



HOWARD COUNTY HEALTH DEPARTMENT

65497

DATE
5/10/14

Received From

Christene M. Stearn

PHONE #

410-596-057

For

Power/Kaptein -

3014 10 joints ROW

CASH

CHECK

NO.

526

Three thousand five hundred

Dollars

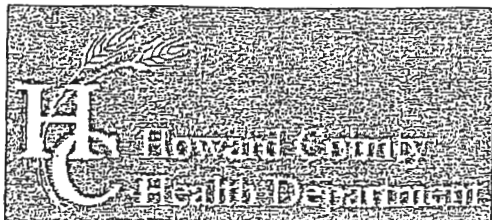
\$

330.00

Received By

Revised
MS 100

Olney



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

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

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

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: JV Harrison Contractor's Phone: 410596 0059
Contractor's Address:

Property Address: 3214 Regents Row County file:
Subdivision: Lot: 11 Year Built: 92
Owner's Name: Mike Soan Owner's Phone:

Name of previous owners: Existing bedrooms:
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name):
Public Sewer available/nearby:

*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.

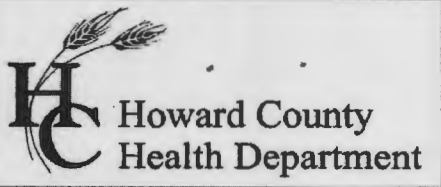
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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.



