

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

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

1565506

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 3514 lake way Dr Elcott city

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) 3514 lake way Dr

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS

APPLICANT James Harrison RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE CELL 4105960059 MAIL 4105960059

MAILING ADDRESS 4717 old washington Rd Sykesville MD

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)

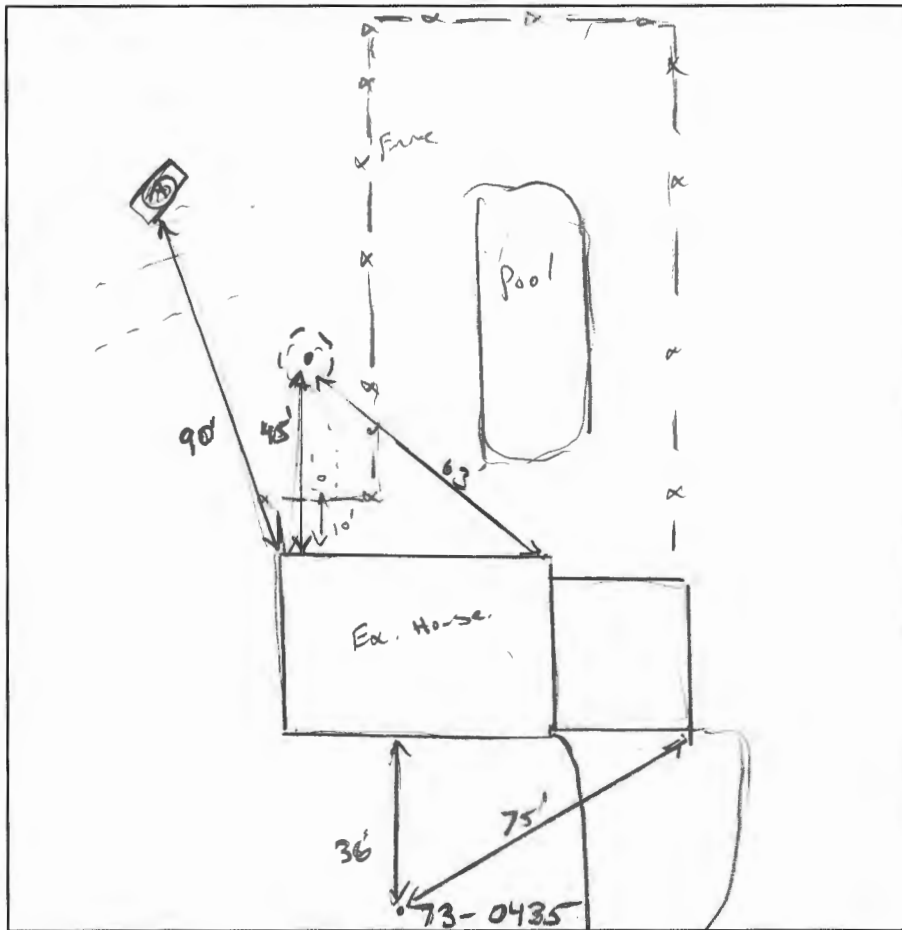
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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 5/24/19



2' A
 D-K BRN CL
 2 MRK, red
 Fossil.
 1: Br/Y CL
 CS, sticky
 1/4 ribbon
 strong S&K,
 roots
 5% rx.
 4' Rx V. in 30%
 5' 1: Br/Y sil
 MF S&K
 Fossil
 Many rca
 7' 1: Br/Y/R sil
 W&K FPL,
 Maccors.
 11'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/31/19	A	6' 11"	00:20	00:27	00:41	14	P
		4'	pulled 1/4" movement				F

REMARKS _____
 SANITARIAN K. Wolf BACKHOE Jamie Horne OTHERS 1 helper
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 0.8
 TRENCH WIDTH 3' INLET DEPTH _____ MAX. BOT DEPTH 7' EFFECTIVE SW _____

$\frac{450}{0.8} = 562 \div 3 = 188 (.62) = 116$
3x39'



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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
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: James Harrison Contractor's Phone: 410 596 0059
Contractor's Address: 4717 Old Washington Rd Sykesville MD

Property Address: 3514 Lakeview Dr. County file:

Subdivision: Lot: Year Built:

Owner's Name: Jody Horner Owner's Phone: 410 917 1100

Name of previous owners: Existing bedrooms: 3
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.

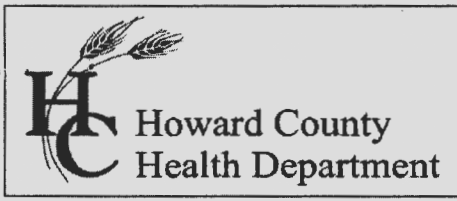
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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: 5/24/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 565506

APPROVAL DATE: 6/5/19 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 3514 Lakeway Drive

SUBDIVISION: _____ LOT: _____ TAX ID: 03-288773

CONTRACTOR: James Harrison EMAIL: _____

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

PROPERTY OWNER: Jody and Daryl Horner EMAIL: _____

OWNER ADDRESS: 3514 Lakeway Drive, Ellicott City, MD 21042 PHONE: 410-531-7518

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

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. - APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>116'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'±</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: Install 3x39ft trenches below ea Drywell. Pump/collapse existing Drywell.

