



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 11/30/16

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 559853

INSTALLATION

APPROVAL DATE: 12/16/16

**PERMIT**

A \_\_\_\_\_

**TANK REPLACEMENT**

PROPERTY ADDRESS: 6608 Whitegate Road

SUBDIVISION: Clarksville Ridge

LOT: 14 TAX ID: 05-357322

CONTRACTOR: South Carroll Backhoe

EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157

PHONE: 410-596-3618

PROPERTY OWNER: John Minutoli

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 6608 Whitegate Road, Clarksville, MD 21029

PHONE: 410-409-0333

NUMBER OF BEDROOMS: \_\_\_\_\_ SEPTIC TANK SIZE: \_\_\_\_\_ DRAINFIELD SIZE/TYPE: \_\_\_\_\_

LOCATION:	<i>* Please note, this tank replacement does not constitute for a full septic system replacement *</i>
NOTES:	Existing metal septic tank to be collapsed. Contractor to set new septic tank in same location as exiting.

ISSUED BY: Kevin Wolf

ISSUE DATE: 11/30/16

EXPIRATION DATE: 11/30/17

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

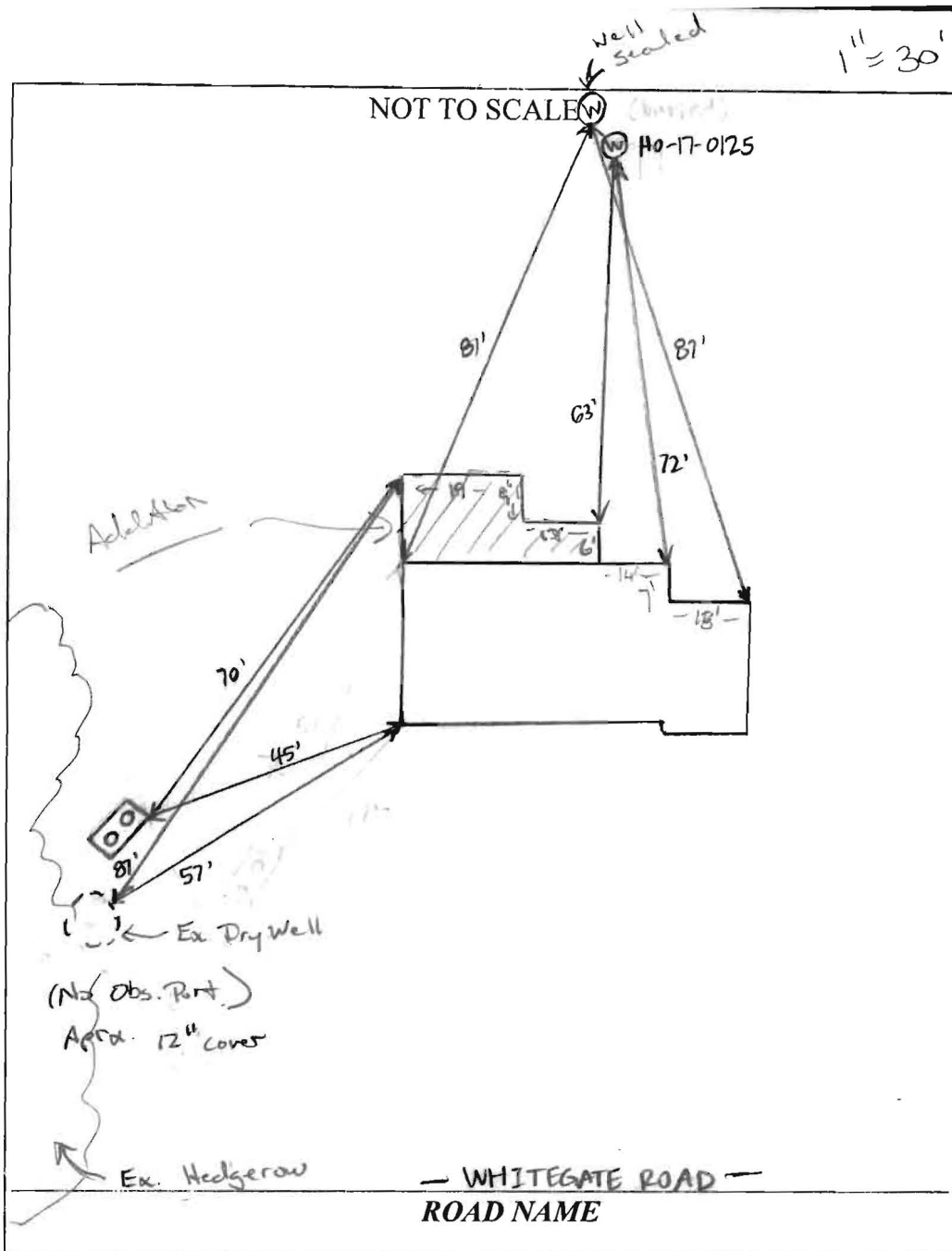
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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.**



