



HOWARD COUNTY HEALTH DEPARTMENT

66497

DATE 12 / 10 / 19

Received From

Taylor Septic Cleaners

PHONE #

410 715 5670

For

Septic Repair 1400 Mark Hallas Road

CASH

CHECK

NO.

66497

One thousand six hundred dollars

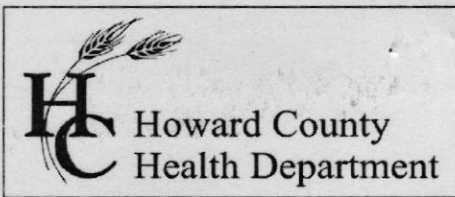
Dollars

\$

16500

Received By

J. Kelly



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: 12/18/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 566497

APPROVAL DATE: 1/24/20 **PERMIT: Tank Replacement** A _____

PROPERTY ADDRESS: 7400 Mink Hollow Road

SUBDIVISION: _____ LOT: _____ TAX ID: 05-359511

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Richard Bishop EMAIL: _____

OWNER ADDRESS: 7400 Mink Hollow Road, Highland, MD 20777 PHONE: 443-695-3717

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): n.a. PUMP SIZE: n.a.

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. - APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>n.a.</u>	INLET DEPTH: <u>n.a.</u>
	TRENCH WIDTH: <u>n.a.</u>	MAXIMUM BOTTOM DEPTH: <u>n.a.</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>n.a.</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>n.a.</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: Pre construction meeting required.
Install cleaout in S.H.C.
Existing septic tank must be abandoned for Final Approval of this permit

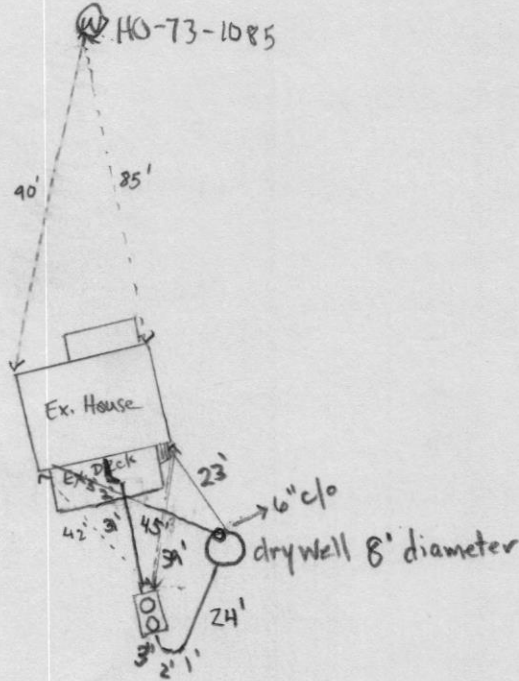
ISSUED BY: R Bricker ISSUE DATE: 1/21/2020 EXPIRATION DATE: 12/18/2020

- 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.**

279189279189

NOT TO SCALE 1"=50"



ROAD NAME

MINK HOLLOW

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

PRE-CONSTRUCTION:

SEPTIC TANK DATA

SEPTIC TANK I LEVEL yes

MANUFACTURER Babylon

CAPACITY 1500 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 12-9-19

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 _____

01/22/2020 MEASURED 100' WELL ARC. PUMP AND FILL EXISTING TANK UNDER DECK. REP TANK ~30' FROM HOUSE. CONSIDERATIONS MADE FOR REPAIR SYSTEM DURING PLACEMENT. INSTALL 6" STAND PIPE IN DW. RECOMMENDED TO STONE EX DW.

INSTALLATION: 1/23/2020 Tank set, front baffle installed. Tank moved 35' from house at request of the owner, in case of future deck expansion. Owner does not wish to upgrade dry-well. Re-inspect for SHC, outlet baffle and dry well connections (ST) 1/24/20 - site inspection, contractor onsite, construction work completed, 6" baffle on front end of septic tank, 4" baffle on back end of septic tank, SHC has been completed, c/o added to drywell (6"). Work looks good ok to backfill. (RR)

FINAL INSPECTOR R. Rappaport DATE OF APPROVAL 1/24/20



Bureau of Environmental Health

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Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Pailing 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: _____

Tank Upgrade
Replacement

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: Fogle's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Chippelt Rd Sykesville Md 21784

Property Address: 7400 Mink Hollow Rd County file: _____

Subdivision: _____ Lot _____ Year Built: 1972

Owner's Name: Richard Bishop Owner's Phone: 443-695-3717

Name of previous owners: _____ Existing bedrooms: 3

Proposed bedrooms: _____

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

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.

