

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: 8/6/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 563974

APPROVAL DATE: 8/28/18 SEC **PERMIT:** **REPAIR** A

PROPERTY ADDRESS: 650 Long Corner Road (TANK REPLACEMENT)

SUBDIVISION: _____ LOT: _____ TAX ID: 04-339207

CONTRACTOR: WRF & Son Plumbing and Heating EMAIL: _____

CONTRACTOR ADDRESS: 15 N. Main Street. Mount Airy, MD 21771 PHONE: 301-829-1711

PROPERTY OWNER: Michael Harris EMAIL: _____

OWNER ADDRESS: 650 Long Corner Road, Mount Airy, MD 21771 PHONE: 301-703-1397

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. _____ APPLICATION RATE: _____

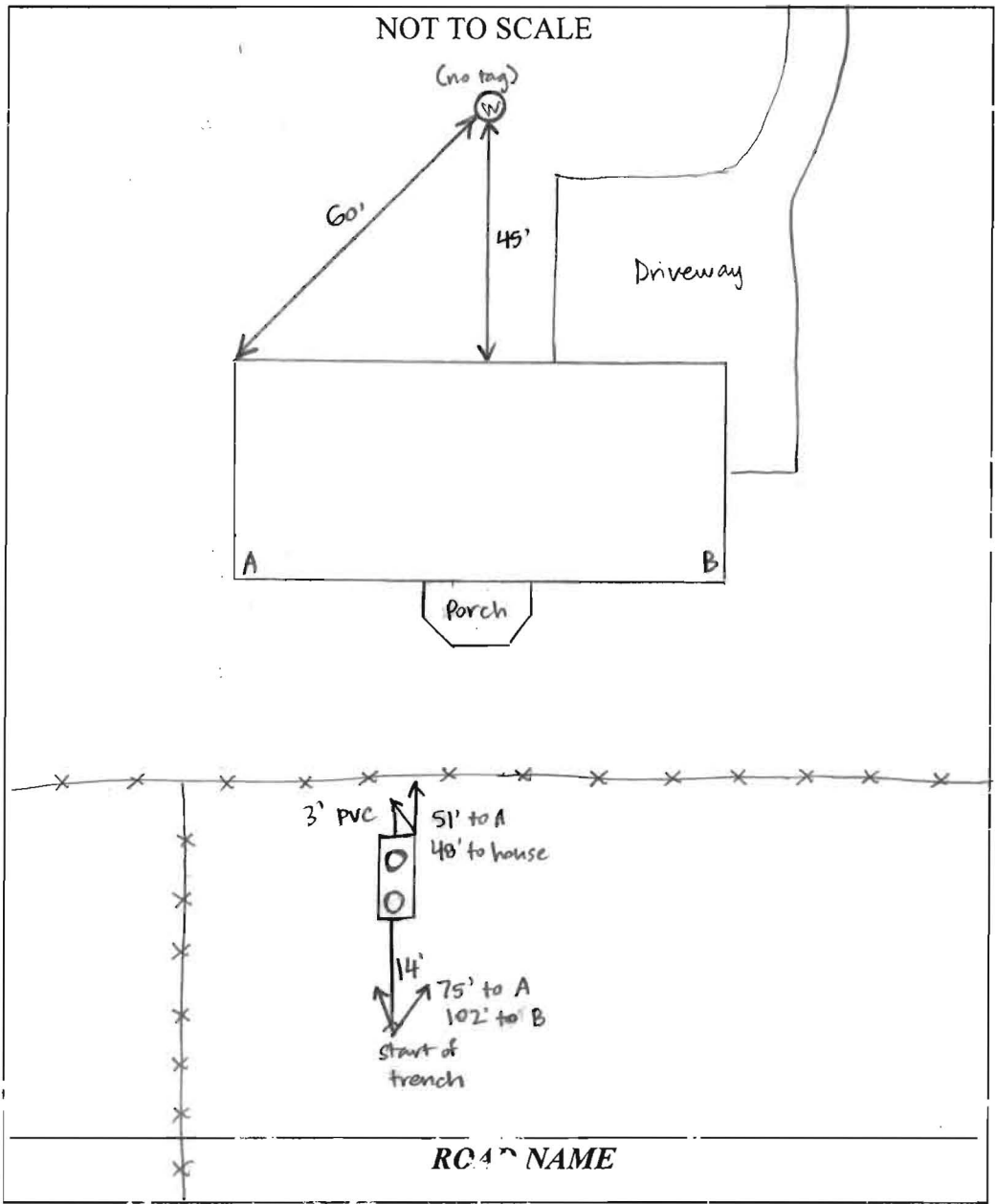
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install a 1500-gal, 2-compartment ^{stotted} tank. 6" inlet baffle, 4" outlet baffle req'd. Existing tank must be pumped + crushed.	

