

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: 5/19/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558725

APPROVAL DATE: 6/3/16 **PERMIT: REPAIR** A Repair

PROPERTY ADDRESS: 1675 Woodstock Road

SUBDIVISION: _____ LOT: _____ TAX ID: 03-291871

CONTRACTOR: Sam's Creek EMAIL: _____

CONTRACTOR ADDRESS: 2810 Sams Creek Road, New Windsor, MD 21776 PHONE: 410-821-4932

PROPERTY OWNER: John and Erin Schade EMAIL: _____

OWNER ADDRESS: 1675 Woodstock Road, Woodstock MD 21763 PHONE: 410-913-7869

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: n/a

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. n/a APPLICATION RATE: 1.2 (initial)

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>90</u>	INLET DEPTH: <u>12" - 18"</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>4'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8-9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Initial system to be laid out over perc test D. Shallow system only no deeper than 4'. Inlet depth varies from 12 - 18". Install 2x45' trenches as staked out in field. Must use laser level for installation. Keep out of 100' well radius. 3BR Design: 450÷1.2 = 375÷3 = 125(.71) = 89LF SHALLOW SYSTEM 4' MAX BOTTOM **NOTE** Initial repair good for 1.2gpd/ft ² over perc test D. Future repair area may be usable over perc tests A/B for shallow/bottom area system only. Future repair over perc test C good for deep trench system. Need to expand area past ex. fence and avoid large trees and stumps. -KMW	

ISSUED BY: K. Wolf ISSUE DATE: 5/27/2016 EXPIRATION DATE: 5/27/2017

- 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

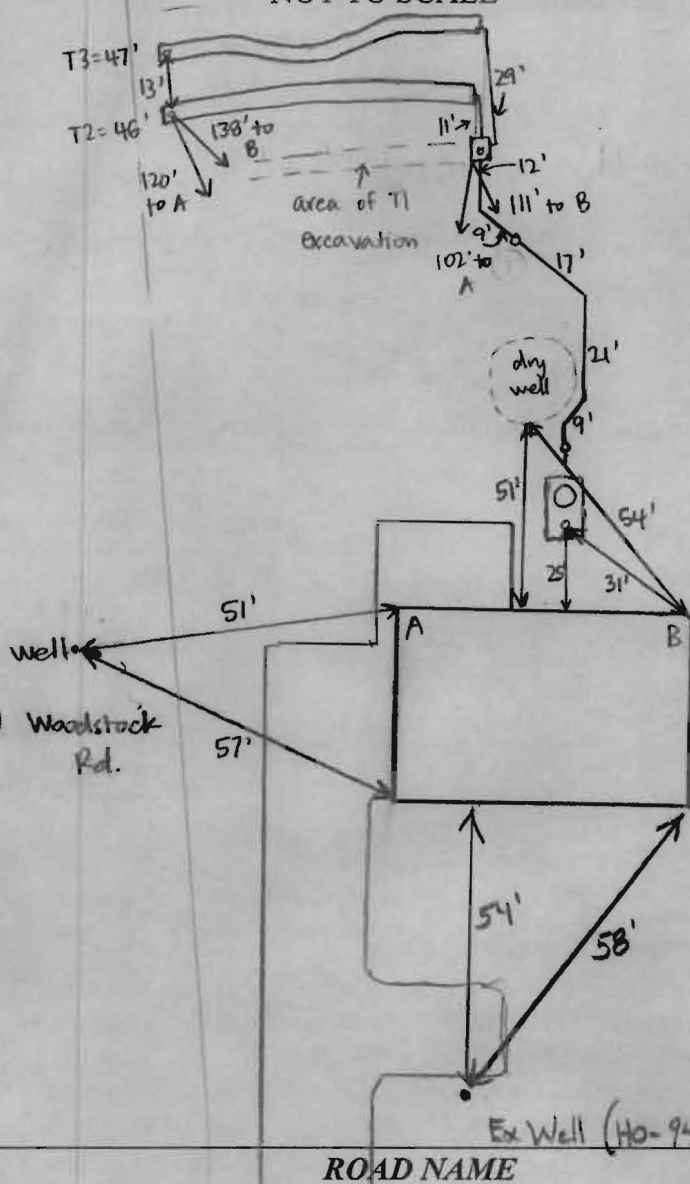
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.**

