

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: 12/7/22 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572716

APPROVAL DATE: 12/13/2022 **PERMIT: REPAIR/UPGRADE** A _____

PROPERTY ADDRESS: 13918 Castlebar Drive

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: Hatfields Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Robert and Heidi Garman EMAIL: _____

OWNER ADDRESS: 13918 Castlebar Drive, Glenwood, MD 21738 PHONE: _____

SEPTIC TANK SIZE (GALLONS): Eastdy TANK MANUFACTURER: _____

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2

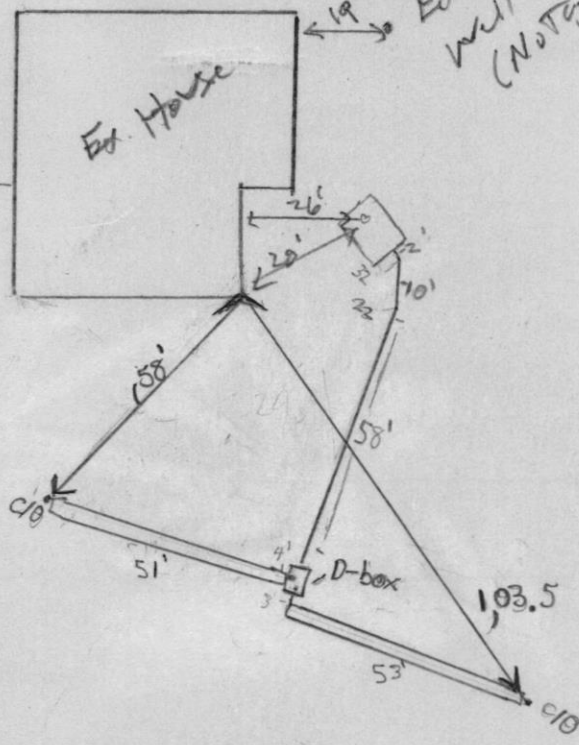
TRENCHES:	LINEAR FEET REQUIRED: <u>104</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Install per approved design plan.</u>	

ISSUED BY: K. Wolf ISSUE DATE: 12/13/2022 EXPIRATION DATE: 12/13/2023

- 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 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: 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



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	3	7
NUMBER OF TRENCHES		2
TOTAL LENGTH		104
ABSORPTION AREA		312
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
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	_____

PRE-CONSTRUCTION:

12/1/2022 contour shot in field. System noted above ex. Drywell. Waiting for design plan. (KRM)

INSTALLATION: 12/13/2022 - Stone okay. Fabric good. stayed for contractor to dig

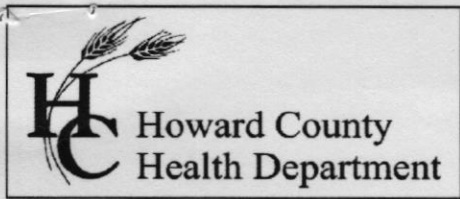
line from tank to d-box. pipe makes fall. Inlet & width is good.
 Drywell successfully abandoned. D-box is level. Contractor taped up
 D-box port hole, did not have cap. cap, will send pics. Gave OK to backfill (SP/RR)
 12/19/2022 - Verified D-box cap. (SP)

FINAL INSPECTOR

Sheersara Patel
Ryan Rappaport

DATE OF APPROVAL

12/13/2022



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PROPERTY ADDRESS: 13918 Castlebar Drive

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: Hatfields Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Robert and Heidi Garman EMAIL: _____

OWNER ADDRESS: 13918 Castlebar Drive, Glenwood, MD 21738 PHONE: _____

SEPTIC TANK SIZE (GALLONS): Empty TANK MANUFACTURER: _____

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>104</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

LOCATION: **PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.**

NOTES: Install per approved design plan.

