

Bureau of Environmental Health  
 8930 Stanford Blvd. Columbia, MD 21045  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

RECEIPT DATE: 3/30/15

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 555785

INSTALLATION APPROVAL

DATE: 4/1/2015

**PERMIT**

A Repair

**REPAIR**

PROPERTY ADDRESS: 2201 Woodbine Road

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 04-312341

CONTRACTOR: Level Land Inc. EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: P.O. Box 100 Lisbon, MD 21765 PHONE: 410-984-1430

PROPERTY OWNER: James and Deborah Costello EMAIL: \_\_\_\_\_

OWNER ADDRESS: 2201 Woodbine Road, Woodbine, MD 21797 PHONE: \_\_\_\_\_

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

BAT UNIT: \_\_\_\_\_ STATIC HEAD (FEET): \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ HOUSE SQ. FT. \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

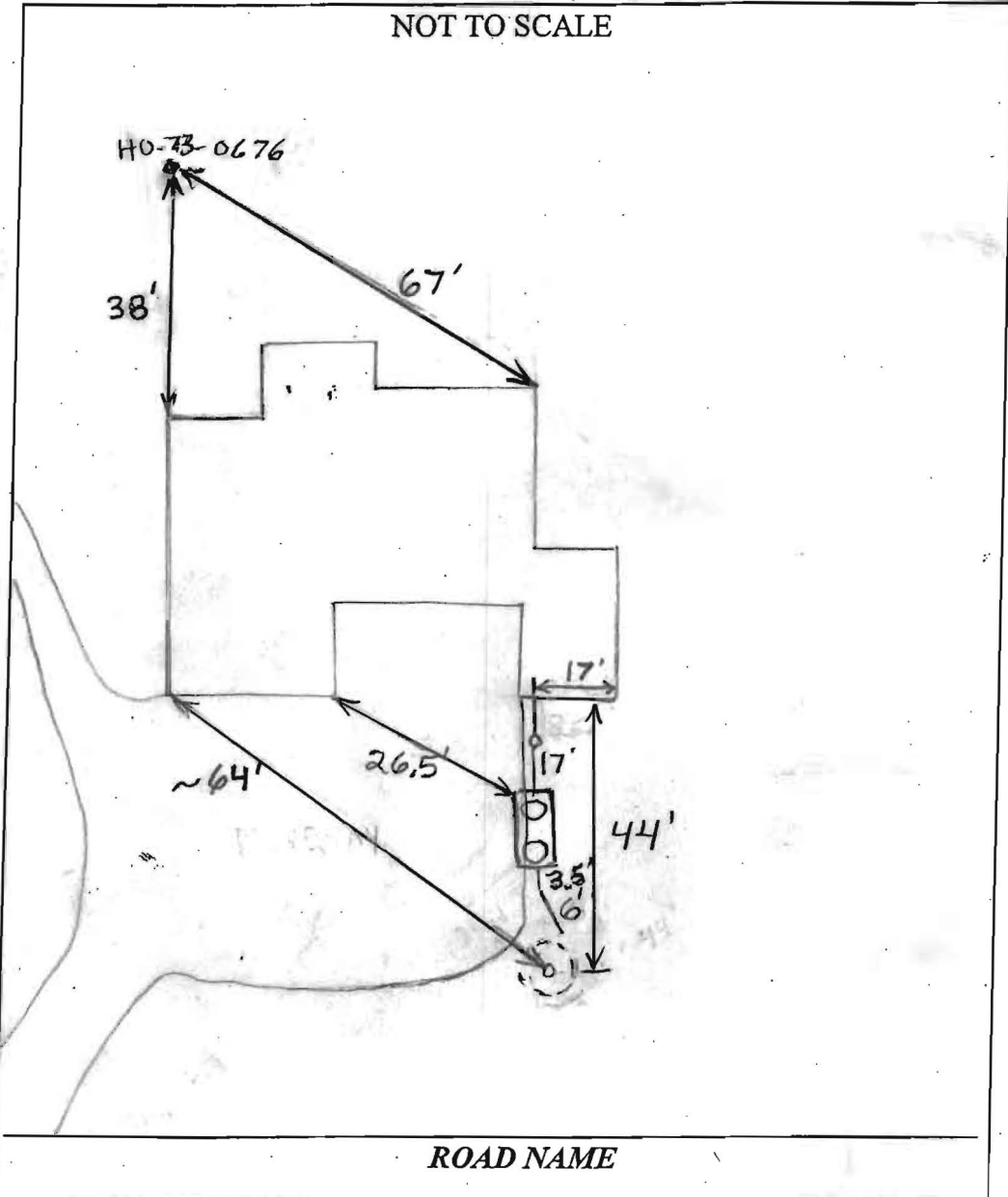
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	_____	
NOTES:	_____	

ISSUED BY: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ 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

**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

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	0.5-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	2/28/2015
RUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

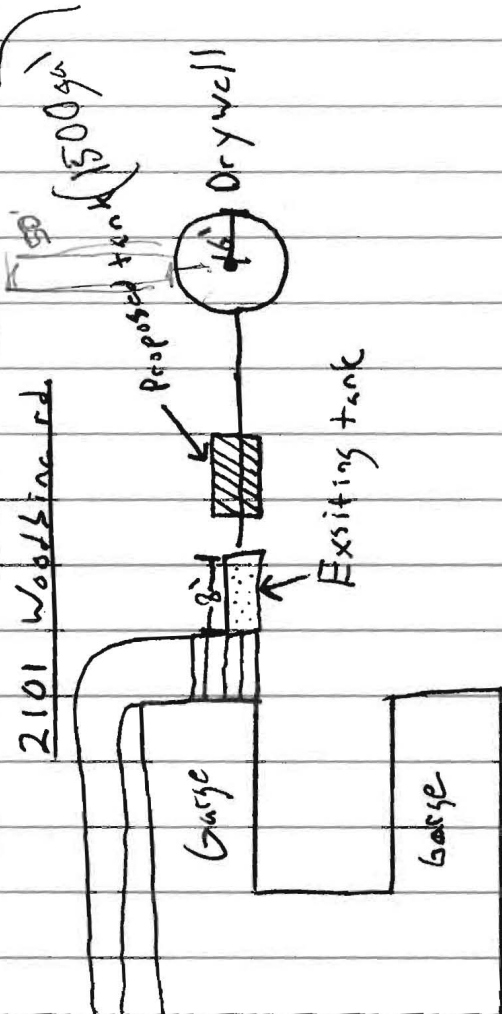
\_\_\_\_\_

INSTALLATION: 4/1/2015 Old tank pumped and collapsed. Digging tank hole (BB)

4/1/2015 (PM) New tank set and connected. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 3/31/2015

2101 Woodbine rd



- 2 Full Baths
- 2 Half Baths
- 4 Bedrooms

Proposal Approved

OK 3/30/2015  
w/ installation.

Replace  
1500-gallon tank

include name