



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: 7/1/2015 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556508

APPROVAL DATE: 12/21/15 (SEC) **PERMIT:** **REPAIR** A Repair

PROPERTY ADDRESS: 2442 Woodstream Court

SUBDIVISION: _____ LOT: _____ TAX ID: 03-308049

CONTRACTOR: South Carroll Backhoe EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Rd, Westminster, MD 21157 PHONE: 410-596-3618

PROPERTY OWNER: Napolean Pinos EMAIL: _____

OWNER ADDRESS: 2442 Woodstream Ct PHONE: 443-540-8577

SEPTIC TANK SIZE (GALLONS): ~~2000~~ 2000g PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: n/a

NUMBER OF BEDROOMS: 4 existing HOUSE SQ. FT. _____ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

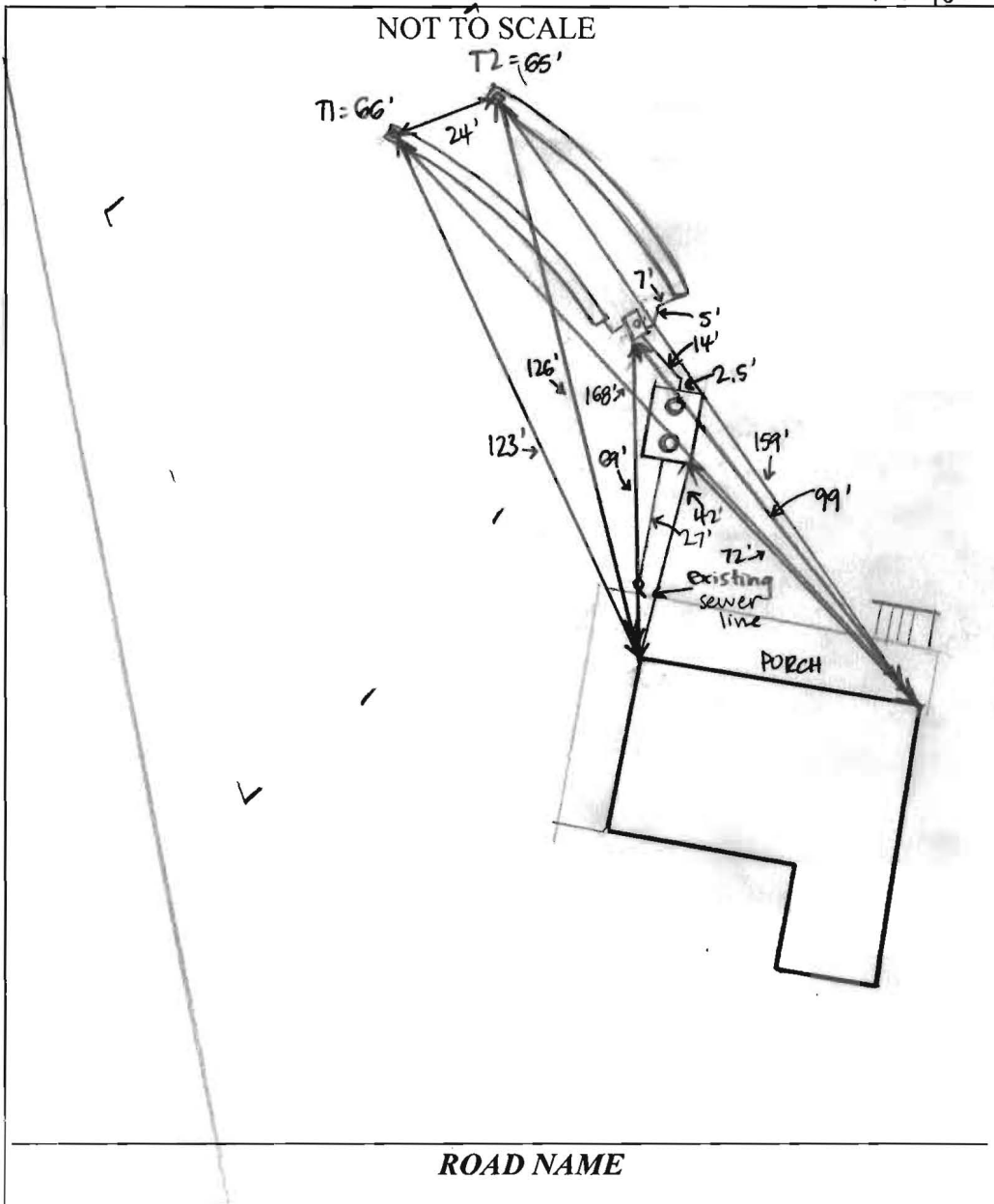
TRENCHES:	LINEAR FEET REQUIRED: <u>103</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6</u> * Keep > 8' Buffer
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u> Due to very fast perc rates + stream loc.
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Homeowner wants to size system repair for more bedroom. Limitations to sizing. Can go to 5 BR under repair perc permit. Will need further site evaluation to determine more than 5 BR. 5BR Design: $750\text{gpd} \div 1.2\text{gpd}/\text{ft}^2 = 625\text{ft}^2 \div 3 = 208\text{ft} (.62) = 130\text{LF}$ Install 2x65' trenches on contour as staked out in field. Ex. system to be abandoned.	

