

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: 10/27/14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 555289
 INSTALLATION **PERMIT**
 APPROVAL DATE: _____ A _____
SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 3620 Ivory Road
 SUBDIVISION: _____ LOT: _____ TAX ID: _____
 CONTRACTOR: Seung M. Lin (Homeowner) EMAIL: _____
 CONTRACTOR ADDRESS: 3620 Ivory Road, Glenelg, MD 21737 PHONE: 443-266-7857
 PROPERTY OWNER: SAME AS ABOVE EMAIL: _____
 OWNER ADDRESS: _____ PHONE: _____

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. _____ CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	INSTALL SEWER LINE PER APPROVED SITE PLAN.
NOTES:	From garage to SHC with cleanout as shown. Grinder pump at garage powder room : 2" force main to 4" "wye" connection in SHC near septic tank.

ISSUED BY: Robert Bricker ISSUE DATE: 10/27/14 EXPIRATION DATE: 10/27/15

- NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- 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 FOR INSPECTION OF SEPTIC 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 _____

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 _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Approved Septic System Plan

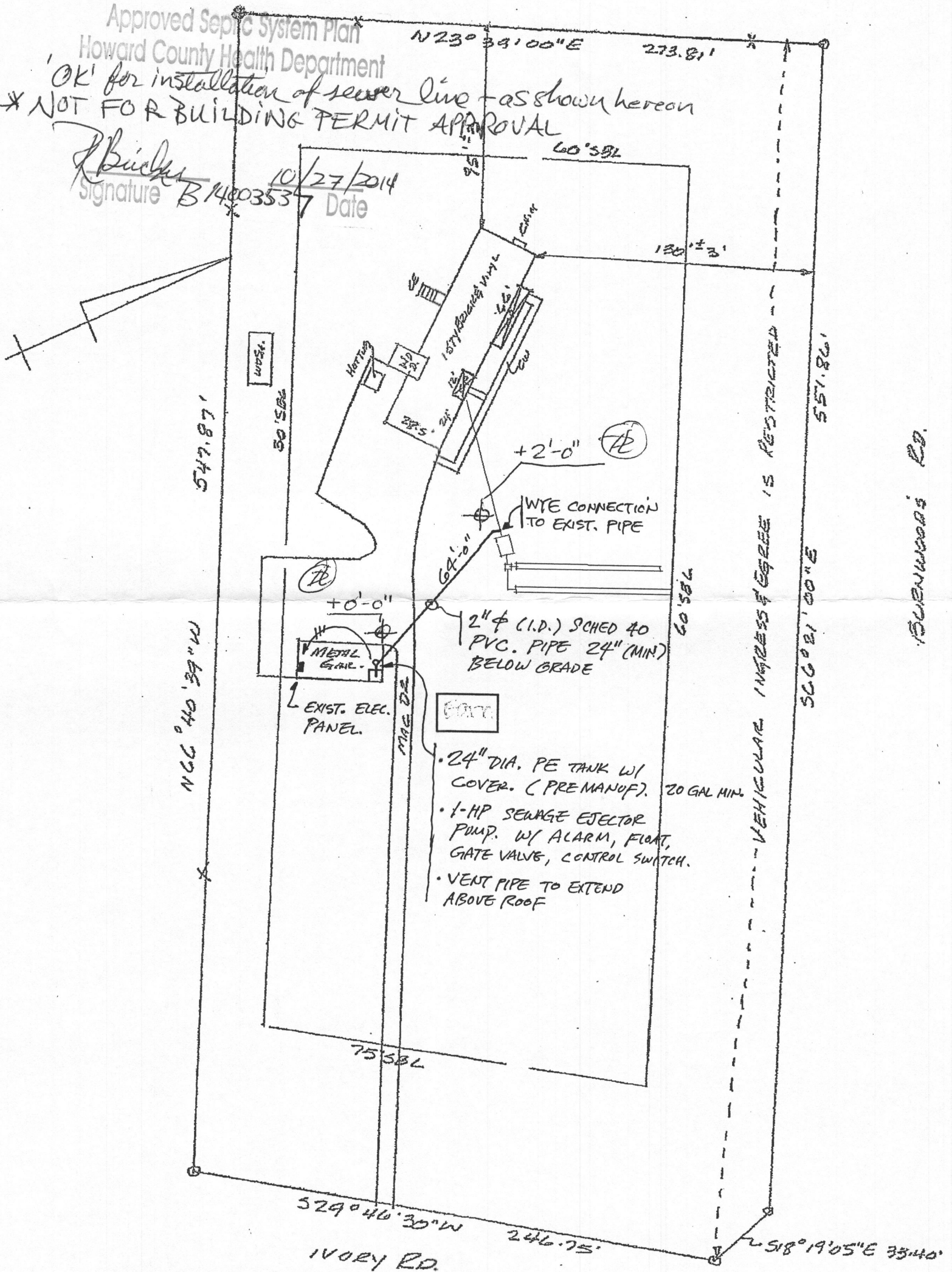
Howard County Health Department

'OK' for installation of sewer line - as shown hereon
 * NOT FOR BUILDING PERMIT APPROVAL

