

Bureau of Environmental Health
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 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
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Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 5/3/24 **ONSITE SEWAGE DISPOSAL SYSTEM** P 586665
 INSTALLATION
 APPROVAL DATE: 5/16/2024  **PERMIT**  A _____
SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 2807 Glenwood Springs Drive
 SUBDIVISION: Glenwood Springs LOT: 2 TAX ID: _____
 CONTRACTOR: All About Septic (Tommy) EMAIL: _____
 CONTRACTOR ADDRESS: 7812 Water Oak Point Road, Pasadena, MD 21122 PHONE: 410-360-0535
 PROPERTY OWNER: Shamael Khan EMAIL: _____
 OWNER ADDRESS: 2807 Glenwood Springs Drive, Glenwood, MD 21738 PHONE: _____

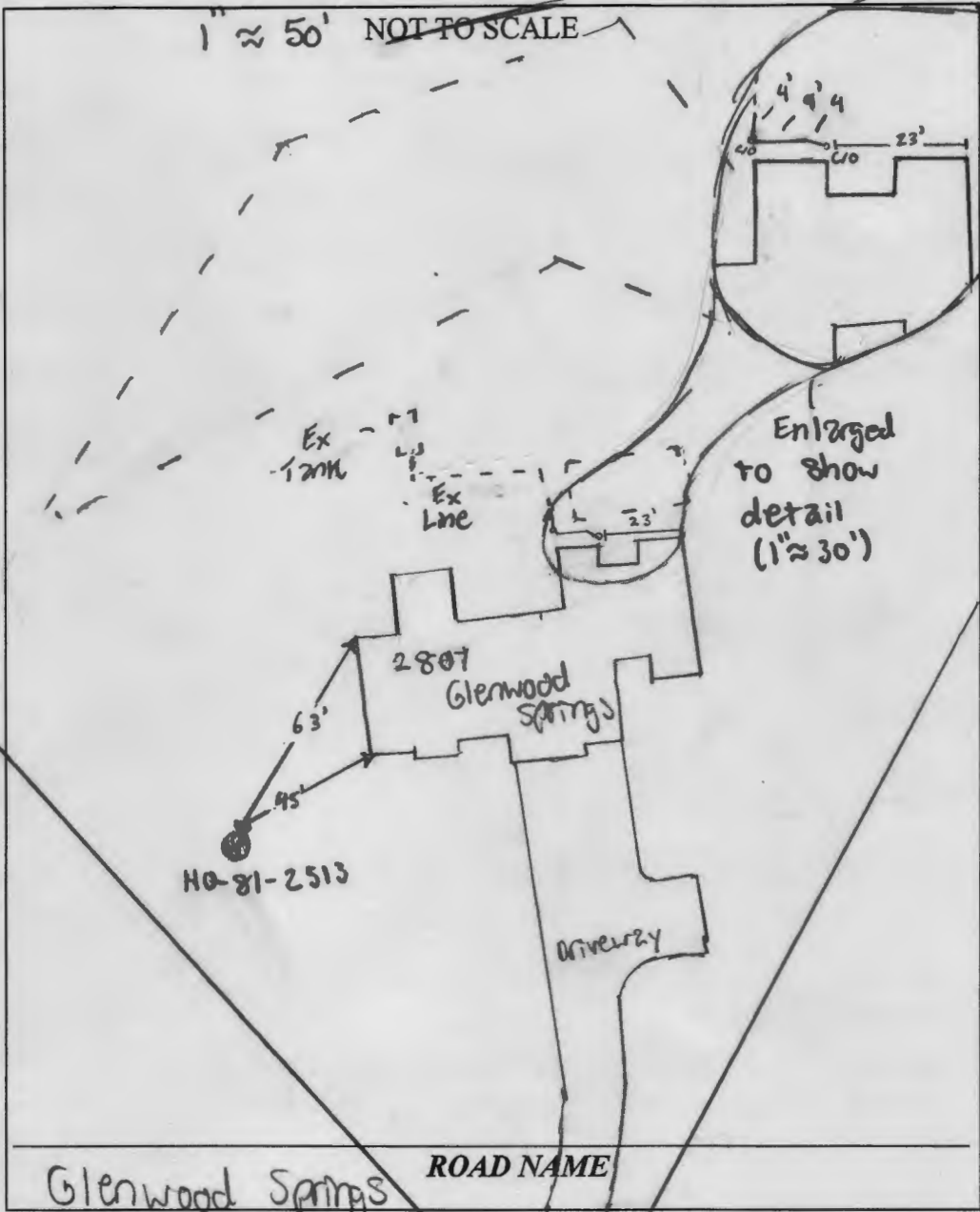
NUMBER OF BEDROOMS: 5 CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	INSTALL 4" SEWER LINE PER APPROVED SITE PLAN.
NOTES:	REROUTING A MAIN SEPTIC LINE FROM HOUSE TO TANK FOR A NEW POOL INSTALL. ELEVATIONS PROVIDED. ALL WORK MUST BE INSPECTED BEFORE COVERING. CALL INTO THE OFFICE TO SCHEDULE INSPECTIONS.

ISSUED BY: Z. SILVAST ISSUE DATE: 5/3/24 EXPIRATION DATE: 5/3/25

- NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL
- 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

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.



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 N/A

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

CONTROL PANEL DATA

CONTROL PANEL HEIGHT _____ (MIN 30")

INSPECTION DATE _____

INSPECTION: PASS/FAIL (CIRCLE ONE)

SEPTIC CONTRACTOR ONSITE INSTALLING SYSTEM: Thomas Seckman
 SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:

INSTALLATION NOTES:
5/10/2024 - installer not onsite for inspection. Home owner onsite. line from house to ex line open. sch40 40 PVC used. Adequate fall. 2 c/a installed. OK to backfill all work. (S)

FINAL INSPECTOR S Page DATE OF APPROVAL 5/10/2024

