

Bureau of Environmental Health
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www.hchealth.org
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Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 09/02/2020 ^{PHYSICAL CHECK} **ONSITE SEWAGE DISPOSAL SYSTEM** P 572852
 APPROVAL DATE: 12/08/2020 **PERMIT:** **REPAIR** A 567977
 PROPERTY ADDRESS: 1656 Daisy Road
 SUBDIVISION: N/A LOT: N/A TAX ID: 04-309030
 CONTRACTOR: Freedom Septic EMAIL: susan@greedomseptic.com
 CONTRACTOR ADDRESS: 2809 Liberty Road Woodbine, MD 21797 PHONE: _____
 PROPERTY OWNER: Blazek, John William; Blazek, Donna B EMAIL: _____
 OWNER ADDRESS: 1656 Daisy Road Woodbine, MD 21797 PHONE: _____

SEPTIC TANK SIZE (GALLONS): Ex (750) PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A
 NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. N/A APPLICATION RATE: 0.8
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>80'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES:

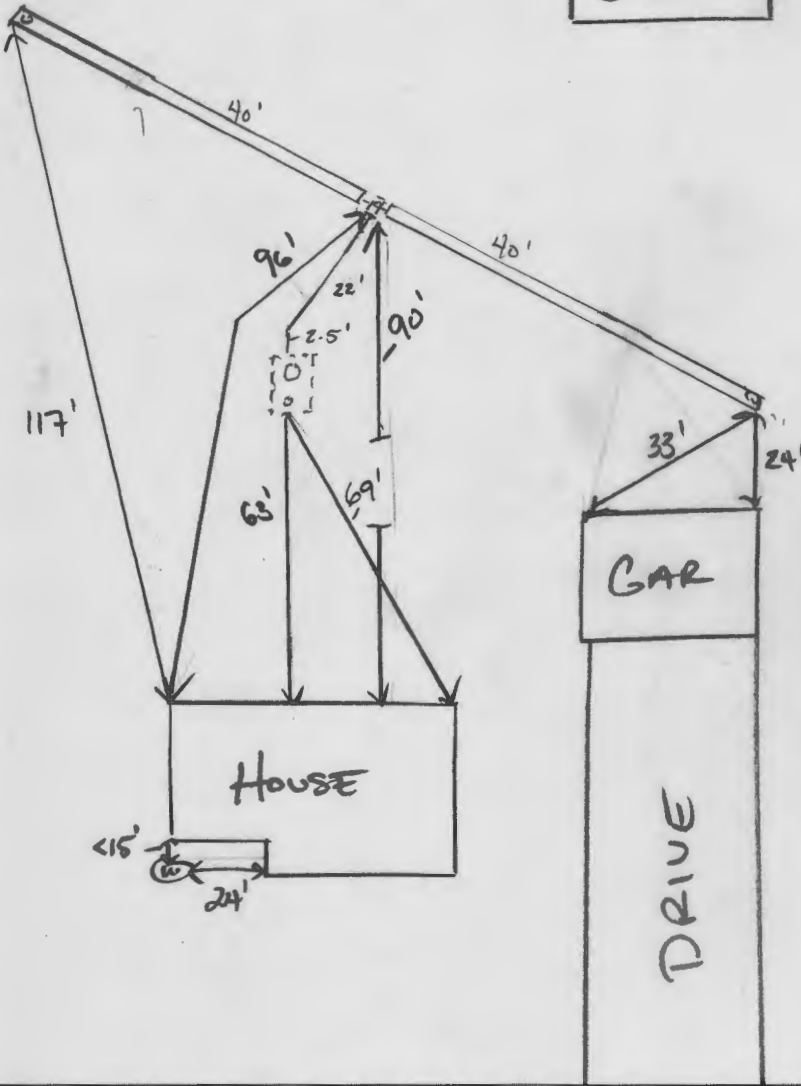
ISSUED BY: Cabahug 001997 ISSUE DATE: 10/15/20 EXPIRATION DATE: 10/15/24

- 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
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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

BARN



ROAD NAME
DAISY ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		80'
ABSORPTION AREA		240 + 4' SIDE WALL
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES OUTLET (NEW)

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC INLET

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 _____

EXISTING

PRE-CONSTRUCTION:

#1959 TRENCHES COMPLETELY SATURATED.

INSTALLATION: 12/08/2020 EFF. LINE INSTALLED TO D BOX. D BOX LEVELED WITH SPEED LEVELS. TRENCHES COMPLETE. OK TO BACKFILL. (C)

FINAL INSPECTOR

001997

DATE OF APPROVAL

12/08/2020