

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

RECEIPT DATE: 4/12/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 568848

APPROVAL DATE: 4/27/21 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 3780 Championship Drive

SUBDIVISION: Sycamore Valley II LOT: 5 TAX ID: _____

CONTRACTOR: HATFIELDS EQUIPMENT EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. BOX 519, ANNAPOLIS JUNCTION, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Robert and Lisa Fanelli EMAIL: _____

OWNER ADDRESS: 3780 Championship Drive, Glenwood, MD 21738 PHONE: _____

SEPTIC TANK SIZE (GALLONS): EXISTING PUMP CHAMBER CAPACITY (GALLONS): — PUMP SIZE: —

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>68'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>4'</u>
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>INSTALL OBS PORT ON EX D BOX, RUN LINE TO NEW D BOX TURN SPEED LEVELS UP ON EXISTING</u> <u>INSTALL 1x68' TRENCH.</u>	

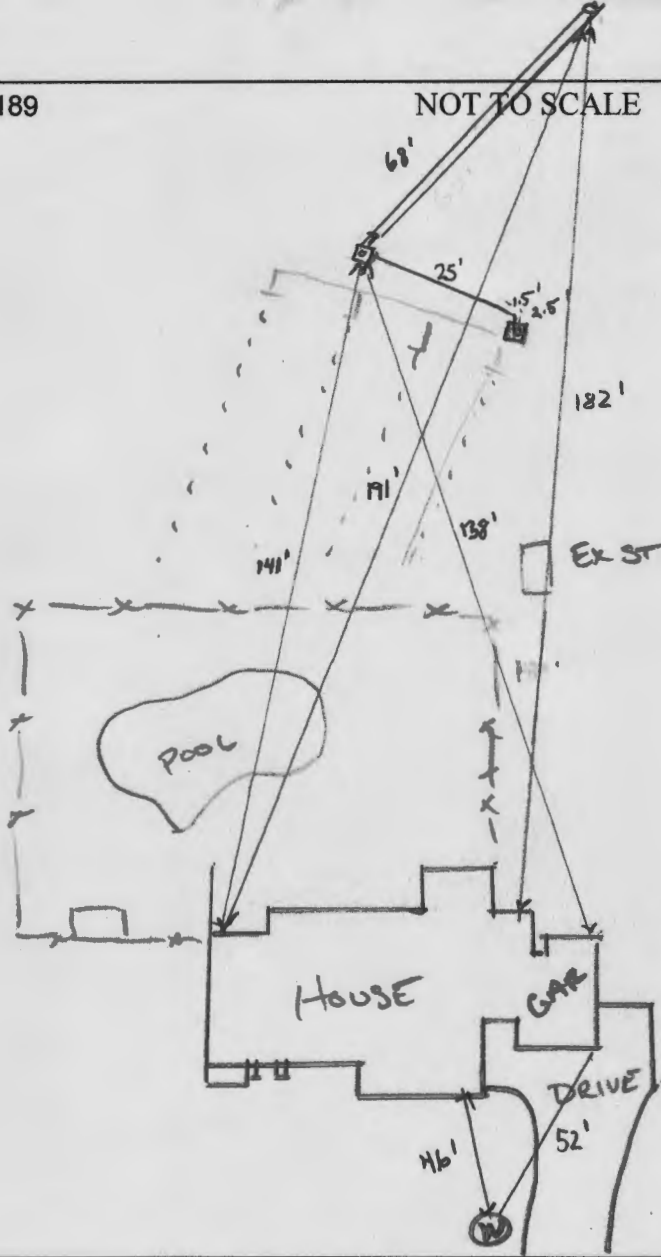
ISSUED BY: CABAHUG 001997 ISSUE DATE: 04/28/2021 EXPIRATION DATE: 04/28/2022

- 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.

