

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: 6/18/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556488
TANK

APPROVAL DATE: 6/19/2015 **PERMIT: REPLACEMENT** A _____

PROPERTY ADDRESS: 2912 Summer Hill Drive, West Friendship 21794

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: J M Contracting EMAIL: _____

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

PROPERTY OWNER: Meffert EMAIL: _____

OWNER ADDRESS: 2912 Summer Hill Drive, West Friendship PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000 PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____

LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.
NOTES:	New tank to be set adjacent to existing tank. Existing tank to be properly pumped out and abandoned. New tank location must meet all setbacks. Call for inspections.

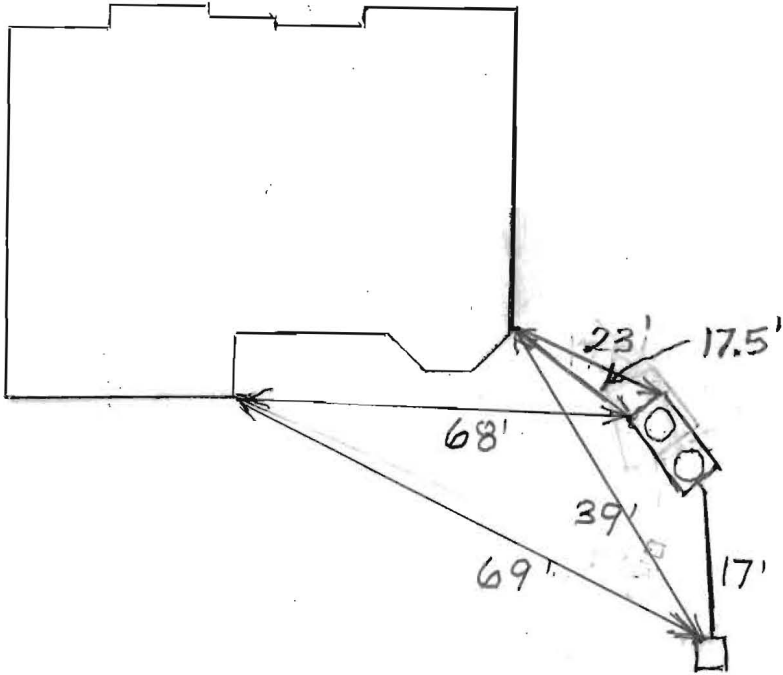
ISSUED BY: Jeff Williams *JW* ISSUE DATE: 6/18/2015 EXPIRATION DATE: 6/18/2016

- 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
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- 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 TO SCHEDULE INSPECTIONS.**

NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT No

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes

MANUFACTURER Babylon

CAPACITY 2000 GAL

SEAM LOC Top

TANK LID DEPTH 1-3.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front + Rear

6" PORT LOC None

WATERTIGHT TEST No

SLOTTED Yes

DATE ON LID Yes

RUMP/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:

INSTALLATION: 6/19/2015 New tank set. (BB)

HOWARD COUNTY HEALTH DEPARTMENT



2/5



HOWARD COUNTY HEALTH DEPARTMENT

56488

DATE
6 / 18 / 15

PS

Received From

JM Contracting LLC

PHONE #

443 277-7526

For

Tank replacement / 2912 Summer Hill Rd.

CASH

CHECK

NO.

6019

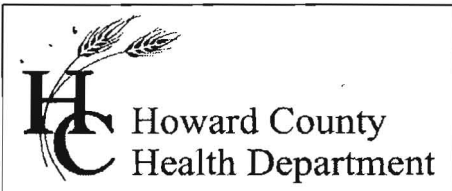
One hundred sixty-five ⁰⁰/₁₀₀ Dollars

\$

165 | 00

Received By

J King



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APPROVAL DATE: _____ **PERMIT:** ~~REPAIR~~ ^{Take} _{Replacement} A _____

PROPERTY ADDRESS: 2912 Summer Hill Dr WF 21794

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: PJM Contracting EMAIL: _____

CONTRACTOR ADDRESS: 405 Obrecht Rd Sykes PHONE: 443 277-7526

PROPERTY OWNER: McArd EMAIL: _____

OWNER ADDRESS: same 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:		

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

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