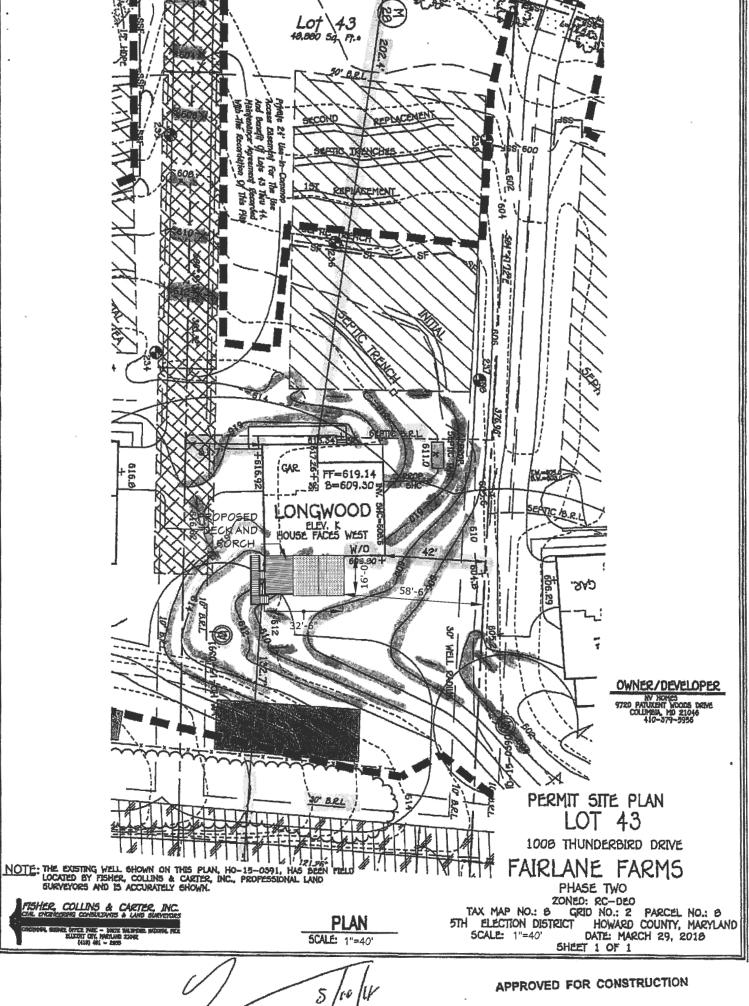
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WOODBINE		MD	21/9/				
Phone		Primary			_		
410-746-106	18	Yes			_		
E-mail					$\neg$		
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Professionals	(This section	on is not required.)					
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		BALTIMORE				MD	21225-0000
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		4107461068				0000	000000
		E-mail					
		NEVINSCONST@C	MAIL.COM				
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Applicant		RAYMOND NEVIN					
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		Street Address					
		304 HIGH ROCK C	OURT				
		Address Line 2					
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		BALTIMORE				MD	21225-0000
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Addtl Info						
Est Construction Cost *	Housing Units *	Number	r of Buildings * Publ	lic Owned		
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Submit Cancel



5/10/W



## **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: 758 ONSITE SEWAGE DISPOSAL SYSTEM P 563048
APPROVAL (	DATE: 7/30/18 SEC PERMIT: CONSTRUCTION A
PROPERTY A	DDRESS: 1008 Thunderbird Drive
SUBDIVISION	: Fairlane Farms LOT: 43 TAX ID:
CONTRACTO	R: South Carroll Backhoe EMAIL: scbackhoe@comcast.com
CONTRACTOR	ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-596-3618
PROPERTY O	WNER: NV Homes EMAIL:
OWNER ADDR	ESS: 9720 Patuxent Woods Drive, Columbia, MD 21046 PHONE: 410-379-5956
SEPTIC TANK S	IZE (GALLONS): 2000 TANK MANUFACTURER: Babylon Vault or equivalent
PUMP MODEL	N/A PUMP SIZE N/A PUMP TANK CAPACITY: N/A
DISTRIBUTION	N SYSTEM:   GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE 1.2
	LINEAR FEET REQUIRED:
TRENCHES:	TRENCH WIDTH: 3 MAXIMUM BOTTOM DEPTH: 8
	MINIMUM SPACE
	BETWEEN TRENCHES: 10 EFFECTIVE AREA BEGINNING DEPTH: 4
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.
	/
NOTES:	
ISSUED BY:	Hank Oswald ISSUE DATE: 75-18 EXPIRATION DATE: 75-19
NOTE: CONT	RACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
NOTE: CONT	RACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
NOTE: STON	E MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
	RTIGHT TANKS REQUIRED
	ARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
	HOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS  LECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
NOTE: ANEX	
NOTE: MDE	RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE ISURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA
	R 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.

