

**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: 8-21-18 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 563987

INSTALLATION APPROVAL DATE: 08/24/2018

**PERMIT**  
**TANK REPLACEMENT**

A \_\_\_\_\_

PROPERTY ADDRESS: 13520 Argo Drive

SUBDIVISION: Linden Chapel Hills LOT: 13c TAX ID: 05-377536

CONTRACTOR: South Carroll Backhoe EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-596-3618

PROPERTY OWNER: William Steckman EMAIL: \_\_\_\_\_

OWNER ADDRESS: 13520 Argo Drive, Dayton, MD 21036 PHONE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ SEPTIC TANK SIZE: \_\_\_\_\_ DRAINFIELD SIZE/TYPE: \_\_\_\_\_

LOCATION:	
NOTES:	Ok for plastic tank

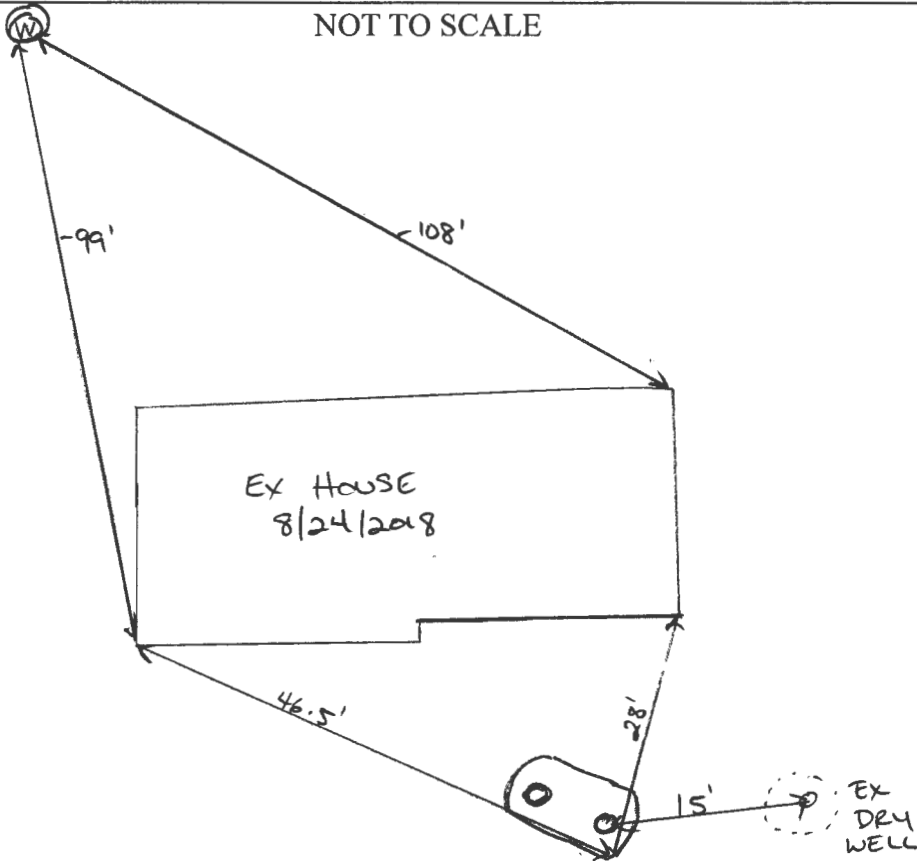
ISSUED BY: Kevin Wolf ISSUE DATE: 8-21-18 EXPIRATION DATE: 8-21-19

- 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
- 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 FOR INSPECTION OF SEPTIC SYSTEM.**

# ARGO DRIVE

NOT TO SCALE



Ex HOUSE  
8/24/2018

EX DRY WELL

ROAD NAME

## 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 DNI  
 MANUFACTURER MILBY  
 CAPACITY 1500 GAL  
 SEAM LOC N/A (PLASTIC TANK)  
 TANK LID DEPTH ~2-3'  
 BAFFLES YES  
 BAFFLE FILTER NO  
 MANHOLE LOC FRONT/BACK  
 6" PORT LOC INLET  
 WATERTIGHT TEST N/A  
 SLOTTED YES  
 DATE ON LID N/A

## 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: 8/24/2018 EX TANK COLLAPSED. PLASTIC TANK SET IN PLACE. CONNECTED NEW (MILBY) TANK INTO EX SHC AND DRY WELL. OK TO BACKFILL. (P)

FINAL INSPECTOR

DATE OF APPROVAL

08/24/2018



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Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [ ] Failing System
- [ ] System relocation for proposed addition
- [ ] System upgrade for proposed addition
- [ ] Inadequate treatment zone
- [x] 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: Septic Leaking
- [ ] No Failed inspection

Existing system design

- Existing system design
- [ ] Drywell
- [ ] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other: \_\_\_\_\_

Was a visual inspection of the sewage line conducted?

- 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

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: South Carroll Backhoe Contractor's Phone: 410-875-4197
Contractor's Address: 4410 Salem Bottom Rd Westminster 21157

Property Address: 13520 Argo Drive County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner's Name: Lily Fu Owner's Phone: 301-404-5119

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

Has this request been previously discussed with a Sanitarian? (Name): \_\_\_\_\_

Public Sewer available/nearby: No

\*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.



# HOWARD COUNTY HEALTH DEPARTMENT

63987

DATE  
8/21/18

25

Received From

South Carroll Bank

PHONE #

410.596.3618

For

Septic Repair - 13520 Argo Drive

BAT System BkF - 7510 Browns Bridge Rd

- CASH
- CHECK

NO.

53454

Five thousand six hundred and sixty one

Dollars

\$ 561.00

Received By

*[Signature]*