



HOWARD COUNTY HEALTH DEPARTMENT

72859

DATE 11/16/20

Received From

Legacy Septic & Excavation
PHONE # 301 370 4121

For

to park parcel
3545 Highlanoke Rd.

CASH

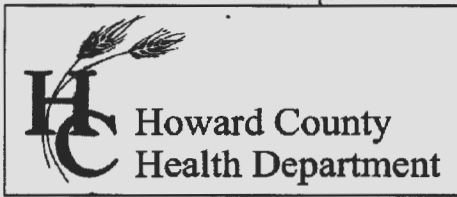
CHECK

NO. 003

Three hundred Dollars

\$330.00

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

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

RECEIPT DATE: 11/16/20 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572859
 APPROVAL DATE: 12/2/20 (87) **PERMIT:** **REPAIR** A _____
 PROPERTY ADDRESS: 13545 Highland Road
 SUBDIVISION: Wood Ridge LOT: 6 TAX ID: 05-353009
 CONTRACTOR: Legacy Septic and Excavation EMAIL: _____
 CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157 PHONE: 301-370-4121
 PROPERTY OWNER: Catherine Griffin EMAIL: _____
 OWNER ADDRESS: 13545 Highland Road, Clarksville, MD 21029 PHONE: 667-291-0062

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

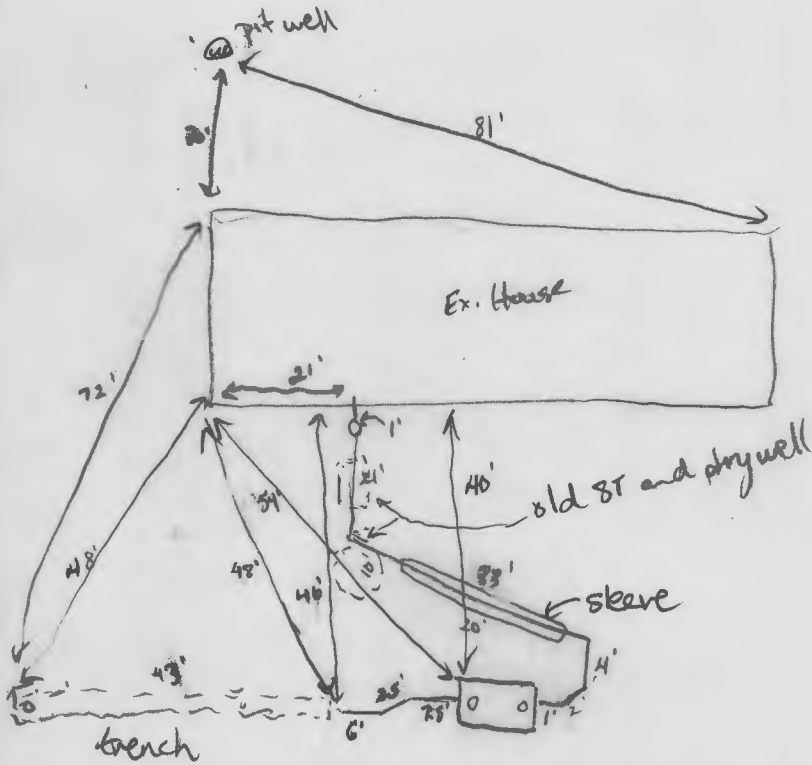
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

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 DOWNGRAIENT 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 WARRANT 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

TRENCH/DRAINFIELD DATA

WIDTH 2' INLET 4' BOTTOM 12'?
 NUMBER OF TRENCHES 1
 TOTAL LENGTH 48'
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL N/A
 DISTRIBUTION BOX BAFFLE N/A
 DISTRIBUTION BOX PORT N/A

SEPTIC TANK DATA

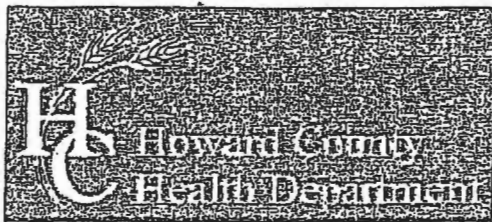
SEPTIC TANK I LEVEL _____
 MANUFACTURER Babylon
 CAPACITY 2000 GAL
 SEAM LOC top
 TANK LID DEPTH 2'
 BAFFLES front + back
 BAFFLE FILTER _____
 MANHOLE LOC front + back
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED yes
 DATE ON LID 8/28/2020

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: 12/2/2020 Discovered drywell located in line with old ST during construction. Decided to collapse old septic tank and DW and connect 45' trench that was dry. Dug down to find end of trench and insert observation pipe. Constructed new sewer line with a 20' 6" sleeve under driveway. Tank set and connected into trench piping. ST

FINAL INSPECTOR Susan Thomas DATE OF APPROVAL 12/2/2020



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

Twitter: HowardCoHealthDep

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

A/P 572859

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request options: Failing System, System relocation, System upgrade, Inadequate treatment zone, Collapsed septic tank (checked), Collapsed drywell

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped options: Yes, No (checked)

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

- Was a visual inspection of the septic tank and/or drain fields conducted options: Yes (checked), No

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted options: Yes, No (checked)

Existing system design

- Existing system design options: Drywell, Trench, Mound, Unknown, Other

Blockage leading to the tank

- Blockage leading to the tank options: Yes, No (checked)

Blockage leading to the field

- Blockage leading to the field options: Yes, No (checked)

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground options: Yes, No (checked)

Additional Comments:

Additional Comments: Will Replace w/ PUC AT Time of septic tank replacement

*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: LEGACY SEPTIC Contractor's Phone: 301-370-4121
Contractor's Address: 1528 MANDARIN ROAD WASHINGTON MD 21157

Property Address: 13545 Highland RD County file:
Subdivision: WOODRIDGE Lot: 6 Year Built: 1964 UPDATED 1985
Owner's Name: CALHOUNE GRIFFIN Owner's Phone: 443-299-0062

Name of previous owners: Bill Henderson Existing bedrooms: 5
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): Kevin (Call George 301-370-4121)
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.