ISSUED BY: K. Wolf ISSUE DATE: 11/25/2015 EXPIRATION DATE: 11/25/2016

- 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.

1" = 40'



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		131'
ABSORPTION AREA		262' + SIDEWALL
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	YES
MANUFACTURER	BABYLON
CAPACITY	2000 GAL
SEAM LOC	TOP
TANK LID DEPTH	1.5'
BAFFLES	YES
BAFFLE FILTER	NO
MANHOLE LOC	FRONT + REAR
6" PORT LOC	NONE
WATERTIGHT TEST	NO
SLOTTED	YES
DATE ON LID	—

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:

10/9/15 Met contractor on-site. Able to lay out 2x65' trenches for 5 BR design. Will be able to make 4' inlet w/ gravel. Install 2x65' trenches on contour running away from house. Future repair may require a pump system sized for SBR. Owner wanted more, could not give that design on \$165 repair price. Needs approach price app. (KMU) 12/8/15 Will need to move new 2000g S.T. further from house. to keep min 20' s.t back

INSTALLATION:

12/21/15 New tank installed + connected to existing sewer line. Old tank pumped + collapsed. D-box installed + connected to tank. T1 complete, 2nd half open. 3.5-4' to stone. 3' wide. Perc hole at end of T1 making last 6' wider. Digging T2 while on site, 4' inlet measured. Speed levelers in D-box leveled. 6' to bottom of T2. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 12/21/15





HOWARD COUNTY HEALTH DEPARTMENT

56508

7 / 1 / 15 DATE

Received From

South Carroll bridge

PHONE #

410 596-2085

For

Septic Permit - 17031 Hyndy Rd.

1312 Encumbering Ln, Green Ct. ¹⁴⁷¹⁵ 14711

Peric Repair - 2422 Woodstream Ct.

Two thousand eight hundred sixty x 1

Dollars

CASH

CHECK

NO.

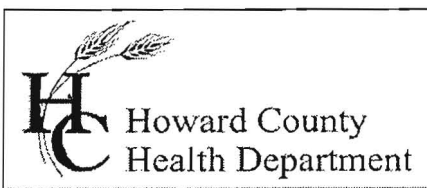
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Received By

[Signature]



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 7178 Gateway Drive Columbia, MD 21046
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 website: www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1556508

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS _____
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Napoleon Pinos

DAYTIME PHONE 443-340-8577 CELL _____ EMAIL _____

MAILING ADDRESS 2442 Woodstream Ct Ellicott City 21042
STREET CITY, STATE ZIP

APPLICANT South Carroll Backhoe RELATIONSHIP TO OWNER: _____

DAYTIME PHONE _____ CELL 410-596-3618 EMAIL SC Backhoe@comcast.net

MAILING ADDRESS 4410 Salem Bottom Rd Westminster MD 21157
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

BUILDING:

- RESIDENTIAL WITH _____ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

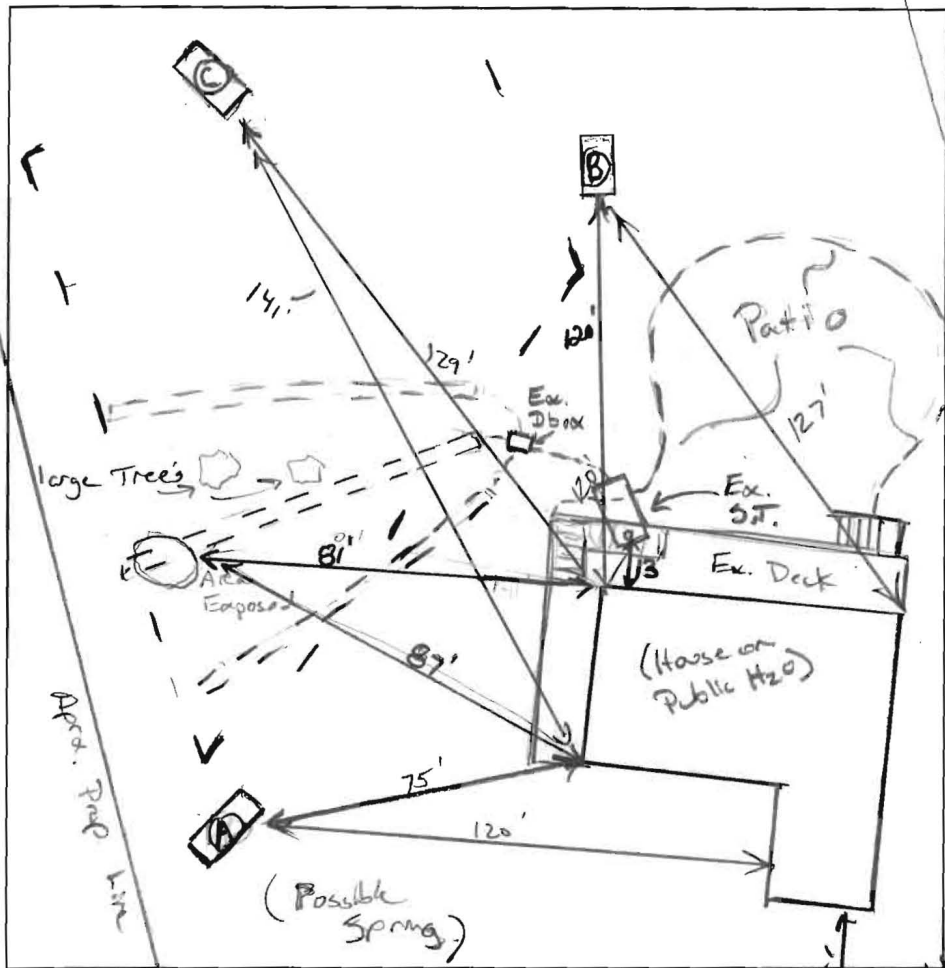
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Stephen J. Schisch

