

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: 1/9/13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544504

INSTALLATION APPROVAL DATE: 1/15/2013 **PERMIT** A _____
REPAIR

PROPERTY ADDRESS: 12785 Frederick Road

SUBDIVISION: _____ LOT: _____ TAX ID: 03-291383

CONTRACTOR: J.M. Contracting LLC. EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784 PHONE: 443-277-7526

PROPERTY OWNER: Margaret Suit EMAIL: _____

OWNER ADDRESS: 12785 Frederick Road PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000

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

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<i>Cast Iron pipe Rusted shut, Septic Tank to Dry Well. Gravel around upper portion of Dry Well clean; solution level 3'-4' below Int.</i> <i>* Replace pipe from Septic Tank to Dry Well. Health Dept. to inspect before covering. Install Manhole.</i>	

ISSUED BY: Robert Bricker ISSUE DATE: 1/15/2013 EXPIRATION DATE: 1/15/2014

- 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

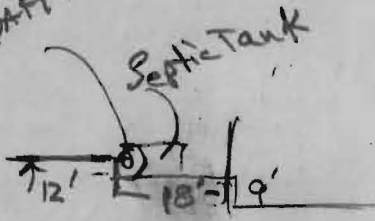
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

BAFFLE and Manhole Installed



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 _____

ROAD NAME

PRE-CONSTRUCTION:

Repair as described in Notes

INSTALLATION:

12' of 4-inch pipe installed. Sanitary tee (baffle) installed on end of pipe in tank. Manhole installed at outlet end of tank (1-chamber tank), OK to cover PCB

FINAL INSPECTOR

Robert Bucher

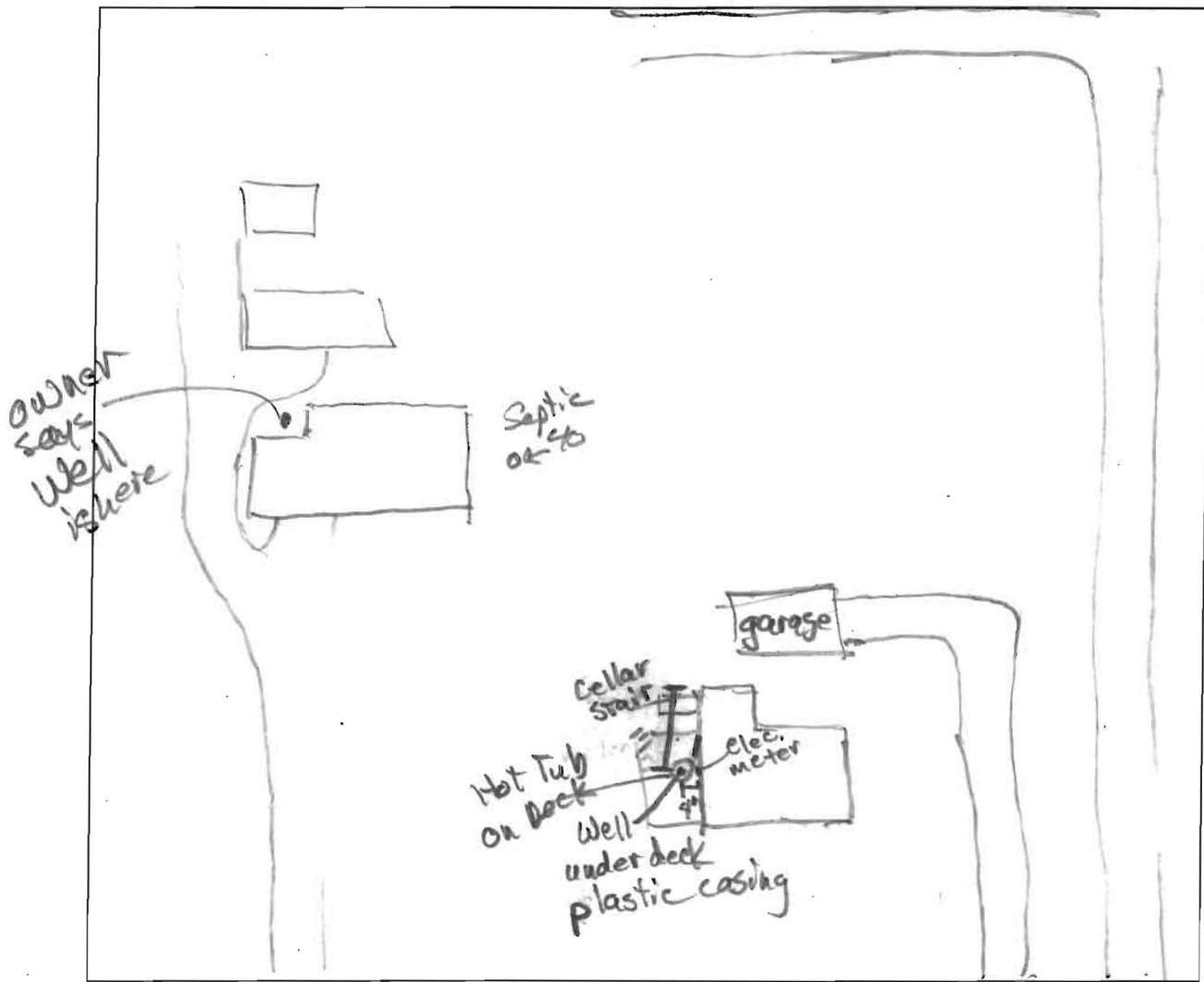
DATE OF APPROVAL

1/15/2013

SITE INSPECTION SHEET

OWNER: Margaret Smit PHONE #: _____
ADDRESS: 12785 Frederick Road CONTRACTOR: _____
West Friendship 21794 WELL TAG #: _____
SUBDIVISION: _____ LOT: P. 71 COUNTY #: _____
PROPOSAL: Septic System backs up into house

LOCATION DIAGRAM



COMMENTS: Septic Tank effluent pipe rusted shut. Gravel clean around upper portion of dry well; 3'-4' of air space above solution (to inlet).

DATE: 1/15/2013 INSPECTOR: R. Bueh