



HOWARD COUNTY HEALTH DEPARTMENT

62994

DATE
5/9/18

NPS

Received
From

Smith Carroll

PHONE #

410-875-4191

Backhoe Inc.

For

Septic Permit (3) 13805 Mill

Creek Ct, 12420 Hill Crest,

St. 1 Kayladene Lane / Per Permit 2523

one Howard Co. funded cylinder St. 55 = 112 Rd.

Dollars

☐ CASH

☒ CHECK

NO.

53104

\$

158100

Received By

A 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

Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 5/9/2018

ONSITE SEWAGE DISPOSAL SYSTEM

P 562994-a

APPROVAL DATE: 7/17/18

PERMIT: REPAIR

A

PROPERTY ADDRESS: 12523 Scaggsville Road

SUBDIVISION: _____

LOT: _____

TAX ID: _____

CONTRACTOR: South Carroll Backhoe

EMAIL: skbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster MD

PHONE: 410-595-3618

CONTRACTOR CERTIFIED FOR BAT INSTALLATION. ☒ MDE ☒ MANUFACTURER:

PROPERTY OWNER: Wagar Bhatti

EMAIL: wagarbhatti2@gmail.com

OWNER ADDRESS: 12523 Scaggsville Road

PHONE: _____

SEPTIC TANK SIZE: 1500G

PUMP SIZE: N/A

PUMP TANK CAPACITY: N/A

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED

BEDROOMS: 5

APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>112' 118' (K)</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>10' 11' (K)</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2x57ft trenches above perc test A. Set new septic tank outside of 100ft well arc, 20ft from ex. house foundation. Stay 5ft removed from existing gas and electric lines which run directly up the middle part of the property from Scaggsville Road. <i>*Property owner mentioned a GBR Design. Specs for a GBR Design 118LF Inlet 4' Bottom 11' (K)</i>	

ISSUED BY: Kevin Wolf

ISSUE DATE: 6/5/2018

EXPIRATION DATE: 6/5/2019

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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

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.

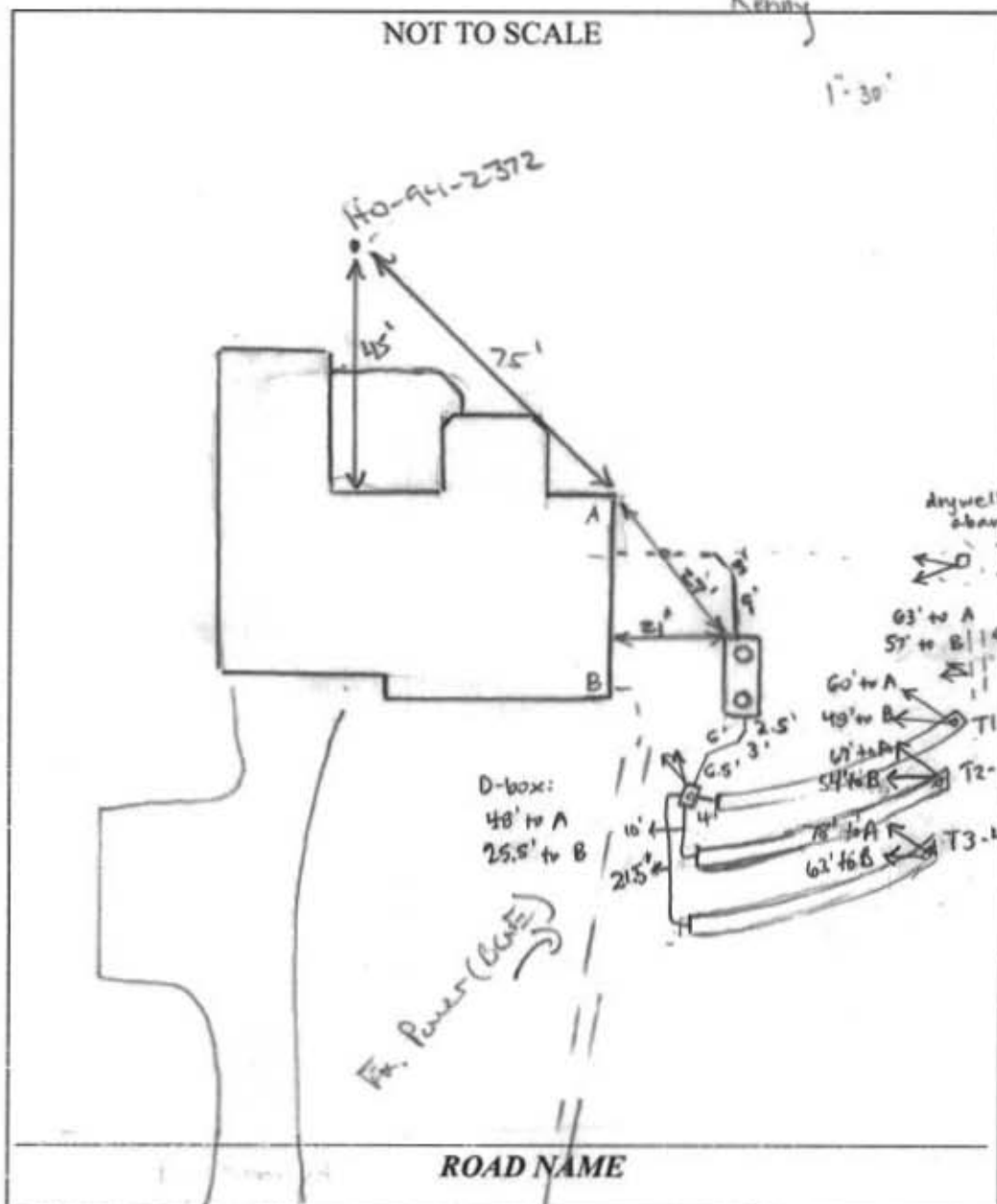
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

