



HOWARD COUNTY HEALTH DEPARTMENT

59808

DATE 10/24/16

A5

Received From

PHONE #

410-840-8706

Legacy Septic c
Excavation LLC

For

Repair / Perce - 8149 Stokoe
Dr.

☐ CASH

☒ CHECK

NO.

3928

Three Hundred Thirty

Dollars

\$

330.00

Received By

J King



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

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

RECEIPT DATE: 10/24/16

ONSITE SEWAGE DISPOSAL SYSTEM

P 559808

APPROVAL DATE: 10/31/16

PERMIT:

REPAIR

A

PROPERTY ADDRESS: 8149 Stabean Drive

SUBDIVISION: Bean Property

LOT: 4

TAX ID: 05-342724

CONTRACTOR: Legacy Contracting

EMAIL:

CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157

PHONE: 410-840-8766

PROPERTY OWNER: Stephen Wilson

EMAIL:

OWNER ADDRESS: 8149 Stabean Drive, Fulton, MD 20759

PHONE: 443-864-8580

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

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. N/A APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐

| | | |
|-----------|--|---|
| TRENCHES: | LINEAR FEET REQUIRED: <u>67'</u> | INLET DEPTH: <u>3.5' - 4.5'</u> |
| | TRENCH WIDTH: <u>2</u> | MAXIMUM BOTTOM DEPTH: <u>9'</u> |
| | MINIMUM SPACE BETWEEN TRENCHES: | EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u> |
| | | |
| LOCATION: | TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | <p>Install 2 trenches downhill in area outside of well Arc near post test (A).</p> <p>$4BR \text{ Pump} = \frac{600 \text{ gal}}{1.2 \text{ gal/ft}^2} = 500 \div 2 = 250 (1.36) = 90 \text{ LF or } 2 \times 50' \text{ trenches}$</p> | |

ISSUED BY: K. Wolf ISSUE DATE: 10/27/16 EXPIRATION DATE: 10/27/17

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 DOWNGRADE 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.

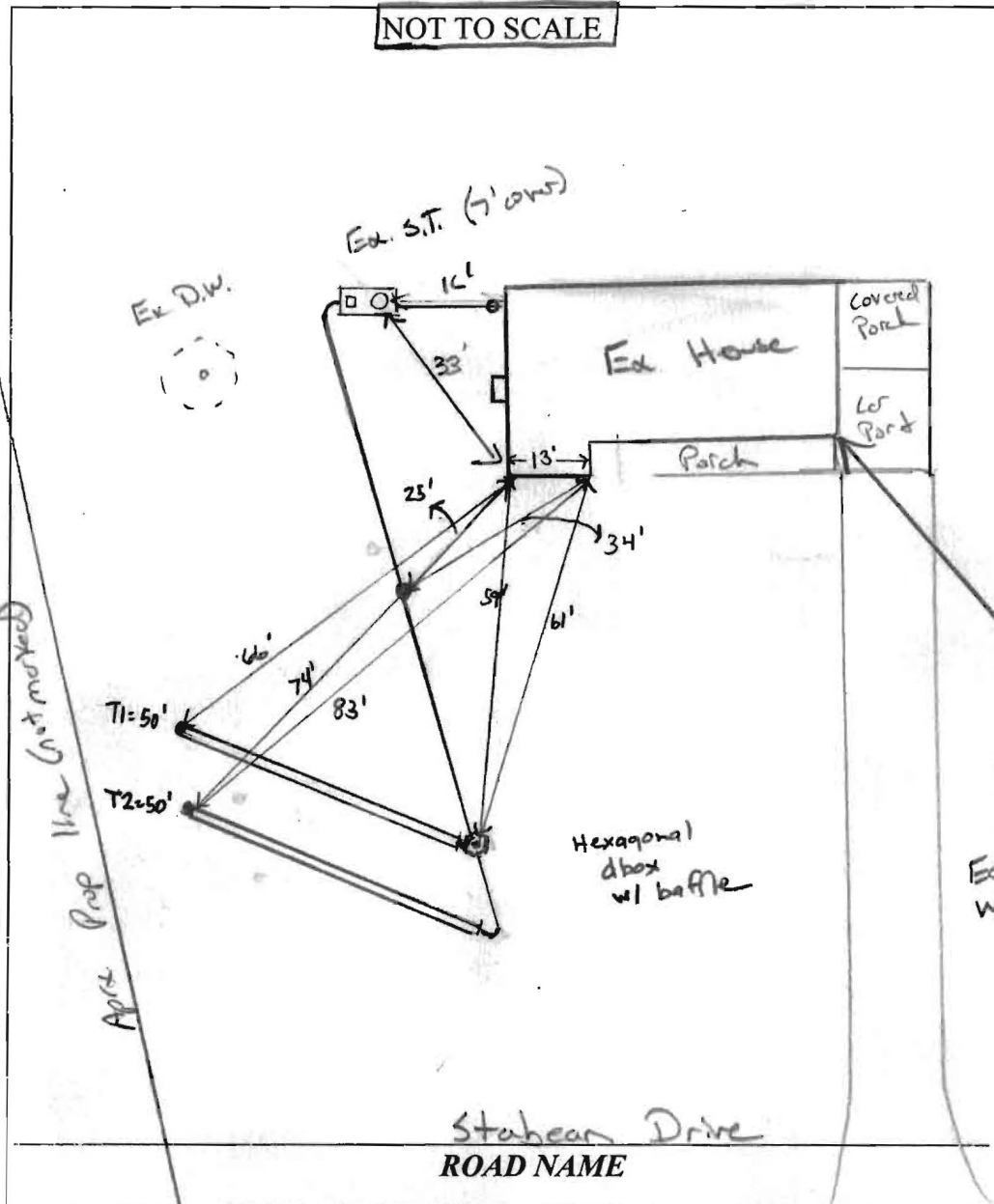
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 |
|-------------------------|-------|------------------|
| 2' | 3.5' | 9' |
| NUMBER OF TRENCHES | | 2 |
| TOTAL LENGTH | | 100' |
| ABSORPTION AREA | | 1000' + sidewalk |
| DISTRIBUTION BOX LEVEL | | yes |
| DISTRIBUTION BOX BAFFLE | | yes |
| DISTRIBUTION BOX PORT | | yes |