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	12"	4'

NUMBER OF TRENCHES 2
 TOTAL LENGTH 93'
 ABSORPTION AREA 279' + SIDEWALL
 DISTRIBUTION BOX LEVEL YES
 DISTRIBUTION BOX BAFFLE YES
 DISTRIBUTION BOX PORT YES



Ex. SEPTIC TANK DATA

SEPTIC TANK I LEVEL ?
 MANUFACTURER ?
 CAPACITY 1000? GAL
 SEAM LOC ?
 TANK LID DEPTH 6"
 BAFFLES YES
 BAFFLE FILTER NO
 MANHOLE LOC REAR
 6" PORT LOC FRONT
 WATERTIGHT TEST ---
 SLOTTED NO
 DATE ON LID ---

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

5/27/16 Install 2x45 min length trenches as staked out in field. Keep 4' max bottom. Stay close to pre test D for placement trenches. Pump/collapse Drywell. Call for map (Kaw)

INSTALLATION:

6/1/16 Joe with Sams Creek hit shallow bedrock while digging T1: 3-4' depth from start to 15', 2' depth from 15-25' (didn't dig past 25'). Laid out a third trench on contour - start is 13.5' to T2 edge, middle is 6' to T2 edge, and end is 10.5' to T2 edge. D-box installed + connected to tank. T2 is 5' to bottom @ start, 4' in middle, 5.5' at end (S).
 6/2/16 T3 complete + left open. T2 finished + open at ends 6" to stone in middle, 1-1.5' to stone at ends. No rock hit while digging T3. Speed levelers are level on D-box. Sams Creek to pump drywell + fill in with stone - will send documentation. (S)
 6/3/16 Documentation received from Sams Creek that dry well was pumped + filled with stone. (S)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 6/3/16

Sams Creek

2810 Sams Creek Road

New Windsor, MD 21776

Ph # (443) 821-4932 Fax # (410) 875-0170

Email: Sams.creek@aol.com

June 3, 2016

Howard County Environmental Health
Well & Septic Department
Sara Collins:

In reference to the septic repair at 1675 Woodstock Road for Erin & John Schade... Sams Creek guarantees that on June 2, 2016 the existing drywell was pumped clean, collapsed in, & filled with washed #2 stone.

Please do not hesitate to contact me with any questions or concerns.

Thanks,

Jessica Reisberg



HOWARD COUNTY HEALTH DEPARTMENT

58725

DATE
5/19/16

95

Received From

Semis Creek Constr.

PHONE #

443-821-4932

For

Septic Repair - 11075 Woodstock Rd.

CASH

CHECK

NO.

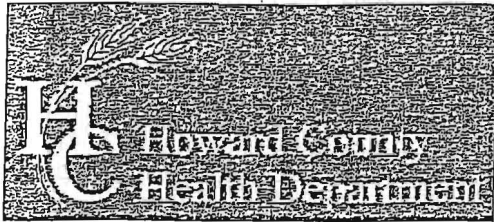
2118

One hundred sixty five Dollars

\$ 165.00

Received By

King



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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: APR 22
No

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

- Yes Explain observations: THE DRYWELL IS FULL + BACKLOG INTO TRENCH + MAKE
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: SAMS CREEK Contractor's Phone: 443 821 4932
Contractor's Address: 2810 SAMS CREEK RD NEW WOODSOL, MD 21726

Property Address: 1675 WOODSTOCK ROAD County file:

Subdivision: N/A Lot: Year Built:

Owner's Name: JOHN + ERIN SCHADE Owner's Phone: 410-913-7869

Name of previous owners: Existing bedrooms: 3
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): NO
Public Sewer available/nearby: NO

*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.



