



# HOWARD COUNTY HEALTH DEPARTMENT

66441

DATE 11/17/19

P5/15

Received From

Halffields Equipment

PHONE #

For

Repair of 6397 Haverland  
Miles

CASH

CHECK

NO.

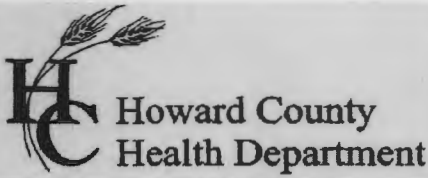
1238

One hundred seventy-five Dollars

\$175.00

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

Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 11/11/19 ONSITE SEWAGE DISPOSAL SYSTEM P 566441

APPROVAL DATE: 11/6/2019 PERMIT: REPAIR A Repair

PROPERTY ADDRESS: 6397 Haviland Mill

SUBDIVISION: LOT: TAX ID:

CONTRACTOR: Hatfield's Equipment EMAIL: Ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction PHONE: 410-984-4880

PROPERTY OWNER: Marcena Cain EMAIL:

OWNER ADDRESS: Same PHONE:

SEPTIC TANK SIZE: Existing PUMP TANK CAPACITY: N/a PUMP SIZE: n/a

DISTRIBUTION SYSTEM: [X] GRAVITY [ ] PRESSURE DOSED BEDROOMS: 3 APPLICATION RATE: 1.2gpd/ft

Table with trench specifications: LINEAR FEET REQUIRED: 78, INLET DEPTH: 3.5-4, TRENCH WIDTH: 3', MAXIMUM BOTTOM DEPTH: 7, MINIMUM SPACE BETWEEN TRENCHES: n/a, EFFECTIVE AREA BEGINNING DEPTH: 4

LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.

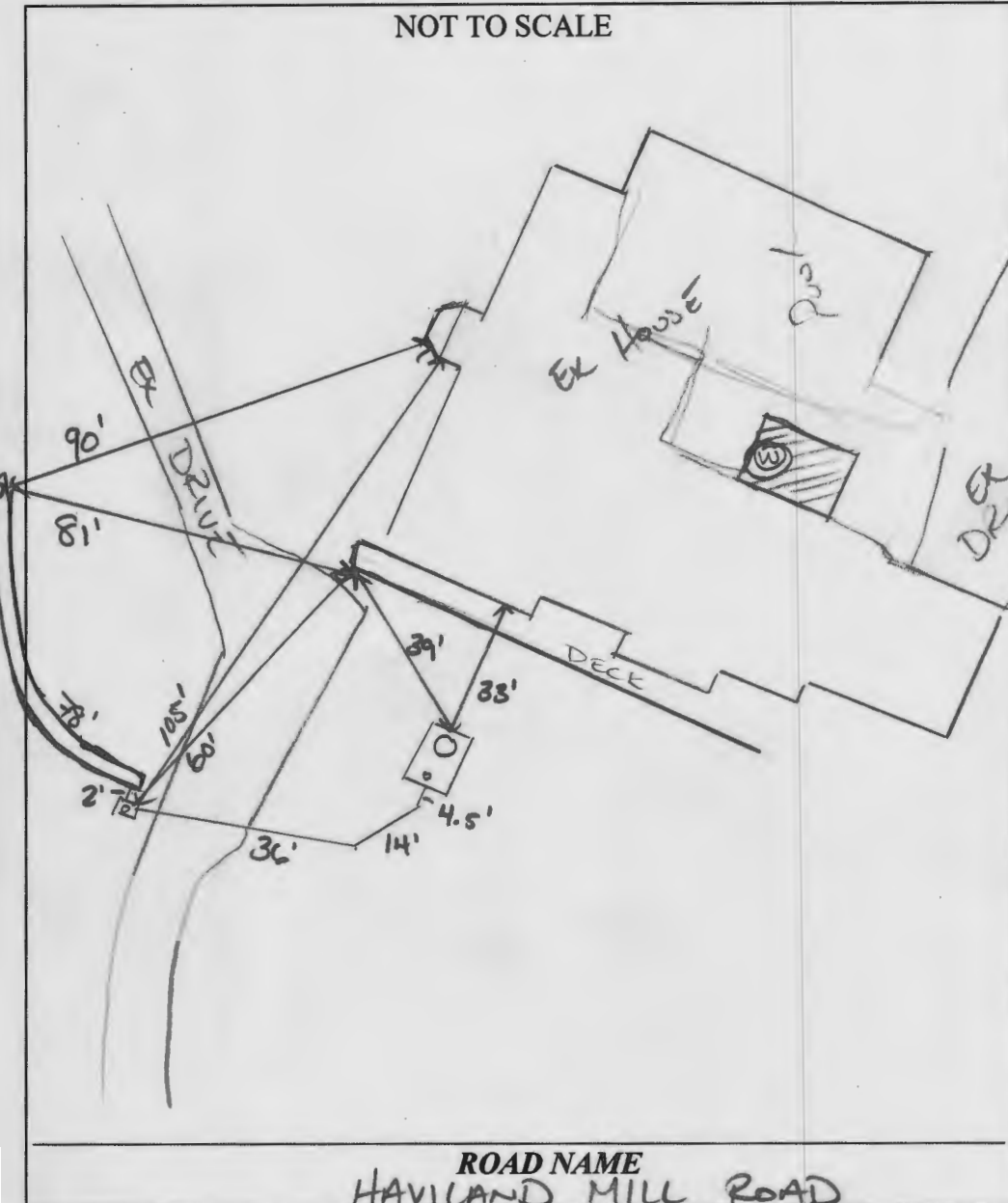
NOTES: Install 1 x 78ft in open area above perc test A. Property is covered with irrigation plumbing. Owner is aware of downgrade well not to be used for potable use. Pump and collapse drywells. Call for inspection.

