

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 3/4/15

ONSITE SEWAGE DISPOSAL SYSTEM

P 555759

INSTALLATION APPROVAL DATE:

PERMIT

A

REPAIR

PROPERTY ADDRESS: 5255 Ilex Way

SUBDIVISION: Kalmia Farms LOT: 24 TAX ID: 05-386721

CONTRACTOR: Freedom Septic Clean Inc. EMAIL:

CONTRACTOR ADDRESS: 2809 Liberty Road, Sykesville, MD 21784 PHONE: 410-795-2947

PROPERTY OWNER: Robert and Kay Sauers EMAIL:

OWNER ADDRESS: 5255 Ilex Way, Dayton, MD 21036 PHONE:

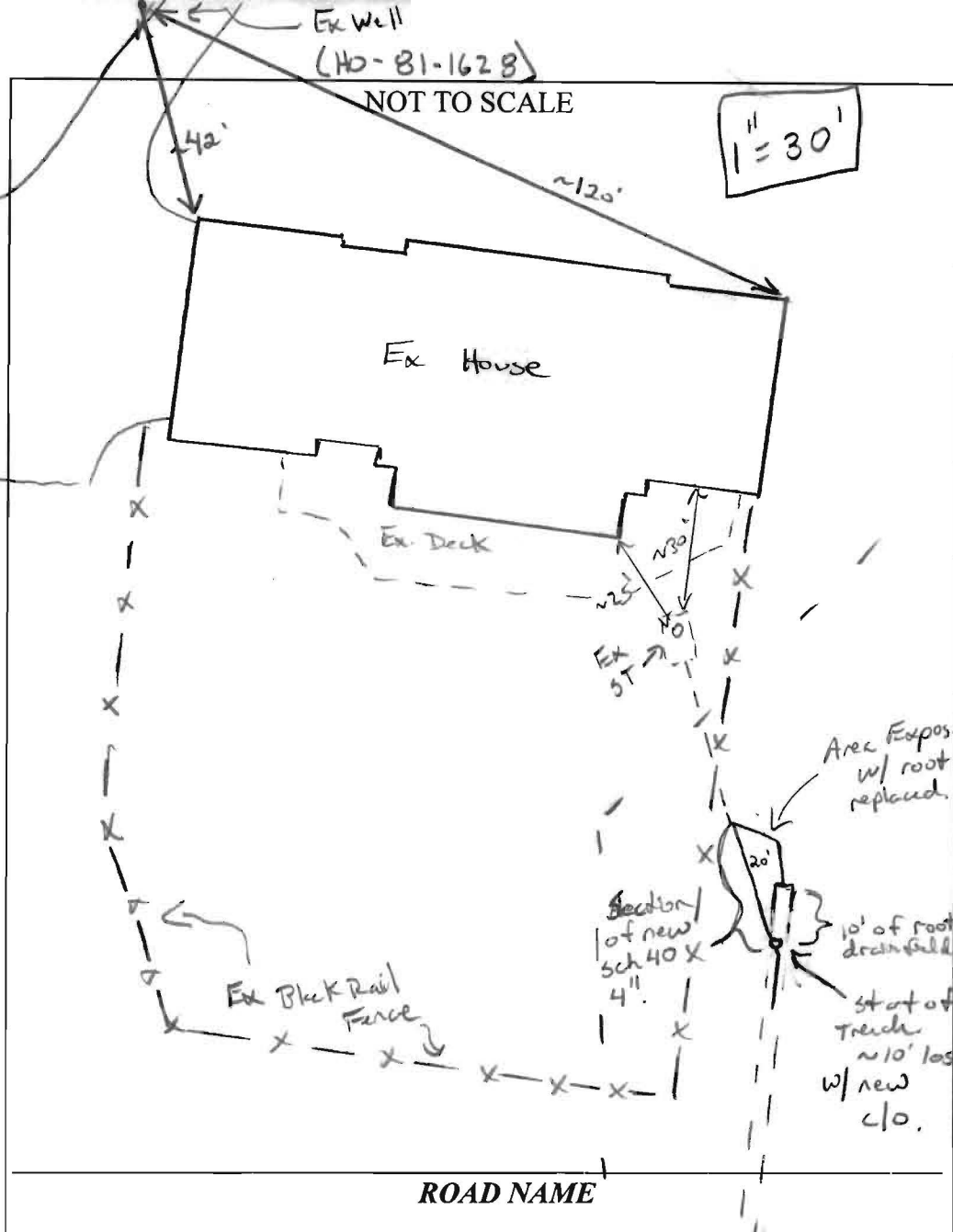
NUMBER OF BEDROOMS: HOUSE SQ. FT.

