

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
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 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 6/27/16

ONSITE SEWAGE DISPOSAL SYSTEM

P 558767

INSTALLATION

PERMIT

APPROVAL DATE: 6/30/16 (SEC)

A _____

SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 3330 Rosemary Lane

SUBDIVISION: Rosemary Estates

LOT: 8-A TAX ID: 03-294536

CONTRACTOR: Core-Lei Inc

EMAIL: ljcorcoran@hotmail.com

CONTRACTOR ADDRESS: 8114 Quarterfield Road, Severn, MD 21144

PHONE: 443-871-1750

PROPERTY OWNER: Samuel and Bobbi Snowden

EMAIL: _____

OWNER ADDRESS: 3330 Rosemary Lane, West Friendship, MD 21794

PHONE: 610-952-7744

NUMBER OF BEDROOMS: 4 CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	
NOTES:	Tie in new plumbing from 1/2 bath to existing septic.

ISSUED BY: Kevin Wolf

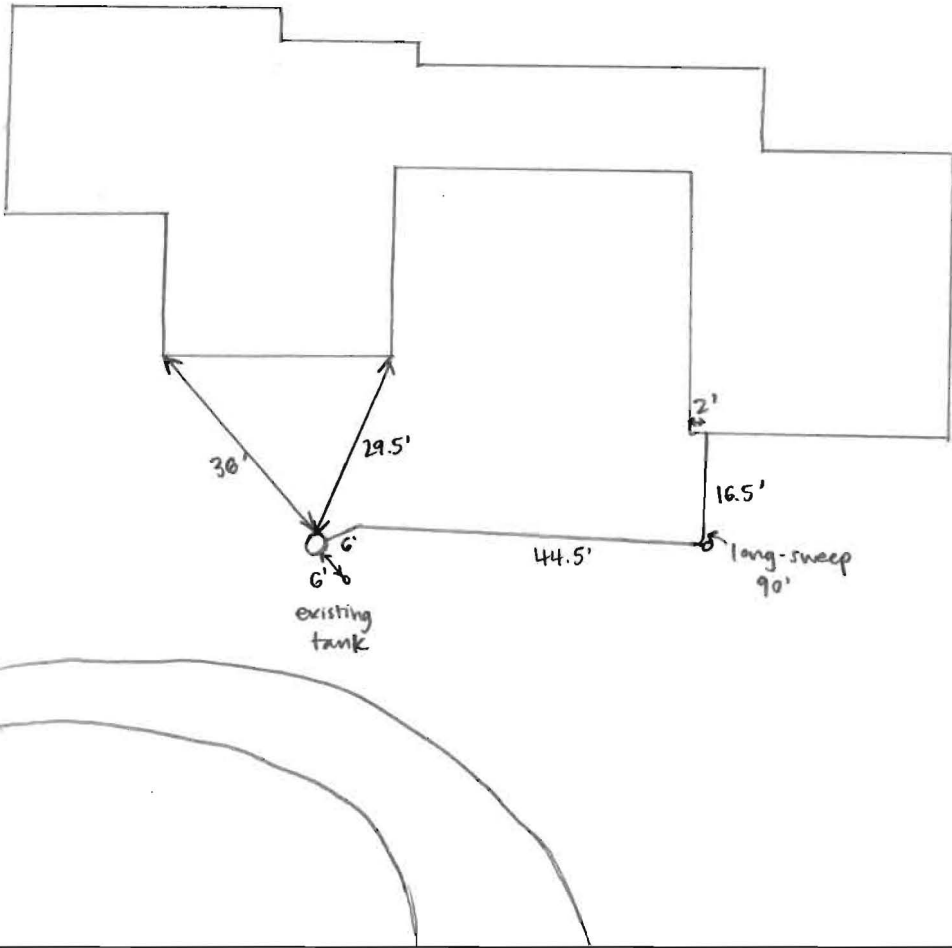
ISSUE DATE: 6/27/16

EXPIRATION DATE: 6/27/18

- 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 _____

PRE-CONSTRUCTION:

INSTALLATION: 6/30/16 Tie-in complete from garage to existing tank. Fall in line, cleanout mid way along line. Cannot locate well on property. (SC)

FINAL INSPECTOR Sarah Collins . DATE OF APPROVAL 6/30/16 .