

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: 4/2/13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 544587

INSTALLATION APPROVAL DATE: _____ **PERMIT** A Repair
REPAIR

PROPERTY ADDRESS: 13500 Orion Drive

SUBDIVISION: Linden Chapel Hills LOT: 7 TAX ID: 05-367700

CONTRACTOR: Harrison Contracting EMAIL: _____

CONTRACTOR ADDRESS: 2858 Flag Marsh Road, MT. Airy, MD 21771 PHONE: 410-795-8691

PROPERTY OWNER: Rick and Valerie Kline EMAIL: _____

OWNER ADDRESS: 13500 Orion Drive, Dayton, MD 21036 PHONE: 410-795-8691

SEPTIC TANK SIZE (GALLONS): _____

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

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- 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.



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Peter L. Beilenson, M.D., M.P.H., Health Officer

A544587

INFORMATION FORM – SEPTIC SYSTEM REPAIR / UPGRADE

Reason for Request:

- A. Failing System (includes surface discharge or inadequate treatment zone) _____
- B. System relocation for proposed addition for setback compliance * _____
- C. To replace a collapsed septic tank _____
- D. To replace a collapsed drywell _____

****For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, additional testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.**

Septic Contractor: Harrison Contracting
 Contractor's Address: 2858 Flag Marsh Rd
Mt Airy, MD 21771
 Contactor's Phone #: 410-795-8691
 Property Address: 13500 Orion Dr Dayton
 Property (Subdivision) & Lot #: Linden Chapel Hills Lot 7
 County file #, if known: _____
 Owner's Name and Phone #: Rick & Valerie Kline
 Is public sewer available/nearby: No
If public sewer may be close, mention further research will be performed to verify availability
 Names of any previous owners: Douglas Mays
 Year House Built: 1977
 # of Existing Bedrooms: 4
 # of Bedrooms after completion of addition: 5
 Has this request been discussed previously with another Sanitarian: _____ Name: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair or upgrade.

Print out a copy of the Real Property Data via Dept. of Taxation website _____ Indexed file found _____

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (x2414).
 If sewer is available, verify whether the property is within the Metropolitan District (Finance x2061).
 If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden, x4419, for further detail.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. Contractor is to notify office of the emergency situation as soon as possible.

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- Repair P- 544587

PERMITTEE

Harrison Contracting

LOCATION

13500 Orion Drive Linden Chapel Hills Lot 7 Blk A Sec 2
Rick and Valerie Kline

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector

Date

Inspector

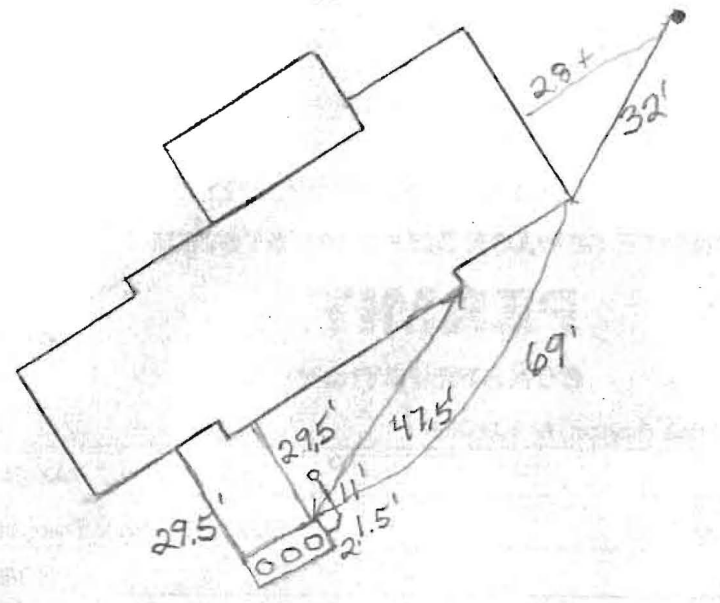
Date

FINAL INSPECTION MADE, COVER ALL WORK

Inspector

Date

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TRENCH/DRAINFIELD DATA

(If Installed/Needed)
 WIDTH INLET BOTTOM

 NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DIST. BOX LEVEL _____
 DIST. BOX BAFFLE _____
 DIST. BOX PORT _____

