



**Howard County
Health Department**

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: ~~3/17/21~~ 3/19/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P ~~568804~~ 568804

APPROVAL DATE: 3/24/21 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 14092 Barbara Circle

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: ~~Logan Septic and Excavation~~ Fogles Septic EMAIL: _____

CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157 PHONE: ~~301-370-4131~~

PROPERTY OWNER: Daniel Bianco EMAIL: 410-755-5670

OWNER ADDRESS: 14092 Hardy Road, Cooksville, MD 21723 PHONE: 410-917-9958

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 1.2 gpd/sq²

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>120</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2 x 60' trenches just below ex. Drywell, 120' total length to maximize use of area on contour. Trenches to run in both directions (2x60'). Pump/collection ex. Drywell. Ex. road drive to be re-located.	

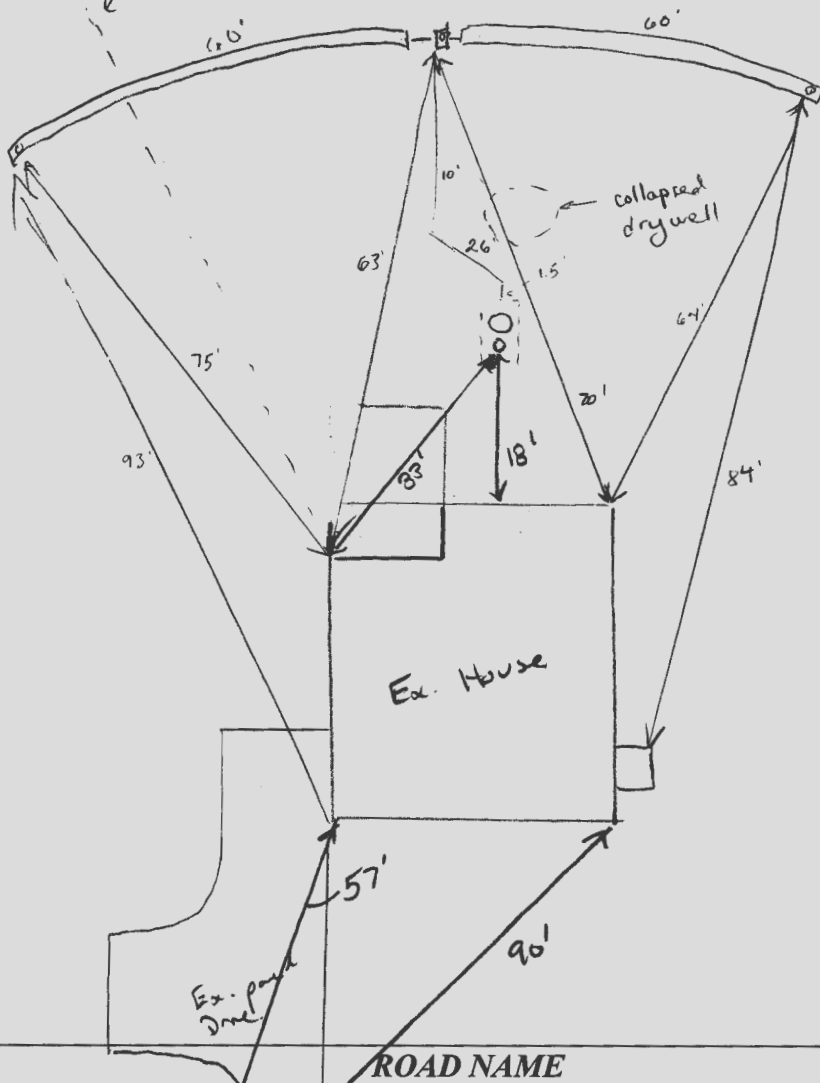
ISSUED BY: K. Wolf ISSUE DATE: 3/11/21 EXPIRATION DATE: 3/11/22

