

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

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

RECEIPT DATE: 4/17/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 5-62959

INSTALLATION APPROVAL DATE: 04/24/2018 **PERMIT** A _____
SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 2600 McKendree Road West Friendship 21794

SUBDIVISION: McKendree Estates LOT: B TAX ID: 04356403

CONTRACTOR: Stephen J Pettit EMAIL: stevepettit@pettitcompanies.com

CONTRACTOR ADDRESS: 2600 McKendree Road West Friendship 21794 PHONE: 301-252-0305

PROPERTY OWNER: Stephen J Pettit EMAIL: stevepettit@pettitcompanies.com

OWNER ADDRESS: 2600 McKendree Road West Friendship 21794 PHONE: 301-252-0305

NUMBER OF BEDROOMS: 4 CONNECTED TO PUBLIC WATER: YES NO

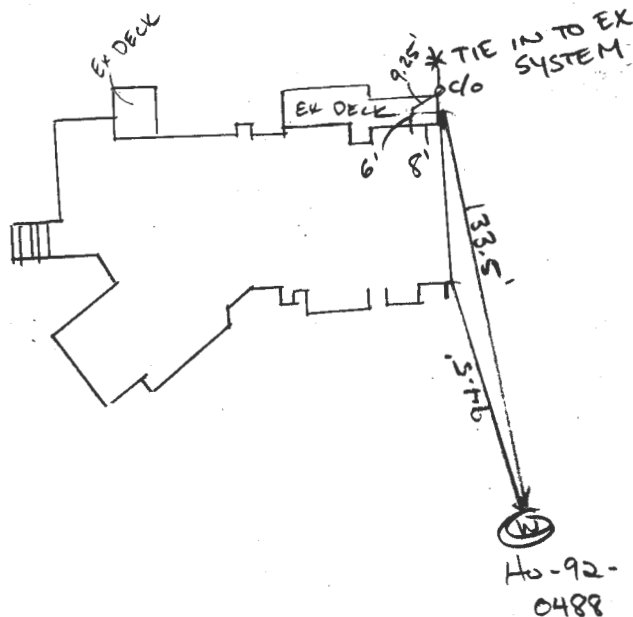
LOCATION:	INSTALL 4" SEWER LINE PER APPROVED SITE PLAN.
NOTES:	4" SCH 40 PVC *SOLVENT WELDED

ISSUED BY: Robert Freemon ISSUE DATE: 4/18/2018 EXPIRATION DATE: 4/18/2019

- NOTE:** HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL
- NOTE:** CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- 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 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

INSTALLATION: 08/24/2018 SHC UNDER DECK. OK TO BACKFILL. (Signature)

FINAL INSPECTOR

DATE OF APPROVAL

08/24/2018

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 562959

PERMITTEE

LOCATION

2600 McKendree RD McKendree Estates Pk B
John Stephen Petit

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector

Date

Inspector

Date

FINAL INSPECTION MADE, COVER ALL WORK

Inspector

Date