



# HOWARD COUNTY HEALTH DEPARTMENT

72879

PS

DATE 12/1/20

Received From

Hatfields Egnif

PHONE #

301 490-4289

For

Septic Repair — 3139  
Hobbs Rd.

CASH

CHECK

NO.

4364

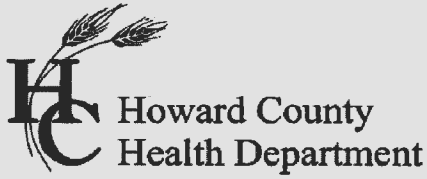
One hundred sixty-five Dollars

\$

165.00

Received By

Ken O



**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 12/1/20      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 572879

APPROVAL DATE: 12/08/2020      **PERMIT:**      **REPAIR**      A \_\_\_\_\_

PROPERTY ADDRESS: 3139 Hobbs Road

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: \_\_\_\_\_

CONTRACTOR: HATFIELDS EQUIPMENT      EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. BOX 519, ANNAPOLIS JUNCTION, MD 20701      PHONE: 301-490-4289

PROPERTY OWNER: Steve Boeh      EMAIL: \_\_\_\_\_

OWNER ADDRESS: 3139 Hobbs Road, Gleewood, MD 21738      PHONE: \_\_\_\_\_

SEPTIC TANK SIZE (GALLONS): 1500      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:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<u>Repair ex. metal septic tank w/ 1500g.</u>	

ISSUED BY: K. Wolf      ISSUE DATE: 12/1/20      EXPIRATION DATE: 12/1/21

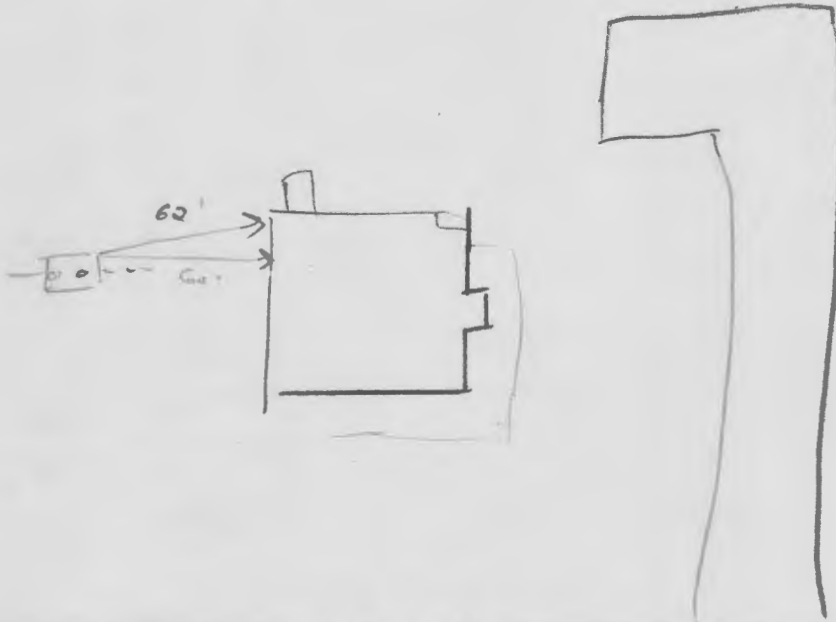
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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  
HOBBS 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 \_\_\_\_\_

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 1'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC FRONT/BACK

6" PORT LOC -

WATERTIGHT TEST -

SLOTTED YES

DATE ON LID 10/05/2020

**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 \_\_\_\_\_

PRE-CONSTRUCTION:

INSTALLATION: 12/08/2020 EXTRACTED/PUMPED METAL TANK, REPLACED w/ NEW 1500g 2 COMPARTMENT TANK. REPLACED PORTION OF ORANGEBERG w/ 8ft HD PVC. HOMEOWNER STATED INTENTIONS TO REPLACE ORANGEBERG IN SPRING. TO GET A MINOR REPAIR PERMIT

FINAL INSPECTOR

DATE OF APPROVAL

12/08/2020

001997

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      Date pumped: 11/20  
 No

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

Yes      Explain observation: Tank fell in Metal  
 No

**Existing system design**

- Drywell <sup>?</sup>
- 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:**

Perk Test was done in 1985

\*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: Hotfields Equipment Inc      Contractor's Phone: 410 984 4880 Tracy  
301 490 4289  
 Contractor's Address: P O Box 519 Annapolis Junction MD 20701  
 Property Address: 3139 Hobbs Road      County File: \_\_\_\_\_  
 Subdivision: 1004      Lot: 6      Year Built: 1929  
 Owner's Name: Steven Borch      Existing bedrooms: 4  
 Name of previous owners: James Jackson      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



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Dry Creek

Dry Branch

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