



Howard County
Health Department

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 8/12/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558824

APPROVAL DATE: _____ **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 2910 Ordway Drive

SUBDIVISION: Green Henge LOT: 17 TAX ID: 03-291529

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Jeff Upchurch EMAIL: _____

OWNER ADDRESS: 2910 Ordway Drive, Ellicott City, MD 21042 PHONE: 410-804-3577

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: K. Wolf 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**
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: THE HCHD DOES NOT WARRANT ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.**
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 _____

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:

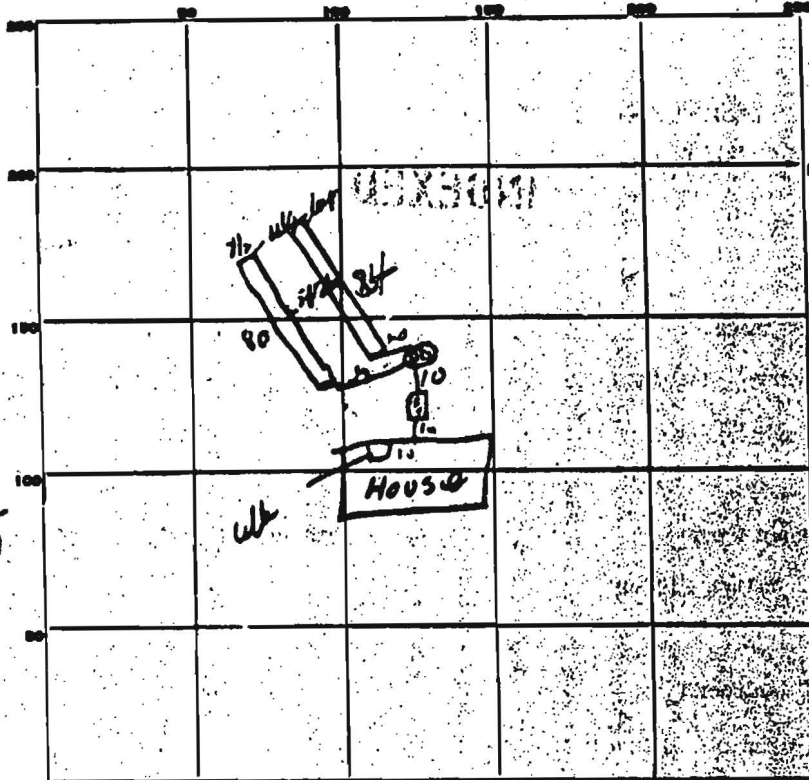
8/16 After arrival on-site, no surface discharge visible. Dug up start of upper and lower trenches (5' inlet and) little bromat. no H₂O. Decided to expose ex. D box and piping. ~~Found~~ After shooting grade on piping, found ^{upper} pipe uphill 2". Lower pipe "bowed" but no fall / limited fall. Contractor replaced lower pipe from ex. D box to start

INSTALLATION: of trench. Stayed on-site while pipe was replaced. Told contractor to collect refund of \$330 and pay for meter \$55 repair fee. (kw)

FINAL INSPECTOR JK Hall DATE OF APPROVAL _____

164
 2 1/2
 14
 2 2/8
 21 20
 31-0

20
 25
 155 2 1/2
 77
 310
 387



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Ordway Ave

PERMIT CARD no fee

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 56 1/2 FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 24 IN. TOTAL LENGTH 164 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 410

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 620 sq. ft. side vent area in trench

REMARKS G-15-72. OK for gravel in trench - trench may be expanded

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-291529

P 566320

A REPAIR

DISTRICT _____

DATE 5-17-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~PHONE~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Rd., Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Green Henge LOT 17, Sec. 3 ROAD 2910 Ordway Drive

PROPERTY OWNER Walton Miller

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

5/15/96

12/10/99 No inspection ever called in ACM

PLANS APPROVED BY _____ DATE _____ vr/

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

P566320-D

HOWARD COUNTY HEALTH DEPARTMENT
Completed Septic System

P 56632-D A REPAIR

DATE 5-17-1996

LOCATION <u>Green Hedge</u>	<u>APPLICATION</u>
<u>2910 Ordway Drive</u>	HOLD ()
LOT <u>17, Section 3</u>	APPROVED (X)
APPLICANT <u>Jack Fyock Septic Service</u>	REJECTED ()
OWNER <u>Walton Miller</u>	<u>INSTALLATION</u>
PERMITTEE <u>Jack Fyock Septic Service</u>	HOLD ()
No Inspection was made nor did the	APPROVED ()
HD-11 contractor call for one.	APPROVED
12-10-1999 per AIM	DATE _____



HOWARD COUNTY HEALTH DEPARTMENT

58824

DATE 8/2/16

AS

Received From

Foglia's Septic Clean

PHONE #

910795 5000

For

Peric Repair / 2910 Ordway Dr.

CASH

CHECK

NO.

5442 Three hundred thirty Dollars

\$ 330 | 00

Received By

J King

2910 Ordway Drive – Site layout for repair Gladstone soils



