



Howard County
Health Department

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: 7/11/14

ONSITE SEWAGE DISPOSAL SYSTEM

P 554537

INSTALLATION
APPROVAL DATE: 9/17/2014

**PERMIT
CONSTRUCTION**

A _____

PROPERTY ADDRESS: 3730 Ivory Road

SUBDIVISION: Blouin Property

LOT: 4

TAX ID: _____

CONTRACTOR: Farm and Home Excavating Inc.

EMAIL: _____

CONTRACTOR ADDRESS: 901 Driver Rd, Marriottsville, MD 21104

PHONE: 410-442-4129

PROPERTY OWNER: Robert Spaay

EMAIL: _____

OWNER ADDRESS: 592 Ellison Court, Frederick MD 21703

PHONE: 301-695-5883

BAT UNIT MODEL: Norweco

BAT UNIT SIZE: 750GPD

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: 5

HOUSE SQ. FT. _____

APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>SEE BAT PLAN 231'</u>	INLET DEPTH: <u>SEE BAT PLAN 4.5'</u>
	TRENCH WIDTH: <u>SEE BAT PLAN 3'</u>	MAXIMUM BOTTOM DEPTH: <u>SEE BAT PLAN 7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>SEE BAT PLAN 9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>SEE BAT PLAN 4.5'</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 BAT unit per plan <u>3 x 77' Trenches</u>	

ISSUED BY: _____

ISSUE DATE: 7/11/14

EXPIRATION DATE: 7/11/15

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

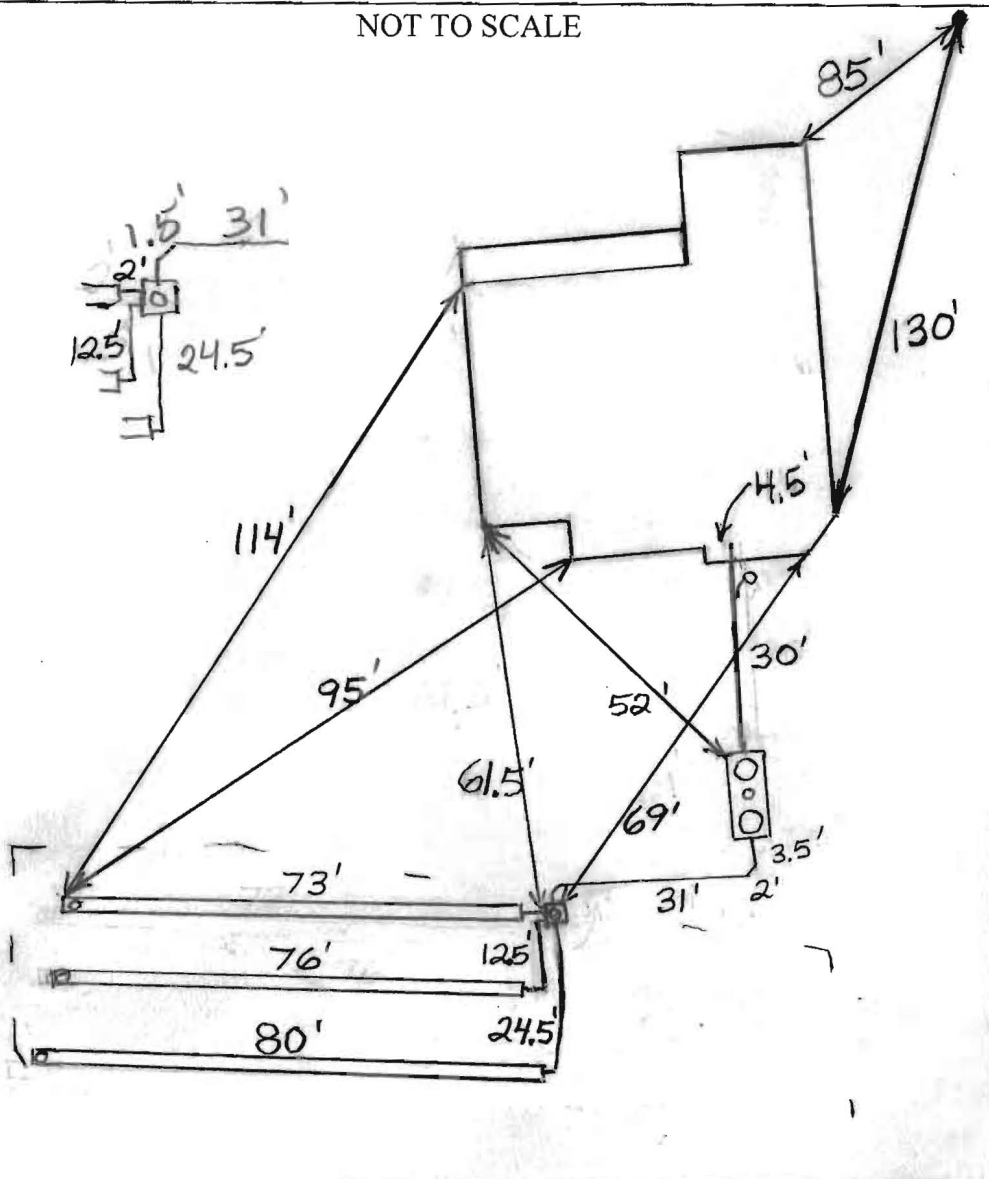
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4.5'	7'
NUMBER OF TRENCHES 3		
TOTAL LENGTH 229'		
ABSORPTION AREA 687+Sidewall		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	0.5'-3'
BAFFLES	Front
BAFFLE FILTER	N/A
MANHOLE LOC	Front+Rear
6" PORT LOC	Middle
WATERTIGHT TEST	No
SLOTTED	N/A
DATE ON LID	Dry
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 _____	