279189279189

NOT TO SCALE



ROAD NAME
CHAMPIONSHIP DRIVE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	10'
NUMBER OF TRENCHES		1
TOTAL LENGTH		68'
ABSORPTION AREA		136 sqft + sidewalk
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

PRE-CONSTRUCTION:

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 _____

04/28/2021 Laid out 1x68' trench using perc A. (P)

INSTALLATION: 4/29/21 - installation complete, 68' trench installed, levels on old d box turned up so as to not leak fluid. New d box w/ clo & trench has ob. port at end, stone looks good. No clo on old tank, spoke to contractor after I left the site and ask to have one installed, "Todd" from Hatfield sent a pic of the old d box w/ the clo installed, ok to backfill. (P)

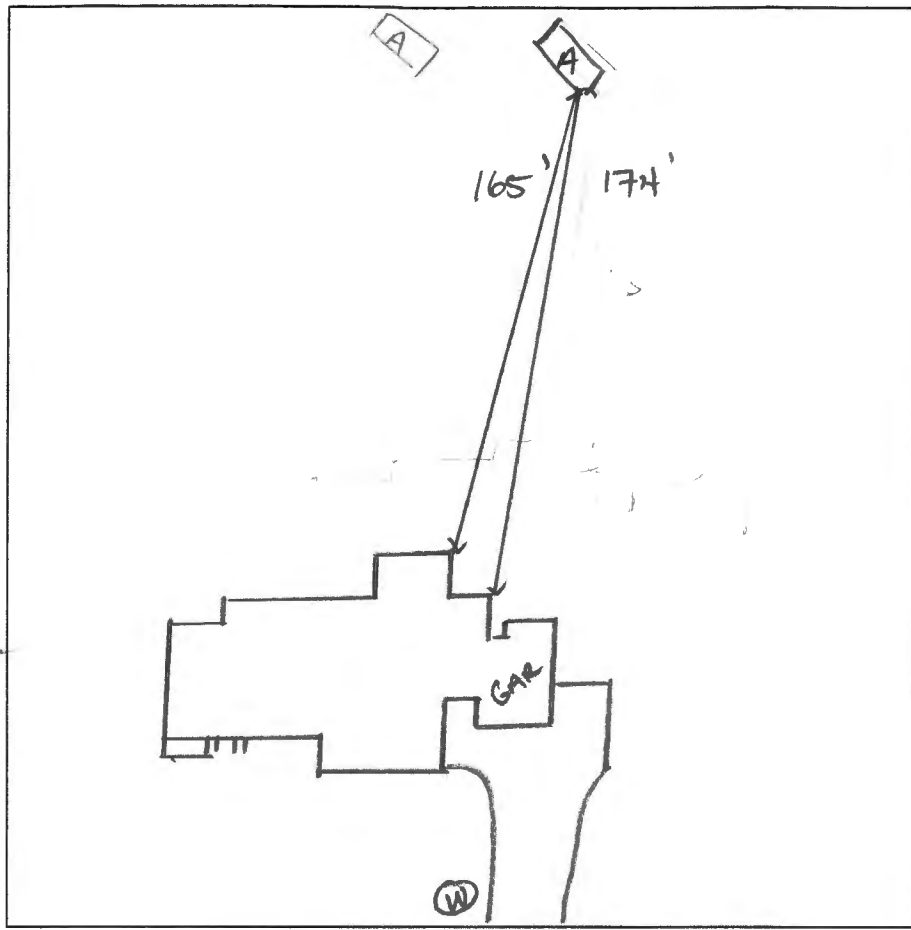
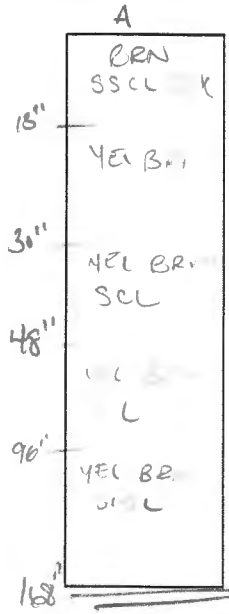
FINAL INSPECTOR

