

**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 1/24/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564740

INSTALLATION APPROVAL DATE: 1/29/19 SEC **PERMIT** A \_\_\_\_\_

**SEWER HOUSE CONNECTION**

PROPERTY ADDRESS: 2030 Drovers Lane

SUBDIVISION: Vista Ridge LOT: 9 TAX ID: 04-595474

CONTRACTOR: J & R Plumbing EMAIL: Lisabasciano@msn.com

CONTRACTOR ADDRESS: 502 Carrick Lane, Severn, MD 21144 PHONE: 410-987-1094

PROPERTY OWNER: Nalay Shah EMAIL: \_\_\_\_\_

OWNER ADDRESS: 2030 Drovers Lane, Cooksville, MD 21723 PHONE: \_\_\_\_\_

NUMBER OF BEDROOMS: 4 CONNECTED TO PUBLIC WATER:  YES  NO

LOCATION:	Install 4" per approved plan
NOTES:	

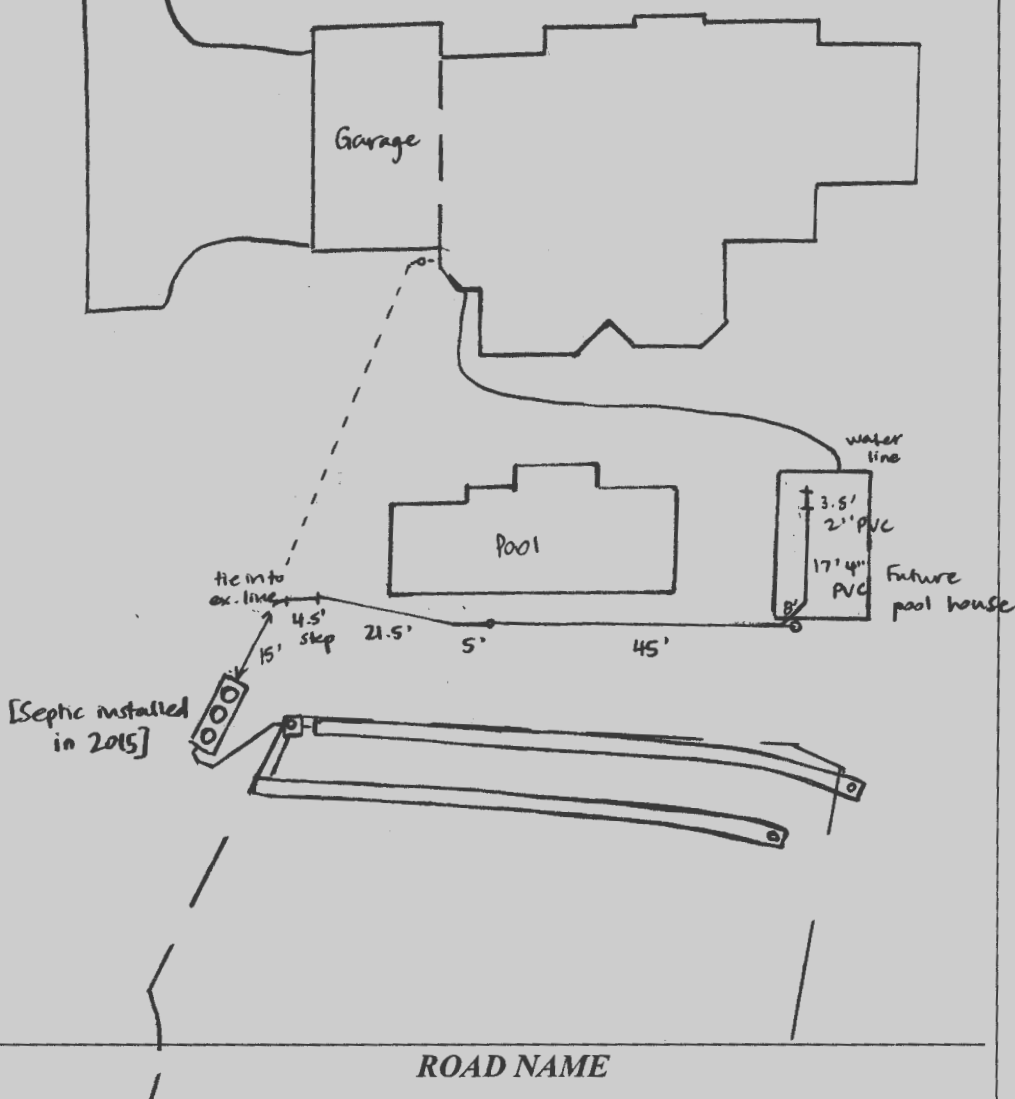
ISSUED BY: Kevin Wolf ISSUE DATE: 1/24/18 EXPIRATION DATE: 1/24/19

- NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING**
- 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 FOR INSPECTION OF SEPTIC SYSTEM.**

NOT TO SCALE

1" x 30'



**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 \_\_\_\_\_

MANUFACTURER \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GAL  
 SEAM LOC \_\_\_\_\_  
 TANK LID DEPTH \_\_\_\_\_  
 BAFFLES \_\_\_\_\_  
 BAFFLE FILTER \_\_\_\_\_  
 MANHOLE LOC \_\_\_\_\_  
 6" PORT LOC \_\_\_\_\_  
 WATERTIGHT TEST \_\_\_\_\_  
 SLOTTED \_\_\_\_\_  
 DATE ON LID \_\_\_\_\_

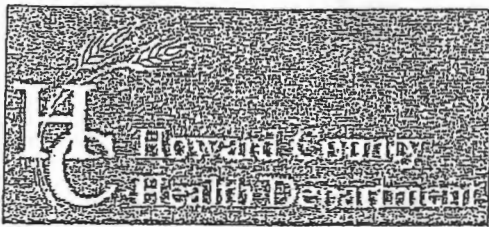
PUMP/SEPTIC TANK LEVEL \_\_\_\_\_

MANUFACTURER \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GAL  
 SEAM LOC \_\_\_\_\_  
 TANK LID DEPTH \_\_\_\_\_  
 BAFFLES \_\_\_\_\_  
 BAFFLE FILTER \_\_\_\_\_  
 MANHOLE LOC \_\_\_\_\_  
 6" PORT LOC \_\_\_\_\_  
 WATERTIGHT TEST \_\_\_\_\_  
 SLOTTED \_\_\_\_\_  
 DATE ON LID \_\_\_\_\_

**PRE-CONSTRUCTION:**

INSTALLATION: 1/29/19 Pipe laid from future pool house to existing septic line. tie-in completed. Pool house foundation not yet poured, but plumbing groundwork laid. >75' from clo to tie-in - need an additional clo in line.\* Water line run from house to future connection @ pool house, <10' to sewer line at house - need sleeve where water line is < 10' to sewer line.\* Depth is < 3', contractor says we will be seasoned. Will submit a letter from the homeowner stating this. \*Corrective action. (SC) 1/29/19 Cleanout added, water line sleeved near sewer line at house. [Corrective actions completed.] (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 1/29/19



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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

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: \_\_\_\_\_
- 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
- No

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

Pool Addition  
 w/ outdoor  
 patio, sink,  
 shower.

\*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: JTK Plumbing & Heat Contractor's Phone: (410) 987-1094  
 Contractor's Address: 502 CARRIGS Lane, Severn, MD 21144  
 Property Address: 2030 Drovers Ln County file: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 Owner's Name: Nalay Shah Owner's Phone: \_\_\_\_\_  
 Name of previous owners: \_\_\_\_\_ Existing bedrooms: \_\_\_\_\_  
 Proposed bedrooms: \_\_\_\_\_  
 Has this request been previously discussed with a Sanitarian? (Name): Jeff Wilbur  
 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.

\* 165.00 SHC Fee.

Install 4" per plan approved 1/24/19

(Signature)



# HOWARD COUNTY HEALTH DEPARTMENT

64740

DATE  
1/24/19

Received From

H & Plumbing Heating

PHONE # 413-640-0000

For

S/O Permit 2030 Dovers Lane  
Vicks Ridge Lot 9

CASH

CHECK

NO.

7743

One hundred and fifty five <sup>00/100</sup> Dollars

\$

165/00

Received By

*[Signature]*