- 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 DOWNGRADE 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 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

exit of relocated water spout



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		120'
ABSORPTION AREA		240 sq. ft + sidewell
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

Ex. SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	
MANUFACTURER	N/A
CAPACITY	_____ GAL
SEAM LOC	mid.
TANK LID DEPTH	3'
BAFFLES	outlet
BAFFLE FILTER	_____
MANHOLE LOC	middle
6" PORT LOC	inlet
WATERTIGHT TEST	ok ✓
SLOTTED	no
DATE ON LID	N/A

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

3/23/21 ~~Set~~ set new Dbox below ex. Dwn. Install 2x60' trenches running in both directions. Pump/collapse ex. Dwn. (call for inspection Form) (Ex well) HO-73-3128

INSTALLATION:

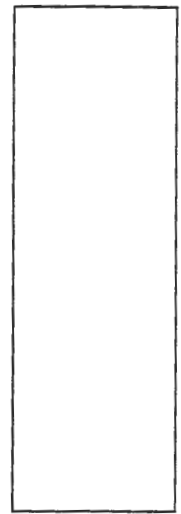
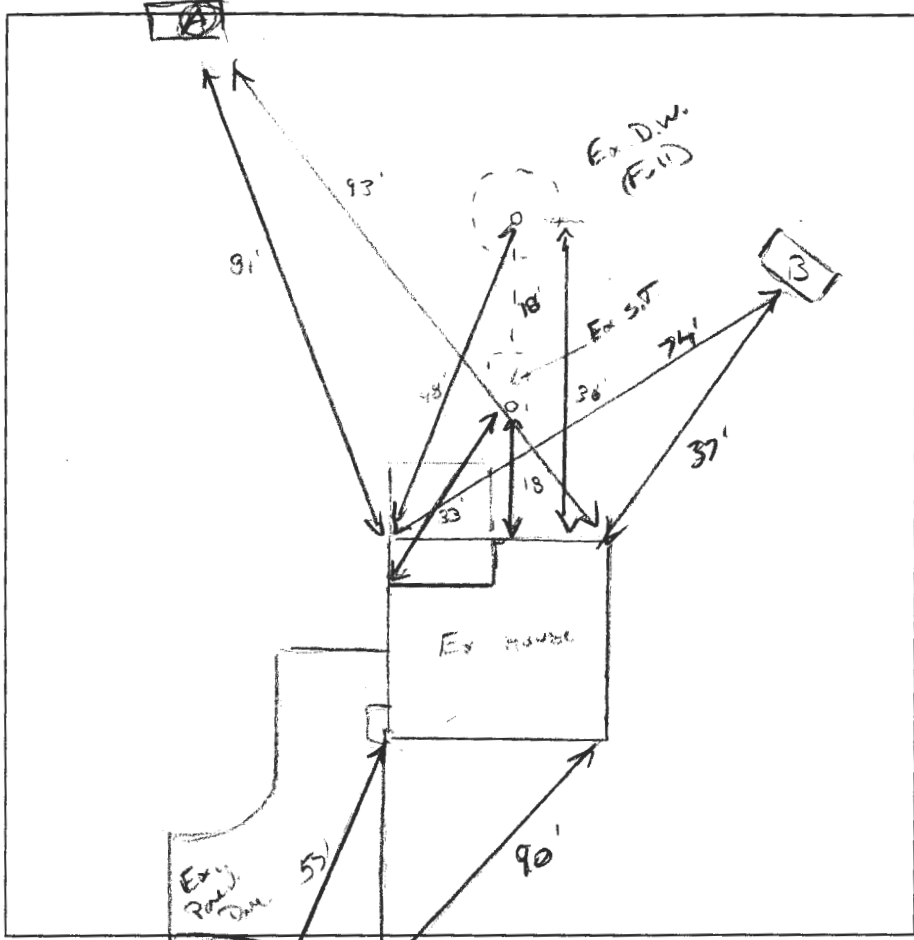
3/23/21 (pm) Outlet baffle and riser added to existing tank. 6" port at inlet will be replaced with PVC. T-box set and one 60' trench constructed. (S)
 3/24/21 second 60' trench constructed, d-box installed plastic 6" port added to tank. Water spout relocated to travel over trench and deliver water beyond trench. (S)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

