

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

RECEIPT DATE: 12/30/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557953

APPROVAL DATE: 1/27/16 **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 13533 Paternal Gift Drive

SUBDIVISION: Paternal Gift Farm LOT: 8 TAX ID: 05-421748

CONTRACTOR: J. Maurice Carlisle EMAIL: _____

CONTRACTOR ADDRESS: 19700 Barnesville Road PHONE: 301-428-8599

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: William Farmer EMAIL: _____

OWNER ADDRESS: 13533 Paternal Gift Drive PHONE: 240-731-9981

BAT UNIT MODEL: Norweco TNTLP-1000 PUMP SIZE: N/A PUMP TANK CAPACITY: N/A

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 6 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>202</u>	INLET DEPTH: <u>4.5</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

NOTES: 220 of trench exist- no additional tank required. Pump and properly abandon existing septic tank.
The attending Environmental Sanitarian shall not grant Final Approval of this installation without knowledge that the referenced Electrical Permit has been issued. rcb 12/31/15

ISSUED BY: Robert Bricker ISSUE DATE: _____ EXPIRATION DATE: 12/30/16

- 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 DOWNGRADE 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 16000040
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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

See separate sheet for
as-built drawing

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____
NUMBER OF TRENCHES _____
TOTAL LENGTH _____
ABSORPTION AREA _____
DISTRIBUTION BOX LEVEL YES
DISTRIBUTION BOX BAFFLE YES
DISTRIBUTION BOX PORT NO

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES
MANUFACTURER CR SEMLER
CAPACITY 1000 GAL
SEAM LOC TOP
TANK LID DEPTH 2.5-3'
BAFFLES NO
BAFFLE FILTER NO
MANHOLE LOC MIDDLE
6" PORT LOC FRONT + REAR
WATERTIGHT TEST NO
SLOTTED NO
DATE ON LID NONE

PUMP/SEPTIC TANK LEVEL YES


MANUFACTURER CR SEMLER/NORWECO
CAPACITY 1200 GAL
SEAM LOC TOP
TANK LID DEPTH 2.5-3'
BAFFLES NO
BAFFLE FILTER NONE
MANHOLE LOC FRONT, MID, 2 REAR
6" PORT LOC NONE
WATERTIGHT TEST NO
SLOTTED NO
DATE ON LID NONE

PRE-CONSTRUCTION:


1/7/16 Ralph with curdise and Andy (builder) on site. Old tank and one trench located. Still need to locate D-box. BAT tank will be east/further from existing house than existing tank. Informed Ralph + Andy that tank must be 10'+ off slab and 20'+ away from house with basement. BAT will be 100'+ from own well + neighbor's well. (SC)

INSTALLATION: 1/8/16 On site while tanks are set. Tank hole bedded with #57 stone. No visible cracks on bottom or sides of tanks. Square risers set in place with mastic tape (concrete risers). Old tank pumped by Hatfields. (SC) 1/8/16 Riser installed on tanks. Tanks connected. Pipe laid towards house and temporary house connection made to existing line during site visit. (SC) 1/11/16 New house connection made. Possible future connection to addition stubbed out (may not use per builder - addition set to begin in April). Tanks connected to D-box. Need BAT startup certification. (SC) 1/12/16 Old tank is collapsed - contractor sent picture. (SC) 1/20/16 On site for BAT startup. Jason from CR Semler present - aerators run, alarm sounds, voltage + amperage correct. (SC) 1/27/16
FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 1/27/16

BAT startup report received. (SC)



C R SEMLER, Inc.
 11664 Maplesville Road, Smithsburg MD 21783
 Phone: (301) 824-2780 Fax: (301) 824-3520
 EMAIL: jflores@crsemler.com OR jacob@crsemler.com



norweco
 Treatment Units for
 Systems

NORWECO TREATMENT UNIT ORDER FORM

Property Owner's Information

Property Owner Name: William Farmer
 Project Address: 13533 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 County: Howard

Mailing Address: Same
 City: _____ State: _____ Zip Code: _____

Home Phone: n/A (outside) Cell Phone: Julie - 240-731-9981
 Email (optional): n/A.

