



HOWARD COUNTY HEALTH DEPARTMENT

67258

DATE
12 / 20 / 19

Received
From _____

PHONE # _____

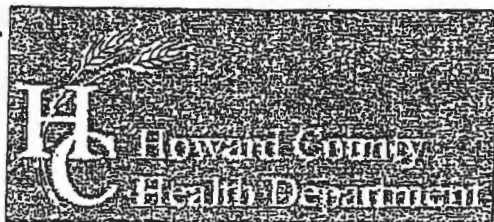
CASH
 CHECK
NO. _____

For _____

_____ Dollars

\$ _____

Received By _____



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
 Twitter: HowardCoHealthDep

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

Existing system design

Drywell

Trench

Mound

Unknown

Other: _____

Is discharge surfacing on the ground?

Yes

No

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 observations: _____

No _____

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 _____

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: MARC D HERETA Contractor's Phone: 301 580 5977
 Contractor's Address: 2551 FLORENCE RD WOODWY MD 21797

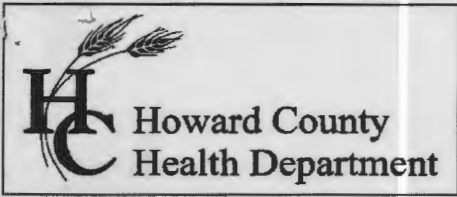
Property Address: 2153 MD RT. 97 COOKSVILLE MD County file: _____
 Subdivision: WILLIAM R RIDGES PROPERTY Lot: 1 Year Built: 705
 Owner's Name: DAVID COLESKY Owner's Phone: _____

Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: 4

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



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

RECEIPT DATE: 12/30/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567258

APPROVAL DATE: 11/19/2019 **PERMIT:** **Upgrade** A 567258

PROPERTY ADDRESS: 2153 Route 97, Cooksville, MD 21723

SUBDIVISION: William B. Ridgely Property LOT: _____ TAX ID: _____

CONTRACTOR: Marc Hereth EMAIL: _____

CONTRACTOR ADDRESS: 2551 Florence Road PHONE: 301-580-5977

PROPERTY OWNER: David E. Covolessy EMAIL: _____

OWNER ADDRESS: 2153 Route 97, Cooksville, MD 21723 PHONE: _____

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

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

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>70 LF</u>	INLET DEPTH: <u>4 FT</u>
	TRENCH WIDTH: <u>3 FT</u>	MAXIMUM BOTTOM DEPTH: <u>8 FT</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>4 FT</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new tank and trench. Abandon old tank and drywell.	

ISSUED BY: Hank Oswald ISSUE DATE: 12/31/19 EXPIRATION DATE: 12/31/20

- 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 _____
- 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

