

RECEIPT DATE: 12/17/12

P 544447-A

INSTALLATION APPROVAL DATE: \_\_\_\_\_

# PERMIT

A \_\_\_\_\_

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

PROPERTY OWNER: Viking Development

OWNER'S ADDRESS: 815 Windriver Drive, Sykesville, MD 21784 PHONE: 410-977-2188

ADDRESS: 2324 Meadow Trail Lane TAX ACC'T #: \_\_\_\_\_

SUBDIVISION: McKendree View LOT: 3

SEPTIC TANK CAPACITY (GALLONS): TBD

PUMP CHAMBER CAPACITY (GALLONS): TBD

NUMBER OF BEDROOMS: TBD APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD

LINEAR FEET OF TRENCH REQUIRED: TBD

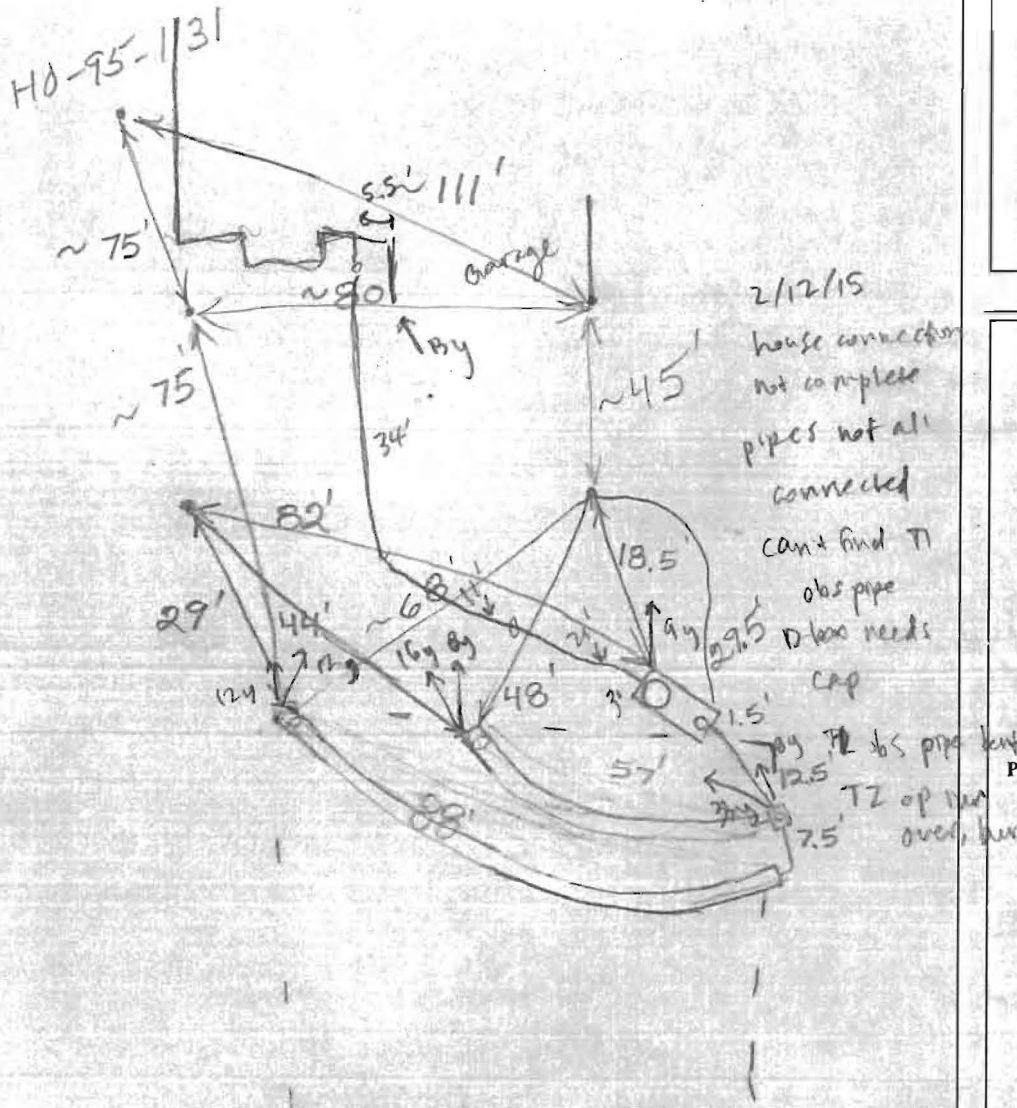
TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/17/12 EXPIRATION DATE: 12/17/13

