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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: 9/20/16 ONSITE SEWAGE DISPOSAL SYSTEM P 559773

APPROVAL DATE: 11/21/16 (Ken) PERMIT: REPAIR A

PROPERTY ADDRESS: 14106 Howard Road

SUBDIVISION: LOT: TAX ID: 05-353386

CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701 PHONE: 410-984-0047

PROPERTY OWNER: Carl and Cynthia Hood EMAIL:

OWNER ADDRESS: 14106 Howard Road, Dayton, MD 21036 PHONE:

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

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. - APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED [ ] LOW PRESSURE DOSED [ ]

Table with 2 columns: TRENCHES and specifications. Includes LINEAR FEET REQUIRED (116'), TRENCH WIDTH (3'), INLET DEPTH (4'), MAXIMUM BOTTOM DEPTH (7'), and EFFECTIVE AREA BEGINNING DEPTH (5').

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

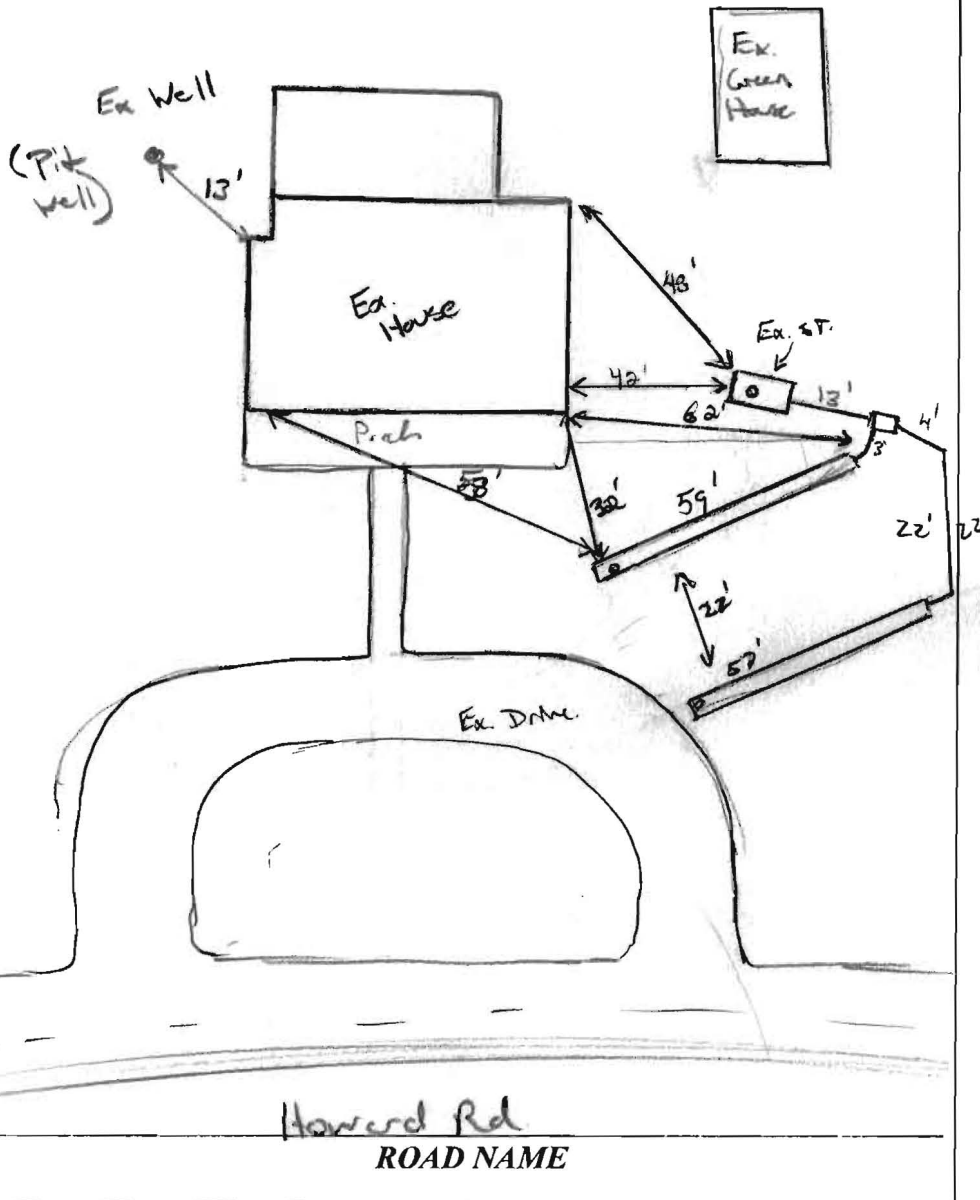
NOTES: Install 2x 58' trenches pointed out in field in front of ex house running towards ea. drive. Pump/collection ea. Drive.

