



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

RECEIPT DATE: 5/13/2014

ONSITE SEWAGE DISPOSAL SYSTEM

P 546360

INSTALLATION

APPROVAL

DATE: _____

PERMIT

A Repair

REPAIR

PROPERTY ADDRESS: 2811 Saddlebred Court

SUBDIVISION: Glenwood Springs

LOT: 8

TAX ID: 04-346505

CONTRACTOR: Hatfields Equipment

EMAIL: _____

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701

PHONE: 301-429-4289

PROPERTY OWNER: Orlando and Deborah Dorcal

EMAIL: _____

OWNER ADDRESS: 2811 Saddlebred Court, Glenwood, MD 21738

PHONE: 301-674-1385

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): N/a (future)

STATIC HEAD (FEET): N/a

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. N/a

APPLICATION

RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>210' (165' Required)</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>6'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	<u>2x 105' Trenches</u>	
NOTES:		

ISSUED BY: _____

ISSUE DATE: 5/13/14

EXPIRATION DATE: 5/13/15

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

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

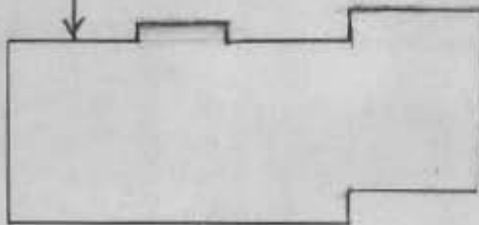
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

H0-81-2693

NOT TO SCALE

62'



SYSTEM NOT
INSTALLED

ROAD NAME

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 Yes

MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC Midseam
TANK LID DEPTH 1.5-2'
BAFFLES Front
BAFFLE FILTER No
MANHOLE LOC Middle
6" PORT LOC Front
WATERTIGHT TEST No
SLOTTED No
DATE ON LID N/A

~~PUMP/SEPTIC TANK LEVEL N/A~~

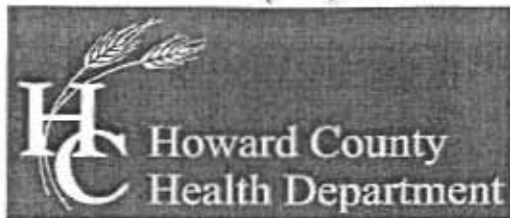
~~MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____~~

PRE-CONSTRUCTION:

6/5/2014 Trench locations marked, (BB)

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____



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: N/A
- ☐ No

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

- ☒ Yes Explain observations: Web sewage to surface
- ☐ 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: Hoffield Equipment Contractor's Phone: 410 994-6047
Contractor's Address: PO Box 519 Templeton MD 20708

Property Address: 2811 Saddlebred Ct County file: _____
Subdivision: Glenwood Springs Lot: _____ Year Built: 1989
Owner's Name: Orlando Acosta Owner's Phone: 301-674-1385

Name of previous owners: _____ Existing bedrooms: 4
Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): N/A
Public Sewer available/nearby: N/A

*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.