

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. Roseman, M.D., Health Officer

RECEIPT DATE: 1/12/2017 ONSITE SEWAGE DISPOSAL SYSTEM P 560503

APPROVAL DATE: 1/30/17 SEC PERMIT: REPAIR A

PROPERTY ADDRESS: 12115 Frederick Road, Ellicott City, MD 21042

SUBDIVISION: LOT: TAX ID:

CONTRACTOR: Hatfields Equipment EMAIL:

CONTRACTOR ADDRESS: P.O. BOX 519, Annapolis Junction, MD 20701 PHONE: 301.854.6172

PROPERTY OWNER: James Polli EMAIL:

OWNER ADDRESS: 12115 Frederick Road, Ellicott City, MD 21042 PHONE: 410.706.8292

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

NUMBER OF BEDROOMS: HOUSE SQ. FT. APPLICATION RATE:

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

Table with 2 columns: TRENCHES and various dimensions (LINEAR FEET REQUIRED, INLET DEPTH, TRENCH WIDTH, MAXIMUM BOTTOM DEPTH, MINIMUM SPACE BETWEEN TRENCHES, EFFECTIVE AREA BEGINNING DEPTH)

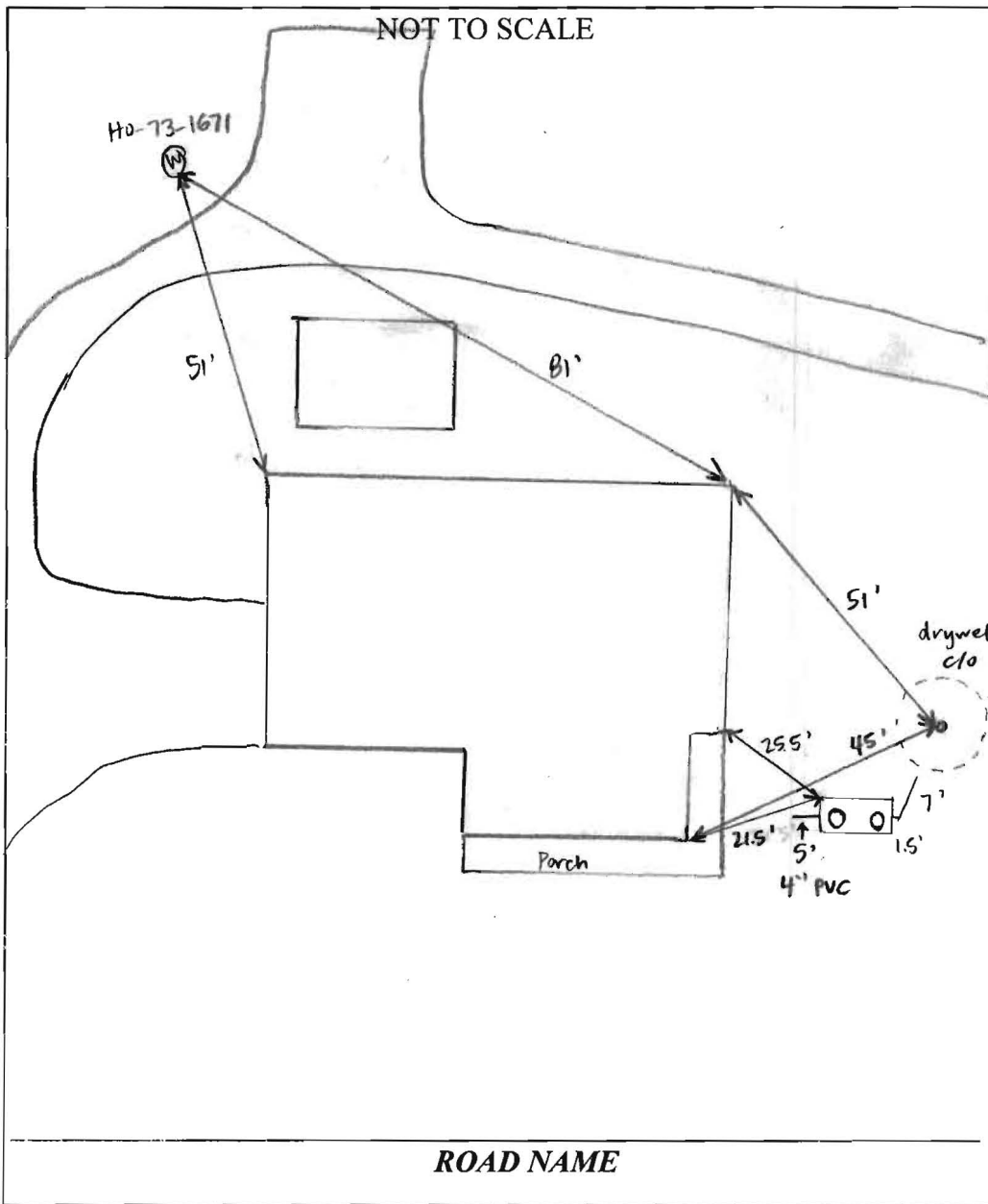
LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.