Norweco Singular TNT

750gpd/1600g
 MANUFACTURER Norewa
 CAPACITY 1350 GAL
 SEAM LOCATION Top
 TANK LID DEPTH 2'-2.5'
 FRONT BAFFLE No
 MANHOLE LOC Three
 6" PORT LOC None
 WATERTIGHT TEST No
 AERATOR FUNCTIONING _____
 ALARM FUNCTIONING _____
 DATE ON LID _____
 PUMP MODEL _____

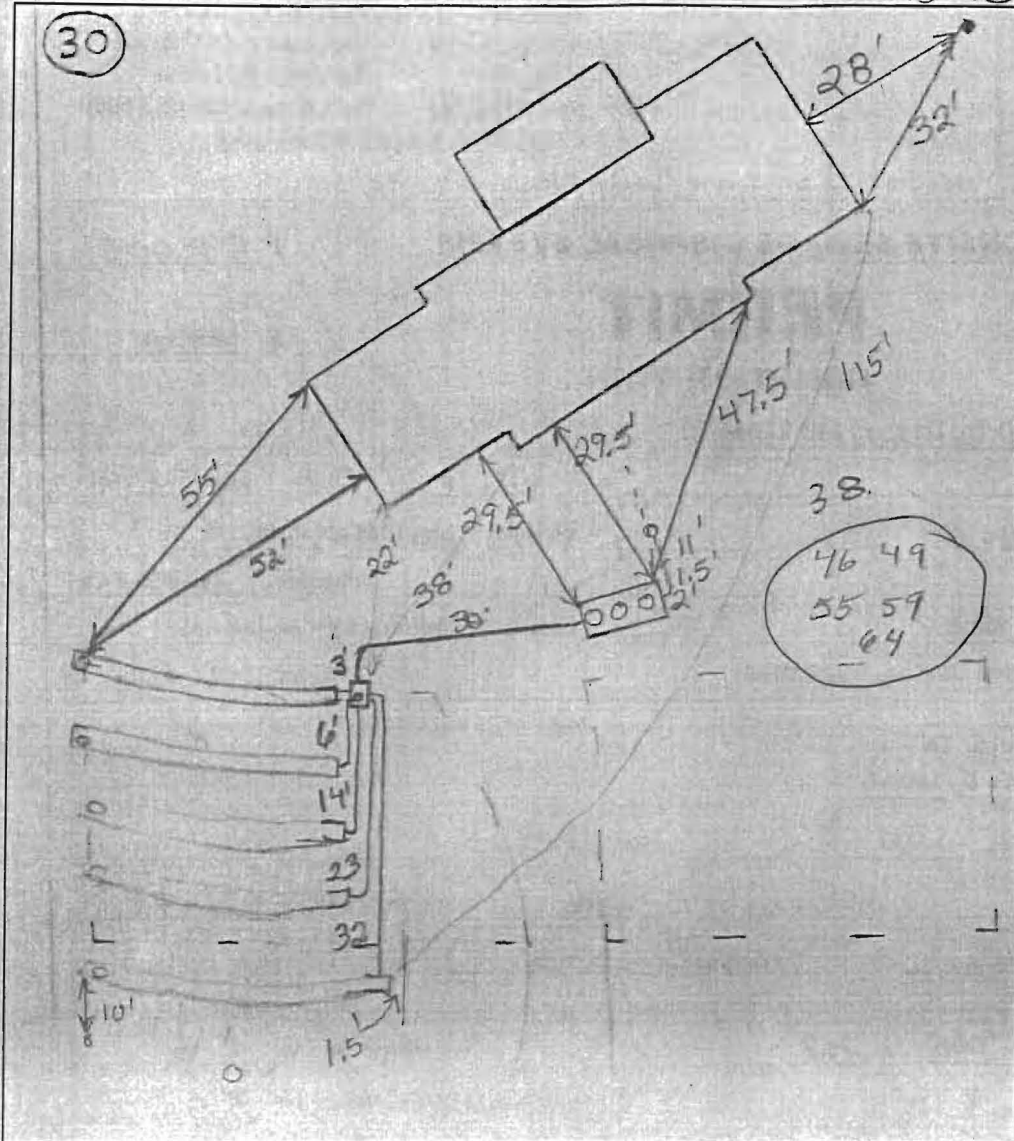
PRE-CONSTRUCTION:

7/9/2013 Went over basic layout of system. Couldn't do any more because contractor forgot transit. May be able to use gravity for system if trench inlets deepened to 4.5'. (BB)
 7/12/2013 Trenches laid out. (BB)

INSTALLATION: 7/19/2013

FINAL INSPECTOR _____ DATE OF APPROVAL _____

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TRENCH/DRAINFIELD DATA

(If Installed/Needed)
 WIDTH 2' INLET 4'-5' BOTTOM 8'
 NUMBER OF TRENCHES 5
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DIST. BOX LEVEL _____
 DIST. BOX BAFFLE _____
 DIST. BOX PORT _____

Norweco Singular TNT

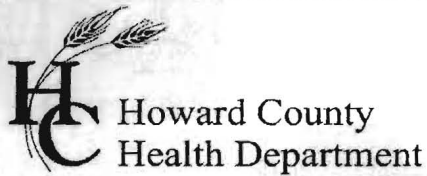
750gpd/1600g
 MANUFACTURER Norweco
 CAPACITY 1300 GAL
 SEAM LOCATION Top
 TANK LID DEPTH 24.5'
 FRONT BAFFLE No
 MANHOLE LOC Three
 6" PORT LOC None
 WATERTIGHT TEST No
 AERATOR FUNCTIONING _____
 ALARM FUNCTIONING _____
 DATE ON LID N/A
 PUMP MODEL _____

PRE-CONSTRUCTION:

7/19/2013 Went over basic layout of system. Couldn't do any more because contractor hasn't started. May be able to use gravity for system if trench inlets deepened to 4.5' (KB)
 7/12/2013 Trenches laid out (KB)

INSTALLATION:

7/19/2013 Tank set House, connection made. (KB)
 7/26/13 D box sets. No trenches started. Ran electric line for treatment unit. (KB) 7/29/13 Top 2 trenches complete. No one on-site, left stoker. No obs pipes in other trenches. (KW)
 7/30/2013



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RECEIPT DATE: 4/2/13

ONSITE SEWAGE DISPOSAL SYSTEM

P 544587

INSTALLATION
 APPROVAL DATE: _____

**PERMIT
 REPAIR**

A Repair

PROPERTY ADDRESS: 13500 Orion Drive

SUBDIVISION: Linden Chapel Hills

LOT: 7

TAX ID: 05-367700

CONTRACTOR: Harrison Contracting

EMAIL: _____

CONTRACTOR ADDRESS: 2858 Flag Marsh Road, MT. Airy, MD 21771

PHONE: 410-795-8691

PROPERTY OWNER: Rick and Valerie Kline

EMAIL: _____

OWNER ADDRESS: 13500 Orion Drive, Dayton, MD 21036

PHONE: 410-795-8691

SEPTIC TANK SIZE (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____

APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

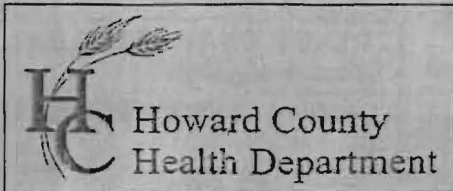
ISSUED BY: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

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

RECEIPT DATE: 4-18-13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 545005

