



Howard County
Health Department

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: 3/29/16

ONSITE SEWAGE DISPOSAL SYSTEM

P 558052

APPROVAL DATE: 4/12/16 *BB*

PERMIT:

REPAIR

A _____

PROPERTY ADDRESS: 12549 Route 216

SUBDIVISION: _____

LOT: _____

TAX ID: _____

CONTRACTOR: J.M Contracting LLC.

EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784

PHONE: 443-227-7526

PROPERTY OWNER: Mike Johnson

EMAIL: _____

OWNER ADDRESS: 12549 Route 216

PHONE: 410-415-2414

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>156'</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: Brian Baker

ISSUE DATE: 4/6/2016

EXPIRATION DATE: 4/6/2017

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 _____

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.

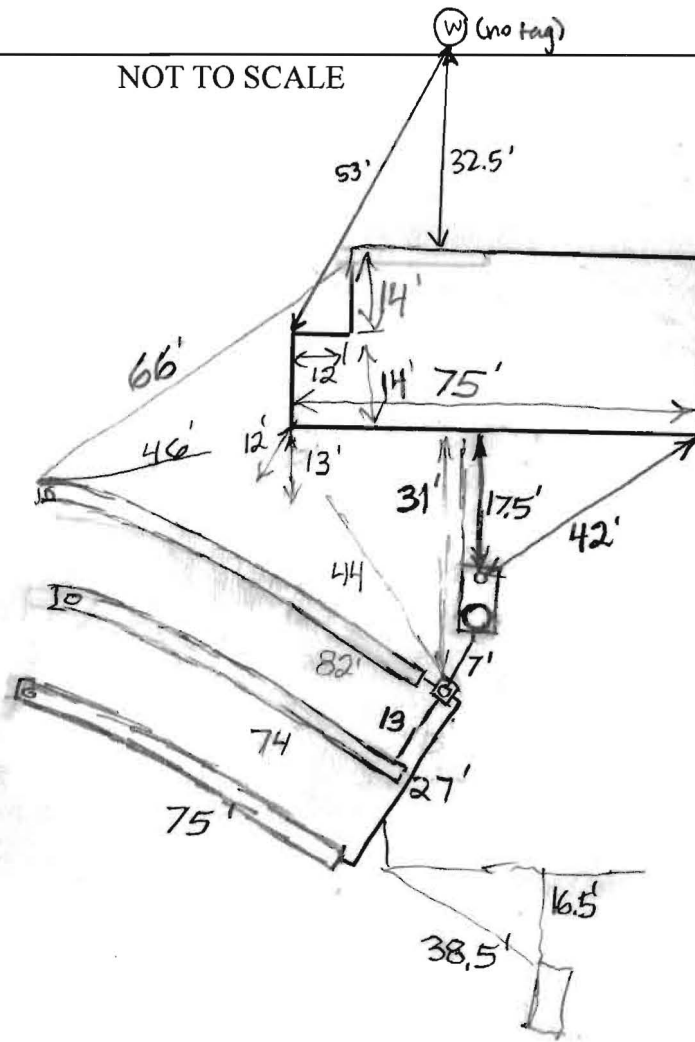
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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
2' 3.5'-4.5' 6'-7'
 NUMBER OF TRENCHES 3
 TOTAL LENGTH 231'
 ABSORPTION AREA 462' * SIDEWALL
 DISTRIBUTION BOX LEVEL Levelers
 DISTRIBUTION BOX BAFFLE Yes
 DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC Midseam
 TANK LID DEPTH 1'-1.5'
 BAFFLES Yes
 BAFFLE FILTER None
 MANHOLE LOC Rear
 6" PORT LOC Front
 WATERTIGHT TEST No
 SLOTTED N/A
 DATE ON LID N/A

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:

4/6/2016 Layout of system (SC for BB)

INSTALLATION: 4/11/2016, 4/12 - Bottom + trench 6-6.5

Inspections - system installed (SC for BB).

FINAL INSPECTOR Brian Baker DATE OF APPROVAL 4/12/16