



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

Bureau of Environmental Health
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RECEIPT DATE: 1/2/24 ONSITE SEWAGE DISPOSAL SYSTEM P 575749

APPROVAL DATE: 2/21/2024 PERMIT: REPAIR A

PROPERTY ADDRESS: 14994 Bushy Park Road

SUBDIVISION: LOT: TAX ID:

CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kim@foglesinc.com

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

PROPERTY OWNER: Jario Azevedo EMAIL:

OWNER ADDRESS: 14994 Bushy Park Road, Woodbine, MD 21797 PHONE: 240-351-9098

SEPTIC TANK SIZE (GALLONS): TANK MANUFACTURER:

PUMP MODEL: PUMP SIZE PUMP TANK CAPACITY:

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: APPLICATION RATE:

Table with 2 columns: Field Name (TRENCHES, LOCATION, NOTES) and Field Value/Description.

ISSUED BY: K. Wolf ISSUE DATE: 1/2/2024 EXPIRATION DATE: 1/2/2025

- 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 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
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

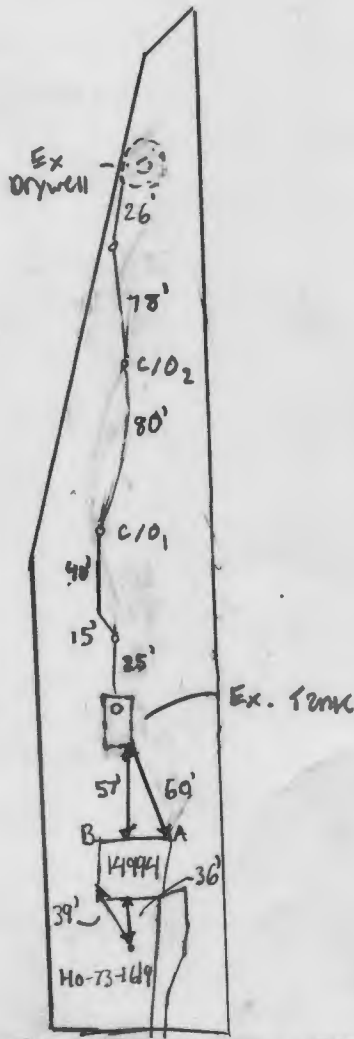
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

Drywell - A : 333'
Drywell - B : 327'

C/O₂ - A : 219'
C/O₂ - B : 216'

C/O₁ - A : 141'
C/O₁ - B : 135'



ROAD NAME Bushy Park Rd

Ex Drywell

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

N/A

NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

Ex:

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL N/A

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC NEW RISER
 6" PORT LOC N/A
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Mike
 SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES NO

PRE-CONSTRUCTION NOTES:
 1/21/2024 - Plan Approved. [Signature]

CONTROL PANEL DATA

CONTROL PANEL HEIGHT N/A
 (MIN 30")
 INSPECTION DATE N/A
 INSPECTION: PASS/FAIL (CIRCLE ONE)

INSTALLATION NOTES:

2/21/2024 - Contractor onsite for inspection. 4" back baffle installed. SCHO 40 PVC used, adequate full. Contractor to
 2nd C/O₂ to backfill to 2nd C/O₁. Come back to see connection to drywell.

FINAL INSPECTOR S. P. [Signature] DATE OF APPROVAL 2/21/2024