



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: 5/5/2014
 INSTALLATION APPROVAL DATE: _____

ONSITE SEWAGE DISPOSAL SYSTEM

P 546347
 A Repair

PERMIT
REPAIR

PROPERTY ADDRESS: 2167 McKendree Road
 SUBDIVISION: _____ LOT: _____ TAX ID: 03-294315
 CONTRACTOR: J.M. Contracting LLC. EMAIL: _____
 CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784 PHONE: 443-277-7526
 PROPERTY OWNER: Gary Clark and Barbara Whitehead EMAIL: _____
 OWNER ADDRESS: 2167 McKendree Road, West Friendship, MD 21794 PHONE: 443-799-8336

SEPTIC TANK SIZE (GALLONS): Existing
 PUMP CHAMBER CAPACITY (GALLONS): N/a (future) STATIC HEAD (FEET): N/a
 NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. N/a APPLICATION RATE: _____
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

| | | |
|-----------|---------------------------------------|---------------------------------------|
| TRENCHES: | LINEAR FEET REQUIRED: _____ | INLET DEPTH: _____ |
| | TRENCH WIDTH: _____ | MAXIMUM BOTTOM DEPTH: _____ |
| | MINIMUM SPACE BETWEEN TRENCHES: _____ | EFFECTIVE AREA BEGINNING DEPTH: _____ |
| LOCATION: | _____ | |
| NOTES: | _____ | |

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- 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

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 _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

5/9/2014 Talked to J. M. Contracting, Homeowner's
put repair on hold. (B) *[initials]*

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- Repair P- 546347

PERMITTEE

J. M. Contracting LLC

LOCATION

2167 McKendree Road

Gary Clark and Barbara Whitehead

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector

Date

Inspector

Date

FINAL INSPECTION MADE, COVER ALL WORK

Inspector

Date