

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: 4/1/13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544591

INSTALLATION APPROVAL DATE: 4/19/2013 **PERMIT** A _____
REPAIR

PROPERTY ADDRESS: 14220 Burntwoods Road

SUBDIVISION: _____ LOT: _____ TAX ID: 04-342429

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

CONTRACTOR ADDRESS: 580 Obrecht Road PHONE: 410-795-5670

PROPERTY OWNER: Dale Linaweaver EMAIL: _____

OWNER ADDRESS: 14220 Burntwoods Road, Glenwood, MD 21738 PHONE: 410-489-9138

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

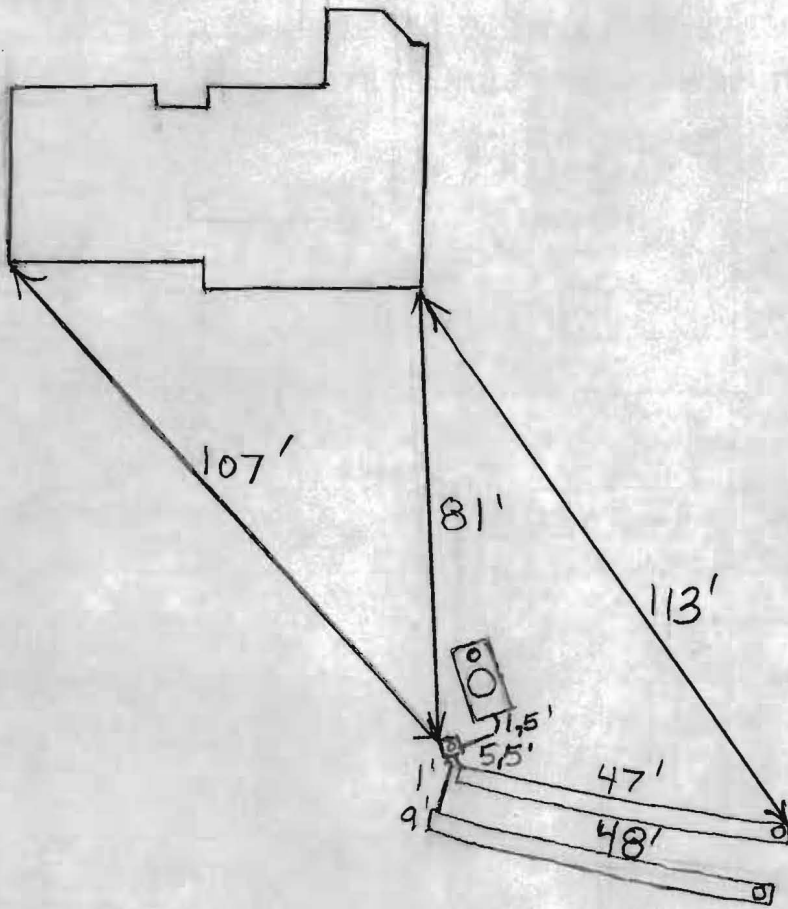
TRENCHES:	LINEAR FEET REQUIRED: <u>2x47' = 94'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>11'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Pump Out and Fill in Drywell</u>	

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- 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.**

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	5'	11'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>135'</u>		
ABSORPTION AREA <u>675</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC Midseam

TANK LID DEPTH 2.5'-3'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Middle

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED No

DATE ON LID No

~~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:

4/16/2013 Install two 47' trenches on contour near septic tank. Trench locations marked. Pump out and fill in drywell. (BB)

INSTALLATION:

4/19/2013 (AM) Top trench done. Working on bottom trench. (BB)

4/19/2013 (PM) System finished, O.K. to backfill. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

4/19/2013