

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
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www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 12/30/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557953

APPROVAL DATE: 1/27/16 **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 13533 Paternal Gift Drive

SUBDIVISION: Paternal Gift Farm LOT: 8 TAX ID: 05-421748

CONTRACTOR: J. Maurice Carlisle EMAIL: _____

CONTRACTOR ADDRESS: 19700 Barnesville Road PHONE: 301-428-8599

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: William Farmer EMAIL: _____

OWNER ADDRESS: 13533 Paternal Gift Drive PHONE: 240-731-9981

BAT UNIT MODEL: Norweco TNTLP-1000 PUMP SIZE: N/A PUMP TANK CAPACITY: N/A

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 6 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>202</u>	INLET DEPTH: <u>4.5</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>

LOCATION: **PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.**

NOTES: 220' of trench exist- no additional tank required. Pump and properly abandon existing septic tank.
The attending Environmental Sanitarian shall not grant Final Approval of this installation without knowledge that the referenced Electrical Permit has been issued. reB 12/31/15

ISSUED BY: Robert Bricker ISSUE DATE: _____ EXPIRATION DATE: 12/30/16

- 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
 ELECTRICAL PERMIT ISSUED E 16000040
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- NOTE: 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 separate sheet for
as-built drawing

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>YES</u>		
DISTRIBUTION BOX BAFFLE <u>YES</u>		
DISTRIBUTION BOX PORT <u>NO</u>		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES

MANUFACTURER CR SEMLER

CAPACITY 1000 GAL

SEAM LOC TOP

TANK LID DEPTH 2.5-3'

BAFFLES NO

BAFFLE FILTER NO

MANHOLE LOC MIDDLE

6" PORT LOC FRONT + REAR

WATERTIGHT TEST NO

SLOTTED NO

DATE ON LID NONE

PUMP/SEPTIC TANK LEVEL YES

MANUFACTURER CR SEMLER/NORWECO

CAPACITY 1300 GAL

SEAM LOC TOP

TANK LID DEPTH 2.5-3'

BAFFLES NO

BAFFLE FILTER NONE

MANHOLE LOC FRONT, MID, 2 REAR

6" PORT LOC NONE

WATERTIGHT TEST NO

SLOTTED NO

DATE ON LID NONE

PRE-CONSTRUCTION:

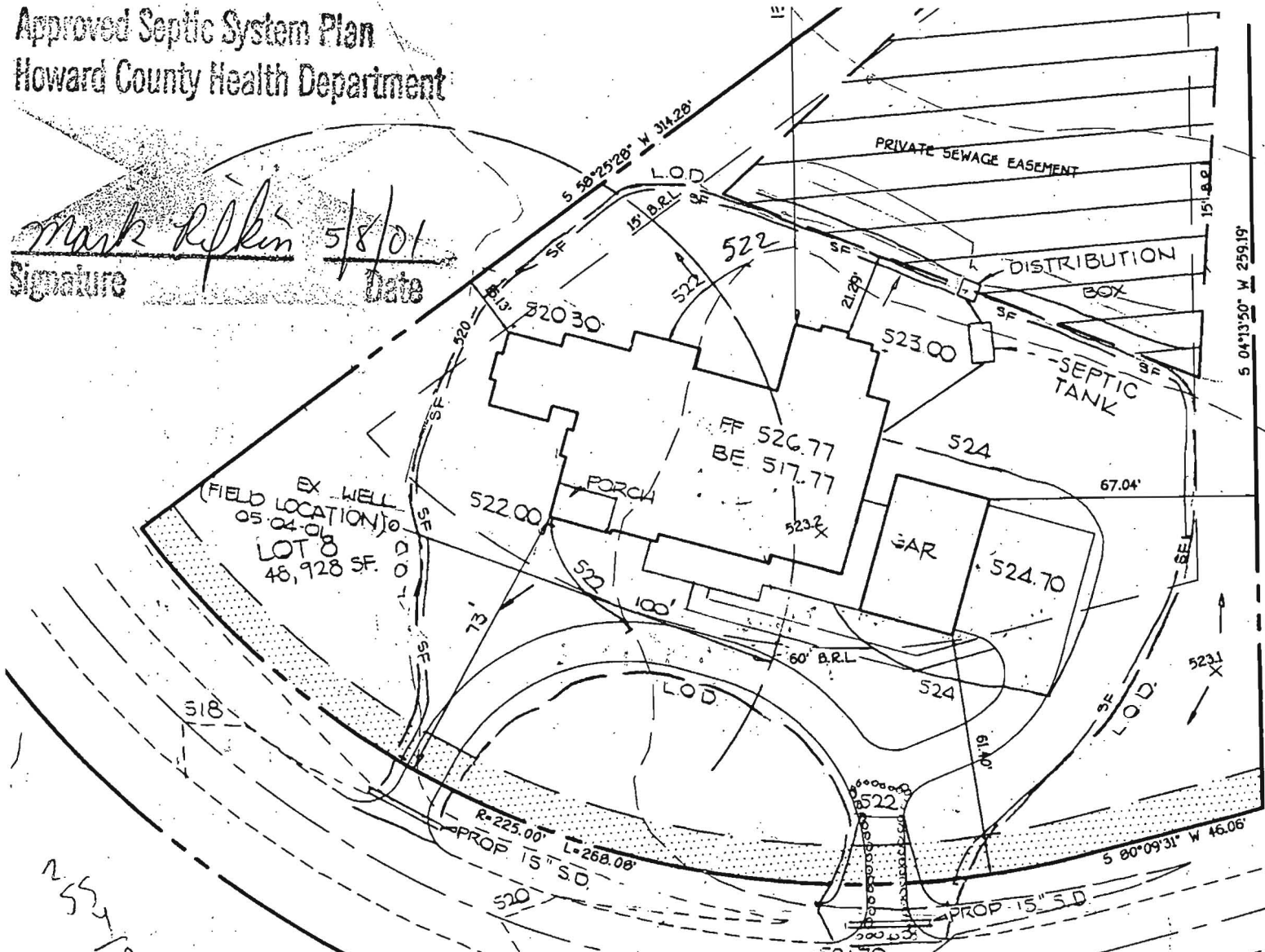
1/7/16 Ralph with cartisle and Andy (builder) on site. Old tank and one trench located. Still need to locate D-box. BAT tank will be east/farther from existing house than existing tank. Informed Ralph + Andy that tank must be 10'+ off slab and 20'+ away from house with basement. BAT will be 100'+ from own well + neighbor's well. (SC)

INSTALLATION: 1/8/16 On site while tanks are set. Tank hole bedded with #57 stone. No visible cracks on bottom or sides of tanks. Square risers set in place with mastic tape (concrete risers). Old tank pumped by Hatfield's. (SC) 1/8/16 Riser installed on tanks. Tanks connected. Pipe laid towards house and temporary house connection made to existing line during site visit. (SC) 1/11/16 New house connection made. Possible future connection to addition stubbed out (may not use per builder - addition set to begin in April). Tanks connected to D-box. Need BAT startup certification. (SC) 1/12/16 old tank is collapsed - contractor sent picture. (SC) 1/20/16 On site for BAT startup. Jason from CR Semler present - aerators run, alarm sounds, voltage + amperage correct. (SC) 1/27/16 FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 1/27/16

BAT startup report received. (SC)

Approved Septic System Plan
Howard County Health Department

Mark Rifkin 5/8/01
Signature Date




255/10


1:40
PLAN BY
FCC

PATERNAL GIFT DRIVE
(50' R/W)

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 526.77
 B. BASEMENT ELEVATION: 517.77
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 517.10
 D. INVERT IN AT SEPTIC TANK: 519.10
 E. INVERT OUT AT SEPTIC TANK: 518.80
 F. PROPOSED GRADE OVER SEPTIC TANK: 522.00
 G. INVERT AT DISTRIBUTION BOX: 518.40
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 521.60
 I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
4. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
5. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