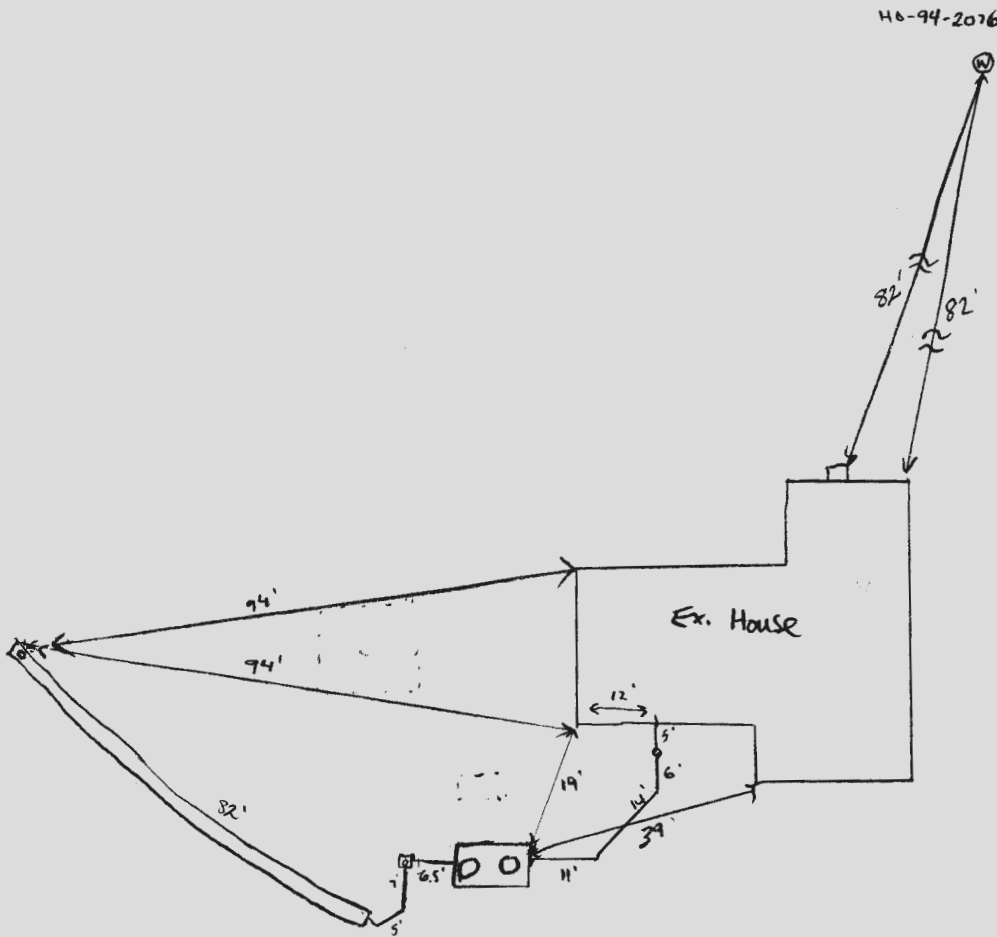
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

279189279189

NOT TO SCALE 1"=30'



ROAD NAME
MD RT 97

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	4'	8'
NUMBER OF TRENCHES <u>1</u>		
TOTAL LENGTH <u>82'</u>		
ABSORPTION AREA <u>246 sq ft + side wall</u>		
DISTRIBUTION BOX LEVEL <u>N/A</u>		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT <u>yes</u>		

PRE-CONSTRUCTION:

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	<u>yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>front + back</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>front + back</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	<u>yes</u>
DATE ON LID	<u>9-22-2020</u>

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	_____

11/4/2020 Laid out 1 trench according to plan. Maple tree nearest house must be removed to avoid interfering with trench. (S)

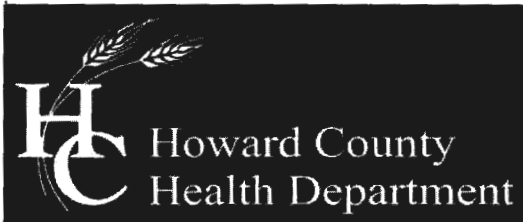
INSTALLATION: 11/17/2020 Tank set and trench is under construction (S) 11/19/2020 SL constructed, d-box set and one 82' trench constructed. (S)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

11/19/2020



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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 2153 Rt. 97

Subdivision: Lot:

Initial system: Application rate: 1.2 Effective area beginning depth: 4 Bottom maximum depth: 3 Parcel 2
1st Replacement: Application rate: 1.2 Effective area beginning depth: 4 Bottom maximum depth: 8 Parcel 4
2nd Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

* Between parcel 3 & 4 may require a pump tank.
* 4 bedroom requires a 1500 gallon 2 compartment tank.

Approved: Hank Oswald Date: 9.3.19

Howard County Health Department
Well and Septic
8930 Stanford Blvd
Columbia, MD 21045

July 29th, 2019

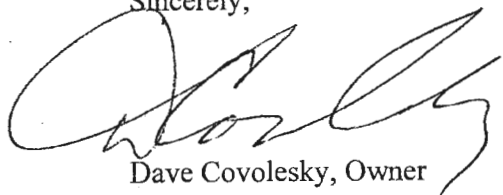
RE: Covolesky Residence; 2153 Route 97, Cooksville MD

Well and Septic Division:

This letter is to request a waiver to the Code Section 3.805 for the requirements of a percolation certification plan. We plan to upgrade the septic system using the existing approved percs.

Additionally, due to scheduling timelines, conditional approval of the proposed finished basement for building permit concurrent with the septic upgrade process would be appreciated.