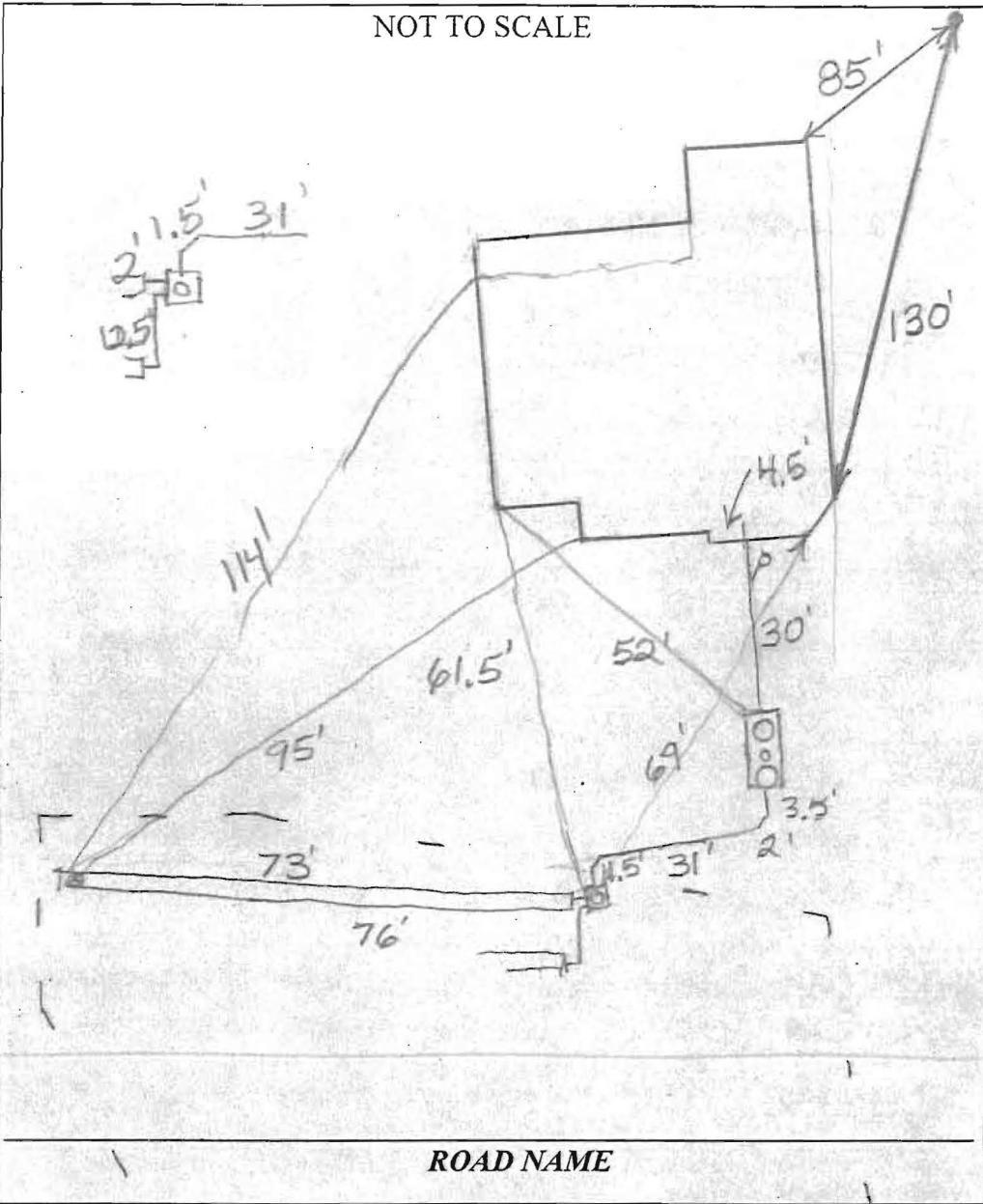
PRE-CONSTRUCTION

8/8/2014 Set the dist. box off center off the top middle of the easement. Install three 77' trenches on contour towards parcel 3. Install the tank as shown on the plan. (BB)

INSTALLATION: 8/13/2014 Tank and dist box set, house connection made. Top 2 trenches finished. (BB) 8/14/2014 Everything is finished but can't check the levelers because contractor forgot to leave water. (BB) 8/15/2015 Levelers checked. (BB) Need letter from Ecopod representative before final approval. (BB) 9/17/2014 Received approval from Ecopod dealer. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 9/17/2014

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

3' _____

NUMBER OF TRENCHES 3

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes

MANUFACTURER Babylon

CAPACITY 2000 GAL

SEAM LOC Top

TANK LID DEPTH 0.5-3'

BAFFLES Front

BAFFLE FILTER N/A

MANHOLE LOC Front + Rear

6" PORT LOC Middle

WATERTIGHT TEST No

SLOTTED N/A

DATE ON LID Dry

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:

8/8/2014 Set the dist. box off center off the top middle of the easement. Install three 77' trenches on contour towards parcel 3. Install the tank as shown on the plan. (BB)

INSTALLATION: 8/13/2014

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Babylon

VAULT

S I N C E 1 9 3 0

Burial Vaults - Septic Tanks

PHONE: 410-848-0393
 FAX: 410-848-3551

925 WAKEFIELD VALLEY ROAD
 NEW WINDSOR, MD 21776

**Five Year Initial Service Policy
 On Site Wastewater Treatment System**

Brand Name: <u>Eco-pod</u>	Model Number: <u>E-75-40</u>
Purchase Date: _____	Serial Number: <u>E-75N 01E88 CA</u>

INITIAL POLICY:

A five (5) year service policy shall be furnished to the user by the Installer.

This policy is included in the original purchase price and shall provide the following:

1. An inspection/service call every six months which includes inspections, adjustment and servicing of the mechanical and electrical component parts as necessary to ensure proper function for the first year. And once a year there after..
2. An effluent quality inspection every six months consisting of a visual check for color, turbidity, scum overflow, and an examination for odors for the first year. And then once a year there after.
3. A sample shall be pulled from the aeration tank once a year as described in the "Solids Removal" Section to determine if there is an excess of solids in the treatment plant. If the test results determine if there is an excess of solids in the treatment plant. If the rest results determine a need for solids removal, the user will bear the cost and responsibility for doing so.
4. If any improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.

