

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 12/18/12

ONSITE SEWAGE DISPOSAL SYSTEM

P 544457-F

INSTALLATION APPROVAL DATE: 8/29/2013

**PERMIT
CONSTRUCTION**

A _____

PROPERTY ADDRESS: 14557 Edgewoods Way

SUBDIVISION: Edgewood Farm

LOT: 38

TAX ID: 04-372662

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kurt@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Toll MD V LP

EMAIL: nbrendenberg@tollbrothersinc.com

OWNER ADDRESS: 14540 Edgewoods Way, Glenelg, MD 21737

PHONE: 410-489-2275

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. 5,300

APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>188'</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>2.3</u>	MAXIMUM BOTTOM DEPTH: <u>6.0'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per plan. Set distribution box inside SDA near corner. Install 3 x 62' trenches on contour.	

ISSUED BY: Robert Bricker

ISSUE DATE: 8/14/13

EXPIRATION DATE: 12/18/13

- 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

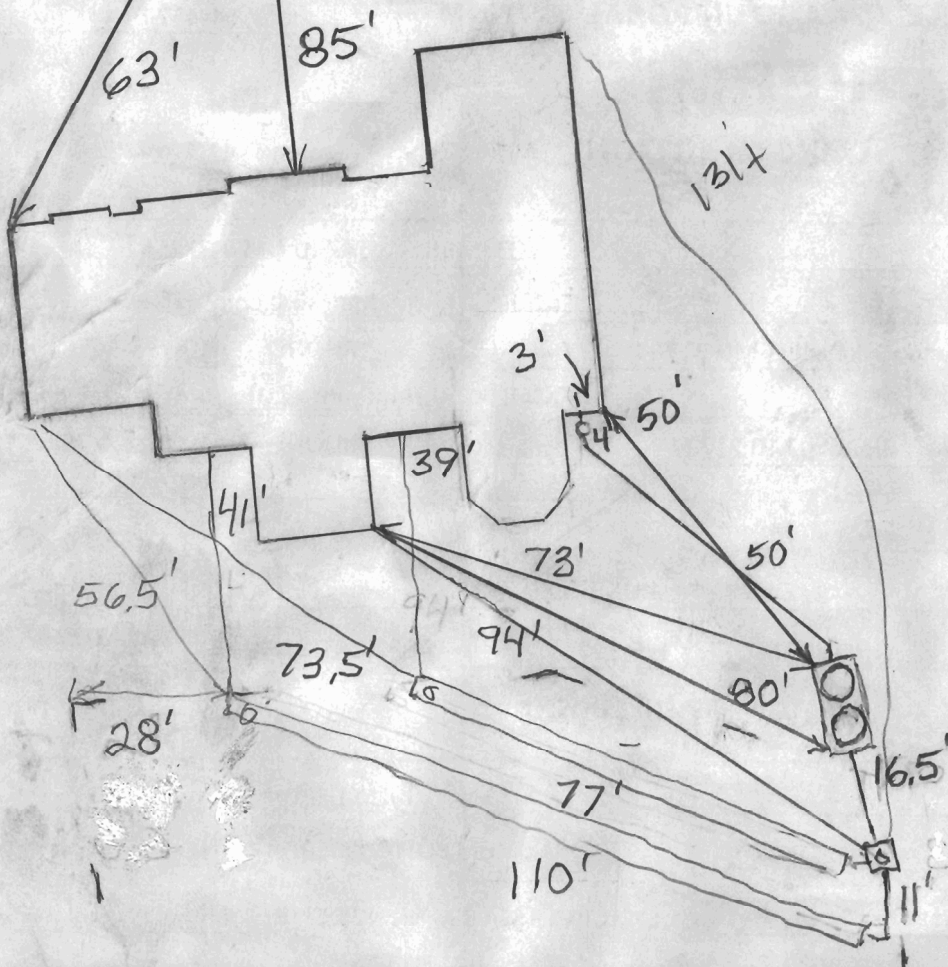
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

H0-95-0507

NOT TO SCALE



ROAD NAME

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 Yes
 MANUFACTURER Babylon
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 3-3.5'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front+Rear
 6" PORT LOC None
 WATERTIGHT TEST No
 SLOTTED Yes
 DATE ON LID 7/15/2013

