



Howard County
Health Department

Bureau of Environmental Health
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website: www.hchealth.org

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

RECEIPT DATE: 12/11/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544426-A

INSTALLATION APPROVAL DATE: _____ **PERMIT** A _____

CONSTRUCTION

PROPERTY ADDRESS: 12127 Old Frederick Road

SUBDIVISION: Shipley's Choice LOT: 3 TAX ID: _____

CONTRACTOR: _____ EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Dorsey Family Homes EMAIL: _____

OWNER ADDRESS: 10717-B Birmingham Way, Woodstock, MD 21163 PHONE: 410-465-5739

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. 3,929 APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>110'</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per plan but 1ft deeper. Set distribution box approx. 8' past SDA corner on east boundary. Install 2 x 55' trenches on contour in upper SDA. <u>44' + 66'</u>	

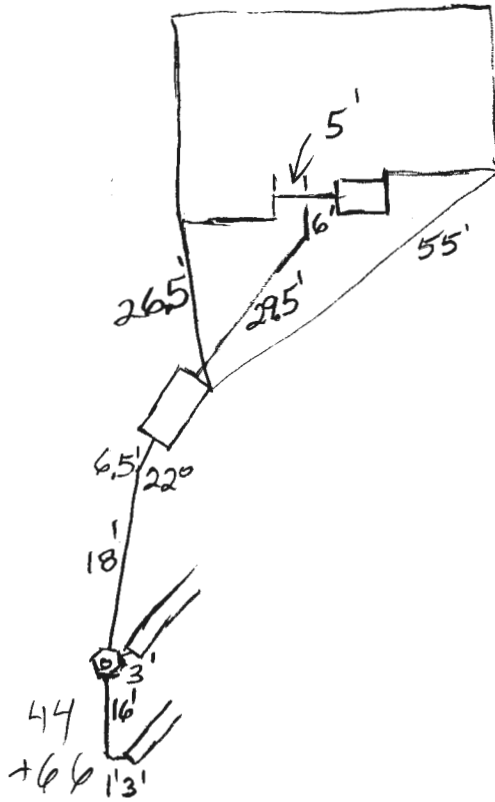
ISSUED BY: Robert Bricker ISSUE DATE: _____ EXPIRATION DATE: 12/11/13

- 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

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 2 INLET 4 BOTTOM 8
 NUMBER OF TRENCHES 2
 TOTAL LENGTH 110'
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL Levelers
 DISTRIBUTION BOX BAFFLE Yes
 DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes
 MANUFACTURER Md. Concrete
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 1.5'-2'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front
 6" PORT LOC Rear
 WATERTIGHT TEST No
 SLOTTED Yes
 DATE ON LID 12/16/2013

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:

12/16/2013

INSTALLATION: 12/18/13

12/19/2013

12/20/2013 Tank set. Need house connection.

FINAL INSPECTOR _____

DATE OF APPROVAL _____