ISSUED BY: K. Wolf ISSUE DATE: 12/08/2022 EXPIRATION DATE: 12/08/2023

- 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 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 HLD
- 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

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____
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 _____

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 _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 572716

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE:

Hatfields Equipment

LOCATION:

13918 Castlebar Drive

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

Inspector

Date

WORK IS SATISFACTORY, OK TO CONTINUE

Inspector

Date

COMMENTS:

FINAL INSPECTION MADE, OK TO COVER ALL WORK

Inspector

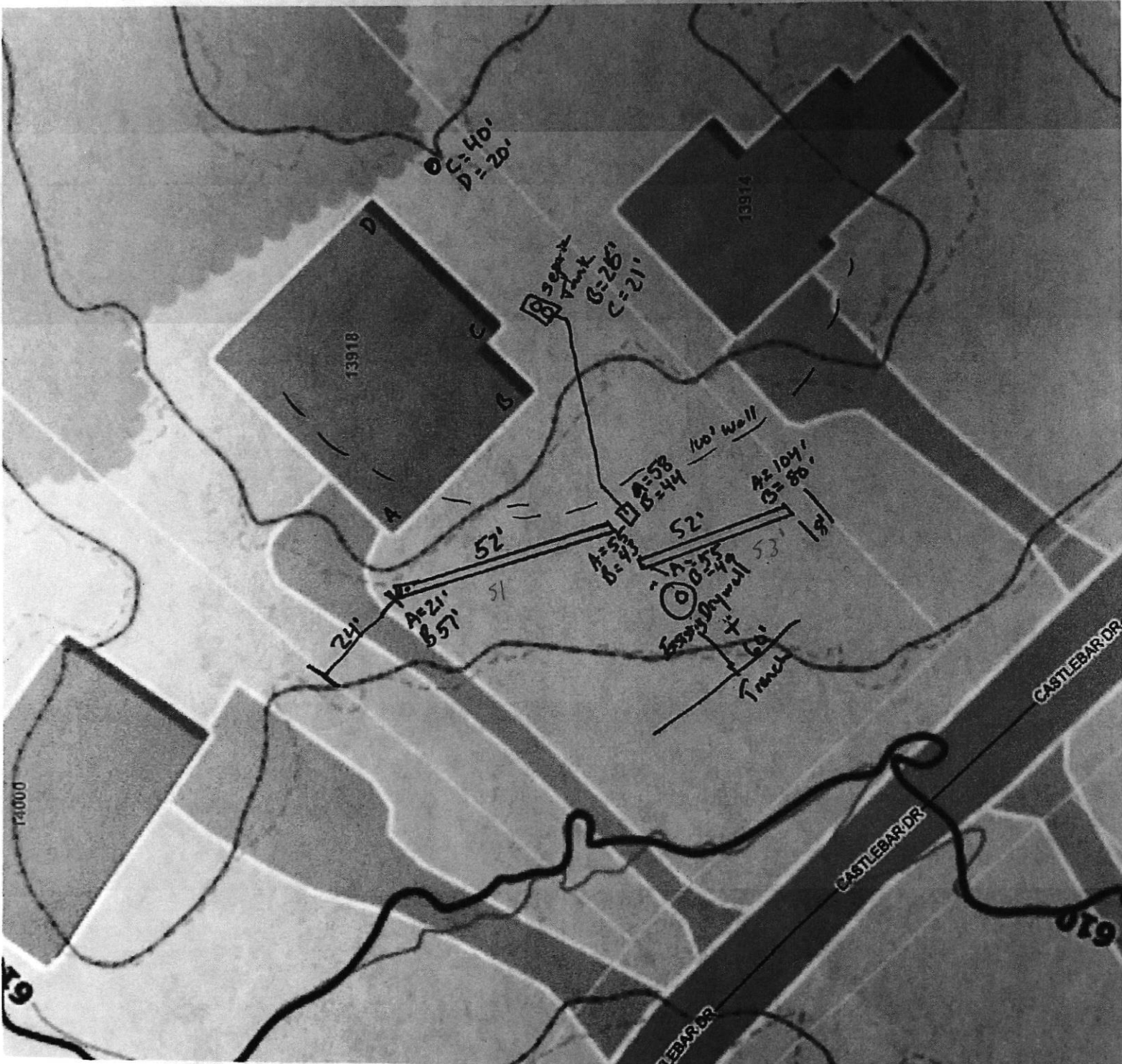
Date

13918 Castlebar Drive
Glenwood, MD

Approved Septic System Plan
Howard County Health Department

[Signature] 12/7/2022
Signature Date

Repair System submitted by
Watfields (spec sheet separate)