3/24/21



(B)

Similar to
(A)

A

1-1" BR L/D PM
WK & PL
Friddle

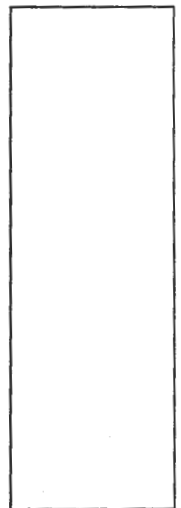
3 BR/RdCL
WK & PL
CW, Roots

3 1/2" BR/VSL
WK & SBK Friddle
roots.

5" 1/2" BR/V FSL
WK & PL
Friddle,
Nights

↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
3/11/21	(A)	4'6" / 13'6"	00:24	00:47	00:51	4	P	
		Ex. water pond @ 13'6"						
	(B)						P	



REMARKS Falling Drywell

SANITARIAN Kevik BACKHOE George Shelly OTHERS Hellers

TEST HOLES USED IN SDA 2 AVG. PERC TIME 4 SQ. FT/BR 1.2 sqd.

TRENCH WIDTH 2 INLET DEPTH 3 MAX. BOT DEPTH 8 EFFECTIVE SW 4.5-8'
(.40)

$$4 \text{ BR Design} = \frac{600}{1.2 \text{ sqd}} = 500 \div 2 = 250 (.40) = 100$$



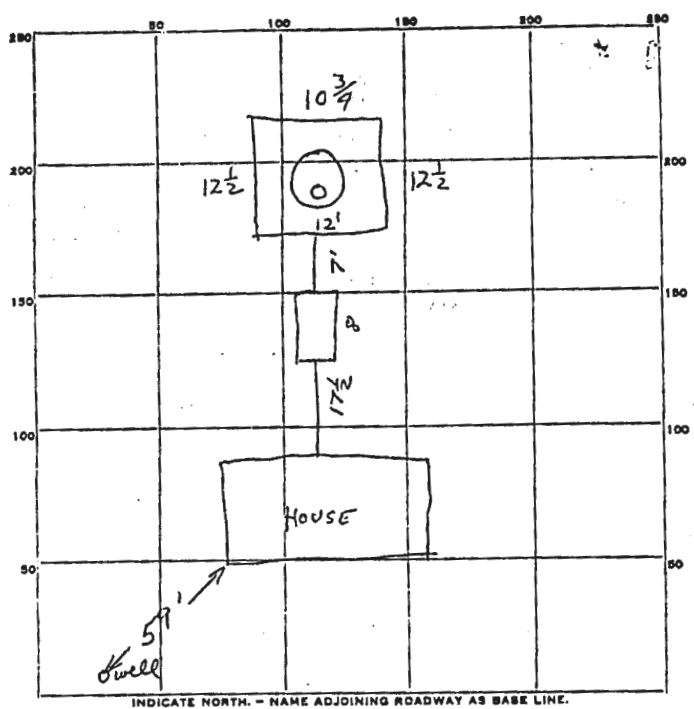
1-1"

3

5"

13'6"

10.75
 12.5
 12.5
 12
 47.75
 6.5 (4)
 286.50
 12
 298



PERMIT CARD _____
 SEPTIC TANK, LEVEL _____ CLEANOUTS S.T. DW
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS-INSIDE-DIAMETER perimeter 47 1/2 FT. DEPTH BELOW INLET 6-6 1/2 FT.
 ABSORBENT AREA 298 SQ. FT.

