

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: 9/10/13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 545143  
 INSTALLATION APPROVAL DATE: 10/2/13 **PERMIT** A \_\_\_\_\_  
**MINOR REPAIR**

PROPERTY ADDRESS: 11232 Old Hopkins Road  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 5365376  
 CONTRACTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CONTRACTOR ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PROPERTY OWNER: Ed Gaddy EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 11232 old Hopkins Road PHONE: \_\_\_\_\_

NUMBER OF BEDROOMS: n/a HOUSE SQ. FT. n/a

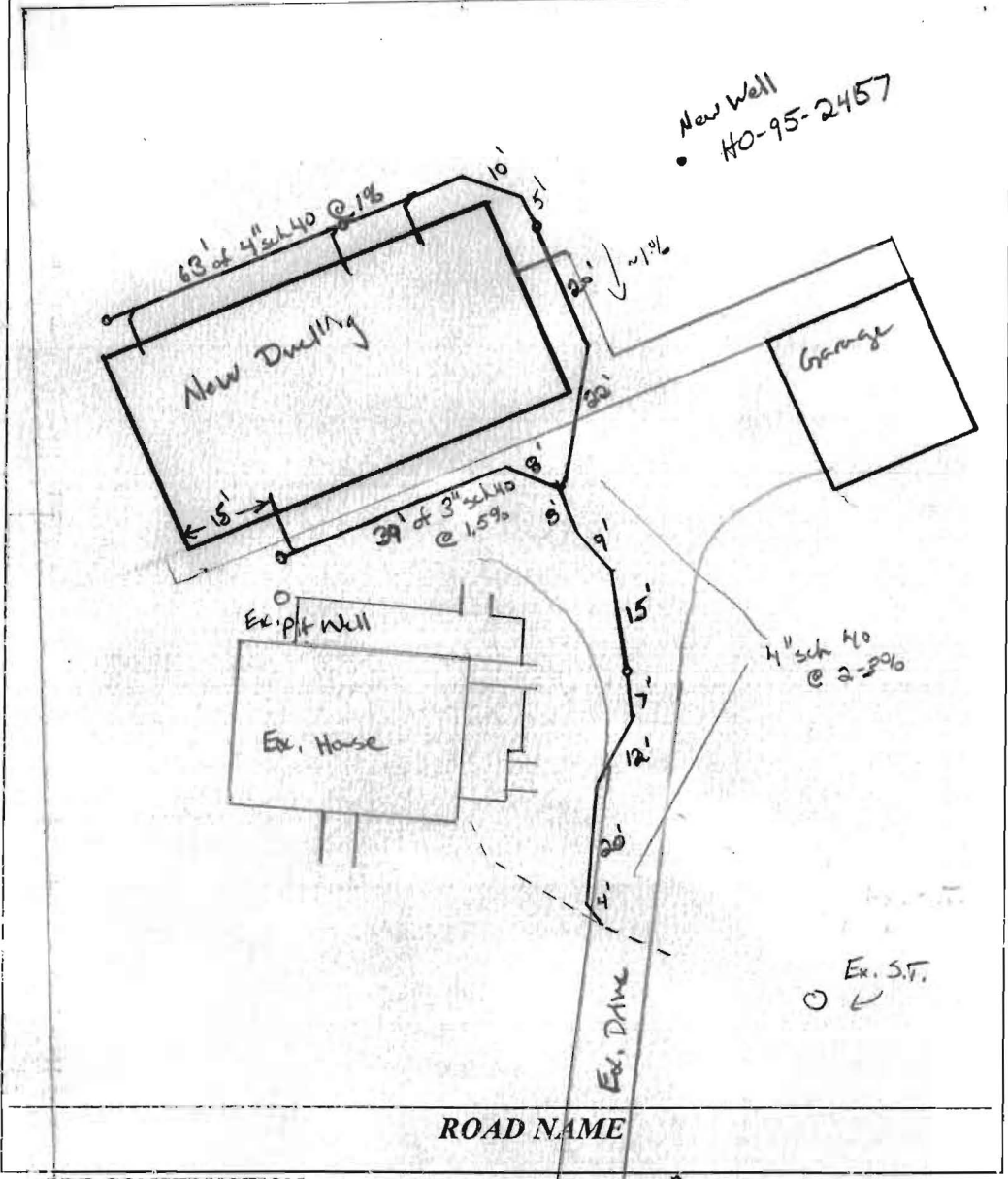
LOCATION:	Tie in new plumbing to existing septic system.
NOTES:	Call for inspection prior to covering work.

