



Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 4/29/2014 **ONSITE SEWAGE DISPOSAL SYSTEM** P 546336

INSTALLATION APPROVAL DATE: 5/13/14 **PERMIT** A Repair
(Kms)
REPAIR

PROPERTY ADDRESS: 11901 Triadelphia Road

SUBDIVISION: _____ LOT: _____ TAX ID: 03-295710

CONTRACTOR: J.M. Contracting LLC. EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784 PHONE: 443-277-7526

PROPERTY OWNER: David Feinstein EMAIL: _____

OWNER ADDRESS: 11901 Triadelphia Road, Ellicott City, MD 21042 PHONE: 703-856-4777

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): N/a (future) STATIC HEAD (FEET): N/a

NUMBER OF BEDROOMS: 4 ✓ HOUSE SQ. FT. N/a APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED 2x50'

TRENCHES:	LINEAR FEET REQUIRED: <u>100'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>11' & 3' wide</u>	MAXIMUM BOTTOM DEPTH: <u>5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>8'</u>
LOCATION:	Trenches to be located aprx 25' off of back of house, running parallel with house. D-box can be installed in the middle of both trenches. Trenches to be 60' in length as painted out in field.	
NOTES:	Additional 2' of stone must be placed above trench pipe to minimize safety factors. Must use laser/transit while installing trenches. Minimum fall must be maintained. Ex. dry well must be pumped and collapsed. Two Manhole access risers to be installed on ex. s.t. to minimize earth load. Obs. ports must be installed at trench ends. FUTURE REPAIR WILL REQUIRE INTERNAL PLUMBING TO BE RE-ROUTED AT DIFFERENT SEWER-OUT INVERT ELEVATION!!!	

ISSUED BY: K. Wolf ISSUE DATE: 5/9/14 EXPIRATION DATE: 5/9/15

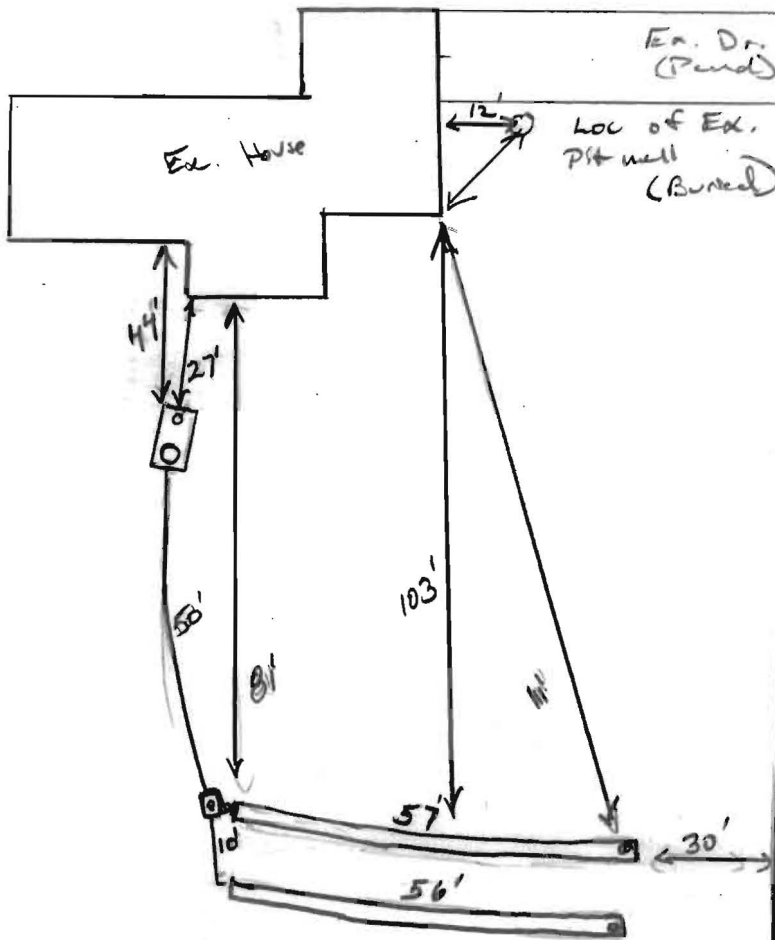
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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

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'	3'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		100'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Leveler's</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>existing</u>
CAPACITY	<u>1000</u> GAL
SEAM LOC	<u>mid</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Rear</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	_____

Emerald Ct

PRE-CONSTRUCTION:

5/9/14 Install 2 x 50' trenches just below Perc hole A. Keep 100' from ex. well. Existing needs new out let baffle and riser. Old system will be abandoned. Call for inspection (see)

INSTALLATION:

5/12/14 Trenches complete. New 40 pipe installed out of ex. S.T. to new trenches. D box leaked. OK to leave work. Outlet side of tank changed a little. Need some patch work near lid.
5/13/14 Tank patched. Manhole riser sealed w/ tar. OK. (see)

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 5/13/14



HOWARD COUNTY HEALTH DEPARTMENT

46336

CODES

DATE

4/29/14

AS

CASH

CHECK

NO.

