



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](http://www.hchealth.org)

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

RECEIPT DATE: 5/8/13

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 545026

INSTALLATION  
APPROVAL DATE: \_\_\_\_\_

**PERMIT**  
**REPAIR**

A \_\_\_\_\_

PROPERTY ADDRESS: 3900 Sharp Road

SUBDIVISION: \_\_\_\_\_

LOT: \_\_\_\_\_

TAX ID: 04-319338

CONTRACTOR: South Carroll Backhoe

EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 4410 Salem Bottom Road

PHONE: 410-596-3618

PROPERTY OWNER: Rob Nicole

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 3900 Sharp Road

PHONE: 443-226-5804

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): 317

PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

HOUSE SQ. FT. \_\_\_\_\_

APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED ☐

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>140'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES: P	<u>65' + 75' Trench</u>	

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 DOWNGRADIENT FROM ANY WATER WELL**

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

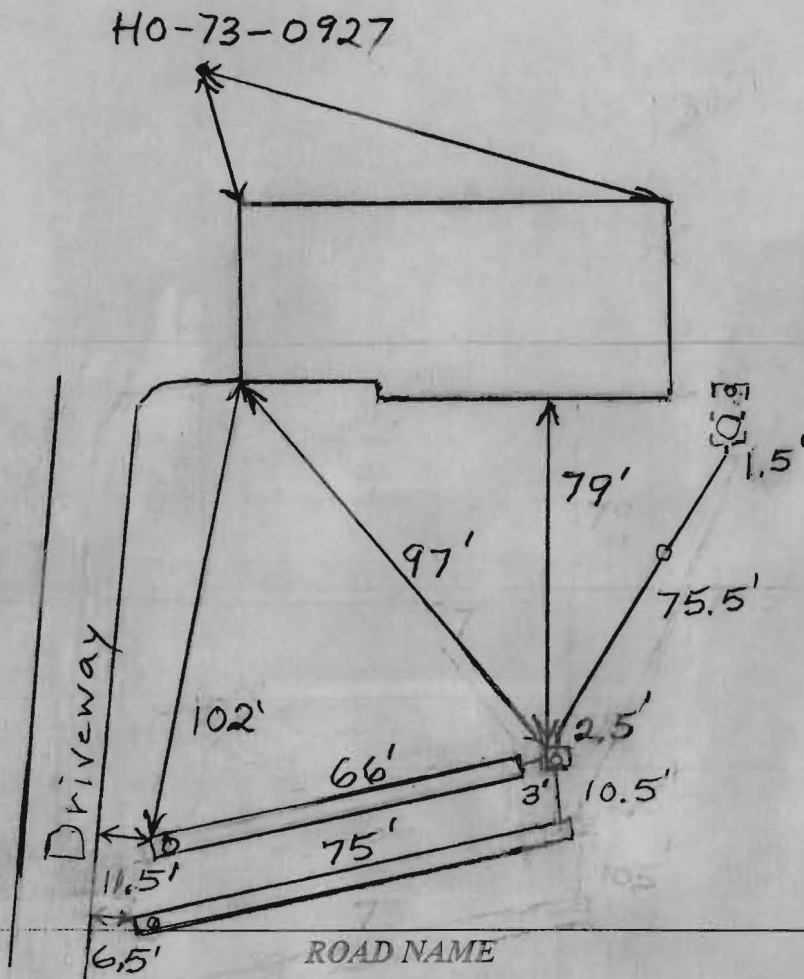
**NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM**

**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 3' INLET 5' BOTTOM 8'

NUMBER OF TRENCHES 2

TOTAL LENGTH 141'

ABSORPTION AREA 4.23 + Sidewall

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL ?

MANUFACTURER ?

CAPACITY ? GAL

SEAM LOC Midseam

TANK LID DEPTH 2'-2.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Rear?

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED No

DATE ON LID No

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**

6/4/2013 Install an upper 65' trench and a lower 75' trench on contour near the perc. test holes. Trench locations marked with paint. (BB)

**INSTALLATION:**

6/5/2013 System finished except for lower trench. O.K. to backfill when done. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

6/5/2013