Sincerely,



Dave Covolesky, Owner

8/30/19
Approved
Paul J. Owen

Howard County Health Department
Well and Septic
8930 Stanford Blvd
Columbia, MD 21045

July 29th, 2019

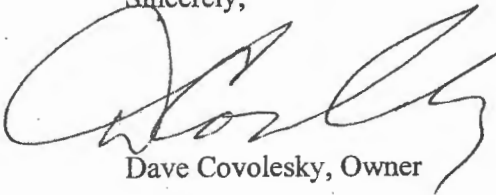
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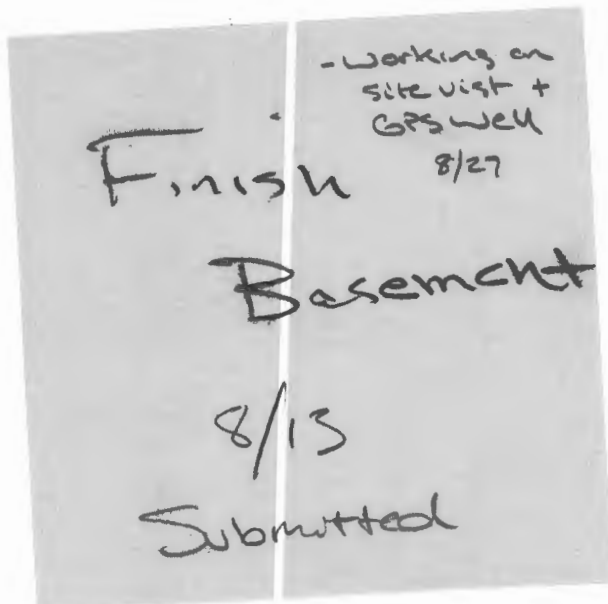
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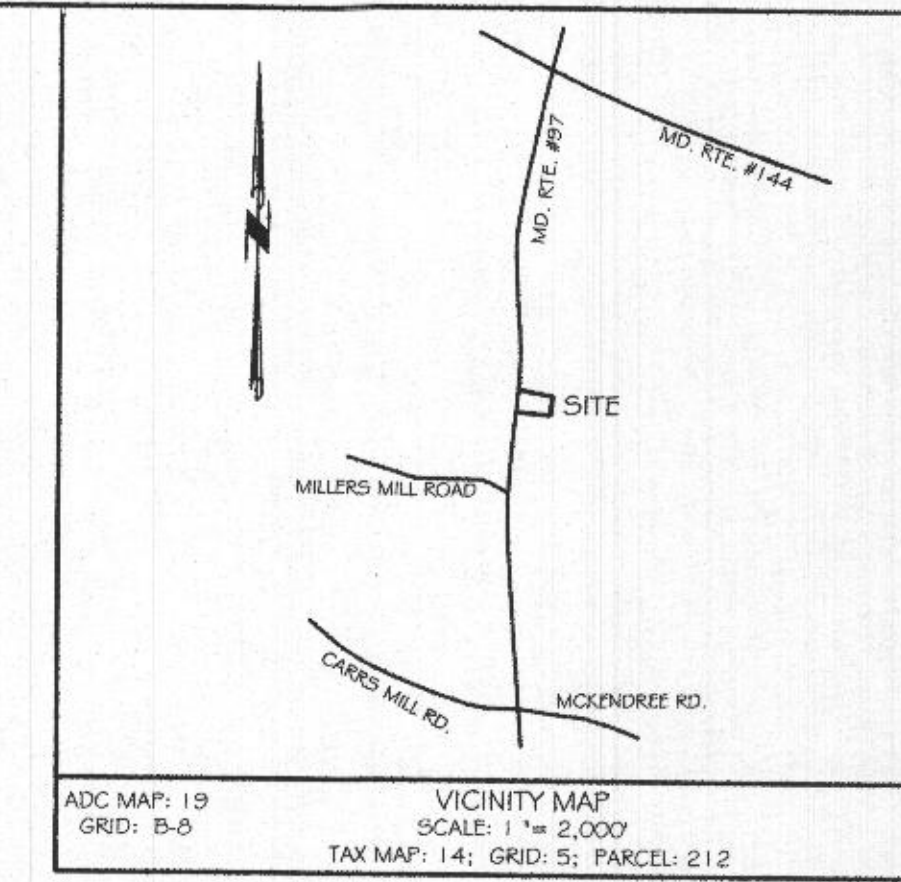
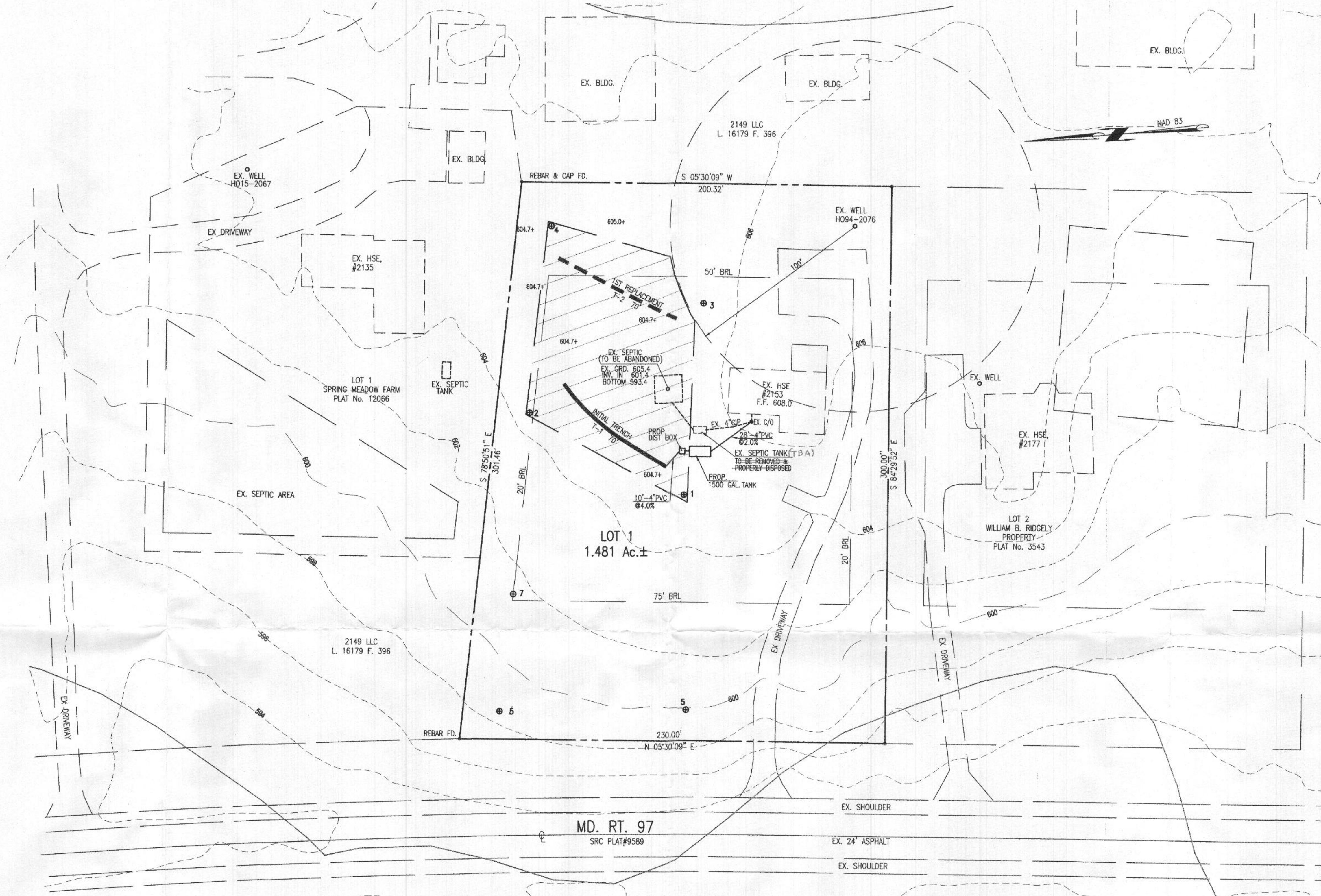


