

Bureau of Environmental Health

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

RECEIPT	DATE: 04/02/2021 ONSITE SE	EWAGE DISPOSA	AL SYSTEM	P _	568828	
APPROVAL	DATE: 05/07/02 PERM	IT: CONST	RUCTION	. A _		
PROPERTY ADDRESS: 2650 W. Mullinix Mill Road; Mount Airy, Maryland 21771						
SUBDIVISION	: McAlister Property		LOT: 4	TAX ID: <u>04</u>	-342003	
CONTRACTO	R: South Carroll Backhoe		EMAIL:			
CONTRACTOR ADDRESS: PHONE: 410-875-4197						
PROPERTY OWNER: Schmidt, Michael; McCoy Michelle EMAIL:						
OWNER ADDRESS: W Mullinix Mill Road PHONE:						
SEPTIC TANK SIZE (GALLONS): 2000 g TANK MANUFACTURER:						
PUMP MODEL: N/A PUMP SIZE N/A PUMP TANK CAPACITY: N/A					Α	
DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 1.2						
	LINEAR FEET REQUIRED: 115'			INLET DEPTH:	2.5'	
TRENCHES:	TRENCH WIDTH: 3'		MAXIMUM I	BOTTOM DEPTH:	5'	
	MINIMUM SPACE BETWEEN TRENCHES: 10'	EF	FECTIVE AREA BEG	GINNING DEPTH:	2'	
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:	Cabahug 001997	ISSUE DATE:	04/30/2021	EXPIRATION DAT	TE: 04/30/2022	
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 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 IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMMONENTS OF THE STOTEM						
	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 * see attached Ji agram	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM 3				
ROAD NAME	MANHOLE LOC Front / back 6" PORT LOC WATERTIGHT TEST SLOTTED (CS) DATE ON LID 3 10 21 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: 5/5/21 Stated out 2×58' love to the seconding marked on foundation, good a out of fail to	to pan Reptic sleeve				
INSTALLATION: 5/6/21- Stc made, ST in place, d box in place; working on to continue. (PD 05/07/2011 TRENCHES COMPLETE. D BOX	trenches, flu for trenches, ok x Leveled w/ speed				
	1 1				
FINAL INSPECTOR DATE OF APPROVAL OS OF POR					

NOT TO SCALE 1º≈30'



