



HOWARD COUNTY HEALTH DEPARTMENT

61527

DATE 9/19/11

P5

Received From

Halfie's Equip.

PHONE #

301 498-1259

☐ CASH
☐ CHECK

For

Septic Repair - 14873

Stevens Valley Ct.

NO

3805

One hundred sixty-five

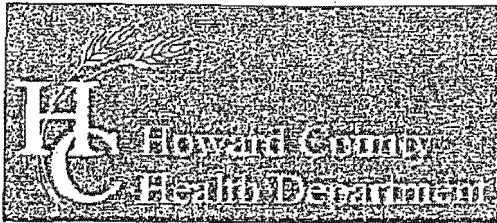
Dollars

\$

105.00

Received By

King



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
 - 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: Hotfields Equipment Contractor's Phone: 301 490 4289
Contractor's Address: P.O. Box 519 Annapolis Junction MD 20701

Property Address: 14073 Stevens Valley Ct County file: _____
Subdivision: _____ Lot: _____ Year Built: _____
Owner's Name: Warner & Nancy Camp 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.

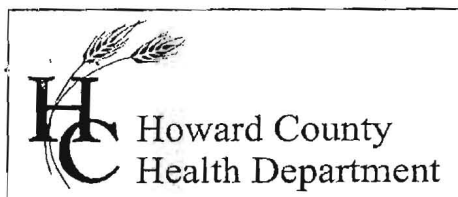
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

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.



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

RECEIPT DATE: 9/19/17 **ONSITE SEWAGE DISPOSAL SYSTEM** P 561527
APPROVAL DATE: _____ **PERMIT:** **REPAIR** A _____
PROPERTY ADDRESS: 14073 Stevens Valley Court
SUBDIVISION: Gwenlee Est. LOT: 2 TAX ID: 04-314840
CONTRACTOR: Hatfield's Equipment EMAIL: khatfield@hatfieldsequipment.com
CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction, MD 20701 PHONE: 410-984-0047
PROPERTY OWNER: Nancy Camp EMAIL: _____
OWNER ADDRESS: Same as above PHONE: _____

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: n/a
NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 0.8
DISTRIBUTION SYSTEM: GRAVITY FED ☐ LOW PRESSURE DOSED ☐

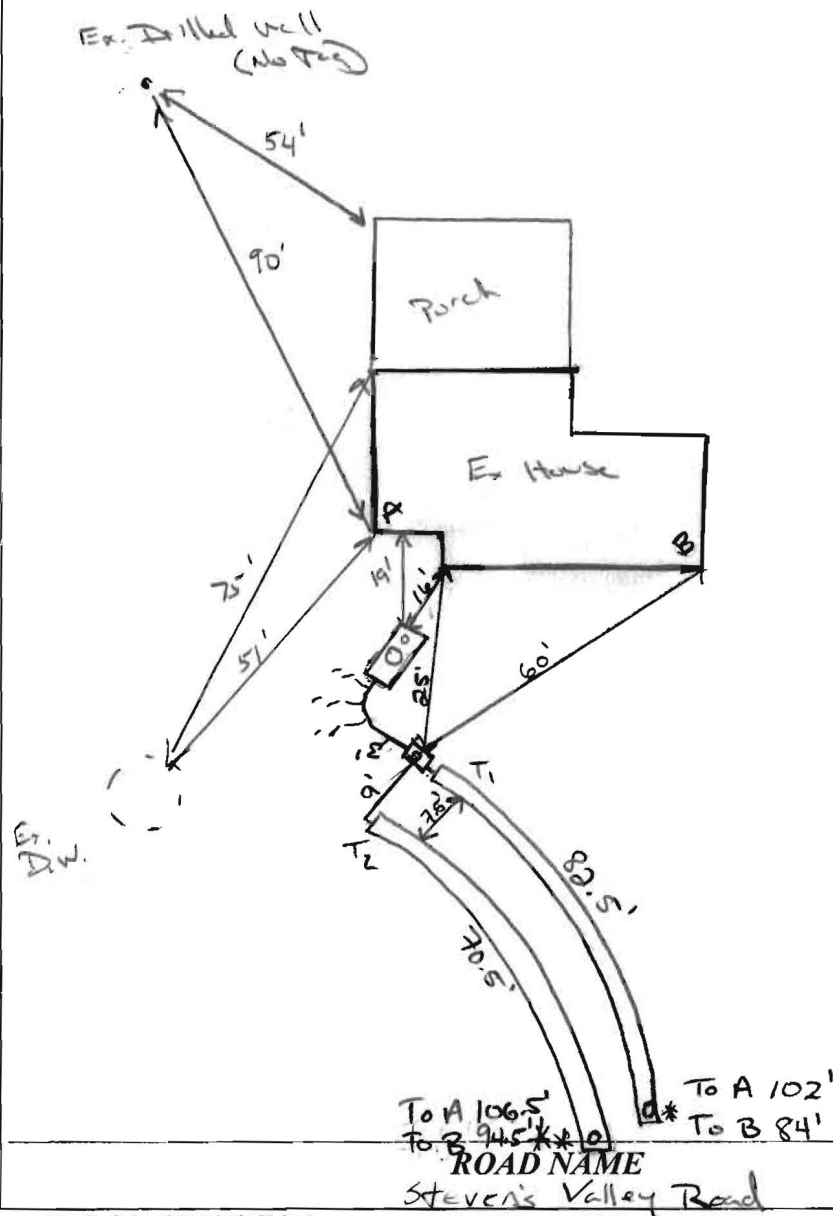
TRENCHES:	LINEAR FEET REQUIRED: <u>150</u>	INLET DEPTH: <u>3.5</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new distribution box just below existing s.t. Run 2 x 75' trenches across front yard on contour as painted out in field. Pump and collapse ex. drywell.	

ISSUED BY: K. Wolf ISSUE DATE: 9/19/2017 EXPIRATION DATE: 9/19/2018

- 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 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

3' 4' 8'

NUMBER OF TRENCHES 2

TOTAL LENGTH 153'

ABSORPTION AREA 459 sq ft + Side wall

DISTRIBUTION BOX LEVEL Yes

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Existing

MANUFACTURER N/A

CAPACITY 1250? GAL

SEAM LOC mid

TANK LID DEPTH 16"

BAFFLES Yes

BAFFLE FILTER

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST OK

SLOTTED no

DATE ON LID N/A

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:

9/13/17 Spot excavations. Install 2 x 75' trenches below ex. s.t. Pump / collapse ex. Dry well. Call for inspection. (KMM)

INSTALLATION: 9/25/2017 On Site Trench 1 complete, Trench 2 half constructed. PM Both Trenches complete. OK to backfill. Checked Speed level @ D.Box. OK. Need to Abandon Existing Drywell. @ 09/26/2017 Trenches Backfilled. Existing Drywell Abandoned. @

FINAL INSPECTOR

Joseph Calabrese

DATE OF APPROVAL 09/26/2017

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

Site Photographic Record

Exhibit:	Existing Dry Well Abandonment
Address:	14073 Stevens Valley Court
Subdivision:	N/A
Date & Time:	09/26/2017



Notes:

Abandoned 09/26/2017

Photographed by Jeff from Hatfields

Photo Author: Hatfields - Jeff

cc: File