

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: 5/13/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558716

APPROVAL DATE: 6/1/16 (KW) **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 13505 Orion Drive

SUBDIVISION: Linden Chapel Hills LOT: 5 TAX ID: 05-344158

CONTRACTOR: J.M. Contracting LLC EMAIL: _____

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

PROPERTY OWNER: Allan and Karen Ames EMAIL: _____

OWNER ADDRESS: 13505 Orion Drive, Dayton, MD 21036 PHONE: 410-489-0070

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>100'</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8.0'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>2x50' Trenches</u>	

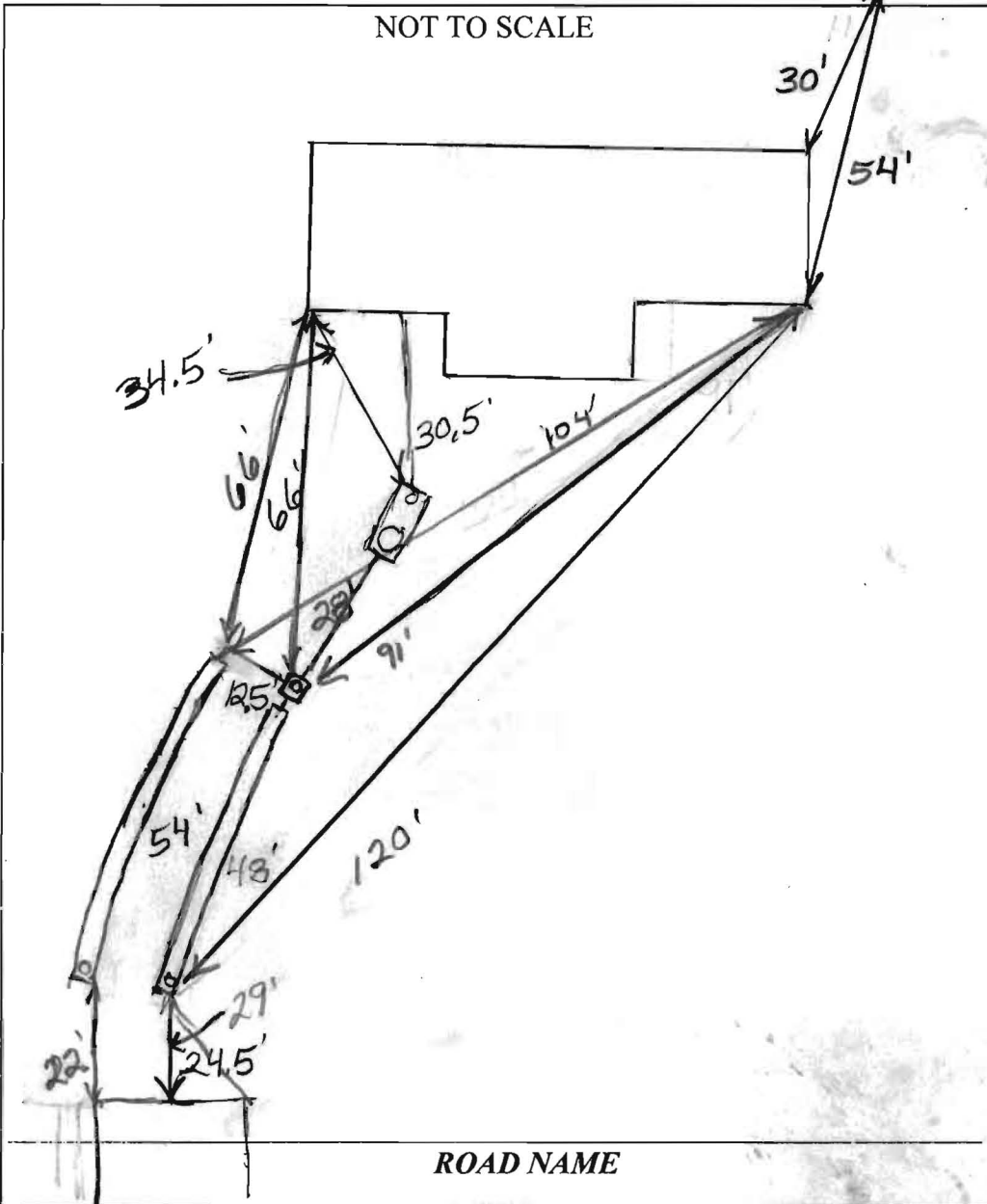
ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- 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 _____
- 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.

H0-73-0704

NOT TO SCALE



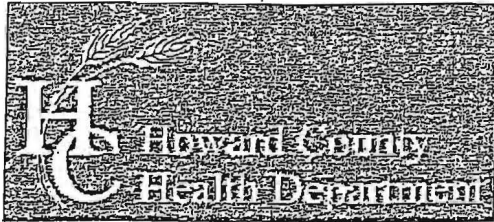
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	?
CAPACITY	? GAL
SEAM LOC	Midscam
TANK LID DEPTH	2'-3'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	No
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: 5/23/2016 Install two 50' trenches on contour between the drywell and the perc. test hole. Pump out and fill in the drywell. (BB)

INSTALLATION: 5/25/2016 Trenches installed per plan. OK to cover all work (Kw for BB)

FINAL INSPECTOR K. Wally for B. Baker DATE OF APPROVAL 6/1/16



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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: 5/12/16
No

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

- Yes Explain observations: Dry well over full
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

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:
No

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: J.M. Contracting LLC Contractor's Phone: 443-277-7526
Contractor's Address: 425 OBrecht Rd. Sykesville MD 21784

Property Address: 13505 Orion Dr. Dayton MD County file:
Subdivision: Lot: Year Built:
Owner's Name: Allan Amos Owner's Phone:

Name of previous owners: Existing bedrooms: 4
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): N
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.

