



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: 4/10/2014 **ONSITE SEWAGE DISPOSAL SYSTEM** P 546307

INSTALLATION APPROVAL DATE: 5/7/2014 **PERMIT** A Repair

REPAIR

PROPERTY ADDRESS: 3438 Huntsman Run

SUBDIVISION: Eagle Loft LOT: 18 TAX ID: 03-303047

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

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

PROPERTY OWNER: Jessie Stahl EMAIL: _____

OWNER ADDRESS: 3438 Huntsman Run PHONE: 410-531-5282

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): _____ STATIC HEAD (FEET): _____

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

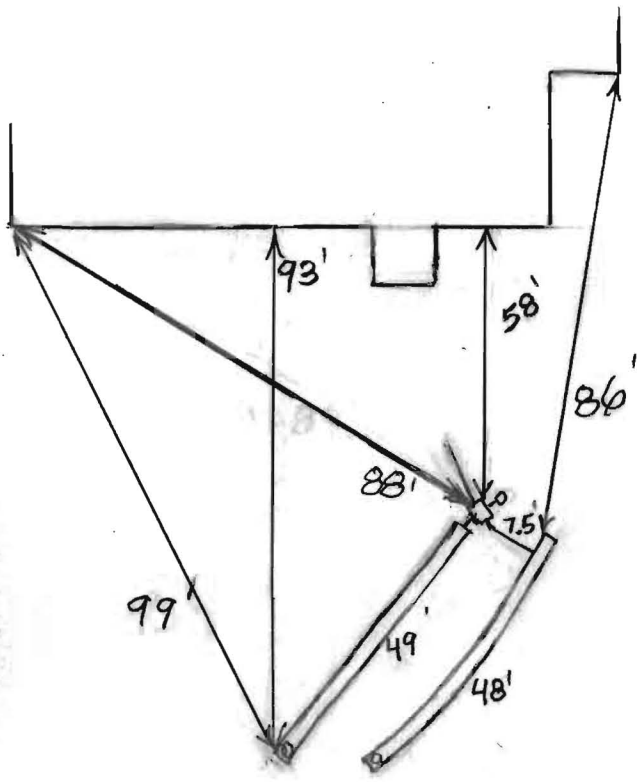
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	_____	
NOTES:	_____	

ISSUED BY: _____ ISSUE DATE: 4/10/2014 EXPIRATION DATE: 4/10/2015

- 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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	8'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>97'</u>		
ABSORPTION AREA <u>485</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>?</u>
CAPACITY	<u>?</u> GAL
SEAM LOC	<u>Midseam</u>
TANK LID DEPTH	<u>2-3'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>Rear</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>No</u>
DATE ON LID	<u>N/A</u>

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

5/5/2014 Install two 45' trenches

INSTALLATION: 5/7/2014 Drywell pumped out and filled in. Manhole user put on tank. New trenches connected to old trench. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 5/7/2014