



Howard County
Health Department

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: 4/25/16

ONSITE SEWAGE DISPOSAL SYSTEM

P 558093

INSTALLATION

APPROVAL DATE: 4/26/16 SEC

PERMIT

A _____

MINOR REPAIR

PROPERTY ADDRESS: 14804 Carriage Mill Road

SUBDIVISION: _____

LOT: _____

TAX ID: _____

CONTRACTOR: Hatfield's Equipment

EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 21701

PHONE: 301-490-4289

PROPERTY OWNER: Patricia Aleshire

EMAIL: _____

OWNER ADDRESS: 14804 Carriage Mill Road, Woodbine, MD 21797

PHONE: _____

NUMBER OF BEDROOMS: 4 SEPTIC TANK SIZE: 1250 DRAINFIELD SIZE/TYPE: 3 trenches/ 2' x 80'

LOCATION:	
NOTES:	Call for inspection on morning when work is to begin. Remove soil over trenches to top of gravel. Install geotextile material on top of gravel. Replace soil over trenches.

ISSUED BY: Robert Bricker

ISSUE DATE: 4/25/16

EXPIRATION DATE: 4/25/17

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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.**

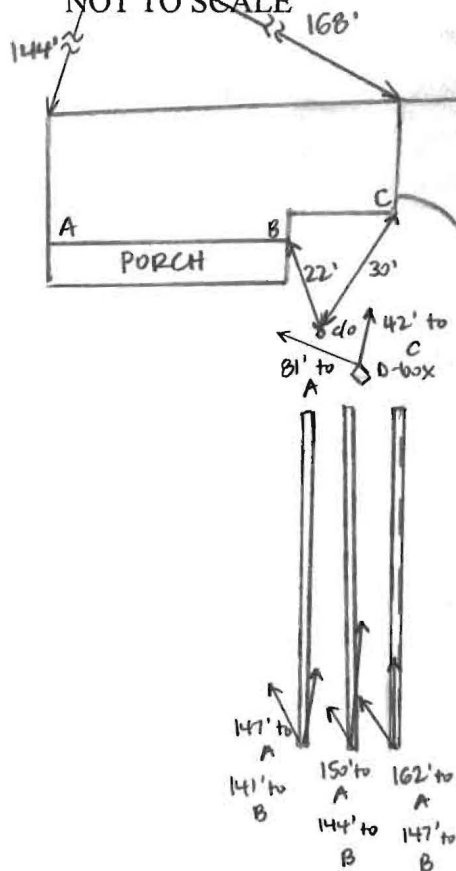
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.

(W) HO-94-2386

1" ≈ 50'

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 _____

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 _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

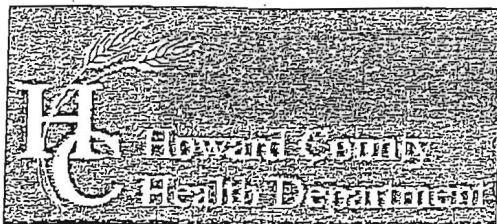
INSTALLATION: 4/26/16 Hatfield's compacting dirt over T2. Removed dirt over trench, added filter cloth, and compacting dirt in layers on top. T3 already finished. No paper found in trenches - may have initially been red resin paper that deteriorated over time. Hatfield's dug 2' below top of stone at trench ends and found no liquid. Started uncovering T1 - 5' to stone above pipe. Uncovered D-box corner. (SC) 4/26/16 T1 uncovered. Filter cloth on top. No liquid at end of T1 2' below top of stone. Hatfield's adding 2' dirt to trench before compacting to protect pipe. (SC)

FINAL INSPECTOR

Sarah Collins

DATE OF APPROVAL

4/26/16



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
- ☐ Collapsed drywell

Existing system design

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

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

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
- ☐ No

Blockage leading to the tank

- ☐ Yes. Explain: _____
- ☐ No

Blockage leading to the field

- ☐ Yes. Explain: _____
- ☐ 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: Hatfields

Contractor's Phone: 301-490-4289

Contractor's Address: 8159 Brock Bridge Rd

Property Address: 14804 Carriage Mill Rd

County file: _____

Subdivision: Woodbine, MD 21797

Lot: _____ Year Built: 1999

Owner's Name: Patricia Aleshire

Owner's Phone: _____

Name of previous owners: N/A

Existing bedrooms: 4

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.



HOWARD COUNTY HEALTH DEPARTMENT

58093

DATE 4/25/16

Received
From

PHONE #

For

☐ CASH

☒ CHECK

NO.

8132

\$

55.00

Received By

King

Dollars