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- 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
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**NEITHER THE HOWARD COUNTY COUNCIL OR 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



ROAD NAME

**TRENCH/DRAINFIELD DATA**

WIDTH 2' INLET 3.54' BOTTOM 3'-8.5'  
 NUMBER OF TRENCHES 2'  
 TOTAL LENGTH 145'  
 ABSORPTION AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 DISTRIBUTION BOX BAFFLE Yes  
 DISTRIBUTION BOX PORT Yes

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL Yes  
 MANUFACTURER Babylon  
 CAPACITY 2000 GAL  
 SEAM LOC Top  
 TANK LID DEPTH 2'  
 BAFFLES Yes  
 BAFFLE FILTER No  
 MANHOLE LOC Front  
 6" PORT LOC Rear  
 WATERTIGHT TEST No  
 SLOTTED Yes  
 DATE ON LID Dry  
 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 \_\_\_\_\_

2/12/15  
 house connection  
 not complete  
 pipes not all  
 connected  
 can't find TI  
 obs pipe  
 D box needs  
 cap  
 7.5' TZ of tank  
 over buried

**PRE-CONSTRUCTION:**

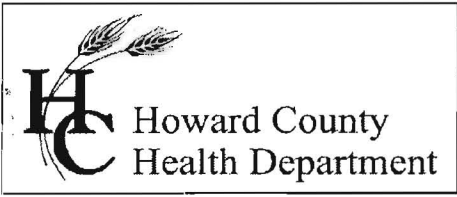
12/6/2013 Easement staked. No wall check and no house foundation. OK to install the tank in the upper right corner of the septic easement. Run 2 trenches on contour towards lot 5. (PB)

**INSTALLATION:**

12/9/2013 Need dist. box levelers. Need front tank baffle. Tank clear out and house connection. (PB)  
 12/17/2013 System finished except for house connection

FINAL INSPECTOR \_\_\_\_\_

DATE OF APPROVAL \_\_\_\_\_



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: 12/17/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 54447-A

INSTALLATION APPROVAL DATE: 2/13/16 SEC **PERMIT** A \_\_\_\_\_  
**CONSTRUCTION**

PROPERTY ADDRESS: 2324 Meadow Trail Lane  
 SUBDIVISION: McKendree View LOT: 3 TAX ID: 04-373413  
 CONTRACTOR: WTC III EMAIL: \_\_\_\_\_  
 CONTRACTOR ADDRESS: 1820 Gillis Falls Lane PHONE: 443-398-1782  
 PROPERTY OWNER: Cary Cumberland EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 1715 Archers Glen, Sykesville, MD 21784 PHONE: 410-977-2188

SEPTIC TANK SIZE (GALLONS): 2000  
 PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_  
 NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: 1.2  
 DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

