



HOWARD COUNTY HEALTH DEPARTMENT

AS 83014

DATE 6/5/18

Received From

Hatridas Equipment

PHONE #

3014904269

For

perc testing

CASH

CHECK

3541 Lakeway Drive

NO.

3162

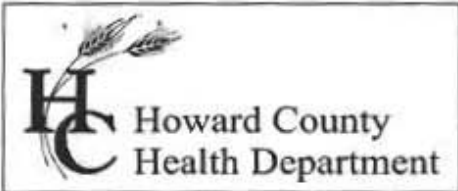
THREE THOUSAND NINE HUNDRED AND NO/100

Dollars

\$ 39600

Received By

V DeLaney



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: 6/5/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 563014

INSTALLATION APPROVAL DATE: 07/17/2018 **PERMIT** A UPGRADE
UPGRADE

PROPERTY ADDRESS: 3541 Lakeway Drive TAX ID: 03-294005
 CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com
 CONTRACTOR ADDRESS: P.O. Box 519 Annapolis Junction, MD 20701 PHONE: 301-490-4289
 PROPERTY OWNER: Ed Orvos EMAIL: _____
 OWNER ADDRESS: 3541 Lakeway Drive, Ellicott City, MD 21042 PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000 PUMP TANK CAPACITY _____
 FLOW RATE (GALLONS PER DAY): 450 APPLICATION RATE: 1.2
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

Add TRENCHES:	LINEAR FEET REQUIRED: <u>48</u>	INLET DEPTH: <u>6'-7'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>12</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>at Invert</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION. * Abandon Dry Well

NOTES: Dig gravel out of ex. trench and pack in a soil stop before inlet to 67' length of existing trench.
Set Dist. Box to maintain gravity flow.
Per owner's request, add new trench. Match absorption area to ex. trench.

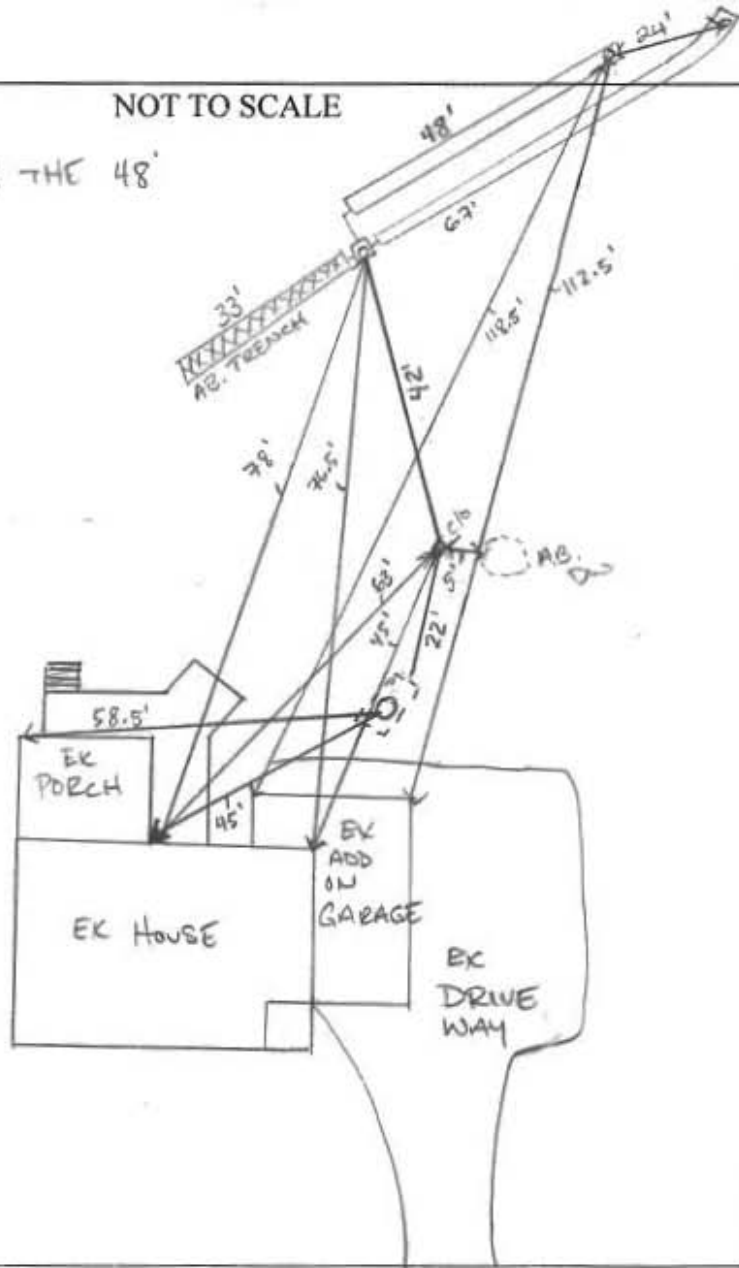
ISSUED BY: R. Richter ISSUE DATE: 7/1/2018 EXPIRATION DATE: 6/5/2019