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

RECEIPT DATE: 5/28/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P

APPROVAL DATE: **PERMIT: minor REPAIR** A

PROPERTY ADDRESS: 3214 Regents Row

SUBDIVISION: Kings Grant LOT: 11 TAX ID: 03-313867

CONTRACTOR: James Harrison EMAIL:

CONTRACTOR ADDRESS: 4717 Old Washington Road, Sykesville, MD 21784 PHONE: 410-596-0059

PROPERTY OWNER: Mike and Christine Sloan EMAIL:

OWNER ADDRESS: 3214 Regents Row, WEST FRIENDSHIP 21794 PHONE: 410-241-7904

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

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

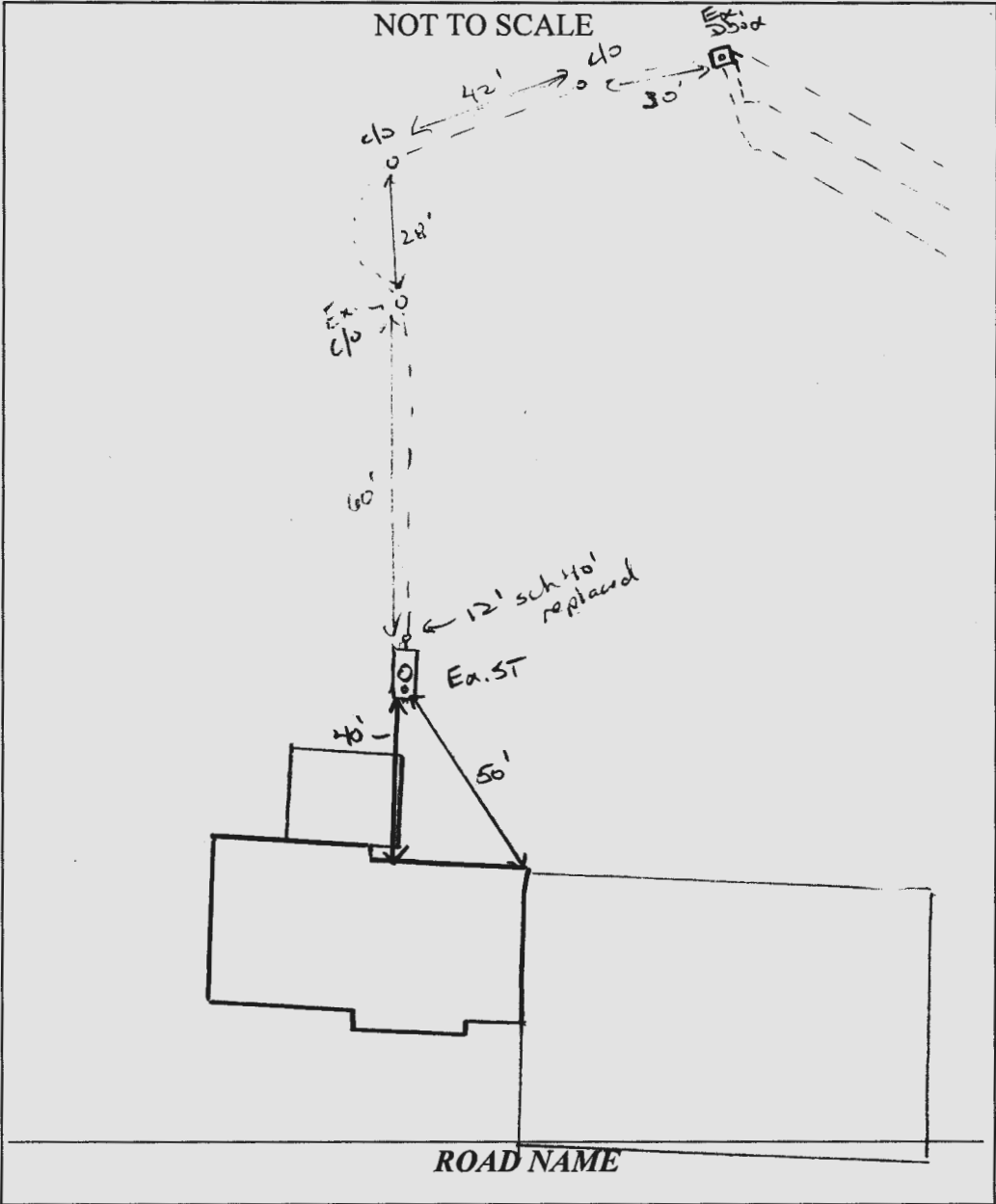
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>n/a</u>	INLET DEPTH: <u> </u>
	TRENCH WIDTH: <u> </u>	MAXIMUM BOTTOM DEPTH: <u> </u>
	MINIMUM SPACE BETWEEN TRENCHES: <u> </u>	EFFECTIVE AREA BEGINNING DEPTH: <u> </u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Replace section of broken pipe coming out of existing tank. Add outlet baffle and riser. Replace cracked coupling in back line.	

