

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: 8/2/19 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 565469

APPROVAL DATE: 05/07/2019 **PERMIT: CONSTRUCTION**

A _____

PROPERTY ADDRESS: 16241 Frederick Road

SUBDIVISION: Stanley Millier Property LOT: 2 TAX ID: _____

CONTRACTOR: SAMS CREEK CONSTRUCT. EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Robert and Susan Surrette EMAIL: _____

OWNER ADDRESS: 13255 Styer Court, Highland, MD 20777 PHONE: 240-508-1428

SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: C.R. Semler Babylon

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2

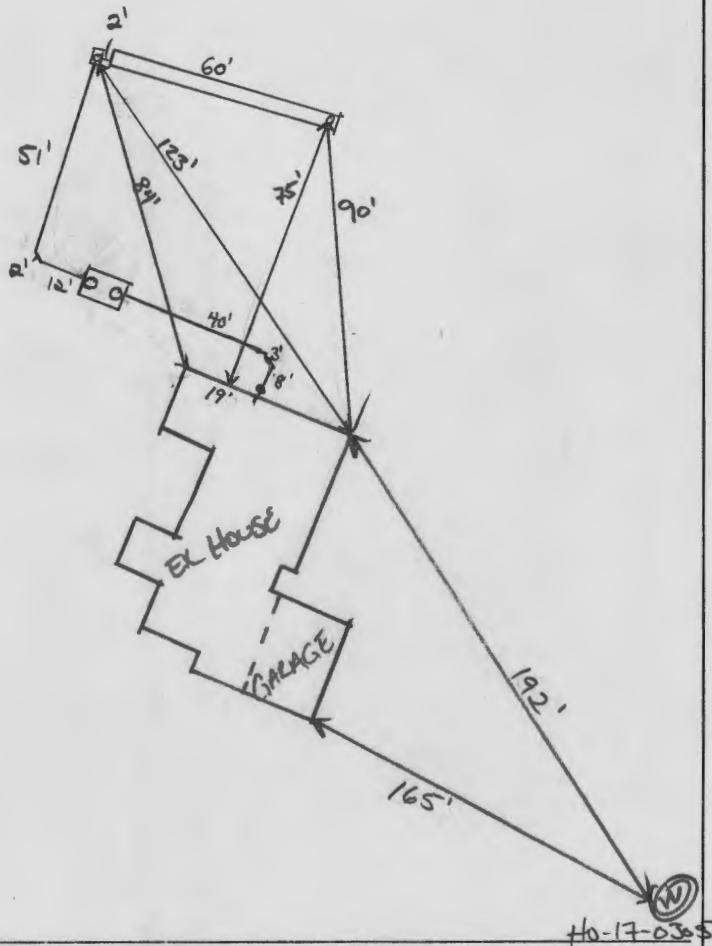
TRENCHES:	LINEAR FEET REQUIRED: <u>60</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: Dana Bernard 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 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: 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



ROAD NAME

FREDERICK ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	8'
NUMBER OF TRENCHES 1		
TOTAL LENGTH 60'		
ABSORPTION AREA 180 ft ² + SIDE WALL		
DISTRIBUTION BOX LEVEL N/A		
DISTRIBUTION BOX BAFFLE YES		
DISTRIBUTION BOX PORT YES		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES
 MANUFACTURER BABYLON
 CAPACITY 1500 GAL
 SEAM LOC TOP
 TANK LID DEPTH 1.5
 BAFFLES YES
 BAFFLE FILTER NO
 MANHOLE LOC FRONT/BACK
 6" PORT LOC INLET
 WATERTIGHT TEST YES
 SLOTTED YES
 DATE ON LID 2/22/2019

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:

5/6/2019 HOUSE WAS RAISED ABOUT 2' FROM PLAN. SDA NOT STAKED, TRENCH STAKED BY SURVEYOR. CONTOUR CHECKED. OK TO STRAIGHTEN TRENCH. OK TO START. (to)

INSTALLATION: 5/6/2019 (AM) SHC INSTALLED. PIT FOR TANK LEVELED (PM) TRENCH CONSTRUCTION UNDER WAY. SOIL LOOKS GREAT. 8' DEEP. OK TO CONTINUE. (to) 5/7/2019 OK. TRENCH COMPLETE. D BOX SET AND INSTALLED. NO SPEED LEVELS. OK TO BACKFILL. (to)

FINAL INSPECTOR

DATE OF APPROVAL

05/07/2019

Bernard, Dana

From: Bernard, Dana
Sent: Thursday, October 18, 2018 11:08 AM
To: 'Paul Sill'
Subject: RE: OSDS Plan.

Mr. Sill,

I will approve the system as you have submitted it, however in the future if they plan to upgrade to include a 5th bedroom the tank and the system will have to be upgraded to accommodate the extra bedroom which will be very costly to the client.

Dana Bernard

From: Paul Sill [<mailto:paul@sillengineering.com>]
Sent: Thursday, October 18, 2018 10:35 AM
To: Bernard, Dana
Subject: RE: OSDS Plan.

I responded with the attached email on October 2 and did not hear back from you. I resubmitted the plan on October 3. Do you not have it?
Please respond as quickly as possible. As I mentioned, the client is contacting me constantly.
Paul

From: Bernard, Dana <dbernard@howardcountymd.gov>
Sent: Thursday, October 18, 2018 10:30 AM
To: Paul Sill <paul@sillengineering.com>
Subject: FW: OSDS Plan.

Good Morning Mr. Sill,

I send this correspondence on September 21, 2018 concerning 16241 Frederick Road. If you have any questions about the revisions needed just e-mail me.

Thanks Dana

From: Bernard, Dana
Sent: Friday, September 21, 2018 3:14 PM
To: paul@sillengineering.com
Subject: OSDS Plan.

Paul,

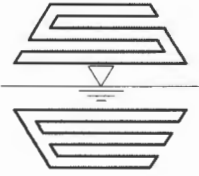
I have attached the memo which contains information about the revisions needed for this plan. Please give me a call or send me an e-mail if you have any questions .

Thank you & Have a*""
,.,.,,*""),.,,*""
(.,.,(.,.,* Wonderful Day !

Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II

Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

Letter of Transmittal



11130 Dovedale Court, Suite 200
 Marriottsville, MD 21104
 Website: www.sillengineering.com
 Civil Engineering for Land Development

Office: 443-325-5076
 Fax: 410-696-2022
 Email: info@sillengineering.com

SILL ENGINEERING GROUP, LLC

To: Mr. Jeff Williams
 Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Boulevard
 Columbia, MD 21045

Date:	October 3, 2018
Attention:	Dana Bernard
Re:	Stanley Miller Lot #2 16241 Frederick Road
Project #:	18-002

We are sending you

<input checked="" type="checkbox"/> Attached	Under Separate Cover Via Mail the following:	
Letter	Originals	Other:
<input checked="" type="checkbox"/> Plans	Computations	

Quantity	Description	Quantity	Description
3	On site sewage disposal system plan		

These are transmitted as checked below

<input checked="" type="checkbox"/> For Approval	As Requested	Please Return After Using
<input checked="" type="checkbox"/> For Review	For Your Use	As Approved

Comments:

Copy To:

Signed:

Mike O'Brien

Received by:

Date Received: