

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: 2/22/2023 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572797

APPROVAL DATE: 3/10/2023 **PERMIT: REPAIR** A Repair

PROPERTY ADDRESS: 12158 Mount Albert Road

SUBDIVISION: Woodmark LOT: 42 TAX ID: 03-280721

CONTRACTOR: Young Septic EMAIL: ben@youngseptic.com

CONTRACTOR ADDRESS: 1802 Baltimore Boulevard, Westminster, MD 21157 PHONE: 443-775-7353

PROPERTY OWNER: Dawit Belete EMAIL: 443-277-5857

OWNER ADDRESS: Same as above PHONE: 651-245-3185

SEPTIC TANK SIZE: Existing PUMP TANK CAPACITY (g): n/a

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 LOADING RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>125</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>

LOCATION: To be installed in the location per approved design plan.

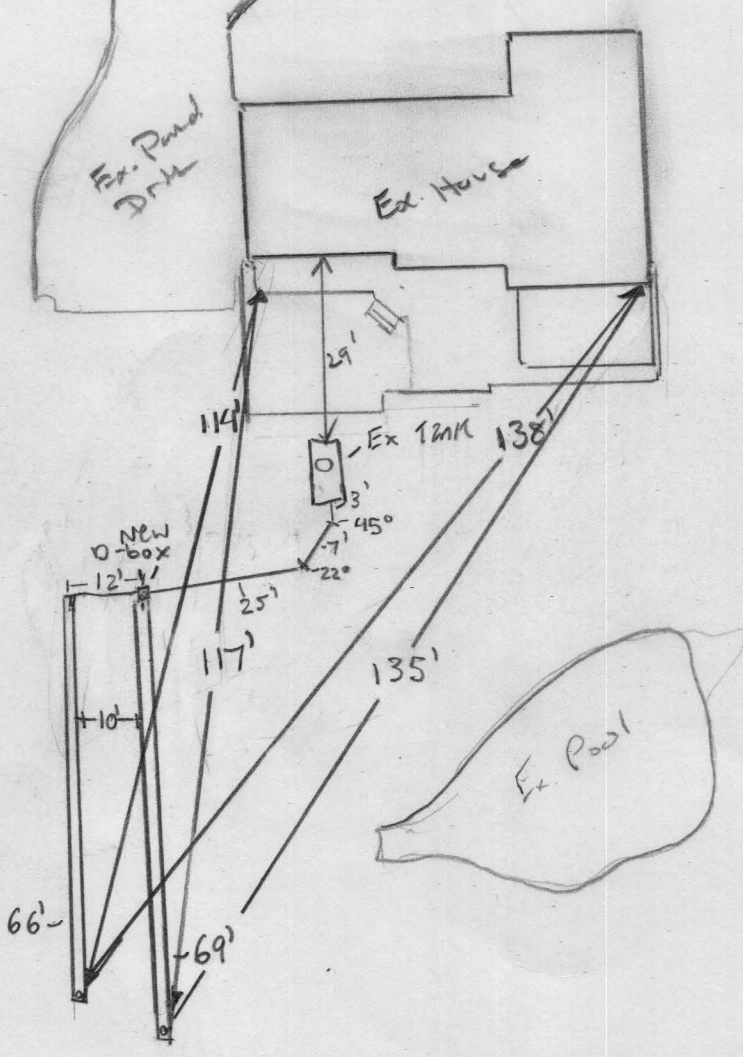
NOTES: Install repair system per submitted design. Existing trenches to be disconnected and abandoned.

ISSUED BY: K. Wolf ISSUE DATE: 2/22/2023 EXPIRATION DATE: 2/22/2024

- 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 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: 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.

NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	8.5
NUMBER OF TRENCHES		2
TOTAL LENGTH		135'
ABSORPTION AREA		270 ft ²
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes (BRICK)
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	
MANUFACTURER	N/A
CAPACITY	1250? GAL
SEAM LOC	mid
TANK LID DEPTH	?
BAFFLES	Good ✓
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	none
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	N/A
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:

2/10/2023 Shot elevations w/ contractor. Repl. system proposed below para A. Will wait for design plan from contractor (done)
 2/17/2023 Design rev'd approved. Need payment to issue permit (done)

INSTALLATION:

2/8/2023 - While onsite lower trench had been dug, waiting on stone to finish rest of trench, stone onsite was OK, depth to bottom OK. Came back after stone arrival, saw finished lower trench, told contractor it needed a cap @ observation port, trench length @ 66 width 2' & inlet 3'. Upper trench ran with older existing system 30' from start down 26', contractor dug to see where existing trench ended, looks like bottom of existing system is deeper than new system. Contractor told to provide trench width, length, & bottom before installing trench. Contractor cannot install upper trench yet. (SP)
 3/19/2023 - Installer using 12hr level in upper trench, first 30' dug, stone 12hr, & pipe laid, so far inlet 3' per plan. Came back onsite stone on top of pipe had soil in it, stone under pipe OK. Mechanical upper trench length & distance to house. Gave OK to backfill trenches. Re-inspect to level D box & see connection to tank