Violations of Warranty including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

**THIS POLICY DOES NOT INCLUDE PUMPING
 SLUDGE FROM UNIT IF NECESSARY**

PERMITTING AUTHORITY:

Howard County

SYSTEM OWNER:

INSTALLATION LOCATION:

3730 Ivory Rd
Glenelg
MD

DISTRIBUTOR:

Babylon Vault Co
925 Wakefield Valley Rd
New Windsor MD 21776

INSTALLER:

Farma Home
Bill Ingeen
901 Drayco Rd
Mariottsville MD 21104

SERVICE COMPANY:

Babylon Vault Co
 Service Operators License Number: Steven K Koest

I agree to abide by the service policy as stated above: _____

Witness: _____

e3 Environmental LLC

302-725-0788 www.e3onsite.com

ECOPOD-N Completion Statement

Installation Information

Owners Name		# of Bedrooms / GPD	750 150
Street	3730 Ivory Rd	Repair	<input type="checkbox"/>
City	Glenweld	New Construction	<input checked="" type="checkbox"/>
State	MD		
Zip			

Installation Company

Company	Farm + Home	Installed Date	_/_/
Certified Installer	Bill Ingram	Startup Date	9/17/14
Street	901 Driver Rd		
City	Marietta, VA		
State	MD		
Zip	21104		

ECOPOD-N

Model #	Serial #
<input type="checkbox"/> E50	
<input checked="" type="checkbox"/> E60	L
<input checked="" type="checkbox"/> E75	E-75N-01088-CA
<input type="checkbox"/> E100	
<input type="checkbox"/> E150	

Blower Voltage	Good
Blower Running Amps	Good
Inches of water over media with blower turned off	2 inch
Vent Installed	Yes
Tanks and Risers Water tight	Yes
Alarm Functional	Yes

I hereby certify that the ECOPOD-N wastewater treatment system has been installed and started up in accordance with the construction permit and is in compliance with the manufacturers recommendations

Company Babylon Vault Co
 Signature Steven R Koontz
 Printed Name Steven R Koontz

Date 9/17/14

We are an Equal Opportunity Employer

SAVAGE STONE, LLC

SAVAGE, MARYLAND

Mailing Address: P.O. Box 850, Laurel, Maryland 20725

DISPATCH / SALES
301-953-8973
410-792-3753

CUSTOMER'S COPY

BILLING INQUIRIES
301-953-7650
410-792-7234

TICKET #00838706

STATION 89

DATE 08/13/14 TIME 14:06:53

CUSTOMER FARHOM
FARM AND HOME EXCAVATING
901 DRIVER ROAD
MARRIOTTSVILLE, MD 21104

JOB VARLOC : VARIOUS LOCATIONS
P.O. # IVORY RD PROJECT #:

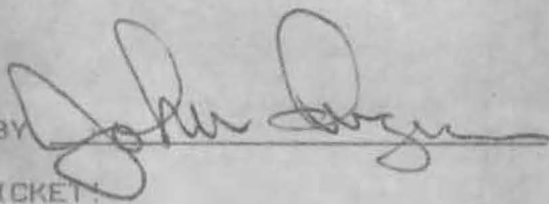
TRUCK FH5124 LICENSE 3 AXLES
DRIVER: FARM AND HOME EXCAVATING

GROSS	SCALE B	67820 lb
TARE	IN (STORED)	26900 lb
NET		40920 lb
NET		20.46 t

	Loads	Tons
DAILY	2	40.89
TOTAL	43	868.10
TIME IN 14:06:53		TIME OUT 14:06:53

MAT'L 0022 : MD #2 STONE
HAUL ZONE 0000

WEIGHMASTER _____
Stacey Hawke

RECEIVED BY 

SAFETY FIRST! HAVE A GREAT DAY! PLEASE CHECK YOUR TICKET!

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SAVAGE STONE, LLC

SAVAGE, MARYLAND

Mailing Address: P.O. Box 850, Laurel, Maryland 20725

DISPATCH / SALES
301-953-8973
410-792-3753

CUSTOMER'S COPY

BILLING INQUIRIES

301-953-7650

410-792-7234

TICKET #008384

STATION

DATE 08/13/14 TIME 09:36:14

CUSTOMER FARMOM
FARM AND HOME EXCAVATING
901 DRIVER ROAD
MARRIOTTSTVILLE, MD 21104

JOB VARLOC : VARIOUS LOCATIONS

P.O. # IVORY RD PROJECT #:

