

Bureau of Environmental Health
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www.hchealth.org
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Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 1/6/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557958

APPROVAL DATE: 1/19/2016 **PERMIT:** ~~REPAIR~~ A _____
TANK REPLACEMENT

PROPERTY ADDRESS: 15905 AE Mullinix Road

SUBDIVISION: River Farms LOT: 14 TAX ID: 04-312724

CONTRACTOR: Pickles Services EMAIL: _____

CONTRACTOR ADDRESS: 10701-A McKinstry Mill Road, New Windsor, MD 21776 PHONE: 301-514-7938

PROPERTY OWNER: Ethan Langrill EMAIL: _____

OWNER ADDRESS: 15905 AE Mullinix Road, Woodbine, MD 21797 PHONE: 443-602-0067

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

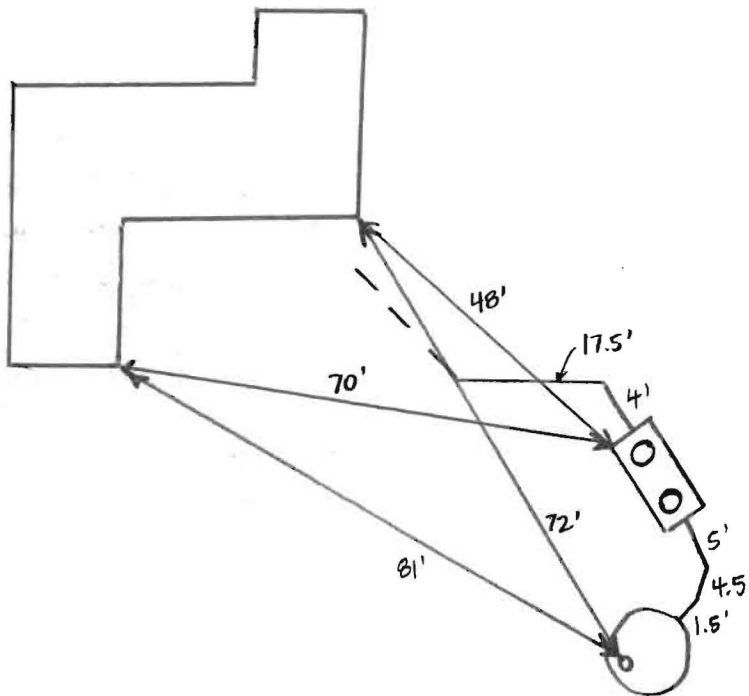
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: Kevin Wolf ISSUE DATE: 1/11/16 EXPIRATION DATE: 1/11/17

- 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 GUIADNCE.
- 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 _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes
 MANUFACTURER Babylon
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 11'-2.5'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front + Rear
 6" PORT LOC None
 WATERTIGHT TEST No
 SLOTTED Yes
 DATE ON LID 11/22/2015

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:

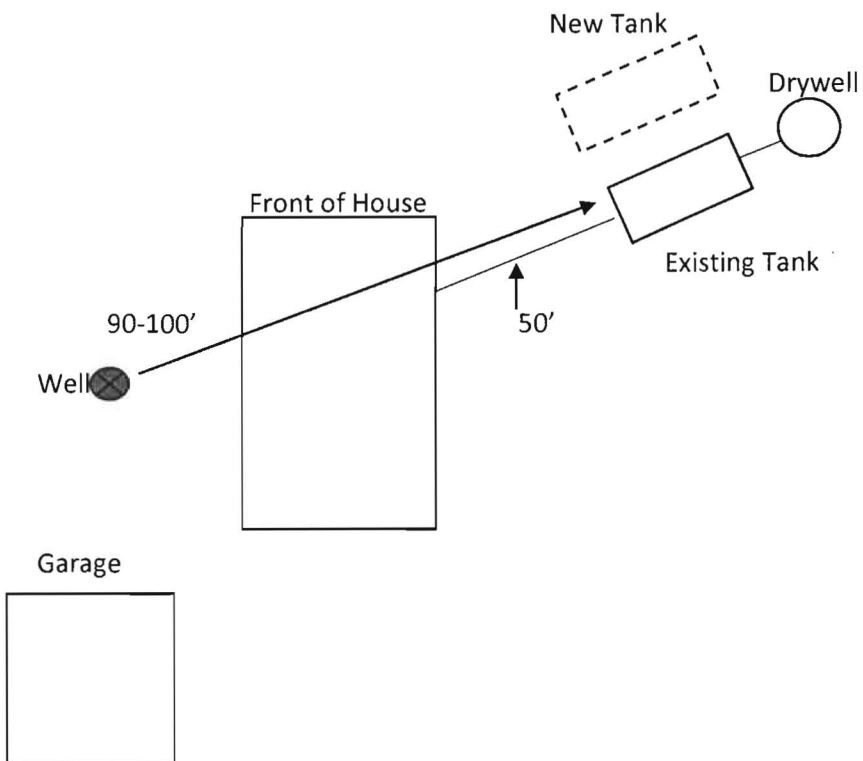
1/14/2016 Approved a location for replacement tank (SC for BB).

INSTALLATION: 1/19/2016 Replacement tank set and tied into dry well (SC for BB).

FINAL INSPECTOR Brian Baker DATE OF APPROVAL 1/19/16

15905 A E Mullinix Rd., Woodbine Md. 21797

Existing and Proposed Sketch of System



**Drawing Not Drawn to Scale*