



HOWARD COUNTY HEALTH DEPARTMENT

64016

DATE 10/2/18

A5

Received From

South Carroll backhoe

PHONE #

410-875-4147

Inc.

\$394.00

For

Septic Permits (6) Brighton Mill

- CASH
- CHECK

lot 2, 12, 6, 3, 11) 13801 Mill Creek Court
2 repairs - ~~12565~~ (1165.00) Holly Quarter, 4921 Green

NO.

53631

in Howard unnumbered say _____ Dollars

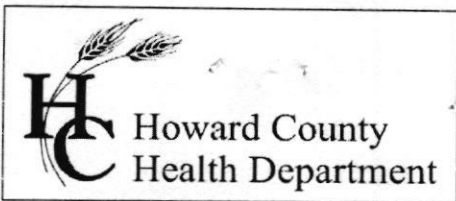
\$

2700.00

12562 Holly Quarter Rd.

Received By

J Kemp



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.nchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 10/2/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564016

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

PROPERTY ADDRESS: 12562 Folly Quarter Road

SUBDIVISION: _____ LOT: _____ TAX ID: 05-358779

CONTRACTOR: South Carroll Backhoe EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-596-3618

PROPERTY OWNER: Mike Potts EMAIL: _____

OWNER ADDRESS: 12565 Folly Quarter Road, Ellicott City, MD 21042 PHONE: 410-279-6855

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

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

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

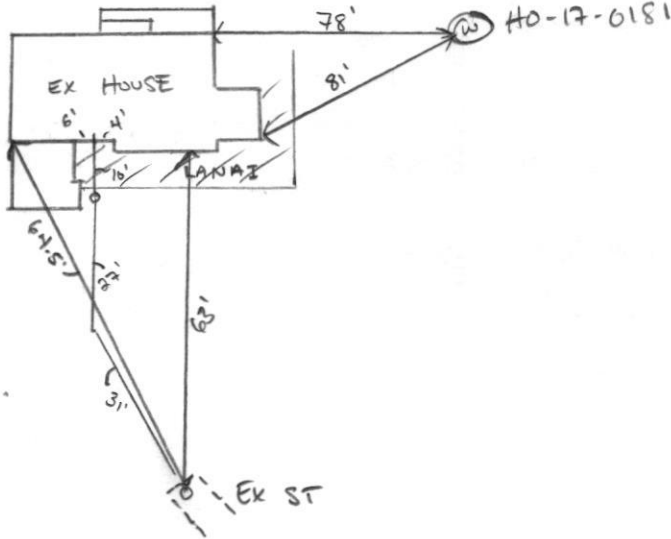
TRENCHES:	LINEAR FEET REQUIRED: _____ <u>EXISTING</u>	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>4" SILVER LINE PVC - 1120 SCH 40</u>	

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 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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH EXISTING INLET EXISTING BOTTOM EXISTING

NUMBER OF TRENCHES —

TOTAL LENGTH —

ABSORPTION AREA —

DISTRIBUTION BOX LEVEL —

DISTRIBUTION BOX BAFFLE —

DISTRIBUTION BOX PORT —

SEPTIC TANK DATA

SEPTIC TANK I LEVEL —

MANUFACTURER EXISTING

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 —

PRE-CONSTRUCTION:

INSTALLATION: 10/12/2018 INSTALLED NEW 4" SCH 40 PVC LINE AND CONNECTED TO EX ST. OK TO BACKFILL ⊕

FINAL INSPECTOR

DATE OF APPROVAL

10/12/2018



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

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 _____

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: Repipe house sewer

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 _____

Is discharge surfacing on the ground?

- Yes
- 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: South Carroll Backhoe Contractor's Phone: 410-596-3618
Contractor's Address: 4110 Salem Bottom Rd Westminister MD 21157

Property Address: 12565 Folly Quarter Rd County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: MIKE POTTS Owner's Phone: 410-279-6855

Name of previous owners: _____ Existing bedrooms: _____

Proposed bedrooms: _____

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

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.