Howard County Health Department Maura J. Rossman, M.I	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 D., Health Officer
RECEIPT DATE: 9/30/14 ONSITE SEWAGE DIS	POSAL SYSTEM P 554650
INSTALLATION APPROVAL DATE:	
CONSTRU	CTION
PROPERTY ADDRESS: 15416 Rivercrest Court	
SUBDIVISION: Rivercrest	LOT: 9 TAX ID: 04-370643
CONTRACTOR: Hatfield's Equipment	EMAIL: <u>ken@hatfieldsequipment.com</u>
CONTRACTOR ADDRESS: P.O. Box 519 PROPERTY OWNER: Columbia Builders Inc.	EMAIL: rtash@columbiabuilder
OWNER ADDRESS:	PHONE:
BAT UNIT MODEL: Norweco TNTLP PUMP SIZE:	PUMP TANK CAPACITY: 500GPD
DISTRIBUTION SYSTEM: GRAVITY 🛛 LOW PRESSURE DOS	
LINEAR FEET REQUIRED:       SEE BAT PLAN       140'         TRENCHES:       TRENCH WIDTH:       SEE BAT PLAN       2'         MINIMUM SPACE       BETWEEN TRENCHES:       SEE BAT PLAN       2'	INLET DEPTH: SEE BAT PLAN 3 MAXIMUM BOTTOM DEPTH: SEE BAT PLAN 7 EFFECTIVE AREA BEGINNING DEPTH: SEE BAT PLAN 405-7
LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA A SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION	AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED N.
Set BAT unit per plan. こメフロ <sup>*</sup>	
ISSUED BY: Dana Bernard ISSUE DA	TE: <b>9/30/14</b> EXPIRATION DATE: <b>9/30/15</b>
NOTE:CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPNOTE:CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN ANDNOTE:STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GONTE:NOTE:WATERTIGHT SEPTIC TANKS REQUIREDNOTE:ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DONCTE:NOTE:MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUWNOTE:AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OFNOTE:AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTUR DURING BAT INSTALLATION.NOTE:MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETR TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISCNEITHER THE HOWARD COUNTY COUNCIL NOR THE H SUCCESSFUL OPERATIONPERMITTEE RESPONSIBLE FOR OBTAINING CALL 410-313-1771 TO SCH	PPROVAL OF ALL COMPONENTS PRIOR TO COVERING RAVEL TICKET MUST BE AVAILABLE FOR REVIEW. OWNGRADIENT FROM ANY WATER WELL IP CHAMBERS ANY ELECTRICAL COMPONENTS OF THE SYSTEM ER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES EEATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE POSAL AREA HEALTH DEPARTMENT IS RESPONSIBLE FOR THE N OF ANY SYSTEM. 5 FINAL APPROVAL ON THIS PERMIT.

PRE-CONSTRUCTION: III + + + + + + + + + + - +	TRENCH/DRAINFIELD DATA         WIDTH       INLET       BOTTOM
INSTALLATION: 10/9/14 BAT with bet. Down at DAS did not have facer tend out. Ask to and Inser Matally dreaches @ all dimes from 10/10/14 Jr Well the mai 12" above some of shere.	Acto com. Ned Som Back River Pre-Cost. (H.O)

