

**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 5/29/15      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 556470  
 APPROVAL DATE: 2/11/15 (low)      **PERMIT:**      **REPAIR**      A 556470  
 PROPERTY ADDRESS: 13355 Pipes Lane  
 SUBDIVISION: Annandale      LOT: 23      TAX ID: 03-305198  
 CONTRACTOR: Ronnie Heaps      EMAIL: \_\_\_\_\_  
 CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784      PHONE: 443-277-7526  
 PROPERTY OWNER: Lynn and Scott Nelson      EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 13355 Pipes Lane, Sykesville, MD 21784      PHONE: \_\_\_\_\_

SEPTIC TANK SIZE (GALLONS): N/A      PUMP CHAMBER CAPACITY (GALLONS):           PUMP SIZE: N/A  
 NUMBER OF BEDROOMS: 3      HOUSE SQ. FT. N/A      APPLICATION RATE: 0.8  
 DISTRIBUTION SYSTEM:      GRAVITY FED       LOW PRESSURE DOSED       ~ 80 Ton stone

TRENCHES:	LINEAR FEET REQUIRED: <u>130</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</u>

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

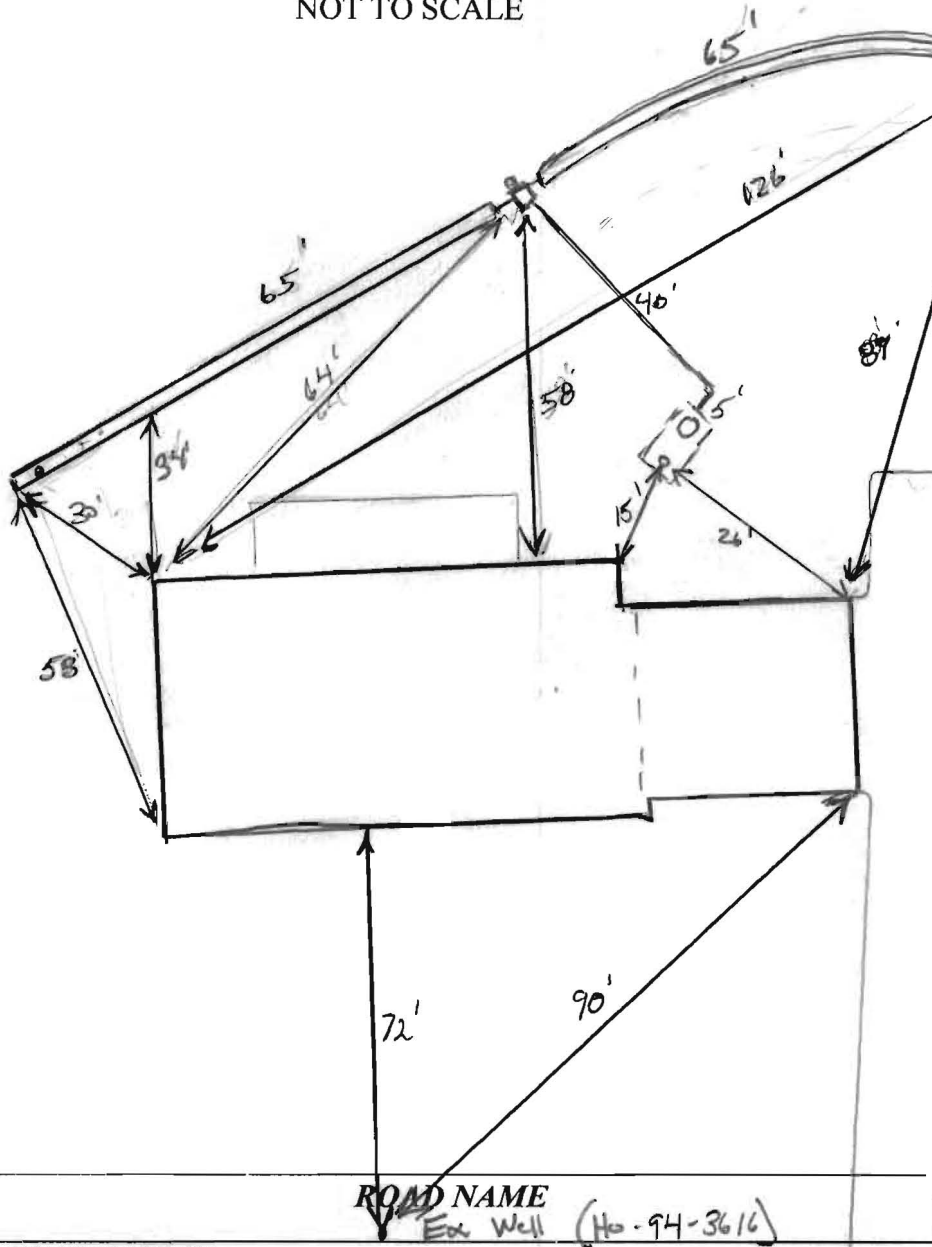
NOTES: *New Dbox to be set 20' or so below ea. Drywell. Install 2X65' trenches in both directions as pointed out in field. Elevation confirmed in field @ time of perc testing. obs. pipes and root rid as needed. Pump / collapse ea. D.W.*

