

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: 9/12/13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 545146

INSTALLATION APPROVAL DATE: 9/23/2013 **PERMIT** A \_\_\_\_\_  
**REPAIR**

PROPERTY ADDRESS: 3217 Sharp Road

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 04-336550

CONTRACTOR: J.M. Contracting LLC. EMAIL: \_\_\_\_\_

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

PROPERTY OWNER: Julius Morraye EMAIL: \_\_\_\_\_

OWNER ADDRESS: 3217 Sharp Road PHONE: \_\_\_\_\_

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

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: <u>140'</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
	LOCATION: <b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<u>2x 70' Trenches</u>	

ISSUED BY: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

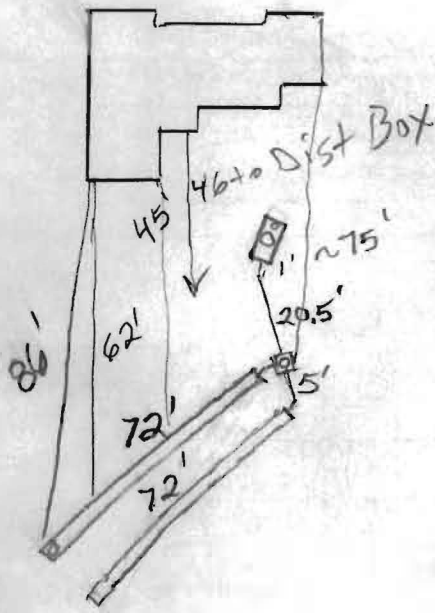
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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 2' INLET 3.5-4' BOTTOM 8'  
 NUMBER OF TRENCHES 2  
 TOTAL LENGTH 144'  
 ABSORPTION AREA 504+  
 DISTRIBUTION BOX LEVEL Levelers  
 DISTRIBUTION BOX BAFFLE Yes  
 DISTRIBUTION BOX PORT No

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL Yes  
 MANUFACTURER \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GAL  
 SEAM LOC Midseam  
 TANK LID DEPTH 2-2.5'  
 BAFFLES Yes  
 BAFFLE FILTER No  
 MANHOLE LOC Middle  
 6" PORT LOC Front  
 WATERTIGHT TEST No  
 SLOTTED No  
 DATE ON LID No

~~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:

9/20/2013 Set a dist. box below the existing tank and install two 70' trenches on contour towards the south. Inlet 4.5' and bottom 8.5' (BB)

INSTALLATION:

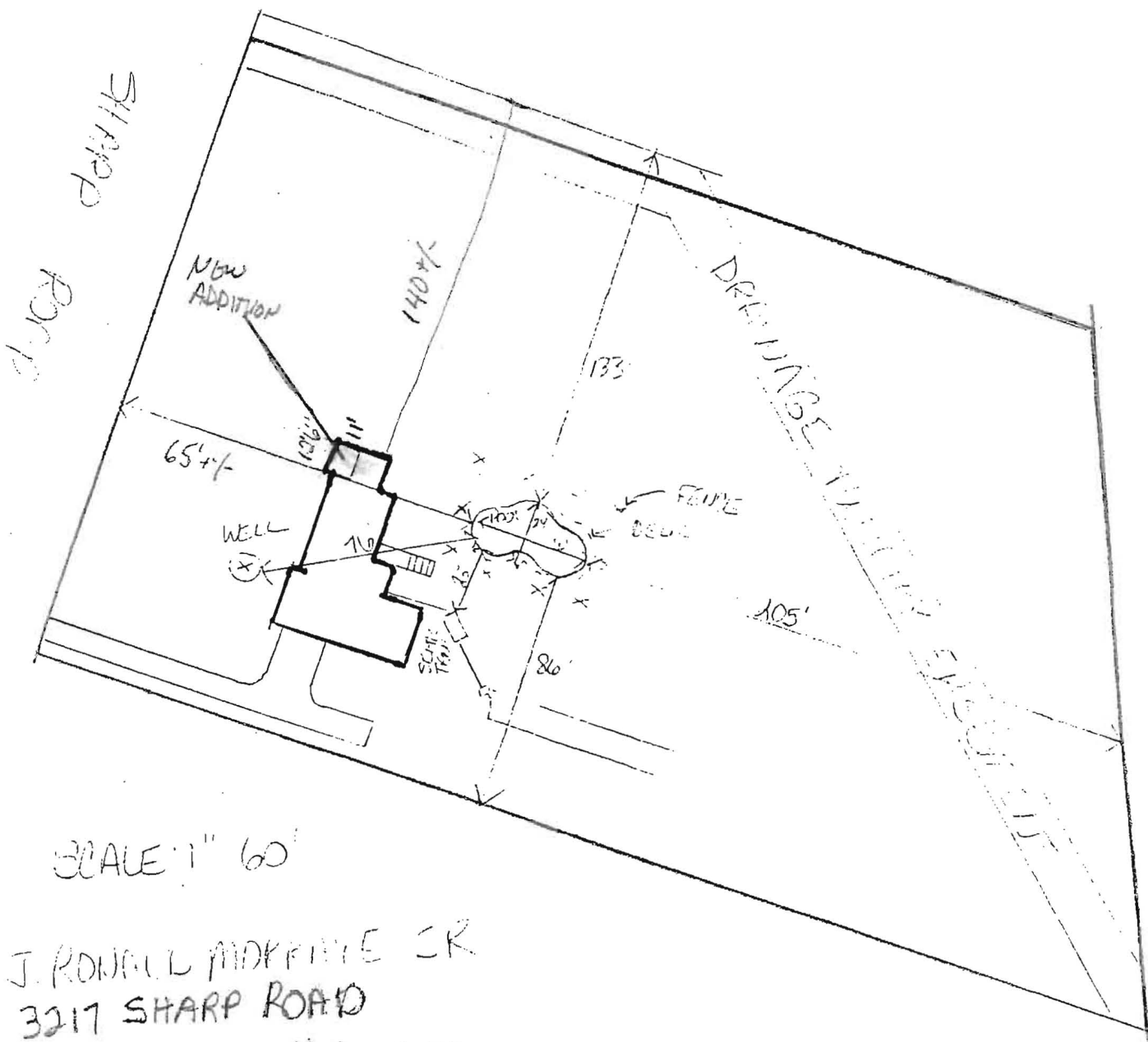
9/23/2013 System installed during weekend without prior authorization. Trenches installed shallower than specified. Drywall pumped and collapsed per installer. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

