



**Howard County
Health Department**

Bureau of Environmental Health

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www.hchealth.org

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

RECEIPT DATE: 6/12/2025

ONSITE SEWAGE DISPOSAL SYSTEM

P 589095

APPROVAL DATE: 7/11/2025

PERMIT: REPAIR

A Repair

PROPERTY ADDRESS: 14943 Roxbury Road

SUBDIVISION: Scarlet Ridge

LOT: 4

TAX ID: 04-352629

CONTRACTOR: Fogle's

EMAIL: Jeff@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville 21784

PHONE: 410-795-5670

PROPERTY OWNER: Harold Clark

EMAIL: mmcedgewood@aol.com

OWNER ADDRESS: Same as above

PHONE: 443-506-7265

SEPTIC TANK SIZE: Existing

PUMP SIZE: n/a

PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM: GRAVITY LPD

BEDROOMS: 4 APPLICATION RATE: 1.2gpd/ft

| | | |
|-----------|---|--|
| TRENCHES: | LINEAR FEET REQUIRED: <u>125</u> | INLET DEPTH: <u>2' 3"</u> |
| | TRENCH WIDTH: <u>2'</u> | MAXIMUM BOTTOM DEPTH: <u>8</u> |
| | MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u> | EFFECTIVE AREA BEGINNING DEPTH: <u>5</u> |
| LOCATION: | SYSTEM STAKED BY INSTALLER/DESIGNER AND VERIFIED BY APPROVING AUTHORITY DURING PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | Install system per approved design plans. | |

ISSUED BY: Kevin M. Wolf, L.E.H.S.

ISSUE DATE: 6/23/2025

EXPIRATION DATE: 6/23/2026

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED

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 DOWNGRADE 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 n/a

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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

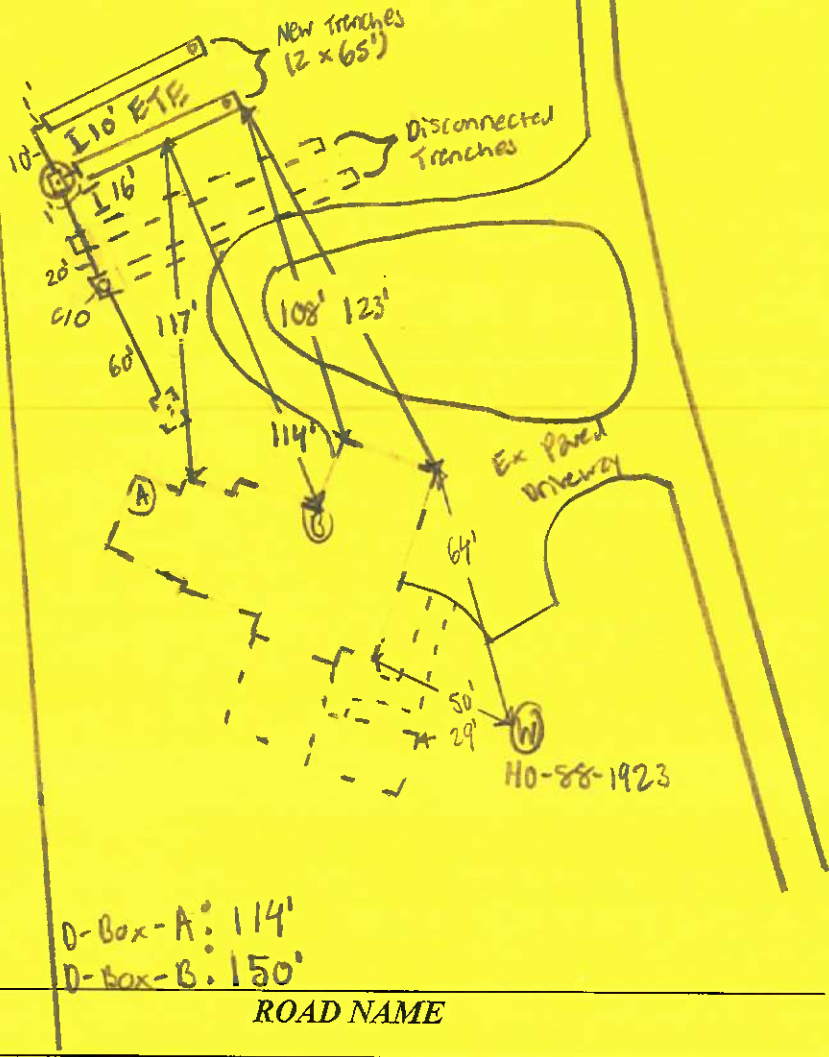
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 |
|---|-------|--------|
| 2' | 3' | 8' |
| NUMBER OF TRENCHES <u>2</u> | | |
| TOTAL LENGTH <u>170'</u> | | |
| ABSORPTION AREA <u>510ft² + 50</u> | | |
| DISTRIBUTION BOX LEVEL <u>yes</u> | | |
| DISTRIBUTION BOX BAFFLE <u>yes</u> | | |
| DISTRIBUTION BOX PORT <u>yes</u> | | |