ISSUED BY: K. Wolf ISSUE DATE: 10/3/13 EXPIRATION DATE: \_\_\_\_\_

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



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 1 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:

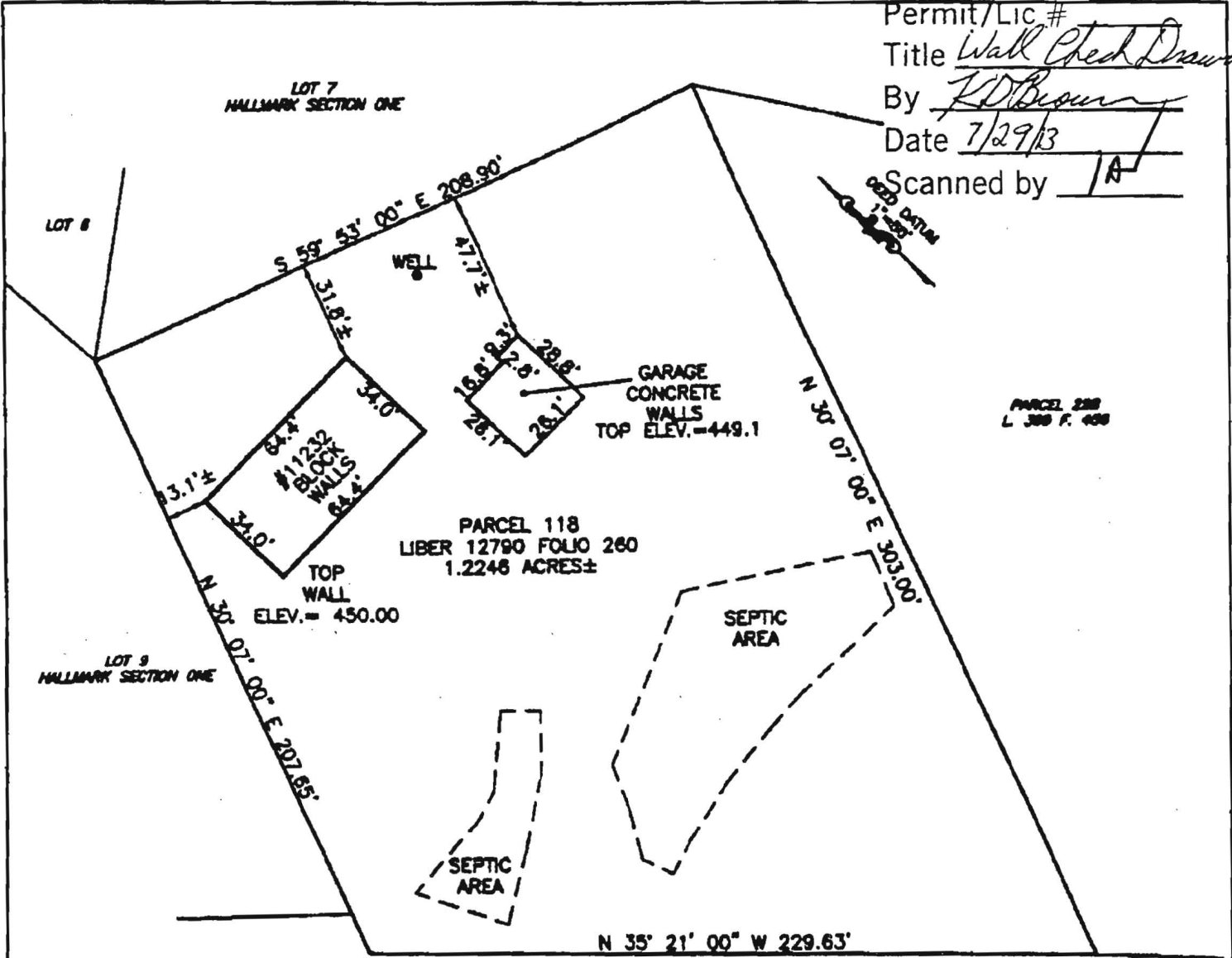
INSTALLATION: 10/2/13 New plumbing from new house tied in w/ wye" to existing septic. No ground-works under house. House on a slab w/ all plumbing existing from house just below first line. Fall min @ 1% taken @ 3" line turning to 2-2% fall @ 4" transition out to existing 4" plumbing. OK to cover

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 10/8/13

B 12003046

**OK TO SCAN**

Permit/Lic.# \_\_\_\_\_  
 Title Wall Check Drawing  
 By K.D. Brown  
 Date 7/29/13  
 Scanned by JA



**SURVEYORS CERTIFICATE**

I HEREBY CERTIFY THAT THE LOCATION OF THE IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN SURVEYED BY ME OR UNDER MY DIRECT SUPERVISION, AND THAT THEY ARE ACURATELY SHOWN. NOTE: EXISTENCE OF BOUNDARY MARKERS NOT GARANTUED BY THIS SURVEY. THIS IS NOT A BOUNDARY SURVEY. THE SOLE PURPOSE OF THIS SURVEY IS THE LOCATION OF THE SHOWN IMPROVEMENTS.

1" = 50'

**SPECIAL PURPOSE**  
**WALL CHECK SURVEY**

LIBER 12790 FOLIO 260  
 11232 OLD HOPKINS ROAD  
 PERMIT # B12003046

ELECTION DISTRICT No. 5  
 HOWARD COUNTY, MARYLAND

**P.G. ASSOCIATES INC.**  
 16220 FREDERICK ROAD,  
 SUITE 300  
 GAITHERSBURG, MD. 20877  
 (301)-208-0250