- 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
- 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

* NEW CONST. IS THE 48' TRENCH



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	6'	12'
NUMBER OF TRENCHES		2
TOTAL LENGTH		82'
ABSORPTION AREA		269 Sqft + SIDE WALL
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 _____

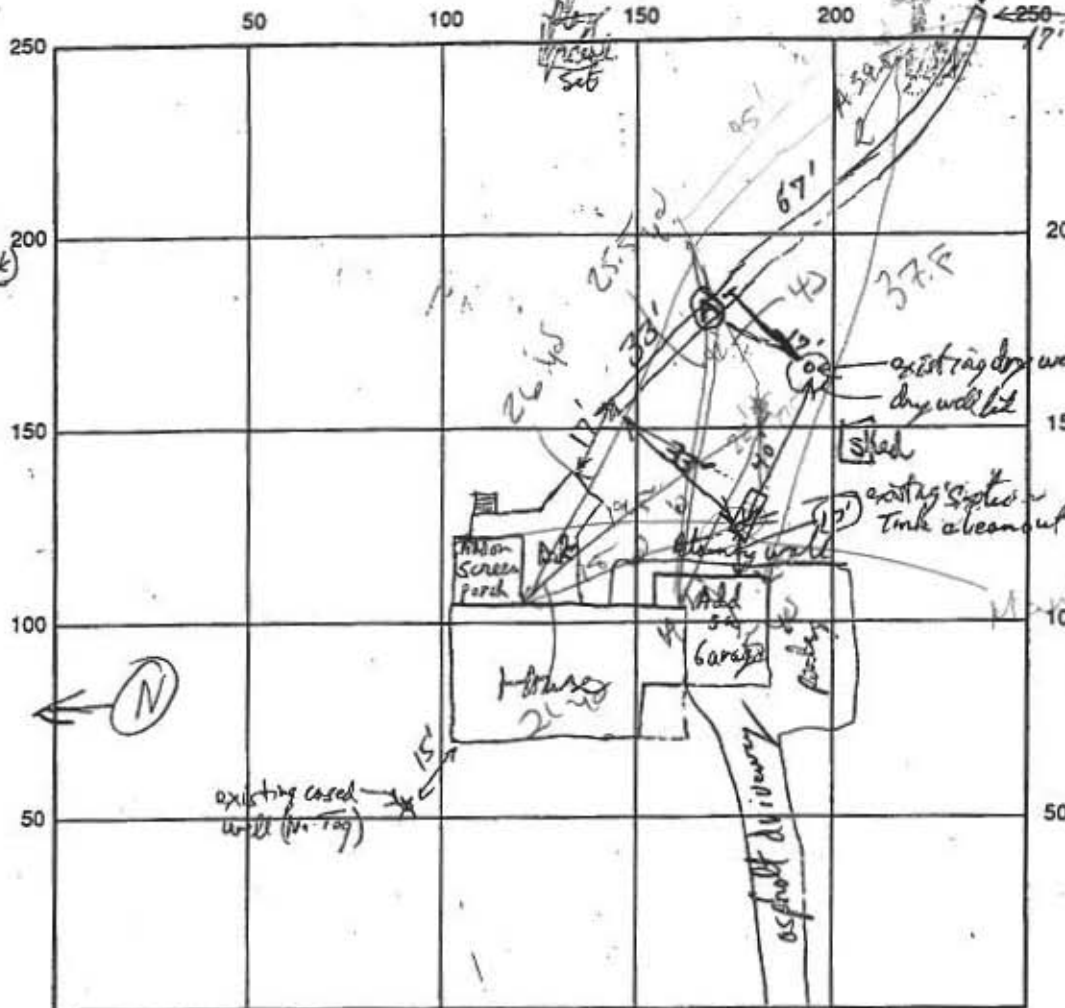
SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

