

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: 2/3/20 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567300

APPROVAL DATE: 03/04/2020 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 2139 Daisy Road Tank Repl. only.

SUBDIVISION: _____ LOT: _____ TAX ID: 04-308913

CONTRACTOR: South Carroll Backhoe EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-596-3618

PROPERTY OWNER: Zugell Jamison EMAIL: _____

OWNER ADDRESS: 2139 Daisy Road, Woodbine, MD 21797 PHONE: 410-740-1200

SEPTIC TANK SIZE (GALLONS): 2000g PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Set new tank next to existing leaking tank.</u>	

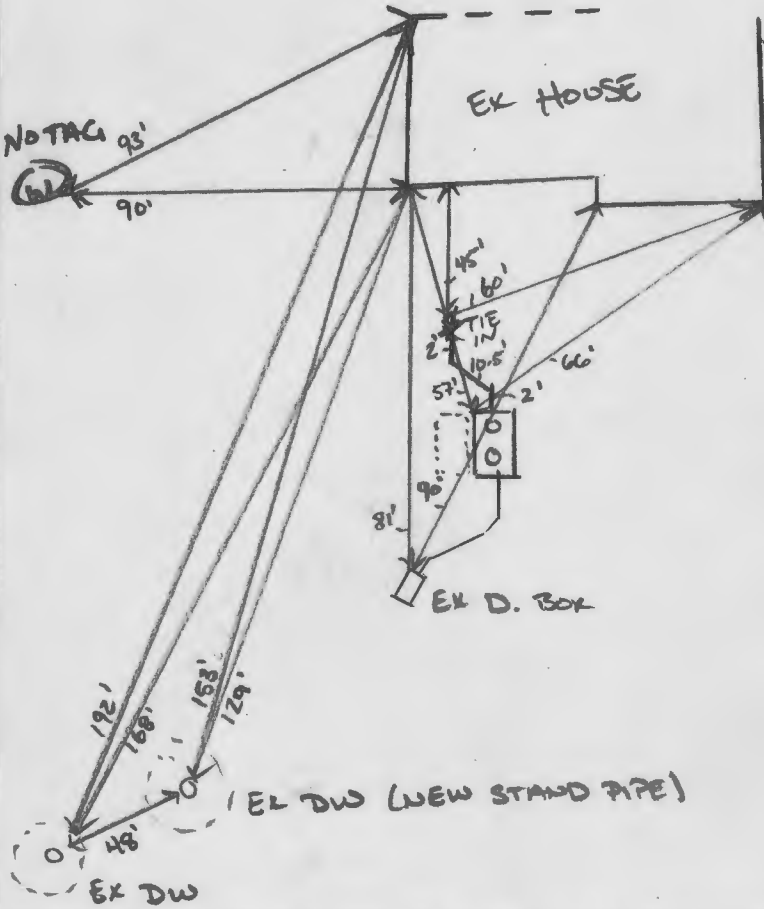
ISSUED BY: K Wolf ISSUE DATE: 2/12/2020 EXPIRATION DATE: 2/12/2021

- 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.**

270189279189

NOT TO SCALE



ROAD NAME
DAISY ROAD

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

EXISTING DRY WELLS

NUMBER OF TRENCHES

TOTAL LENGTH

ABSORPTION AREA

DISTRIBUTION BOX LEVEL

DISTRIBUTION BOX BAFFLE

DISTRIBUTION BOX PORT

PRE-CONSTRUCTION:

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

MANUFACTURER BABYLOON

CAPACITY 2000 GAL

SEAM LOC TOP

TANK LID DEPTH 3'-2"

BAFFLES YES

BAFFLE FILTER

MANHOLE LOC FRONT/BACK

6" PORT LOC

WATERTIGHT TEST

SLOTTED YES

DATE ON LID 01/06/2020

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

HOUSE IS A RENTAL - HOUSE RENNOVATIONS OBSERVED w/o OCCUPANCY.

INSTALLATION: 03/04/2020 STAND PIPE INSTALLED IN EX DW, EX ST COLLAPSED AND FILLED W/ CLEAN FILL FROM TANK SPOIL PILE. (PM) CONT. SEND PIC OF CONNECTED D BOX. (e)

FINAL INSPECTOR

DATE OF APPROVAL

03/04/2020



HOWARD COUNTY HEALTH DEPARTMENT

67300

DATE
2/15/2020

PS

Received From

S. Carroll

PHONE #

410-815-4111

For

paper septo - 2/39
Lacyke

CASH

CHECK

NO.

55915

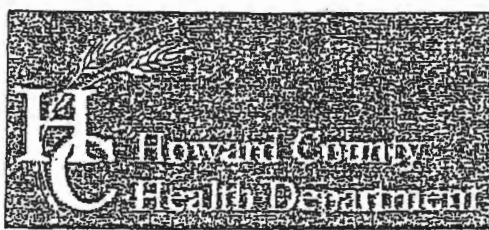
One hundred forty five Dollars

\$

1405 | a

Received By

Kemp



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Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [] Failing System
- [] System relocation for proposed addition
- [] System upgrade for proposed addition
- [] Inadequate treatment zone
- [x] Collapsed septic tank
- [] Collapsed drywell

Has the septic tank been pumped within the last month?

- 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?

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [x] Yes Explain observations: Leaking tank at mid seam
- [] No

Existing system design

- Existing system design
- [x] Drywell
- [] Trench
- [] Mound
- [] Unknown
- [] Other: _____

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [] Yes
- [] No
Blockage leading to the tank
- [] Yes. Explain: _____
- [] No

Blockage leading to the field

- Blockage leading to the field
- [] Yes. Explain: _____
- [] No

Is discharge surfacing on the ground?

- 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: SouthCamden Backhoe Contractor's Phone: 410-596-3618
Contractor's Address: 4410 Salem Bottom Rd Westminster MD 21157

Property Address: 2139 Daisy Rd County file:
Subdivision: Lot: Year Built:
Owner's Name: Luggell, Jamison Owner's Phone: 410-740-1200

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

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