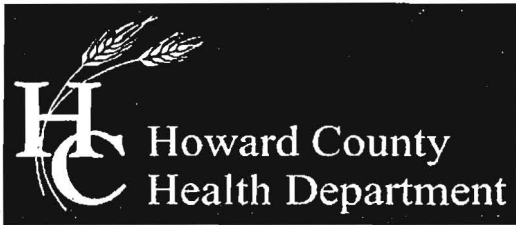
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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.



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**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 13505 Orion Dr Dayton MD 21036
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Allan & Karen Ames

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 13505 Orion Dr Dayton MD 21036
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL Same EMAIL _____

MAILING ADDRESS 425 Obrecht Rd. Sykesville MD 21784
STREET CITY, STATE ZIP

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

- 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:
- RESIDENTIAL WITH 4 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

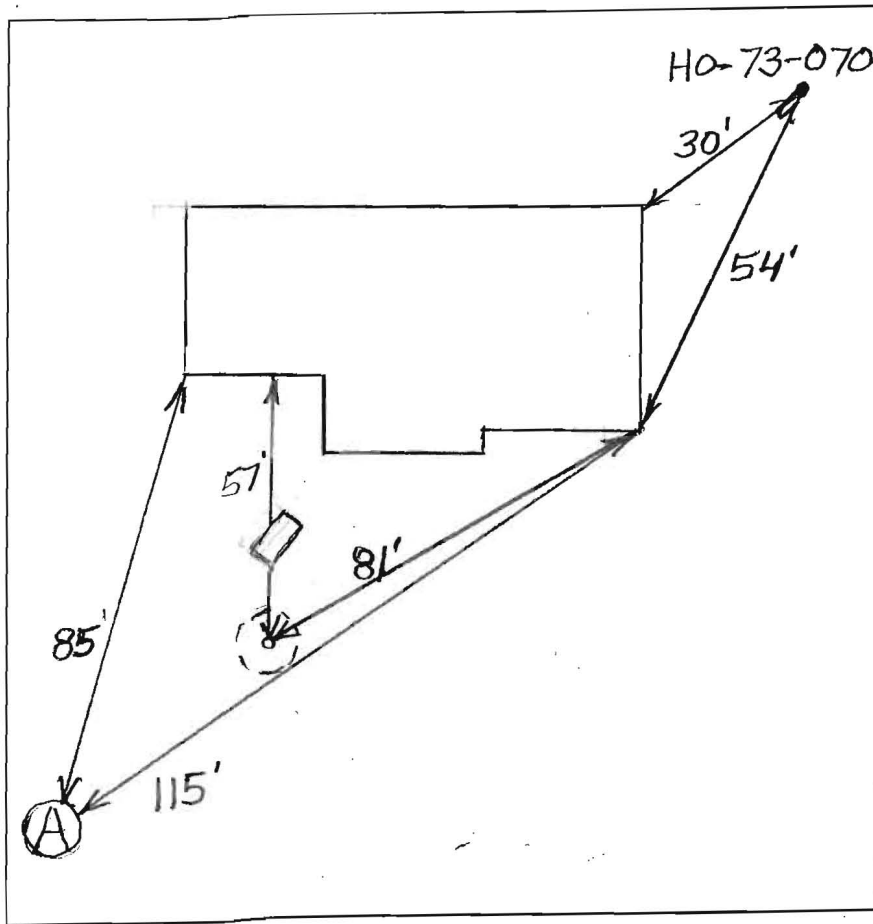
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.
 By signature of this 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.

Ronnie Heaps 5/13/16
 SIGNATURE OF APPLICANT DATE

A/P 558716

(A)

Granular
Or Br L
2.5'-3'
Med. Dense
Red Br sbk
Sa CIL
4'-5'
Med Fine
Or and
Red Br
Loamy Sa
~10%
Rock
14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/23/2016	A	5/14'v	11:43	11:47	11:54	7	P
		7'	12:04	12:06	12:10	4	P

REMARKS Decent Soil
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS Homeowner (Mr. Ames)
 TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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SUBDIVISION/PROPERTY NAME _____

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ZONING CATEGORY TIER

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DAYTIME PHONE CELL EMAIL

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STREET CITY, STATE ZIP

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Ronnie Heaps

5/13/16

SIGNATURE OF APPLICANT

DATE



HOWARD COUNTY HEALTH DEPARTMENT

58716

DATE
5/13/16

Received From

Alan Ames

PHONE #

05
443 277-7626

13505 Orion Drive, Dayton MD 21036

For

Peru Repair - 13505 Orion Drive

CASH

CHECK

NO.

4495

Three hundred, thirty

00/100
Dollars

\$

330 | 00

Received By

Alan Ames