ISSUED BY: Sarah Collins ISSUE DATE: 8/14/18 EXPIRATION DATE: 8/14/19

- 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 _____
- 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
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 2-2.5'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC FRONT + REAR

6" PORT LOC NONE

WATERTIGHT TEST NO

SLOTTED YES

DATE ON LID 11-17-17

~~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:
 8/14/18 Met Chris from WRF + son and homeowner on site. Chris says they will put the new tank in the same location as the old tank. (SC)

INSTALLATION: 8/28/18 Old tank pumped + removed, new tank set and connected. Existing pipe is cast iron, new pipe is PVC. Drainfield is one trench, stone is dry. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 8/28/18

HOME LAND

ENVIRONMENTAL

p:443-995-5385 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com

Date: July 29, 2018 Name of Evaluator: Adam Brown Time: 12:30 PM Property Address: 650 Long Corner Road Mount Airy, MD 21771 Recent Weather Conditions: Normal		Ordered By: Julie Wheeler Buyers: Bill & Sylvia Wadsworth Homeowner Interview: The homeowner interview was requested, but not received prior to the evaluation.		Occupied: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length of Time Vacant: Unknown # of People Living in Home: N/A # of People moving in: 2 Property Age: 1980 System Age: Unknown Last Date of Cleaning: Spring of 2018 Recomm'd Pumping Freq: 3-4 Years	
Liquid level in tank is: <input type="checkbox"/> Above Normal <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Below Normal			Bottom Solids Depth: 2 Inches		
Depth of tank: 25 Inches		Type of Tank Access: Manhole Riser		Depth of tank access: At Grade	
Maintenance appears: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor			Depth to Distribution Box: Unknown		
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous high liquid level: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance to well: ~100 Feet	
Records Search: Records were requested and were received from Howard County prior to the evaluation.					
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Type of Tank		Tank Composition and Size		Type of Absorption System	
<input checked="" type="checkbox"/> Septic Tank (1 Tank)		<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic		<input checked="" type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound	
<input type="checkbox"/> Aeration System		Tank Size: 1,000 gallons		<input type="checkbox"/> Drywell (Number of:) <input type="checkbox"/> Cesspool	
<input type="checkbox"/> Other:				<input type="checkbox"/> Unknown: _____	
System Component		Condition		Comments	
Septic Tank		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		The septic tank is composed of concrete and is 1,000 gallons in capacity. Access consists of a plastic manhole riser at grade over the back of the tank. Foreign objects were observed in the septic tank. Upon arrival there was a 3.5' of liquid level in the septic tank along with 2" of solids in the septic tank. (See pic 1) During the initial inspection the septic tank was refilled to the normal operating level in preparation for a re-inspection to verify the liquid level. (See pic 2) Upon arrival for the re-inspection that tank was observed to have returned to a below normal level of 3.5', indicating the tank is leaking. The tank will need to be replaced by a licensed contractor once the proper permits are pulled. (See pic	
Absorption System		<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input checked="" type="checkbox"/> Needs Further Evaluation		The area where the absorption system is indicated to be located per the county records was probed and no abnormal moisture was observed. Approximately 320 gallons of water were introduced into the system with no signs of a back-up. The operating condition of the drainfields should be evaluated when the new septic tank is installed.	