Table with 2 columns: LOCATION, NOTES. Handwritten note: No system report needed at this time. Piping clogged w/ roots. Replace pipe w/ sch 40 as needed. Add ubv pipe to end of trench (KMW)

ISSUED BY: K. Wolf ISSUE DATE: 3/24/15 EXPIRATION DATE:

- 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
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 FOR INSPECTION OF SEPTIC SYSTEM.



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3.5'	9'
NUMBER OF TRENCHES 1		
TOTAL LENGTH 100'		
ABSORPTION AREA 200'±SW		
DISTRIBUTION BOX LEVEL N/A		
DISTRIBUTION BOX BAFFLE N/A		
DISTRIBUTION BOX PORT N/A		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Existing
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:

\* See attached memo dated 3/24/15 \*

New 4" obs pipe Added.

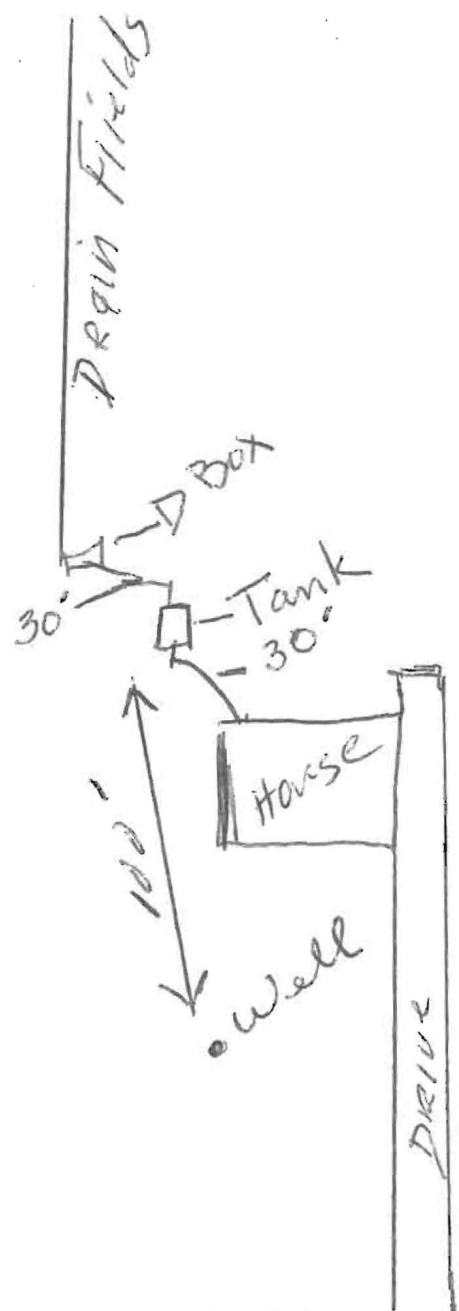
INSTALLATION:

3/24/15 Aprx. 20' of root-laden pipe excavated out, causing blockage of flow to trench. Roots also penetrating into first 10' of trench. All pipe remains w/ roots replaced w/ sch 40 and 10' into trench replaced as well. New obs pipe added @ end of trench. AC to east

FINAL INSPECTOR J. K. Karp DATE OF APPROVAL 3/24/15



Kay Sauers - 5255 Ilex way  
Dayton, MD



Rd



# HOWARD COUNTY HEALTH DEPARTMENT

55759

PS

DATE  
3 14 15

Received From

*Precise Bookkeeping*

PHONE #

*410 295-2917*

For

*April 15 / 5255 Wiley way  
lot 24*

CASH

CHECK

NO.

*2383*

*One hundred sixty-five*

Dollars

\$

*165.00*

Received By

*J Kemp*