



Howard County
Health Department

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

Bureau of Environmental Health

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RECEIPT DATE: 10/15/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570206

APPROVAL DATE: 11/2/21 **PERMIT: REPAIR** A _____

PROPERTY ADDRESS: 4710 Linthicum Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: Billings Outback Septic EMAIL: _____

CONTRACTOR ADDRESS: 180 Obrecht Road, Millersville, MD 21108 PHONE: 410-353-3880

PROPERTY OWNER: Gary Janoske EMAIL: _____

OWNER ADDRESS: 4710 Linthicum Road, Dayton, MD 21036 PHONE: _____

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ 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: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: EXISTING DRAINFIELD. ABANDON AND SEAL UNDERBLOCK TANK.
TRAFFIC BEARING U.D. SET 100'+ AWAY FROM EX WELL

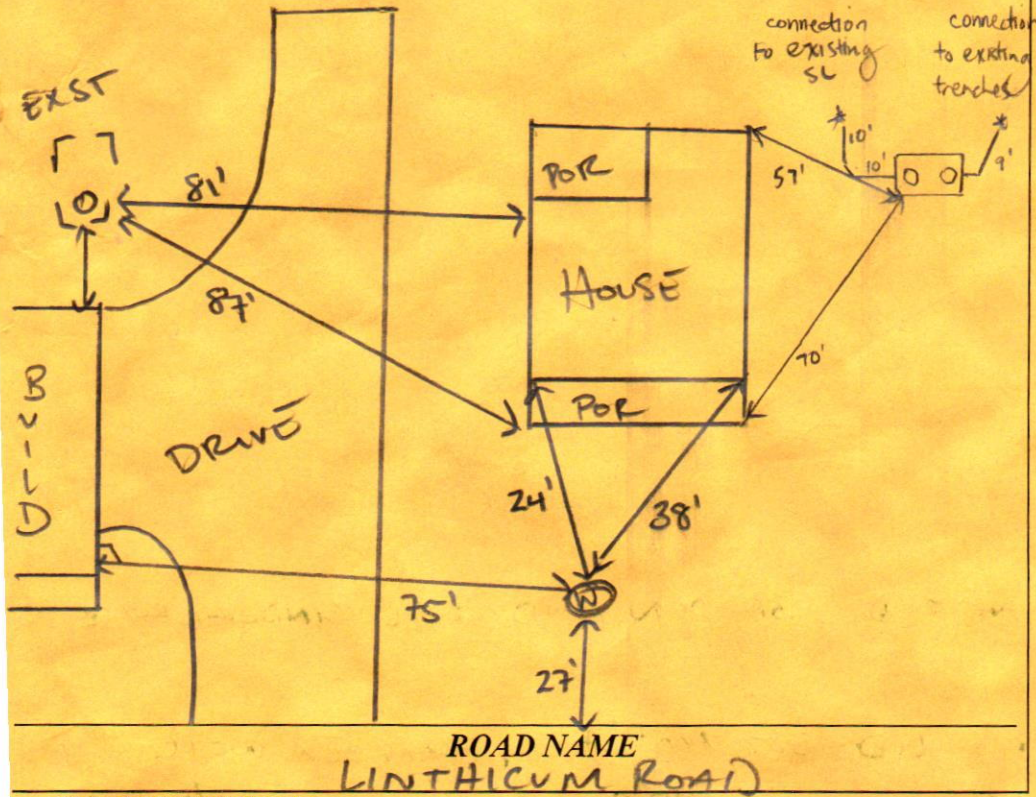
ISSUED BY: CABANUG 001997 ISSUE DATE: 10/26/2021 EXPIRATION DATE: 10/26/2022

- 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 WARRANT 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 _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL YES

MANUFACTURER Babylon

CAPACITY 1200 GAL

SEAM LOC top, traffic bearing

TANK LID DEPTH 4'

BAFFLES inlet + outlet

BAFFLE FILTER _____

MANHOLE LOC inlet + outlet

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED YES

DATE ON LID 10/1/21

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:

10/26/2021 CONFIRMED TANK LOCATION. (P)

INSTALLATION: 11/2/21 New tank set and connected to existing SL. Contractor ran water for 40 min and trenches absorbed all of it. Tank connected to existing trenches (SL)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

11/2/21