

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 12/17/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544449-L

INSTALLATION APPROVAL DATE: 10/2/2013 **PERMIT** A _____

CONSTRUCTION

PROPERTY ADDRESS: 2826 Bridal Wreath Court

SUBDIVISION: Belle Haven Estates LOT: 17 TAX ID: 04-373812

CONTRACTOR: K Hovnanian Homes EMAIL: Khov.com

CONTRACTOR ADDRESS: 1802 Brightseat Road PHONE: 301-683-6268

PROPERTY OWNER: K Hovnanian Homes EMAIL: _____

OWNER ADDRESS: Same as above PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. 3,530 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>103.33'</u>	INLET DEPTH: <u>3 2</u>
	TRENCH WIDTH: <u>3 2'</u>	MAXIMUM BOTTOM DEPTH: <u>7 4.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3 8.5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per layout inspection. Set distribution box per layout inspection. Install 103.33' of trench on contour.	

ISSUED BY: Dana Bernard ISSUE DATE: 9/5/13 EXPIRATION DATE: 12/17/13

- 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 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

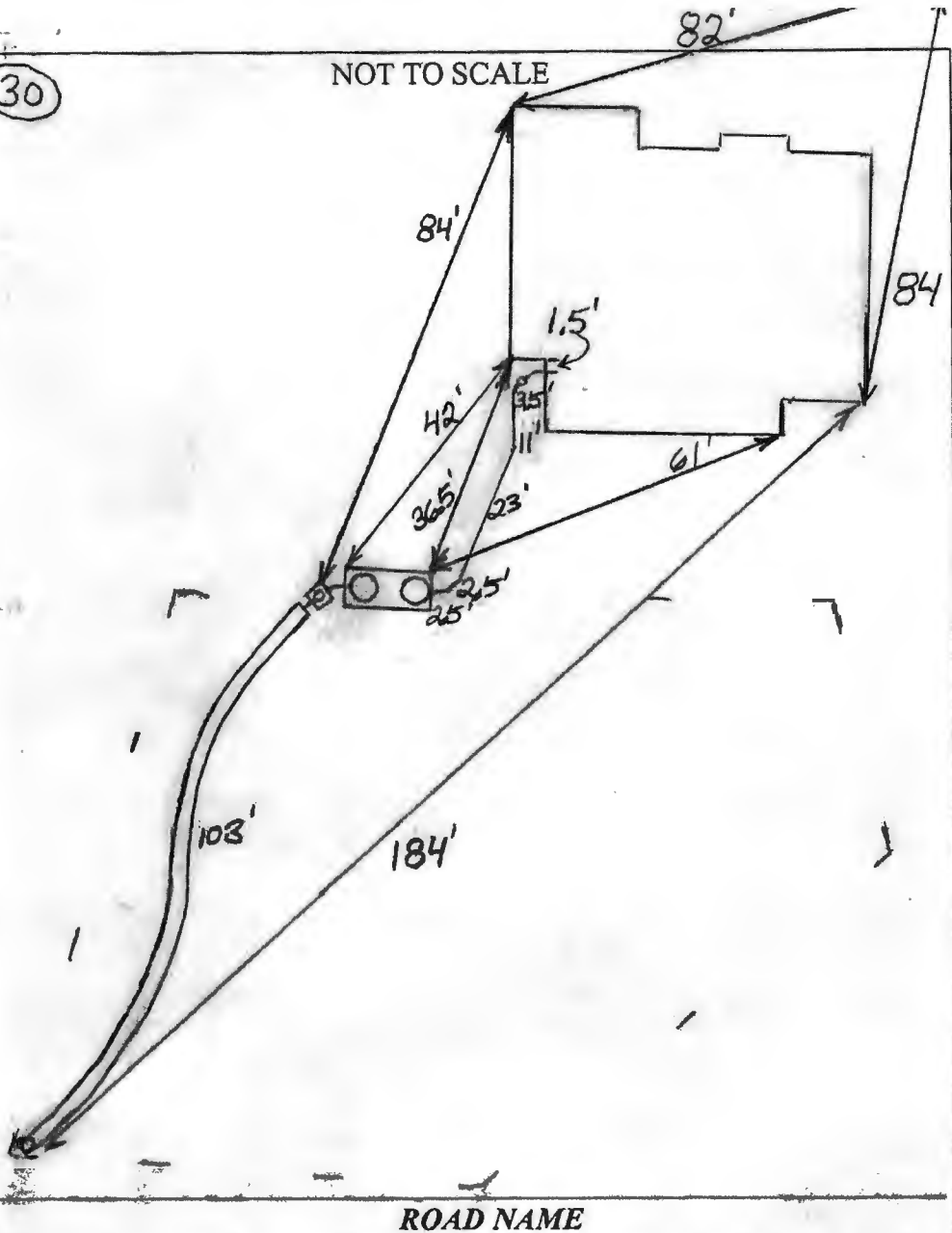
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

30

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	4.5'	8.5'
NUMBER OF TRENCHES 1		
TOTAL LENGTH 103'		
ABSORPTION AREA 206 + SW		
DISTRIBUTION BOX LEVEL N/A		
DISTRIBUTION BOX BAFFLE N/A		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Mayer Bros.
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	9/12/2013

PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

9/17/2013 Install one 103' trench on contour as best possible across the top of the easement. Put the tank close to the start of the trench. (BB)

9/25/2013 Working on trench. O.K. to continue. (BB)

INSTALLATION: 9/30/13 Trench complete. Nothing else completed. No tank set or Dbox. Told contractor ok to cover trench when complete. (KW)

10/2/2013 System finished. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 10/2/2013

RECEIPT DATE: 12/17/12

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ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PROPERTY OWNER: Belle Haven Baker LLC

OWNER'S ADDRESS: 10751 Falls Road Ste 405, Lutherville, MD 21093 PHONE: 301-683-3268

ADDRESS: 2826 Bridal Wreath Court TAX ACC'T #: 04-373812

SUBDIVISION: Belle Haven Estates LOT: 17

SEPTIC TANK CAPACITY (GALLONS): TBD

PUMP CHAMBER CAPACITY (GALLONS): TBD

NUMBER OF BEDROOMS: TBD APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD

LINEAR FEET OF TRENCH REQUIRED: TBD

TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/17/12 EXPIRATION DATE: 12/17/13

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- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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CURVE TABLE						
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.
C1	60.00'	81.80'	78°06'52"	48.69'	S78°38'36"E	75.61'

MARYLAND COORDINATE SYSTEM NAD 83 (1981)



NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION MAY NOT BE REQUIRED, FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE.

I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/6/14.

[Handwritten signature]