

## **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

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Maura J. Rossman, M.D., Health Officer **ONSITE SEWAGE DISPOSAL SYSTEM** RECEIPT DATE: PERMIT: CONSTRUCTION APPROVAL DATE: 12/15/21 3007 SKYE MEADOW WAY, WEST FRIENDSHIP, MD 21794 PROPERTY ADDRESS: **ROVER MILL ESTATES** TAX ID: 03-602725 SUBDIVISION: LOT: 5 EMAIL: CONTRACTOR: 21157 PHONE: CONTRACTOR ADDRESS: SECURITY DEVELOPMENT LLC EMAIL: Rmoxley @sdcgroup.com PROPERTY OWNER: OWNER ADDRESS: 8480 BALTIMORE NATIONAL PIKE, STE 415, ELLICOTT CITY, 21043 PHONE: (410)465-4244 SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: MAYER BROS., INC. PUMP TANK CAPACITY: PUMP MODEL: n.a. n.a. PUMP SIZE DISTRIBUTION SYSTEM: **⊠** GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: INLET DEPTH: 3.5 LINEAR FEET REQUIRED: 132 TRENCHES: TRENCH WIDTH: 3 MAXIMUM BOTTOM DEPTH: 6.0 MINIMUM SPACE BETWEEN TRENCHES: 10 EFFECTIVE AREA BEGINNING DEPTH: 4.0 PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED LOCATION: SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION. INSTALL AT LEAST TWO CLEANOUTS IN SHC. NOTES: ISSUED BY: R BRICKER ISSUE 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 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

E N.A. 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

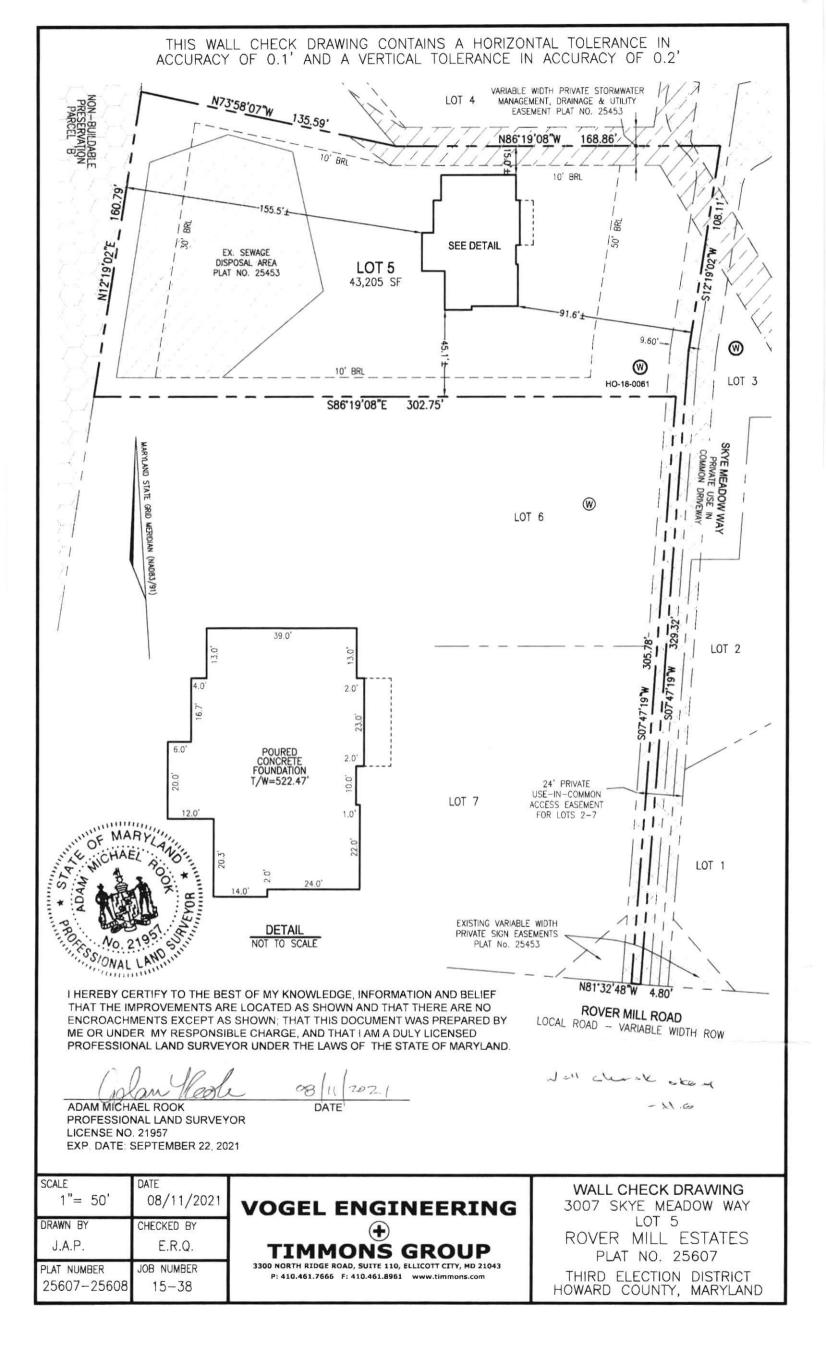
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

