

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: 8/29/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 565576

APPROVAL DATE: 10/18/2019 **PERMIT: REPAIR** A Repair

PROPERTY ADDRESS: 1425 Coventry Meadow Drive

SUBDIVISION: Coventry Meadows LOT: 2 TAX ID: 03-315770

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: Kurt@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Mark Bruce EMAIL: _____

OWNER ADDRESS: Same as above PHONE: 410-422-8045

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

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>140</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8.5"</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>

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

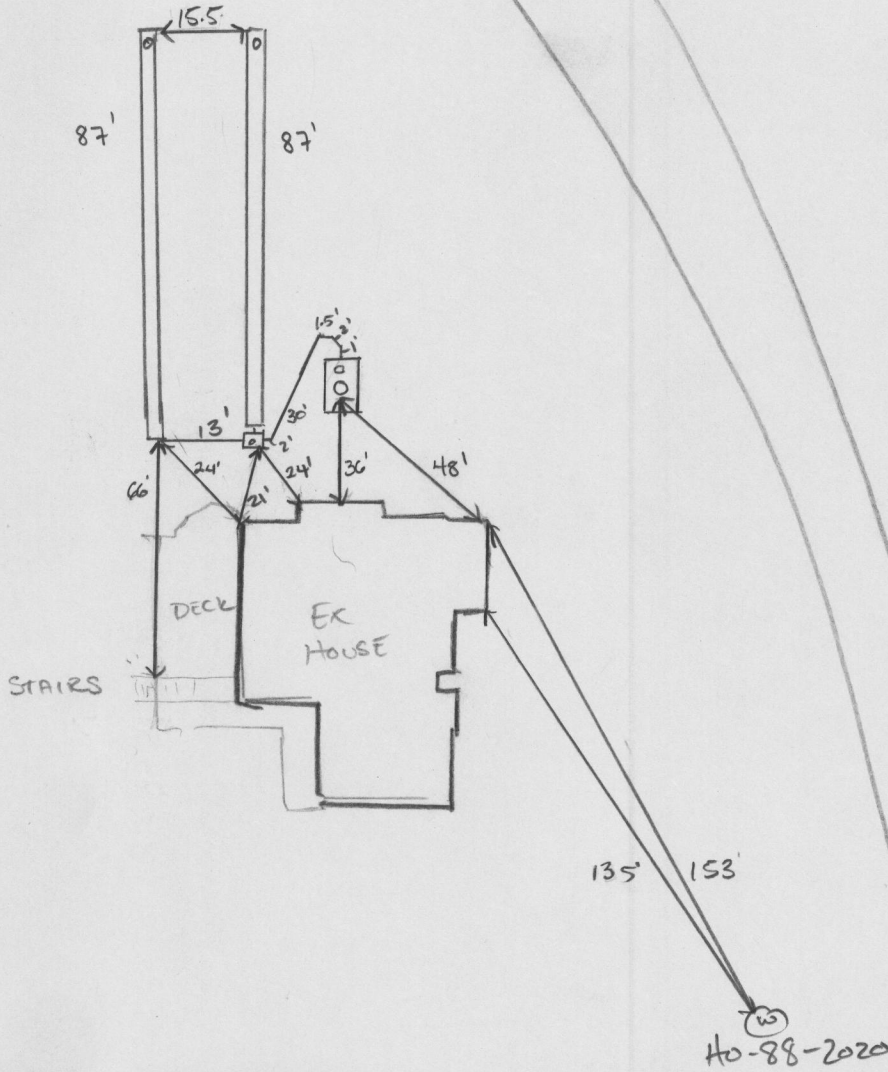
NOTES: Install 2 x 70 ft trenches down hill of ex. failed trenches.. Dbox should be placed at the start of the upper trench. Elevation/contour shot in field and trenches flagged. Homeowner wants sizing spec's for 5 bedroom design.
5 Bedroom Design: $750\text{gpd} \div 0.8\text{gpd/ft} = 937.5\text{ft} \div 3\text{ft} = 312 (.55) = 172\text{LF}$
 → This design will require installation of 2 x 86ft trenches same spec as above.

ISSUED BY: K. Wolf ISSUE DATE: 8/29/2019 EXPIRATION DATE: 8/29/2020

- 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 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



ROAD NAME

COVENTRY MEADOWS

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	5'	8.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		174 F
ABSORPTION AREA		522 SF + SIDE WALL
DISTRIBUTION BOX LEVEL		SPEED
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	_____
WATERTIGHT 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	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

EXISTING

PRE-CONSTRUCTION:

(8/29/19) Elevation's shot just below ex. trenches. Ex. trenches were off contour, running up hill @ ends. Owner wants system sized for 5 bedroom design. House currently 4 br. Spoke about adding berm to a direct "short" down down drain system. (KAM) (10/15/19) Contractor called, owner wants to move lower trench to avoid tree removal. (KAM) (10/16/19) met on site w/ contractor and owner. Re-shot elevations to move lower trench up hill. Will not make 3' ft inlet OK to do 4' inlet bottom 7 ft. (KAM)

INSTALLATION:

(10/17/19) TIED D BOX INTO LOWER TRENCH BEING CONSTRUCTED. 3'-5' OBSERVED FRACIPAN w/ PEARCHED WATER ALONG ENTIRE LOWER TRENCH. (KAM) 10/18/2019 UPPER TRENCH COMPLETE. MEASURES ~ 8.25' BOTTOM DEPTH AT OBS PORT. LEVELLED D BOX w/ SPEED LEVELS. (KAM)

FINAL INSPECTOR

[Handwritten Signature]

DATE OF APPROVAL

10/18/2019



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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: 4/1/19
- No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: _____
- No _____

Existing system design

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

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 _____

Is discharge surfacing on the ground?

- Yes
- No

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: Fogle's Septic Clean Contractor's Phone: 410-793-5670
Contractor's Address: 580 Obrecht Rd Sparksville 21784
Property Address: 1425 Coventry Meadow Dr County file: _____
Subdivision: Coventry Meadows Lot 2 Year Built: 1993
Owner's Name: Mark Bruce Owner's Phone: 410-422-8045

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

Has this request been previously discussed with a Sanitarian? (Name): _____
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.