ISSUED BY: K. Wolf, L.E.H.S. ISSUE DATE: 11/5/2019 EXPIRATION DATE: 11/5/2020

- 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
NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED.
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



**TRENCH/DRAINFIELD DATA**

| WIDTH                   | INLET   | BOTTOM |
|-------------------------|---------|--------|
| 3'                      | 3.5'-4' | 7'     |
| NUMBER OF TRENCHES      |         | 1      |
| TOTAL LENGTH            |         | 78 F   |
| ABSORPTION AREA         |         | 234 SF |
| DISTRIBUTION BOX LEVEL  |         | N/A    |
| DISTRIBUTION BOX BAFFLE |         | NO     |
| DISTRIBUTION BOX PORT   |         | YES    |

**SEPTIC TANK DATA**

| SEPTIC TANK 1 LEVEL    |           |
|------------------------|-----------|
| MANUFACTURER           | UNKNOWN   |
| CAPACITY               | _____ GAL |
| SEAM LOC               | _____     |
| TANK LID DEPTH         | 3.5'      |
| BAFFLES                | EXISTING  |
| BAFFLE FILTER          | NO        |
| MANHOLE LOC            | INLET     |
| 6" PORT LOC            | OUTLET    |
| 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            | _____     |

EXISTING

ROAD NAME

HAVILAND MILL ROAD

**PRE-CONSTRUCTION:**

10/15/19 Install 1x 78' trench above perc A in open area. call for inspection (KW)

INSTALLATION: 11/5/2019 Two EXISTING DRY WELLS PUMPED, COLLAPSED, AND FILLED. UPDATED RISER INSTALLED ON EX TANK. EFFLUENT LINE INSTALLED NOT SLEEVED UNDER DRIVE. D BOX SET. ONE TRENCH, NO SPEED LEVEL REQUIRED. 1x 78' TRENCH COMPLETED. OK TO BACKFILL (JD)

FINAL INSPECTOR

DATE OF APPROVAL

11/05/2019