INSTALLATION: 7/17/2018 EX OBS PORT ON EX TANK REMOVED AND NEW ST. RISER INSTALLED. EX D.W. ADEQUATELY COLLAPSED AND FILLED. EX TRENCH EXPOSED AND D BOX SET PER PLAN. NEW 48' TRENCH CONSTRUCTED, OK TO BACKFILL. D BOX FITTED w/ PLASTIC SPEED LEVELS AND D BOX LEVEL, OK TO BACKFILL. (S)

FINAL INSPECTOR *Asim Cabrah* DATE OF APPROVAL 07/17/2018



- ent H/A
- 1st Dan Berman
- 2nd Dan Berman (2F 50k)
- 3rd Dan Berman (2F 50k)
- HL-LL (2F 50k)
- Red Dan
- Mickson
- (Missouri State)
- Paul Simon
- (15-100k)

The existing sewer system & pipe trenches are in lower part of lot! There is 1/2-4 ft of usable vertical soil above wet pipe. It's got roots, fecal!

Lakeaway Dr INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL existing 1000gal (only 8 ft long) CLEANOUTS _____
 (old Turalette T Baffle still functional) NA
 DISTRIBUTION BOX LEVEL NA (T exists in this only)
 DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 6-7 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 900 FT.
 NUMBER OF TRENCHES one ONE SIDEWALL/BOTTOM AREA 500 SQ. FT.
 DRYWALL INSIDE DIAMETER Failed FT. Still on line between septic tank & drainline
 EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Good H/A can coils for 2 1/2 - 14 1/2 ft, inlet pipe via dry well @ 6 ft below grade for gravity flow. OK to continue gravel filling trench RPP 6/1/98. Final trench OK to cover when finished. RPP 6/1/98

Note: House has had 3 Bldg Additions so far (1 Garage, 1 Deck, 1 screen porch). They shall upgrade small septic tank prior to next Bldg addition program RPP 6/1/98

DATE SYSTEM APPROVED 6/1/98 INSPECTOR RPP



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Twitter: HowardCoHealthDep

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

AS63014

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 3541 Lakeway Drive Ellsworth City MD 21042

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Ed Orves

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 3541 Lakeway Drive Ellsworth City, State MD 21042

APPLICANT Hatfield Equipment RELATIONSHIP TO OWNER:

DAYTIME PHONE CELL EMAIL hatfield@hatfield-equipment.com

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701

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 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

