

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: 8/26/21

ONSITE SEWAGE DISPOSAL SYSTEM

P 570129

INSTALLATION
 APPROVAL DATE: 09/16/2021 *JP*

PERMIT
MINOR REPAIR

A _____

PROPERTY ADDRESS: 13865 Mill Creek Court

SUBDIVISION: Mill Creek LOT: 17 TAX ID: _____

CONTRACTOR: Hatfields Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, Maryland 21771 PHONE: 301-490-4289

PROPERTY OWNER: Peter and Amy Bulcavage EMAIL: _____

OWNER ADDRESS: 13865 Mill Creek Court, Clarksville, MD 21029 PHONE: _____

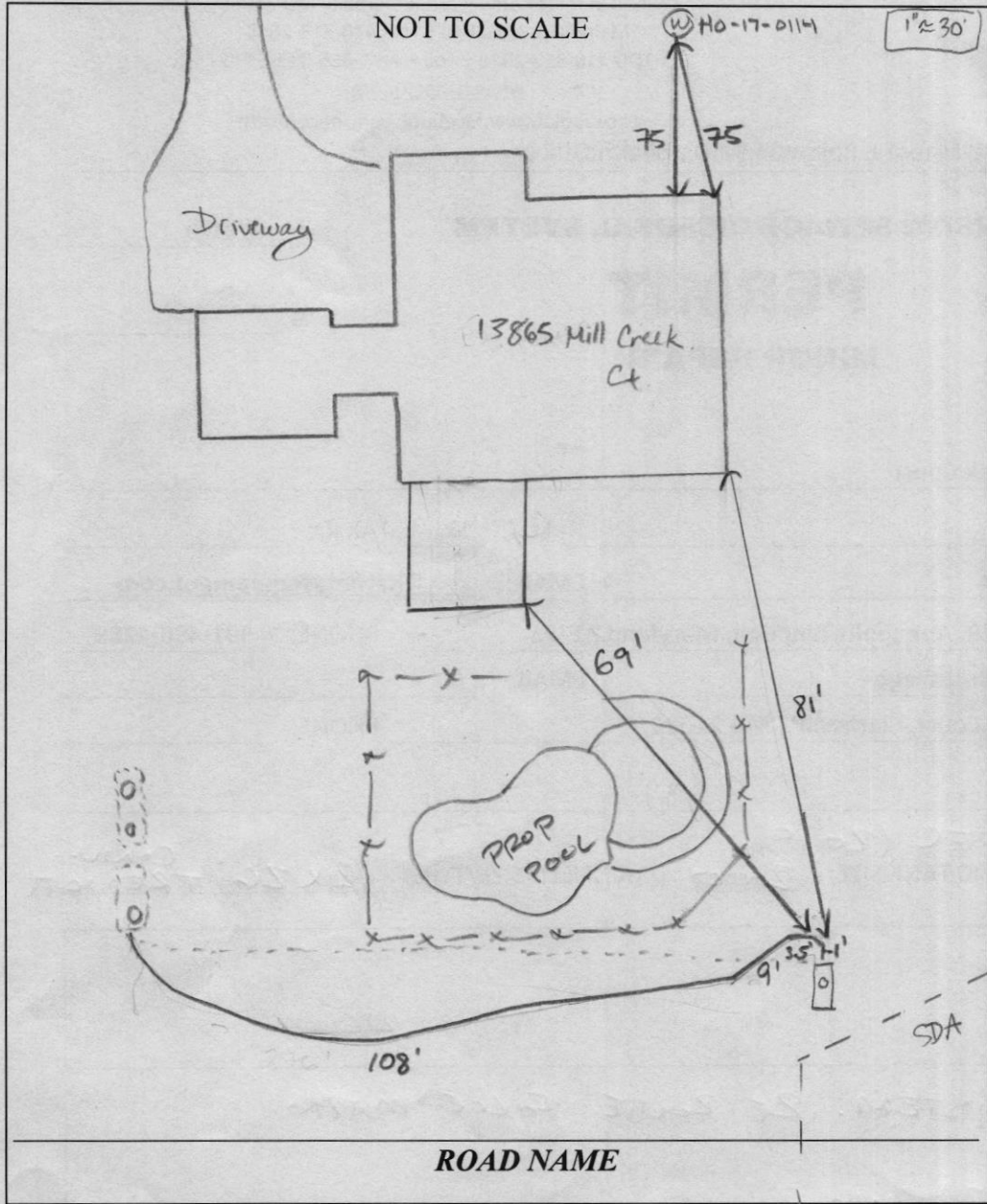
EXISTING SPEC (2019)
 NUMBER OF BEDROOMS: 5 SEPTIC TANK SIZE: 2000 DRAINFIELD SIZE/TYPE: 12 x 26' CONV. TRENCH

| | |
|-----------|--|
| LOCATION: | |
| NOTES: | <p><i>EXISTING SYSTEM. RE ROUTE FORCE MAIN</i></p> <p><i>B21002931 INGROUND POOL</i></p> |

ISSUED BY: CABATHUG 001997 ISSUE DATE: 08/26/2021 EXPIRATION DATE: 08/26/2022

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- 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 FOR INSPECTION OF SEPTIC SYSTEM.



TRENCH/DRAINFIELD DATA

| WIDTH | INLET | BOTTOM |
|-------------------------|-----------|--------|
| <u>EXISTING</u> | | |
| NUMBER OF TRENCHES | <u>12</u> | |
| 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 _____

EXISTING

PRE-CONSTRUCTION:

9/10/21 Fence line and location of FM marked. Contractor will stay 3' off marked fence line. (S)

INSTALLATION: 09/16/2021 INSTALLED FORCE MAIN. PUMP WORKS. OK TO BACKFILL. (P)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 09/16/2021

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 *pool*
- 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:

*Relocation
 Pressure Pipe Replacement for Pool*

*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: Hotfields Equipment Contractor's Phone: 301 490 4289
 Contractor's Address: P O Box 519 Annapolis Junction MD 20701
 Property Address: 13865 Mill Creek Ct County File: _____
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: Peter Bulcavage Existing bedrooms: _____
 Name of previous owners: New 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