Dave Covolesky, Owner



Finish
Basement
8/13
Submitted

- Working on
site visit +
GPS well
8/27



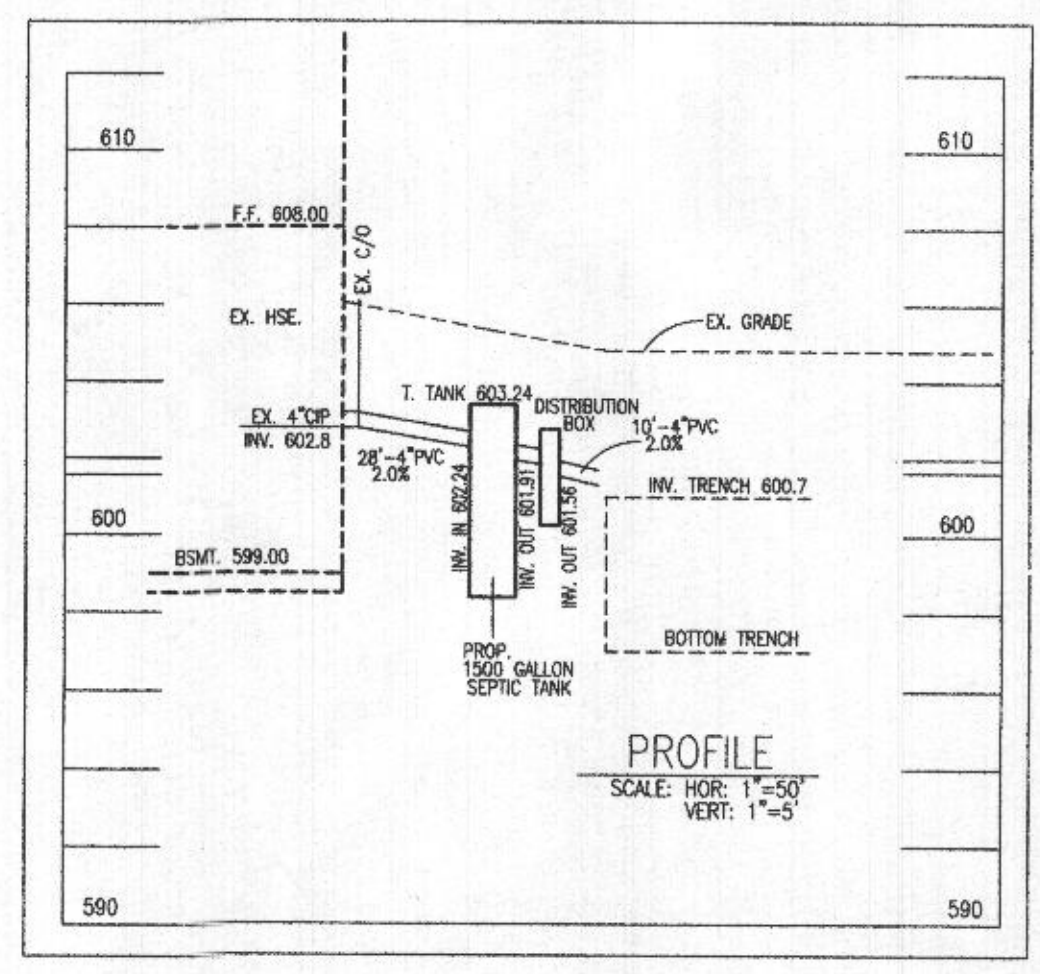
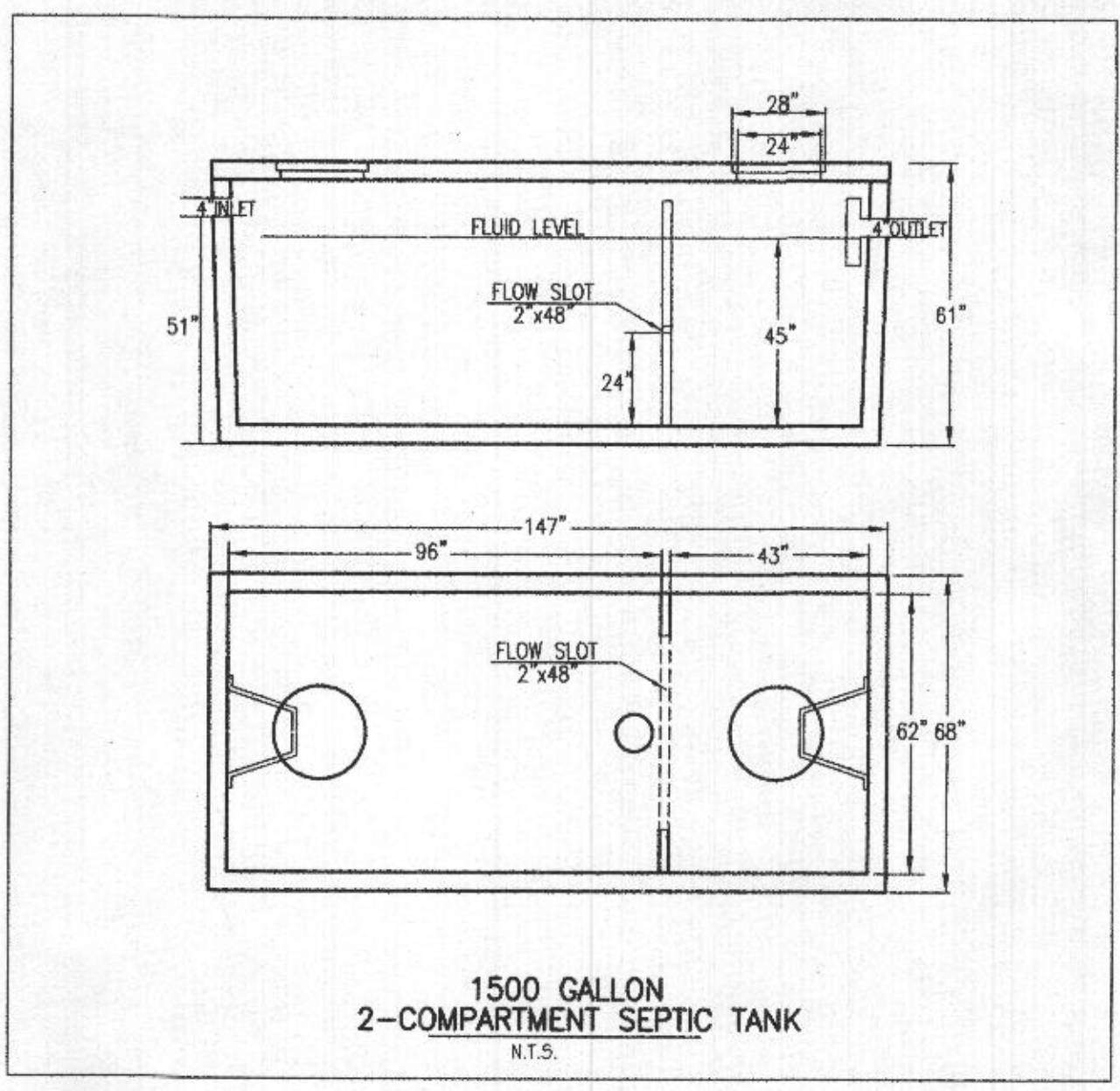
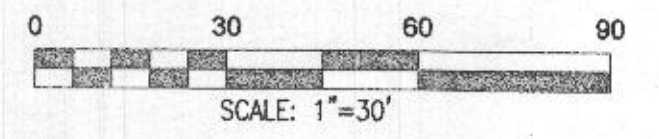
- GENERAL NOTES:**
- TOPOGRAPHY & PLANIMETRIC FEATURES SHOWN HEREON TAKEN FROM COPYRIGHTED GIS DATA FROM HOWARD COUNTY, SUPPLEMENTED WITH FIELD LOCATIONS BY VANMAR ASSOCIATES, INC. CONTOUR INTERVAL IS 2 FEET. VERTICAL DATUM IS NAVD88.
 - THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
 - ZONING DISTRICT: RC-DEO
 - LIMIT OF DISTURBANCE (LOD) = LESS THAN 5,000 SQ.FT.
 - THERE ARE NO STREAMS, PONDS, FLOODPLAINS OR WETLANDS ON THIS LOT.