REMARKS 7-6-79 Short Sp.ft., will have to remove 1 ft. gravel around drywell lid or install 1 ft. fill for cover and carry out at least 20 ft beyond cleanout pipe to back, add a trench off left side of drywell 15 ft. long, 9 1/2 ft. deep call for insp. before bitone added. From salt
7-12-79 ok to cover trench,
7-20-79 gravel carried out about 20 ft behind, cleanout ok
 DATE SYSTEM APPROVED 7/20/79 INSPECTOR W. W. Money

APPLICATION

A 12069

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

*3 bedrooms Septic tank 750 gallons
4 bedrooms This well - 100 sq. ft. absorbent silt area per bedroom
below the unit pipe located 150 ft. from front lot line
and 48 ft. from right side lot line as seen from facing
lot from Barbara Circle*

DATE 8/2/66

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Dominic & Lexie Monticello

ADDRESS Cooksville, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION Villa Monticello LOT NO. 8, Sec. 3

ROAD AND DESCRIPTION Barbara Circle

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 120' x 260' TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Frank H. King for

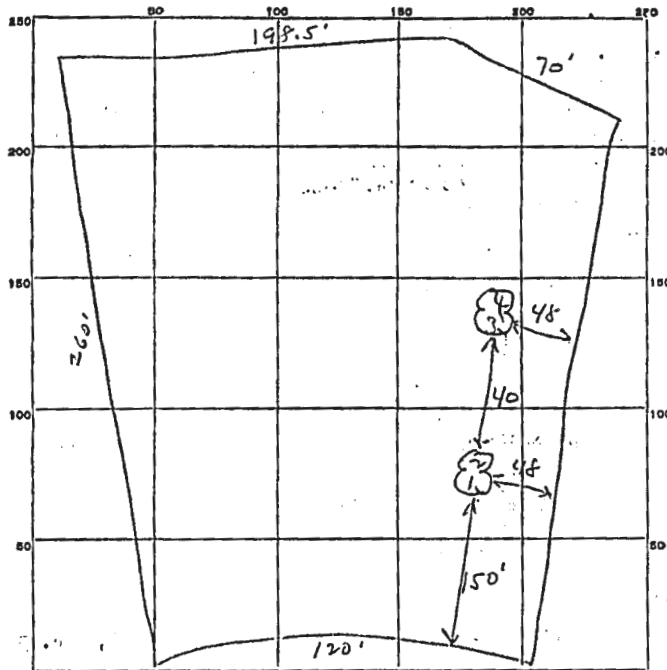
APPROVED BY Quinn Magahan FOR Quinn DATE 2-20-70
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Barbara Circle

