



# HOWARD COUNTY HEALTH DEPARTMENT

69583

DATE  
6/28/21

PS

Received From

Hatfields Ezeip,

PHONE #

301 490-4289

For

Repair - 1443 Long Corner Rd.

CASH

CHECK

NO.

4436

One hundred sixty-five Dollars

\$ 165.00

Received By

King

*P209583*

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 observation: \_\_\_\_\_  
 No

**Existing system design**

- Drywell
- Trench
- Mound
- Unknown
- Other: \_\_\_\_\_

**Was a visual inspection of the sewage line conducted?**

Yes  
 No

**Blockage Leading to the field**

Yes      Explain \_\_\_\_\_  
 No

**Is discharge surfacing on the ground?**

Yes  
 No

**Additional Comments:**

*Perked Kevin + Joe*

\*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 Regulations.

Septic Contractor: Hotfields Equipment      Contractor's Phone: 301 490 4289

Contractor's Address: P O Box 519 Annapolis Junction 20701

Property Address: 1443 Long Corners Rd      County File: \_\_\_\_\_

Subdivision: \_\_\_\_\_      Lot: \_\_\_\_\_ Year Built: 1972

Owner's Name: Garland Beard      Existing bedrooms: 3

Name of previous owners: \_\_\_\_\_      Existing bedrooms: \_\_\_\_\_

Proposed bedrooms: \_\_\_\_\_

\*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.

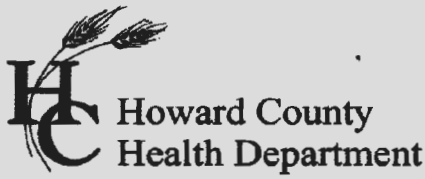
\*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.\*

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

If 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 exists.

The contractor is to notify the office of the emergency as soon as possible.



**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 6/28/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 569583

APPROVAL DATE: 07/30/21 **PERMIT:** **REPAIR** A 569519

PROPERTY ADDRESS: 1443 Long Corner Road

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: \_\_\_\_\_

CONTRACTOR: HATFIELDS EQUIPMENT EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. BOX 519, ANNAPOLIS JUNCTION, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Garland Beard EMAIL: \_\_\_\_\_

OWNER ADDRESS: 1443 Long Corner Road, Mount Airy, MD 21771 PHONE: \_\_\_\_\_

SEPTIC TANK SIZE (GALLONS): EXISTING PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. — APPLICATION RATE: \_\_\_\_\_

