

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: 12/07/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544421

INSTALLATION APPROVAL DATE: 6/25/2013 **PERMIT** A _____
CONSTRUCTION

PROPERTY ADDRESS: 1540 Long Corner Road

SUBDIVISION: _____ LOT: _____ TAX ID: 04-325699

CONTRACTOR: _____ EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Main Street Builders EMAIL: _____

OWNER ADDRESS: 5705 Landing Road, Elkridge, MD 21075 PHONE: _____

SEPTIC TANK SIZE (GALLONS): ~~2000~~ 1500

PUMP CHAMBER CAPACITY (GALLONS): ~~1000~~ None PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. >3500 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

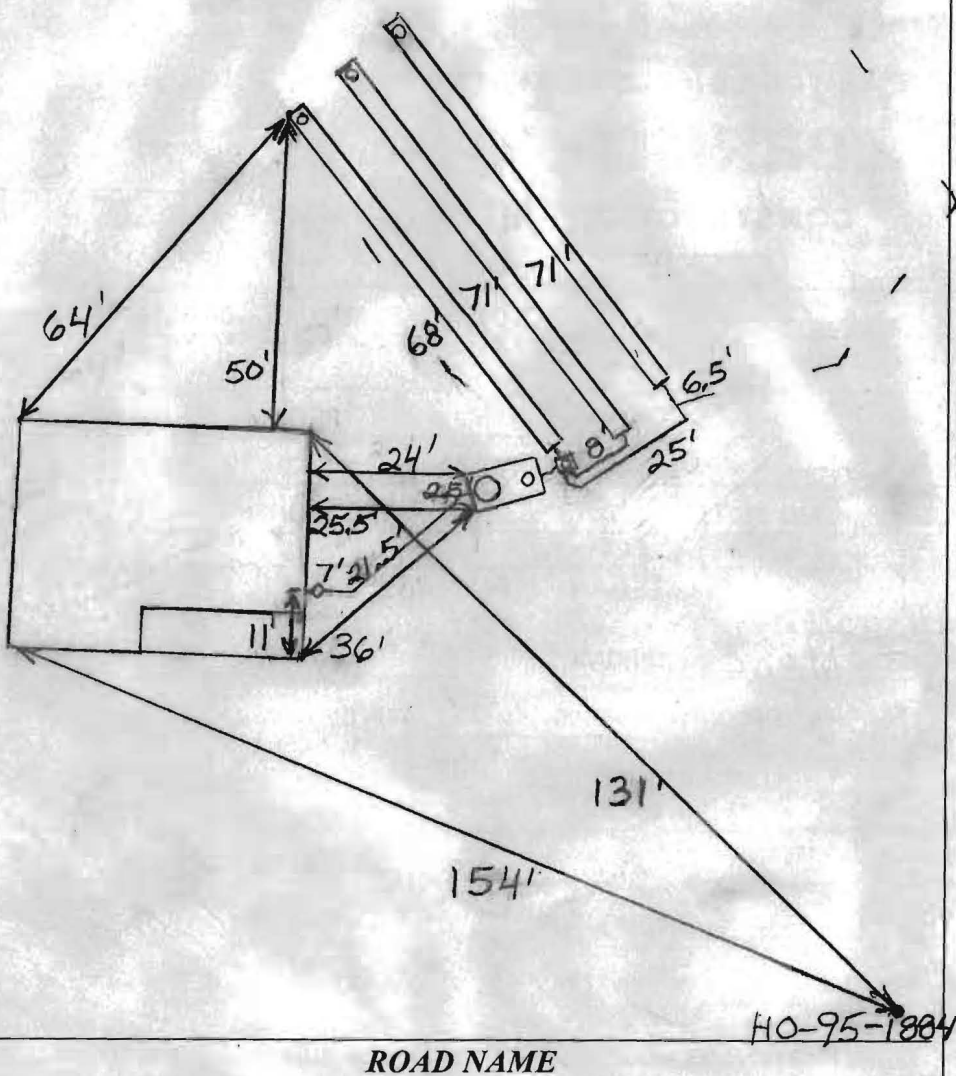
TRENCHES:	LINEAR FEET REQUIRED: <u>207'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>6.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per plan. Set distribution box per plan. Install _____ on contour. <u>65', 71'+71' Trenches</u>	

ISSUED BY: Robert Bricker ISSUE DATE: _____ EXPIRATION DATE: 12/07/13

- 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 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'	5'	6.5'

NUMBER OF TRENCHES 3
 TOTAL LENGTH 210'
 ABSORPTION AREA 630+Sidewall
 DISTRIBUTION BOX LEVEL Levelers
 DISTRIBUTION BOX BAFFLE Yes
 DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes
 MANUFACTURER Babylon
 CAPACITY 1500 GAL
 SEAM LOC Top
 TANK LID DEPTH 3-4'
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front
 6" PORT LOC Rear
 WATERTIGHT TEST No
 SLOTTED Yes
 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:

6/20/2013

Install an upper 65' and two lower 75' trenches on contour across the top of the easement area. Set the tank and dist. box near the top corner easement stake. (BB)

INSTALLATION: 6/25/2013 (AM) Tank too deep. Grade around tank is supposed to be cut down. 2.5' riser on tank. Top two trenches done. (BB)

6/25/2013 (PM) System finished. O.K. to backfill. (BB)

FINAL INSPECTOR

B. Baber

DATE OF APPROVAL

6/25/2013