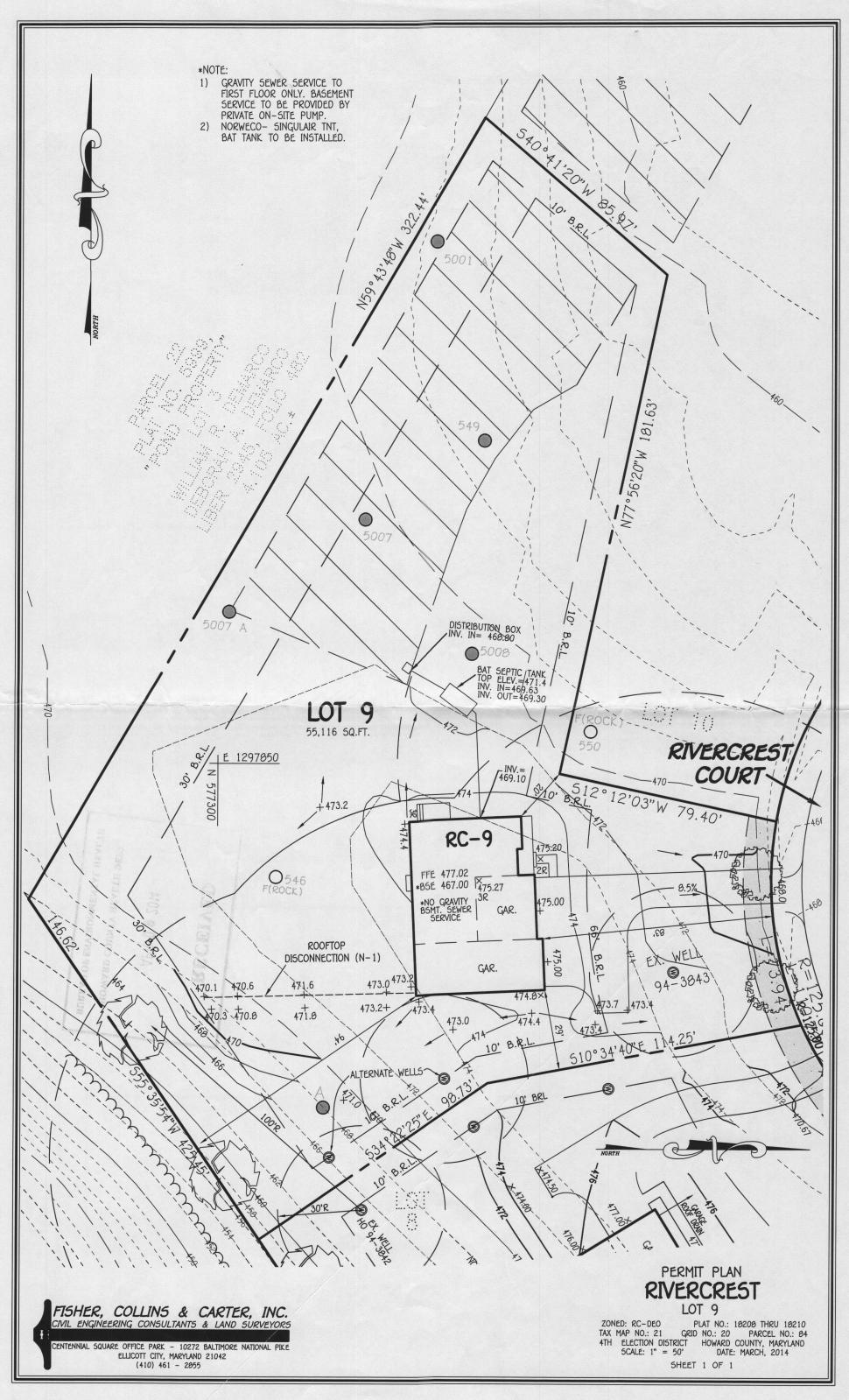
Back River Pre-Cast, LLC PO BOX 329 Glyndon, MD 21071 Phone # 410-833-3394 Fax # 410-833-4116

## Letter of Certification

This is to certify that the Norweco Singulair TNT 600 GPD Septic Tank installed at 15416 Rivercrest Ct., Brookeville, MD 20833 October 9, 2014 was installed according to the manufacture's specifications.

