

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 7-23-14

PERMIT

P 554552

APPROVAL DATE: 7/31/2014

A _____

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

Freedom Septic

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____

PHONE NUMBER: 410-795-2947

SUBDIVISION: Fulton Manor

LOT NUMBER: 3

ADDRESS: 12305 Pleasant View Dr. PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: _____

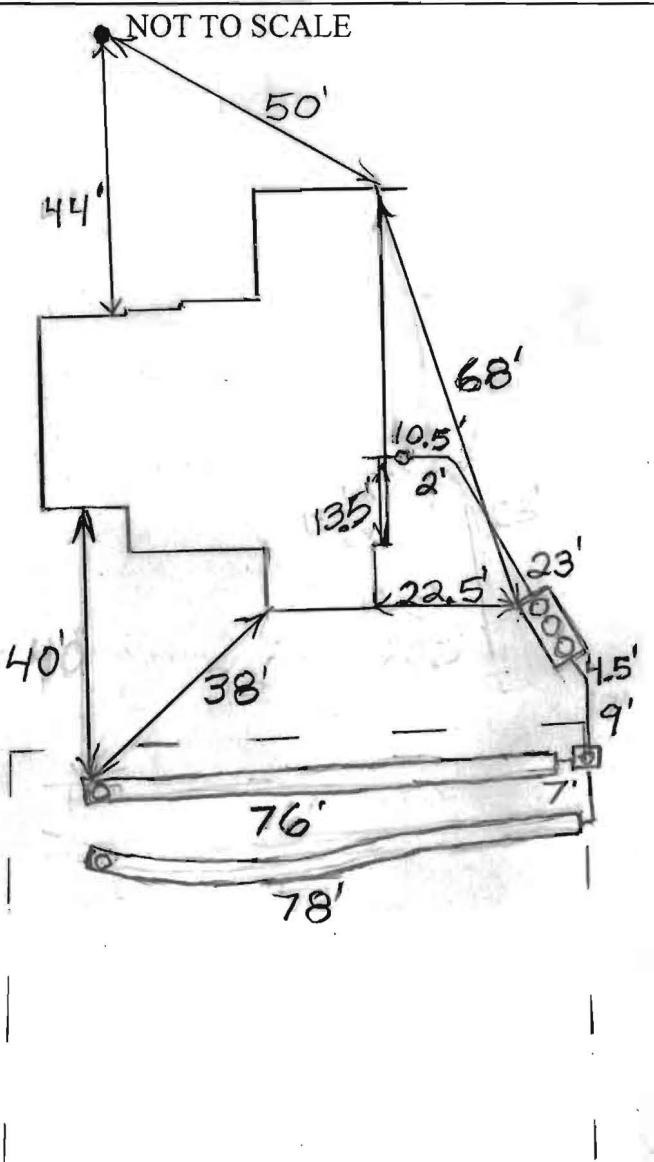
LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>2' Wide</u> <u>Inlet 5' Bottom 9', 2x78'</u>
NOTES:	<u>Effective Area Below 6.5'</u>

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- 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 UNLESS SPECIFICALLY AUTHORIZED

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2	5'	9'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>154'</u>		
ABSORPTION AREA <u>380</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	<u>Yes</u>
MANUFACTURER	<u>Norweco</u>
CAPACITY	<u>1300</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>0.5-2'</u>
BAFFLES	<u>No</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front, Middle, Rear</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>N/A</u>
DATE ON LID	<u>Dry</u>

RUMP/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	_____

ROAD NAME _____

PRE-CONSTRUCTION:

7/23/2014 Install two 78' trenches on contour across the top of the easement. Septic tank location staked by surveyor (BB)

INSTALLATION:

7/24/2014 Tank set. (BB) 7/25/2014 System finished except for approval by a Norweco representative (BB)
7/31/2014 Received approval letter from Norweco rep. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 7/31/2014

Back River Pre-Cast, LLC

PO BOX 329
Glyndon, MD 21071
Phone # 410-833-3394
Fax # 410-833-4116

Letter of Certification

This is to certify that the Norweco Singulair TNT 600 GPD Septic Tank installed at 12305 Pleasant View Dr., Highland, MD 20777 July 24, 2014 was installed according to the manufacture's specifications.