J. Buehler
 Signature

B/4003537

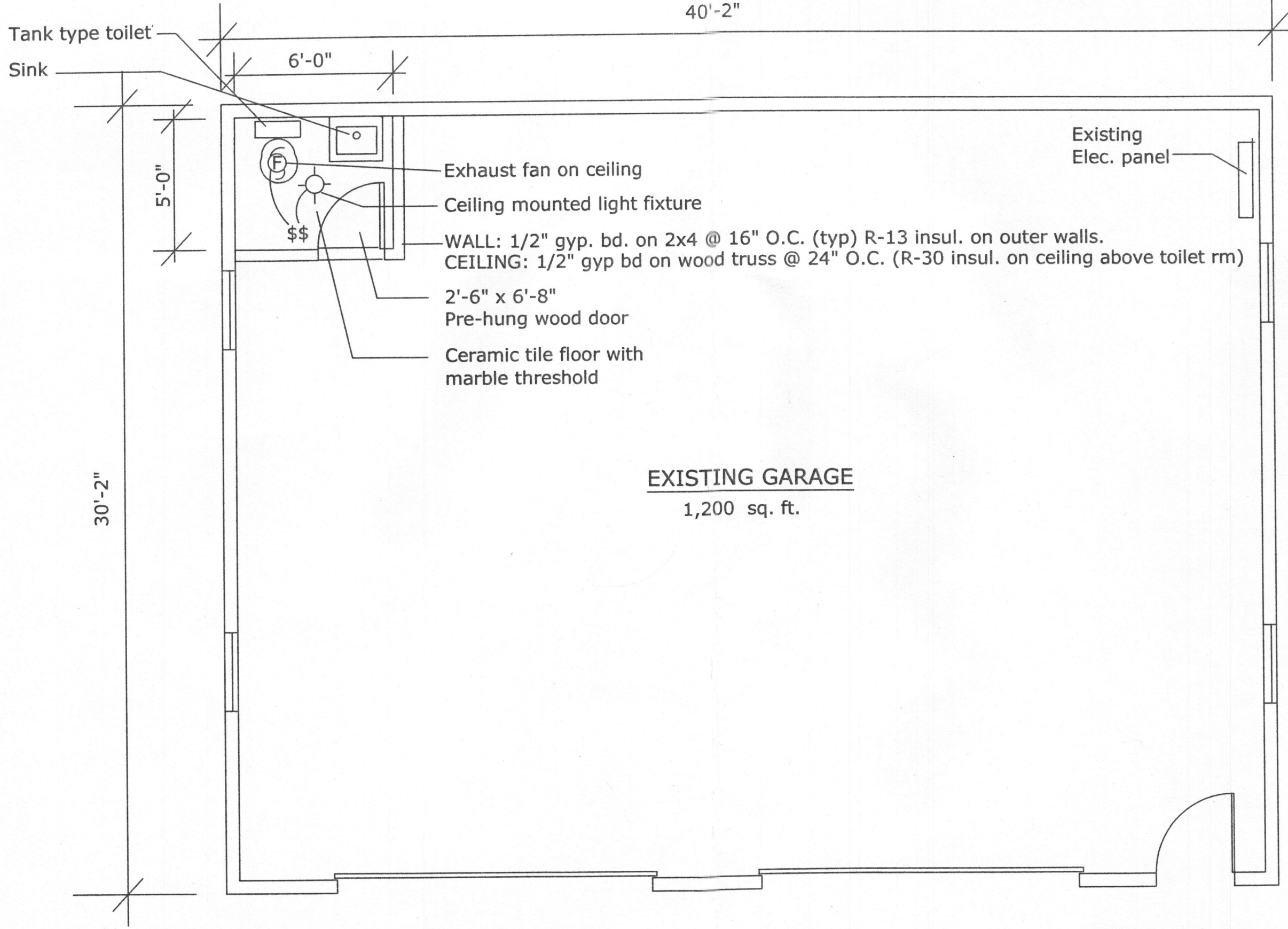
10/27/2014
 Date



1" = 50'

