

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: 9/3/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557355

APPROVAL DATE: 10/30/2015 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 2718 Route 32

SUBDIVISION: _____ LOT: _____ TAX ID: 03-292169

CONTRACTOR: J.M. Contracting LLC. Fogles EMAIL: _____

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 413-288-7536

PROPERTY OWNER: Richard Turcotte EMAIL: _____

OWNER ADDRESS: 2718 Route 32, West Friendship, MD 21794 PHONE: 443-745-4167

SEPTIC TANK SIZE (GALLONS): EX PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. - APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>130</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set new Dbox. 2 x 65' trenches on contour running NE just below ex paved Driv. Pump collapse Deynell. Manhole riser to be added to ex S.T.	

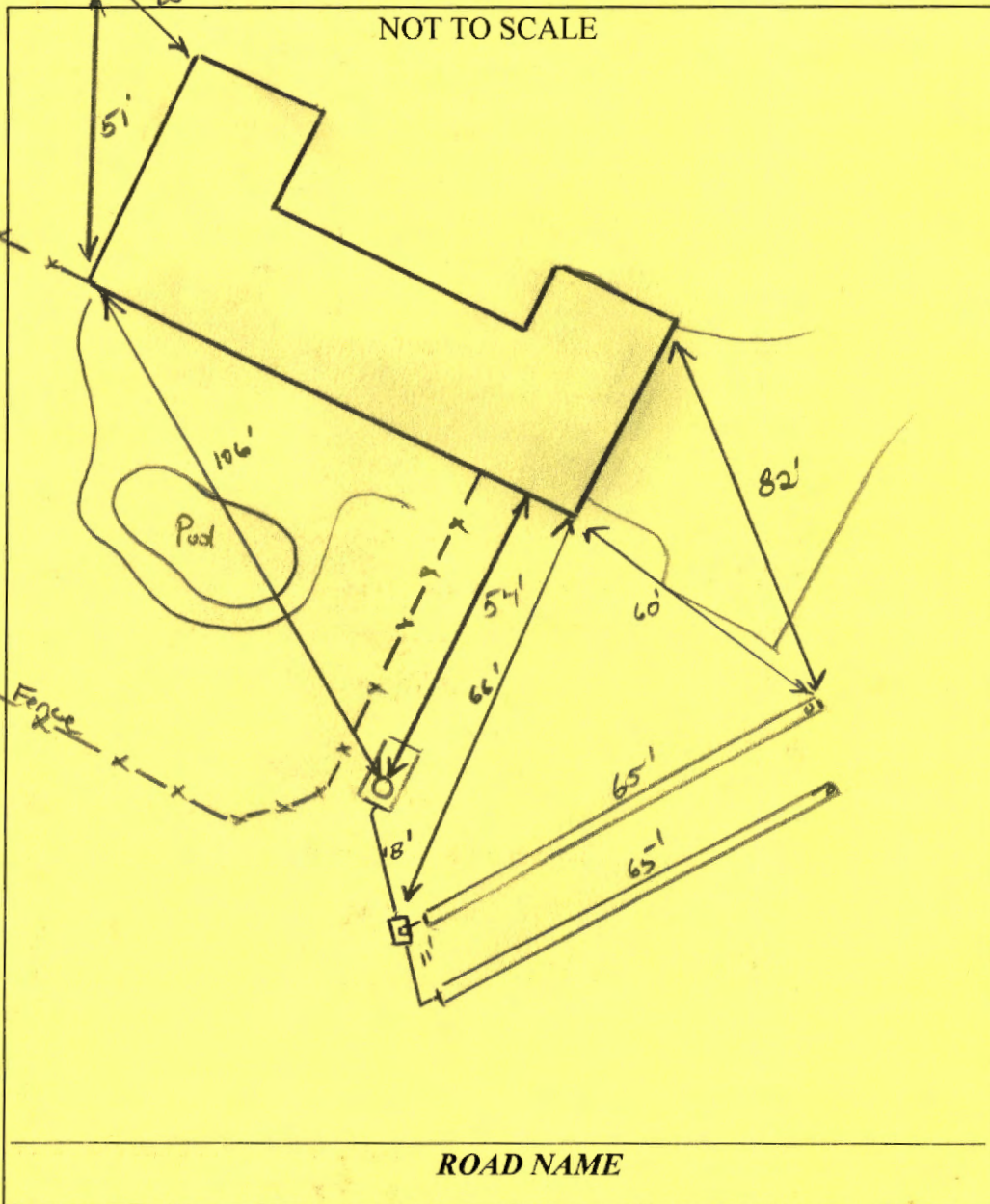
ISSUED BY: K. Wolf ISSUE DATE: 10/29/15 EXPIRATION DATE: 10/29/16

- 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 N/A
- 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.

Ex Drilled well (No Top)

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3.5'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		130'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Level</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	<u>Yes</u>
MANUFACTURER	<u>?</u>
CAPACITY	<u>1500?</u> GAL
SEAM LOC	<u>mid</u>
TANK LID DEPTH	<u>2</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Rear</u>
6" PORT LOC	<u>none</u>
WATERTIGHT TEST	<u>OK</u>
SLOTTED	<u>no</u>
DATE ON LID	<u>—</u>

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:

10/29/15 set new Dbox ~18' NE from S.T. Install 2 x 65' trenches on center running NE direction just below drive. Keep 12' & Pump and collapse ex. D.W. Call for f/u insp. (RW)

INSTALLATION:

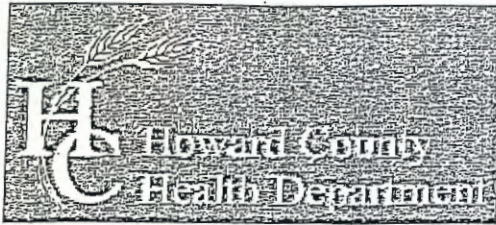
10/30/15 Trenches complete. Ex. Drilled well pumped/collapsed. New riser installed. OK to cover all work. (RW)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

10/30/15



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Twitter: HowardCoHealthDep

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: 9/1/15
No

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

- Yes Explain observations: Tank over full day up Drywell 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:
No
Blockage leading to the field
Yes. Explain: Drywell over full
No

Is discharge surfacing on the ground?

- Yes
No

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: Ronnie Neaps Contractor's Phone: 443-277-7526

Contractor's Address: 425 Obrecht Rd. Sykesville MD 21287

Property Address: 2718 Rt 32 West Friendship MD County file:

Subdivision: Lot: Year Built: 1970

Owner's Name: Richard Turutte III Owner's Phone: 443 745 4167

Name of previous owners: Existing bedrooms: 4

Proposed bedrooms:

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.



HOWARD COUNTY HEALTH DEPARTMENT

57355

DATE 9/3/15

A5

Received From

Richard Leonard Turcott III

PHONE #

443-745-4167

For

Repair / Perc - 2715 RT 32

CASH

CHECK

NO.

129

Three hundred thirty 3/4 Dollars

\$ 330 | a

Received By

J. King