NOTES: Pump and remove the existing metal septic tank. Install 1500 gallon septic tank.

ISSUED BY: Sarah Collins ISSUE DATE: 1/20/17 EXPIRATION DATE: 1/20/18

- 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
[X] ELECTRICAL PERMIT ISSUED E N/A
NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED.
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.



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES	_____	_____
TOTAL LENGTH	_____	_____
ABSORPTION AREA	_____	_____
DISTRIBUTION BOX LEVEL	_____	_____
DISTRIBUTION BOX BAFFLE	_____	_____
DISTRIBUTION BOX PORT	_____	_____

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	<u>YES</u>
MANUFACTURER	<u>BABYLON</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>6"-1"</u>
BAFFLES	<u>YES</u>
BAFFLE FILTER	<u>NO</u>
MANHOLE LOC	<u>FRONT + REAR</u>
6" PORT LOC	<u>NONE</u>
WATERTIGHT TEST	<u>NO</u>
SLOTTED	<u>YES</u>
DATE ON LID	<u>12-25-16</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	_____

**PRE-CONSTRUCTION:**

1/20/17 Site visit - okay to set new tank in place of existing collapsed tank (SC)

**INSTALLATION:**

1/30/17 Metal tank pumped + removed in dumpster on site to be hauled away. New tank installed in same location as old tank + tied into cast iron sewer line and dry well. (SC)

FINAL INSPECTOR Sarah Collins

DATE OF APPROVAL 1/30/16

Please call when scheduled

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

410 706 8292

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

James Polli  
12115 Frederick Road  
Ellicott City, MD 21042  
410-706-8292

Tank Replacement  
Proposal # 7799

12/27/16

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

Apply for permit  
Pump and remove the existing septic tank  
Install a new 1500 gallon septic tank  
Backfill, seed and straw area disturbed  
Cost \$ 4,460.00

Install 2000 gallon septic tank  
Add \$ 400.00 to the cost

Exclusions: Stakeouts, temporary fencing, any items not priced above.

All work to be billed as completed.

Customer agrees to pay Hatfield's Equipment And Dedication Services Inc. in full the amount due within 30 days.

A finance charge at the periodic rate of 2% per month which constitutes an annual percentage rate of 24%, will be applied to any balances not paid in 30 days

Customer agrees to pay 40% of amount due as attorney fees if placed in the hands of an attorney for collection.

Non-payment of any past due amount will be sufficient justification to stop work on the project.

Respectfully Submitted

Ken Hatfield  
Ken Hatfield, president

Accepted by

James Polli  
Signature

James Polli  
Print Name

# X-A-LOCATE REQUEST FORM

MISS UTILITY NOTIFICATION CENTER

Revised: 022212

FAX NUMBER: 410-712-0062 301-621-1711

TICKET NUMBER: \_\_\_\_\_

TICKET TYPE: [ ] NEW [ ] UPDATE

If any CALLER information has changed; please circle the changed data so we can update your company record.

CALLER PHONE: ( ) \_\_\_\_\_ EXT: \_\_\_\_\_ CALLER ID# 207843

SUBMITTED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ALT CONTACT: \_\_\_\_\_ ALT PHONE: ( ) \_\_\_\_\_

DEDICATED FAX NUMBER: ( ) \_\_\_\_\_

## EXCAVATION INFORMATION:

EXPLOSIVES: [ ] YES  NO

TYPE OF WORK: septic System Repair

WORK BEING DONE FOR: James Poli

COUNTY: Howard STATE: MD

CITY/PLACE: Ellicott City

ADDRESS: 12115 Frederick Rd STREET NAME: Frederick Rd

ONE WORKED ON STREET NAME PER REQUEST

INTERSECTING STREET: Sand Hill Rd

Enter the street name that crosses/intersects with the street being worked on.

**MD DOT Questions -These questions apply to MD excavation only. In order for MDOT to be notified of your ticket, you must provide the agency AND permit/contract number. If you do not have the agency/contract #, choose NO and continue entering your ticket information in the extent of work field. Once you have obtained the agency and permit number, CALL Miss Utility at 800-257-7777 for MDOT notification**

Did you obtain a permit/contract number because the excavation/demolition is on MD state property or rd right of way?  
Yes [ ] -or- NO  (If NO skip to the Extent of Work)

What agency issued the permit/contract #? [ ] SHA [ ] MAA [ ] MDTA [ ] MPA [ ] MTA

What is your permit/contract number?

EXTENT OF WORK: Enter where you are digging. When there is not a numbered address please provide the following; which side of the street, how far and in which direction from the nearest intersecting street.

Locate/Mark: 100' Radius around house. Flags + paint

Comments: \_\_\_\_\_

MAP #: \_\_\_\_\_ GRID(S): \_\_\_\_\_ 2 GRIDS ONLY-Connecting-no diagonals



# HOWARD COUNTY HEALTH DEPARTMENT

60505

DATE  
11/21/17

PS

Received From

Hatfield's Equipment PHONE # 301 854-6112

For

Tank Replacement - 12/15  
Frederick Rd.

CASH

CHECK

NO.

3710

One hundred sixty five Dollars