



# HOWARD COUNTY HEALTH DEPARTMENT

62367

DATE 12/18/17

15

Received From

Halfords Equip

PHONE #

301-490-4259

For

PCV App/Repair - 13235  
Highland, Md.

CASH

CHECK

NO

3873

One hundred sixty five

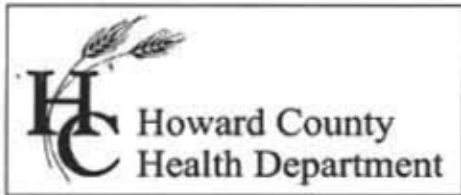
Dollars

\$

165.00

Received By

*[Signature]*



**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 12/18/17      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 562367  
 APPROVAL DATE: \_\_\_\_\_      **PERMIT:**      **REPAIR**      A \_\_\_\_\_  
 PROPERTY ADDRESS: 13235 Highland Road  
 SUBDIVISION: \_\_\_\_\_      LOT: \_\_\_\_\_      TAX ID: 05-353955  
 CONTRACTOR: Hatfield's Equipment      EMAIL: ken@hatfieldsequipment.com  
 CONTRACTOR ADDRESS: P.O. Box 519 Annapolis Junction, Maryland 20701      PHONE: 301-490-4289  
 PROPERTY OWNER: Ryan Westurland      EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 13390 Clarksville Pike, Highland, MD 20777      PHONE: \_\_\_\_\_

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

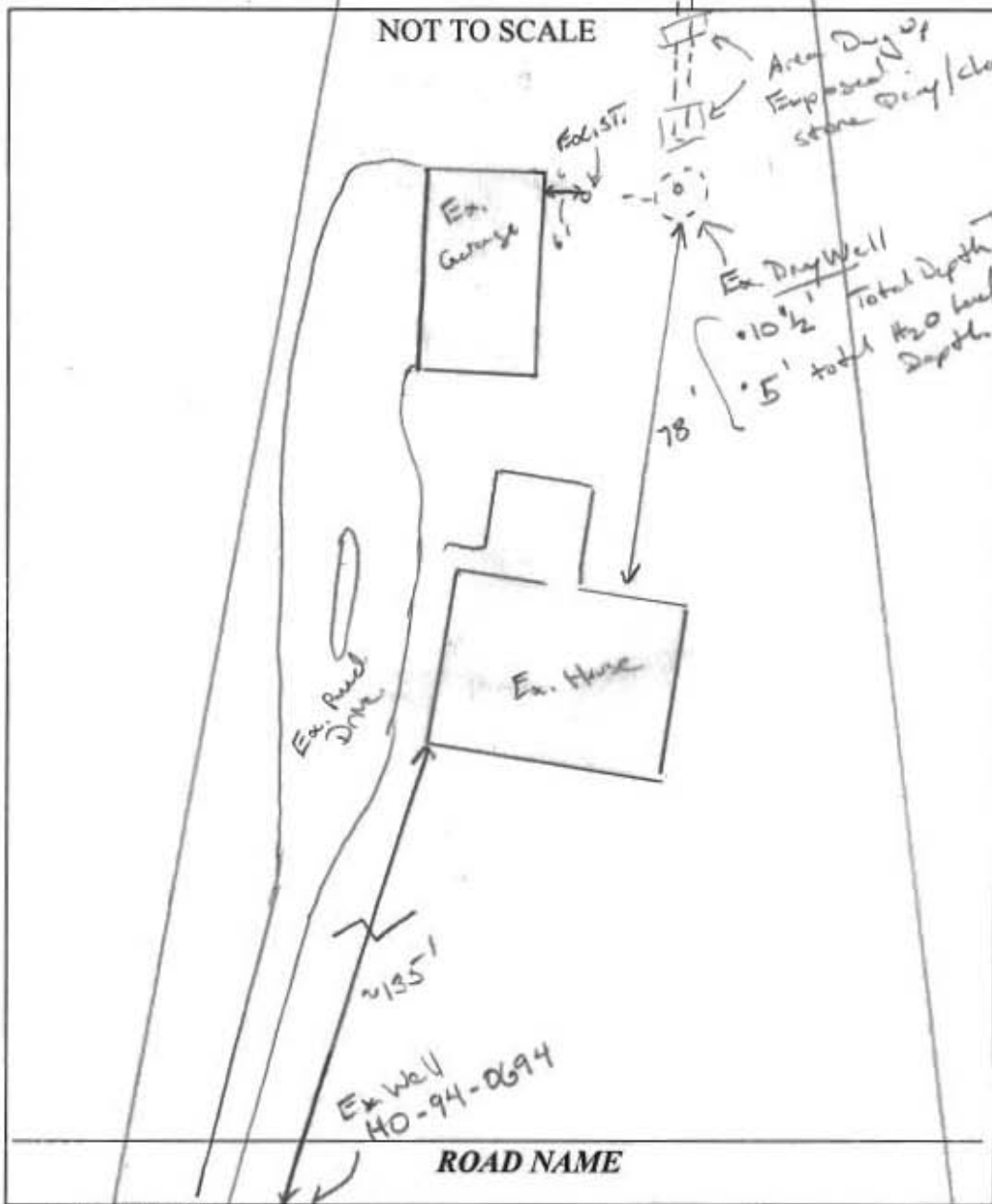
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:		

ISSUED BY: \_\_\_\_\_      ISSUE DATE: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_

- 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



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:

12/27/17 See memo dated 12/27/17 Y.M.D.

Main sewer line runs underground (location unknown) to ex. "across" behind house and exits from there to ex. s.p. and dry well w/ trench and drywell. see as-build dated 9-4-74

INSTALLATION:

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FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