Existing

SEPTIC TANK DATA

| | |
|------------------------|--------------------|
| SEPTIC TANK I LEVEL | _____ |
| MANUFACTURER | _____ |
| CAPACITY | _____ GAL |
| SEAM LOC | _____ |
| TANK LID DEPTH | _____ |
| BAFFLES | <u>New 4" back</u> |
| BAFFLE FILTER | _____ |
| MANHOLE LOC | <u>New front</u> |
| 6" PORT LOC | _____ |
| WATERTIGHT TEST | _____ |
| SLOTTED | _____ |
| DATE ON LID | _____ |
| PUMP/SEPTIC TANK LEVEL | <u>N/A</u> |
| 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: Ricky Tolson
 SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:
7/11/2025 - Installer onsite for layout, verified Ex system
16' from proposed trenches trenches with 63' x 11' apart center to center. OK to start work. (P)

CONTROL PANEL DATA

| | |
|------------------------------------|-------|
| CONTROL PANEL HEIGHT | _____ |
| (MIN 30") | _____ |
| INSPECTION DATE | _____ |
| INSPECTION: PASS/FAIL (CIRCLE ONE) | _____ |

INSTALLATION NOTES:

7/11/2025 - Installer onsite for inspection. New front manhole installed + new 4" back baffle installed. SHD 40 PVC used to connect back line to new d-box, adequate fill, new cca installed @ old trenches. Vertical d-box saw baffle. Each trench 65', 10' between trenches edge to edge. Upper trench inlet @ 3', lower trench inlet @ 3' hole of trench not finished. Waiting for stone to finish setting pipe + fabric for lower trench. Saw lower trench w/ adequate fill, pipe + fabric. OK to describe (P)

