



HOWARD COUNTY HEALTH DEPARTMENT

67331

DATE
3 Dec 120

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Received From Wattfield's Equip. PHONE # _____

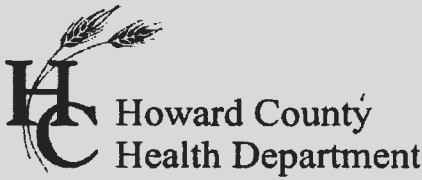
CASH
 CHECK
NO. 4305

For Upgrade - 12420 Hill Crest

\$ 2910.00

Received By J. Williams

Dollars



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
Facebook: www.facebook.com/hocohealth

RECEIPT DATE: 3/2/20 ONSITE SEWAGE DISPOSAL SYSTEM P 567331

APPROVAL DATE: 3/18/2020 PERMIT: UPGRADE A

PROPERTY ADDRESS: 12420 Hill Crest

SUBDIVISION: Hill Crest LOT: 5 TAX ID: 05-599658

CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 21701 PHONE: 301-490-4289

PROPERTY OWNER: Timothy Womack EMAIL:

OWNER ADDRESS: 12420 Hill Crest, Fulton, MD 20759 PHONE:

SEPTIC TANK SIZE (GALLONS): PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE:

NUMBER OF BEDROOMS: 6 HOUSE SQ. FT. APPLICATION RATE:

DISTRIBUTION SYSTEM: GRAVITY FED [X] LOW PRESSURE DOSED []

Table with 2 columns: Field Name and Value. Fields include TRENCHES (Linear Feet Required: 52', Inlet Depth: 3', Trench Width: 3', Maximum Bottom Depth: 3', Minimum Space Between Trenches, Effective Area Beginning Depth: 6'), LOCATION (TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION), and NOTES (Install 1 x 52' trench below existing 52' trench).

ISSUED BY: K. Wolf ISSUE DATE: 3/2/2020 EXPIRATION DATE: 3/2/2021

- 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 NEW TRENCH

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	6'

NUMBER OF TRENCHES 1

TOTAL LENGTH 52'

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL SPEED

DISTRIBUTION BOX BAFFLE YES

DISTRIBUTION BOX PORT YES

PRE-CONSTRUCTION:

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 _____

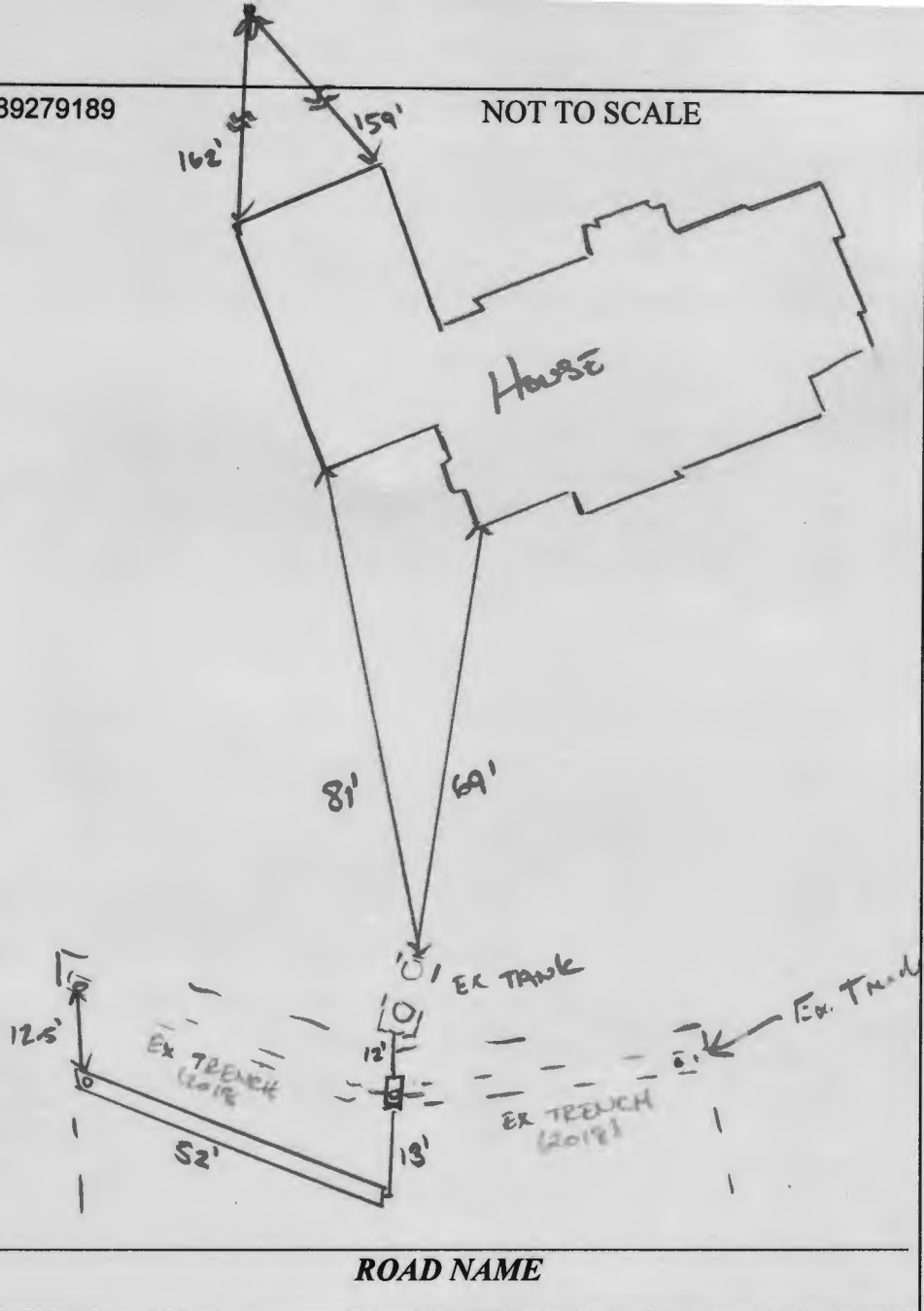
MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____



