



HOWARD COUNTY HEALTH DEPARTMENT

72855

DATE 11/3/20

PS

Received From

All About Permits

PHONE #

410 508-4815

For

Repair / 13005 Red Maple Way

CASH

CHECK

NO.

3894

One hundred sixty five Dollars

\$

165.00

Received By

J King

P572855

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
 No Date pumped: _____

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:

Installation and connection of wastewater pipes from fixtures installed for the pavilion (toilet, shower, sink) and the outdoor kitchen.

*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: Woodfield Landscaping Inc Contractor's Phone: 410-808-4815

Contractor's Address: 1902 Blakewood Court

Property Address: 13005 Red Maple Way County File: _____

Subdivision: Twelve Hills Lot: 45 Year Built: 2002

Owner's Name: Angelena Lienert Existing bedrooms: no change

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.

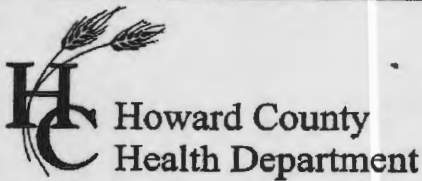
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

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



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
 11/13/2021

RECEIPT DATE: 0 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572855

INSTALLATION APPROVAL DATE: 1/12/2024 (31) **PERMIT** A _____

SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 13005 RED MAPLE WAY

SUBDIVISION: TWELVE HILLS, SECTION 3 LOT: 45 TAX ID: 05-410843

CONTRACTOR: STEPHEN FRIEDEL EMAIL: STFRIEDEL@HOTMAIL.COM

CONTRACTOR ADDRESS: 4001 McMULLEN ROAD, TANEYTOWN, MD 21787 PHONE: 410-756-2221

PROPERTY OWNER: ANGELENA LIENERT EMAIL: _____

OWNER ADDRESS: 13005 RED MAPLE WAY, CLARKSVILLE, MD 21029 PHONE: _____

NUMBER OF BEDROOMS: SAME CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	INSTALL 4" SEWER LINE PER APPROVED SITE PLAN. INSTALL CLEANOUTS AND FITTINGS AS INDICATED.
NOTES:	CONNECT OUTDOOR KITCHEN SINK, AND FIXTURES IN PAVILLION, TO EXISTING SEPTIC SYSTEM SHC. INSTALL CLEANOUTS AND FITTINGS PER PLAN. ALL WORK MUST BE INSPECTED BEFORE COVERING. CALL (410)313-1771 TO SCHEDULE INSPECTIONS.

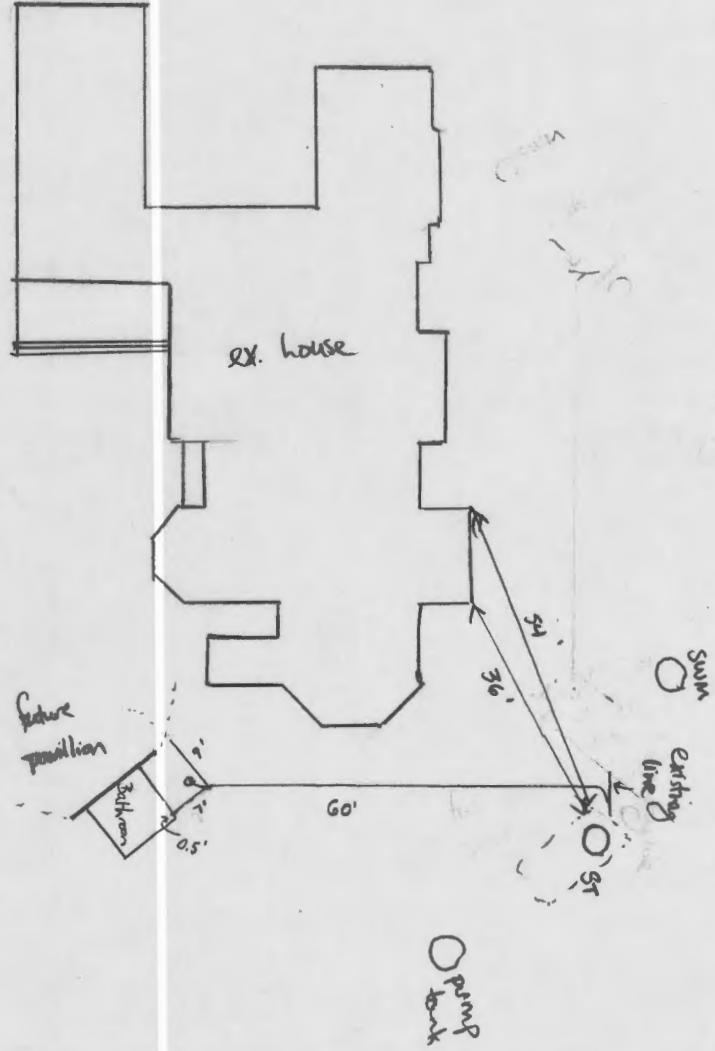
ISSUED BY: R BRICKER ISSUE DATE: 12/4/2021 (RB) EXPIRATION DATE: 11/13/2021

- NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE

1" = 30'



ROAD NAME

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 _____

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 _____

PRE-CONSTRUCTION:

INSTALLATION: 1/12/2021 Line from wet bar and SL from kitchen constructed and tied in to existing SL to tank. Fall on line measured to be 1/4" per 1'. (ST)

FINAL INSPECTOR Susan Thomas DATE OF APPROVAL 1/12/2021