Ex. SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____
 MANUFACTURER NA
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH 7'
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PUMP/SEPTIC TANK LEVEL Future

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

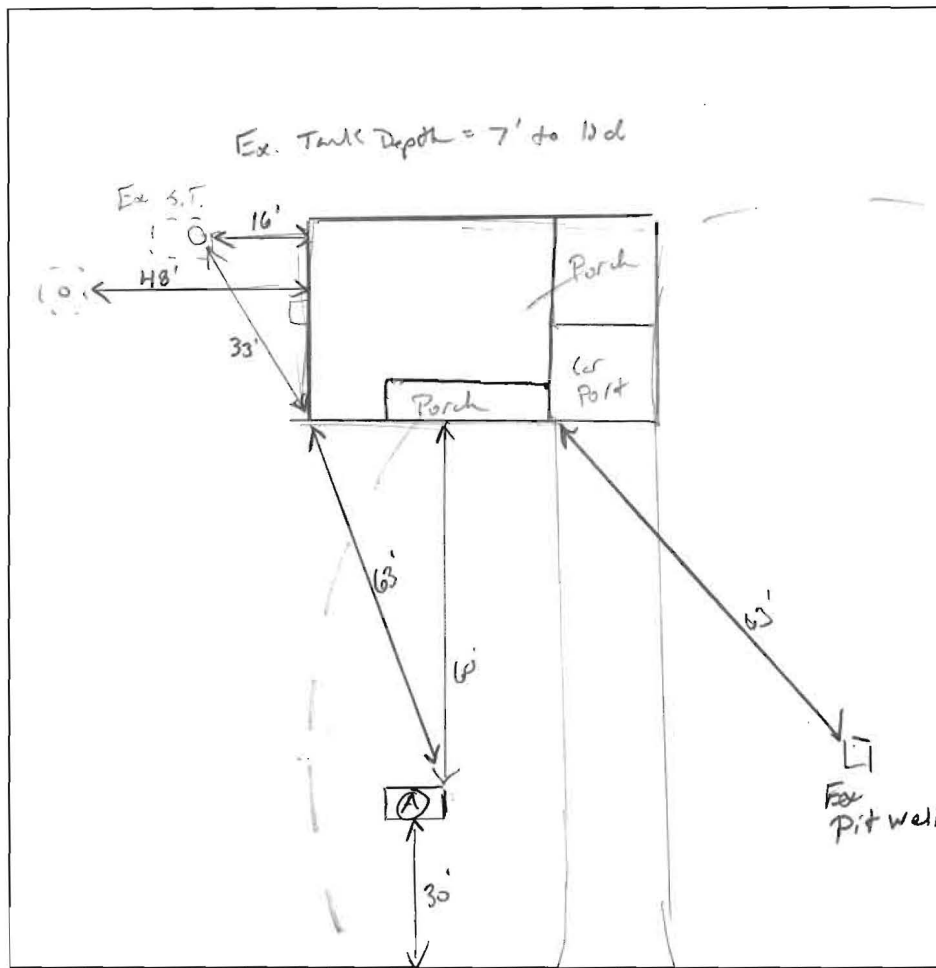
PRE-CONSTRUCTION:

10/27/16 Ex. S.T. 7' cover to lid. Shot elevations @ several locations in front part of yard. Only able to get 3.5'-4.5' inlet invert w/ 2 x 50' trenches on contour near perc test A. Ex Drywell to be pumped and collapsed. Call for inspection (PMP)

INSTALLATION: 10/28/16 - Site inspection contractor onsite, new S.T.C. made to existing septic tank which was approximately 7' below grade. Septic tank and dry well pumped out and dry well filled in and abandoned.

Contractor spent most of the day clearing the yard of trees, weeds & brush. Two new 50' trenches were shot with the transit and spray painted, trenches will be 9' apart. Approximately 70' of excavation from the tank down to the trench area had been completed but the line from the tank down to the trenches had not been installed yet. Stone onsite and looks good. (RR) 10/31/16 - site visit contractor onsite, system fully installed one trench open and the other had the ends open. dBox level w/ speed levelers in place for even distribution, riser connected to septic tank, ok to back fill. - (RR)

FINAL INSPECTOR Ryan Rappaport DATE OF APPROVAL 10/31/16



Stabean Dr

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|----------|--------|----------------|-------|------------------|-----------------|---------------------|-------|
| 10/27/16 | A | 4' / 13' | 00:48 | 00:49 | 00:51 | 2 | P |
| | | repair | 00:52 | 00:54 | 00:58 | 4 1/2 | P |
| | | 12" pipe @ 13' | | | | 5 min | P |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

REMARKS Ex. S.T. ~ 9' DeepSANITARIAN K. Wolf BACKHOE Greg Schaefer OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH 3.5'-4.5' MAX. BOT DEPTH 9' EFFECTIVE SW _____

67 LF = 3 BR

90 LF = 4 BR

Br/Rd. L
CL br-misok
roots, Filler.

3' li Br s L
Friable,
Dry, mica
wk SBK

6' Br/R/Y FSL,
Highly micaceous
wk platy,
wk spoolch
↓

13'



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 8149 STABRAN Dr. Fulton 20759
STREET TOWN ZIP

TAX ACCOUNT # 342724 TAX MAP 46 GRID 2 PARCEL 238 LOT NO. 4 PROPOSED LOT SIZE (ACRES) N/A

ZONING CATEGORY N/A TIER N/A

PROPERTY OWNER(S) Stephen Wilson

DAYTIME PHONE 443-864-8880 CELL 443-864-8575 EMAIL _____

MAILING ADDRESS 8149 STABRAN Dr. Fulton MD 20759
STREET CITY, STATE ZIP

APPLICANT Legacy Septic RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410-840-8766 CELL 301-320-4121 EMAIL _____

MAILING ADDRESS 1538 MANCHESTER RD WESTMINSTER MD 21157
STREET CITY, STATE ZIP

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 4 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

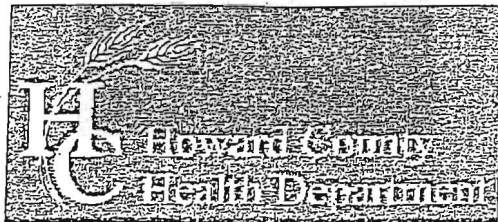
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

10-24-16



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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

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: 2 WEEK AGO
☐ No

Was a visual inspection of the septic tank and/or drain fields conducted?

- ☒ Yes Explain observations: Drywell Full
☐ 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

☐ No
Additional Comments: Backings UP INTO HOUSE

*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: _____ Contractor's Phone: _____

Contractor's Address: _____

Property Address: _____ County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: _____ Owner's Phone: _____

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.