FINAL INSPECTOR

Shepsura Page

DATE OF APPROVAL

3/10/2023

3/10/2023 - D-box had no baffle, installer used brick as baffle. Hydraulic cement used to seal pipe from D-box to existing tank. SOLD 40 220 PSI used from tank to D box. D box level. (SP)
 D-box from backfiller

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-23-00219
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 12158 Mount Albert RD,

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
5703	1236	\$165.00	01/27/2023	JUKING		Receipt # 72763

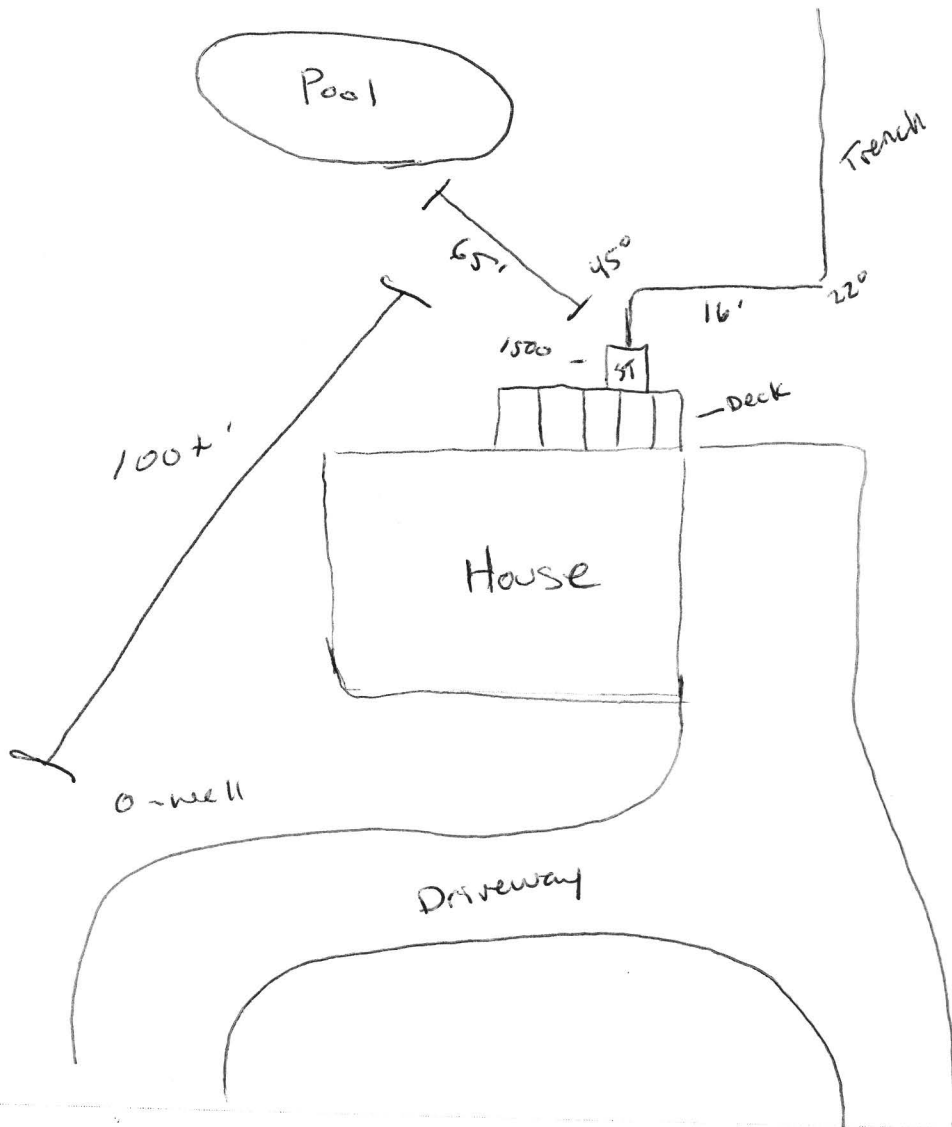
Work Description: Perc Repair

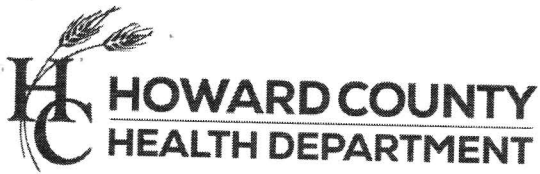


YOUNG SEPTIC SERVICES
1802 BALTIMORE BOULEVARD
WESTMINSTER, MD 21157
INFO@YOUNGSEPTIC.COM
(443)775-7353

12158 Mount Albert Rd
Ellicott City MD 21042

No neighboring wells with loc





Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME WOODMARK
 PROPERTY ADDRESS 12158 MOUNT ALBERT ROAD ELLCOTT CITY 21042
STREET TOWN ZIP
 TAX ACCOUNT # - TAX MAP 0022 GRID 0012 PARCEL 0168 LOT NO. 42 PROPOSED LOT SIZE (ACRES) 2.19
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Davit Belete

