

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/12/06

PERMIT

P 524464

APPROVAL DATE: _____

A REPAIR

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

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Glenelg Manor II LOT NUMBER: 27-C

ADDRESS: 12839 Folly Quarter Road PROPERTY OWNER: Stanley Day

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

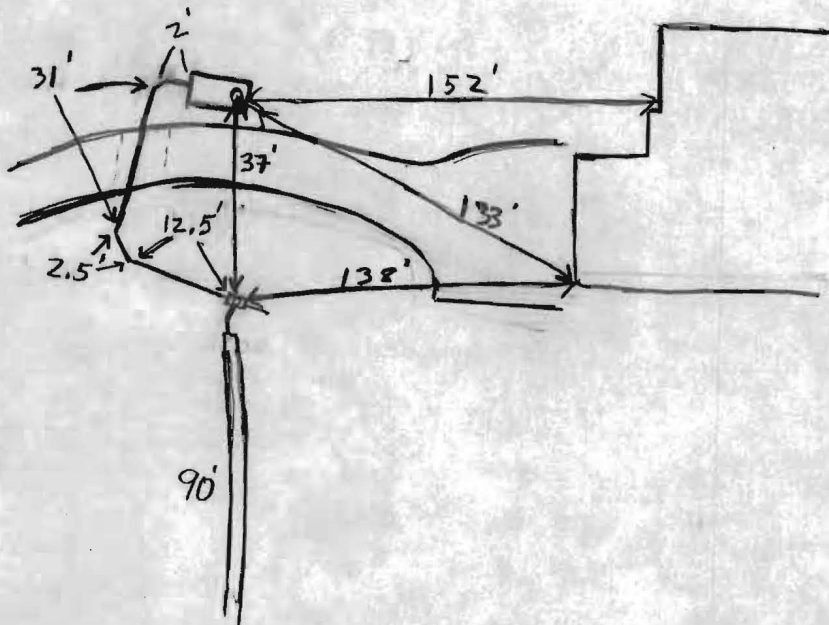
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

- 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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3'</u>	<u>3.5'</u>	
NUMBER OF TRENCHES		<u>2</u>
TOTAL LENGTH		
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		<u>Yes</u>
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	<u>Existing</u> GAL
SEAM LOC	<u>Midscam</u>
TANK LID DEPTH	<u>3'-4'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>None</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL <u>N/A</u>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____