11/11/64

PERMIT

SEWAGE DISPOSAL SYSTEM

P. 11201

A. 09004

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLCOTT CITY

DISTRICT 3

DATE 11/16/65

Elwood Scaggs IS PERMITTED TO INSTALL X ALTER

ADDRESS Box 267D - Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Burntwood ROAD Castlebar Drive LOT 8, Blk. B,
Sec. 2 Pt. 1

PROPERTY OWNER Burat Woods Development Co., Inc.

ADDRESS Thomas Watson 489-4045

SPECIFICATIONS 3 bedrooms - 750 gallon tank

4 bedrooms - 1000 " "

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

5 bedrooms - 1500 " "

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 100 sq. ft. sidewall area below the inlet pipe per bedroom.

Inlet pipe must be no deeper than 4 ft. below original grade.

Place Dry well - about 43 ft. from front lot line and about 43 ft. from right side line as seen when facing from Street "B".

PLANS APPROVED BY D. W. Monaghan DATE 9/27/64

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 09004

OFF. 8-13-68

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 8/13/68

P 13833

A _____

Robert Dubin Co. IS PERMITTED TO INSTALL ALTER X

ADDRESS Route 2, Haviland Mill Rd., Clarksville, Md. PHONE 286-3432

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Burntwood ROAD Castlebar Drive LOT 8, Blk. B,

