



Howard County
Health Department

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

INSTALLATION

**PERMIT
CONSTRUCTION**

APPROVAL DATE: 7/28/13

A

PROPERTY ADDRESS: 14611 Triadelphia Road

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 DOWNGRAIENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

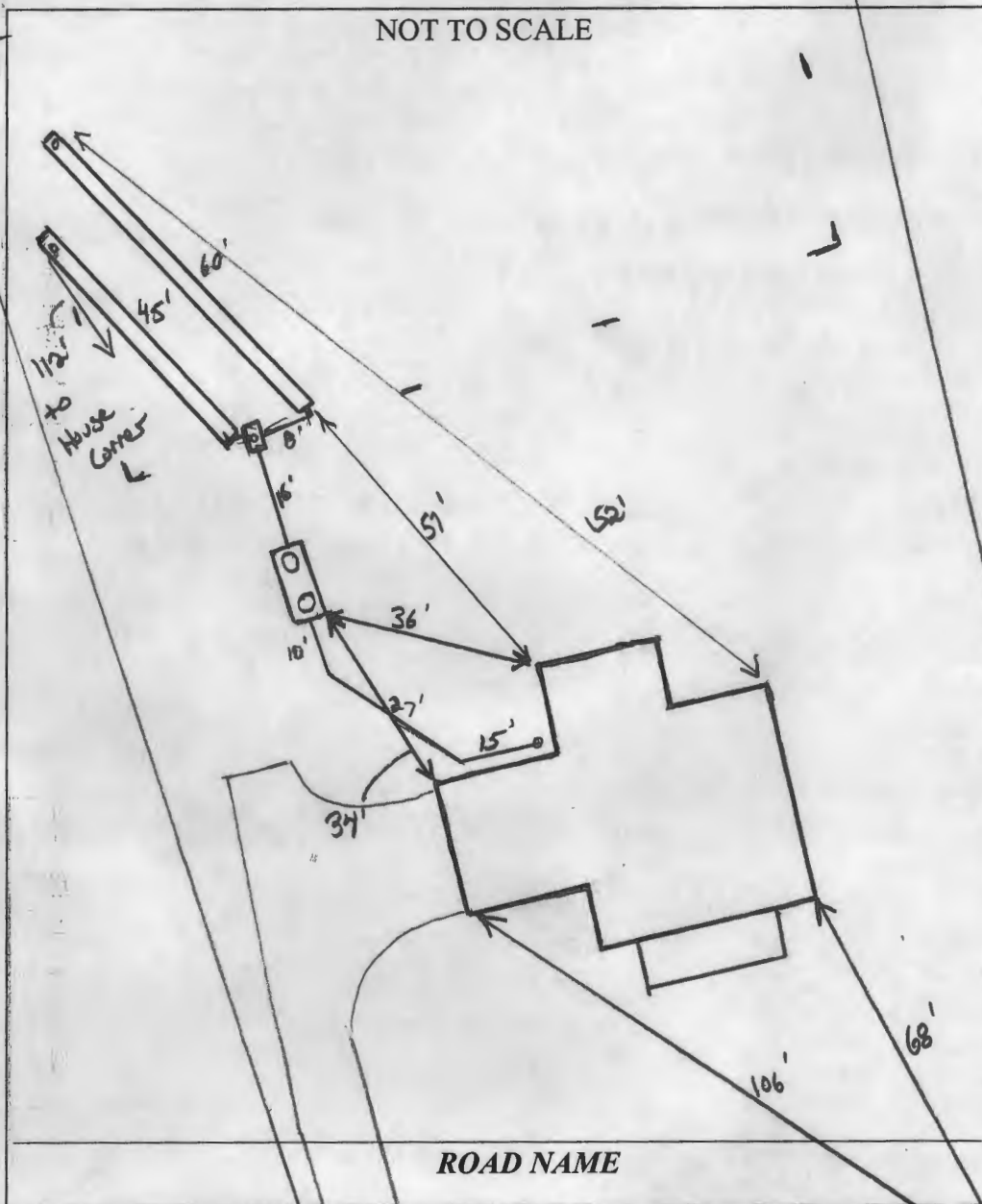
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**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		Leveller's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK 1 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 — GAL
 SEAM LOC —
 TANK LID DEPTH —
 BAFFLES —
 BAFFLE FILTER —
 MANHOLE LOC —
 6" PORT LOC —
 WATERTIGHT TEST —
 SLOTTED —
 DATE ON LID —

HQ-95-1504

PRE-CONSTRUCTION:

7/7/13 Set S.T. per approved BP plan. ← set Dbox close to as shown of bp plan. missing Top septic stake. 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

TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: MARCH, 2013

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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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.**