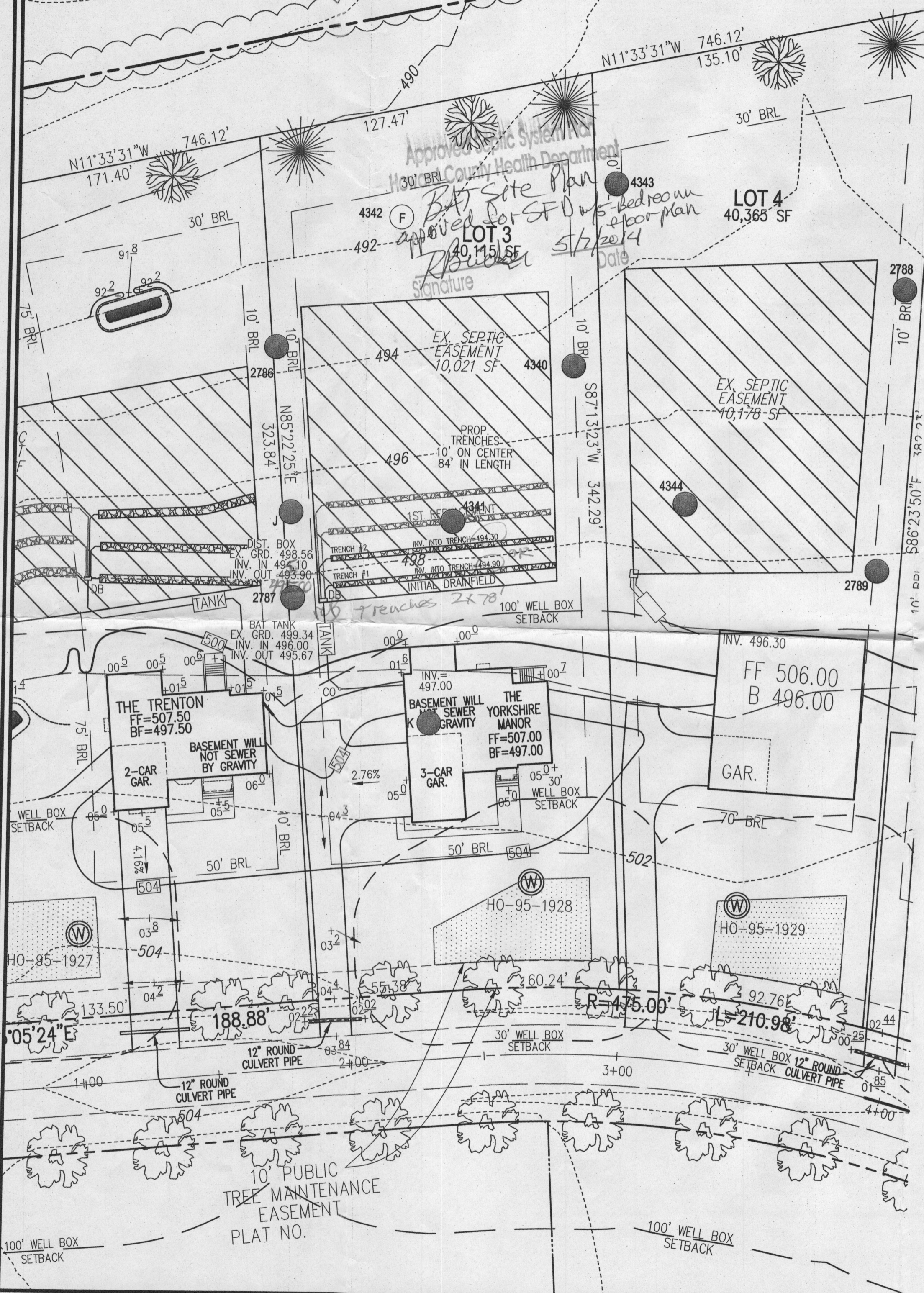
Installer: Bruce Bopst



MATTHEW GECKLE