SIGNATURE OF APPLICANT

DATE



8"
6"
15'

(A)
Dk Br CL
micaceous silty
wk Br/Y L
Platy, High
mica content
moist, sticky

H₂O seep
Highly
micaceous

8"
3"
7"
10"
14 1/2"

(B)
wk Br/Y L,
wk S&K, Friable
Br/Y L, Friable,
wk platy,
micaceous Dry
Br/Y SL,
wk platy, Friable,
Highly micaceous
roots Dry
Br/R/Y SL,
wk, S&K,
Friable,
Dry mica
Br/R/Y LS
Highly micaceous
Dry. S&K

(C)
Br/Y L, roots
wk, wk S&K
Br/Y L,
Dry, wk platy
micaceous, SL
roots, Dry,
wk platy.
Br/Y/R LS
10% rock, S&K
wk separate.
Highly micaceous.

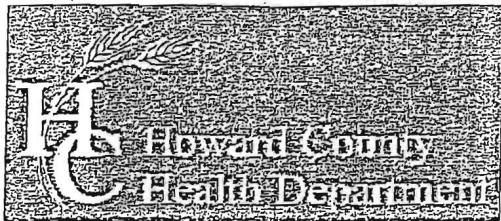
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/3/15	(A)	Fail	No	4' Buffer	Possible		F
	(B)	4' / 146'	00:45	00:45:30	00:46:15	45 sec	H ₂ O
		H ₂ O percolated @ bottom		~ 10 mpi			P
	(report)	4'	00:47	00:48	00:50	~ 2	OK
	(C)	Visual	→				P
Due to stream location							

REMARKS See sample grain: Hole (A) Dry hole open but collapsed up to 5'-6'
 SANITARIAN K. Wolf BACKHOE Mark OTHERS Rudy
 TEST HOLES USED IN SDA 3 AVG. PERC TIME 2 SQ. FT/BR 1.2
 TRENCH WIDTH 3 INLET DEPTH 3'-4' MAX. BOT DEPTH 5'-6' EFFECTIVE SW (2')

$$40R = \frac{6000 \text{ gal}}{172} = 500 \div 3 = 167 (1.22) = 103LF$$

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/9/15	<p>Attempts made by homeowner to contractor requesting the repair system to sized for increased bedrooms. Initially, system designed for 4 BR. Possible 5 BR design could work based off of site visit performed today w/ contractor (see permit). Further testing would be required if owner wants more than 5 BR. (KRM)</p>
10/23/15	<p>Phone call from property owner. Wanted confirmation about what contractor explained. I mentioned that I could only size "repair system" for 5 BR. Soils very fast (< 2mp) wanted increased buffer capacity to one 6" (not 4") but need available area to have 2 replacement systems for 5+ BR design. Explained he would need to perform further perc testing w/ engineer prior to plan in future. (KRM)</p>
12/8/15	<p>Call rec'd from contractor, owner wants to change out ex. s.t. to a 2000g s.t. OK to support 5BR design on permit (KRM)</p>



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Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- 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?

- Yes Date pumped:
No

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

- Yes Explain observations:
No

Was a visual inspection of the sewage line conducted?

- Yes
Blockage leading to the tank
Yes. Explain:
No
Blockage leading to the field
Yes. Explain:
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
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: South Carroll Backhoe Contractor's Phone: 410-975-4197
Contractor's Address: 4410 Salem Bottom Rd Westminster 21157

Property Address: 2442 Woodstream Ct County file:
Subdivision: Lot: Year Built:
Owner's Name: Napoleon Pines Owner's Phone: 443-540-8577

Name of previous owners: Existing bedrooms:
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name):
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.