**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 I LEVEL YES

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 3.5-4'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC FRONT + REAR

6" PORT LOC NONE

WATERTIGHT TEST NO

SLOTTED YES

DATE ON LID 10-4-16

**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: 12/16/16 on site during tank delivery. Old metal tank pumped + removed. No obvious cracks on sides or bottom of new tank, Traffic-bearing lid. Orangeburg pipe at inlet, PVC at outlet. Homeowner to bring well above grade. (SC)

4/11/17 Site visit made for repl. well. Measurements adjusted as shown. (KMU)

4/19/17 Site visit to confirm measurements. Owner previously located dry well - 1-1.5' deep, ~8' diameter lid. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 12/16/16



# HOWARD COUNTY HEALTH DEPARTMENT

59853

DATE 11/30/16

P5 / A5

Received From

South Carroll

PHONE #

410-875-4197

Backhoe Inc.

For

2 X optic permits / Repair

10608 Whitegate Rd, 12014 Katherine

Close, 12011 Katherine Close

One hundred fifty-seven Dollars

☐ CASH

☒ CHECK

NO.

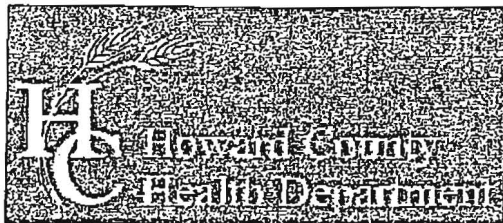
51362

\$

957.00

Received By

[Signature]



## Bureau of Environmental Health

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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

#### 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: Metal Tank
- ☐ No Refrigerator

#### 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

#### Existing system design

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

#### 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: South Carroll Backhoe Contractor's Phone: 410-825-4197

Contractor's Address: 4400 Glen Rock Rd Whitman 21157

Property Address: 6608 Whitegate Rd County file: \_\_\_\_\_

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

Owner's Name: John Minotoli Owner's Phone: 410-409-0383

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 3

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

Has this request been previously discussed with a Sanitarian? (Name): NO

Public Sewer available/nearby: NO

\*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.

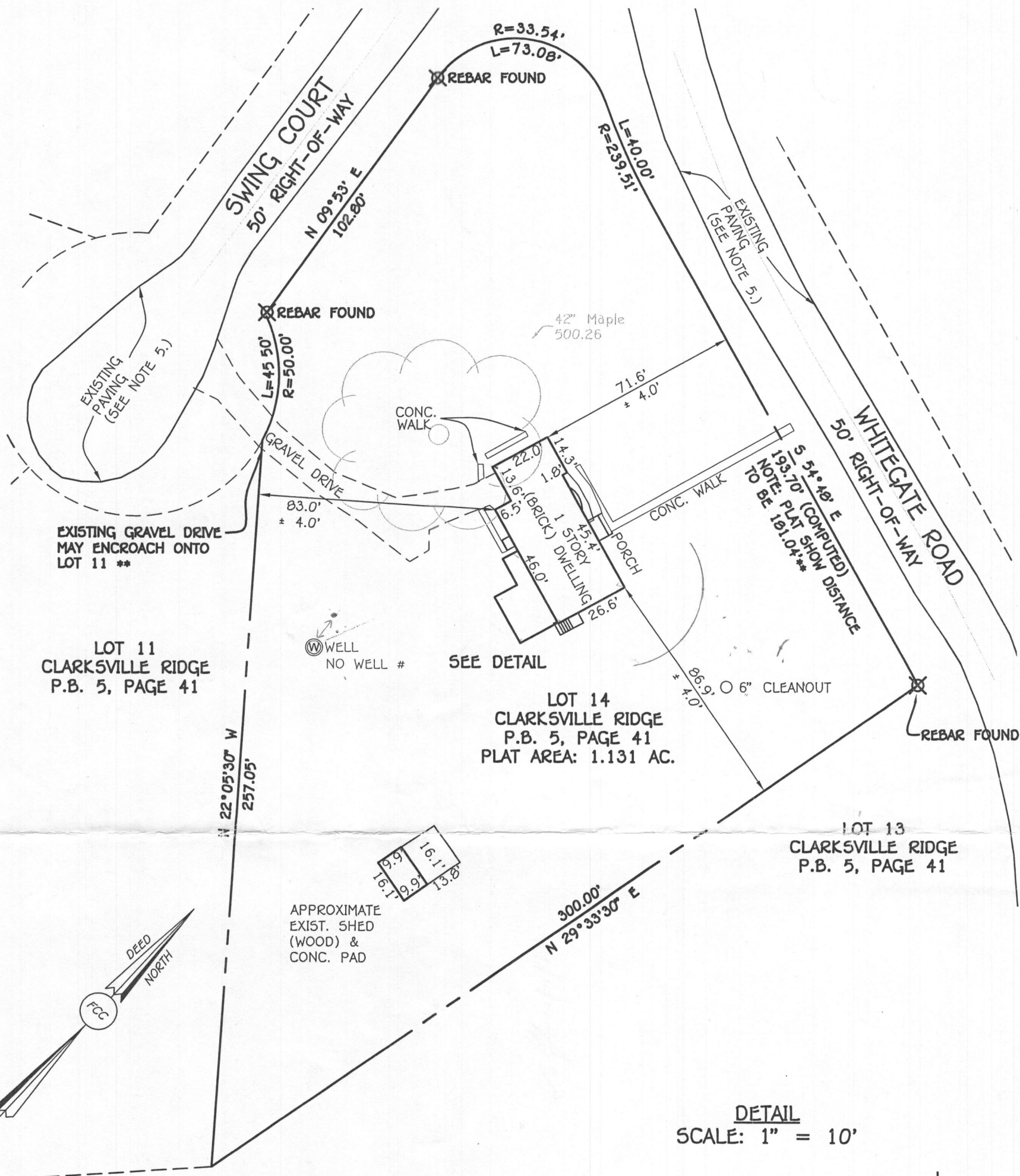
If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