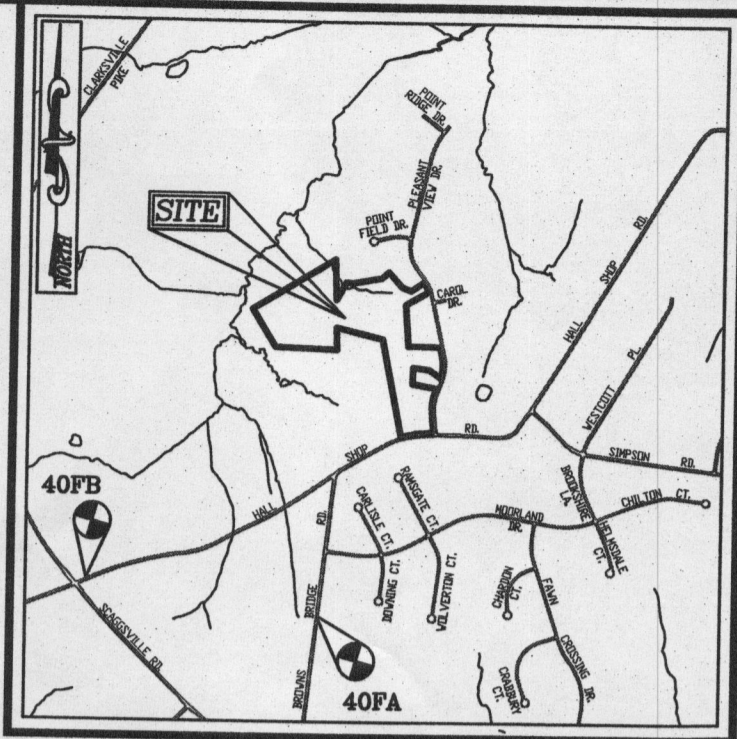
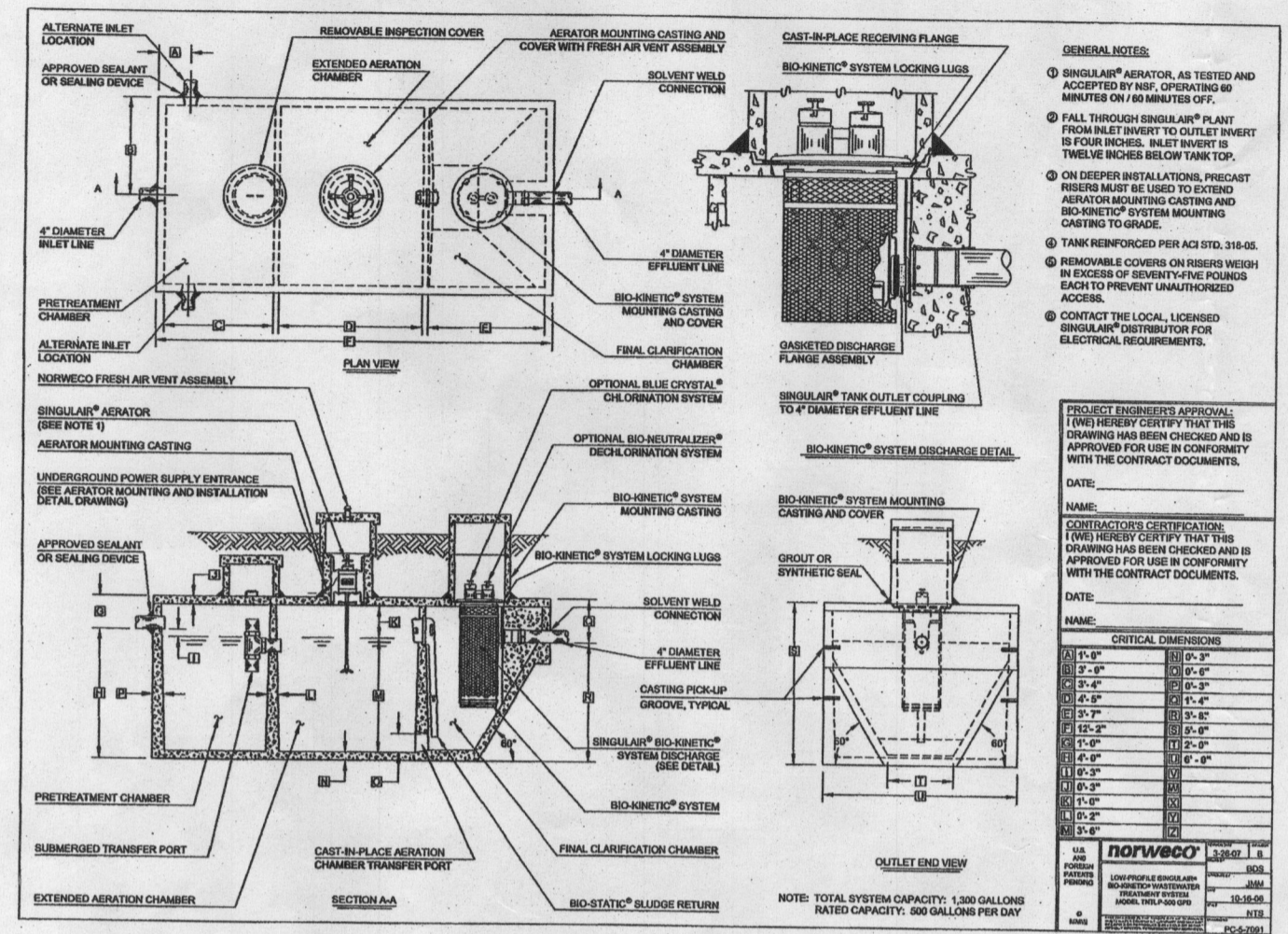
Vice-President