2854

Received From

Daniel Fernandez

For

PERC + Repair - 11901 Philadelphia

Three Hundred Thirty

Dollars

\$

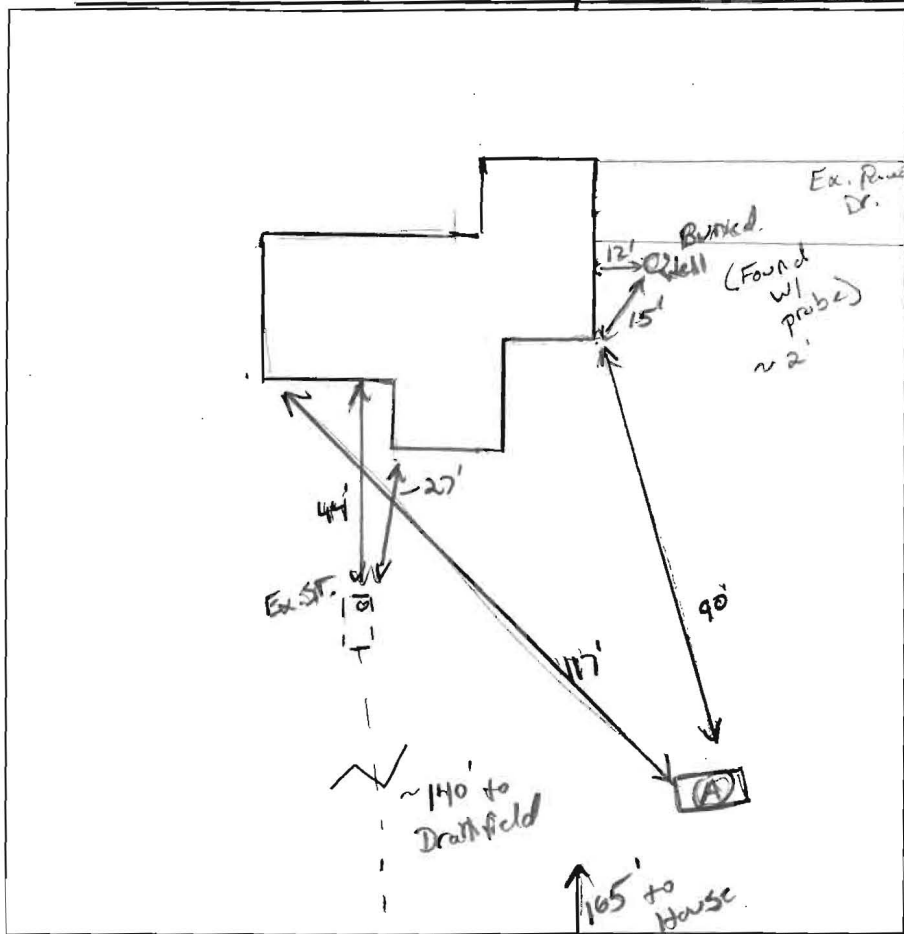
330.00

Received By

M Youmans

Triadelphia Rd

A/P



Emerald Ct.

Ⓐ

0m. w/ SBK

6"

Br/Y FSL
Highly weathers.
5% slip.

3'

wk platy.
Friable

Br/Y SL,
loose,
massive
somewhat
platy.
Highly weathers

14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/9/14	Ⓐ	3' 1/4"	12:10	12:11	12:12:30	1:30	
			12:12	12:14	12:16	Ⓜ	P
			H ₂ O poured @ bottom of hole. 12:18 OK ~ 7-9 mps				

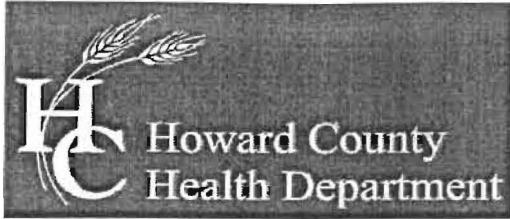
REMARKS: Ex. had to be dug up. Ex. Tank failed. Holding water

SANITARIAN: K. Wolf BACKHOE: R. Heaps OTHERS: owner

TEST HOLES USED IN SDA: _____ AVG. PERC TIME: 2 SQ. FT/BR: _____

TRENCH WIDTH: 3' INLET DEPTH: 3' MAX. BOT DEPTH: 5' EFFECTIVE SW: 2'

$$4 (150) = \frac{600}{1.2} = 500(3) \quad (0.57) = 100'$$



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

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

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

Has the septic tank been pumped within the last month?

- Yes Date pumped: 4/28/14
- No

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

- Yes Explain observations: Everything over full backing up.
- No

Was a visual inspection of the sewage line conducted?

- Yes
 - Blockage leading to the tank
 - Yes Explain: over full
 - No
 - Blockage leading to the field
 - Yes Explain: over full
 - 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: Ronnie Heaps Contractor's Phone: 443-277-7526
 Contractor's Address: 425 Abbott Rd Sykesville 21784
 Property Address: 11901 Triadelphia Rd. County file: _____
 Subdivision: Ellicott City 21042 Lot: _____ Year Built: 1960
 Owner's Name: David Feinstein Owner's Phone: 703-856-4777
 Name of previous owners: _____ Existing bedrooms: 4
 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.