



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

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____
 INSTALLATION APPROVAL DATE: 8/12/20 (ST) **PERMIT** A _____
MINOR REPAIR

PROPERTY ADDRESS: 7151 Moorland Dr
 SUBDIVISION: Ashleigh Kncls LOT: 98 TAX ID: _____
 CONTRACTOR: Abbotts Plumbing EMAIL: info@abbottsplumbing.com
 CONTRACTOR ADDRESS: 6149 Washington Blvd, 21075 PHONE: 410-536-5700
 PROPERTY OWNER: Anthony Hemphill EMAIL: _____
 OWNER ADDRESS: 7151 Moorland Dr, 21029 PHONE: 301-655-3690

NUMBER OF BEDROOMS: — SEPTIC TANK SIZE: — DRAINFIELD SIZE/TYPE: —

LOCATION:	
NOTES:	repair to sewer line in shared septic

ISSUED BY: S. Thomas ISSUE DATE: 8/12/20 EXPIRATION DATE: 8/22/21

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- 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 FOR INSPECTION OF SEPTIC SYSTEM.**

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: 8/12/20 Contractor repaired steep fall and inlet into ST that was tilted backward. Most of work was covered before inspection. Contractor sent pictures, see attached. (3)

FINAL INSPECTOR Austin Thomas DATE OF APPROVAL 8/12/2020