Maryland State Grid Meridian



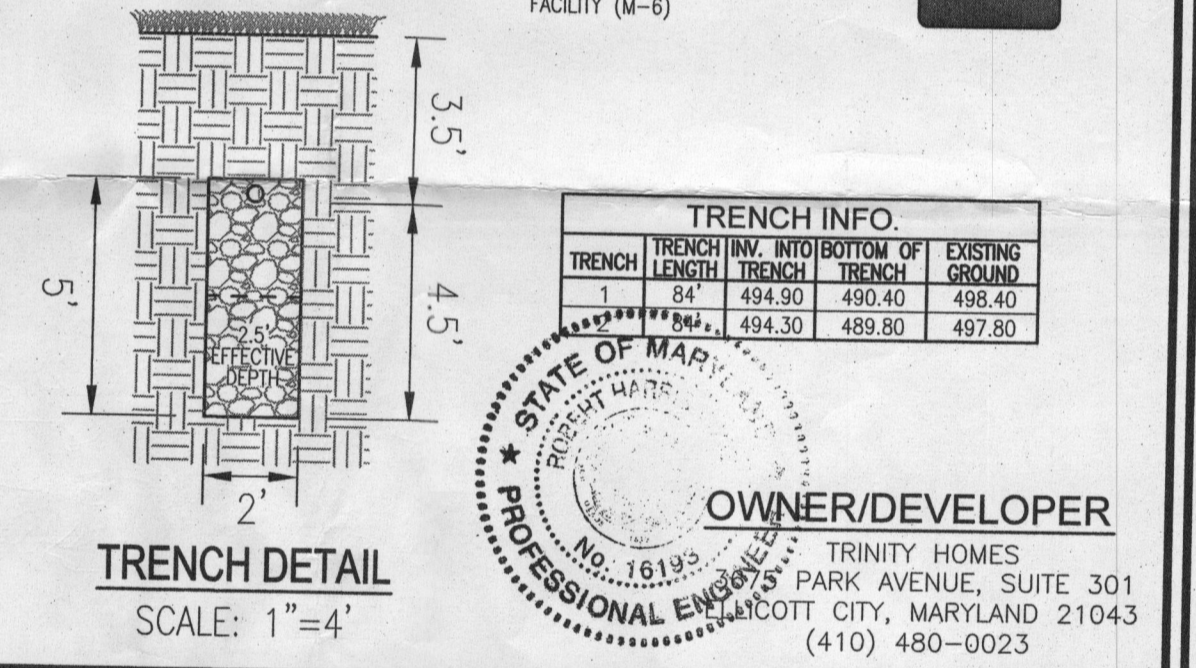
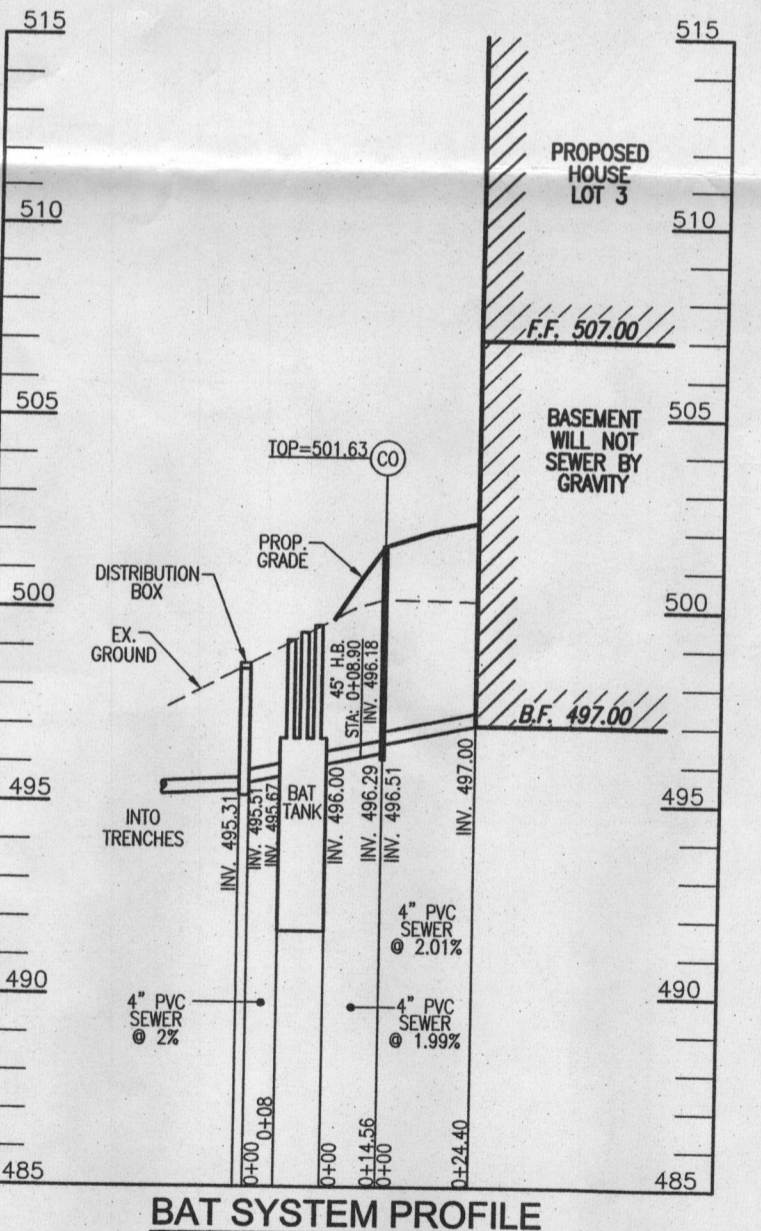
GENERAL NOTES:

