

Bureau of Environmental Health
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Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 3/4/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 555760

INSTALLATION APPROVAL DATE: _____ **PERMIT** A _____

Tank Replacement

PROPERTY ADDRESS: 6624 Prestwick Drive

SUBDIVISION: Highland Lake LOT: 39 TAX ID: 05-381827

CONTRACTOR: P. D. Services EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: 301-514-7938

PROPERTY OWNER: Charles and Randi Chidekel EMAIL: _____

OWNER ADDRESS: 6624 Prestwick Drive PHONE: _____

BAT UNIT MODEL: _____ PUMP SIZE: _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: GRAVITY LOW PRESSURE DOSED NUMBER OF BEDROOMS: _____

TRENCHES:	LINEAR FEET REQUIRED: <u>NA</u>	INLET DEPTH: <u>NA</u>
	TRENCH WIDTH: <u>NA</u>	MAXIMUM BOTTOM DEPTH: <u>NA</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>NA</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>NA</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:	Install 2000-gal, 2-compartment, slotted tank w/ load-bearing lid (SC)	

ISSUED BY: [Signature] ISSUE DATE: 3/4/15 EXPIRATION DATE: 3/4/16

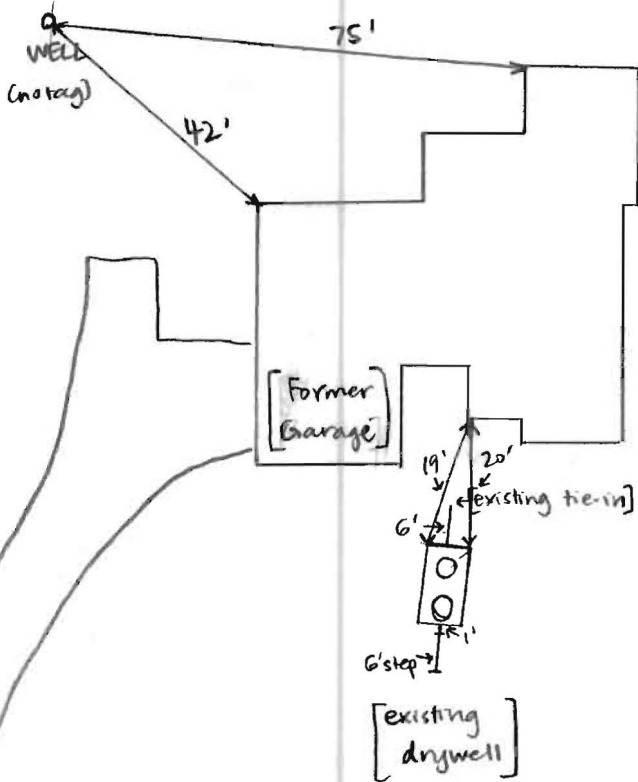
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET 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: 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



ROAD NAME

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 I LEVEL YES
 MANUFACTURER BABYLON
 CAPACITY 2000 GAL
 SEAM LOC TOP
 TANK LID DEPTH 1.5-3'
 BAFFLES 6" INLET, 4" OUTLET
 BAFFLE FILTER NO
 MANHOLE LOC FRONT + REAR
 6" PORT LOC NONE
 WATERTIGHT TEST NO
 SLOTTED YES
 DATE ON LID 2/19/15

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:

3/18/15 Confirmed new tank location and checked setbacks. 12' off former garage and 16' off house. Checked with homeowner and basement doesn't extend to front of house. Contractor will install 2000-gal, load-bearing tank (current tank is deep) (SC)

INSTALLATION: 3/25/15 On site for tank setting. Tank won't need to be as deep as original tank b/c original had a 45" pipe leading in. Gravel leveled using laser transit prior to tank setting. Confirmed level tank + fall of pipe going to inlet. (SC) 3/25/15 All connections complete. 1 1/2% fall from house connection to tank; step connecting to dry well inlet. Tank meets 100' setback from well. (SC)

FINAL INSPECTOR Sarah Collins

DATE OF APPROVAL 3/25/15