Sec. 2, Pt. 1

PROPERTY OWNER Thomas Watson, Jr. 489-4045

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR

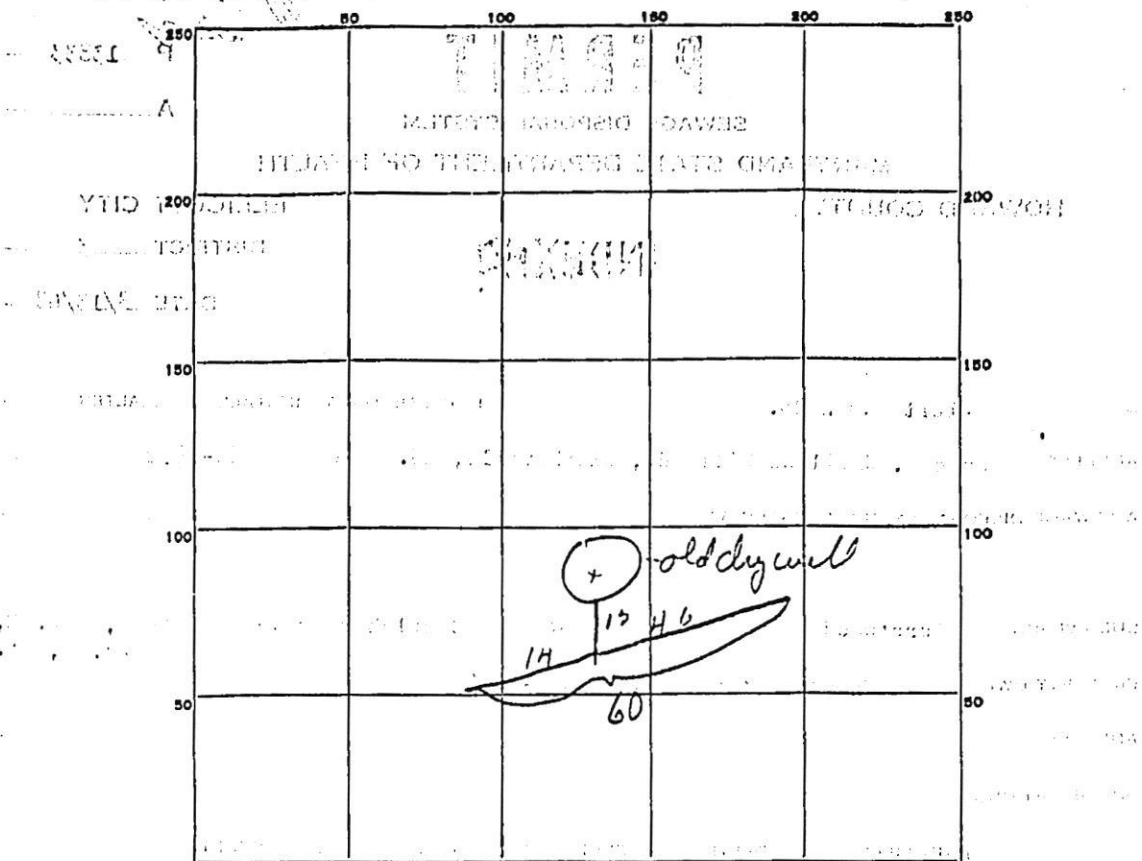
PLANS APPROVED BY _____ DATE _____

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

13833



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Castro

PERMIT CARD OK

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

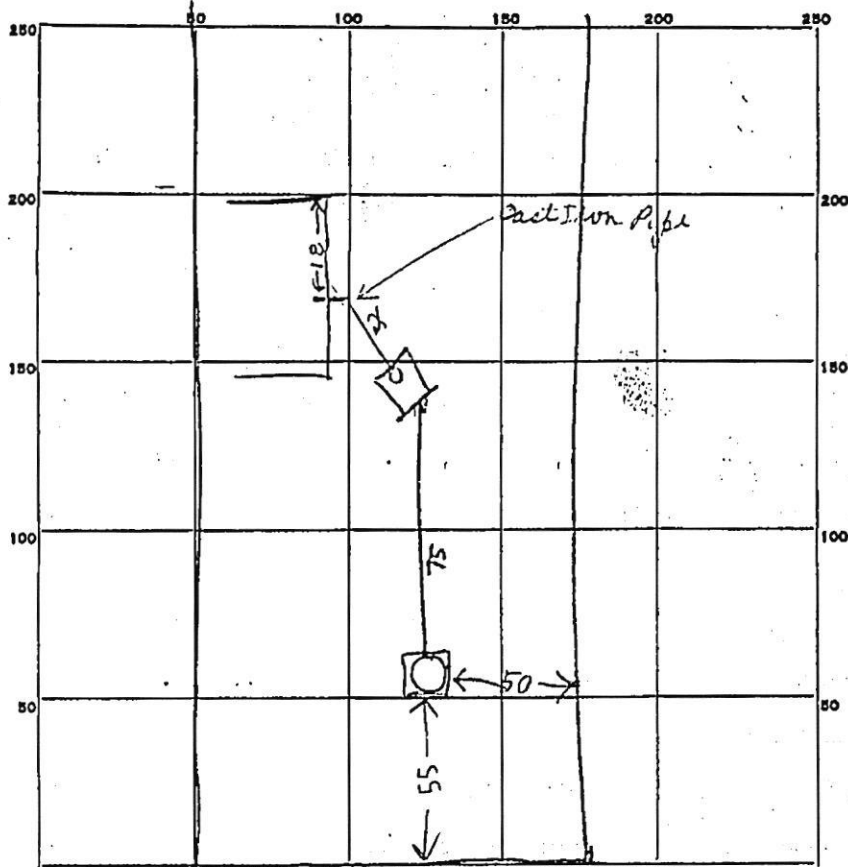
NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/13/68 - trench - 60ft long - 14ft deep - with 2 ft gravel
under pipe = 960 sq ft.

DATE SYSTEM APPROVED 8/13/68 INSPECTOR W. H. Hargis



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

CASTLEBAR DRIVE

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 750 concrete
 Top is 1 1/2 ft. below grade
 DISTRIBUTION BOX, LEVEL _____

CLEANOUTS OK _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 8 FT. DEPTH BELOW INLET 11 FT.