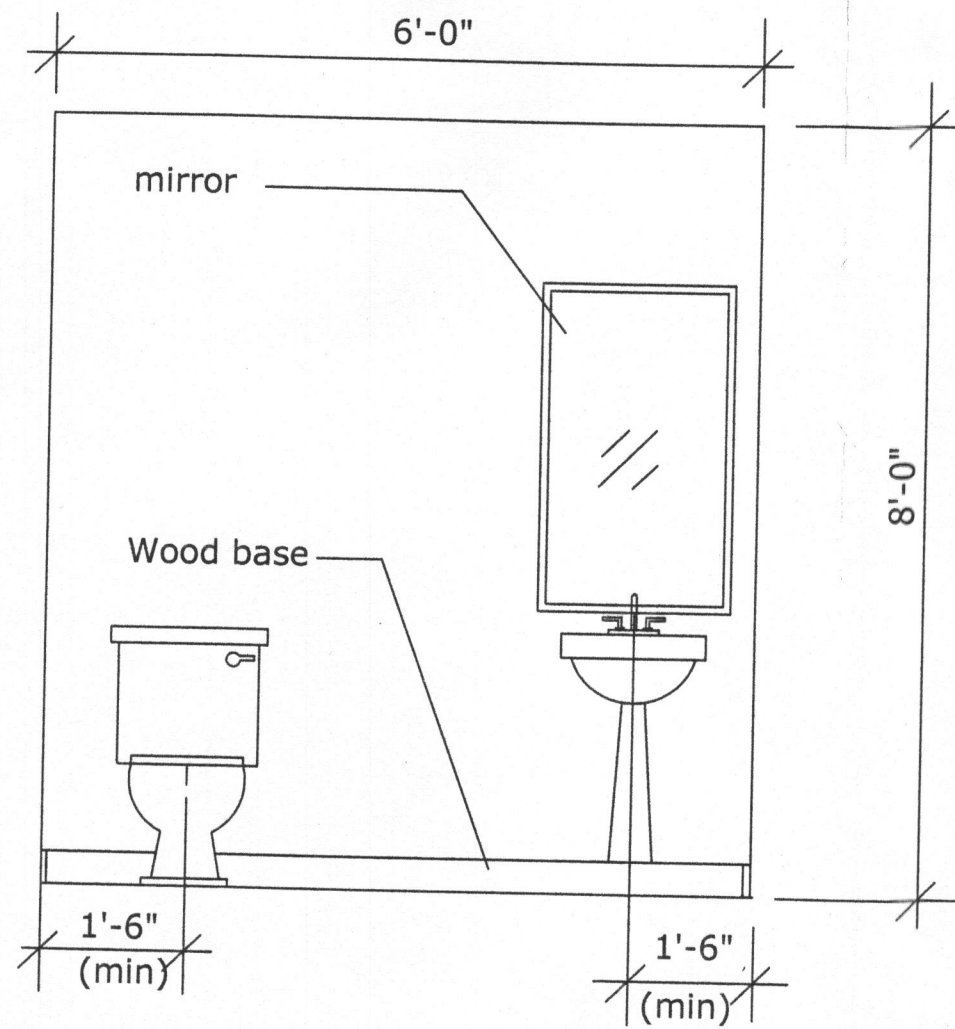
3620 Ivory Road

Proposed SHC, garage to 'wye' fitting near septic tank,



1 GARAGE FLOOR PLAN (PROPOSED TOILET ROOM)
 A-1 SCALE: 1/4" = 1'-0"

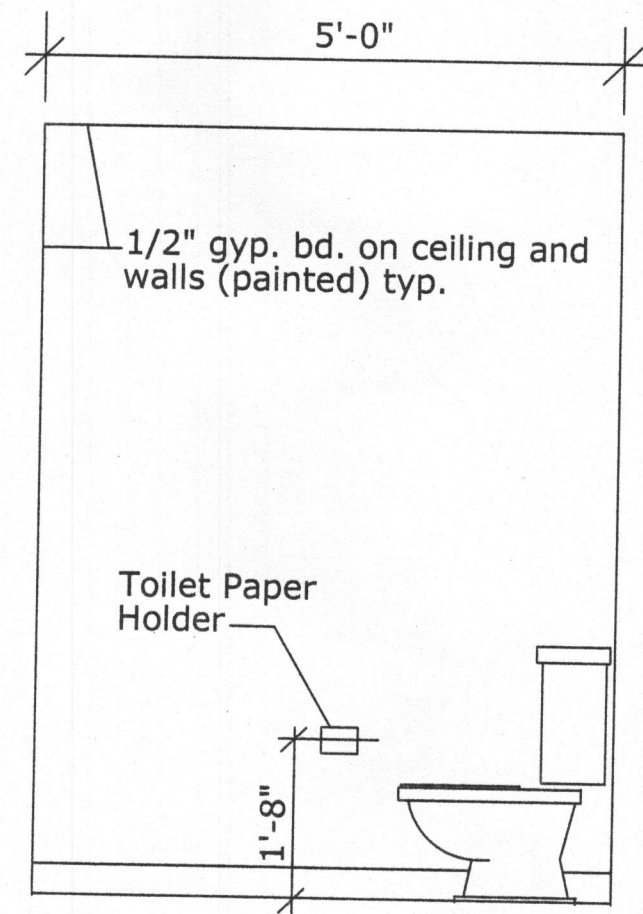
ADDRESS:
 3620 Ivory Road
 Glenelg, MD 21737



1
A-2

ELEVATION - A

SCALE: 1/2" = 1'-0"



2
A-2

ELEVATION - B

SCALE: 1/2" = 1'-0"