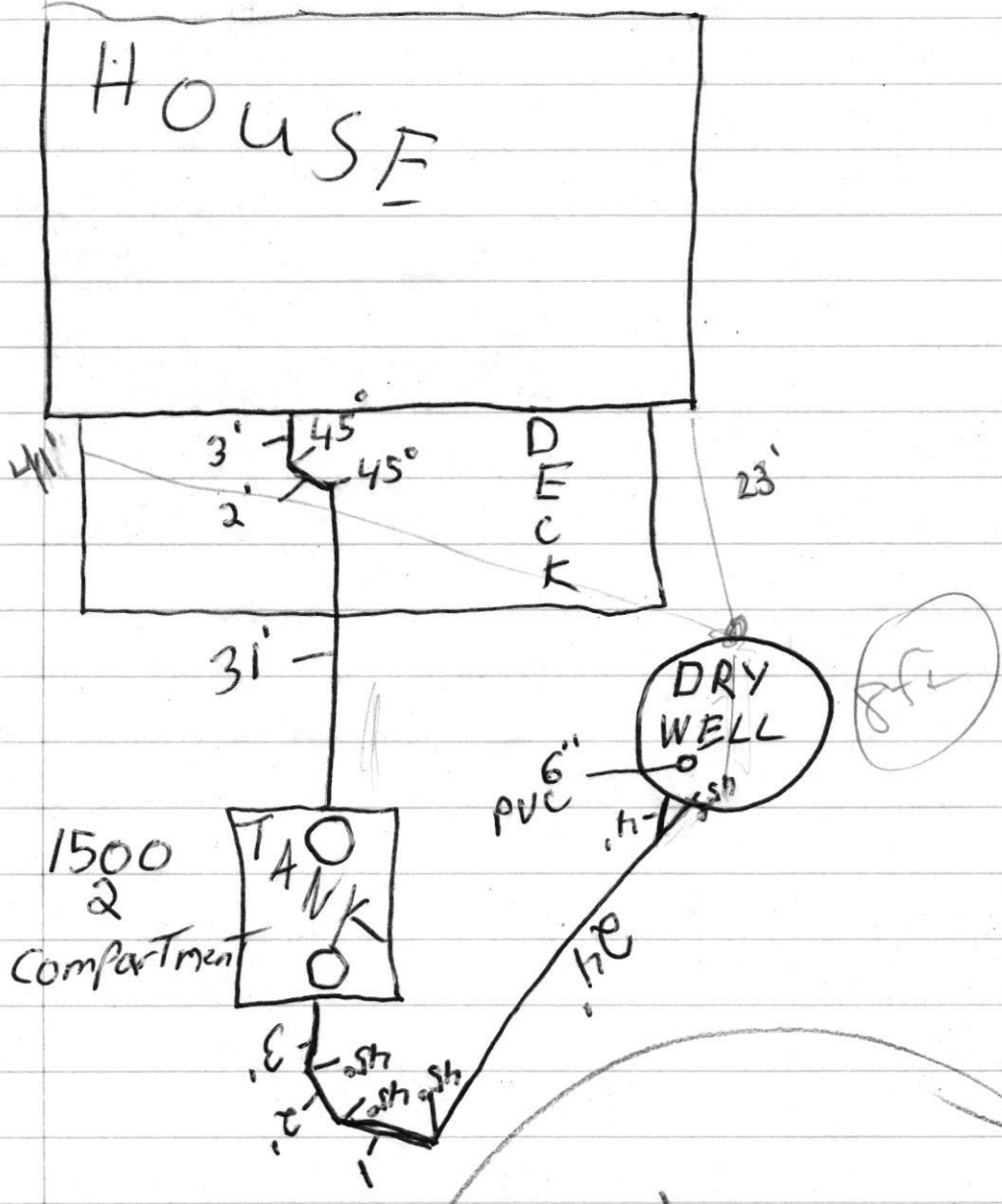
If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

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.

Δ well

130' up hill from septic.

