

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: 8/16/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558828

APPROVAL DATE: 8/24/16 (SEC) **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 3442 Huntsman Run

SUBDIVISION: Eagles Loft LOT: 19 TAX ID: 03-303055

CONTRACTOR: J.M Contracting LLC. EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784 PHONE: 443-227-7526

PROPERTY OWNER: Paul Saxon EMAIL: _____

OWNER ADDRESS: 3442 Huntsman Run, Ellicott City, MD 21042 PHONE: 410-531-0599

SEPTIC TANK SIZE (GALLONS): Existas PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. N/A APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>80</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12 ft</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Install 2x4s trench on contour below ex. failed D.W. Pump collapse ex. D.W. Keep 100' from well.</u>	

ISSUED BY: K. Wolf ISSUE DATE: 8/23/16 EXPIRATION DATE: 8/23/17

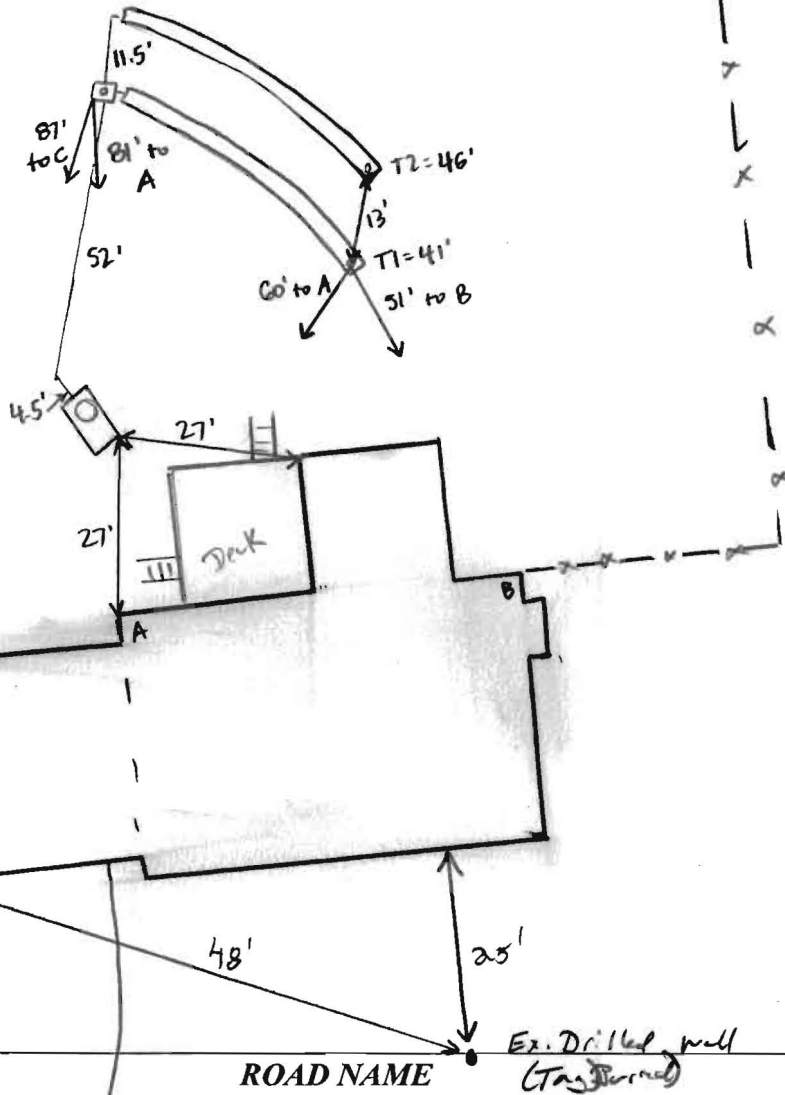
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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 WARRANT 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'	4'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		87'
ABSORPTION AREA		261' + SIDEWALL
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

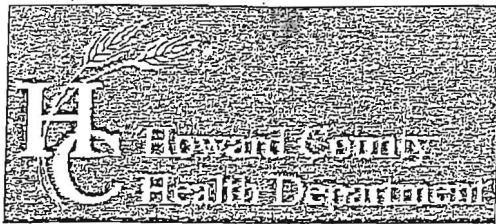
Ed. SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	N/A
CAPACITY	1250 GAL
SEAM LOC	mid
TANK LID DEPTH	~2'
BAFFLES	YES
BAFFLE FILTER	—
MANHOLE LOC	REAR
6" PORT LOC	NONE
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	N/A
PUMP/SEPTIC TANK LEVEL N/A	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

8/23/16 Contractor to set new Dbox @ start of first trench. Install 2x40 trenches just above perc test (A). Trenches staked out in field. Call for emp. Contractor to start pm. (KMD)

INSTALLATION: 8/24/16 System installed. New rear riser and outlet baffle installed in tank. Levelled speed levelers on Dbox T2 left open, T1 open at ends. 3' wide, 3.5-4' to stone. #57 stone used in trenches. Drywell pumped + filled in. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 8/24/16



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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: 8-14-16
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: Dry well overflow
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: Ronnie Heaps Contractor's Phone: 443-277-7526

Contractor's Address: Sykesville

Property Address: 3442 Huntsman Ln. Pk County file:

Subdivision: Lot: Year Built: 1977

Owner's Name: PAUL SAXON Owner's Phone: 410-531-0359

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.



HOWARD COUNTY HEALTH DEPARTMENT

58828

DATE 8/16/15

A5

Received From

Paul Saxon

PHONE #

410-531-0571

For

Peric/Repair - 3442 Huntway
Deer

CASH

CHECK

NO.

