



HOWARD COUNTY HEALTH DEPARTMENT

69502

DATE 5/1/12

Received From

Bluestream Services PHONE # 410-363-0012

For

Septic Repair  
13050 Greenberry Ln

CASH

CHECK

NO.

004742 One hundred sixty five

Dollars

\$

165.00

Received By

Kerry



Howard County  
Health Department

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

**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)

RECEIPT DATE: 5/11/21

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 569502

APPROVAL DATE: 5/11/2021 **PERMIT:**

**REPAIR**

A

PROPERTY ADDRESS: 13050 Greenberry Lane

SUBDIVISION: \_\_\_\_\_

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

CONTRACTOR: Bluestream Services Inc.

EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 2298 Jim Kohler Road, Sykesville, MD 21784

PHONE: 410-363-0072

PROPERTY OWNER: Elin Bahen

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 13050 Greenberry Lane, Clarksville, MD 21029

PHONE: \_\_\_\_\_

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: <b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:		

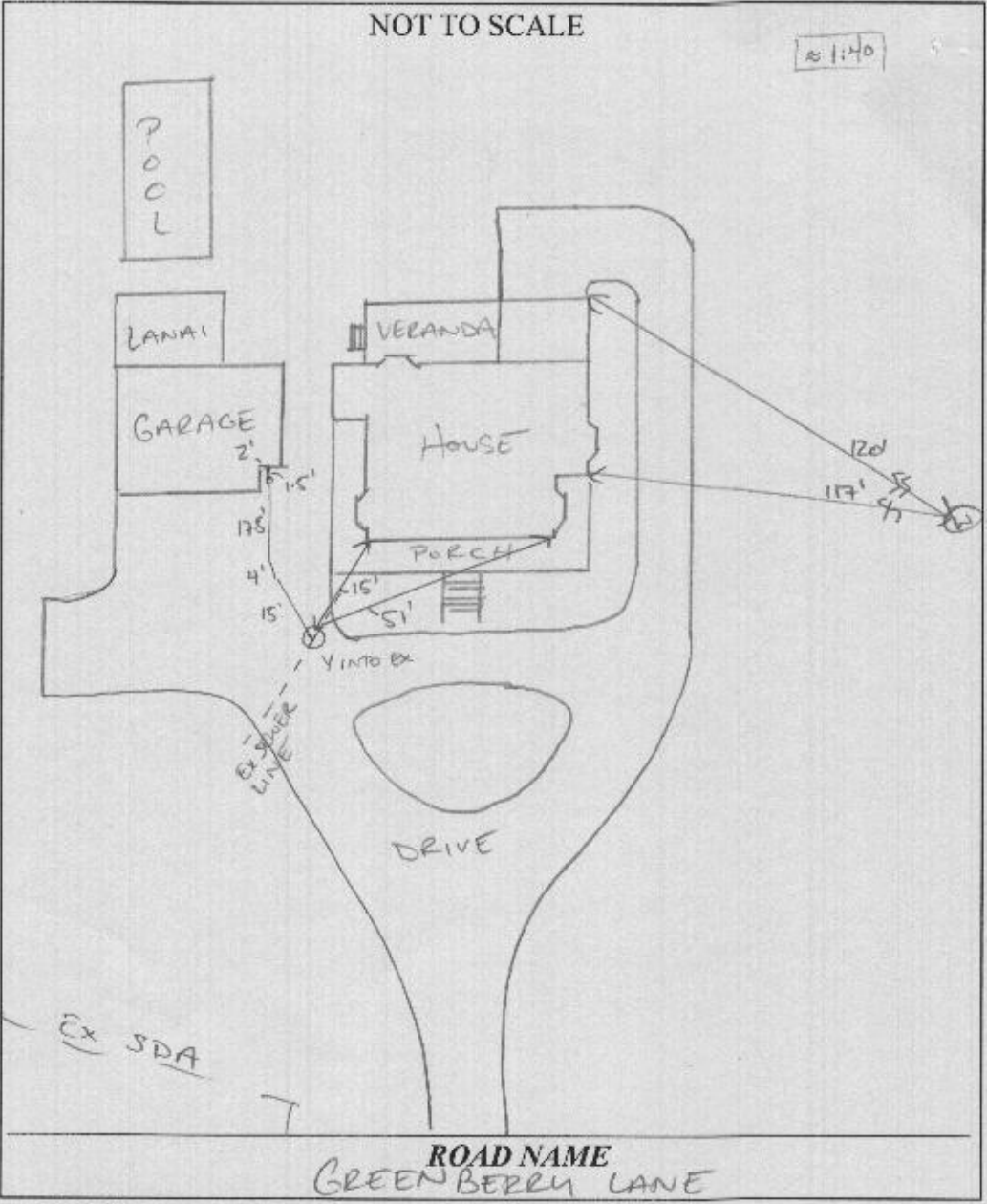
ISSUED BY: \_\_\_\_\_ ISSUE DATE: 6/25/2021 EXPIRATION DATE: 5/11/2022

- 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 D.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

1:40



**TRENCH/DRAINFIELD DATA**

WIDTH INLET BOTTOM

EXISTING

NUMBER OF TRENCHES \_\_\_\_\_  
 TOTAL LENGTH \_\_\_\_\_  
 ABSORPTION AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 DISTRIBUTION BOX BAFFLE \_\_\_\_\_  
 DISTRIBUTION BOX PORT \_\_\_\_\_

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

EXISTING

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: 07/01/2021 SEWER LINE INSTALLED USING SCH 40 PVC, OK TO COVER. WAS NOT UNDER DW @ THE TIME. #

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FINAL INSPECTOR

DATE OF APPROVAL

07/01/2021

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 observation: \_\_\_\_\_  
 No

**Existing system design**

- Drywell
- 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:**

*Connecting sewer drain to existing septic system from Garage addition - SEE DRAWING  
 Master plumber License # 5563 - GARY SKERRON - 443 790 8202*

\*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: Bluestream Service Inc.

Contractor's Phone: 410 363 0072

Contractor's Address: 2298 Jim Kohler Rd 21784

Property Address: 13050 Greenberry Ln.

County File: B 21000497

Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner's Name: ELIN BATTEN

Existing bedrooms: \_\_\_\_\_

Name of previous owners: \_\_\_\_\_

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

