



**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 6/12/16      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 558791  
 APPROVAL DATE: \_\_\_\_\_      **PERMIT:**      **REPAIR**      A \_\_\_\_\_  
 PROPERTY ADDRESS: 11609 Norwich Lane  
 SUBDIVISION: Kings Gift      LOT: 11      TAX ID: 03-283674  
 CONTRACTOR: Fogle's Septic Clean Inc.      EMAIL: kim@foglesinc.com  
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784      PHONE: 410-795-5670  
 PROPERTY OWNER: Jerry Nagy      EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 11609 Norwich Lane, Ellicott City, MD 21042      PHONE: 410-340-6688

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: <b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
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**  
 ELECTRICAL PERMIT ISSUED      E \_\_\_\_\_
- NOTE: **THE HCHD DOES NOT WARRANTY 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 GUIADNCE.**
- 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

7/27/16  
Repair Perc placed  
on hold per  
contractor / owner.  
- KMD

ROAD NAME

**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 \_\_\_\_\_

PRE-CONSTRUCTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTALLATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

# Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- \_\_\_\_\_ P- 558791

PERMITTEE

Fogel's Septic Clean Inc.

LOCATION

11609 Norwich Lane Kings Gift Lot 11  
Chopyk Allen

Do Not Cover Work Until Health Department Approval Appears On This Card

**POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD**

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector \_\_\_\_\_

Date \_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_

FINAL INSPECTION MADE, COVER ALL WORK

Inspector \_\_\_\_\_

Date \_\_\_\_\_

*Family Owned Business Since 1978*

580 Obrecht Rd.  
Sykesville, MD 21784



410-795-5670  
Fax: 410-795-3432  
www.foglesinc.com

Howard County Health Department  
8930 Stanford Boulevard,  
Columbia, Md 21045

ref: 11609 Norwich Lane

August 4, 2016

To whom it may concern,

Fogle's Septic is requesting a refund for a septic permit, for a perc test & repair, in the amount of \$330.00. The homeowner has changed their minds because they are not presently having a problem. So I am requesting a refund for the permit amount \$330. If you have any other question please call me at 410-795-5670

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Fogle", is written over the word "Sincerely,".

Kim Fogle

**Call Us For All Your Septic Needs**



HOWARD COUNTY HEALTH DEPARTMENT

58791  
AS

Received From

Fogles Sophie  
DATE 7/1/16  
PHONE # 410 795-5078

CASH  
 CHECK

NO 5078

For Bone Repair Woodbridge  
Done  
Since November 11th City - Dollars

\$ 330.00

Received By: [Signature]