



HOWARD COUNTY HEALTH DEPARTMENT

62433-B

DATE 2/8/15

Received From

South Carroll Practice

PHONE #

410-316-3600

CASH

CHECK

NO.

For

Bechtel Payments x3 for the James Lake
15476 1611 Bechtel Rd + 1/15 1611 Bechtel Rd
11111 Northon Rd + 1/15 Bechtel Practice

Eleven thousand and no/100 = 11,000.00 Dollars

\$

11,000.00

Received By

[Signature]



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

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

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

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: 410-516-3618
Contractor's Address:

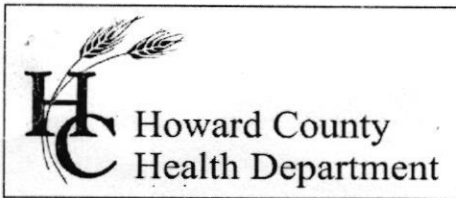
Property Address: 11901 Northern Bellway County file:
Subdivision: Greenberry Lot: Year Built:
Owner's Name: Tejas Patel Owner's Phone: 246-245-7452

Name of previous owners: Existing bedrooms: 6
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.



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

RECEIPT DATE: 9/21/17

ONSITE SEWAGE DISPOSAL SYSTEM

P 561533-C

INSTALLATION

APPROVAL DATE: 3/15/18 SEC

PERMIT

A UPGRADE

UPGRADE

PROPERTY ADDRESS: 11901 Northern Bell Way

TAX ID: 05-598677

CONTRACTOR: South Carroll Backhoe

EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157

PHONE: 410-596-3618

PROPERTY OWNER: Tejas Patel

EMAIL: _____

OWNER ADDRESS: 11901 Northern Bell Way, Clarksville, MD 21029

PHONE: 240-645-7452

TREATMENT TANK MODEL: _____ TREATMENT TANK SIZE: _____

GREASE TRAP SIZE: _____

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

FLOW RATE (GALLONS PER DAY): _____ APPLICATION RATE: _____

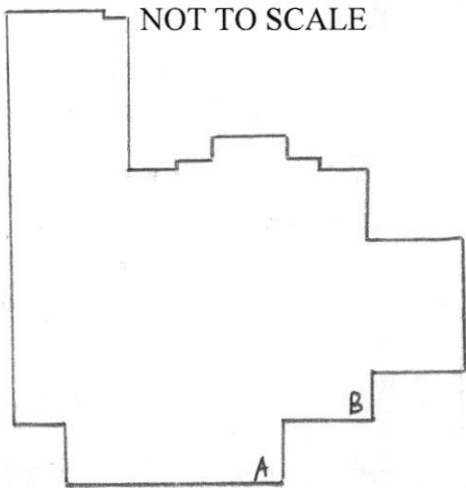
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<i>Add 12' to the beginning of each trench. Relocate D-box and reroute pump line from tank.</i>	

ISSUED BY: Sarah Collins ISSUE DATE: 3/15/18 EXPIRATION DATE: 3/15/19

- 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
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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.**



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		181'
ABSORPTION AREA		543' + SIDEWALL
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		ELBOW
DISTRIBUTION BOX PORT		YES

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 _____

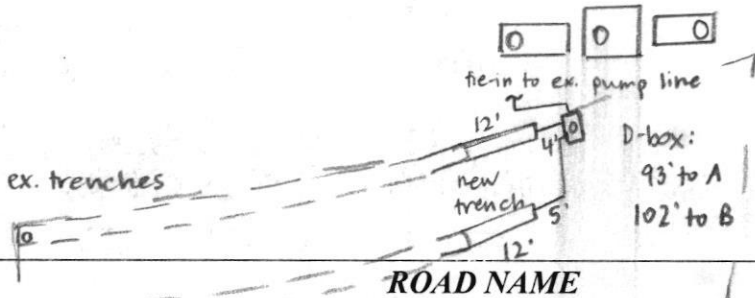
6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

See
2015
permit



PRE-CONSTRUCTION:

INSTALLATION: 3/15/18 12' added to the beginning of each trench. S. Carroll said trenches were dry @ bottom. 3' wide, 3' to stone. D-box moved + tied in to tank and trenches. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 3/15/18

