



Howard County
Health Department

Bureau of Environmental Health
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website: www.hchealth.org

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

RECEIPT DATE: 2/13/13

ONSITE SEWAGE DISPOSAL SYSTEM

P 544532

INSTALLATION
APPROVAL DATE: _____

**PERMIT
REPAIR**

A _____

PROPERTY ADDRESS: 7518 Cherry Tree Drive

SUBDIVISION: _____

LOT: _____

TAX ID: 05-358337

CONTRACTOR: Fogles Septic Clean Inc.

EMAIL: kurt@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Anhthu Nguyen

EMAIL: _____

OWNER ADDRESS: 7518 Cherry Tree Drive

PHONE: 866-999-6300

SEPTIC TANK SIZE (GALLONS): _____

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: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

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 _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH 8.5'

BAFFLES _____

BAFFLE FILTER No

MANHOLE LOC Front

6" PORT LOC None

WATERTIGHT TEST No

SLOTTED No

DATE ON LID No

PUMP/SEPTIC TANK LEVEL

MANUFACTURER Concrete

CAPACITY Cylinders GAL

SEAM LOC Cylinders

TANK LID DEPTH At Grade

BAFFLES _____

BAFFLE FILTER No

MANHOLE LOC _____

6" PORT LOC None

WATERTIGHT TEST No

SLOTTED No

DATE ON LID No

ROAD NAME _____

PRE-CONSTRUCTION:

2/28/2013 Layout not done. System not failing.
Effluent pump not working (P)

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____