

RECEIPT DATE: 12/17/12

P 544449-F

INSTALLATION
APPROVAL DATE: _____

PERMIT

A _____

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

PROPERTY OWNER: Belle Haven Baker LLC

OWNER'S
ADDRESS: 10751 Falls Road Ste 405, Lutherville, MD 21093 PHONE: 301-683-3268

ADDRESS: 15305 Sweetbay Street TAX ACC'T #: 04-373731

SUBDIVISION: Belle Haven Estates LOT: 10

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.**



Howard County
Health Department

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 544449-F

INSTALLATION

APPROVAL DATE: 9/20/2013

**PERMIT
CONSTRUCTION**

A _____

PROPERTY ADDRESS: 15305 Sweetbay Street

SUBDIVISION: Belle Haven Estates

LOT: 10 TAX ID: 04-373731

CONTRACTOR: K Hovnanian Homes

EMAIL: Khov.com

CONTRACTOR ADDRESS: 1802 Brightseat Road

PHONE: 301-683-6268

PROPERTY OWNER: K Hovnanian Homes

EMAIL: _____

OWNER ADDRESS: Same as above

PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. 4,230

APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>138'</u>	INLET DEPTH: <u>4</u> <u>5.0'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6</u> <u>7.0'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per plan. Set distribution box per plan. Install 2 x 69' trenches on contour. <u>2 x 57' Trenches</u>	

ISSUED BY: Heidi Scott

ISSUE DATE: _____

EXPIRATION DATE: 12/17/13

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 DOWNGRAIENT 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

See As-Built Drawing On
Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH 3' INLET 5' BOTTOM 7'

NUMBER OF TRENCHES 2

TOTAL LENGTH 122'

ABSORPTION AREA 366 + Sidewall

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Brick

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER Mayer Bros.

CAPACITY 2000 GAL

SEAM LOC Top

TANK LID DEPTH 1'-1.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front + Rear

6" PORT LOC None

WATERTIGHT TEST No

SLOTTED Yes

DATE ON LID 9/10/2013

~~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:

9/16/2013 Place the distribution box at the top center of the easement. I install two 57' trenches on contour towards the house. I install the tank near the top eastern easement corner. (BB)

INSTALLATION:

9/17/2013 Tank set. (BB)

9/19/2013 Trenches finished. Need plumbing for tank and dist. box. (BB)

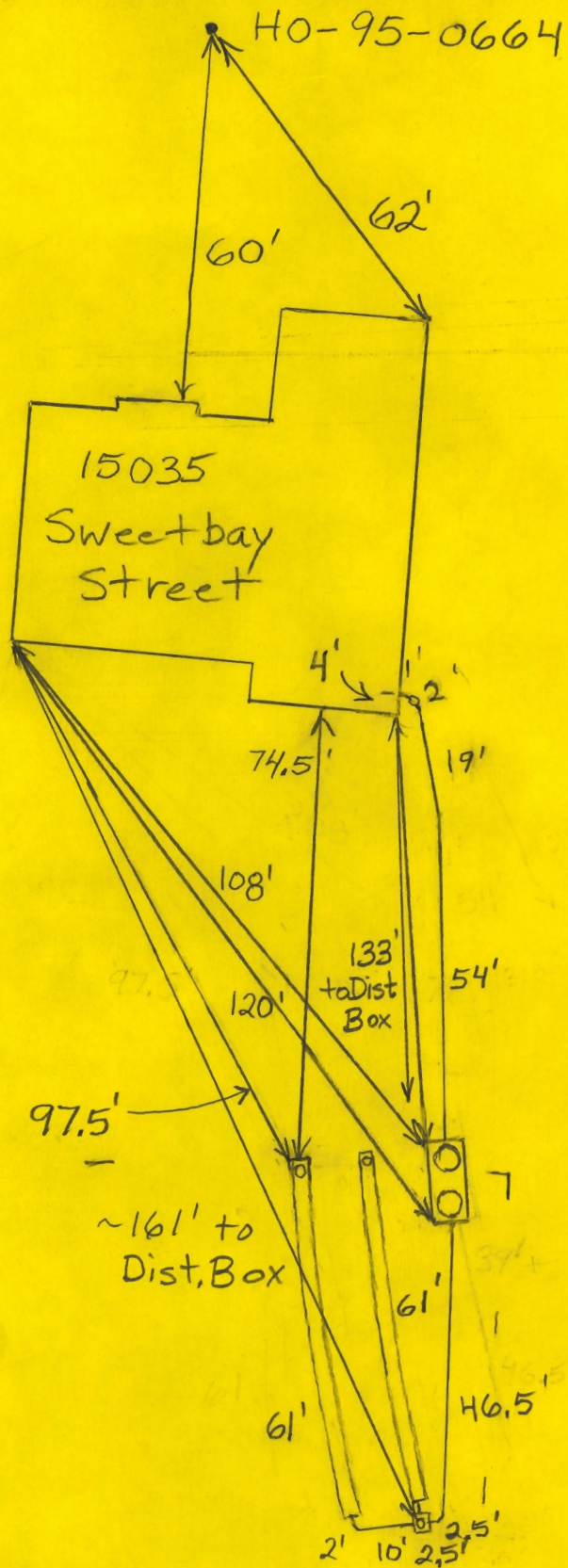
9/20/2013 System finished. O.K. to backfill. (BB)