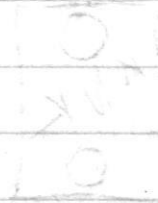


1/24/20
Provided by contractor
onsite due to some
backfill which needed to
be done to move equipment
around the site. (PK)

180



180



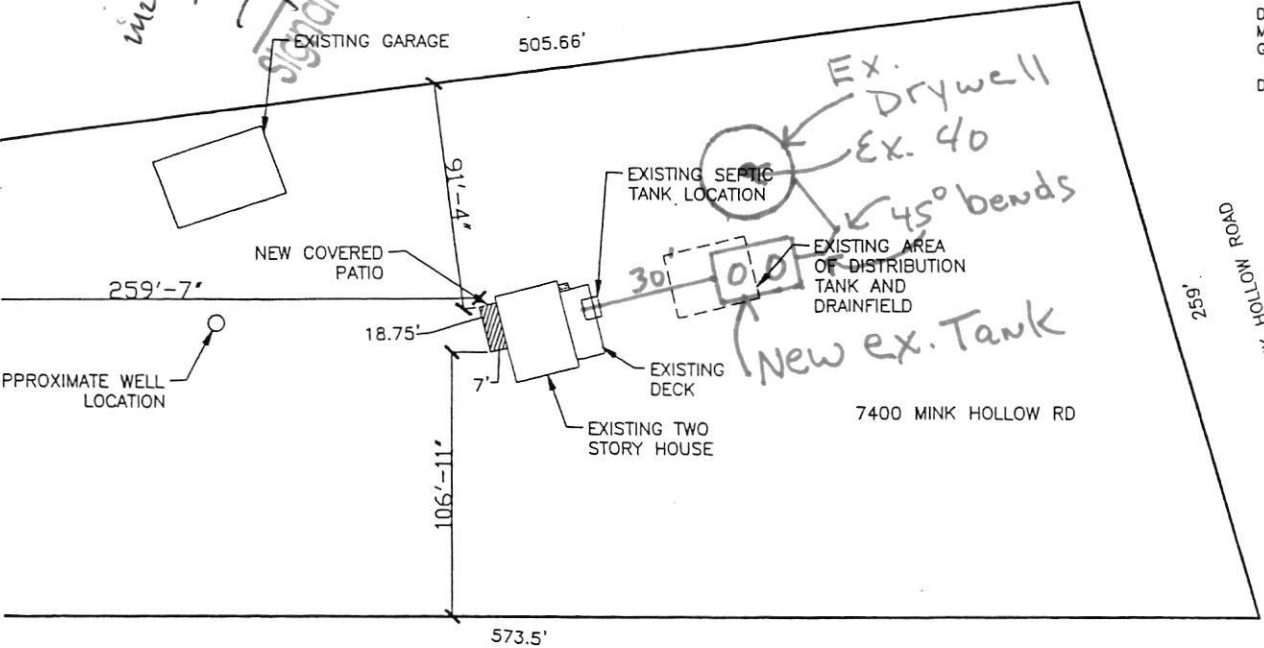
Richard Bishop
 7400 Mink Hollow Rd.
 Highland, Md. 20777

Distance from well to
 New tank: 118'

Elevation Notes: invert in of ex. Tank:
 23" below ex. ground.
 invert out of ex. Tank:
 30" below ex. ground.
 invert in of Drywell
 36" below existing ground.

Howard County Health Department
 Sewer System Plan
 1500 gal
 20 ft
 7 ft
 6 ft
 13 ft
 30 ft
 1/2
 Date 1/21/2020
 Signature

OWNER INFORMATION:
 NAME: BISHOP JAMES/ SHIRLEY
 ADDRESS: 7400 MINK HOLLOW RD
 HIGHLAND, MD 20777
 DISTRICT: 05
 MAP: 0040
 GRID: 0007
 DEED REF: /16666/00117



SITE PLAN
 SCALE: 1"=50'

7400 MINK HOLLOW RD HIGHLAND, MD 20777 PATIO ADDITION			
SITE PLAN			
ARENCO, LLC ARCHITECTURAL ENGINEERING CONSULTANTS 8207 DRAGONFLY CT LAUREL MD 20723			
SCALE AS SHOWN	WORK REQUEST # 19-394	SHEET 01 OF 01	DRAWING NO. 19-394