ISSUED BY: K. Wolf      ISSUE DATE: 6/9/15      EXPIRATION DATE: 6/9/16

- 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



**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
2'	4'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		130'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Level/crs</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes (side)</u>		

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL	<u>Yes</u>
MANUFACTURER	<u>N/A</u>
CAPACITY	<u>1000</u> GAL
SEAM LOC	<u>mid</u>
TANK LID DEPTH	<u>3'</u>
BAFFLES	<u>New outlet</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Rear (new)</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>OK</u>
SLOTTED	<u>no</u>
DATE ON LID	<u>—</u>

**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	_____

**PRE-CONSTRUCTION:**

6/9/15 Install 2x65' trenches in both directions. Trenches printed out in field. Elevations confirmed in field @ time of perc. testing. (KMW)

6/10/15 Contractor called and explained he tried to call in inspection but could not get thru to schedule. Confirmed w/ secretary, up front

**INSTALLATION:**

6/11/15 on-site inspection. Trenches installed per layout. Ex D.W. pumped/collapsed. New outlet baffle installed on tank. D box leveled. OK to backfill. Went to verify backfill/grading to avoid heavy swales (KMW) 7/1/15 Grading looks good. (KMW)

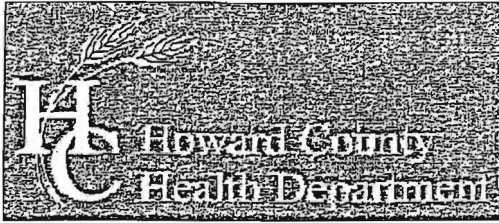
FINAL INSPECTOR

K. Hall

DATE OF APPROVAL

7/1/15





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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
[X] Failing System
[ ] System relocation for proposed addition
[ ] System upgrade for proposed addition
[ ] Inadequate treatment zone
[ ] Collapsed septic tank
[ ] Collapsed drywell

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped within the last month?
[X] Yes Date pumped: 5/25/13
[ ] No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Was a visual inspection of the septic tank and/or drain fields conducted?
[X] Yes Explain observations: Dry well over inlet Pipe
[ ] No

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
[X] Yes
Blockage leading to the tank
[ ] Yes. Explain: Everything over full
[ ] No
Blockage leading to the field
[ ] Yes Explain:
[ ] No

Existing system design

- Existing system design
[X] Drywell
[ ] Trench
[ ] Mound
[ ] Unknown
[ ] Other:

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
[ ] Yes
[X] No
[ ] No

Additional Comments:

\*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, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: J.M. Contracting LLC Contractor's Phone: 443 277 7526

Contractor's Address: 425 Cbrecht Rd Sykesville MD 21784

Property Address: 13355 Pipes Lane County file:

Subdivision: Lot: 1AC Year Built: 1970

Owner's Name: Lynn + Scott Nelson Owner's Phone:

Name of previous owners: Existing bedrooms: 3

Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): NO

Public Sewer available/nearby:

\*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.

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

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

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists.

The contractor is to notify office of the emergency situation as soon as possible.