R. Rappoport

DATE OF APPROVAL

4/29/21

AP _____



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
04/25/2021	A	4/14'	0:00	2:13	6:13	4min	P

REMARKS _____

SANITARIAN CABAUG BACKHOE HATFIELDS OTHERS OWNER/REAL

TEST HOLES USED IN SDA A AVG. PERC TIME 4 SQ. FT/BR 4

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 6'

$$\frac{150 \cdot 4}{1.2} = 500 \quad \text{6'SIDE} \quad \frac{500}{2} = 250 \cdot .27 = 68'$$

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

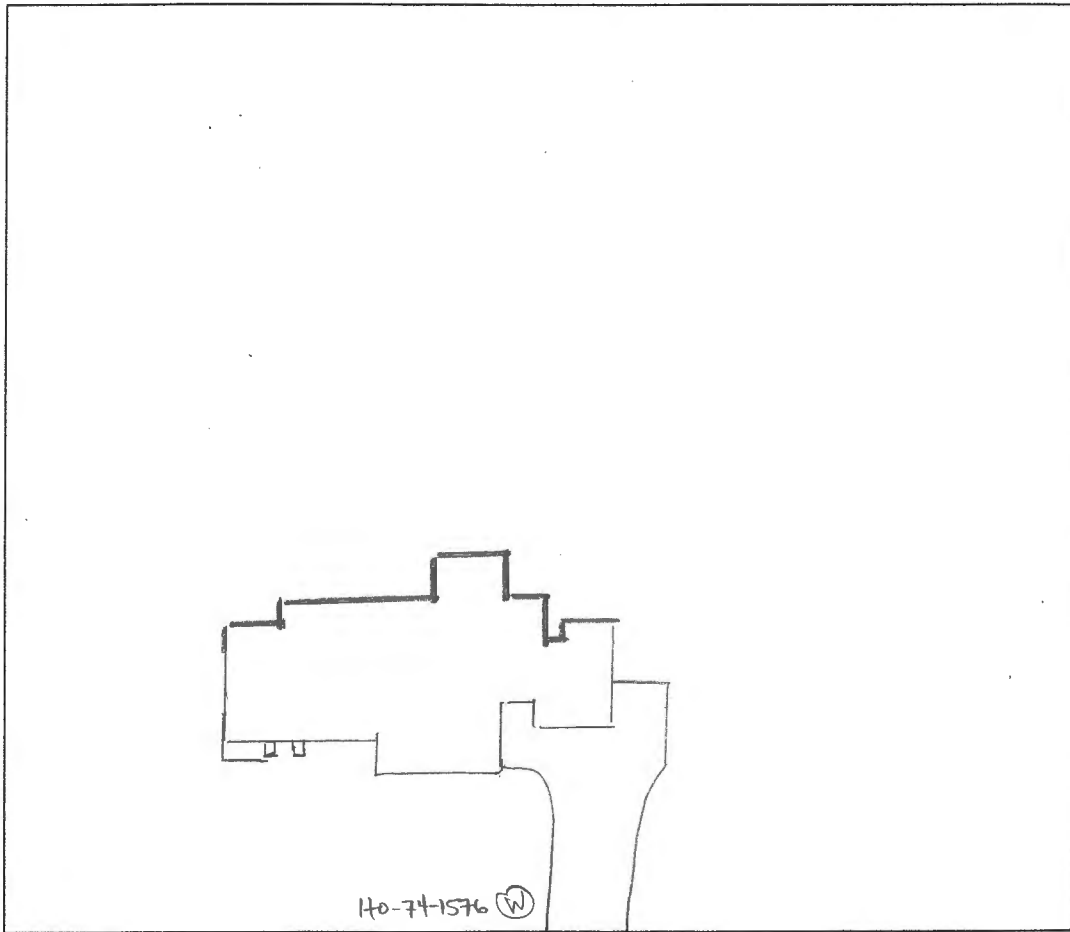
ADDRESS: 3780 CHAMPIONSHIP DRIVE CONTRACTOR: HATFIELDS

GLENWOOD MD WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: PERC FOR REPAIR

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____ INSPECTOR: _____



CHAMPIONSHIP DR

GgB

CHAMPIONSHIP DR

GgB

3772

GgB

530

3780

GgB

3783

GgH

520

GgB

GgB

GgH

GgH

GgH

3786

GgB

GgB

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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: 4/06/21
 No

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

Yes Explain observation: trench are full
 No

Existing system design

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

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No

Is discharge surfacing on the ground?