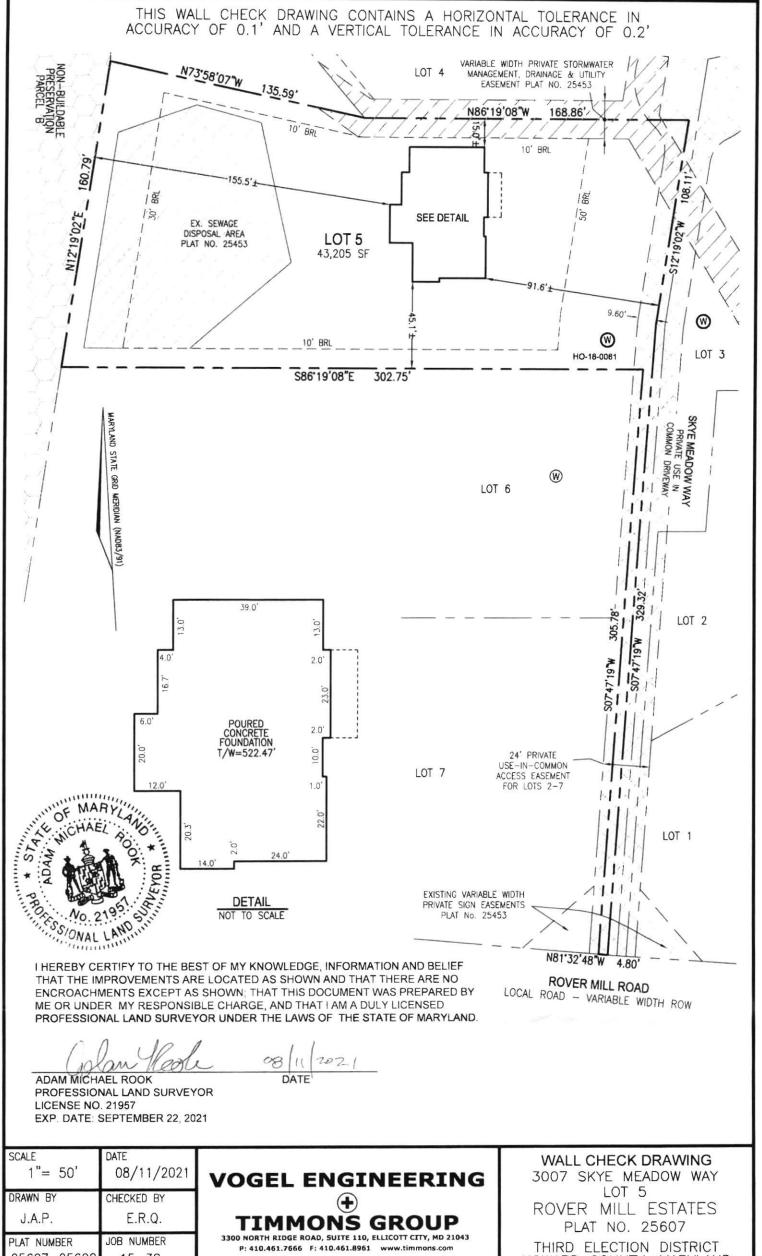
ELECTRICAL PERMIT ISSUED

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  TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM  3 3 5 6' NUMBER OF TRENCHES 2 TOTAL LENGTH   144' ABSORPTION AREA 432 34 1 + standard to bistribution box Level. produce the produce of the prod
MANHOLE LOC
I WALEKHUHI IESI





1"= 50'	08/11/2021
DRAWN BY	CHECKED BY
J.A.P.	E.R.Q.
PLAT NUMBER	JOB NUMBER
25607-25608	15-38

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

