

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/2/05

PERMIT

P 522435
A 513367-C
REPAIR

APPROVAL DATE: _____

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

05-361117

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12857 Highland Road PROPERTY OWNER: Lawrence Patrick

SEPTIC TANK CAPACITY (GALLONS): _____ 2' Wide

PUMP CHAMBER CAPACITY (GALLONS): _____ Inlet 5.5'

NUMBER OF BEDROOMS: 5 Bottom 9.0'

SQUARE FEET PER BEDROOM: _____ One 50' Trench Near Road

LINEAR FEET OF TRENCH REQUIRED: 180 Two 65' Trenches Below It

TRENCHES:	Trench to be <u>2.0</u> feet wide. Inlet <u>9</u> feet below original grade. Bottom maximum depth <u>3.5</u> feet below original grade. Effective area begins at <u>5.5</u> feet below original grade. <u>3.5</u> feet of stone below distribution pipe.
LOCATION:	<u>Keep out of swale coming off road.</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

- 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

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED

AND RETURNED

6-30-05 B00154752 - FINISH REC ROOM

513367-C

NOT TO SCALE

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 _____

ROAD

PRE-CONSTRUCTION 5/5/05 Perced and designed system Depth to Inlet
5.5' Bottom no deeper than 9'. 3.5 ft sidewall. 180 ft. total 1x50'2x65'
 INSTALLATION 2 ft wide, O.K. to run 1 line to existing bed from
dist. box. (BB)

BUILDING PERMITTED AND RETURNED

FINAL INSPECTOR _____ DATE OF APPROVAL _____

HATFIELD'S EQUIPMENT AND
DEDICATION SERVICES, INC.

(301) 490 4289

PO BOX 519
ANNAPOLIS JUNCTION, MD 20701-0519

FAX (301) 490 5794

Howard County Health Department
Director of Finance
7178 Columbia Gateway Drive.
Columbia, MD 21046

Re: Permit refund

Hatfields Equipment has paid for permit # 522435, \$165.00 permit fee to repair a septic system for Greg Phillips @ 12857 Highland Road. Mr. Phillips has decided to wait until the repair is necessary.

We are now requesting a refund or a credit for another repair permit of \$ 165.00 for the permit fee.

Any questions please contact the office at 301 490 4289

Thank you for your time




Ken Hatfield

2011 FEB - 8 PM 1:12

Memorandum

To: Carletta McKnight

From: Michael J. Davis 

Date: 2/13/2007

Re: Refund for Hatfield's Equipment for 12857 Highland Road

On May 2, 2005, Hatfields paid the repair perc and septic repair fees for 12857 Highland Road with a check in the amount of \$330.00. The perc was performed. Since then the owner, Mr. Phillips, has decided to wait until it is necessary to do the repair. Please refund \$165.00 to Hatfields. The receipt number was 522435. A copy of the receipt is attached. Please send the refund to Hatfield's Equipment, P. O. Box 519, Annapolis Junction, MD 20701.

Thank you for your assistance in this matter.

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

Reason for Request:

In support of a building permit for what reason? Repair

- 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 _____

Septic Contractor: Hatfield's Septic
Contractor's Address: 13785 Buntwoods Rd

Contractor's Phone #: 301 854-6172

Property Address: 12557 Highland Rd

Property (Subdivision) & Lot # _____

County file number if known: _____

Owner's Name: Mr. Patrick

Is public sewer available/nearby: W/A

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

Names of Any Previous Owners: _____

Year House Built: 2000

of Existing Bedrooms: 3

of Bedrooms after completion of addition: _____

Has this request been discussed previously with another Sanitarian: _____

If yes, then with whom and when: _____

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

Environmental Sanitarian tentatively assigned per rotating index card box: _____

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