

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 6/5/07

APPROVAL DATE: 6/6/07

**PERMIT  
MINOR REPAIR**

P 526 <sup>747</sup> ~~474~~

A

56429-M

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

BILLINGS OUTBACK IS PERMITTED TO INSTALL  ALTER

ADDRESS: 180 Obrecht Rd, MILLERSVILLE PHONE NUMBER: 410-923-2500

SUBDIVISION: Gaither Hunt LOT NUMBER: \_\_\_\_\_

ADDRESS: 11020 Hidden Fox Ct. PROPERTY OWNER: Jeffrey Komen

SEPTIC TANK CAPACITY (GALLONS): Existing OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: N/A

SQUARE FEET PER BEDROOM: N/A

LINEAR FEET OF TRENCH REQUIRED: N/A

TRENCHES:	No new trenches permitted under Minor Repair Permit
LOCATION:	Purpose of this permit is to allow a septic contractor to disconnect a single trench (the uppermost topographically) from the distribution box of the existing septic system.
NOTES:	Existing Septic System is oversized for the home and a proposed pool building permit infringes upon the 20' setback from the uppermost trench. Disconnect the uppermost trench. Open work inspection is required upon completion.

PLANS APPROVED: Gabriel A. Creighton DATE: 6/5/2007

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

**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 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE

A-PE-100

ROAD

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SEPTIC TANK 2 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION 6/6/07 Contractor cut off Dist. line to top  
hence sealed off @ D box w/ cement. OK (KW)

FINAL INSPECTOR \_\_\_\_\_

*[Signature]*

DATE OF APPROVAL \_\_\_\_\_

6/6/07

**INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION**

For internal office use only

**Reason for Request:**

Failing System (includes surface discharge or inadequate treatment zone)

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

\*System relocation for proposed addition for setback compliance

\*Verification of adequate system capacity per COMAR 26.04.02.02D (4)

To replace collapsed septic tank

To replace collapsed drywell

Disconnect TRENCH FOR POOL

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name:

Is public sewer available/nearby:

**If public sewer may be close, mention further research will be performed to verify availability**

Names of Any Previous Owners:

Year House Built:

# of Existing Bedrooms:

# of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: GABE

If yes, then with whom and when:

Billings OUTBACK septic GREG Billings

180 OBRECHT Rd  
MILLERSVILLE Md 2108

410 923 2500

11020 HIDDEN FOX CT

Jeffrey Komin

NO

**A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair / upgrade / evaluation. No inspection will be performed without fee collection at the office.**

Print out copy of 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 (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

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 at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: \_\_\_\_\_

Date of request: \_\_\_\_\_ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.

**SETBACKS:**

REAR PL. 10'  
 SIDE PL. 10'  
 HOUSE N/A  
 SEPTIC 10'  
 WELL 20'

**Maryland POOLS Inc.**

9515 GERWIG LANE SUITE 121 COLUMBIA, MD 21046 410-995-6600  
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192  
 800-252-SWIM  
 WWW.MARYLANDPOOLS.COM

**EQUIPMENT LIST**

DIRT/GRADING: HAUL EXCESS  
 SPA: NONE  
 RAISED BEAM: NONE  
 TILE: STB-808  
 COPING: 9" R/N BRICK - SUNSET RED  
 PLASTER: WHITE MARBELITE  
 FILTER SYS: C&C 420 SF CART. W/2 HP PUMP  
 CLEANING SYS: PCC-2000  
 TREATMENT SYS: MINERAL SPRINGS  
 CONTROL SYS: NONE  
 HEATER: AC-125  
 LIGHTS: ONE WATTS: 500 VOLTS: 120  
 LOVESEAT: (1) @ 6' - OUTSIDE  
 AQUA BENCH: (2) @ 5' W/(1) UMBRELLA SOCKET IN EACH  
 RAIL GOODS: NONE  
 DECKING: 875 SqFt OF BROOM FINISHED CONC.  
 FENCE: BY OWNER  
 POOL COVER: NONE TYPE: N/A  
 CHEMICALS: \$100 CHEMICAL ALLOWANCE  
 OTHER ITEMS: EQUIPOTENTIAL BONDING GRID, COLOR LENS KIT, (2) DECK JETS W/VALVES

ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 21' x 35' - CUSTOM (NON-DIVING)  
 POOL AREA: 512 SPA: OTHER: 12  
 TOTAL AREA: 524  
 PERIMETER: 93 SPA:  
 GALLONAGE: 17,280 DEPTH: 3'-6" TO 6'-0"

**DIRECTIONS TO SITE**

DIRECTIONS:  
 32 WEST TO 29 NORTH-TO 108 WEST-FOLLOW 108 TO RIGHT ONTO GAITHER FARM ROAD-FOLLOW TO RIGHT ONTO DORSCH FARM ROAD-FOLLOW TO RIGHT ONTO HIDDEN FOX COURT SITE IN CUL-DE-SAC ON RIGHT

MAP # 15  
 GRID B-1

Jeffrey & Alyssa Komin  
 11020 Hidden Fox Court  
 Ellicott City, Maryland 21042  
 Howard County