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 558726

AGENCY REVIEW: _____

DATE 5-19-16

DO NOT WRITE ABOVE THIS LINE

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

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) JOHN & ERIN SCHADE

DAYTIME PHONE 410-913-7869 CELL _____ FAX _____

MAILING ADDRESS 1675 WOODSTOCK RD WOODSTOCK, MD
STREET CITY/TOWN STATE ZIP

APPLICANT SAMS CREEK CONSTRUCTION

DAYTIME PHONE 410 821 4932 CELL _____ FAX 410 875 0170

MAILING ADDRESS 2810 SAMS CREEK ROAD WOODSOL MD 21776
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER SEPTIC INSTALLER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME N/A LOT NO. N/A

PROPERTY ADDRESS 1675 WOODSTOCK RD WOODSTOCK
STREET TOWN/POST OFFICE

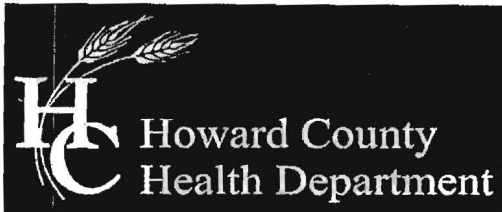
TAX MAP PAGE(S) 0010 GRID 0018 PARCEL(S) 0093 PROPOSED LOT SIZE 1.25A

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Tom Walsh
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



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

558726

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME N/A

PROPERTY ADDRESS 1675 WOODSTOCK RD WOODSTOCK, MD 21783

TAX ACCOUNT # 291871 TAX MAP 0013 GRID 0018 PARCEL 0093 LOT NO. PROPOSED LOT SIZE (ACRES) 1.25

ZONING CATEGORY TIER

PROPERTY OWNER(S) JOHN & ERIN SCHAOF

DAYTIME PHONE CELL 410-913- EMAIL

MAILING ADDRESS SAME AS PROPERTY LOCATION

APPLICANT SAMS CREEK RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE 4438214932 CELL EMAIL SAMS.CREEK@AOL.COM

MAILING ADDRESS 2810 SAMS CREEK RD NEW WINDSOR, MD 21776

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

PROPERTY:

- PROPERTY: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS

BUILDING:

- BUILDING: RESIDENTIAL WITH 3 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