ABSORBENT AREA 374 soft SQ. FT. not country water

REMARKS 11 JAN 65 - Driveway Inlet is 2 Ft. below grade
Diameter to Reservoir Diameter is 11 FT. Therefore 3.14 X 11 X 11 = 374
soft sidewalk area

DATE SYSTEM APPROVED 11 JAN 66

INSPECTOR Raymond Hodges

APPLICATION

A 09004

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

*Septic Tank. 3 chambers - 2500 gal
1st " - 1000 gal
2nd " - 1500 gal*

DISTRICT 3

DATE 9/9/64

*Dry Well - 1000 - 12" pipe installed under kitchen sink outlet pipes per health officer.
Outlet pipe must be no deeper than 4 ft below original grade.*

*Place Dry Well - about 143 ft from front lot line curved along
143 ft from right side line as shown on map showing from Street B..*

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 Burnt Woods Development Co., Inc.

ADDRESS 212 Crownwood Road, E. C., Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Burnt Wood LOT NO. 8, Blk. B, Sec 521

ROAD AND DESCRIPTION Street 1120 *Castleside Dr*

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 120' x 335' x 160' TYPE BLDG. test per bedroom
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.

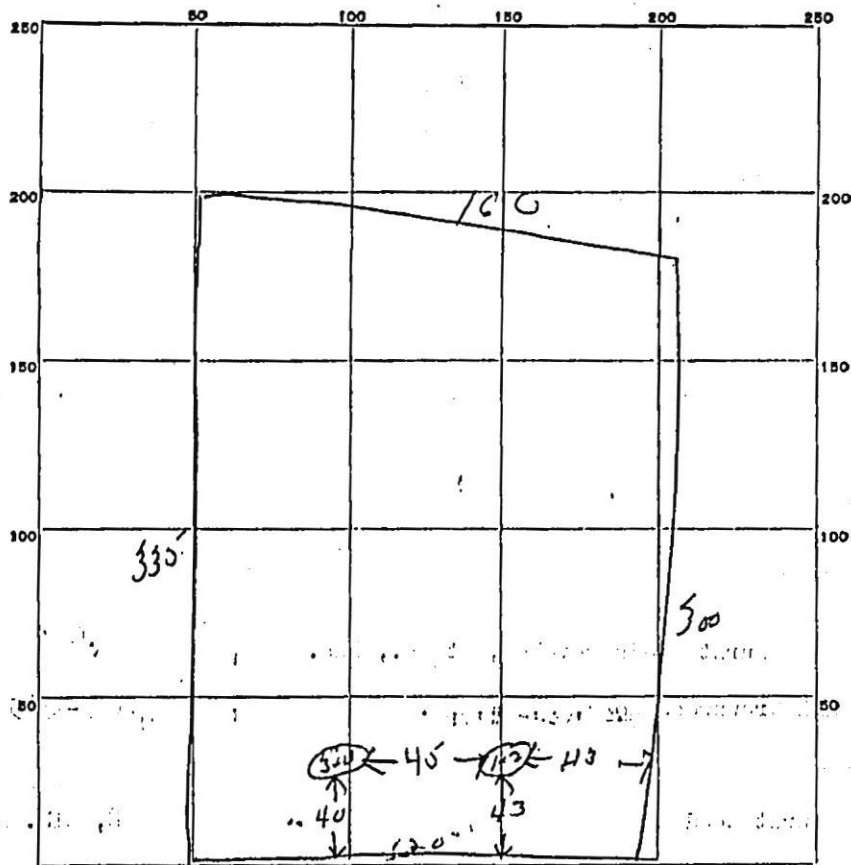
APPROVED BY [Signature] FOR Dry Well DATE 9/24/64
(KIND OF SYSTEM)

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.

Sheet B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/16/64	1	5 1/2 ft	1021	1023	1023	1028	5 min
	2	10 1/2 ft	1024	1026	1026	1031	5 min
	3	5 1/2 ft	1026	1028	1028	1033	5 min
	4	10 1/2 ft	1027	1029	1029	1037	8 min

SOIL AUGER FINDING _____

TESTED BY Dunn 9/16/64

REMARKS _____

ALSO PRESENT 2 Booth / Dury LOT NO. 8B sec 3, part 1



7

14000

610

6

13918

24

23

13914

CASTLEBAR DR

CASTLEBAR DR