Installer: Todd Tracey

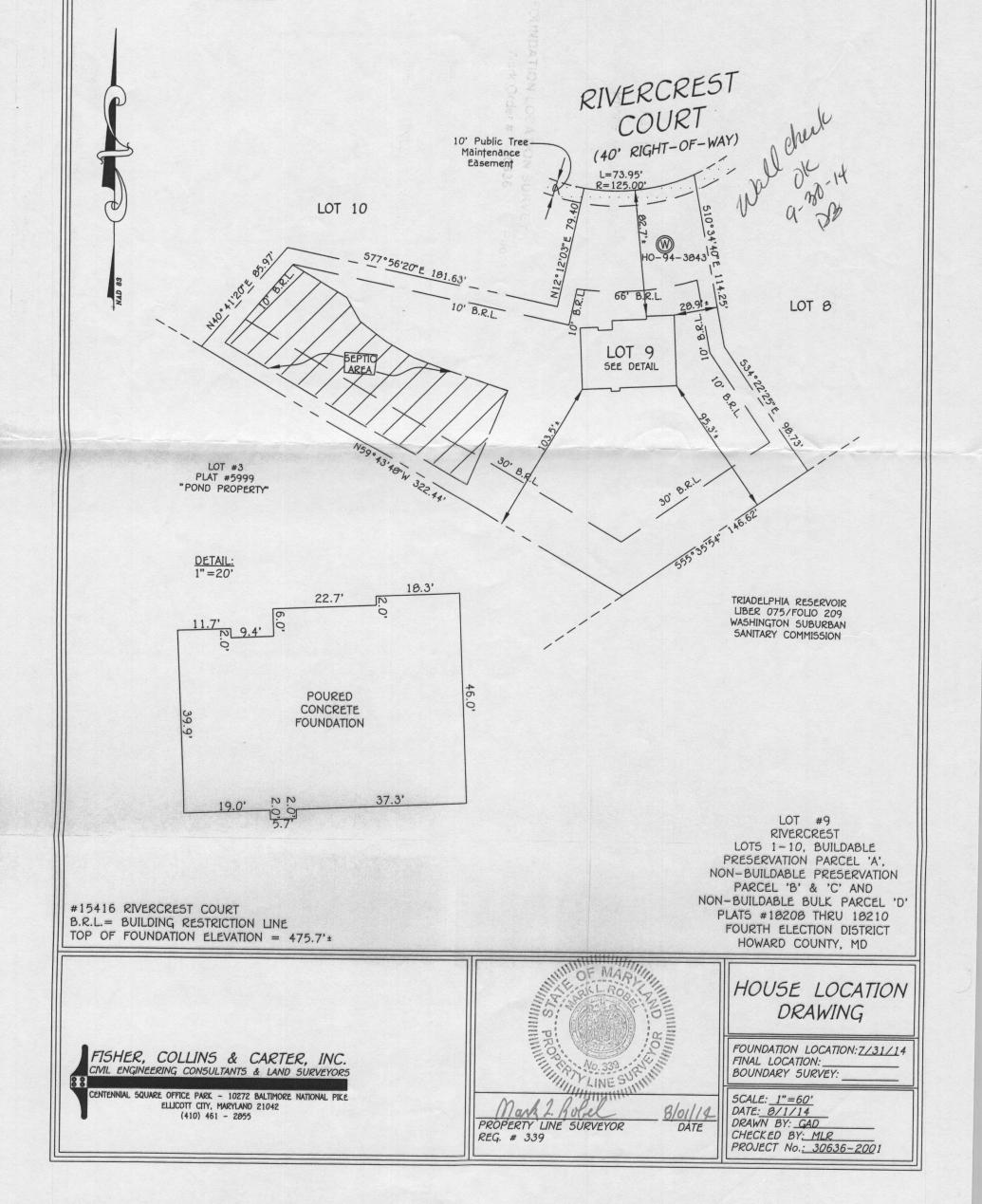
MATTHEW GECKLE Vice-President

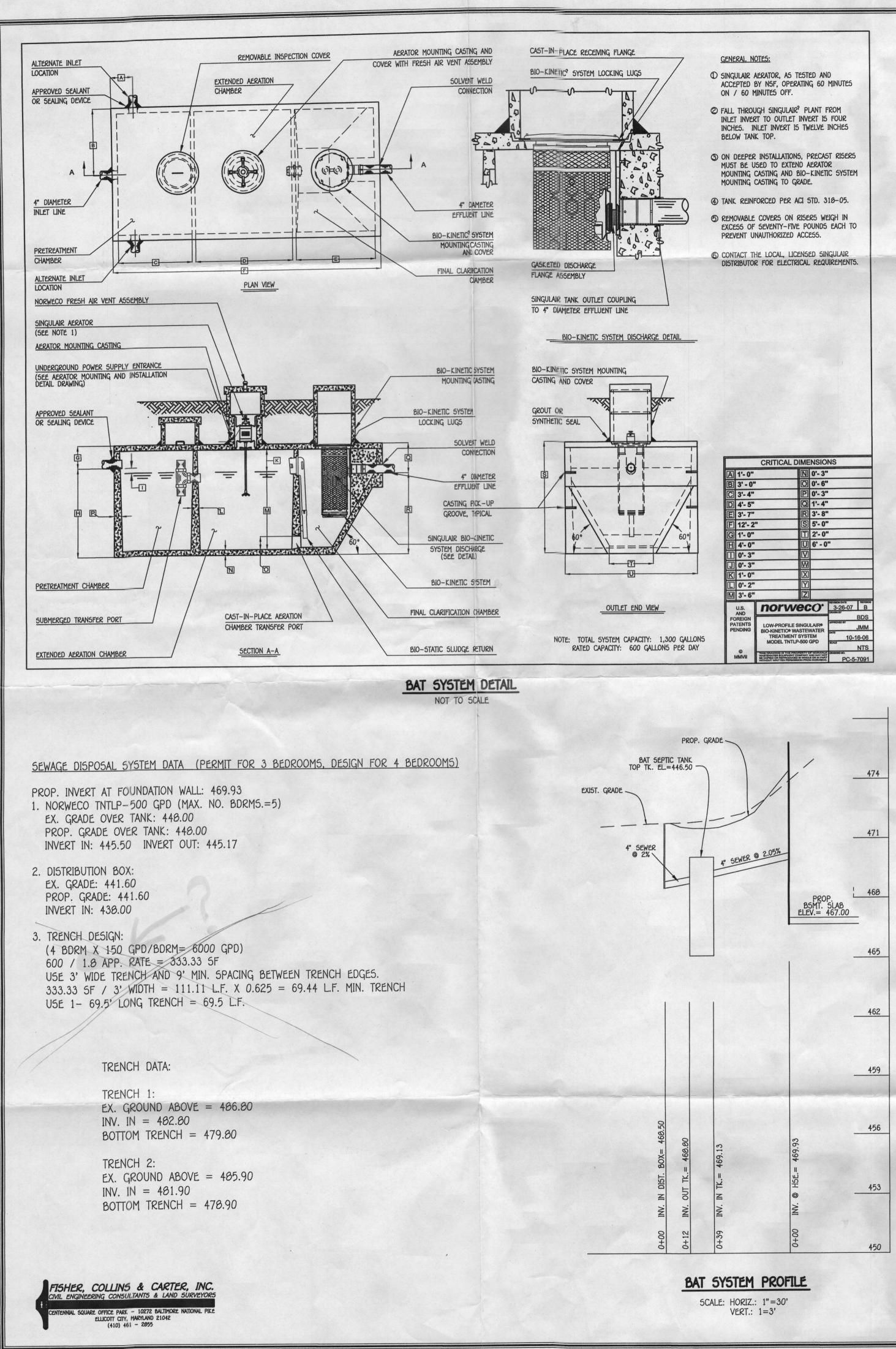


I Lot 9 Permit Plan.dwg, Layout1, 4/2/2014 9:04:49 AM, 1:1

## GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE \_C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020-B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1'.
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD. 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3843 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROPERTY LINE SURVEYORS AND IS ACCURATELY SHOWN.
- 6) PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 339, EXPIRATION DATE 10/4/2014.
- 7) BUILDING PERMIT #(B-14001007)





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		CRITICAL	DIMENSIO	NS	
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	C 3'- 4"		P 0'- 3"	Construction of the local state of the local state of the local state of the	
	D 4'- 5"	E 3'- 7"		Q 1'- 4" R 3'- 8"	
	F 12'-2	"	S       5'- 0"         I       2'- 0"         U       6' - 0"		
	<b>G</b> 1'- 0"				
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	0'- 2"		Y		
	M 3'- 6"	<b>F</b>	Z	REVISION DATE REVISION	
	U.S. AND	norw	eco.	3-26-07 B	
	FOREIGN	LOW-PROFILE SINGULAIR®		BDS APPROVED BY	
	PENDING			JMM	
LONS			P-500 GPD	10-16-06	
DAY	G			NTS	