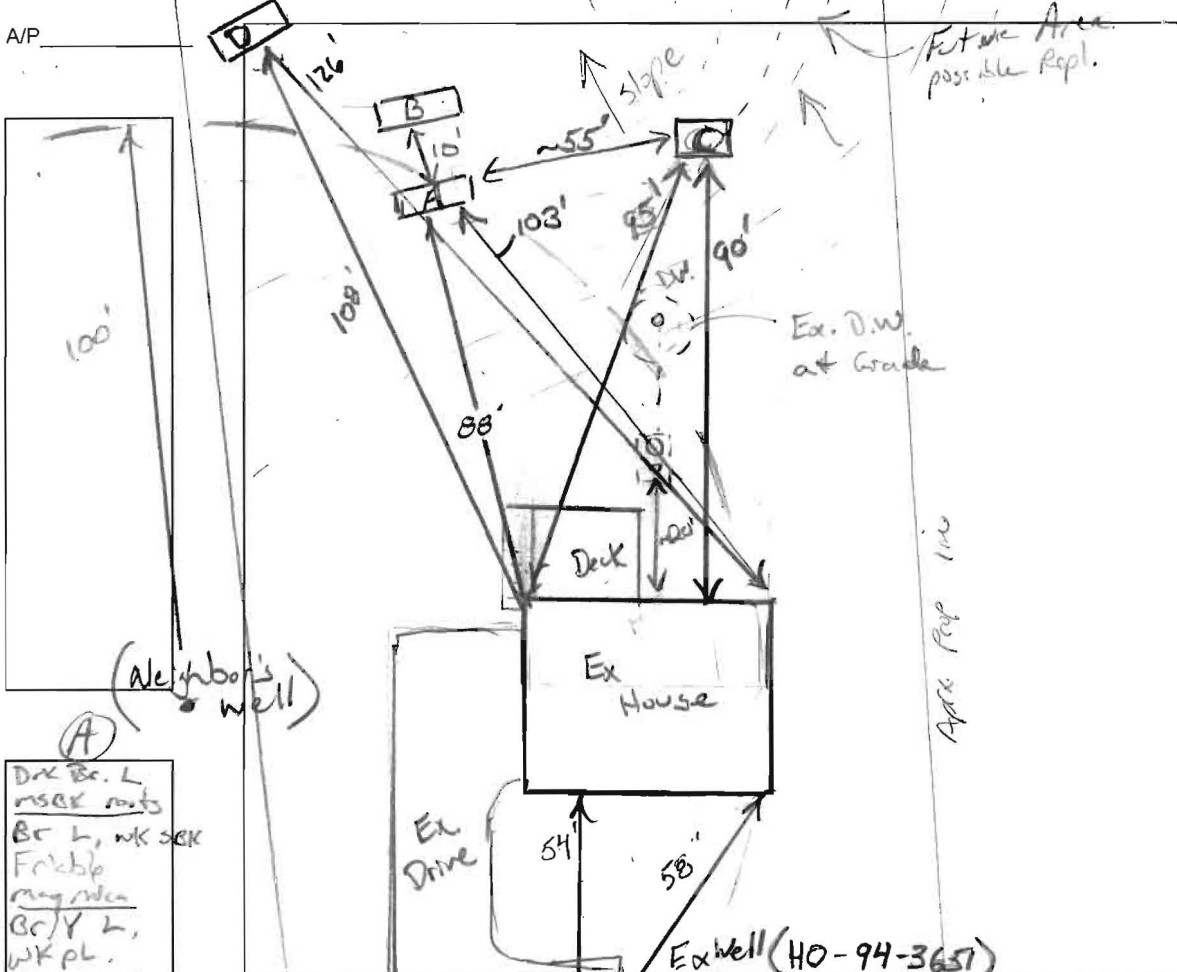
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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. Signature of Applicant: Jay Ward DATE: 5/19/16



3' Br L, mSBK roots
 Br/Y CL, CW, mSBK Friable 15% Ra.
 2' Br/Rd/Y CL WK SBK, CW many mica, Dry, roots 15% Qtz
 6' Br/Y FSL WK Heavy highly micaceous Dry, consistent

11'8" D
 10" Drk Br L, mSBK.
 2' Br L, WK SBK Friable micaceous 10% ssp
 4' Br/Y SL, WK platy Dry, roots, micaceous
 8' Br/Rd FSL WK pl, Highly micaceous, 15% Ra.
 Hod Bottom

(A) Neighbor's well
 8" Drk Br. L mSBK roots
 2' Br L, WK SBK Friable many mica
 4' Br/Y L, WK pl. Dry, roots Br/Rd SL, Friable, Dry 20% Ra, pl micaceous
 6' Hod Bottom

(B)
 4' Br/Y L, wpl, Friable, 20% Ra. channery some mica
 Hod Bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
5-27-16	(C)	5' 8 1/2"	00:54	00:59	01:10	11	P	
		7' 10"	00:17	00:20	00:32	12	P	
	(D)	4' 8"	00:10	00:13	00:16	3	P	
	(B)	* See Remarks →						F
	(A)	could be used as shallow system w/ bottom area only.						H

$450 \div 1.2 = 375 \div 3 = 125 (.7) = 89 LF$

REMARKS * System over A + B perc could be used as shallow/at grade only.

SANITARIAN K. Wolf BACKHOE Sam's Creek OTHERS owner/helper

TEST HOLES USED IN SDA _____ AVG. PERC TIME Varies SQ. FT/BR _____

TRENCH WIDTH 3' INLET DEPTH 12"-18" MAX. BOT DEPTH 4' EFFECTIVE SW 2.5"



HOWARD COUNTY HEALTH DEPARTMENT

58726

DATE
5/19/16

Received From

Sams Creek Condo. PHONE # 443 821-4932

For

Porc App / 11075 Woodstock Rd.

CASH

CHECK

NO.

2119 One hundred sixty-five Dollars

\$

1605 | 40

Received By

A King