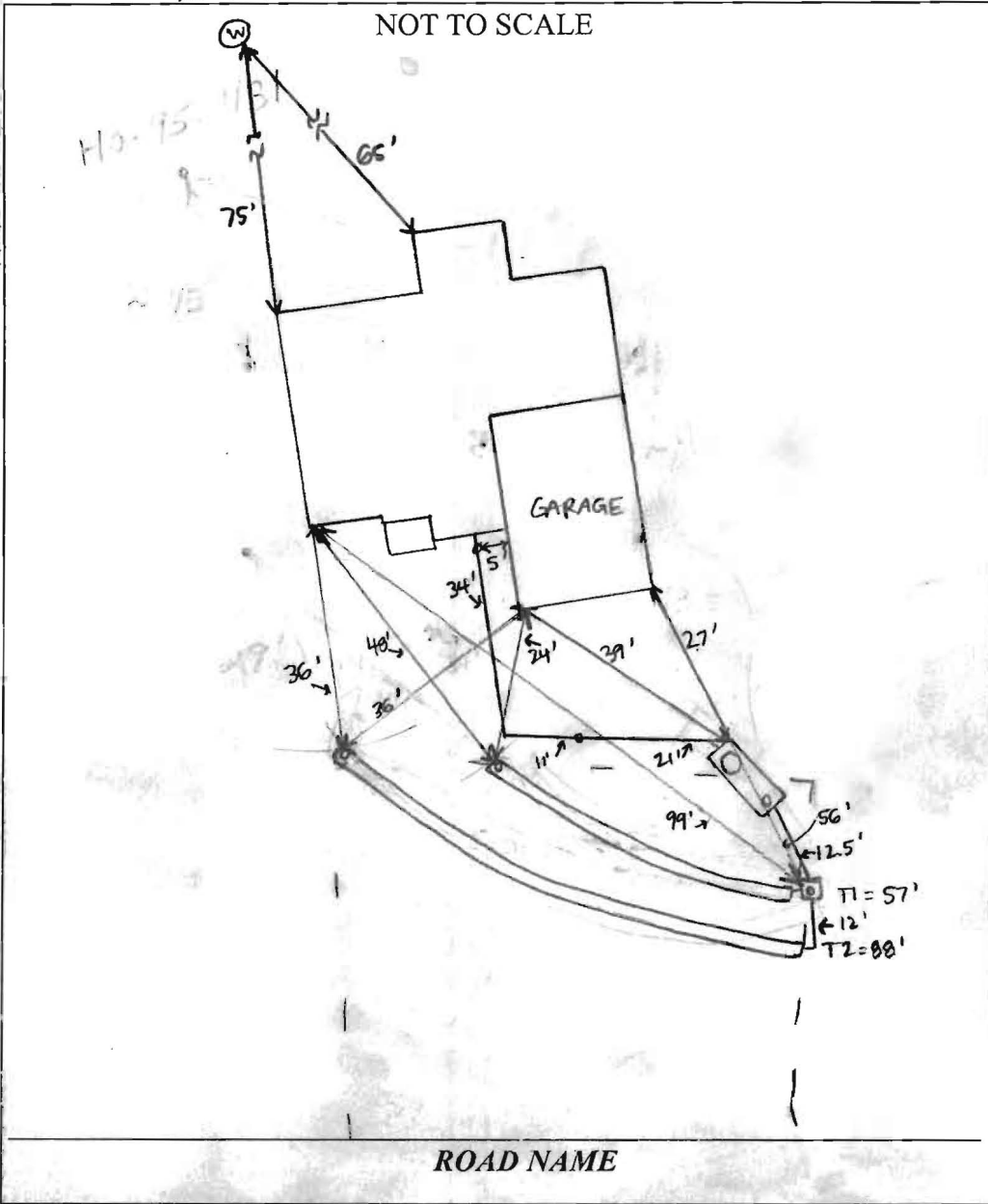
TRENCHES:	LINEAR FEET REQUIRED: <u>105' ~ 140'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>6'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Tank location and SDA must be staked prior to layout inspection according to approved site plan. Final house location must be at least 20' from installed system.  <u>~56' + 84' Trench</u>	

ISSUED BY: Jeff Williams ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: 12/17/13

- 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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8.5'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 145'		
ABSORPTION AREA 435		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	TOP
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	Dry
<del>NUMP/SEPTIC TANK LEVEL N/A</del>	
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION: 12/6/2013 Easement staked. No wall check and no house foundation. O.K. to install the tank in the upper right corner of the septic easement. Run 2 trenches on contour towards lot 5. (PB)

INSTALLATION: 12/9/2013 Need dist. box levelers. Need front tank baffle, tank cleanouts and house connection. (PB)  
 12/17/2013 System finished except for house connection. (PB)  
 2/12/2015 House connection not complete. Both observation pipes are bent from construction vehicles driving over septic area. D-box port does not have a cap. WTC III must fix prior to final approval. (SC) 2/13/15 House connection made. Observation ports and D-box fixed. (SC)

## Bricker, Robert

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**From:** Bricker, Robert  
**Sent:** Tuesday, September 16, 2014 9:57 AM  
**To:** 'cary@vikingcustomhomes.com'  
**Subject:** B14003121

Cary,  
I approved the proposal for construction of a 4-bedroom SFD at 2324 Meadow Trail Lane. Please submit a Foundation Location Survey (re: Wall Check) to the Health Department when installed, and have your plumber call for connection of the sewer house connection when ready.  
Robert Bricker

Robert Bricker, CPSS, REHS/R.S., L.E.H.S.  
Environmental Sanitarian II  
Bureau of Environmental Health  
Well and Septic Program, Development Coordination Section  
8930 Stanford Blvd.  
Columbia, MD 21045

Desk, 410-313-2691; FAX, 41-313-2648

# Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- \_\_\_\_\_ P- 54447-A

PERMITTEE WTC Contractors  
LOCATION 2304 Meadow Trail Lane McHenry View Lot 3

Do Not Cover Work Until Health Department Approval Appears On This Card

**POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD**



STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING



WORK IS SATISFACTORY, CONTINUE

Inspector \_\_\_\_\_

Date \_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_

12/17/2013 System finished except for house connection



FINAL INSPECTION MADE, COVER ALL WORK

Inspector \_\_\_\_\_

Date \_\_\_\_\_