

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: 8/7/2018 **ONSITE SEWAGE DISPOSAL SYSTEM** P 563976

APPROVAL DATE: 08/13/2018 **PERMIT:** **REPAIR** A 563959

PROPERTY ADDRESS: 13430 Chris Mar Court

SUBDIVISION: Chris Mar Est. Lot: 1 TAX ID: 05-378796

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

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction, PHONE: 410-984-4480

PROPERTY OWNER: Cara Roberts EMAIL: n/a

OWNER ADDRESS: Same as above PHONE: _____

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

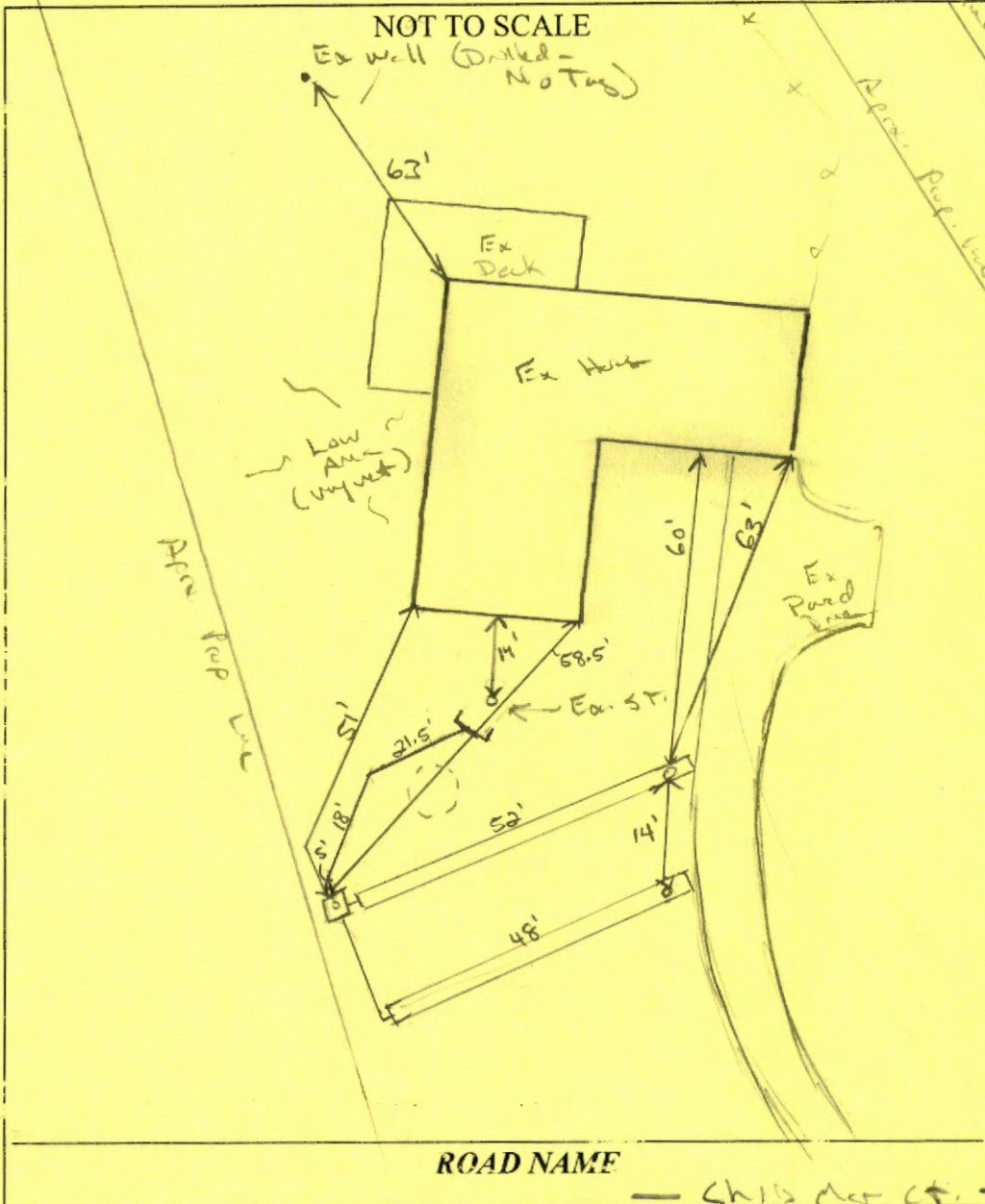
DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 3 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>100</u>	INLET DEPTH (ft): <u>4</u>
	TRENCH WIDTH (ft): <u>2</u>	MAXIMUM BOTTOM DEPTH (ft): <u>9</u>
	MINIMUM SPACE BETWEEN TRENCHES(ft): <u>11 ETE</u>	EFFECTIVE AREA BEGINNING DEPTH (ft): <u>6</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new distribution box near property line, run 2 trenches totaling 100ft in length (1 x 47 and 1 x 53) back towards existing paved drive. Pump and collapse ex. drywell.	

ISSUED BY: K. Wolf ISSUE DATE: 8/7/18 EXPIRATION DATE: 8/7/19

- 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: 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.



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		100'
ABSORPTION AREA		200 ft ²
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
MANUFACTURER _____	
CAPACITY _____	GAL.
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATER TIGHT 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 _____	
WATER TIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	

PRE-CONSTRUCTION:

7/26/18 Install new Dbox @ property line Run 2 x trenches above
 perc A towards ex. paved drive. Pump and collapse ex. Drywell.
 OK to pull obs. pipes back from ex. drive @ 5' or so. Call for rep. (K)

INSTALLATION:

8/13/2018 USED 4" IPS SCH 40 PVC (SOLVENT WELD). INSTALLED NEW
 OUTLET BAFFLE IN EX TANK. INSTALLED NEW TANK EFFLUENT LINE, D. BOX,
 AND TWO TRENCHES TO PERMIT SPEC. EX DRYWELL PUMPED. (PM)
 PHOTOS SENT OF DRY WELL COLLAPSE AND FILL (ATTACHED). OK TO
 BACK FILL. (K)

FINAL INSPECTOR

DATE OF APPROVAL

08/13/2018



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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: Dry well failed

*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: Hatfield Equipment Contractor's Phone: _____
 Contractor's Address: P.O. Box 519 Danneberg Junction MD 20701
 Property Address: 13430 Chris Mar County County file: _____
 Subdivision: _____ Lot: 1 Year Built: _____
 Owner's Name: Cara Robert Owner's Phone: _____

Name of previous owners: _____ Existing bedrooms: 3
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Kevin Wolf
 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, sealed 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.



~~8/13~~ ⊕

8/13/2018 ⊕
EX. DW ABANDONED AND FILLED



HOWARD COUNTY HEALTH DEPARTMENT

63976

8/17/18 DATE

Received From

Hotfields Equip

PHONE #

P5
301-490-4289

For

Septic Repair - 13430

Christman St.

CASH

CHECK

NO.

3997

One hundred sixty five

Dollars

\$

165.00

Received By

J King