

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: 2/13/18	ONSITE SEWAGE	DISPOSAL SYSTEI	VI P	562436		
	ATION DATE:	PER	RMIT	AS	62446		
SEWER HOUSE CONNECTION							
PROPERTY A	DDRESS: 2409 Mil	ers Mill Road					
SUBDIVISION	V:		LOT:	TAX ID:			
CONTRACTO		ing					
CONTRACTO	R ADDRESS: 1092	PHONE:	240-674-3168				
OWNER ADD	ORESS: 2409 Miller	rs Mill Road, Cooksville, Mi	D 21723	PHONE:			
LOCATION:	INSTALL 4" SEWER I	INE PER APPROVED SITE PLA	N.				
NOTES:	Install 4" PVC sewer	line to connect proposed add	itions to septic system. Re	place existing cast i	ron pipe.		
ISSUED BY:	Sarah Collins	ISSUE DAT	TE: 2/14/18 EX	(PIRATION DATE:	2/14/19		
PRI	OR TO SEPTIC PERM						
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING							

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.

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NOT TO SCALE	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM		
	NUMBER OF TRENCHES TOTAL LENGTH ABSORPTION AREA DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT		
Future 2' 50 35' 18' installed	SEPTIC TANK DATA SEPTIC TANK 1 LEVEL MANUFACTURERCAN		
Addition (See 2016 permit)	CAPACITYGAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER		
	MANHOLE LOC		
	DATE ON LID		
	PUMP/SEPTIC TANK LEVEL		
	MANUFACTURER		
	CAPACITYGAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED		
ROAD NAME	DATE ON LID		
INSTALLATION: 2/14/18 New NC pipe laid from future additioned to the source and inspection of house connection it. (3)			



HOWARD COUNTY HEALTH DEPARTMENT

62446

1	DATE	16
3.	15	10

Received From rsky Vimbino

PHONE #

CASH CHECK

For 2909 millers mill Kupo

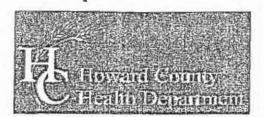
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Dr. Maura J. Rossman, M.D., Health Officer

	INFORMATION FOR	M-S	EPT	IC SYSTEM REPAIR/UPGRADE		
Reason for Request: Has th		e septic	tank been pumped within the last month?			
	Failing System		Yes	Date pumped:		
	System relocation for proposed addition	B	No			
	System upgrade for proposed addition	Wana	reiennel i	inspection of the septic tank and/or drain fields conducted?		
	Inadequate treatment zone					
	Collapsed septic tank		Yes No			
	Collapsed drywell	В	140			
Ryigh	ing gystem design			nspection of the sewage line conducted?		
Existing system design Yes Drywell Blockage						
	Trench		В	lockage leading to the tank		
_	Mound	Blockage leading to the tank Yes. Explain: Cast iron Pipe is Corroading				
	Unknown	□ No				
	Other:		Bl	lockage leading to the field		
	•			☐ Yes Explain:		
Is disc	charge surfacing on the ground?	_		□ No		
	Yes	V 49:4:		omments:		
	No	Additi	Oliai Co	omments:		
addition	al fee, testing, and submittal of a Percolation ptic Contractor: Chmelontractor's Address: 10025 Hess	Certificat	ion Plan	reclated to the repair request. Such requests may require an a, if the property does not meet current Code and Regulation. Contractor's Phone: 240-674-3168		
	operty Address: 2409 Miller	,				
Su	bdivision:	5 / 1//	II RO	Lot: Year Built:		
Ov	vner's Name: ///i/eS			Lot: Year Built: Owner's Phone:		
. Na	me of previous owners:			Existing bedrooms: Proposed bedrooms:		
Has this request been previously discussed with a Sanitarian? (Name):						
	arian will be in contact within three busi ng/review of the repair or upgrade.	iness day	s, depe	ending upon the urgency of the situation, to coordinate the		
Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition. Print out a copy of Real Property Data via Dept. of Taxation website						