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.





APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN H. Oswald DATE: 12/8/16

DESC. OF WORK: Construct  
master bath / closet addition

#6608 WHITEGATE ROAD

LOT 14  
CLARKSVILLE RIDGE  
PLAT BOOK 5, PAGE 41

Liber 15497, Folio 011  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

Drawing Name: 16027\_HL\_Lot14.dwg

HOUSE ADDITION  
EXHIBIT

DATE: 12/07/2013  
SCALE: 1" = 40'



# HOME LAND SEPTIC CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

<b>Date:</b> 8/24/2016 <b>Name of Evaluator:</b> Drew Henderson <b>Time:</b> 11:00 <b>Property Address:</b> 6608 Whitegate Road Clarksville, MD 21029 <b>Recent Weather Conditions:</b> Normal		<b>Ordered By:</b> Mike Lauriente  <b>Buyers:</b>  <b>Homeowner Interview:</b> The homeowner interview was requested but not received prior to the inspection.	<b>Occupied:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Length of Time Vacant:</b> Unknown <b># of People Living in Home:</b> N/A <b># of People moving in:</b> Unknown <b>Property Age:</b> 1955 <b>System Age:</b> Unknown <b>Last Date of Cleaning:</b> 1-2 Years Ago
<b>Liquid level in tank is:</b> <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal		<b>Bottom Solids Depth:</b> 8 Inches	
<b>Depth of tank:</b> 40 Inches		<b>Type of Tank Access:</b> Cleanout	
<b>Maintenance appears:</b> <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor		<b>Depth of tank access:</b> At Grade	
<b>Effluent Filter present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Distance to well:</b> ~140 Feet	
<b>Previous high liquid level:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Records Search:</b> Records were requested but not received from Howard County prior to the evaluation.			
<b>Were there any impermeable surfaces above the septic system (i.e. driveway)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Type of Tank</b>		<b>Type of Absorption System</b>	
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound <input type="checkbox"/> Drywell (Number of: ) <input type="checkbox"/> Cesspool <input type="checkbox"/> Unknown:	
<b>Tank Composition and Size</b> <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic <b>Tank Size:</b> 1,000 gallons			
<b>System Condition</b>		<b>Comments</b>	
<b>Septic Tank</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input checked="" type="checkbox"/> Needs Further Evaluation		The septic tank is composed of concrete and is 1,000 gallons in capacity. Access is a cleanout at grade; the tank is 40 inches below grade. The back baffle could not be verified due to the depth of the system. The back baffle should be verified at the time of the next cleaning. There are 8 inches of solids in the tank indicating fair maintenance. It is recommended that a riser to grade be installed to facilitate proper maintenance and access.	
<b>Absorption System</b> <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		During the inspection the area above the absorption system was probed and found to be dry. Approximately 160 gallons of water were introduced into the system with no sign of a backup.	



HOME LAND  
SEPTIC  
CONSULTING, LLC

p:443-995-5385 | f:443-267-0098 | info@mdwellandseptic.com | www.homelandseptic.com

## Sketch of System

*See Separate sketch of system for detailed layout.*

### DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.

Representative's Signature:	<i>Reed Henderson</i>	Date: 8/25/2016
Amount: \$450	Check Number: Credit Card	Date Paid: 8/25/2016

p:443-995-5385 | f:443-267-0098 | info@mdwellandseptic.com | www.homelandseptic.com