



Bureau of Environmental Health

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

RECEIPT DA	ATE: 4/2/2014 ONSITE SEWAGE DISPOSAL SYSTE	<b>EM</b> P	546297
INSTALLAT APPRO DA		A	Repair
	REPAIR		
PROPERTY ADDRESS: 2620 Thompson Drive			
SUBDIVISION		TAX ID:	3295605
CONTRACTOR			
CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157 PHONE: 301-370-4121			
PROPERTY O	WNER: Frank Selby EMAIL:	7-	
OWNER ADD	RESS: 2620 Thompson Drive	PHONE:	410-442-1726
		2	
SEPTIC TANK	SIZE (GALLONS): Existing		
PUMP CHAM	IBER CAPACITY (GALLONS): N/a (future) STATIC HEAD (F	· <del></del>	
NUMBER OF	BEDROOMS: 3 HOUSE SQ. FT. N/a	APPLICAT	TION <b>1.2</b>
DISTRIBUTION SYSTEM: GRAVITY FED 🖂 LOW PRESSURE DOSED 🔲			
	LINEAR FEET REQUIRED: 120'	INLET DEPTH:	gb 51
TRENCHES:	TRENCH WIDTH: 2 MAXIMUN	M BOTTOM DEPTH:	9'
	MINIMUM SPACE BETWEEN TRENCHES: EFFECTIVE AREA B	EFFECTIVE AREA BEGINNING DEPTH: <b>6'</b>	
	BETWEEN TRENCHES.	SEGINATING DEL 111.	
LOCATION: Trenches to be located aprx 25' off of back of house, running parallel with house. D-box can be installed in the middle of both trenches. Trenches to be 60' in length as painted out in field.			
NOTES:  Additional 2' of stone must be placed above trench pipe to minimize safety factors. Must use laser/transit while installing trenches. Minimum fall must be maintained. Ex. drywell must be pumped and collapsed. Two Manhole access risers to be installed on ex. s.t. to minimize earth load. Obs. ports must be installed at trench ends. FUTURE			
ISSUED BY:	K. Wolf ISSUE DATE: 4/10/2014	EXPIRATION DA	ATE: <b>4/10/2015</b>
NOTE: CONT	TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO B	EGINNING ANY INST	ALLATION
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			
NEITHE	ER THE HOWARD COLINTY COLINCIL NOR THE HEALTH DEDARTM	MENT IS DESDON	CIRLE EOD THE

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.

