



**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: 6/28/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567579

APPROVAL DATE: 07/09/2021 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 11380 Frederick Road

SUBDIVISION: N/A LOT: N/A TAX ID: 03-290875

CONTRACTOR: Freedom Septic EMAIL: _____

CONTRACTOR ADDRESS: 2809 Liberty Rd, Sykesville, MD 21784 PHONE: 410-795-2947

PROPERTY OWNER: Singh, Avtar EMAIL: ABAhamra@ymail.com

OWNER ADDRESS: 11380 Frederick Road, Ellicott City, MD 21042 PHONE: 646-359-1789

SEPTIC TANK SIZE (GALLONS): 2000 PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 6 HOUSE SQ. FT. N/A APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

| | | |
|-----------|---|---|
| TRENCHES: | LINEAR FEET REQUIRED: <u>90'</u> | INLET DEPTH: <u>3'</u> |
| | TRENCH WIDTH: <u>3'</u> | MAXIMUM BOTTOM DEPTH: <u>10.5'</u> |
| | MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u> | EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u> |
| LOCATION: | TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | Install 2 x 45' Trenches. Owner raised the plumbing in the house to meet 3' tank cover at location to avoid traffic bearing spec tank. System sized for 6 bedrooms for future lot development. | |

ISSUED BY: Cabahug 001997 ISSUE DATE: 06/23/2021 EXPIRATION DATE: 06/23/2021

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.

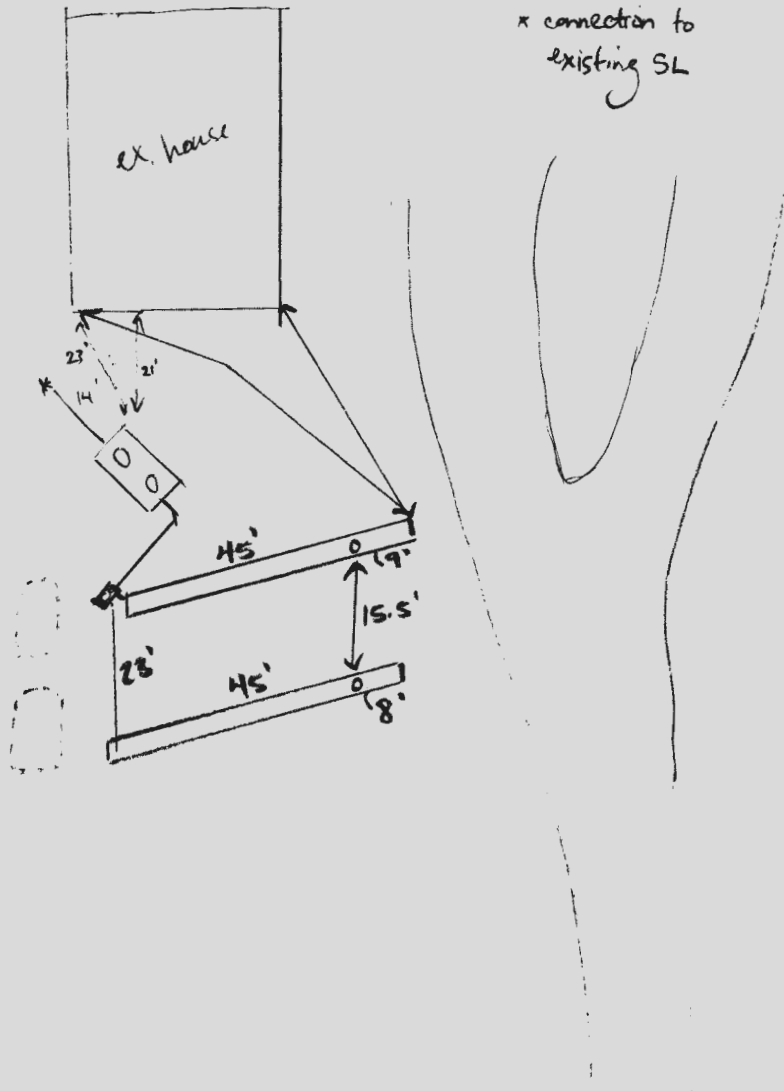
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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.

NOT TO SCALE



ROAD NAME
FREDERICK ROAD

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL yes

MANUFACTURER Babylon

CAPACITY 2000 GAL

SEAM LOC top

TANK LID DEPTH 2'

BAFFLES _____

BAFFLE FILTER YES

MANHOLE LOC inlet + outlet

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED yes

DATE ON LID 6-1-21

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 _____

PRE-CONSTRUCTION:

7/7/21 AM laid out tank location. SL coming out of house is 3' below grade. Tank laid out 20' from foundation. (S)

7/7/21 PM Laid out 2x45' trenches, one above tree and one below tree. Uncovered drywell, trenches laid out around drywell. (S)

INSTALLATION: 7/7/21 PM Tank set. Sewer line into house uncovered + connected. About 1/4 bubble of fall. (S) 07/08/2021 UPPER TRENCH PARTIALLY COMPLETE. INSTALLED AT 5' INLET TO RAISE UP TO 2'. 07/09/2021 (AM) ACTION CORRECTED (DAY PRIOR) TRENCHES COMPLETE DBOX LEVELLED w/ SPEED LEVELS. OBS PORTS OFFSET FROM DRIVE. (S)

FINAL INSPECTOR

DATE OF APPROVAL

07/09/2021



HOWARD COUNTY HEALTH DEPARTMENT

69579

DATE
6/28/21

PS

Received From

Inc./Corp Builders

PHONE #

444-351-1759

For

Septic Repair 11386 Frederick Rd.

CASH

CHECK

NO. C

One hundred sixty five Dollars

\$

16500

Received By

[Signature]



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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Falling 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 observation: _____
 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:

*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: Freedom Septic Contractor's Phone: 410.795.2947
 Contractor's Address: 2809 Liberty Rd Sykesville MD 21784
 Property Address: 11380 Fredence Rd County File: _____
 Subdivision: 2002 Lot: _____ Year Built: 1945
 Owner's Name: Avtar Singh Existing bedrooms: 4
 Name of previous owners: _____ Existing bedrooms: _____
 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