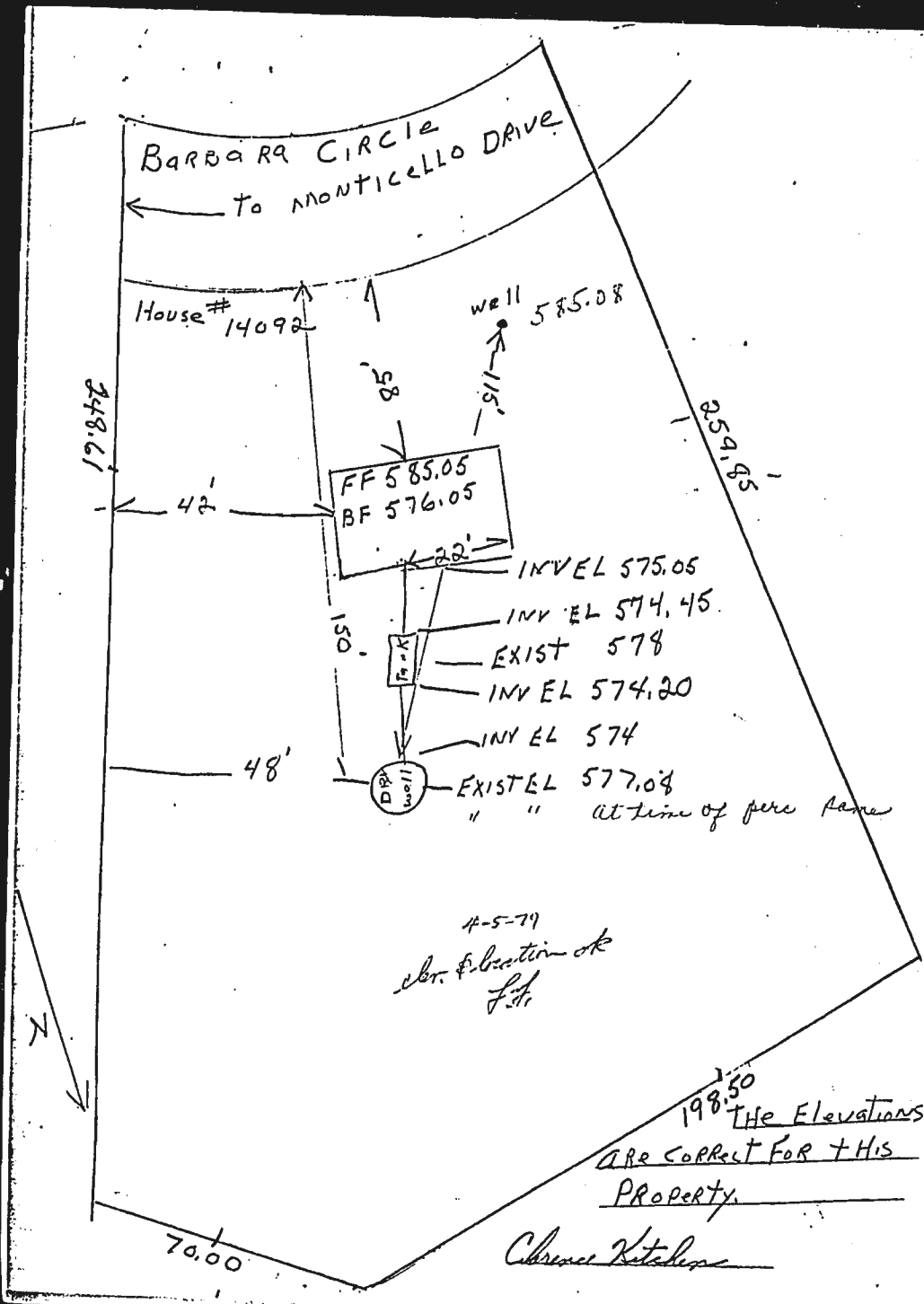
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/11/64	1	9'	11:10	11:16	11:16	11:26	10 min	
	2	4'	11:10	11:14	11:14	11:19	5 min	
	3	9'	11:14	11:22	11:22	11:36	14 min	
	4	4'	11:14	11:17	11:17	11:20	3 min	
	5	Hole dug directly in hole a depth of 13' dry and free of stones no problems noted. RAB					1-2 to	
		13 Oct 77						

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS - Johnson Truck

Lot 5 Sec 3



~~7/12/79~~
7/12/79

999 17-20-38
28

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 4/9/79

P 29704
A 12069

INDEXED

Greenie's Loader Service _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS Finksburg, Maryland _____ PHONE 795-6099

SUBDIVISION Villa Monticello _____ ROAD 14092 Barbara Circle _____ LOT 8, Sec. 3

PROPERTY OWNER John Libertini _____

ADDRESS 23 Enjay Avenue, Baltimore, Maryland 21223 _____

SPECIFICATIONS 3 bedrooms
SEPTIC TANK CAPACITY 1000 GALLONS
DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedrooms below inlet pipe.
INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA 150 FT. FROM front LOT LINE AND 48 FT. FROM right LOT LINE AS SEEN WHEN
FACING LOT FROM Barbara Circle

PLANS APPROVED BY Donald W. Monaghan _____ DATE 2/20/70

COVER NO WORK UNTIL INSPECTED AND APPROVED.
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA
COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

12069