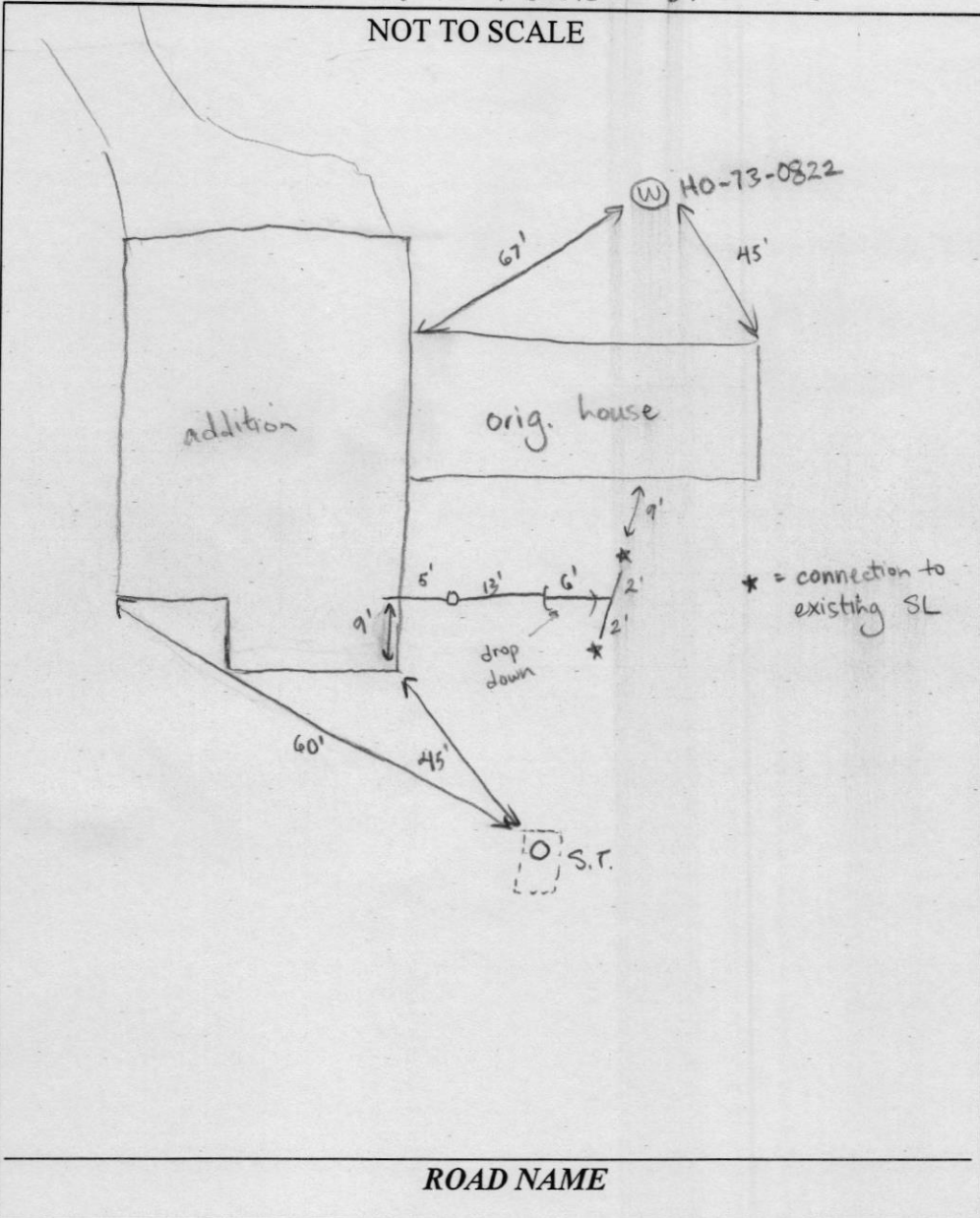


15019 Martlock Dr

N/A

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES	_____	_____
TOTAL LENGTH	_____	_____
ABSORPTION AREA	_____	_____
DISTRIBUTION BOX LEVEL	_____	_____
DISTRIBUTION BOX BAFFLE	_____	_____
DISTRIBUTION BOX PORT	_____	_____

existing 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 N/A

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: 11/30/21 line from new addition tied into existing sewer line (87)

FINAL INSPECTOR Awan Thomas DATE OF APPROVAL 12/10/21



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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:

_____ Tapped into the line for addition. We did not touch the septic system.

*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: None. Master plumber only. Contractor's Phone: 301-992-7335

Contractor's Address: 3805 Bell Road, Burtonsville, MD 20866

Property Address: 15019 Martlock Drive, Woodbine, MD 21797 County File: _____

Subdivision: _____ Lot: _____ Year Built: 1988

Owner's Name: _____ Existing bedrooms: _____

Name of previous owners: _____ Existing bedrooms: 3

_____ Proposed bedrooms: 3

*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.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

DEC 09 2021



HOWARD COUNTY HEALTH DEPARTMENT

70876

12/9/21 DATE

Received From

Hammerhead

PHONE #

301 992-1335

Contractor

For

Septic Repair
15019 Hartlock Dr

CASH

CHECK

NO.

4418

Fifty - Five

Dollars

\$

5500

Received By

A King