



HOWARD COUNTY HEALTH DEPARTMENT

64817

DATE
4 / 2 / 19

25

Received From

Legacy Septic

PHONE #

301-370-4121

For

Septic Repair 7022 Deer Valley Road

CASH

CHECK

NO.

5111

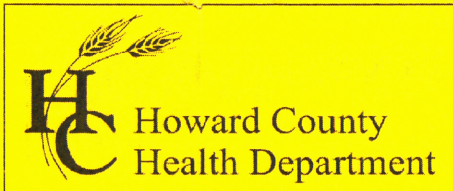
One hundred sixty five ⁰⁰/₁₀₀ Dollars

\$

165 | 00

Received By

[Signature]



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: 4/2/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564817

APPROVAL DATE: 05/01/2019 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 7022 Deer Valley Road

SUBDIVISION: Cissel Farm LOT: 18 TAX ID: 05-364167

CONTRACTOR: Legacy Septic EMAIL: _____

CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157 PHONE: 410-840-8766

PROPERTY OWNER: Joanne and Robert Jensen EMAIL: _____

OWNER ADDRESS: 7022 Deer Valley Road, Highland, MD 20777 PHONE: 240-481-9192

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>EX DW</u>	INLET DEPTH: <u>—</u>
	TRENCH WIDTH: <u>—</u>	MAXIMUM BOTTOM DEPTH: <u>—</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>—</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>—</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

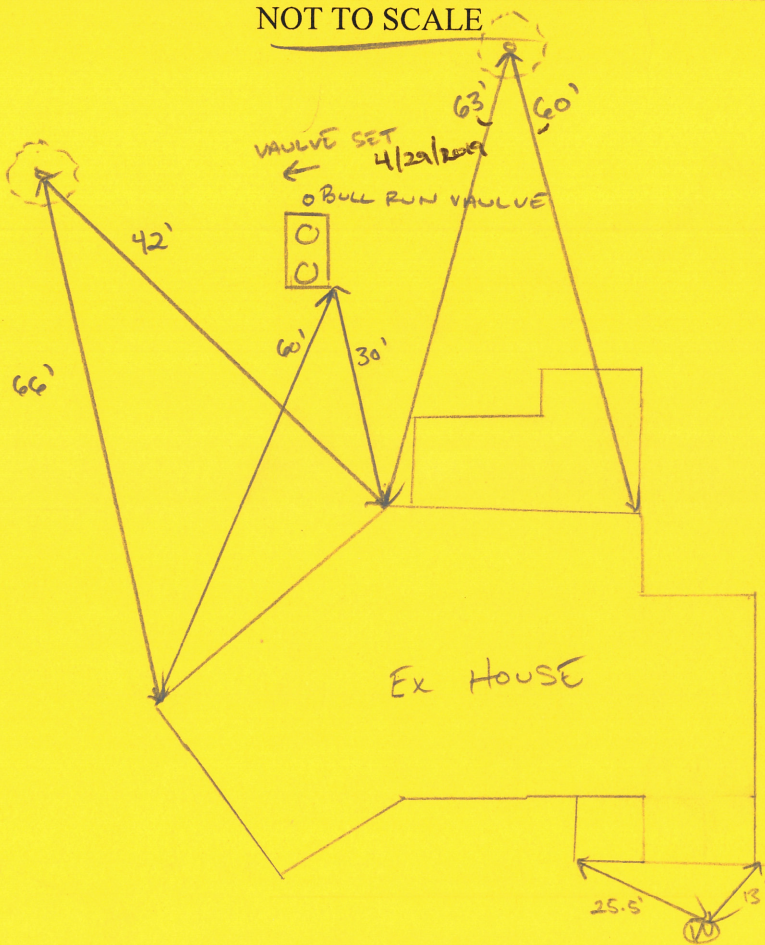
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

EXISTING DW(2)

NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES
 MANUFACTURER BAISOR
 CAPACITY 1500 GAL
 SEAM LOC TOP
 TANK LID DEPTH 3' to 2' 6"
 BAFFLES YES
 BAFFLE FILTER NO
 MANHOLE LOC FRONT/BACK
 6" PORT LOC INLET
 WATERTIGHT TEST —
 SLOTTED YES
 DATE ON LID 9/19/2018

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 _____

ROAD NAME

DEER VALLEY ROAD

PRE-CONSTRUCTION:

w/ SEC DATE UNKNOWN.

INSTALLATION: 4/29/2019 TANK IS PUSHED AS FAR FROM WELL AS POSSIBLE. SET CLOSE TO D BOX FOR THE 100' RADIUS TO THE WELL. (PM) EX D BOX REPLACED W/ BULL RUN VALVE. CURRENTLY SET TO UPPER DRY WELL WHICH WAS EMPTY. RECOMMENDED TO HOMEOWNER TO FILL DW W/ STONE ⊕

FINAL INSPECTOR

DATE OF APPROVAL

05/01/2019



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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 fall of roots
- Collapsed drywell

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: TANK IS FULL OF ROOTS
- No Replace w/ 1500 top seam 2 compartment

Was a visual inspection of the sewage line conducted?

- Yes concrete tank

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Blockage leading to the tank

- Yes. Explain: _____
- No _____

Blockage leading to the field

- Yes. Explain: fall of roots
- No _____

Is discharge surfacing on the ground?

- Yes
- No

No

Additional Comments: INSTALL NEW PIPE TO BOTH DRYWELLS WITH BALL RUN VALVE

*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: GEORGE SCHOLZ Contractor's Phone: 301-370-4121
 Contractor's Address: 1538 MARCHESSA RD WASHINGTON MD 21157
 Property Address: 7022 DEER VALLEY RD County file: 30717
 Subdivision: HIGHLAND Lot: 18 Year Built: 1995
 Owner's Name: JOHN R. TRUSSEL Owner's Phone: 240-481-9192
 Name of previous owners: JEROME RAFFERTI Existing bedrooms: 4
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): SARA TALKED TO GALLAN
 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.