TRUCK FH5124 LICENSE 3 AXLES
DRIVER: FARM AND HOME EXCAVATING

GROSS	SCALE B	67760 lb
TARE	IN (STORED)	26900 lb
NET		40860 lb
NET		20.43 t

DAILY

Loads

1

Tons

20.43

TOTAL

42

847.64

TIME IN 09:36:49

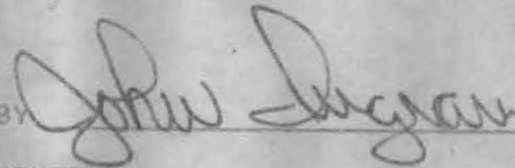
TIME OUT 09:36:14

MAT'L 0022 : MD #2 STONE
HAUL ZONE 0000

WEIGHMASTER

Gail Harrison

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SAVAGE STONE, LLC

SAVAGE, MARYLAND

Mailing Address: P.O. Box 850, Laurel, Maryland 20725

CUSTOMER'S COPY

BILLING INQUIRIES

TICKET # 1508192

STATION 88

DATE 08/12/14 TIME 10:11:20

DISPATCH / SALES

301-953-8973

410-792-3753

CUSTOMER FARHOM
FARM AND HOME EXCAVATING
001 DRIVER ROAD
HARRIOTTSVILLE, MD 21104


JOB VARLOC : VARIOUS LOCATIONS
P.O. # IVORY RD PROJECT #:

TRUCK FH5124 LICENSE 3 AXLES
DRIVER: FARM AND HOME EXCAVATING

				Loads	Tons
GROSS	SCALE 8	69400 lb	DAILY	3	63.84
TARE	IN (STORED)	26900 lb	TOTAL	41	827.21
NET		42500 lb	TIME IN 10:11:20		TIME OUT 10:11:20
NET		21.25 t			

STAT'L 0022 : MD #2 STONE
HAUL ZONE 0000

NEIGHMASTER _____
Gail Harrison

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SAVAGE, MARYLAND

Mailing Address: P.O. Box 850, Laurel, Maryland 20725

DISPATCH / SALES
301-953-8973
410-792-3753

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BILLING INQUIRIES

TICKET # 08/12/14 08:16:43

STATION SS

DATE 08/12/14 TIME 08:16:43

CUSTOMER FARHOM
FARM AND HOME EXCAVATING
901 DRIVER ROAD
MARRIOTTSVILLE, MD 21104

JOB VARLOC : VARIOUS LOCATIONS
P.O. # IVORY RD PROJECT #:

TRUCK FH5124 LICENSE 3 AXLES
DRIVER: FARM AND HOME EXCAVATING

				Loads	Tons
GROSS	SCALE B	69340 lb	DAILY	2	42.59
TARE	IN (STORED)	26900 lb	TOTAL	40	805.96
NET		42440 lb	TIME IN 08:16:43		TIME OUT 08:16:43
NET		21.22 t			

MAT'L 0022 : MD #2 STONE
HAUL ZONE 0000

WEIGHMASTER _____

Gail Harrison

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SAVAGE STONE, LLC

SAVAGE, MARYLAND

Mailing Address: P.O. Box 850, Laurel, Maryland 20725

CUSTOMER'S COPY

BILLING INQUIRIES

TICKET 15003043

301-953-7650

410-792-7234

STATION 58

DATE 08/12/14 TIME 06:59:20

DISPATCH / SALES

301-953-8973

410-792-3753

CUSTOMER FARMOM
FARM AND HOME EXCAVATING
901 DRIVER ROAD
MARRIOTTSVILLE, MD 21104

JOB VARLOC : VARIOUS LOCATIONS
P.O. # IVORY RD PROJECT #:

TRUCK FH5124 LICENSE 3 AXLES
DRIVER: FARM AND HOME EXCAVATING

				Loads	Tons
GROSS	SCALE B	69640	1b	DAILY 1	21.37
TARE	IN (STORED)	26900	1b	TOTAL 39	784.74
NET		42740	1b	TIME IN 06:59:20	TIME OUT 06:59:20
NET		21.37	t		

MAT'L 0022 : MD #2 STONE
HAUL ZONE 0000

WEIGHMASTER _____

Gail Harrison

RECEIVED BY John Dyer

SAFETY FIRST! HAVE A GREAT DAY! PLEASE CHECK YOUR TICKET!