

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

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

RECEIPT DATE: 6/8/21 ONSITE SEWAGE DISPOSAL SYSTEM P 569551

APPROVAL DATE: 7/27/21 PERMIT: REPAIR A

PROPERTY ADDRESS: 16391 Paulowina Hill Court Tank Replacement

SUBDIVISION: LOT: TAX ID:

CONTRACTOR: Legacy Septic and Excavation EMAIL:

CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157 PHONE: 301-370-4121

PROPERTY OWNER: Brian Frels EMAIL:

OWNER ADDRESS: 16391 Paulowina Hill Court, Mount Airy, MD 21771 PHONE: 443-878-5088

SEPTIC TANK SIZE (GALLONS): 1500g PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

NUMBER OF BEDROOMS: HOUSE SQ. FT. APPLICATION RATE:

DISTRIBUTION SYSTEM: GRAVITY FED [ ] LOW PRESSURE DOSED [ ]

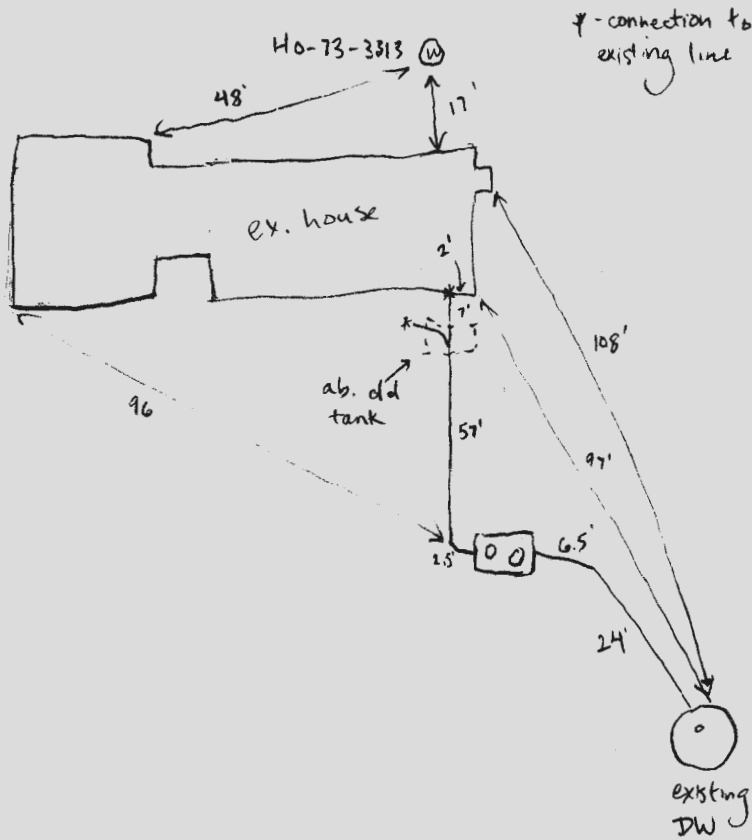
Table with 2 columns: Field Name, Value. Fields include TRENCHES (Linear Feet Required, Inlet Depth, Trench Width, Maximum Bottom Depth, Minimum Space, Effective Area Beginning Depth, Between Trenches), LOCATION (To be Staked by Sanitarian during Pre-construction Inspection), NOTES (Install new 1500g next to ex S.T.)

ISSUED BY: K. Wolf ISSUE DATE: 6/8/21 EXPIRATION DATE: 6/8/22

- 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 DOWNGRAIENT 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
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

N/A

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	<u>yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>top</u>
TANK LID DEPTH	<u>1'</u>
BAFFLES	<u>inlet &amp; outlet</u>
BAFFLE FILTER	_____
MANHOLE LOC	<u>inlet &amp; outlet</u>
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	<u>yes</u>
DATE ON LID	<u>6-9-21</u>

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: 7/27/21 Old tank located near house abandoned. New tank set further down hill out of well arc. Connected to two existing cast iron effluent pipes. Tank runs out to existing D.W. which was observed to be completely dry. (ST)

\_\_\_\_\_

\_\_\_\_\_

FINAL INSPECTOR Dustin Thomas DATE OF APPROVAL 7/27/21

# Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- \_\_\_\_\_ P- 569551

RESIDENTIAL PERMIT

COMMERCIAL PERMIT

(NUMBER OF BEDROOMS: \_\_\_\_\_)

(DESIGN FLOW: \_\_\_\_\_ GPD)

PERMITEE: Legacy Septic & Excavation

LOCATION: 16391 Paulownia Hill Court

**\*\*POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD\*\***

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

\_\_\_\_\_  
Inspector Date

WORK IS SATISFACTORY, OK TO CONTINUE

\_\_\_\_\_  
Inspector Date

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

FINAL INSPECTION MADE, OK TO COVER ALL WORK

\_\_\_\_\_  
Inspector Date

BEFORE  
SIGNED  
IT CAN BE

# PERMIT

Approved  
7/31/79  
P 29887  
R/A 26243

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY 7/31/79  
7/26/79  
7/27/79  
ready now  
04-318919

ELLICOTT CITY  
DISTRICT 4th  
DATE 6/4/79

**INDEXED**  
04-318919

Paul Schissler IS PERMITTED TO INSTALL  ALTER

South Carroll Backhoe Service

ADDRESS 2238 Erin Road, Sykesville, Md. 21784 PHONE 795-3708

SUBDIVISION (Upper Trail) ROAD 16361 Paulownia Hill Ct. Old Frederick Road LOT 21

PROPERTY OWNER Jack Cugle SIGN EVAN E. M. Lloyd

ADDRESS 425 Overbrook Road, Catonsville, Md. 21228

SPECIFICATIONS ~~xxx~~ 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS  ABSORBENT SIDE-WALL AREA 145 SQ. FT. per bedroom. serial # 39821

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 440 FT. FROM right LOT LINE AND 40 FT. FROM rear LOT LINE AS SEEN WHEN

FACING LOT FROM Old Frederick Road.

Right property line is 858.98 ft. long and rear property line is 1085.68 ft. long.  
Start the trench after a 5 ft. earth buffer with the dry well and proceed to dig it on level ground the necessary distance.

PLANS APPROVED BY Frank Skinner DATE 2/14/78

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

COTTA ACCEPTED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

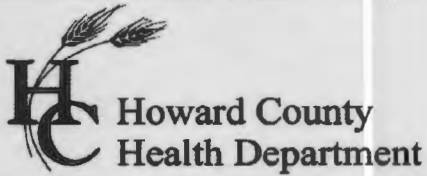
HD: 23

BLDG. PERMIT SIGNED  
AND RETURNED 4/23/90  
Serial # 3226 Bacon

BLDG. PERMIT SIGNED  
AND RETURNED 2/28/84  
Serial # 68753 Bacon

26243





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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: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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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 1 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 \_\_\_\_\_

**ROAD NAME**

PRE-CONSTRUCTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTALLATION:

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