Kenny

1" = 30'



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 Baby/ea
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 2'
 BAFFLES Front / Rear
 BAFFLE FILTER 16/A
 MANHOLE LOC Front / Rear
 6" PORT LOC None
 WATERTIGHT TEST -
 SLOTTED Yes
 DATE ON LID 5-21-18

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:

6/5/18 old black tank to be replaced. New 1500g S.T. to be set 20' from house outside 110' well oc. Install 2x 51' trench on contour running across property front yard. Call for inspection (RM)

INSTALLATION: 7/11/18 New 2000g S.T. set. No trenches started. 1 load stone on site. (Kenny) 7/16/18 S. Carroll digging T1, using trench to check depths. 2' wide

11' depth. Found existing trench ~ 48' into T1. Stop T1 ~ 30', add 2x 40' trenches below, keeping off gas/electric lines and ex. trench. (SC) 7/19/18 - Site inspection contractor onsite, finishing installation of last trench T3. Inlet @ 4', trench bottom 11' Stone looks good, geotextile fabric in place. D-box set level and levelers inside d-box set properly for even effluent distribution. The old septic tank was crushed and filled all liquid pumped out of tank and drywell. Contractor to crush & fill in drywell. OK to continue. (RM)

FINAL INSPECTOR

Ryan Reppert

DATE OF APPROVAL

7/19/18



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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: 5-2-18
- ☐ No

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

- ☒ Yes Explain observations: Tank cesspool
- ☐ 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: South Carroll Baskin Contractor's Phone: 410-596-3618

Contractor's Address: 4410 Spinn Bottom Rd West, MD 21157

Property Address: 12523 Scaggville Rd County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Wagar Bhatti Owner's Phone: 443-848-2025

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1562994

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 12523 Scaggsville Rd Highland 20777
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Udgar Bhatti

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 12523 Scaggsville Rd Highland 20777
STREET CITY, STATE ZIP

APPLICANT South Carroll Backhoe RELATIONSHIP TO OWNER: _____

DAYTIME PHONE _____ CELL 410-596-3618 EMAIL _____

MAILING ADDRESS 4410 Salem Bottom Rd Westminster 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 _____ 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:

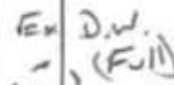
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE 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



21

56

7

9²

10.

REMARKS

TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 10 EFFECTIVE SW 6

$$SAR = \frac{750,000}{1.2 \text{ yd/ft}^2} = 625 \div 2 = 312 (.36) = \underline{112} \quad (2 \times 5)$$