

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: 7/9/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 565544

APPROVAL DATE: 07/17/2019 **PERMIT: REPAIR** A _____

PROPERTY ADDRESS: 11209 Joan Marie Court

SUBDIVISION: _____ LOT: _____ TAX ID: 05-382807

CONTRACTOR: James Harrison EMAIL: _____

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

PROPERTY OWNER: Donna Scott EMAIL: _____

OWNER ADDRESS: 11209 Joan Marie Court, Clarksville, MD 21029 PHONE: 443-985-6815

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. — APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

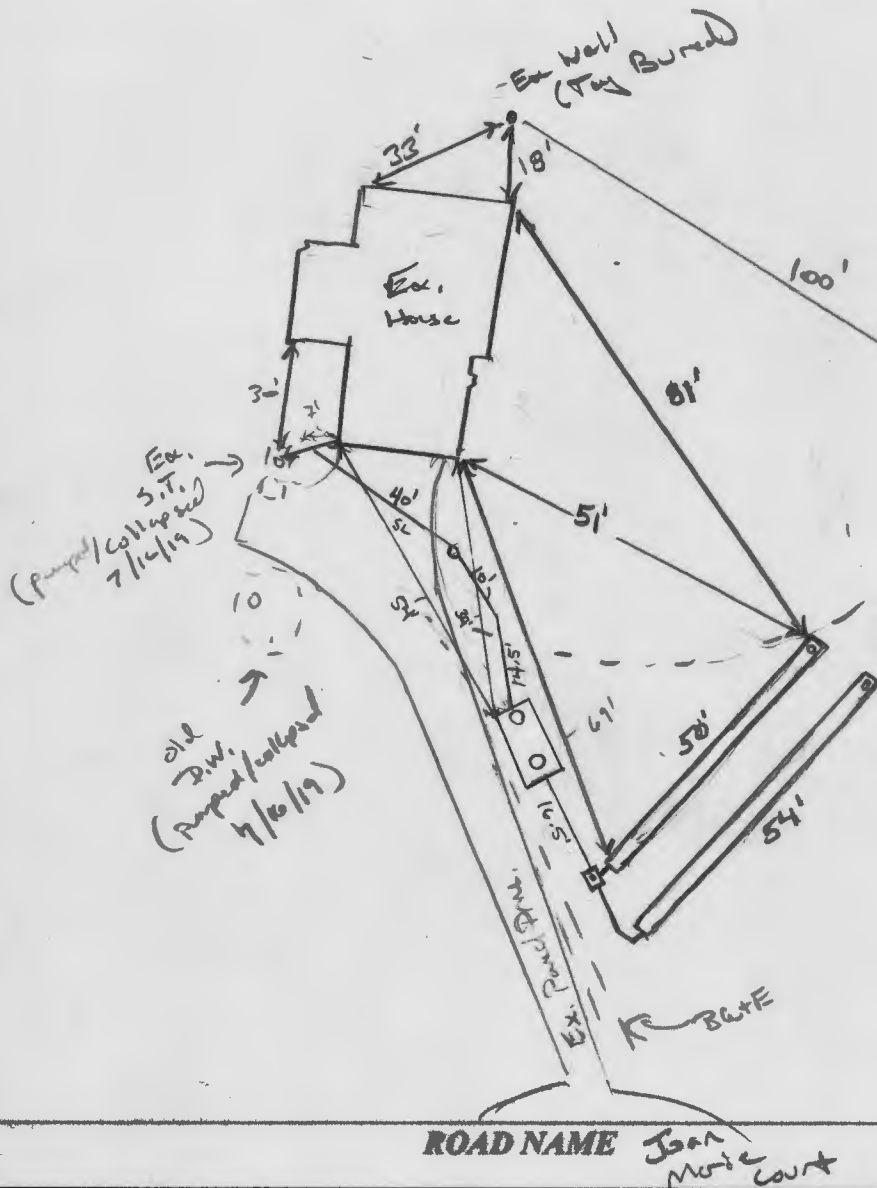
TRENCHES:	LINEAR FEET REQUIRED: <u>104</u>	INLET DEPTH: <u>2</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11 1/2</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set new Dbox @ start of upper trench. Contour shot in field @ time of perc test. Install 2x52' trenches on contour coming away from ex. drive. Keep out of well etc. pump/collection as Dr. well.	

ISSUED BY: K. Wolf ISSUE DATE: 7/11/19 EXPIRATION DATE: 7/11/20

- 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.**

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>2</u>	<u>5</u>
NUMBER OF TRENCHES		<u>2</u>
TOTAL LENGTH		<u>104</u>
ABSORPTION AREA		<u>212 sqw</u>
DISTRIBUTION BOX LEVEL		<u>Level</u>
DISTRIBUTION BOX BAFFLE		<u>Yes</u>
DISTRIBUTION BOX PORT		<u>2w</u>

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	<u>YES</u>
MANUFACTURER	<u>BABYLON</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2.5' - 2'</u>
BAFFLES	<u>YES</u>
BAFFLE FILTER	<u>NO</u>
MANHOLE LOC	<u>FRONT/BACK</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	<u>Yes</u>
DATE ON LID	<u>06/07/2019</u>
PUMP/SEPTIC TANK LEVEL	<u>N/A</u>
MANUFACTURER	<u>-</u>
CAPACITY	<u>-</u> GAL
SEAM LOC	<u>-</u>
TANK LID DEPTH	<u>-</u>
BAFFLES	<u>-</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>-</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	<u>-</u>
DATE ON LID	<u>-</u>

PRE-CONSTRUCTION:

7/11/19 Contour shot in field. Install 2 x 52' anchors on contour just beyond well area. Ex. Dugwell to be pumped collapsed. Call for inspection (KMN)

INSTALLATION:

7/15/19 (AM) SET NEW TANK LOCATION SST > 100' FROM EX WELLS AND NEIGHBOR WELL. (PM) TEMP PVC INTO EX TANK. NEW TANK WED. NEW PVC RAN UNDER DRIVEWAY. BACKFILLED W/ STONE (1)

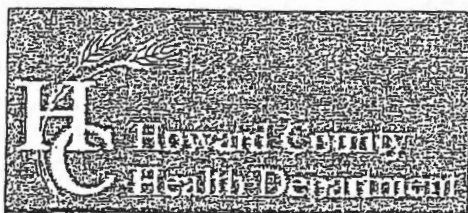
7/16/19 Trenches complete. Dbox set, leveled. OK to contour. OK to sewer heads. Ex. D.W. pumped/collapsed. (KMN) 07/17/2019, SL TIED INTO SHC. ISS. OWNERS VERBAL NOV FOR USING SEPTIC WHILE LINE IS OPEN. PUMP OVERFLOW. FOLLOW UP ON RENTERS LICENSE. OWNERS HAVE TENANTS. (S. HALL X 3262) (1)

FINAL INSPECTOR

[Handwritten Signature]

DATE OF APPROVAL

07/17/2019



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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

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

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

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: J. V. Harrison Backhoe Contractor's Phone: 410 596 8059
Contractor's Address:

Property Address: 11209 Jeanmarie Ct County file:
Subdivision: Lot: Year Built:
Owner's Name: Ron & Scott Owner's Phone: 443 985 6815

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.