



HOWARD COUNTY HEALTH DEPARTMENT

65580

DATE
7/31/19

Received From

H. Holder Equipment

PHONE #

PS
301-410-4287

For

Septic Repair 96347 Frederick Rd

CASH

CHECK

NO.

4222

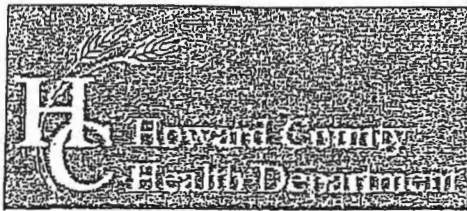
One hundred and fifty five = 0/10 Dollars

\$

165.00

Received By

[Handwritten 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
 Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

Permit

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: _____
- 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

Existing system design

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

Is discharge surfacing on the ground?

- Yes
- No

No

Additional Comments:

Perked Property with Kevin Wolf layout complete

*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: Hot Fields Equipment Inc Contractor's Phone: 301 490 4289 Toll 410 984 4880

Contractor's Address: P.O. Box 519 Annapolis Junction MD

Property Address: 16347 Frederick Road County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Susan Leake Owner's Phone: _____

Name of previous owners: _____ Existing bedrooms: _____

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, scaled plans should be submitted to clarify the nature of the addition.

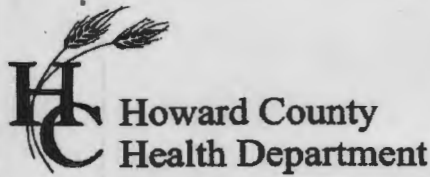
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

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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Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 7/31/2019 **ONSITE SEWAGE DISPOSAL SYSTEM** P 565580

APPROVAL DATE: 08/14/2019 **PERMIT:** REPAIR A Repair

PROPERTY ADDRESS: 16347 Frederick Road

SUBDIVISION: _____ LOT: _____ TAX ID: 04-338197

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

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction PHONE: 410-984-4880

PROPERTY OWNER: Susan Leake EMAIL: _____

OWNER ADDRESS: 16347 Frederick Road PHONE: _____

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

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8gpd/ft

TRENCHES:	LINEAR FEET REQUIRED: <u>138</u>	INLET DEPTH: <u>2.5</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>

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

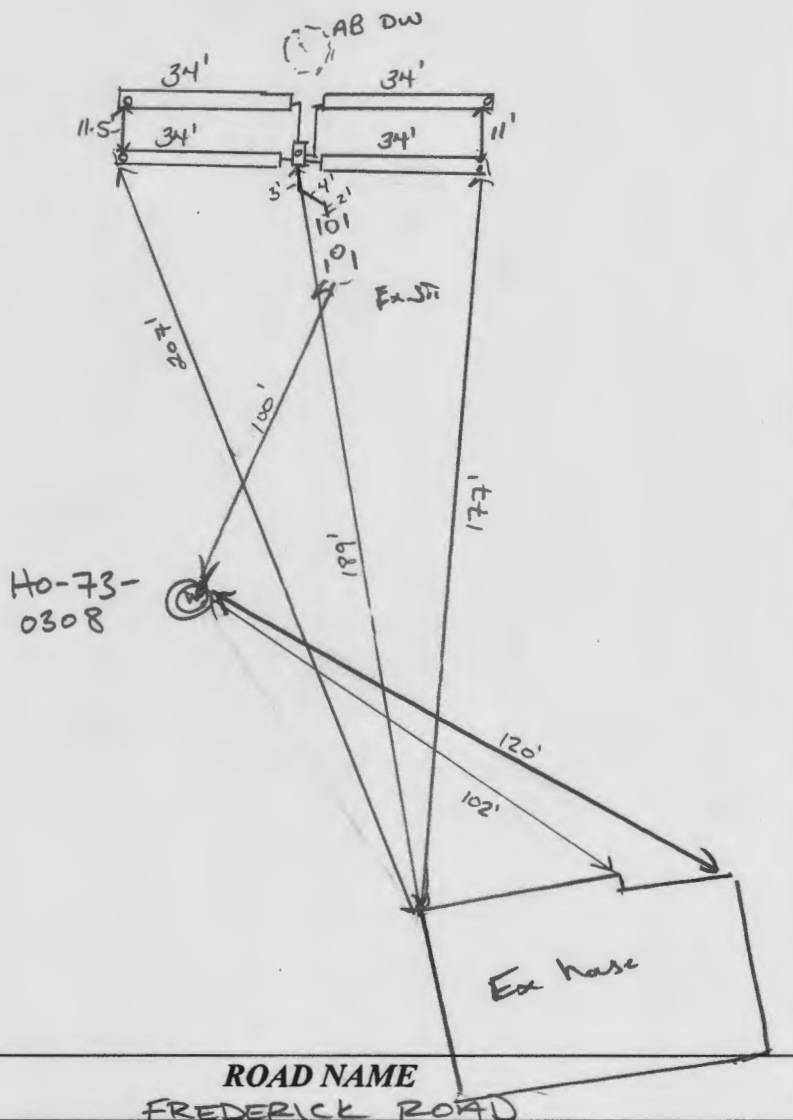
NOTES: Set new dist. box just below existing septic tank. Install 4x35' trenches running in both directions. Pump and collapse existing drywell. Call for inspections.

ISSUED BY: K. Wolf, L.E.H.S. ISSUE DATE: 7/23/19 EXPIRATION DATE: 7/23/20

- 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.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	2.5'	7'
NUMBER OF TRENCHES		4
TOTAL LENGTH		136 F
ABSORPTION AREA		408 SF
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

Existing SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	—
CAPACITY	UNKNOWN GAL
SEAM LOC	mid
TANK LID DEPTH	23'
BAFFLES	OUTLET (NEW)
BAFFLE FILTER	—
MANHOLE LOC	Front/Rear
6" PORT LOC	N/A
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	N/A
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:

7/23/19 set new distribution box just below existing apte tank
 Install 4 x 35' trenches running in both trenches. (in four shot
 trenches staked out in field @ time of perc. Pump/well or
 drywell (perm))

INSTALLATION: 08/13/2019 Two TRENCHES IN CONSTRUCTION - WORK STOPPED

DUE TO RAIN. D BOX SET. NEW OUTLET BAFFLE INSTALLED. (X)

08/14/2019 D BOX LEVELED. REMAINING TRENCHES COMPLETED.

~2' SHORT DUE TO 34.5' SPEC. USED RANGE FINDER THAT ROUNDS
 TO NEAREST WHOLE YARD. LIKELY OK (X)

FINAL INSPECTOR

DATE OF APPROVAL

08/14/2019