ISSUED BY: K. Wolf ISSUE DATE: EXPIRATION DATE:

- 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'	4'	7'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>116'</u>		
ABSORPTION AREA <u>348' x SW</u>		
DISTRIBUTION BOX LEVEL <u>Level</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT _____		

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL	<u>Existing (yes)</u>
MANUFACTURER	_____
CAPACITY	<u>1000?</u> GAL
SEAM LOC	<u>mid</u>
TANK LID DEPTH	<u>12"</u>
BAFFLES	<u>Yes (new outlet)</u>
BAFFLE FILTER	_____
MANHOLE LOC	<u>none</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>OK</u>
SLOTTED	<u>no</u>
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:**

10/19/16 laid out 2 x 60' trenches on contour running towards ex. drive way. House 3BR.

**INSTALLATION:**

11/21/16 New trenches installed per layout. Ex. Drywell pumped and collapsed. Filled in w/ clean fill. D box leveled. OK to cover all work KAM

FINAL INSPECTOR \_\_\_\_\_

DATE OF APPROVAL 11/21/16



# HOWARD COUNTY HEALTH DEPARTMENT

59773

DATE  
9/20/16

PS

Received From

Hallfield Equip.

PHONE #

190-4259

For

Repair / 14106 Howard Rd.

CASH

CHECK

NO.

30601

One thousand seven-hundred

Dollars

\$

16500

Received By

King



# HOWARD COUNTY HEALTH DEPARTMENT

59821

DATE 11/1/16

PS

Received From

Hatfield's Equip.

PHONE # 301 490-4289

For

perc  
~~Septic~~ Repair - 14106  
Howard Rd.

CASH

CHECK

NO.

3118

One hundred sixty five

Dollars

\$

105.00

Received By

J King

# *Hatfield's Equipment and Dedication Services, Inc.*

P.O. Box 519 • Annapolis Junction, MD 20701-0519  
Office: 301-490-4289 / 888-490-4289 • Fax: 301-490-5794

Mr. & Mrs. Hood  
14106 Howard Road  
Dayton, MD 21036

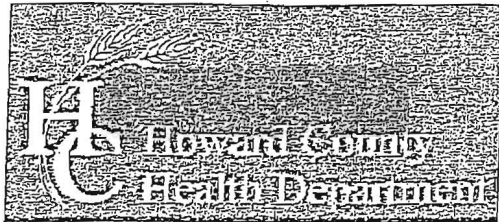
Septic Repair  
Proposal # 7721

10/20/16

We propose to supply the labor, materials and equipment to complete the following:

Septic Repair  
Apply for a permit  
Pump, crush and fill the existing drywell  
Install new pipe from out of the tank to the new drainfield location  
Install a large distribution box  
Install two 58ft. trenches, 3ft. wide, 7ft. deep with 3ft. of stone  
Install a 6" clean out on septic tank and pump out  
Inspected and backfilled

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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:
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: Drywell collapsed

\*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: Hatfield's Equipment Contractor's Phone: 410 984 0101
Contractor's Address: P O Box 519 Annapolis Junction MD 20701

Property Address: 14106 Howard Road County file:
Subdivision: Lot: Year Built:
Owner's Name: Carl & Cynthia Hood Owner's Phone:

Name of previous owners: Existing bedrooms: 3
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.