## BAT NOTES

- 1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED. 2. THE MAXIMUM COVER OVER THE BAT PER THE MANUFACTURER'S SPECIFICATION
- IS 3 FEET. IF COVER EXCEEDS 3 FEET, THEN A TRAFFIC BEARING TANK IS REQUIRED
- 3. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM
- THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE
- PROVIDER. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MOE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
- ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL
- APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
- 8. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
- SURFACE RUNOFF SHALL BE DIRECTED AROUND THE BAT TANK. 10. SEWAGE FLOWS TO THE TANK BY GRAVITY AND WATER EXITING THE TANK TO THE SEPTIC AREA WILL FLOW BY GRAVITY.
- 11. IF THERE IS EXCESSIVE RESISTANCE TO THE AERATOR MOTOR, AN ALARM WILL BE VISIBLE AND AUDIBLE. SEE MANUFACTURER SPECS FOR ADDITIONAL INFORMATION.

540° 41'20"W

WELL CERTIFICATION: THE EXISTING WELL, TAG NO. HO-94-3893, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

PROFESSIONAL CERTIFICATION

I HERE CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY

11. Allela

ALDO M. VITUCCI

ME ANTHAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS

THETATE OF MARYAND, LICENSE NO. 20748, EXPIRATION DATE: 02/22/15.

5/16/14

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5AN O

REPLACEMENT

INITIAL SEPTIC TRENCH (69.5)