CR SEIMLER, Inc.
 11444 Mapleville Road, Smithsburg MD 21783
 Phone: (301) 824-2781 Fax (301) 824-3520
 EMAIL: jflores@crseimler.com OR jacob@crseimler.com



norweco
 Treatment/Proctor
 Systems

NORWECO TREATMENT UNIT ORDER FORM

Property Owner's Information

Property Owner Name: William Farmer
 Project Address: 13533 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 County: Howard
 Mailing Address: Same
 City: _____ State: _____ Zip Code: _____
 Home Phone: n/A (and/or) Cell Phone: Julie - 240-731-9981
 Email (optional): n/A.

System Information

- 1) Number of Bedrooms in the Dwelling: _____
- 2) Is there a Water Softener Device in Dwelling? Yes or No
- 3) Health Dept. Septic Sys Permit Please attached a copy of the Health Dept Permit for the project.

BAI Installer Information

Installer Name: J. Maurice Carlisle Date: _____
 Installer Address: 19700 Barnesville Road
 City: Dickerson State: MD Zip Code: 20842
 Business Phone: 301-428-8599 Cell Phone: _____
 Email: BOCARLISE@MSN.COM

**** PLEASE BE SURE TO ATTACH THE SEPTIC PERMIT ****

TNTLP - 1000

C.R. Semler, Inc.
 11664 Mapleville Road
 Smithsburg, MD 21783
 (301) 824-2780 Phone
 (301) 824-3520 Fax

System Start Up Report
Norweco Singulair Bio-Kinetic Pre-Treatment Unit
Model TNT 1000 GPD

Owner's Name:	William Farmer
Job Site Address:	13533 Paternal Gift Drive
	Highland MD 20777
Latitude GPS Coordinate:	39.174435
Longitude GPS Coordinate:	-76.958058
Owner's Mailing Address:	13533 Paternal Gift Drive
	Highland MD 20777
Owner's Phone Number:	240-731-9981 (Wife - Julie)
Owner's Cell Phone #:	() -
Owner's Email Address:	() -

Job Site Contractor:	J Maurice Carlisle, Inc
Contact:	Ralph Beall
Phone Number:	(301) 428-8599
Cell Phone Number:	(301) 509-2468
Address:	19700 Barnesville Road
	Dickerson MD 20842

Model:	960 TNT LP 1000 GPD
Singulair Aerator Serial Number:	Chamber #1:900489TV
Singulair Aerator Serial Number:	Chamber #2:900492TV
Service Pro Control Panel Serial Number:	Chamber #1:SO803309
Service Pro Control Panel Serial Number:	Chamber #2:TX940399

<u>1000 Gallon</u> <u>Pre-treatment Tk</u>	<u>1300 Gallon</u> <u>Aeration/Clarification Tk</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank is set level on clean gravel bed
 Tank is full of water to outlet discharge

<u>Aerator #1</u>	<u>Aerator #2</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/A	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123	121
32	39

Electrician has installed 3 - #12 wires - Controller to Aerator
 Control Center mounted securely
 Phone wire connected to Control center
 Power Supply: Controller #1 & #2 on 1 dedicated 20 amp circuit 115 volt
 Auxiliary low voltage connected between Control Panels as per wiring diagram.
 Voltage at plug is between 103 - 126 volts
 Aerator is setting on all four brackets
 Voltage reading at Aerator
 Amperage reading at Control Panel or Aerator (4.2 max)