System Information

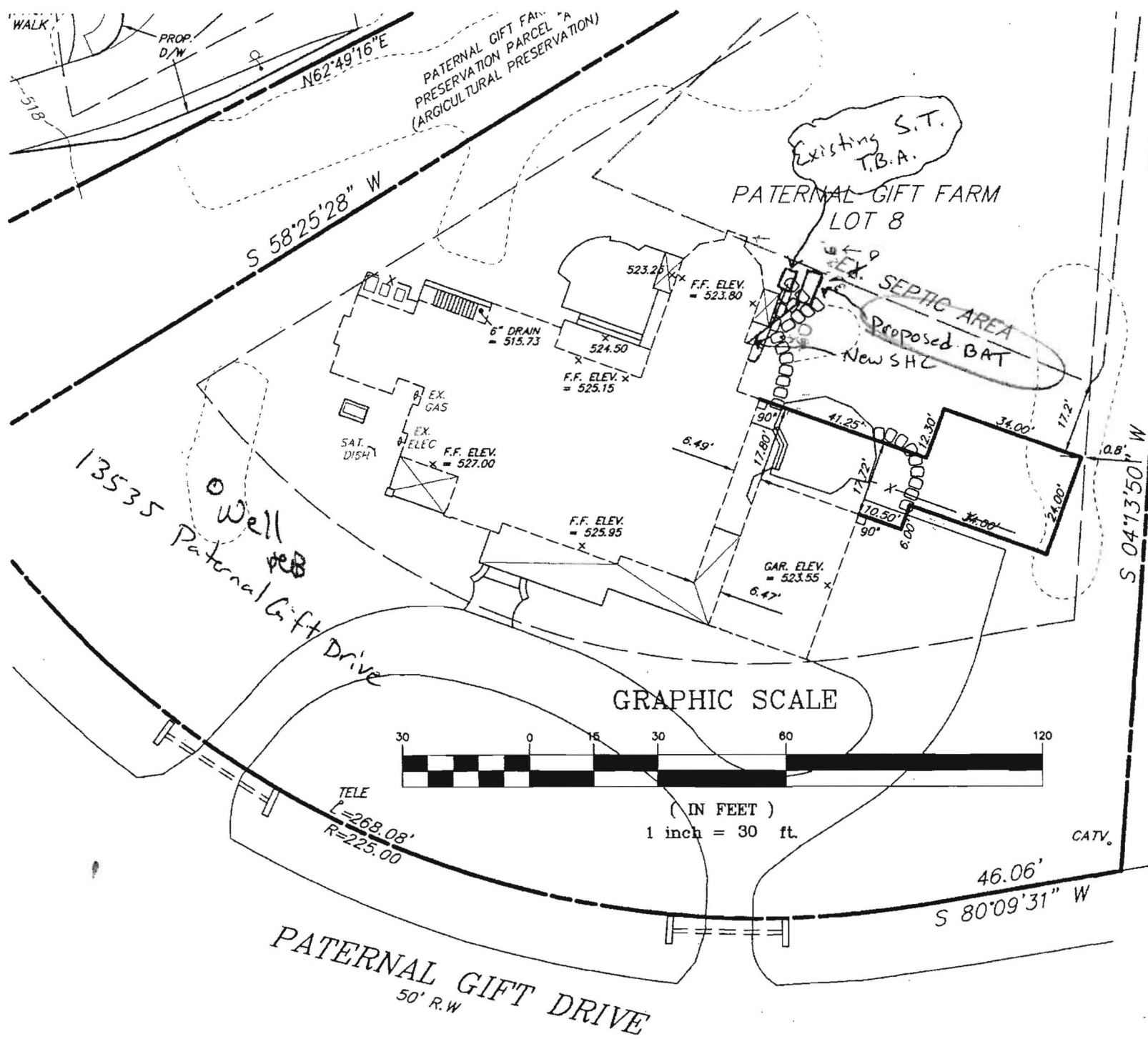
- 1) Number of Bedrooms in the Dwelling: _____
- 2) Is there a Water Softener Device in Dwelling? Yes or No
 Health Dept. Septic Sys. Permit: _____ Please attach a copy of the Health Dept. Permit for the project.

HAI Installer Information

Installer Name: J. Maurice Carlisle Date: _____
 Installer Address: 19700 Barnesville Road
 City: Dickerson State: MD Zip Code: 20842
 Business Phone: 301-428-8599 Cell Phone: _____
 Email: BOCARLISE@MSN.COM

**** PLEASE BE SURE TO ATTACH THE SEPTIC PERMIT ****

TNTLP - 1000



Plan to be revised if gravity flow cannot be achieved

Andrew P. Wivell

Andrew P. Wivell
Wivell Homes
12-30-15