



**Howard County
Health Department**

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: 8/20/19

ONSITE SEWAGE DISPOSAL SYSTEM

P 565600

APPROVAL DATE: 9/19/19 ST

PERMIT:

REPAIR

A Repair

PROPERTY ADDRESS: 12344 Pan Springs Court

SUBDIVISION: Woodmark

LOT: 53

TAX ID: 03-289095

CONTRACTOR: James Harrison

EMAIL: _____

CONTRACTOR ADDRESS: 4717 Old Washington Road, Sykesville, MD 21784

PHONE: 410-596-0059

PROPERTY OWNER: Amelia Foda

EMAIL: ameliaawnorowski@gmail.com

OWNER ADDRESS: Same as above

PHONE: 646-673-2145

SEPTIC TANK SIZE: n/a

PUMP TANK CAPACITY: n/a

PUMP SIZE: n/a

DISTRIBUTION SYSTEM: GRAVITY

PRESSURE DOSED

BEDROOMS: 5

APPLICATION RATE: 0.6

TRENCHES:	LINEAR FEET REQUIRED: <u>160</u>	INLET DEPTH: <u>4.5</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>11</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>n/a</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6.5</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set new dist. box just beyond ex. septic tank. Install a 70' running out towards property line on contour. Second trench to be installed at 90 ft in length below 70ft trench. Both drywells are to be pumped and collapsed. Manhole riser to be added to existing septic tank.	

ISSUED BY: K. Wolf

ISSUE DATE: 8/20/2019

EXPIRATION DATE: 8/20/2020

- 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 DOWNGRADE 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 WARRANT 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.**



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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

Has the septic tank been pumped within the last month?

- Yes Date pumped: 8/
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

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
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: J.V. Harrison Contractor's Phone: 410-596-0054
Contractor's Address: 4717 Old Washington Road Sykesville, MD 21784

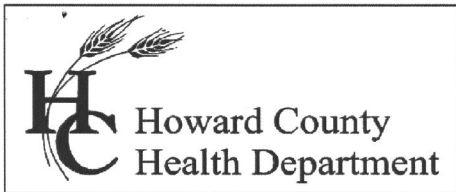
Property Address: 12344 PAN SPRING CT County file:
Subdivision: Woodmark Lot: 53 Year Built: 1971
Owner's Name: OMAR FODA Owner's Phone: 631-258-5748

Name of previous owners: Enrique Casillo Existing bedrooms: 5
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): NO
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.



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DISTRIBUTION SYSTEM: [X] GRAVITY [] PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 0.6

Table with 2 columns: TRENCHES and values. Includes LINEAR FEET REQUIRED (160), TRENCH WIDTH (3'), MINIMUM SPACE BETWEEN TRENCHES (n/a), INLET DEPTH (4.5), MAXIMUM BOTTOM DEPTH (11), EFFECTIVE AREA BEGINNING DEPTH (6.5).

LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.

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