Yes
 No

Additional Comments:

Rear Baffle was broke off at inspection

*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 Regulations.

Septic Contractor: Hatfields Equipment Contractor's Phone: 410 984 4880 Todd
 Contractor's Address: P O Box 519 Annapolis Junction MD 20701
 Property Address: 3780 Championship Drive County File: _____
 Subdivision: Sycamore Valley II Lot: 5 Year Built: _____
 Owner's Name: Robert & Lisa Fanelli Existing bedrooms: 4
 Name of previous owners: Mark Shaughness Existing bedrooms: _____
 Paul Barbozza Proposed bedrooms: _____

*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 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 exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Sycamore Valley II
 PROPERTY ADDRESS 3780 Championship Drive Glenwood MD 21738
STREET TOWN ZIP
 TAX ACCOUNT # 361547 TAX MAP 0021 GRID 0010 PARCEL 0007 LOT NO. 5 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Robert + Lisa Fanelli

DAYTIME PHONE _____ CELL _____ EMAIL lisa.f3780@gmail.com
 MAILING ADDRESS 3780 Championship Drive Glenwood MD 21738
STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment

RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4289 CELL 410 989 4880 EMAIL khathfield@hatfieldsequipment.com
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
- SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH _____ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

K. Hatfield
 SIGNATURE OF APPLICANT

4/07/21
 DATE

Search Result for HOWARD COUNTY

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 04 Account Number - 361547

Owner Information

Owner Name:	FANELLI ROBERT L FANELLI LISA J	Use:	RESIDENTIAL
		Principal Residence:	YES
Mailing Address:	3780 CHAMPIONSHIP DR GLENWOOD MD 21738-9311	Deed Reference:	/13268/ 00326

Location & Structure Information

Premises Address:	3780 NW CHAMPIONSHIP DR GLENELG 21737-0000	Legal Description:	LOT 5 40,470 SQ' 3780 CHAMPIONSHIP DR SYCAMORE VALLEY II
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Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	13382
0021	0010	0007	4010104.14	1004			5	2020	Plat Ref:	

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1999	3,472 SF	800 SF	40,470 SF	000000

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
2	YES	STANDARD UNIT	SIDING/	6	4 full/ 1 half	1 Attached	

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2020	07/01/2020	07/01/2021
Land:	291,000	219,700		
Improvements	514,000	529,800		
Total:	805,000	749,500	749,500	749,500
Preferential Land:	0	0		

Transfer Information

Seller: SHAUGHNESS MARK D	Date: 06/07/2011	Price: \$800,000
Type: ARMS LENGTH IMPROVED	Deed1: /13268/ 00326	Deed2:
Seller: BARBETTA PAUL T	Date: 02/04/2005	Price: \$905,000
Type: NON-ARMS LENGTH OTHER	Deed1: /08951/ 00202	Deed2:
Seller: SIRVA RELOCATION LLC	Date: 02/01/2005	Price: \$905,000
Type: ARMS LENGTH IMPROVED	Deed1: /04720/ 00461	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2020	07/01/2021
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application



HOWARD COUNTY HEALTH DEPARTMENT

68848
PS

DATE
4/16/21

Received
From

Hallfields Equip.

PHONE #

40984-4880

For

Repair / 3750 Championship Dr.

CASH

CHECK

NO.

4425

One hundred sixty five Dollars

\$

165.00

Received By

J. King