



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: 3/29/16 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 558053

INSTALLATION APPROVAL DATE: 3/30/16 (SEC)

PERMIT
SEWER HOUSE CONNECTION

A _____

PROPERTY ADDRESS: 1390 Driver Road, Marriottsville, MD, 21104

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: Fogles Septic EMAIL: _____

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

PROPERTY OWNER: Pattie Overby Webb EMAIL: _____

OWNER ADDRESS: 1390 Driver Road, Marriottsville, MD 21104 PHONE: _____

NUMBER OF BEDROOMS: 3 CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	INSTALL 4" SEWER LINE PER APPROVED SITE PLAN.
NOTES:	

ISSUED BY: Hank Oswald ISSUE DATE: 3/29/16 EXPIRATION DATE: 3/29/17

NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL

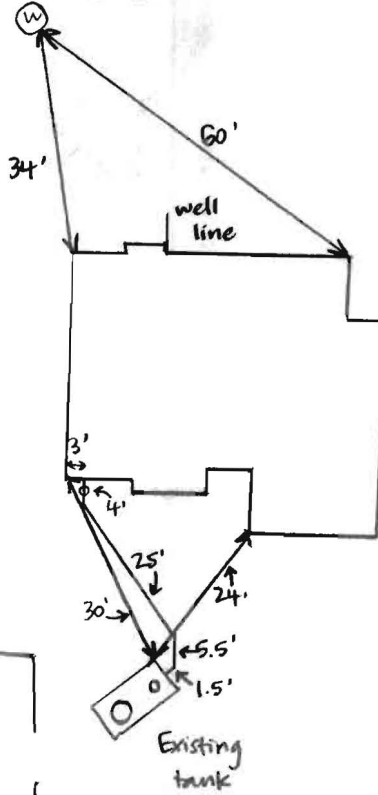
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

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

H0-73-3675



TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

Existing SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____ ?

CAPACITY 1000 GAL

SEAM LOC TOP

TANK LID DEPTH 1.5'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC REAR

6" PORT LOC FRONT

WATERTIGHT TEST NO

SLOTTED NO

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: 3/30/16 Existing tank connected to house. Fogles installed a riser at the rear of the tank. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 3/30/16

HORIZONS UNLIMITED HOME IMPROVEMENTS, INC.

William L. Gmeinwieser, Sr.
President

O 1.800.673.3034

F 410.796.4144

C 410.320.5912

Email billg@huimprove.com

MHIC #16806

BLDR #1369

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HOWARD COUNTY HEALTH DEPARTMENT

57468

DATE 11/24/15

Received From

Horizon Unlimited

PHONE #

410-742-1112

7387 Washington Blvd St 104 Elkridge MD 21075

For

Per App - 1390 Davis Road Parcel 129

CASH

CHECK

NO.

1207

Five hundred six

Dollars

\$

500.00

Received By

[Signature]



HOWARD COUNTY HEALTH DEPARTMENT

58053

DATE
3/29/14

P5

Received From

Fogies

PHONE #

CASH
 CHECK

For

Sewer House Connec-
1390 Driver Road

NO.

52962

One hundred sixty-five ⁰⁰/₁₀₀

Dollars

\$

105 00

Received By

M. Curry