

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: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____

INSTALLATION APPROVAL DATE: 7/3/13 (KW) **PERMIT** A REPAIR
REPAIR

PROPERTY ADDRESS: 3273 Jones Road Woodbine MD 21797

SUBDIVISION: Mill Green LOT: 8 TAX ID: 14004316363

CONTRACTOR: South Carroll Backhoe EMAIL: _____

CONTRACTOR ADDRESS: 4410 Salem Bottom Rd Westminster MD 21157 PHONE: 410-875-4197

PROPERTY OWNER: David Groves EMAIL: _____

OWNER ADDRESS: 3273 Jones Road Woodbine MD 21797 PHONE: 240-506-2711

SEPTIC TANK SIZE (GALLONS): N/A

PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. _____ APPLICATION RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

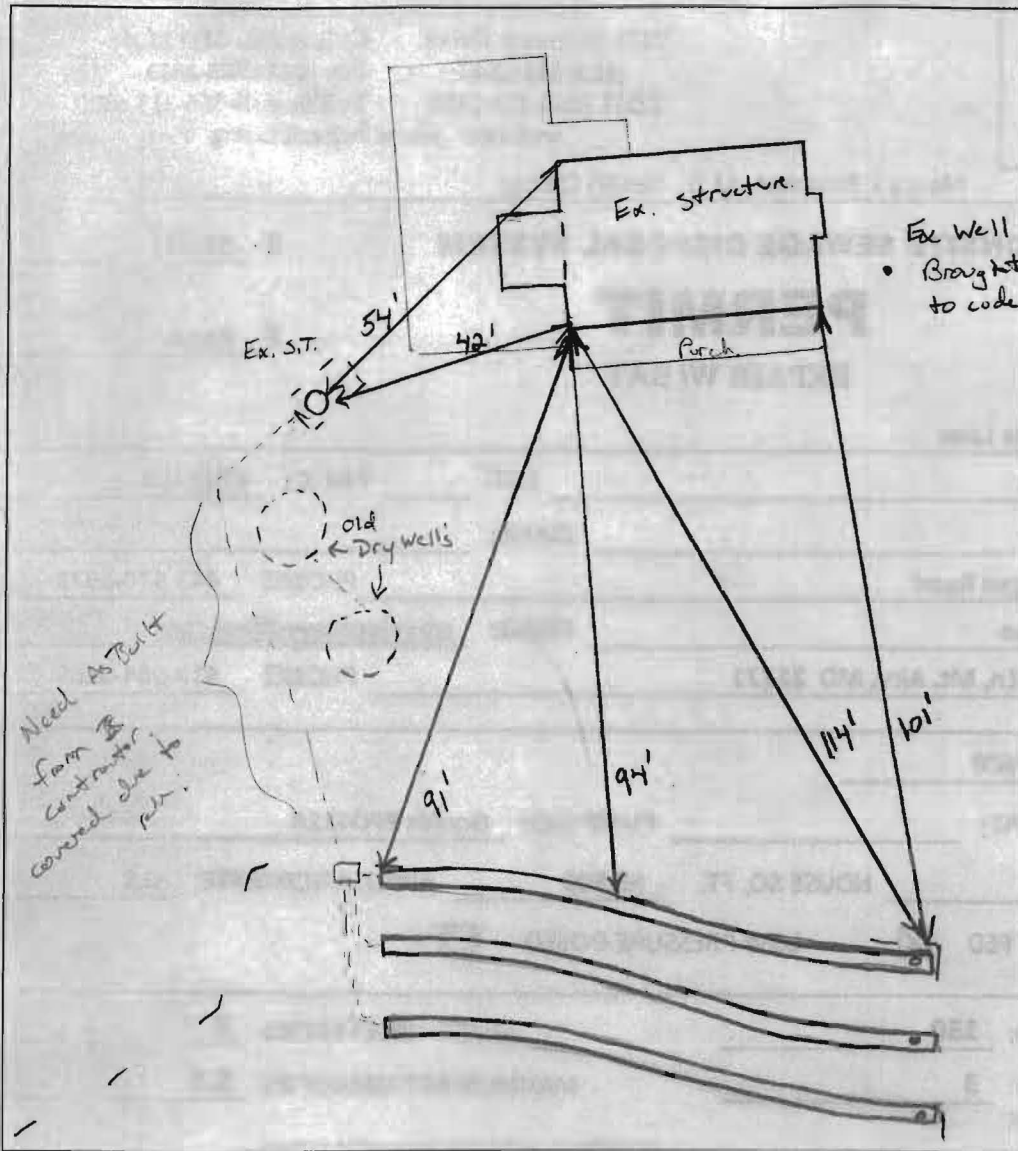
TRENCHES:	LINEAR FEET REQUIRED: <u>258'</u>	INLET DEPTH: <u>4'</u> <u>OK</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u> <u>OK</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Drywell is failing. Abandon drywell and install trenches within new SDA. BAT unit to be installed at a later date.	

ISSUED BY: HS ISSUE DATE: 6/4/2013 EXPIRATION DATE: 6/4/2014

- 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.**



TRENCH/DRAINFIELD DATA		
(If Installed/Needed)		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>4'</u>	<u>8'</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DIST. BOX LEVEL <u>Levelers</u>		
DIST. BOX BAFFLE <u>Yes</u>		
DIST. BOX PORT <u>Yes</u>		

HOOT 600 GPD BNR SYSTEM	
BAY RESTORATION FUND	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOCATION	_____
TANK LID DEPTH	_____
FRONT BAFFLE	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
AERATOR FUNCTIONING	_____
ALARM FUNCTIONING	_____
DATE ON LID	_____
PUMP MODEL	_____

6/27/13 Trenches shot in field. Install 3x87' trenches on contour running northeast. Trenches specs not changed. (KW)

6/28/13 Top 2 trenches installed. No tie-in yet. Should have trenches in by Monday. (KW) 7/1/13 Trenches complete. No one on-site. OK to continue (KW) 7/2/13 (am) Tie-in to existing S.T. not yet installed. (KW) 7/3/13 All plumbing installed. Some lines covered due to heavy rains. Contractor to submit pipe as-built drawing (KW)

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 7/3/13

100' B.R.L.

PROPOSED
ADDITION

10.073 S.F.

N34°24'53"W 462.07'

S34°24'00"E 409.16'

8
14

6

88
3
14

36
3
10

91'

94'

114'

101'

27
6