SEPTIC SYSTEM TRENCH DESIGN

INITIAL NUMBER OF BEDROOMS = 4
 APPLICATION RATE = 1.2 GPD / sq.ft.
 DESIGN FLOW: 150 GPD X 4 BEDROOMS = 600 GPD
 600 GPD / 1.2 GPD/sq.ft. = 500 sq.ft.
 500 sq.ft. / 3 ft. WIDE TRENCH = 167 LF TRENCH
 167 LF TRENCH X 0.42 REDUCTION CREDIT = 70 LF TRENCH
 TRENCH T-1 EX. GRD=604.7 -INV. TRENCH=600.7 -B. TRENCH=596.7

1st REPLACEMENT
 APPLICATION RATE = 1.2 GPD / sq.ft.
 DESIGN FLOW: 150 GPD X 4 BEDROOMS = 600 GPD
 600 GPD / 1.2 GPD/sq.ft. = 500 sq.ft.
 500 sq.ft. / 3 ft. WIDE TRENCH = 167 LF TRENCH
 167 LF TRENCH X 0.42 REDUCTION CREDIT = 70 LF TRENCH
 TRENCH T-2 EX. GRD=604.7 -INV. TRENCH=600.7 -B. TRENCH=596.7

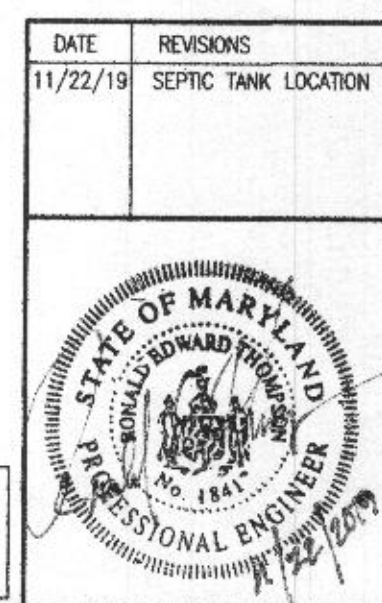
- SITE PLAN NOTES:**
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 - MAXIMUM COVER OVER THE TANK IS 3 FEET. GREATER DEPTH WILL REQUIRE A HEAVY LOAD BEARING TANK.
 - ELECTRICAL WORK FOR THE INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
 - THE WELL (TAG #H094-2076) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
 - ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
 - WAVER DATED 8/30/2019 BY HOWARD COUNTY HEALTH DEPARTMENT TO WAIVE CODE SECTION 3.805 FOR THE REQUIREMENTS OF A PERCOLATION CERTIFICATION PLAN.
 - EXISTING SEPTIC DRYWELL WILL BE PROPERLY ABANDONED WITH DOCUMENTATION PROVIDED TO HOWARD COUNTY HEALTH DEPARTMENT.



OWNER
 DAVID E. COVOLESKY
 2153 MD. RT. 97
 COOKSVILLE, MD. 21723

DEVELOPER
 MULLOY BUILDERS
 1600 HOODS MILL ROAD
 WOODBINE, MD. 21797
 410-984-4643

PROFESSIONAL CERTIFICATION
 I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 19417, Expiration Date: 3-18-21.



Approved Septic System Plan
 Howard County Health Department
 Hank Oswald 11/22/19
 Signature Date

DATE 11/22/19	REVISIONS SEPTIC TANK LOCATION	ON SITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN WILLIAM B. RIDGELY PROPERTY	
		PLAT No. 3543 2153 MD. RT. 97	
TAX MAP: 14 GRID NO: 5 PARCEL NO: 212	ELECTION DISTRICT: No. 4 HOWARD COUNTY, MARYLAND EX. ZONING: RC-DEO	SCALE: 1" = 30' DATE: NOVEMBER 2019 SHEET 1 OF 1	VANMAR ASSOCIATES, INC. Engineers Surveyors Planners 310 South Main Street Mount Airy, Maryland 21771 (301) 829-2890 (301) 831-5015 (410) 549-2751 Fax (301) 831-5603 ©Copyright, Latest Date Shown