



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: 5/2/2013 **ONSITE SEWAGE DISPOSAL SYSTEM** P 545022

INSTALLATION APPROVAL DATE: _____ **PERMIT** A _____

MINOR REPAIR

PROPERTY ADDRESS: 1748 Cattail Meadows Drive

SUBDIVISION: Cattail Woods II LOT: _____ TAX ID: 140044359267

CONTRACTOR: Fogles Septic EMAIL: _____

CONTRACTOR ADDRESS: 580 Obrecht Rd Sykesville MD 21784 PHONE: 443-398-0887

PROPERTY OWNER: Josbson EMAIL: _____

OWNER ADDRESS: 1748 Cattail Meadows Drive PHONE: 410-984-4919

NUMBER OF BEDROOMS: n/a HOUSE SQ. FT. n/a

LOCATION:	Bathroom addition in garage. Tie in new line from new garage to existing septic tank.
NOTES:	Call for inspection prior to covering work.

ISSUED BY: HS ISSUE DATE: 5/2/2013 EXPIRATION DATE: 5/2/2014

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- 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 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 _____