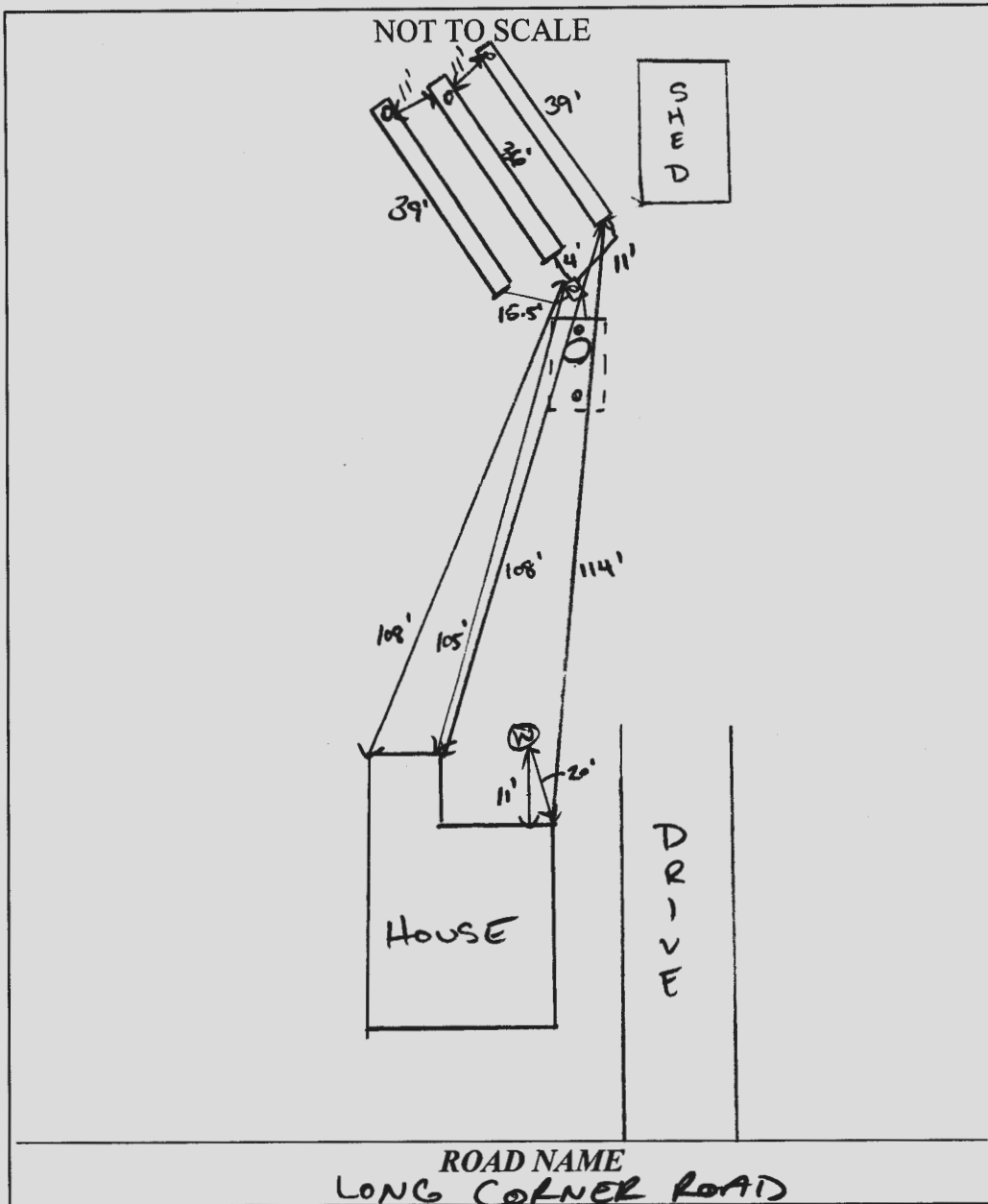
DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>105'</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	USE 1' SPEC SAND FOR SAND MOUND AT BOTTOM OF TRENCH.	