DAYTIME PHONE 651-245-3185 CELL 651-245-3185 EMAIL Tibnead@gmail.com
 MAILING ADDRESS 12158 Mount Albert Rd Ellicott City MD 21042
STREET CITY, STATE ZIP

APPLICANT Young Septic Services

RELATIONSHIP TO OWNER: Installer
 DAYTIME PHONE 443-775-7353 CELL 240-656-5706 EMAIL BEN@YoungSeptic.com
 MAILING ADDRESS 1802 Baltimore Blvd Westminster MD 21157
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 5 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

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: 1/16/23
 No

Was a visual inspection of the septic tank and/or drain fields conducted?

Yes Explain observation: No D-Box, Failing Trench
 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 Field failing
 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 Regulations.

Septic Contractor: Young Septic

Contractor's Phone: 443-775-7353

Contractor's Address: 1802 Baltimore Blvd

Property Address: 12158 Mant Albert Rd

County File: -

Subdivision: Woodmark

Lot: 42 Year Built: 1973

Owner's Name: Davit Belete

Existing bedrooms: 5

Name of previous owners: Peter Myers

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.

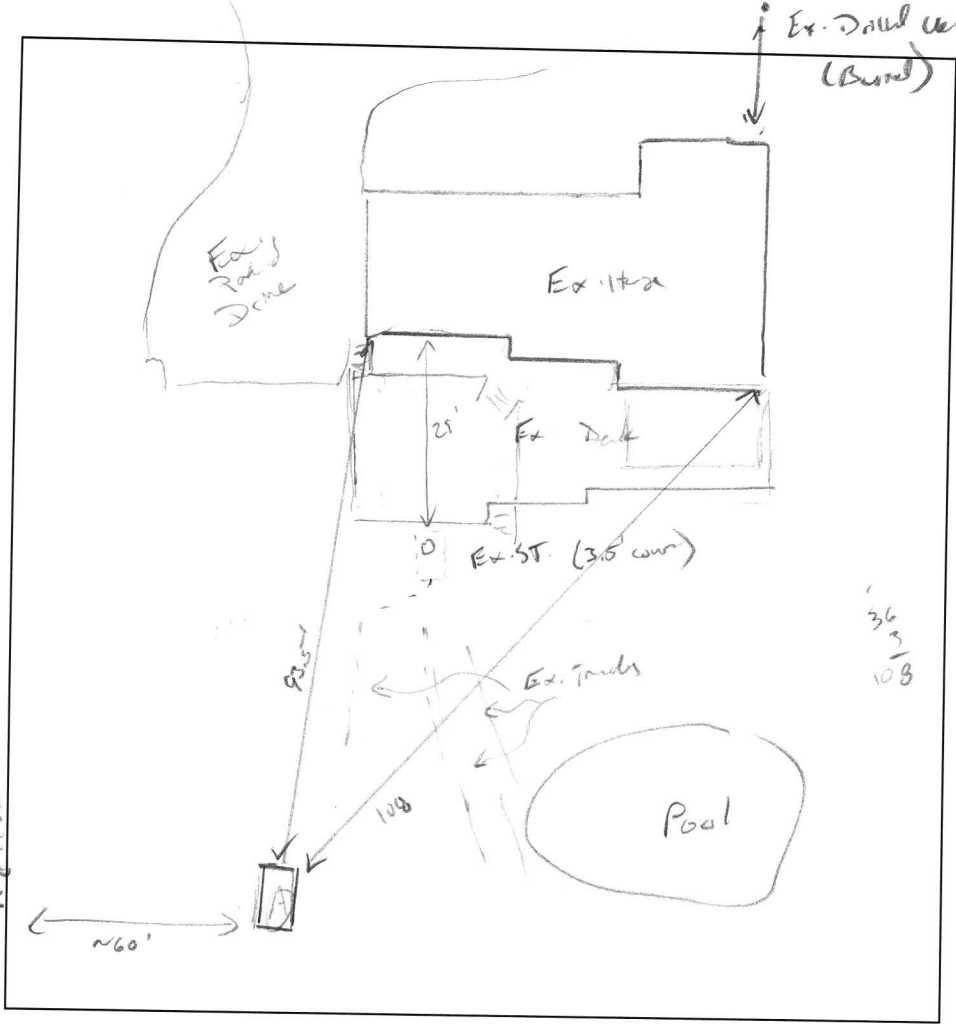
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

