

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/19/12
APPROVAL DATE: _____

PERMIT

P 544473
A _____

Tax ID #
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 Road, Sykesville, MD 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Cattail Woods Sec II LOT NUMBER: 20

ADDRESS: 1716 Cattail Meadows Drive PROPERTY OWNER: Robert Carson

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: _____

LINEAR FEET OF TRENCH REQUIRED: _____

LOCATION:	Set new septic tank after existing septic tank. Abandon top trench by cutting it, and sealing at the distribution box. 180 linear feet of trench remain ; absorption area is more than required for a 4 bedroom home.
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: Robert Bricker DATE: 12/19/12

- NOTE: PERMIT VOID AFTER 1 YEAR
- 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

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____