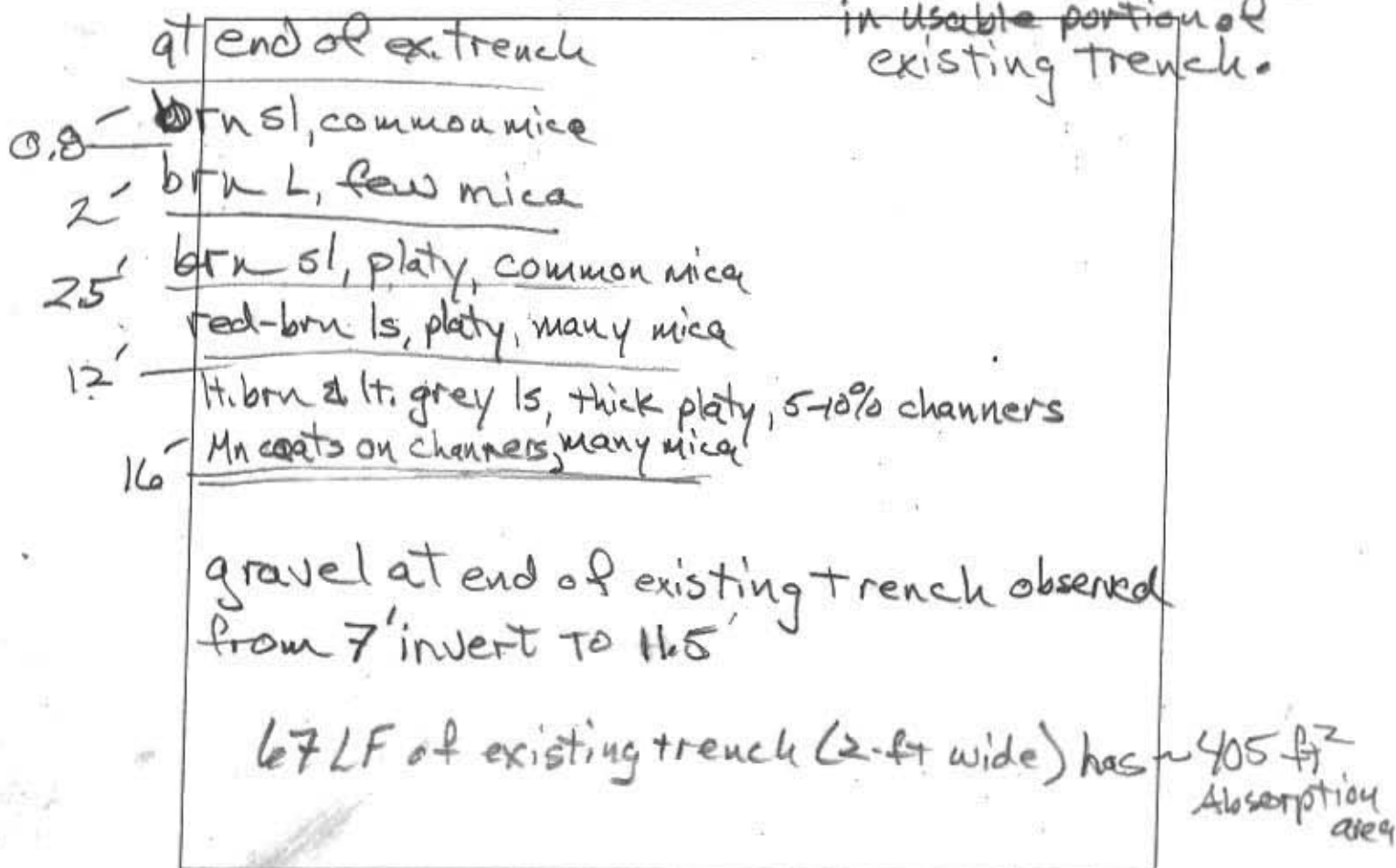
DATE 6/05/18

SITE INSPECTION SHEET

OWNER: Ed Orvos PHONE #: _____
ADDRESS: 3541 Lakeway CONTRACTOR: Hatfield's Equip.
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Add trench area per owner's request.
OK to use existing trench. Match absorption area of

LOCATION DIAGRAM



COMMENTS: Runoff water during heavy (intense) rain fall events causes sewage to back-up into basement