INSTALLATION APPROVAL DATE: 8/1/13 **PERMIT** A UPGRADE
CONSTRUCTION

PROPERTY ADDRESS: 13500 Orion Drive Dayton, MD 21036

SUBDIVISION: Linden Chapel Hill LOT: 7 TAX ID: 14005367700

CONTRACTOR: Harrison Contracting EMAIL: rdsefe@aol.com

CONTRACTOR ADDRESS: _____ PHONE: 410-795-8691

PROPERTY OWNER: Rick & Valerie Kline EMAIL: Valkline1@verizon.net

OWNER ADDRESS: 13500 Orion Drive Dayton, MD 21036 PHONE: _____

Septic Tank Type: Singlair TNT
 SEPTIC TANK SIZE (GALLONS): 750 GPD /1600 G

PUMP CHAMBER CAPACITY (GALLONS): 1,000 PUMP SIZE: _____

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. >3,500 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: 300 <u>267'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>6'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</u>
LOCATION:	PER APPROVED SITE PLAN, THE SEWAGE DISPOSAL AREA AND THE BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	A test of the sensors, pump, alarm and unit itself is required. Install unit per manufacturer's specifications. Crush and fill existing septic tank and drywell. <u>Approx. 45', 49', 53', 56' + 60'</u>	

ISSUED BY: HS ISSUE DATE: 7-2-13 EXPIRATION DATE: 7-2-14

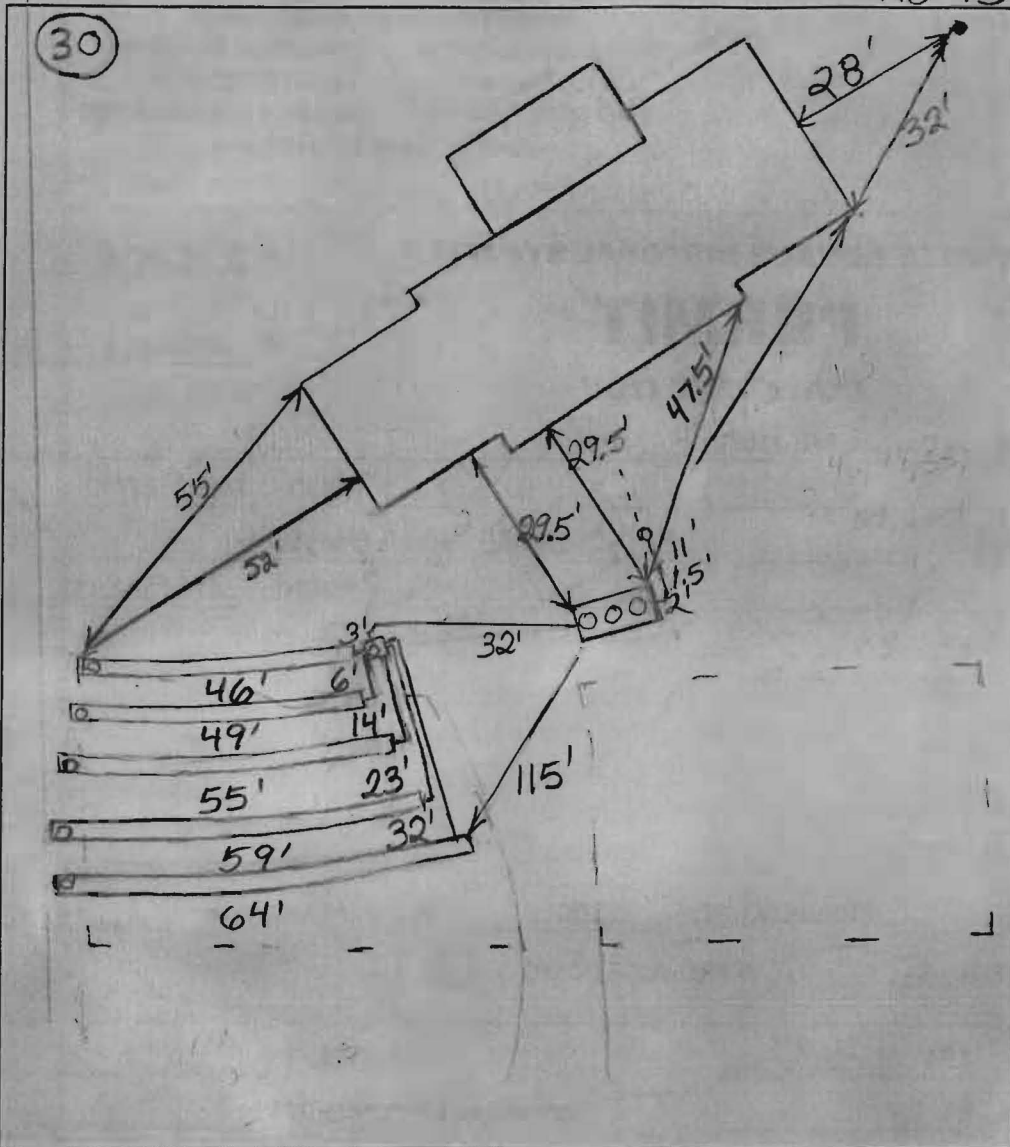
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TRENCH/DRAINFIELD DATA		
(If Installed/Needed)		
WIDTH	INLET	BOTTOM
2'	4'-5'	8'
NUMBER OF TRENCHES		5
TOTAL LENGTH		273' per I
ABSORPTION AREA		546
DIST. BOX LEVEL		Levelers
DIST. BOX BAFFLE		Yes
DIST. BOX PORT		Yes

