



HOWARD COUNTY HEALTH DEPARTMENT

69549

DATE 6/18/21

Received From

Hatfields Equip. PHONE # 410-984-4880

For

Septic Repair - 150 Shiles way.

CASH

CHECK

NO.

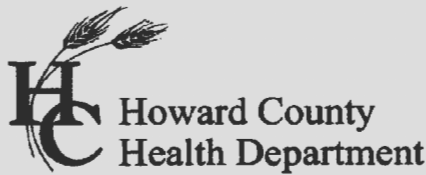
4435

One hundred sixty five Dollars

\$ 165.00

Received By

[Signature]



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: 6/8/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 569549

APPROVAL DATE: 6/22/21 (SD) **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 3150 Stiles Way

SUBDIVISION: Twin Pines LOT: 6 TAX ID: _____

CONTRACTOR: HATFIELDS EQUIPMENT EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. BOX 519, ANNAPOLIS JUNCTION, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Abdul Mir EMAIL: _____

OWNER ADDRESS: 3150 Stiles Way, West Friendship, MD 21794 PHONE: _____

SEPTIC TANK SIZE (GALLONS): existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>117'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

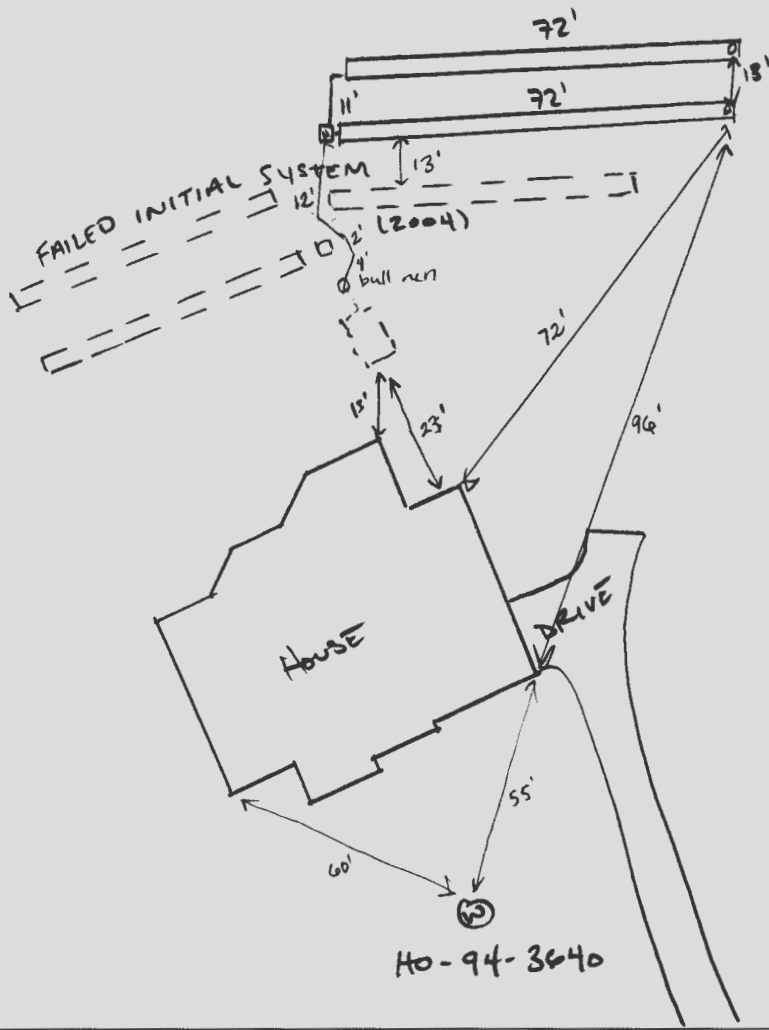
NOTES: Install 2x70' trenches below existing trench on left side to use up available SDA area. Keep bottom level on lowest trench. (SD)

ISSUED BY: Susan Thomas ISSUE DATE: 6/16/21 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**
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: **THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.**
- NOTE: **MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA**

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
STILES WAY

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		144 F
ABSORPTION AREA		432 SF + 3' SIDE WALL
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL existing

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:

06/17/2021 LAID OUT 2x 70' TRENCHES (11' EXTENDED OUT OF SDA TO BALL) P

INSTALLATION: 06/21/2021 TRENCHES COMPLETE; NEW D BOX SET. P

6/22/21 D-box set and connected to tank via bull run valve. D-box leveled. (SD)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

6/22/21

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 519549

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE: Hatfields Equipment
LOCATION: 350 Stiles Way Twin Pines Lot 6

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

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

Inspector _____

Date _____

WORK IS SATISFACTORY, OK TO CONTINUE

Inspector _____

Date _____

COMMENTS: _____

FINAL INSPECTION MADE, OK TO COVER ALL WORK

Inspector _____

Date _____