

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 544447

INSTALLATION
 APPROVAL DATE: 6/11/15 SEC **PERMIT** A _____
CONSTRUCTION

PROPERTY ADDRESS: 12474 Indian Hill Drive Sykesville, MD 21784

SUBDIVISION: Indian Hill Road LOT: n/a TAX ID: 1403293734

CONTRACTOR: Egles EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Viking Development EMAIL: _____

OWNER ADDRESS: 815 Windriver Dr. Sykesville MD 21784 PHONE: 410-977-2188

SEPTIC TANK SIZE (GALLONS): 2,000

PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: n/a

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. 3,900 APPLICATION RATE: 0.8

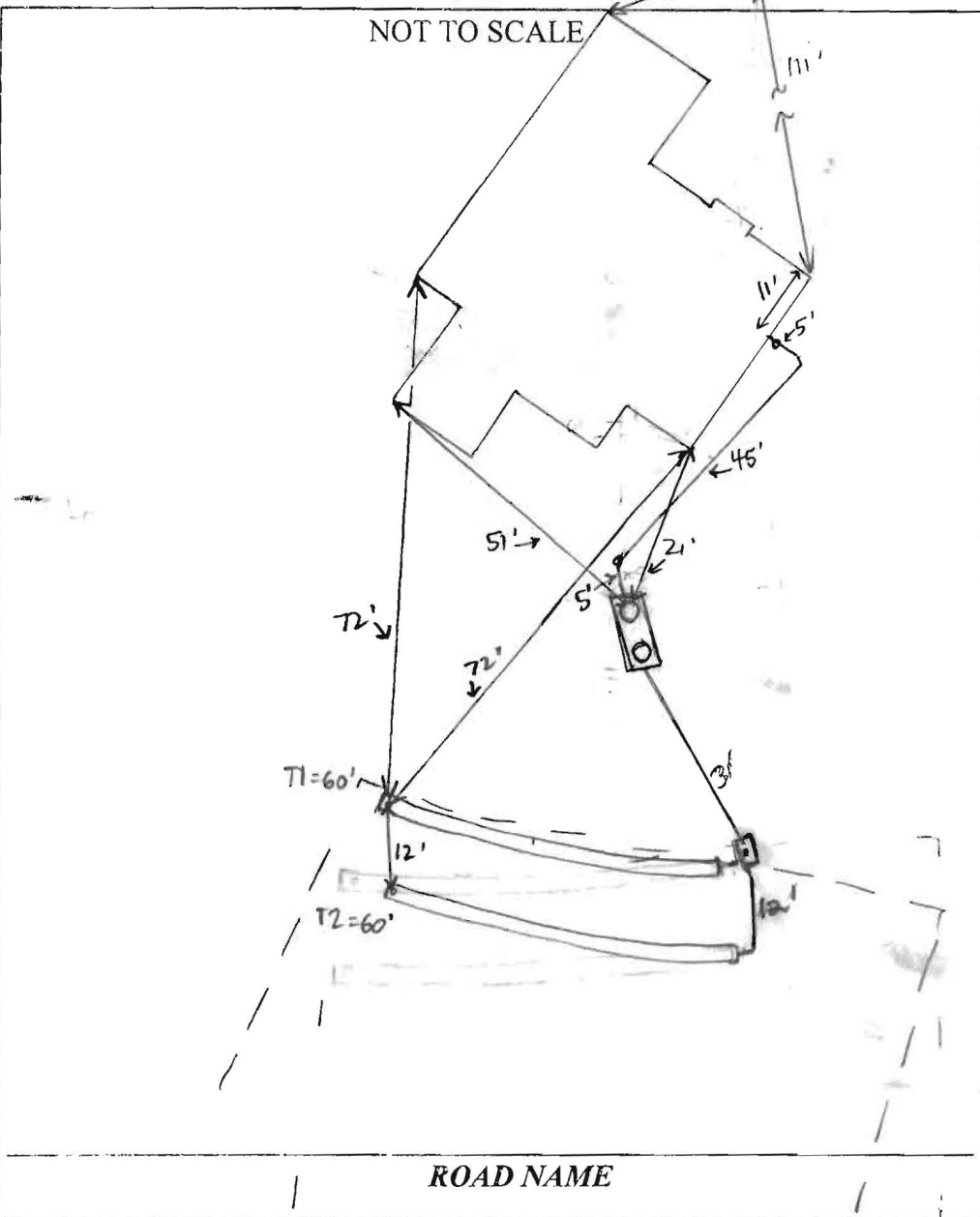
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>125'</u> <i>OK ✓</i>	INLET DEPTH: <u>3'</u> ✓
	TRENCH WIDTH: <u>3'</u> ✓	MAXIMUM BOTTOM DEPTH: <u>6'</u> ✓
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	PER APPROVED SITE PLAN, SEWAGE DISPOSAL AREA MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	THE SEPTIC SYSTEM AND SEPTIC TANK MUST BE STAKED AND INSTALLED AT LEAST 20' FROM THE PROPOSED HOUSE LOCATION. THE LOCATION OF THE SEPTIC SYSTEM MUST BE FIELD LOCATED AND SHOWN ON THE FOUNDATION LOCATION DRAWING.	

ISSUED BY: HS/DB ISSUE DATE: _____ EXPIRATION DATE: 12-17-2013

- 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.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		126'
ABSORPTION AREA		252'
DISTRIBUTION BOX LEVEL		Leveler's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Mayer Bros
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Front/Rear
6" PORT LOC	None
WATERTIGHT TEST	—
SLOTTED	Yes
DATE ON LID	N/A
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	—

PRE-CONSTRUCTION: 12/16/13 Install septic tank as shown on plan. Install 2x62' trenches on contour running NE (KW)

INSTALLATION: 12/17/13 phone call from contractor, could not make it to site for insp. Too busy. (KW)
 12/18/13 Trenches installed per layout. Tanks set w/ baffles. 5' of 4" stubbed out and capped off. Need SHC. (KW) 3/20/15
 House connection made. (SC) 6/11/15 Final inspection made, get some last measurements. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 6/11/15

RECEIPT DATE: 12/17/12

P 544447

INSTALLATION APPROVAL DATE: _____

PERMIT

A _____

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

PROPERTY OWNER: Viking Development

OWNER'S ADDRESS: 815 Windriver Drive, Sykesville, MD 21784 PHONE: 410-977-2188

ADDRESS: Indian Hill Road TAX ACC'T #: 03-293734

SUBDIVISION: _____ LOT: _____

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

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET 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 OR 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.