Norweco Singular TNT	
750gpd/1600g	
MANUFACTURER	Norweco
CAPACITY	1300 GAL
SEAM LOCATION	Top
TANK LID DEPTH	2'-2.5'
FRONT BAFFLE	No
MANHOLE LOC	Three
6" PORT LOC	None
WATERTIGHT TEST	No
AERATOR FUNCTIONING	
ALARM FUNCTIONING	
DATE ON LID	N/A
PUMP MODEL	N/A

PRE-CONSTRUCTION:

7/9/2013 Went over basic layout of system. Couldn't do any more because contractor forgot trench. May be able to use gravity for system if trench inlets deepened to 4.5'. (BB)
 7/12/2013 Trenches laid out. (BB)

INSTALLATION: 7/19/2013 Tank set. House connection made. (BB)

7/26/13 Dbox set. No trenches started. Ran check the for treatment unit. (KW) 7/29/13 Top 2 trenches complete. No air on-site. left stator. No obs pipes in either trenches. (KW)
 7/30/2013 Trenches finished. Obs pipes installed. Electrician needs to connect Norweco unit to house. Need to do start-up on Norweco unit. (BB) Start up cert received from Back River on 7/22/13. System approved as of 8/1/13. JW

FINAL INSPECTOR

DATE OF APPROVAL

8/1/13

Clats
G99A

N 52°04'49" W
26.30'

S 43°46'19" E
181.35'

181.35'
FENCE

241.54'

62.1'

ATLANTIC SEABOARD
GAS LINE LIBER 366 / FOLIO 535

EX. WELL

FUTURE WELL

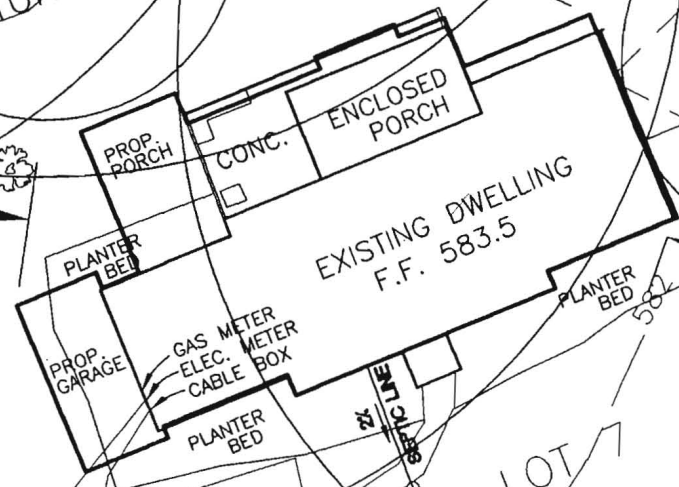
EX. WELL

586

580

S 29°51'02" W
29.1'

P-1



53.6'

L=174.67'
R=1120.00'



PUMP TANK

DISTRIBUTION BOX

L=30.20'

R=505.00'