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



(A)
 2' li Br L OM
 WK 25 BK, 10%
 Friable
 10% Rx.
 4-5' li Br SL
 WK 60 SBK
 Friable,
 5% max grain
 micaceous
 8' li Br Y FS
 WK 60 PL
 micaceous
 12' 9"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/10/2013	(A)	4' 10" / 12' 9"	00:27	00:29	00:57	1B	P
		5' 8"	00:02	00:05	00:08	3	P
		H ₂ O poured @ 12' 9"				~5M	P

REMARKS _____
 SANITARIAN R. Wolf BACKHOE Young Syste OTHERS helped
 TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR 1.2 gal/ft
 TRENCH WIDTH 2 INLET DEPTH 3' MAX. BOT DEPTH 8' 5' EFFECTIVE S/W 5-8.5' (40)

$$SBR = \frac{750}{1.2} = 625 \div 2 = 312.5 \div (40) = 125$$



Real Property Data Search ()
 Search Result for HOWARD COUNTY

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 280721

Owner Information

Owner Name: BELETE DAWIT Y Use: RESIDENTIAL
 TEKIE TZEGEREDA Principal Residence: YES
 Mailing Address: 12158 MOUNT ALBERT RD Deed Reference: /14863/ 00060
 ELLICOTT CITY MD 21042-1335

Location & Structure Information

Premises Address: 12158 MOUNT ALBERT RD Legal Description: LOT 42 BL C S 1
 ELLICOTT CITY 21042-0000 12158 MOUNT ALBERT RD
 WOODMARK

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0022 0012 0168 3020203,14 2035 42 2022 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1973 3,410 SF 800 SF 2,1900 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements
 2 YES STANDARD UNITFRAME/5 3 full/1 half 1 Attached

Value Information

	Base Value	Value		
		As of	Phase-in Assessments	
		As of	As of	As of
Land:	251,900	01/01/2022	07/01/2022	07/01/2023
Improvements	426,300	233,100		
Total:	678,200	424,300	657,400	657,400
Preferential Land:	0	0		

Transfer Information

Seller: MYERS PETER	Date: 04/23/2013	Price: \$650,000
Type: ARMS LENGTH IMPROVED	Deed1: /14863/ 00060	Deed2:
Seller: BORKOWSKI MILTON F	Date: 09/07/1999	Price: \$375,000
Type: ARMS LENGTH IMPROVED	Deed1: /04867/ 00259	Deed2:
Seller: BORKOWSKI MILTON F & WF	Date: 06/23/1998	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /04351/ 00665	Deed2:

Exemption Information

Partial Exempt Assessments: Class		07/01/2022	07/01/2023
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

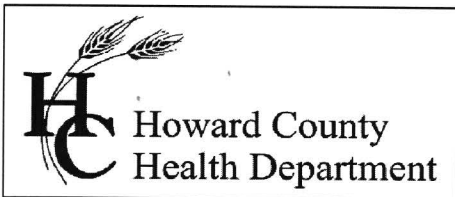
Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 01/16/2015

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:



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RECEIPT DATE: 2/22/2023 **ONSITE SEWAGE DISPOSAL SYSTEM** P _____

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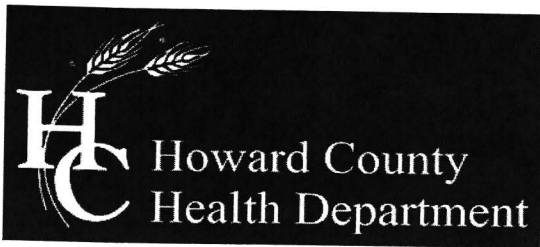
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Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 12158 Mar. + Aldert

Subdivision: Woodmark Lot: 42

Repair Initial system: Application rate: 1.2 Effective area beginning depth: 5 Bottom maximum depth: 8.5'
1st Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:
2nd Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

Length = 125 (2 x 63')
Inlet = 3'
Bottom = 8.5'
width = 2'

Approved: K. Wolf Date: 2/9/2023



HOWARD COUNTY HEALTH DEPARTMENT

72763

Received From

DATE 1/27/23

Atlantic Blue Septic Services LLC

PHONE #

410-775-7353

For

CASH

CHECK

NO. 1236

For Tank Repair = 12158

12158 Mt. Albert Rd.

\$ 10500

One hundred sixty-five

Dollars

Received By

AKing



HOWARD COUNTY HEALTH DEPARTMENT

72797

95

Received From

DATE 2/23/23

PHONE #

4437757353

Atlantic Blue Septic Services LLC

Septic Repair

CASH

CHECK

NO.

12150 Mount Albert Road

One hundred + sixty five Dollars

NO. 105100

\$

Received By

Nicki - Dekroy

Dollars