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET.
3. NO BLOWER IS REQUIRED. THE NORWECO WASTEWATER TREATMENT SYSTEM HAS AN AERATOR MOUNTED IN THE TANK.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.



LEGEND

EXISTING 2' CONTOUR	---	382
EXISTING 10' CONTOUR	---	380
RIGHT-OF-WAY	---	
BOUNDARY	---	
ADJACENT BOUNDARY	---	
PASSED PERC. TEST	●	
FAILED PERC. TEST	○	
EXISTING WELL FIELD LOCATED	⊙	
APPROVED WELL AREA	▨	
PROPOSED MICRO-BIORETENTION FACILITY (M-6)	▨	



SITE PLAN FOR BAT INSTALLATION
FULTON MANOR II - LOT 3
 12305 STELLA DRIVE
 FULTON, MD 20759
 B1400116

TAX MAP: 40 BLOCK: 6
 5TH ELECTION DISTRICT

PARCEL: 205 & 94
 ZONED: RR-DEO
 HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET
 ELICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961

DESIGN BY: RHV
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2014
 SCALE: 1"=30'
 W.O. NO.: 13-33

1 SHEET OF 1

SYSTEM CALCULATIONS:
 5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.
 625 SQ. FT. / 2 (TRENCH WIDTH) x .50 (SIDEWALL REDUCTION) = 156 LINEAR FEET
 2 TRENCHES OF 84 FEET IN LENGTH ARE PROVIDED WITH THE SYSTEM FOR LOT 3.
 2x78 feet

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.