9/23/2013



SCALE 1" 60'

J. RONALD MADKINE CR  
 3217 SHARP ROAD  
 GLENWOOD MD 21738

04-336550

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 11/29/82

P \_\_\_\_\_

APPROVAL DATE: 12/02/82

**PERMIT  
INDEXED**

A 516978

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

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Gwenlee Estates LOT NUMBER: 8

ADDRESS: 3217 Sharp Road PROPERTY OWNER: Ron Morraye

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: \_\_\_\_\_ DATE: 12/02/82

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- 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

**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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A516978

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 \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SEPTIC TANK 2 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

ROAD \_\_\_\_\_

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

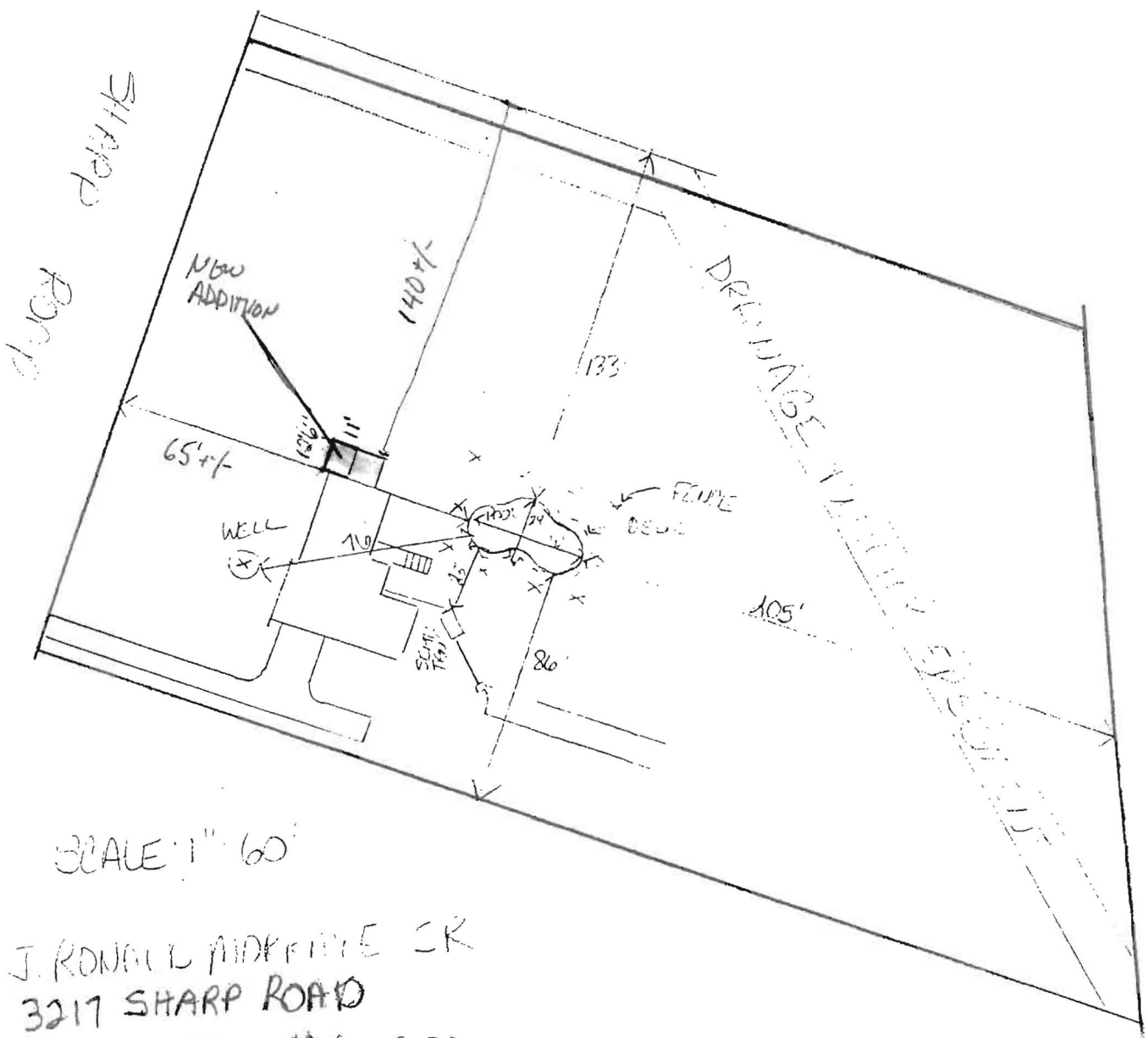
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FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_



SCALE 1" = 60'

J. RONALD ANDERSON CK  
 3217 SHARP ROAD  
 GLENWOOD MI 49738