HOME LAND

ENVIRONMENTAL

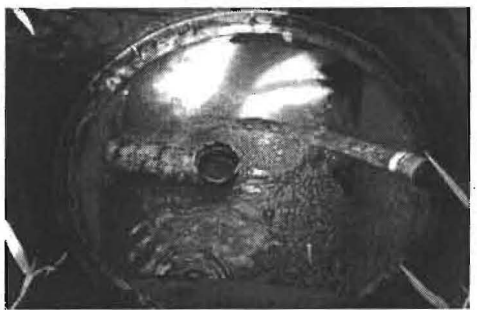
p:443-995-5385 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com



Picture 1:

Shows upon arrival for the initial inspection a low liquid level of 3.5' in the septic tank.

**** This picture was taken during the original inspection****



Picture 2:

Shows that the liquid level in the septic tank was refilled to the normal operating level during the evaluation in preparation for the re-inspection to verify the liquid level.

**** This picture was taken during the original inspection****



Picture 3:

Shows upon arrival for the re-inspection that the liquid level in the septic tank had returned to a below normal level of 3.5', indicating the tank is leaking.



Picture 4:

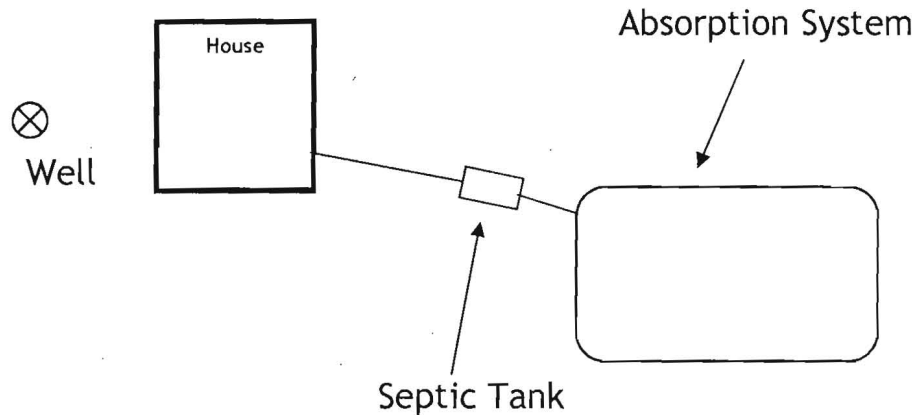
In the event of future repairs, portions or entire fence may need to be removed.

HOME LAND ENVIRONMENTAL

p:443-995-5385 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com

Sketch of System

Front of the House



DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.

Representative's Signature:	<i>Adam J. Brown</i>	Date: 7/29/2018
-----------------------------	----------------------	-----------------

9106 Philadelphia Road
Suite 108-B
Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Property Information	Customer Information
Property Address: 650 Long Corner Road Mt Airy, MD 21771 Well Tag Number: No visible well tag	Name: Home Land Environmental Phone Number: (443) 995-5385 Email: info@homelandhealthyhomes.com

Field Data		
Date & Time Sampled: 7/26/2018 12:45PM Date & Time Received: 7/27/2018 8:30AM Sampled By: Adam Brown Sampler ID: 6746AB Sample Location: First floor bathroom sink, Lead - First draw kitchen sink	pH: 5.02 (Lab) Chlorine Residual: 0.0 Clarity: Clear Sand: None Preservation: Cool, 4°C	Well Type: Drilled Well Height: 9" Cap Type: 2-piece cast iron, secure Casing: 6" metal Conduit: Rubber, broken
Water Conditioning: None		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	Present	Fail	Per/100mL	Present	1.0	KMB	7/28/2018
<i>E. Coli</i>	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	7/28/2018
Nitrate+Nitrite	EPA 353.2	6.0	Pass	mg/L	10.0	0.5	KMB	7/27/2018
Nitrate	EPA 353.2	6.0	Pass	mg/L	10.0	0.5	KMB	7/27/2018
Nitrite	EPA 353.2	ND	Pass	mg/L	1.0	0.1	KMB	7/27/2018
Turbidity	EPA 180.1	0.87	Pass	NTU	10.0	0.5	KMB	7/27/2018
Iron	H 8008	0.09	Pass	mg/L	0.3	0.05	KMB	7/27/2018
Lead	PT 1001	ND	Pass	mg/L	0.015	0.005	KMB	7/27/2018