3/17/2020 gave contractor 'OK' to install 52' trench just below existing system. call for inspection plan

INSTALLATION: 03/18/2020 NEW TRENCH INSTALLED 1x 52' 3' INLET 6' DEEP. D box leveled w/ SPEED LEVELS to

FINAL INSPECTOR [Signature] DATE OF APPROVAL 03/18/2020



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 Twitter: HowardCoHealthDep

Dr. 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 observations: _____
- No

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
- No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments: finished basement
Kevin said add 50cf of trench

*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: Hotfields Equipment Inc Contractor's Phone: 301 496 4284
 Contractor's Address: PO Box 519 Annapolis Junction MD 20701

Property Address: 12420 Hill Crest County file: _____
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: Wamack Owner's Phone: _____

Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Kevin Wolf
 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.

Hatfield's Equipment and Dedication Services, Inc.

C427

P.O. Box 519 • Annapolis Junction, MD 20701-0519
Office: 301-490-4289 / 888-490-4289 • Fax: 301-490-5794

Tim Womack
8490 Upper Sky Way
Unit 216
Laurel, MD 20723

Septic upgrade of drainfield @
12420 Hill Crest Fulton MD
Proposal # 9651 revised

2/18/20

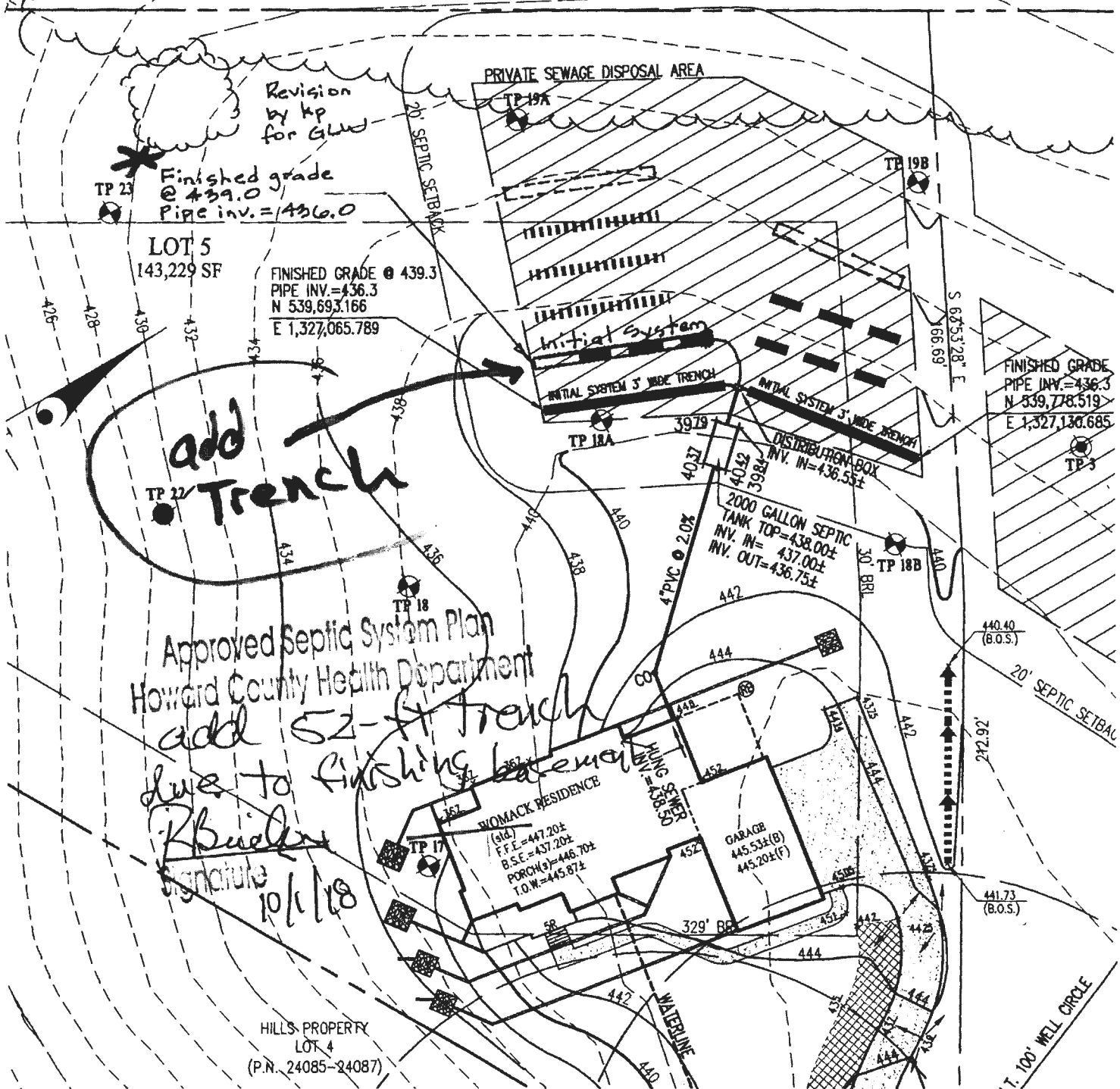
We propose to supply the labor, materials and equipment to complete the following:

Apply for permit
Tie into existing distribution box
Install additional 52LF of trench, 3ft. wide, 6ft, deep with 3ft. inlet.
Install stone, 4" pipe and filter paper as needed
Call for inspection
Fine grade, seed and straw area disturbed

12420 Hill Crest

contractor copy - add trench

PARCEL 30
PERRY C. WESTLAND and BARBARA LORAIN WESTLAND
ZONED: RR-060
(PN 2475/724)



Revision by kp for GLW
* Finished grade @ 439.0
Pipe inv. = 436.0

LOT 5
143,229 SF
FINISHED GRADE @ 439.3
PIPE INV.=436.3
N 539,693.166
E 1,327,065.789

add Trench

Approved Septic System Plan
Howard County Health Department
add 52-ft trench
due to finishing basement
K. Budler
Signature
10/1/18

HILLS PROPERTY
LOT 4
(P.N. 24085-24087)