3949

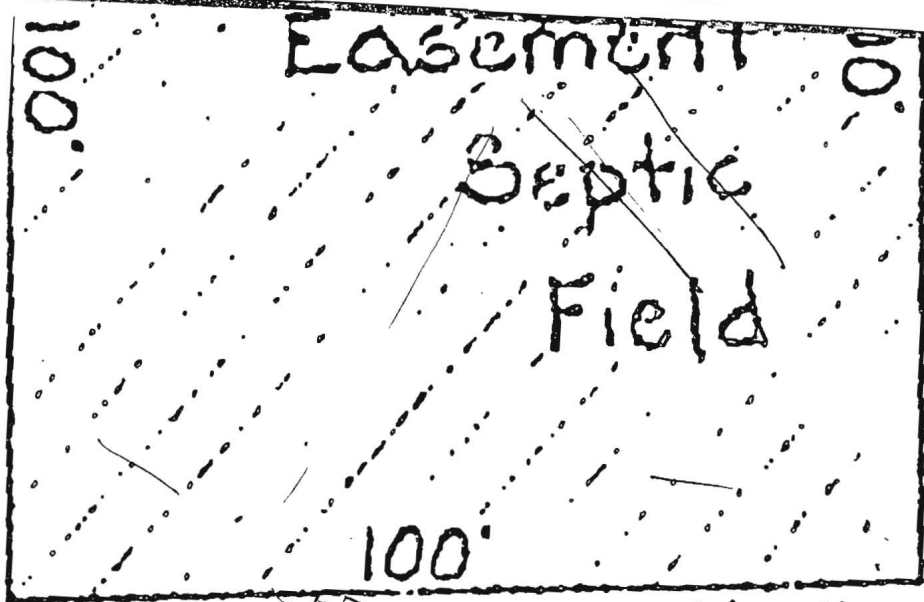
Three hundred thirty Dollars

\$

330.00

Received By

King

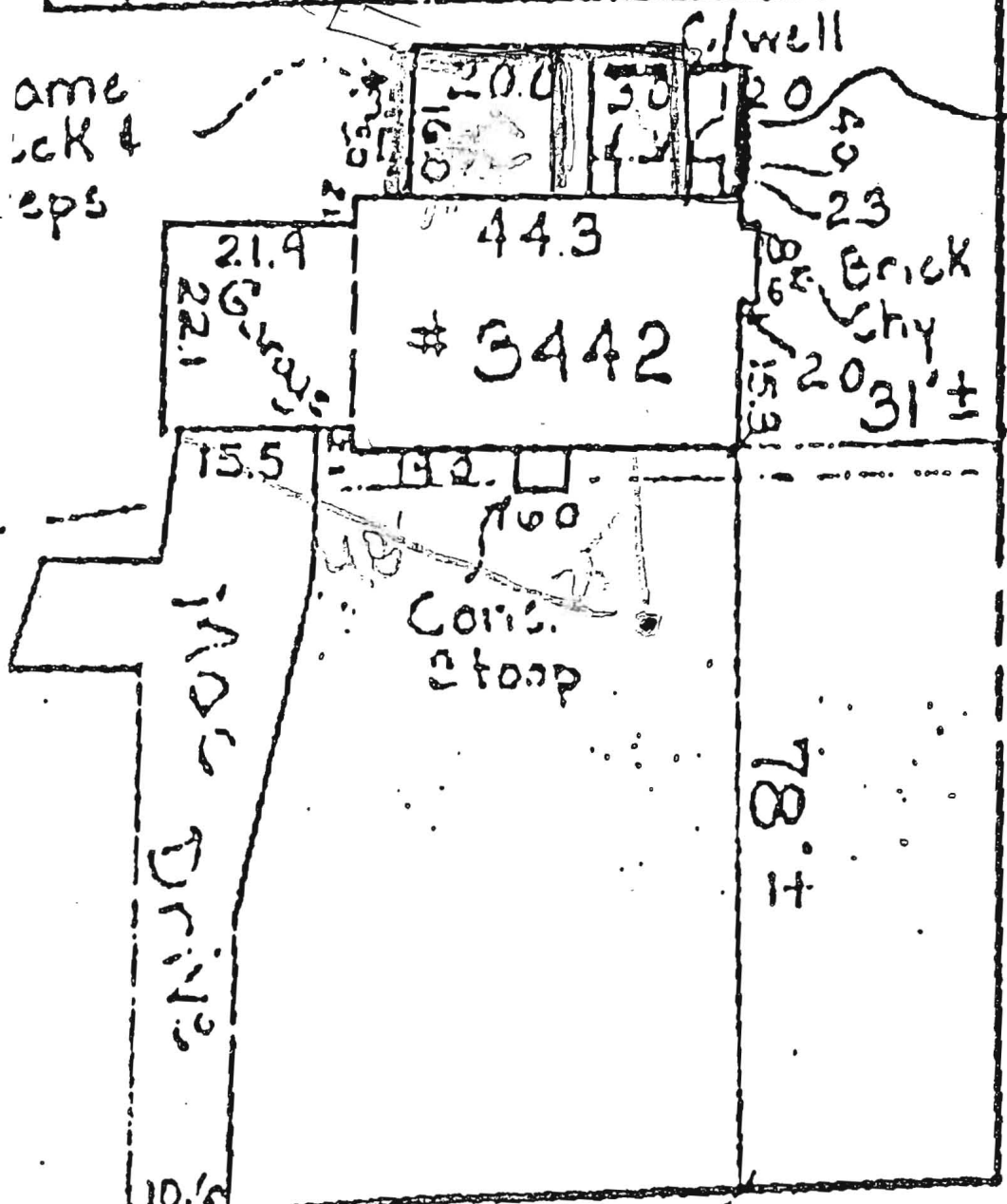


Wes:
Ho

18

ame
ck &
eps

Proposed Serc
12 X 16



75' B.R.L

270.00'

13 A: 67.00' S 08° 50' 13" E
58.25'