ISSUED BY: K. Wolf ISSUE DATE: 5/28/19 EXPIRATION DATE: 5/29/20

- 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 DOWNGRAIDENT 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: 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.**



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
<u>N/A</u>		
NUMBER OF TRENCHES	<u>1</u>	
TOTAL LENGTH	<u>110</u>	
ABSORPTION AREA	<u>1</u>	
DISTRIBUTION BOX LEVEL	<u>1</u>	
DISTRIBUTION BOX BAFFLE	<u>✓</u>	
DISTRIBUTION BOX PORT	<u>1</u>	

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER —

CAPACITY 1250? GAL

SEAM LOC mid

TANK LID DEPTH 18"

BAFFLES new outlet

BAFFLE FILTER —

MANHOLE LOC center

6" PORT LOC Front

WATERTIGHT TEST OK

SLOTTED —

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:
5/28/19 (see memo)

INSTALLATION: 5/28/19 Aprx 12' of sch 40 replaced coming out of existing septic tank. 4" outlet baffle installed. Pipes added. OK to cover work.

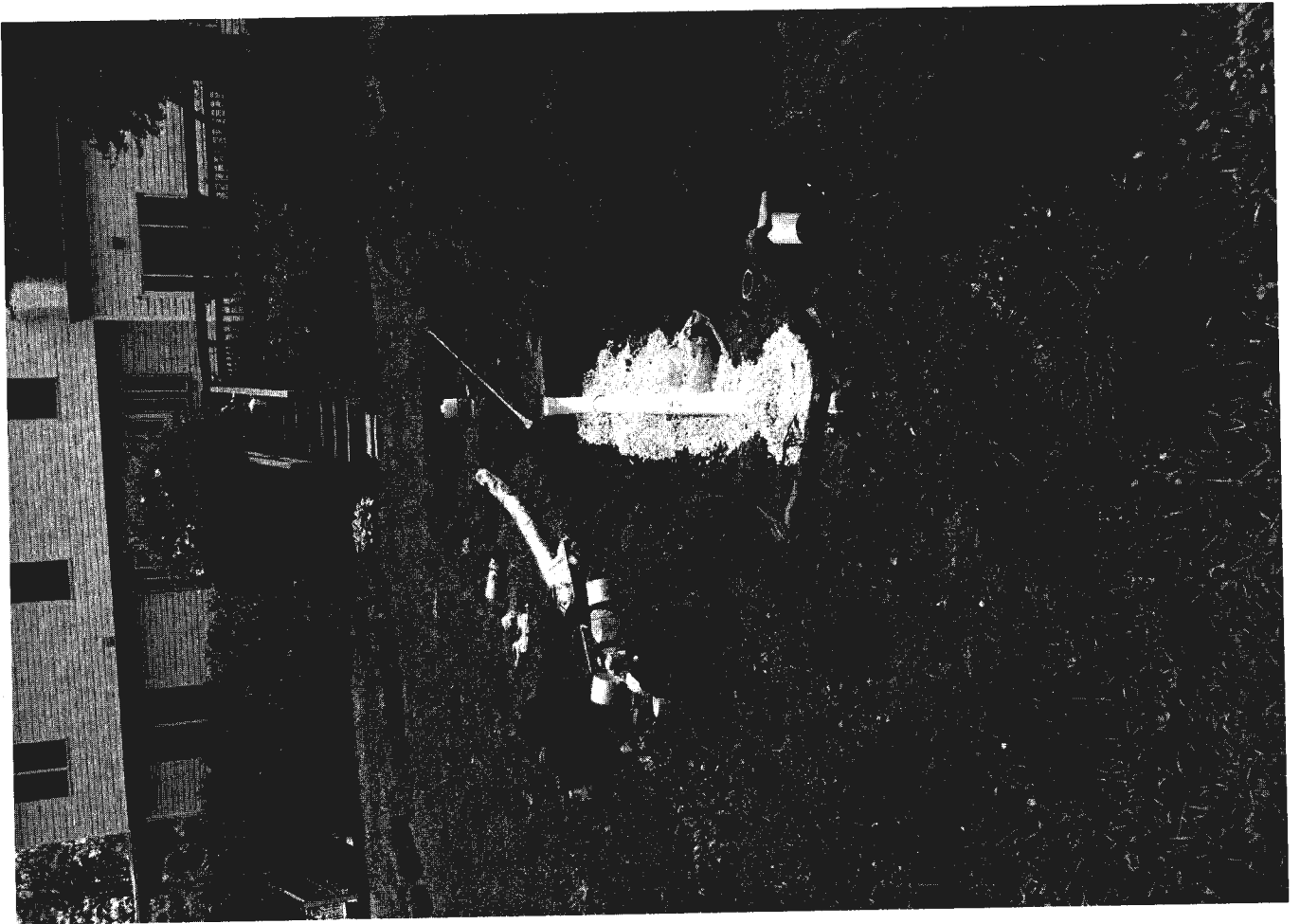
FINAL INSPECTOR *J. Wolf* DATE OF APPROVAL 5/28/19

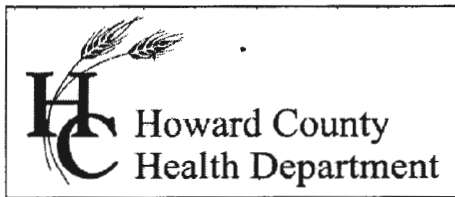
5/29/17 Garden
compost, animal manure, Fences.



5/28/15

-Picture of school
backline (approx. 12')
replaced.





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

July 22, 2019

To Whom It May Concern:

Christine Sloan paid for a repair septic permit, in the amount of \$330.00 (check #826), after the payment it was then found that the septic problem could be fixed with a minor septic repair which incurs the fee of \$55.00. No work was performed by the Health Dept. So therefore Mrs. Sloan is requesting a refund in the amount of \$165.00. (receipt #65497). If you have any other questions please call Jeff Williams at 410-313-4261.

Mail Check To
Christine Sloan
3214 Regents Row
West Friendship, Md 21794

#65497 05/20/2019 written by: Juanita King
#96161 05/23/2019 written by: Willie Sims

Thanks in advance,

Juanita King ext: 4251

A handwritten signature in black ink, appearing to read 'Jeff Williams', is written over a horizontal line.

Jeff Williams
Well & Septic Supervisor