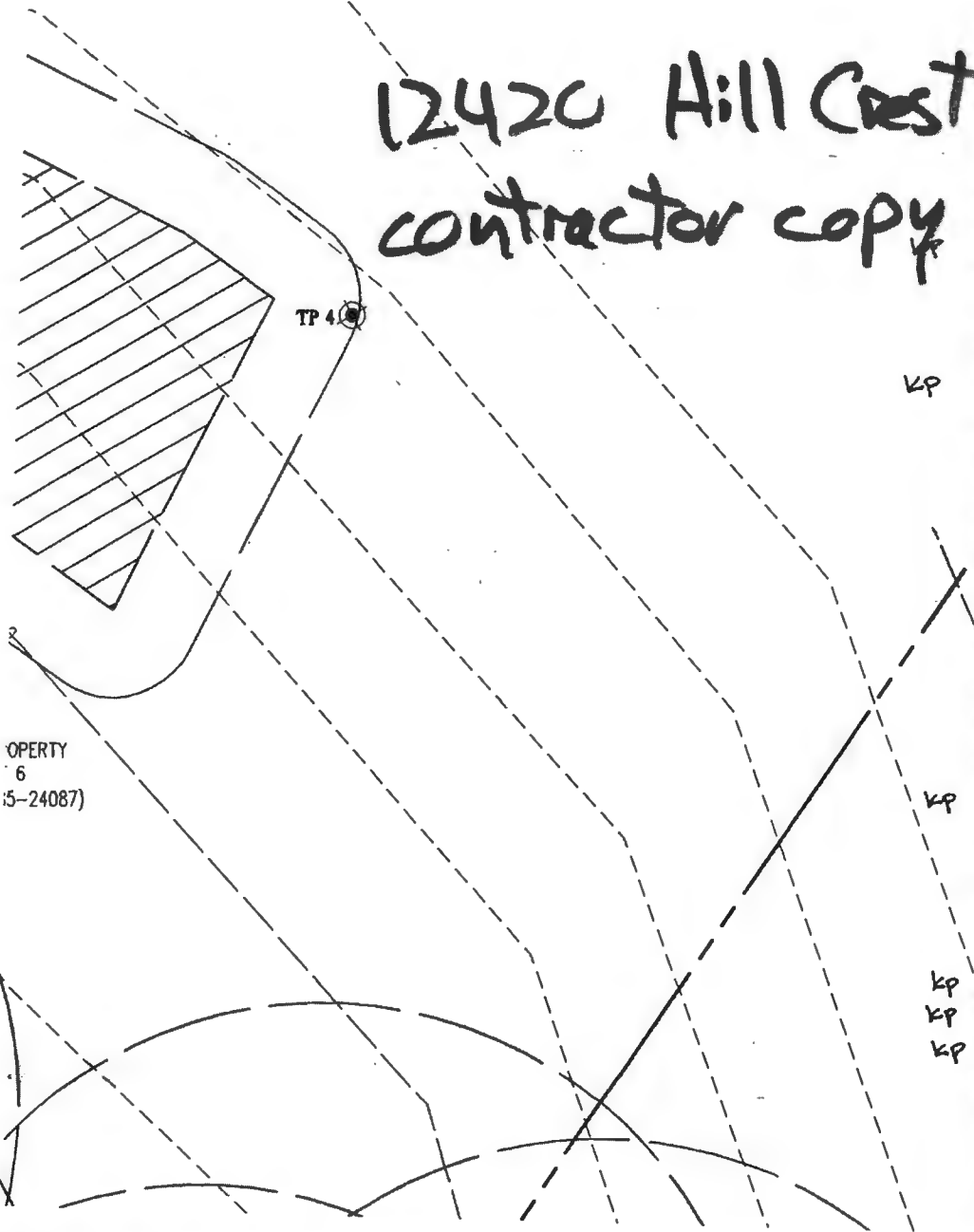
TP 2

425

0+10 IE IN
0+00 IE OU
0+00 IE IN

0+61 CLE
IE IN=438.
0+75

12420 Hill Crest
contractor copy



PROPERTY
6
15-24087)

Hill Property (PN 24086)	Lot-5		
System Input Information	Initial System	Replacem't System No.1	Replacem't System No.2
Application Rate	1.2	1.2	1.2
Effective area beginning depth	3.0	3.5	3.5
Effective area maximum bottom depth	6.0	6.0	6.0
Number of Bedrooms	7.8	7.8	7.8
Design flow at 150 gal./day/bedroom	750	750	750
Absorption Trench Calculations			
Drainfield area required (Design flow/application rate)	875 625 s.f.	875 625 s.f.	875 625 s.f.
Effluent pipe depth to invert (cannot exceed 4'. If < 2', then field run topo at 1-ft interval is required).	3.0	3.5	3.5
Effective sidewall depth "D" = depth between the effective beginning depth or pipe depth (which ever is deeper) and maximum trench bottom.	3.0	2.5	2.5
Trench Width "W" (2 or 3 feet)	3.0	3.0	3.0
Sidewall Reduction Percent = (W+2)/(W+1+2D)	50.00%	55.56%	55.56%
Linear feet of trench required = (drainfield area x sidewall reduction)/W	145.8 104.2	162 115.7	162 115.7
Trench Layout Information			
Approximate length available on contour & not exceeding 100-ft	55	55	55
Number of trenches to use	2	3	3
Min. length (linear feet)	52.1	54.1 38.6	54.1 38.6
Total (linear feet)	104.2	115.8	115.8
Minium Trench Spacing : For trenches with no sidewall credit the spacing is 6' for a 2' wide trench and 9' for a 3' wide trench (measured edge to edge). All trenches utilizing sidewall reduction credit must be spaced a min. of	10.0	10.0	10.0