012 System finished except for house connection. (BB)

8/3/2012 House connection made. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

8/3/2012

