

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 12/17/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544449-K

INSTALLATION
 APPROVAL DATE: 9/18/2013 **PERMIT** A _____
CONSTRUCTION

PROPERTY ADDRESS: 2822 Bridal Wreath Court

SUBDIVISION: Belle Haven Estates LOT: 16 TAX ID: 04-373804

CONTRACTOR: K Hovnanian Homes EMAIL: Khov.com

CONTRACTOR ADDRESS: 1802 Brightseat Road PHONE: 301-683-6268

PROPERTY OWNER: K Hovnanian Homes EMAIL: _____

OWNER ADDRESS: Same as above PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. 3,434 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

P S C L TRENCHES:	LINEAR FEET REQUIRED: <u>155'</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>7</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per plan. Set distribution box per plan. Install 3 x 52' trenches on contour. 64' 93'	

ISSUED BY: Heidi Scott ISSUE DATE: 6/12/13 EXPIRATION DATE: 12/17/13

- 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 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

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

See As-Built Drawing
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH 3' INLET 4.5' BOTTOM 7'

NUMBER OF TRENCHES 2

TOTAL LENGTH 158'

ABSORPTION AREA 459+Sidewall

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes

MANUFACTURER Mayer Bros.

CAPACITY 2000 GAL

SEAM LOC Top

TANK LID DEPTH 1'-2'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST No

SLOTTED Yes

DATE ON LID No

~~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~~

PRE-CONSTRUCTION:

8/23/2013 I install a 64' and 93' trench on contour across the highest part of the easement. Set the tank in front of the top trench. (BB)

INSTALLATION:

9/9/2013 Need house connection. Tank set. Box set. Lower trench done. (BB)

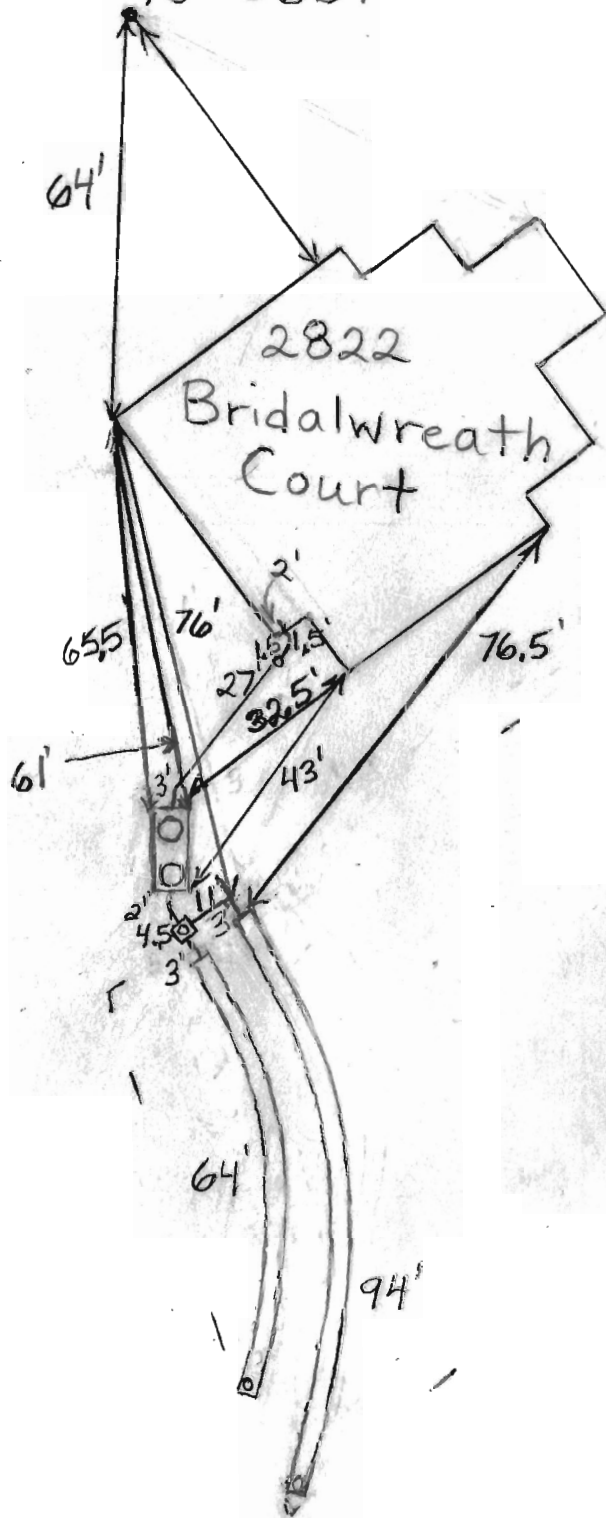
9/10/2013 Need tank risers. Everything else finished. (BB)

9/18/2013 Tank risers installed. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 9/18/2013

HO-95-0669



RECEIPT DATE: 12/17/12

P 544449-K

INSTALLATION APPROVAL DATE: _____

PERMIT

A _____

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PROPERTY OWNER: Belle Haven Baker LLC