N 56°43'23" W

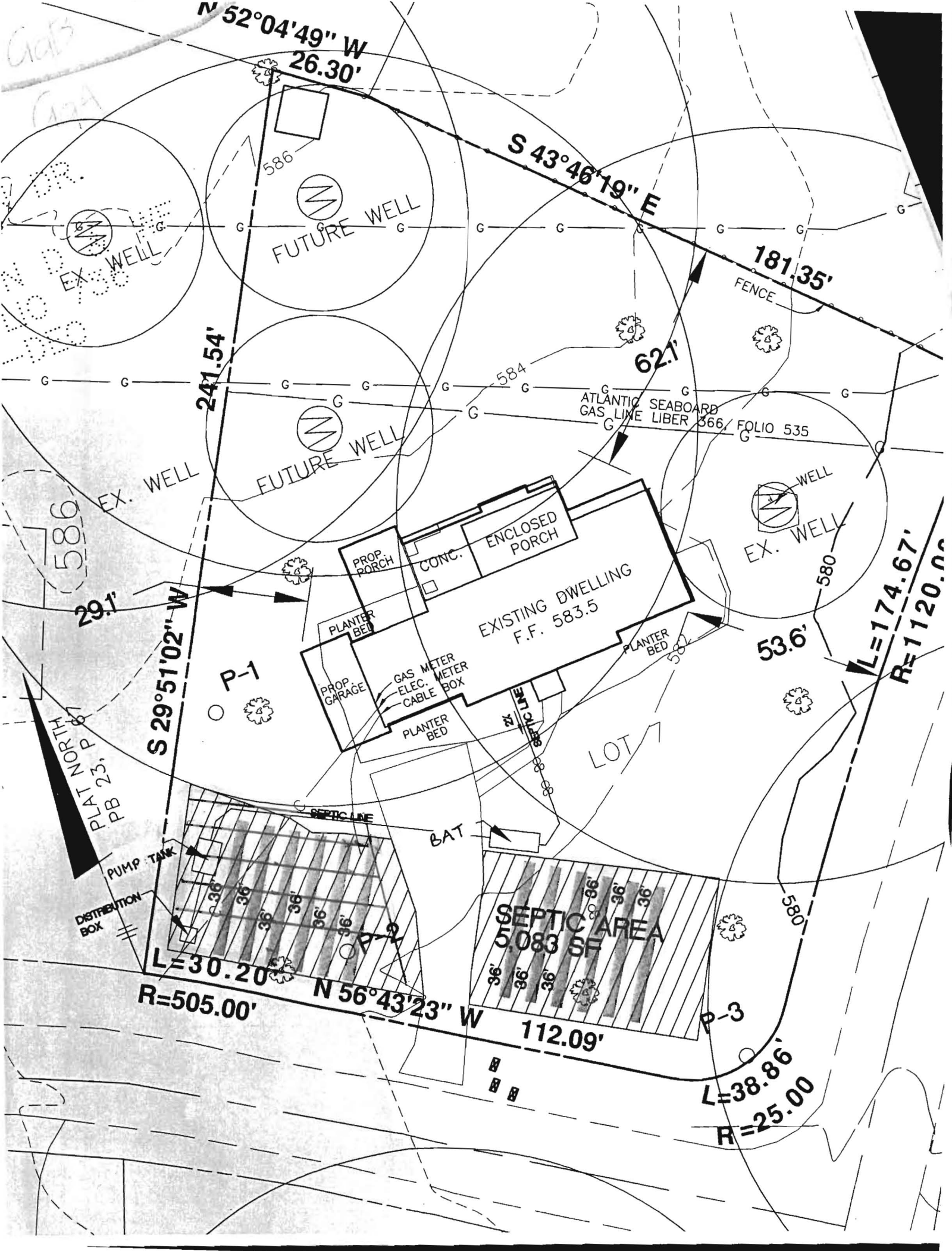
112.09'

SEPTIC AREA
5,083 SF

P-3

L=38.86'
R=25.00'

580



Back River Pre-Cast, LLC

PO BOX 329
Glyndon, MD 21071
Phone # 410-833-3394
Fax # 410-833-4116

Letter of Certification

This is to certify that the Norweco Singlair TNT 500 / 600 GPD Septic Tank installed at 13500 Orion Dr., Dayton, MD 21036 was installed according to the manufacture's specifications.

Installer: EDDIE HARRISON



MATTHEW GECKLE

Vice-President