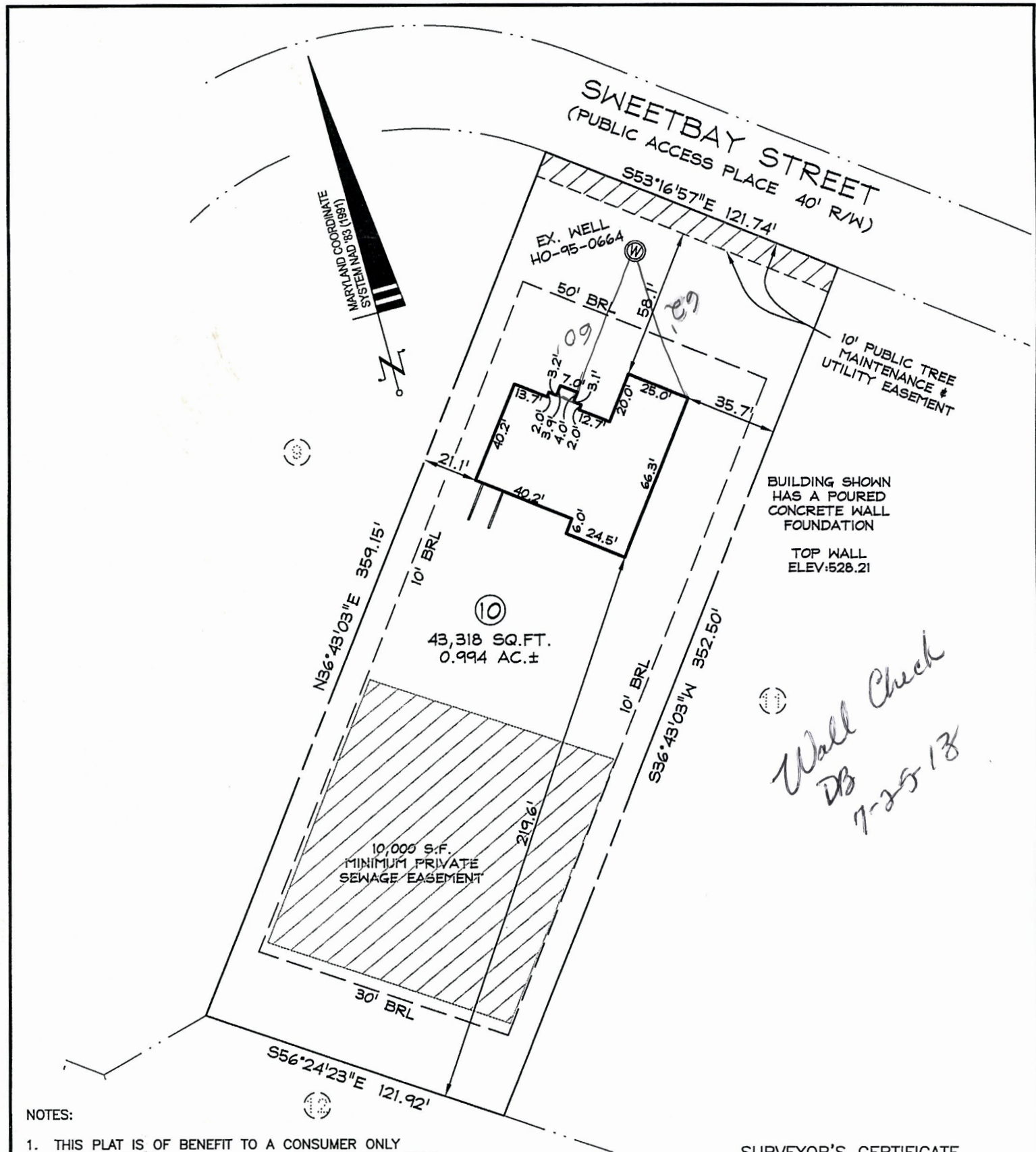
FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

9/20/2013





NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION MAY NOT BE REQUIRED, FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE IMPROVEMENTS IS WITHIN 1 FOOT OF BEING GREATER THAN OR LESS THAN THE DIMENSIONS SHOWN.
5. THE BEARINGS SHOWN HEREON ARE BASED ON THE MARYLAND COORDINATE SYSTEM NAD '83 (1991).
6. THE SUBJECT PROPERTY LIES WITHIN FLOOD ZONE "C" (AREAS OF MINIMAL FLOODING) AS SHOWN ON FLOOD INSURANCE RATE MAP NO.240044 0014B. DATED 12-4-86.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE.

I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/6/14.

Robert B. Southland



LOCATION DRAWING / WALL CHECK
15305 SWEETBAY STREET
LOT 10
BELLE HAVEN ESTATES
PLAT No. 19950

ELECTION DIST. No.4 HOWARD COUNTY, MD

DDC JOB#: 06116.5
DATE: 06-26-2013
SCALE: 1"=50'
DRN. BY: DAP
CHK. BY: RBS



Planners
Surveyors
Engineers
Landscape Architects

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