ISSUED BY: K. Wolf ISSUE DATE: 5/31/19 EXPIRATION DATE: 5/31/20

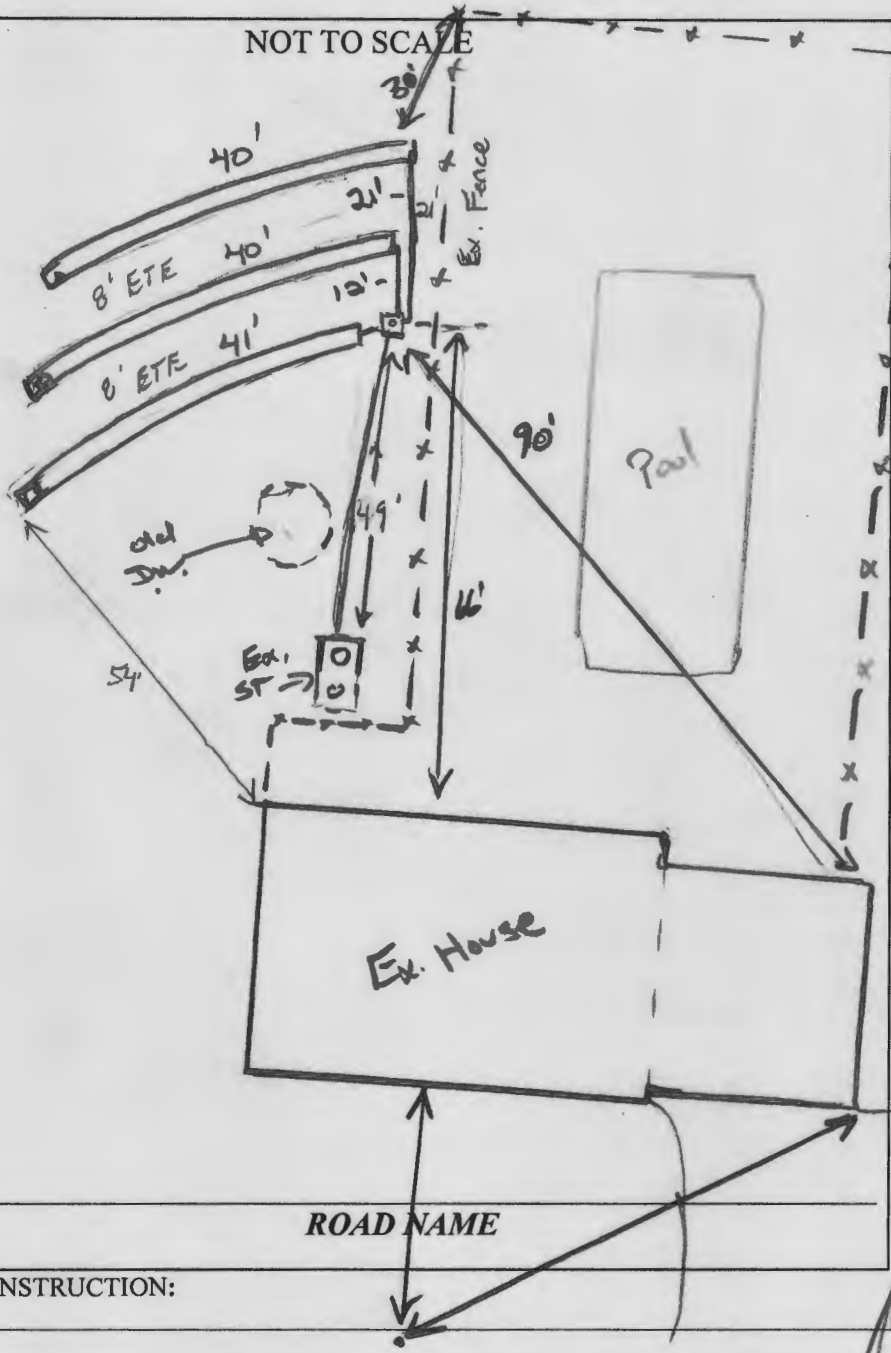
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET 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: 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.**

u

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
<u>3</u>	<u>3'</u>	<u>7'</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH		<u>120</u>
ABSORPTION AREA		<u>360'±SW</u>
DISTRIBUTION BOX LEVEL		<u>Levelers</u>
DISTRIBUTION BOX BAFFLE		<u>Yes</u>
DISTRIBUTION BOX PORT		<u>Yes</u>

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL OK
 MANUFACTURER N/A
 CAPACITY _____ GAL
 SEAM LOC mid
 TANK LID DEPTH 4'
 BAFFLES Yes (New outlet)
 BAFFLE FILTER _____
 MANHOLE LOC Rear
 6" PORT LOC Front
 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:

5/31/19 Install 3x 40' trenches below (10' or so) existing failed drywell. Pump and collapse drywell. (KW)

INSTALLATION: 6/2/19 lower trench started. some stone on side. Elevation difference of 6" on bottom trench. OK to hold 8" diffuser between both ends. (KW) 6/4/19 lower trench complete. middle trench being dug. 40' sub 40' installed to D box. OK to continue. (KW)

6/5/19 Trenches complete. D box leveled. Drywell pumped and lid collapsed (KW)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 6/5/19



HOWARD COUNTY HEALTH DEPARTMENT

65506

DATE
5/24/19

1/25

Received From

Today Day Home

PHONE #

410-531-7510

For

Per/Repair 354 Lakeway Dr

CASH

CHECK

NO.

7537

Three hundred thirty

Dollars

\$

330 | 00

Received By

Jill [Signature]