ISSUED BY: CABAHUG 001977 ISSUE DATE: 06/17/2021 EXPIRATION DATE: 06/17/2022

- 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
3'	3.5'	9'
NUMBER OF TRENCHES		3
TOTAL LENGTH		114 F
ABSORPTION AREA		342 SF + SIDE WALL
DISTRIBUTION BOX LEVEL		SPEED
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	_____
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SLOTTED	_____
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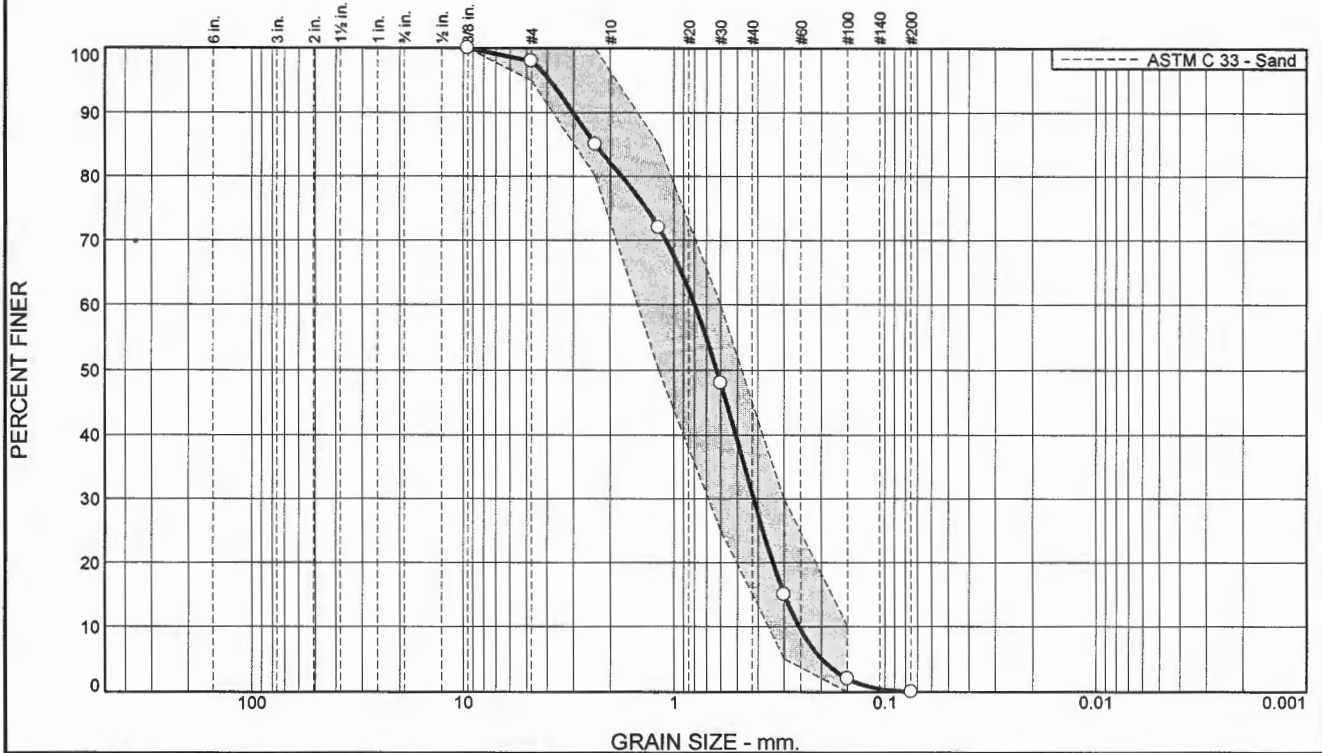
EXISTING

PRE-CONSTRUCTION: 06/17/2021 INSTALL 3 x 35' TR OFF CONTOUR W/ 1' SPEC SAND.

INSTALLATION: 07/29/2021 INSTALL LOWER TRENCH. 07/30/2021 TRENCHES COMPLETE. UPPER TRENCH BLOW OUT @ PERC. LEVELLED D BOX W/ SPEED LEVELS.

FINAL INSPECTOR [Signature] DATE OF APPROVAL 07/30/2021

# Particle Size Distribution Report



% +3"	% Gravel	% Sand		% Fines	
0.0	18.0	Coarse 51.4	Fine 30.6	Silt 0.0	Clay 0.0

SIEVE SIZE	PERCENT FINER	SPEC.* PERCENT	PASS? (X=NO)
3/8"	100.0	100.0	
#4	98.0	95.0 - 100.0	
#8	85.0	80.0 - 100.0	
#16	72.0	50.0 - 85.0	
#30	48.0	25.0 - 60.0	
#50	15.0	5.0 - 30.0	
#100	2.0	0.0 - 10.0	
#200	0.0		

**Material Description**

ASTM C33 Concrete Sand

**Atterberg Limits**  
 PL=                      LL= NV                      PI=

**Coefficients**

D <sub>90</sub> = 3.0181	D <sub>85</sub> = 2.3600	D <sub>60</sub> = 0.7977
D <sub>50</sub> = 0.6265	D <sub>30</sub> = 0.4196	D <sub>15</sub> = 0.3000
D <sub>10</sub> = 0.2556	C <sub>u</sub> = 3.12	C <sub>c</sub> = 0.86

**Classification**  
 USCS= SP                      AASHTO=

**Remarks**  
 Uniformity Coefficient=3.12 (<3.5)  
 Effective Particle Size=0.256 (0.25-0.5)  
 Fineness Modulus=2.80

\* ASTM C 33 - Sand

Source of Sample: ASTM C33 Concrete Sand to COMAR Primary Specification  
 Sample Number: July 2021                      Depth: Woodsboro

Date: July 2021

<p><b>Laurel Sand &amp; Gravel</b></p> <p><b>Laurel, MD</b></p>	<p>Client: Project:</p> <p>Project No:                      Figure</p>
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Tested By: Josh Long                      Checked By: Tom Flanagan