OWNER'S ADDRESS: 10751 Falls Road Ste 405, Lutherville, MD 21093 PHONE: 301-683-3268

ADDRESS: 2822 Bridal Wreath Court TAX ACC'T #: 04-373804

SUBDIVISION: Belle Haven Estates LOT: 16

SEPTIC TANK CAPACITY (GALLONS): TBD

PUMP CHAMBER CAPACITY (GALLONS): TBD

NUMBER OF BEDROOMS: TBD APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD

LINEAR FEET OF TRENCH REQUIRED: TBD

TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

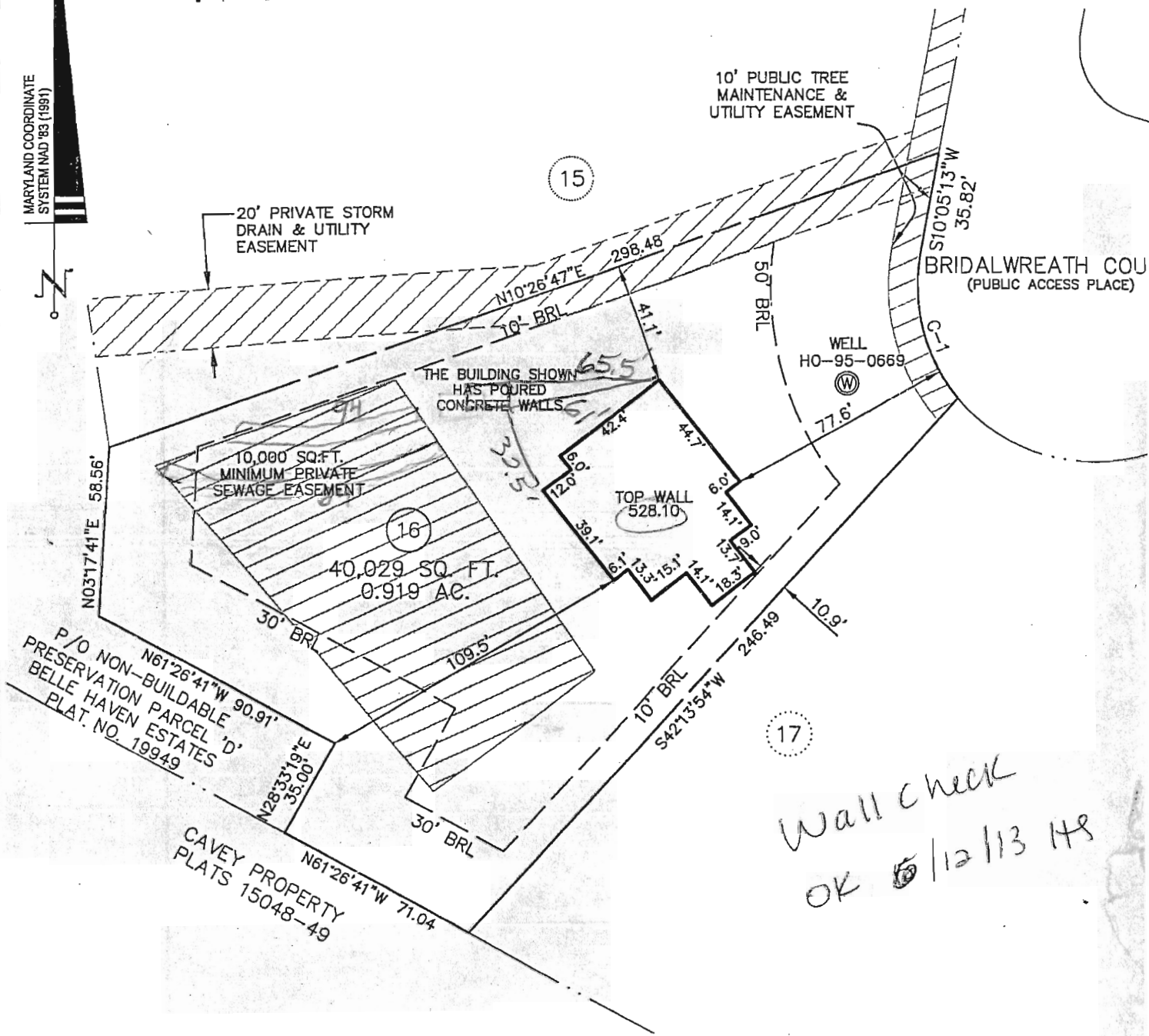
ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/17/12 EXPIRATION DATE: 12/17/13

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
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- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET 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

NEITHER THE HOWARD COUNTY COUNCIL OR 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.

CURVE TABLE							
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.	
C1	60.00'	52.08'	49°44'04"	27.81'	S14°46'49"E	50.46'	

MARYLAND COORDINATE SYSTEM NAD '83 (1997)



Wall check
OK 5/12/13 HR

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION MAY NOT BE REQUIRED, FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE IMPROVEMENTS IS WITHIN 1 FOOT OF BEING GREATER THAN OR LESS THAN THE DIMENSIONS SHOWN.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE.

I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/6/14.

Signature of Surveyor 6-13