~~PUMP/SEPTIC TANK LEVEL N/A~~

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

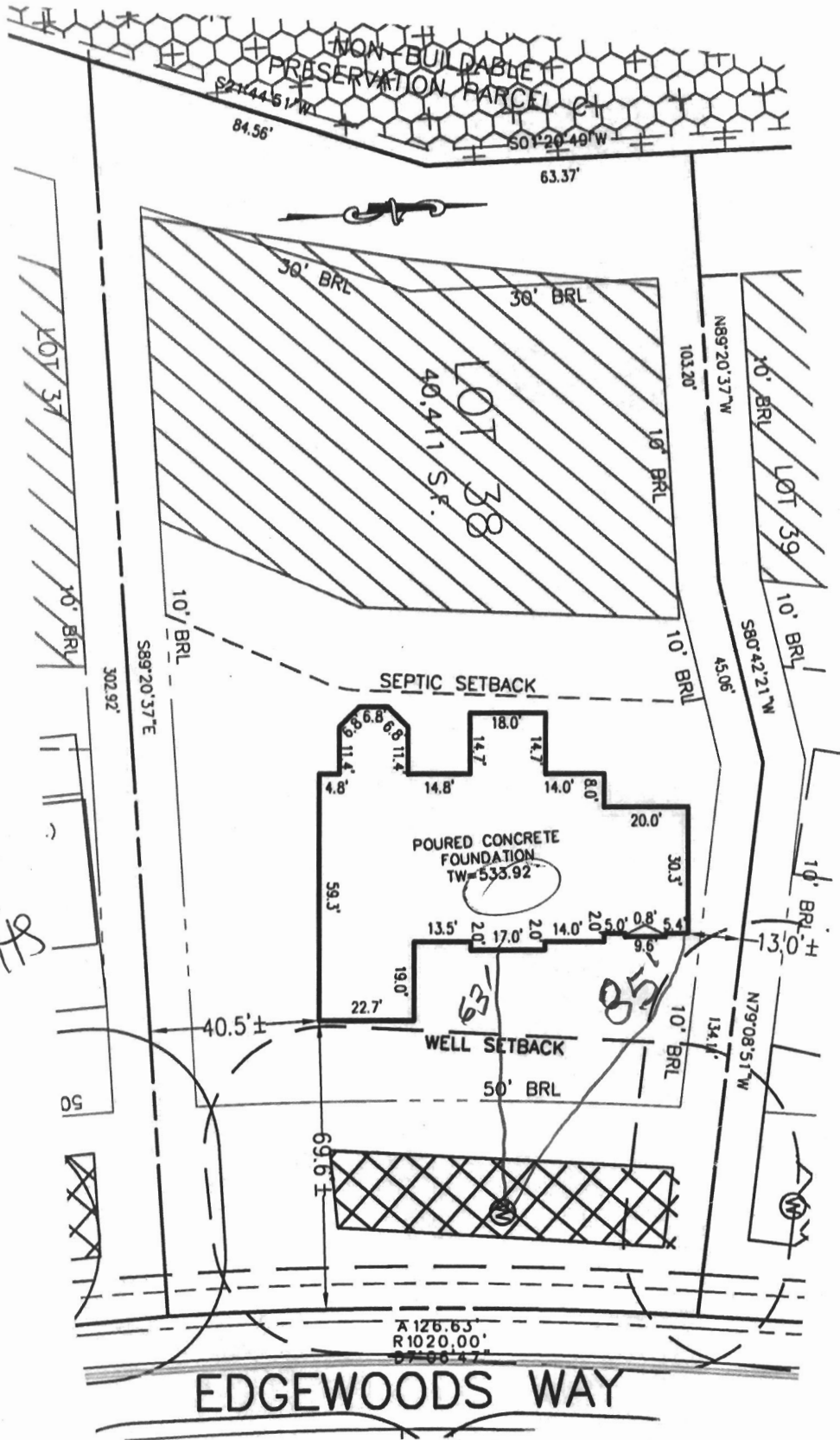
PRE-CONSTRUCTION:

8/22/2013 O.K. to set the tank above the top southern easement stake. Drill needs to be removed from the top of the easement. BB
 8/27/2013

INSTALLATION: 8/29/2013

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 8/29/2013



Wallcheck
OK 8/14/13 MS

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS: 14557 EDGEWOODS WAY
GLENELG MD 21737

SURVEYOR'S NOTE

THIS WALLCHECK WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHT-OF-WAYS, COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED. THIS IS NOT A "LOCATION DRAWING" AND IS NOT TO BE USED FOR SETTLEMENT PURPOSES.

SIGNATURE: MICHAEL JOE BOYCE 21328 MD. LIC NO. DATE: 08/14/13

WALL_CHECK
LOT_#38
EDGEWOOD_FARM
LIBER_4174_FOLIO_0436
PLAT_NO._19268
FOURTH_ELECTION_DISTRICT
HOWARD_COUNTY,_MARYLAND



ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 07/31/13 SCALE: 1"=40' FILE: LOT_38_WC
CHK'D: MJB JOB#: 1498 DRAWN: JLN

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/17/13
 To: Debbie Whalen
 (Person's Name and Division)
 From: JEREMY CLANCY (443) 340-1229
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Toll MD IV Pert.
 Project site address 14557 Edgewoods way
 Permit Number B13002691 SDP # _____
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other Revised Site Plans showing Re-located Tank location

Reviewed & Approved
RECEIVED
 OCT 17 2013
 LICENSES & PERMITS
 DIVISION
 10/22/13

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (_____) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by chr

~~Permit~~ issued
 \$2500 amendment fee
 check # 3225
 invoice # 337300

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

t:\Updated forms\transmit.frm - Rev. 5/08

cc: Health
 DPZ
 DED