

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 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: 8/15/22 ONSITE SEWAGE DISPOS	AL SYSTEM P 572140			
APPROVAL DATE: 3/20/2013 PERMIT: CONS	TRUCTION A			
PROPERTY ADDRESS: 1743 Underwood Road	•			
SUBDIVISION: Willow Brooke	LOT: 2 TAX ID:			
CONTRACTOR: Farm and Home Excavating	EMAIL:			
CONTRACTOR ADDRESS: 901 Driver Road, Marriottsville, MD 2110	PHONE: 410-984-1089			
PROPERTY OWNER: Tyanna Wilson	EMAIL: tyannajoi@gmail.com			
OWNER ADDRESS: 7829 Otterbein Way	PHONE: 240-899-5203			
SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFA	CTURER: Mayer Bros			
PUMP MODEL: Babylon PUMP SIZE Model WEOT	H PUMP TANK CAPACITY: 1500			
DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSE	BEDROOMS: 5 APPLICATION RATE: 1.2			
LINEAR FEET REQUIRED: 74	INLET DEPTH: 3			
TRENCHES: TRENCH WIDTH: 3, 3	MAXIMUM BOTTOM DEPTH: 8			
MINIMUM SPACE	FFECTIVE AREA BEGINNING DEPTH: 3			
LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	TANK LOCATIONS MUST BE STAKED BY LICENSED			
NOTES:				
ISSUED BY: Dana Bernard ISSUE DATE:	EXPIRATION DATE: 8/15/23			
NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECT	ION PRIOR TO BEGINNING ANY INSTALLATION			
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPR	OVAL OF ALL COMPONENTS PRIOR TO COVERING			
NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRA	/EL TICKET MUST BE AVAILABLE FOR REVIEW.			
NOTE: WATERTIGHT 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 17001586				
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREAT TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSE				

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

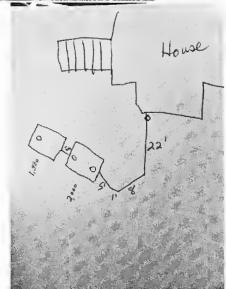
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

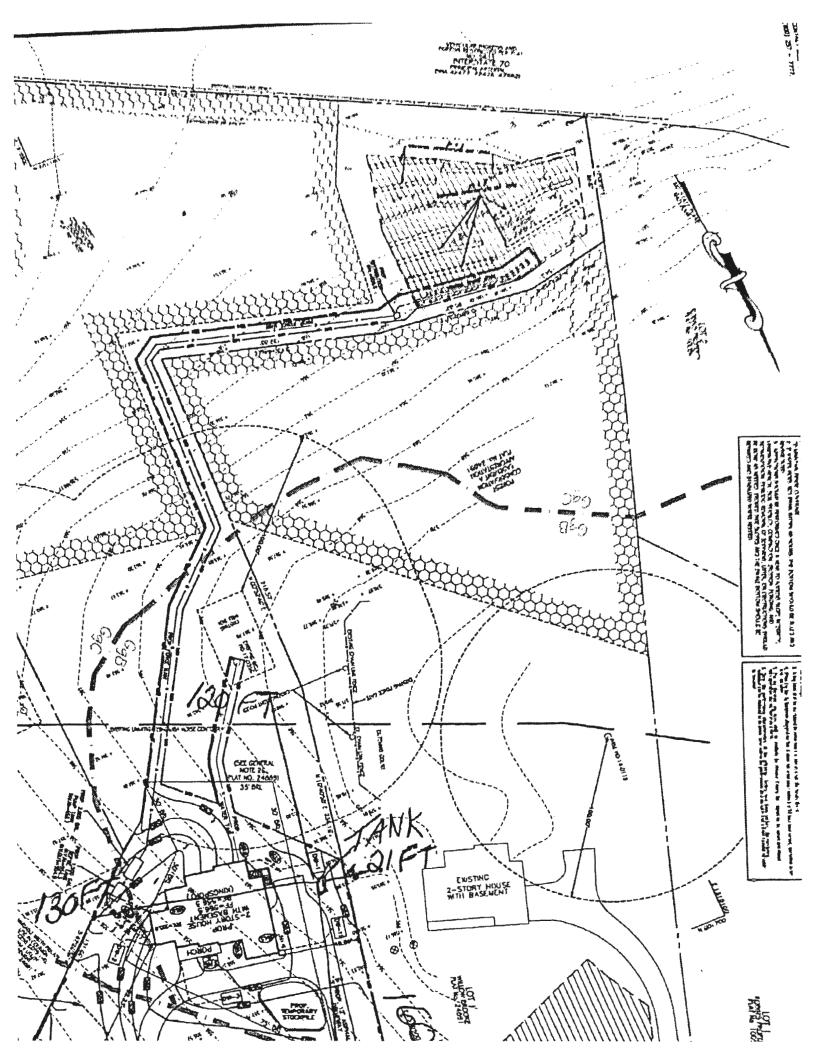
NOT TO SCALE	TRENCH/DRAINFIELD DATA WIDTH INLET, BOTTOM 2,5-3 NUMBER OF TRENCHES TOTAL LENGTH ABSORPTION AREA 228 DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT
SCHONACE Shirt For	SEPTIC TANK DATA SEPTIC TANK I LEVEL YES MANUFACTURER BELL TO GAL SEAM LOC TOO TANK LID DEPTH 3 BAFFLES FITTH BAFFLE FILTER MANHOLE LOC TOO WATERTIGHT TEST SLOTTED YES DATE ON LID 0 / 7/2022
ROAD NAME	PUMP/SEPTIC TANK LEVEL 103 MANUFACTURER GAL SEAM LOC 100 TANK LID DEPTH BAFFLES G" MAN BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED 00 DATE ON LID 10/7/2022
PRE-CONSTRUCTION: 11 / - On Sir ru layer 12 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	
INSTALLATION: 1,27/2023 - VEUNIA CICUCE FOOD 1957 1960 126/2023 - 120/2 +10 House 10 5 300 6 10 Medical Action 10 Medical	
home ration for plan witer	ROVAL 3/20/207 3











Howard County Health Department

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SEWAG	E DISPOSAL PERMIT N	O. A	P-572140
		OMMERCIAL PER DESIGN FLOW:	RMIT [GPD)
PERMITEE: LOCATION:	**POST THIS CARD WHERE I	CAN BE SEEN ERO	K Lt2 M ROAD**
	STOP ALL CONSTRUCTION ON SEWAG DISPOSAL SYSTEM AND CONTACT HEAD DEPARTMENT BEFORE CONTINUING	iE	Date
COMMENTS:	WORK IS SATISFACTORY, OK TO CONTINUE	Inspector	Date
	FINAL INSPECTION MADE, OK TO COVER ALL WORK	Inspector	Date