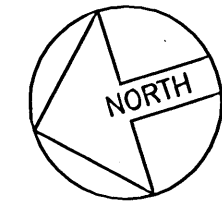
HOME PHONE: 410-480-0123  
 CELL PHONE 1: 443-742-7074  
 CELL PHONE 2:  
 OFFICE PHONE:

LOT: 13	SUBDIVISION NAME: GAITHER HUNT	DISTRICT: 03	PIN #: 326039
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**SITE PLAN**

SCALE: 1"= 50'	BY: DLC	DATE: 05/16/07	JOB NUMBER: JC07-9243	SHEET #: 1.0
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**PRIVATE WELL & SEPTIC**

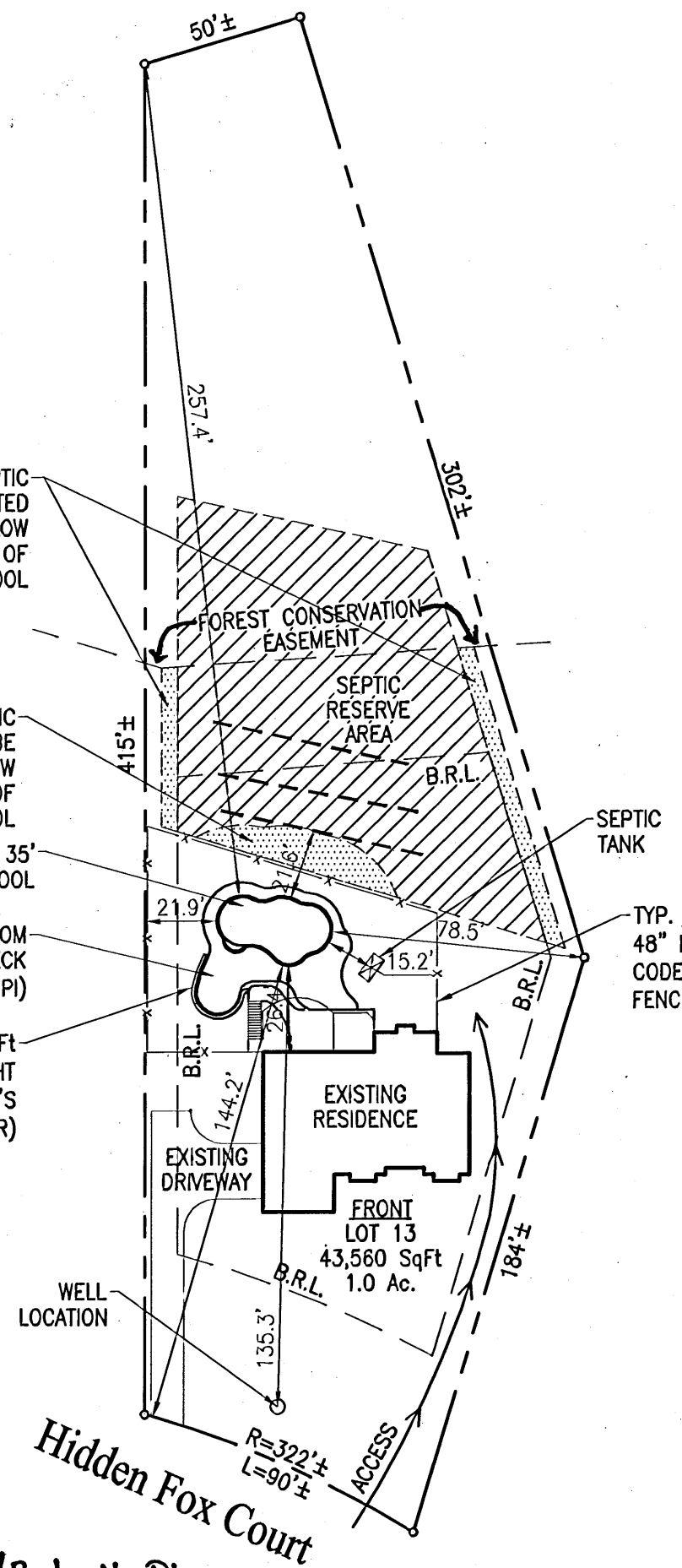


**SITE PLAN**

1"= 50'  
 LOT 13  
**GAITHER HUNT**  
 TAX ACCOUNT # 326039  
 MAP 29, GRID 11, PARCEL 21  
 ELECTION DISTRICT NO. 03  
 HOWARD COUNTY, MARYLAND

Note: Adjacent wells will not be impacted by this proposal.  
 (GAC)

Revised Percolation Certification / Pool site Plan



HOWARD COUNTY HEALTH OFFICER *P. Wilson for Peter Beilensen*  
 APPROVED FOR PRIVATE WATER & SEWER SYSTEMS  
 GAC 1790

5/30/07

PERMIT NUMBERS  
 POOL:  
 ELECT:  
 OTHER:

PERMIT SET  
 DATE: 05-18-07