



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: 8/5/13

ONSITE SEWAGE DISPOSAL SYSTEM

P 545115

INSTALLATION

APPROVAL DATE: 9/5/2013

PERMIT

A _____

REPAIR

PROPERTY ADDRESS: 14647 Roxbury Road

SUBDIVISION: _____

LOT: _____

TAX ID: 04-316754

CONTRACTOR: Hatfield's Equipment

EMAIL: _____

CONTRACTOR ADDRESS: P.O. Box 519 Annapolis Junction, MD 20701

PHONE: 301-490-4289

PROPERTY OWNER: Bill Blum

EMAIL: _____

OWNER ADDRESS: 14647 Roxbury Road, Glenelg, MD 21737

PHONE: 410-489-9197

SEPTIC TANK SIZE (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: _____

HOUSE SQ. FT. _____

APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED ☐

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>112</u>	INLET DEPTH: <u>5</u>
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: <u>9</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
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 DOWNGRAIENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

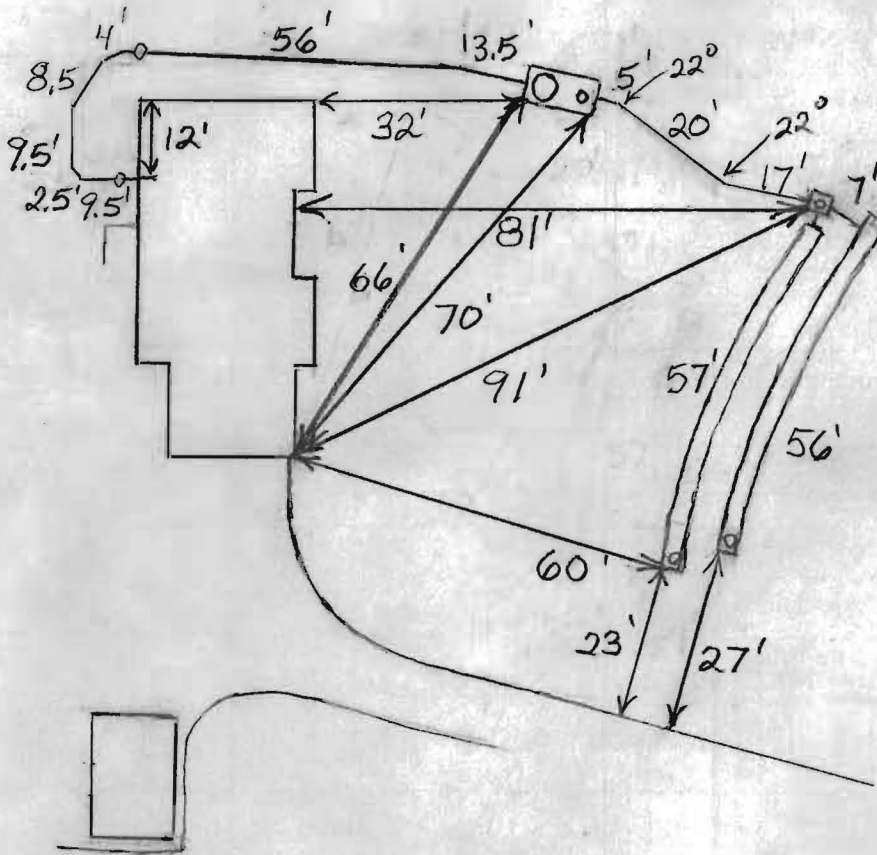
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH 2' INLET 5' BOTTOM 9'

NUMBER OF TRENCHES 2

TOTAL LENGTH 113'

ABSORPTION AREA 455

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes

MANUFACTURER Babylon

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 1-2.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front

6" PORT LOC Rear

WATERTIGHT TEST No

SLOTTED Yes

DATE ON LID Dry

~~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:

8/14/2013 Layout done. New 1500 gallon 2 compartment tank. Two 52' trenches. Trenches painted out in front yard. (BB)

INSTALLATION:

9/4/2013 House connection made, Tank installed. Top trench done. (BB)

9/5/2013 System finished, O.K. to backfill. (BB)

FINAL INSPECTOR

B. Baber

DATE OF APPROVAL

9/5/2013