

Bureau of Environmental Health  
 8930 Stanford Blvd. Columbia, MD 21045  
 (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: 7/30/14

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 554564

INSTALLATION APPROVAL DATE: 7/31/2014

**PERMIT  
 MINOR REPAIR**

A \_\_\_\_\_

PROPERTY ADDRESS: 11506 Fox River Drive

SUBDIVISION: Homewood Crossing Phase 3 Section 2 LOT: 84 TAX ID: 05-593261

CONTRACTOR: Joe DiMartino EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: P.O. Box 297, Lisbon, MD 21765 PHONE: 410-984-2127

PROPERTY OWNER: Christine Morgan EMAIL: \_\_\_\_\_

OWNER ADDRESS: 11506 Fox River Drive PHONE: \_\_\_\_\_

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

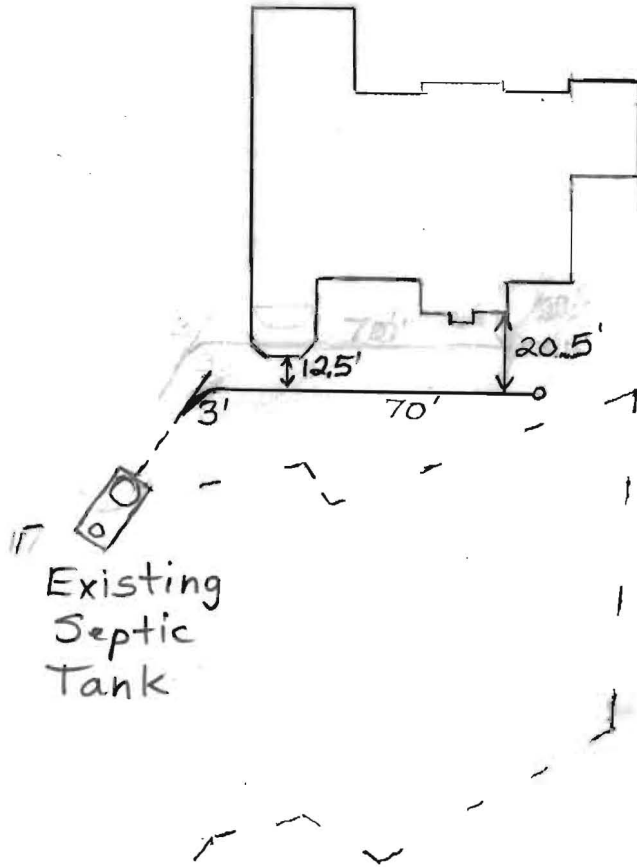
LOCATION:	For connecting outdoor kitchen to SHC.
NOTES:	Must be inspected before covering new pipe and connections.

ISSUED BY: Robert Bricker ISSUE DATE: 7/30/14 EXPIRATION DATE: 7/30/15

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: 7/31/2014 Outdoor sink connected to septic system (P-B)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 7/31/2014