



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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: 4/3/2014

ONSITE SEWAGE DISPOSAL SYSTEM

P 546298

INSTALLATION

APPROVAL

DATE: 4/21/14

PERMIT

A Repair

REPAIR

PROPERTY ADDRESS: 13615 Highland Road

SUBDIVISION: _____

LOT: _____

TAX ID: 05-349133

CONTRACTOR: J. M. Contracting LLC.

EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784

PHONE: 443-277-7526

PROPERTY OWNER: David Suanda

EMAIL: _____

OWNER ADDRESS: 13615 Highland Road, Clarksville, MD 21029

PHONE: _____

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): N/A

STATIC HEAD (FEET): N/A

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. N/A

APPLICATION

RATE:

1.2

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>125'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	<u>Install 3x42' trenches on contour as pointed out in field.</u>	
NOTES:	<u>Ex. Drywell to be pumped out, collapsed fill in w/ clean fill/stone. Manhole riser recommended on Ex. Tank.</u>	

ISSUED BY: K. Wolf

ISSUE DATE: 4/18/14

EXPIRATION DATE: 4/18/15

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 DOWNGRAIENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

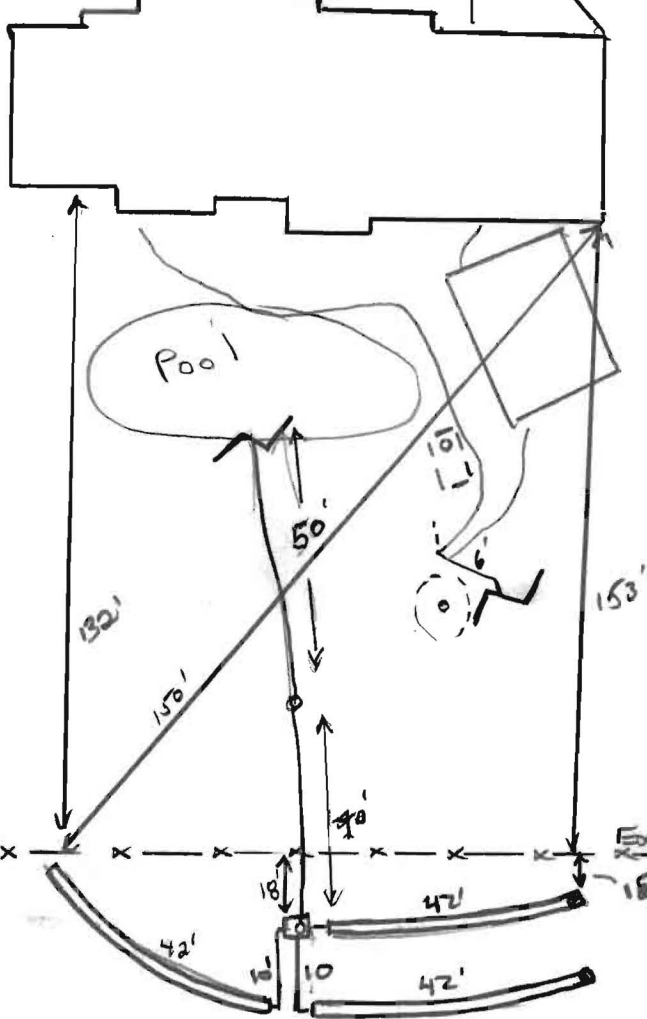
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	2	8'
NUMBER OF TRENCHES		3
TOTAL LENGTH		126'
ABSORPTION AREA		252+3W
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

Ex. SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	
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	_____

Tank not exposed

ROAD NAME

PRE-CONSTRUCTION:

4/18/14 Install new system just below ex. fence line in open area. Install 3x 42' trenches in opp directions w/ D box @ middle. Pump and collapse ex. Drywell. Call for notes. (KW)

INSTALLATION:

4/21/14 Trenches installed per layout. Need to add filter cloth to trench ends, stone looked clean. D box needs to be vented. Ex Dry pumped and collapsed. (KW)
 4/21/14 (KW) Filter cloth added as needed. Ex same line from tanks completed. OK to cover all work. D box vented. (KW)

FINAL INSPECTOR K. Kalf DATE OF APPROVAL 4/21/14