



HOWARD COUNTY HEALTH DEPARTMENT

61492

DATE
8/11/17

A5

Received From

Elese Jordan

PHONE #

For

Pruc Kaper / 7287

Headlow wood way

CASH

CHECK

NO.

CC

One hundred sixty five

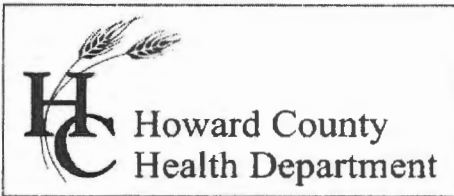
Dollars

\$

105.00

Received By

J. Key



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: 8/11/17 **ONSITE SEWAGE DISPOSAL SYSTEM** P 561492

APPROVAL DATE: _____ **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 7287 Meadow Wood Way

SUBDIVISION: Simpson Woods LOT: 3 TAX ID: 05-388732

CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519 Annapolis Junction, Maryland 20701 PHONE: 301-490-4289

PROPERTY OWNER: John & Elise Jordan EMAIL: _____

OWNER ADDRESS: 7287 Meadow Wood Way, Clarksville, MD 21029 PHONE: 301-725-0309

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

NUMBER OF BEDROOMS: _____ 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:		

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- 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.**

NOT TO SCALE

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 _____

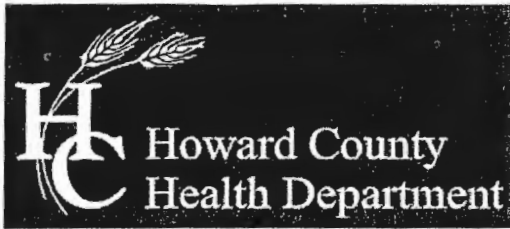
DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 7287 Meadow Wood Way Clarksville 21029

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) John + Elise Jordan

DAYTIME PHONE 301-725-0309 CELL 410-409-0921 EMAIL elise@civilityfirst.com

MAILING ADDRESS Same as above

APPLICANT Elise M. Jordan RELATIONSHIP TO OWNER: self

DAYTIME PHONE 301-725-0309 CELL 410-409-0921 EMAIL

MAILING ADDRESS Same as above

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

PROPERTY:

- 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:

- BUILDING: RESIDENTIAL WITH 4 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.

Signature of applicant: Elise M. Jordan

DATE: 8-11-2017



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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

Has the septic tank been pumped within the last month? 5/10/2017

- Yes (checked) Date pumped: 8/08/17, 8/11/2017
No

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

- Yes (checked) Explain observations: Dry well almost full.
No

Was a visual inspection of the sewage line conducted?

- Yes (checked) Blockage leading to the tank
Yes. Explain:
No

Blockage leading to the field

- Yes (checked) Explain: Minor blockage but water flowing. Replaced cast iron w/ PVC
No

Existing system design

- Drywell (checked)
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No (checked)

Additional Comments:

Found & corrected 2 leaking toilets

*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: Hatfields Contractor's Phone: 301 490 4289
Contractor's Address: P.O. Box 519, Annapolis Junction, MD 20701

Property Address: 7287 Meadow Wood Way, Clarksville County file:
Subdivision: Simpson Woods Lot: 3 Year Built: 1981
Owner's Name: John & Elise Jordan Owner's Phone: 301 725 0309

Name of previous owners: Erwin (Ed) & Holly York Existing bedrooms: 4
Proposed bedrooms: 4

Has this request been previously discussed with a Sanitarian? (Name): yes
Public Sewer available/nearby: No

*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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Juanita King [jking]

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- [Payment Management](#)
- [Online Reporting](#)

Live Support

Online Reports

Transaction Details

General Information

Transaction ID: 189485835
 Tender Type: Credit Card
 Transaction Type: Authorization and Capture
 Remittance ID: Environ081117154730898Kin
 Client Account Number: N/A
 Tax Amount: \$0.00
 Total Amount: \$165.00
 Transaction Date: August 11, 2017 03:48:41 PM EDT
 Parent Transaction: N/A
 Status: Success
 Fail Message: N/A
 Received Via: Virtual Terminal
 AVS Response: N/A
 Approval Code: 05236C
 Transaction Posted by: jking

Credit Card Information

Company: N/A
 Name on Card: JORDAN/ELISE
 Address Line 1: N/A
 City: N/A
 State: N A

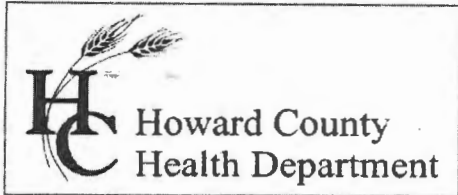
ZIP Code: N/A
Country: United States
Card Type: Visa
Partial Card Number: 42 - 3863
Expiration Date: 9/2019
Order Number: 189485835

Custom Information

Payment Application: Environmental Health
Programs: Well & Septic
Notes: Perc Repair/ 7287 Meadow Wood Way

Credit or void this transaction

Velocity Payment System Version 2016-1 - Copyright © 2017 Govolution, LLC.



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DATE ON LID _____

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

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MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____, DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 56492

PERMITTEE Hatfield's Equipment
LOCATION 7287 Meadow Wood Way Simpson Woods Lot 3

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector _____

Date _____

Inspector _____

Date _____

FINAL INSPECTION MADE, COVER ALL WORK

Inspector _____

Date _____