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Report Date: 7/30/2018



Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to:

https://www.epa.gov/sites/production/files/201606/documents/npwdr_complete_table.pdf

Definitions and Acronyms

Analysist: Refers to the individual whom conducted the test.

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

Method: The type of analysis used to determine the results.

Not Detected (ND): Any level below the reporting limit.

Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

This table is for informational purposes only. See page 1 for your results

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
<i>E. coli</i>	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer



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 **-Tank Leaking**
- Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes Date pumped: _____
- No **Last pumped 6/27/2017**

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 _____

***Property Transfer**

Existing system design

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

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments: **Tank level dropped during a septic inspection by inspection company**

*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: WRF & SON Plumbing Inc Contractor's Phone: 301 829 1711
 Contractor's Address: 15 North Main St Mt Airy MD 21771
 Property Address: ***** 650 Long Corner Rd Mt Airy MD 21771 County file:
 Subdivision: NONE Lot: 2 Year Built: 1980
 Owner's Name: Michael Harris Owner's Phone: 301-703-4397
 Name of previous owners: Christopher Bawgus Existing bedrooms: 3
Shirley Rogers Proposed bedrooms: _____
 Has this request been previously discussed with a Sanitarian? (Name): _____
 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.

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration			
Account Identifier:		District - 04 Account Number - 339207							
Owner Information									
Owner Name:		HARRIS MICHAEL R HARRIS YVETTE M				Use:		RESIDENTIAL	
Mailing Address:		650 LONG CORNER RD MOUNT AIRY MD 21771-3836				Principal Residence:		YES	
						Deed Reference:		/02745/ 00461	
Location & Structure Information									
Premises Address:				650 LONG CORNER RD MT AIRY 21771-0000		Legal Description:		LOT2 3.007AR 650 LONG CORNER RD	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0001	0024	0056		0000			2	2017	
Special Tax Areas:						Town:		NONE	
						Ad Valorem:		100	
						Tax Class:			
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1980		1,512 SF				3,0000 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
1	YES	STANDARD UNIT	SIDING	2 full	1 Attached				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2017		07/01/2016		07/01/2017	
Land:		220,000		220,000					
Improvements		160,500		151,500					
Total:		380,500		371,500		380,500		371,500	
Preferential Land:		0						0	
Transfer Information									
Seller: BAWGUS CHRISTOPHER A				Date: 01/11/1993		Price: \$174,900			
Type: ARMS LENGTH IMPROVED				Deed1: /02745/ 00461		Deed2:			
Seller: ROGERS SHIRLEY J				Date: 09/10/1990		Price: \$150,000			
Type: ARMS LENGTH IMPROVED				Deed1: /02227/ 00303		Deed2:			
Seller: ROGERS ROY N				Date: 03/08/1990		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /02140/ 00606		Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2016		07/01/2017			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Homestead Application Information									
Homestead Application Status: No Application									
Homeowners' Tax Credit Application Information									
Homeowners' Tax Credit Application Status: No Application						Date:			



HOWARD COUNTY HEALTH DEPARTMENT

63974

DATE 8/16/18

PS

Received From

WATSON

PHONE #

301 829-1711

Howard County Health

- CASH
- CHECK

For Supp. K. Penn - 1050 LON

NO.

13164

10 hours of service

Dollars

\$

1051.00

Received By

[Signature]

RECEIVED
 AUG 06 2018
 HOWARD COUNTY HEALTH DEPT.
 FOOD PROTECTION PROGRAM

