

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: 12/17/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544445-L

PERMIT CONSTRUCTION

INSTALLATION APPROVAL DATE: 7/28/13 A _____

PROPERTY ADDRESS: 14611 Triadelphia Road ? 14671

SUBDIVISION: The Warfields II LOT: 8 TAX ID: 05-451760

CONTRACTOR: South Carroll Backhoe Inc. EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster MD 21157 PHONE: 410-596-3618

PROPERTY OWNER: NVR Inc. EMAIL: _____

OWNER ADDRESS: 9720 Patuxent Woods Drive, Columbia, MD 21046 PHONE: 410-379-5956

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. +3900 APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

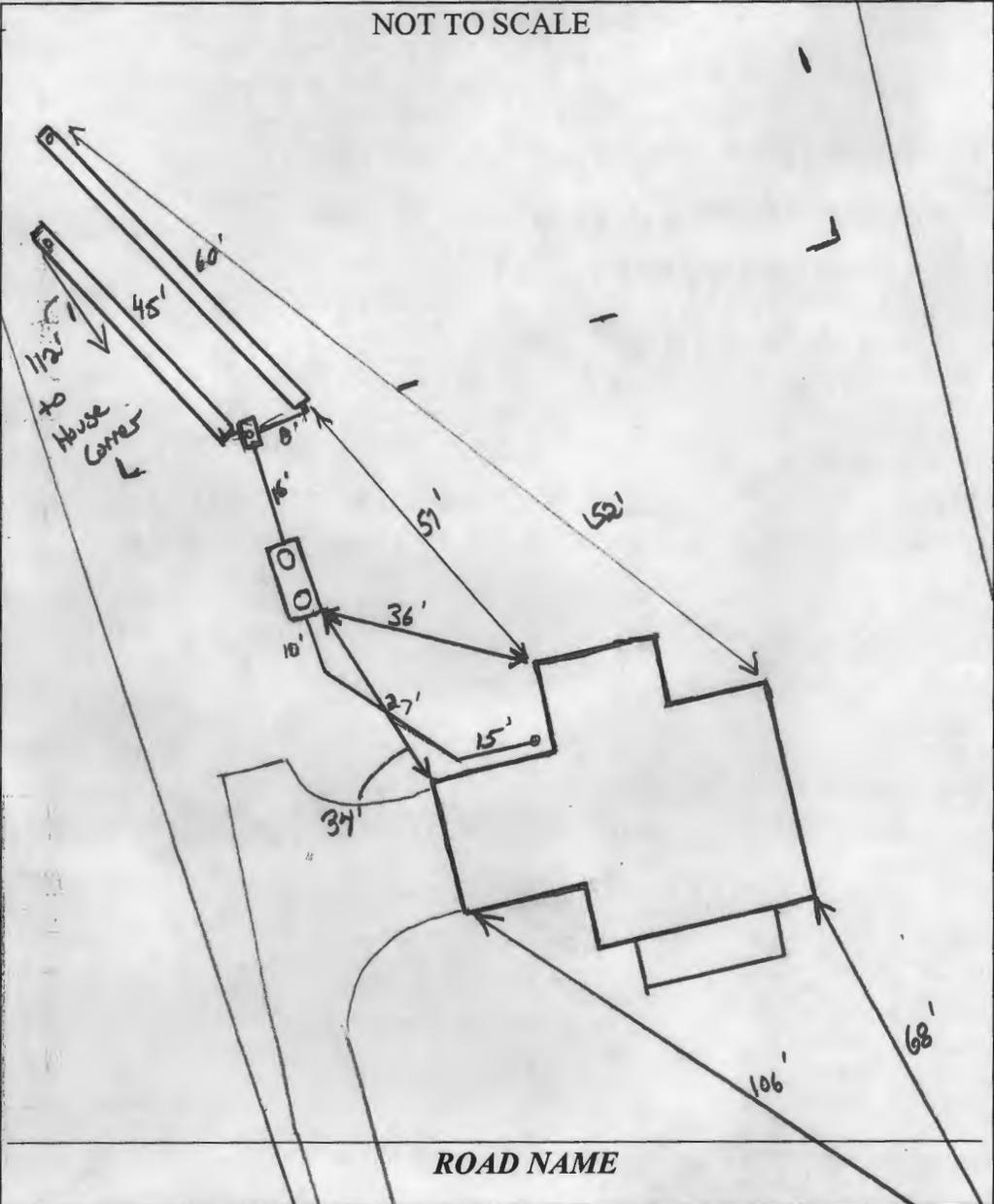
TRENCHES:	LINEAR FEET REQUIRED: <u>103.33'</u>	INLET DEPTH: <u>3 4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>5 6</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set septic tank per layout inspection. Set distribution box per layout inspection. Install 103.33' of trench on contour. <u>45' 60'</u>	

ISSUED BY: Heidi Scott ISSUE DATE: 6/17/13 EXPIRATION DATE: 12/17/13

- 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.**

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		105'
ABSORPTION AREA		315'+SW
DISTRIBUTION BOX LEVEL		Leveler's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	---
MANHOLE LOC	Front/Rear
6" PORT LOC	none
WATERTIGHT TEST	---
SLOTTED	Yes
DATE ON LID	5/8/13
PUMP/SEPTIC TANK LEVEL N/A	
MANUFACTURER	---
CAPACITY	---
SEAM LOC	---
TANK LID DEPTH	---
BAFFLES	---
BAFFLE FILTER	---
MANHOLE LOC	---
6" PORT LOC	---
WATERTIGHT TEST	---
SLOTTED	---
DATE ON LID	---

H0-95-1504

PRE-CONSTRUCTION:

7/7/13 Set S.T. per approved BP plan. ← set D box close to as shown of bp plan. missing Top septic strakes. No trench layout given @ this time (KW)

7/18/13 Tank set in location as indicated. contour shot in field. Install a 45' trench @ highest part of SRA and a 60' trench just below. System deepened 1'. (KW)

INSTALLATION:

7/22/13 Trenches complete. House connection not made. OK to cover all work

FINAL INSPECTOR JK Wolf DATE OF APPROVAL 7/22/13

RECEIPT DATE: 12/17/12

P 544445-L

INSTALLATION
APPROVAL DATE: _____

PERMIT

A _____

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

PROPERTY OWNER: NVR. Inc.

OWNER'S
ADDRESS: 9720 Patuxent Woods Drive, Columbia, MD 21046 PHONE: 410-379-5956

ADDRESS: 14671 Triadelphia Road TAX ACC'T #: 05-451760

SUBDIVISION: The Warfields II LOT: 8

SEPTIC TANK CAPACITY (GALLONS): TBD

PUMP CHAMBER CAPACITY (GALLONS): TBD

NUMBER OF BEDROOMS: TBD APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD

LINEAR FEET OF TRENCH REQUIRED: TBD

TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/17/12 EXPIRATION DATE: 12/17/13

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