



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

RECEIPT DATE: 11/21/16 ONSITE SEWAGE DISPOSAL SYSTEM P 559846

INSTALLATION APPROVAL DATE: 11/22/16 PERMIT A MINOR REPAIR

PROPERTY ADDRESS: 18373 Chelsea Knolls Drive / Mt. Airy, MD 21771

SUBDIVISION: Chelsea Knolls LOT: 9 TAX ID: 04594323

CONTRACTOR: Dun-Rite Plumbing EMAIL:

CONTRACTOR ADDRESS: 304 Upper College Terrace / Frederick, MD 21701 PHONE: 301-696-8852

PROPERTY OWNER: Shah Alam EMAIL:

OWNER ADDRESS: 18373 Chelsea Knolls Drive PHONE:

NUMBER OF BEDROOMS: SEPTIC TANK SIZE: DRAINFIELD SIZE/TYPE:

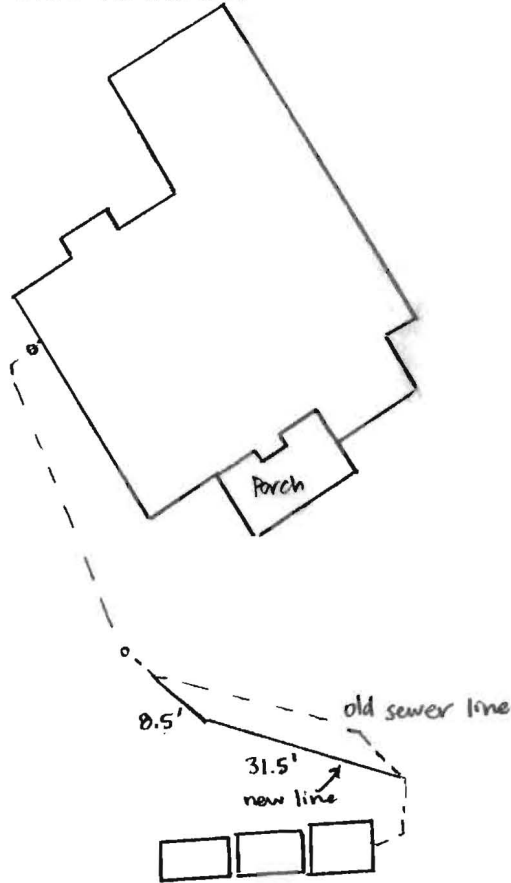
Table with 2 columns: LOCATION, NOTES. NOTES: Replace sewer line and electrical conduit where contractor hit lines during pool construction.

ISSUED BY: Sarah Collins ISSUE DATE: 11/22/16 EXPIRATION DATE: 11/22/17

- 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.

NOT TO SCALE



ROAD NAME

**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 I LEVEL \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTALLATION: 11/22/16 met Tim with Browning Pools on site. Dun-Rite plumbing completed the sewer line fix and a licensed electrician connected the electrical conduit. Checked Norweco control - 1 of 2 alarms sound, both flash when triggered. Both aerators run. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 11/22/16



# HOWARD COUNTY HEALTH DEPARTMENT

59846

DATE 11/11/16

Received From

Tim Harold

PHONE #

410-707-1819

For

sewer House Connection  
18313 Chelsea Knolls Dr.

CASH

CHECK

NO.

92676

One hundred sixty-five

Dollars

\$

165.00

Received By

King