FINAL INSPECTOR

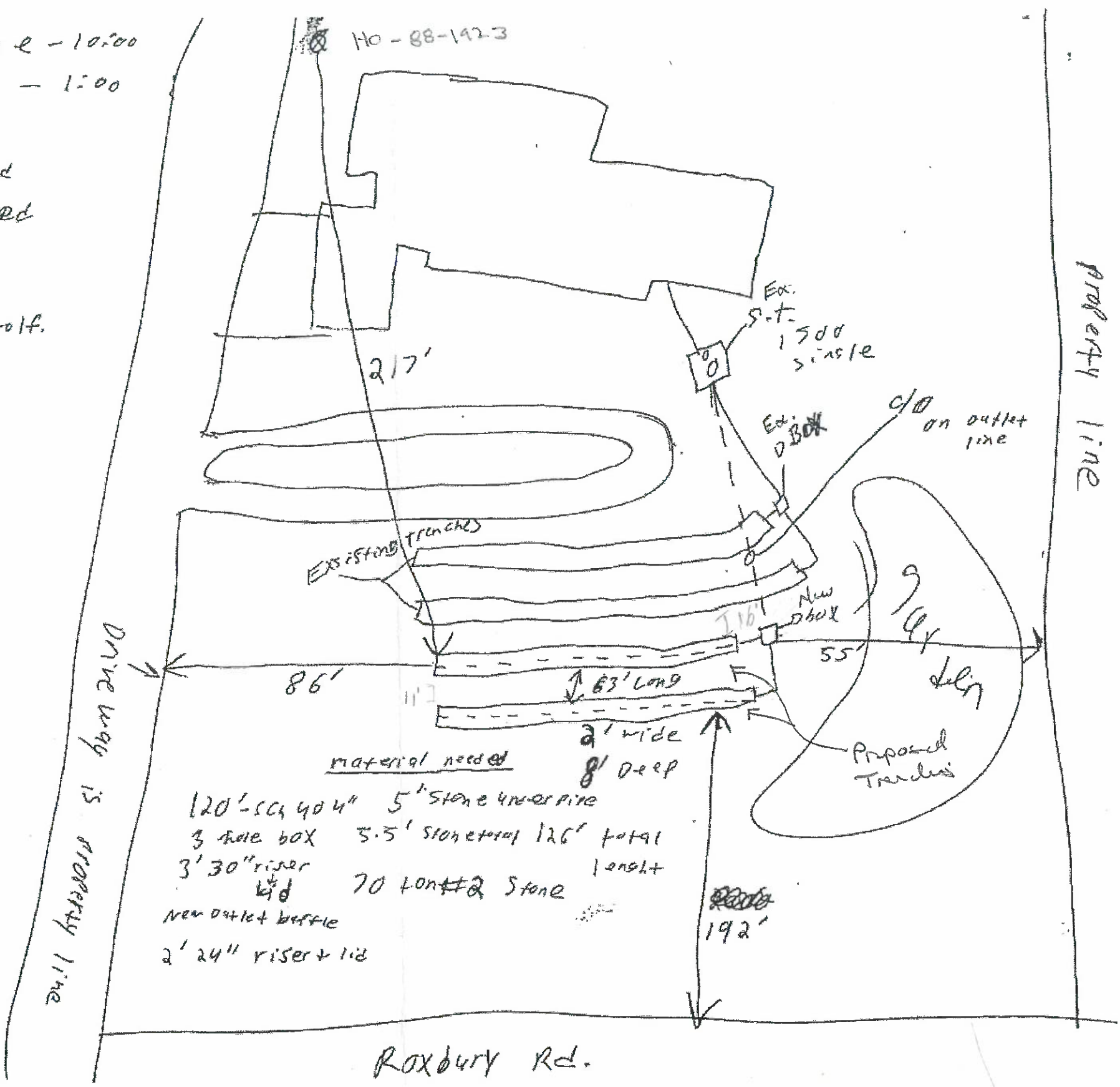
S. Price

DATE OF APPROVAL

7/11/2025

Start time - 10:00
 End time - 1:00
 1 hole dug
 1 hole passed
 0 holes failed

Operator - Mike
 Sanitarian - Kevin Wolf




Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature Date 6/18/2025

material needed
 120' - 5" stone 4" over pipe
 3 riser box 5.5' stone total 126' total
 3' 30" riser lid 70 long stone length
 new outlet baffle
 2' 24" riser + lid

Septic Repair Design Plan

| Designer & Installer Info | | Property Info | Owner Info | Additional Info |
|---|---|--|--|--|
|  | Installer: Fogle's Septic Clean, Inc Address: 580 Obrecht Rd Sykesville, MD 21784 | Designer: John Hieatzman Phone: 410-795-5670 Email: john@foglesinc.com | Address: 14943 Roxbury Rd Glenelg, MD 21737 | Name: Edgewood Farms/ <i>Hardid Clark</i> Phone: 443-506-7265 Email: mmcedgewood@aol.com |
| | | | | Perc Date: 4/22/25 Permit No.: Bedrooms: 3 4 |
| | | | | Version: 1.0 Date: 6/12/25 Job No.: 868 |

