



HOWARD COUNTY HEALTH DEPARTMENT

64803

DATE
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PS

Received From

Hatfield's Equip

PHONE #

For

Septic Repair - 12232

Etchison Rd.

CASH

CHECK

NO.

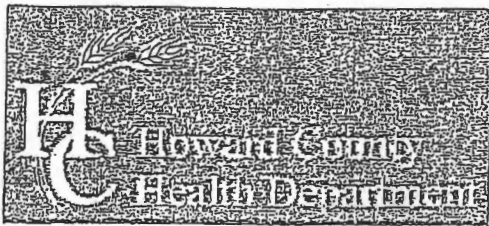
4024

One thousand six hundred and sixty four and no/100 Dollars

\$ 165 00

Received By

King



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

Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [x] 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?

- 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?

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [] Yes Explain observations: Perked with HCHD
- [] No

Existing system design

- Existing system design
- [x] Drywell
- [] Trench
- [] Mound
- [] Unknown
- [] Other: _____

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [] Yes
- [x] No
Blockage leading to the tank
- [] Yes. Explain: _____
- [x] No

Blockage leading to the field

- Blockage leading to the field
- [] Yes. Explain: _____
- [] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [] Yes
- [x] 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: Halfords Equipment Inc Contractor's Phone: 410 984 4880 Todd

Contractor's Address: P O Box 519 Annapolis Junction MD 20701

Property Address: 12233 Etchison Rd County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Nicholas (Andrew + Erin) Owner's Phone: _____

Name of previous owners: A Hernandez Existing bedrooms: _____

Proposed bedrooms: 4

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.



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

RECEIPT DATE: 3/25/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P P564803

APPROVAL DATE: 4/4/19 SEC **PERMIT:** REPAIR A Repair

PROPERTY ADDRESS: 12233 Etchison Road

SUBDIVISION: Woodmark LOT: 35 TAX ID: 01-291723

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

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction PHONE: _____

PROPERTY OWNER: Alfonso Hernandez EMAIL: ffalhernandez@gmail.com

OWNER ADDRESS: Same as above PHONE: 443.472.5105

SEPTIC TANK SIZE: Existing PUMP TANK CAPACITY: N/a PUMP SIZE: n/a

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2gpd/ft

LINEAR FEET REQUIRED:	<u>104</u>	INLET DEPTH:	<u>3.5-4'</u>
TRENCH WIDTH:	<u>3'</u>	MAXIMUM BOTTOM DEPTH:	<u>6'</u>
MINIMUM SPACE BETWEEN TRENCHES:	<u>8'</u>	EFFECTIVE AREA BEGINNING DEPTH:	<u>4'</u>

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

NOTES: Install 2 x 52 ft trenches above perc test hole A. just beyond existing failed drywell. Pipe to dist. box to be installed outside of existing drywell. Pump and collapse drywell fill with clean fill/stone. Call for inspection.

ISSUED BY: K. Wolf, L.E.H.S. ISSUE DATE: 3/25/19 EXPIRATION DATE: 3/25/20

- 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 DOWNGRADE 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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.**