<u>Side</u>	<u>Side</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

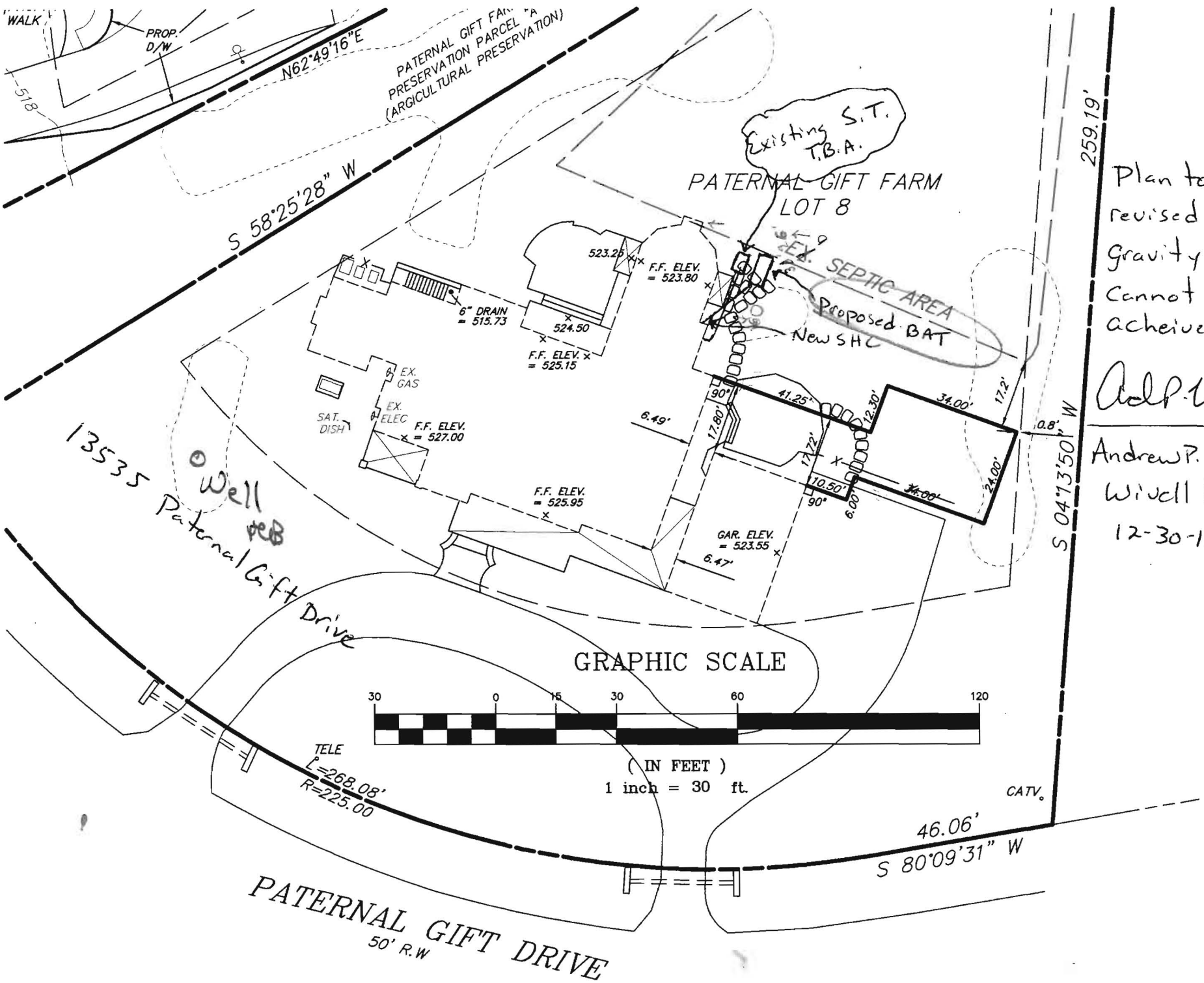
Bio-Kinetic Filter is in place and locks are engaged
 Chlorinate and Dechlorinate (if required) equipment installed property

All underground wiring installed in Sch 40 conduit
 Control Center power on and box seal in place

Additional notes: System Discharges Gravel to gravel Tranches

Certification:
 Inspection completed by: _____ (Date)
 _____ (Print)
 _____ (Sign)

- _____ Original: File
- _____ CVI Copy
- _____ MDE Copy / Registered on MDE data site
- _____ Howard Co. HD Copy
- _____ J Maurice Carlisle, Inc's Copy



Plan to be revised if gravity flow cannot be achieved

AdP. Wivell

Andrew P. Wivell
Wivell Homes
12-30-15