



Howard County Health Department

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

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

RECEIPT DATE: 4/28/21 ONSITE SEWAGE DISPOSAL SYSTEM P 568885

APPROVAL DATE: PERMIT: REPAIR A

PROPERTY ADDRESS: 11970 Lime Kiln Road

SUBDIVISION: LOT: TAX ID:

CONTRACTOR: HATFIELDS EQUIPMENT EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. BOX 519, ANNAPOLIS JUNCTION, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: David Wolfel EMAIL:

OWNER ADDRESS: 11970 Lime Kiln Road, Fulton, MD 20759 PHONE:

SEPTIC TANK SIZE (GALLONS): Empty PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. APPLICATION RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED [] LOW PRESSURE DOSED []

Table with 2 columns: TRENCHES, LOCATION, NOTES. Contains handwritten specifications for trench dimensions and installation notes.

ISSUED BY: K Wolf ISSUE DATE: 4/28/21 EXPIRATION DATE: 4/28/22

- 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
NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED.
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 _____

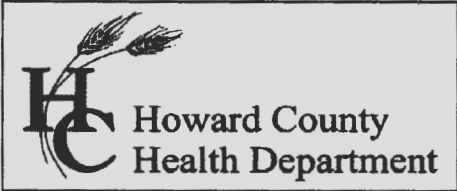
PUMP/SEPTIC TANK LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____



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

RECEIPT DATE: 4/28/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 568885

APPROVAL DATE: 5/13/21 ST **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 11970 Lime Kiln Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: HATFIELDS EQUIPMENT EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. BOX 519, ANNAPOLIS JUNCTION, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: David Wolfel EMAIL: _____

OWNER ADDRESS: 11970 Lime Kiln Road, Fulton, MD 20759 PHONE: _____

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): - PUMP SIZE: -

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. - APPLICATION RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>165'</u>	INLET DEPTH: <u>4.5'-5'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

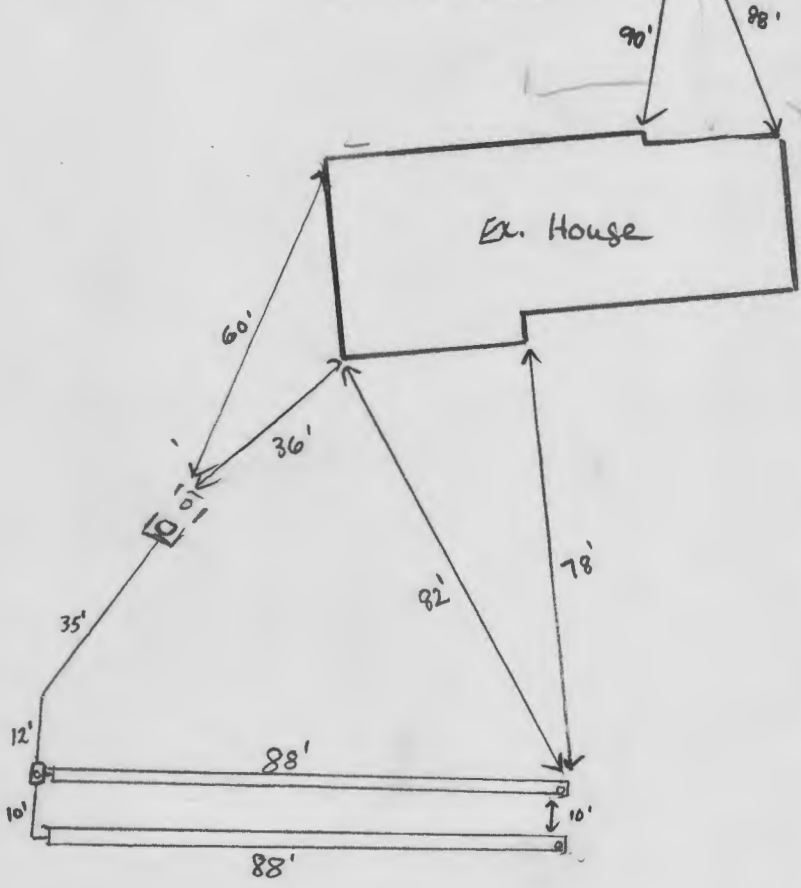
NOTES: Install 2 x 82.5' trenches on contour below per A.

ISSUED BY: K. Wolf ISSUE DATE: 4/28/21 EXPIRATION DATE: 4/28/22

- 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
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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
2'	5'	10'
NUMBER OF TRENCHES		2
TOTAL LENGTH		176
ABSORPTION AREA		528 sq ft + sidewalk
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	-
CAPACITY	1000 GAL
SEAM LOC	mid
TANK LID DEPTH	6'
BAFFLES	new outlet, old inlet
BAFFLE FILTER	-
MANHOLE LOC	new outlet
6" PORT LOC	inlet
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	-
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	-

ROAD NAME

PRE-CONSTRUCTION:

4/22/21 OK to install 2 x 82.5' trenches on center just below
~~the~~ pre cast A. New piping and new Dbox to be installed.
 Call for inspection (K)

INSTALLATION: 5/12/21 6" cleanout installed on tank inlet. Tank 6' deep in ground.
 D-box leveled, 2 x 88' trenches installed. (ST) 5/13/21 Manhole installed
 over outlet of tank, per picture sent in by contractor. (ST)

FINAL INSPECTOR Susan Thomas DATE OF APPROVAL 5/13/21

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 58885

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE: Hatfields Equipment
LOCATION: 11970 Line Kith Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

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

WORK IS SATISFACTORY, OK TO CONTINUE
Inspector _____ Date _____

COMMENTS: _____

FINAL INSPECTION MADE, OK TO COVER ALL WORK
Inspector _____ Date _____



HOWARD COUNTY HEALTH DEPARTMENT

68885

DATE 4/18/21

Received From

Hatfields

PHONE #

PS 301 490-4209

For

Septic Repair 1470 Lane

CASH

CHECK

NO.

4126

Dollars

Three hundred thirty

\$ 330.00

Received By

J King