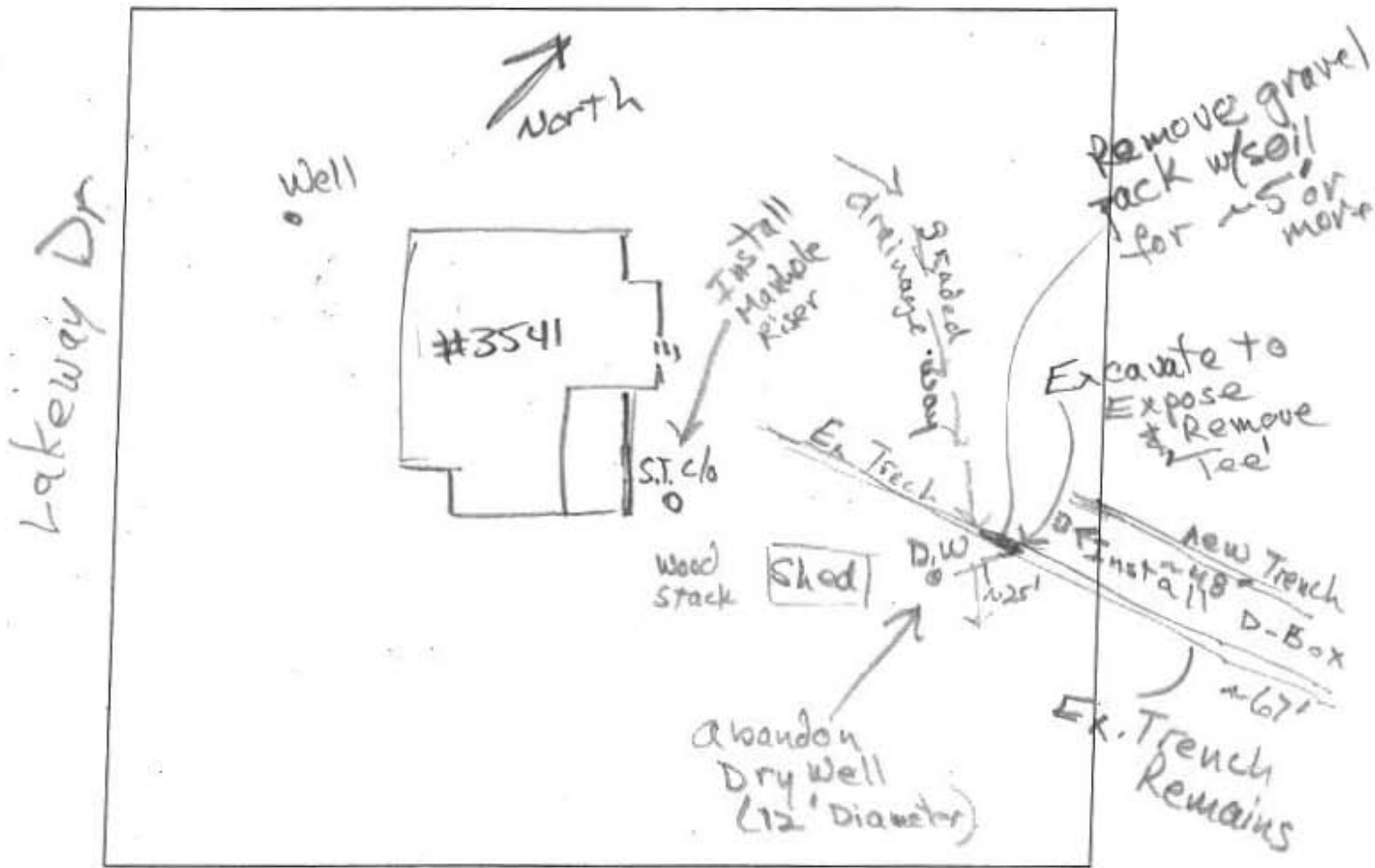
DATE: 7/2/2013

INSPECTOR: R. Bickel

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 3541 Lakeway Dr CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Basement served by gravity sewer

DATE: 7/2/2018 INSPECTOR: R Bricker