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: 10/16/201 8

ONSITE SEWAGE DISPOSAL SYSTEM

P 564031

APPROVAL DATE: _____

PERMIT: REPAIR

A Repair

PROPERTY ADDRESS: **8447 Rolling Ridge Court**

SUBDIVISION: **Eugene Seybold Subdivision** LOT: **3** TAX ID: **02-241072**

CONTRACTOR: **Freedom Septic** EMAIL: Kristin@freedomseptic.com

CONTRACTOR ADDRESS: **2809 Liberty Rd, Sykesville, MD 21784** PHONE: **410-795-2947**

PROPERTY OWNER: **Ehab Shalaby** EMAIL: **eshalaby@gmail.com**

OWNER ADDRESS: **10925 Sasha Blvd, Hagerstown, MD 21742** PHONE: **410-442-2882**

SEPTIC TANK SIZE: **Existing** PUMP TANK CAPACITY: **1250g** PUMP SIZE: **1/3 HP**

*1000 gallon pump tank may be used in place of 1250 gallon

DISTRIBUTION SYSTEM: ☐ GRAVITY ☒ PRESSURE DOSED BEDROOMS: **3** APPLICATION RATE: **n/a**

TRENCHES:	LINEAR FEET REQUIRED: **n/a**	INLET DEPTH: **n/a**
	TRENCH WIDTH: **n/a**	MAXIMUM BOTTOM DEPTH:
	MINIMUM SPACE BETWEEN TRENCHES:	EFFECTIVE AREA BEGINNING DEPTH:
LOCATION:	**TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**	
NOTES:	Install new pump tank down-grade of existing septic tank. Keep 20ft from existing house and 100ft from neighbors well. Pump and collapse existing drywell. Run new 2" force main from pump tank to new distribution box. Connect new plumbing into existing trenches installed/approved back in 2003. **Electrical permit must be pulled**.	

ISSUED BY: **K. Wolf** ISSUE DATE: **10/24/2018** EXPIRATION DATE: **10/24/2019**

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 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 1900051

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 ACKOWLEDGE 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 GUIADNCE.**

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

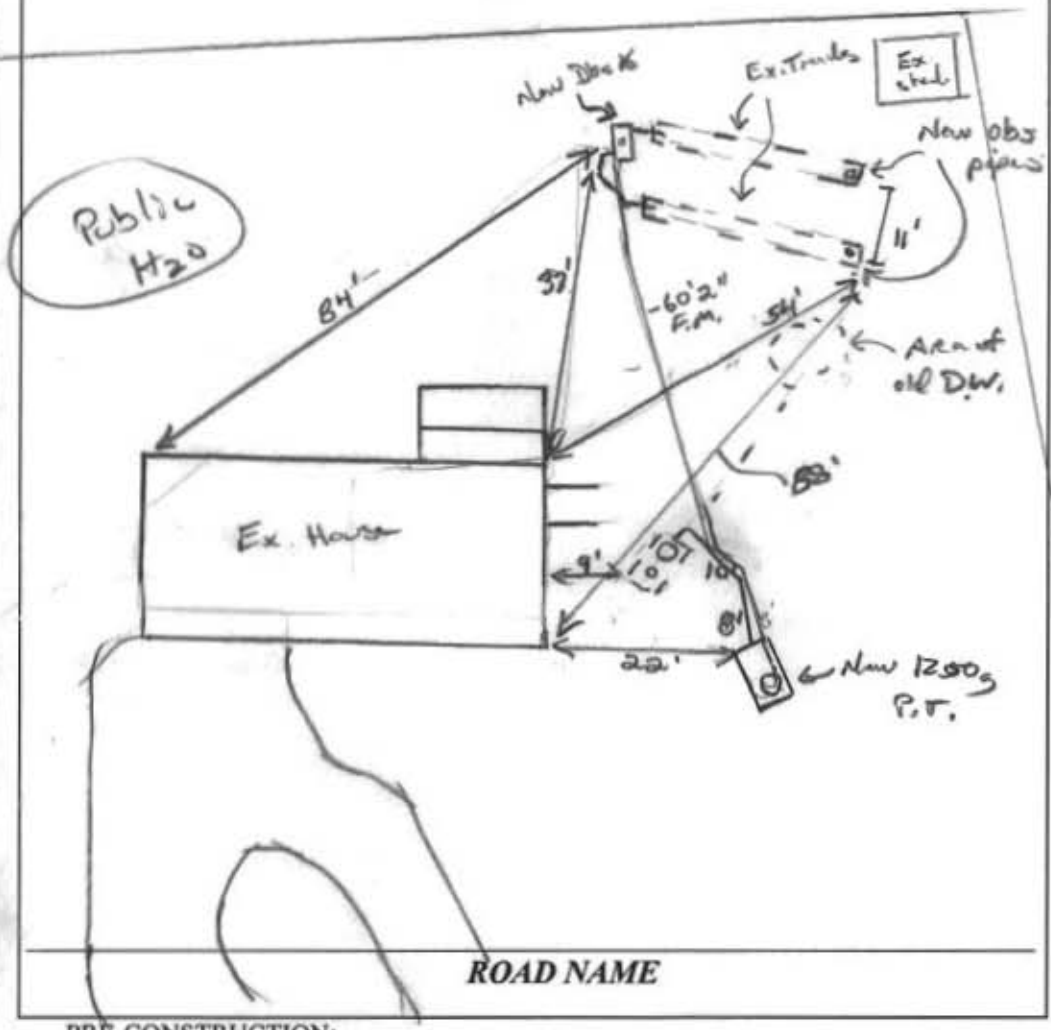
NOTE: **MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA**

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



ROAD NAME

(Existing) TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2	4	9.5

NUMBER OF TRENCHES 2
TOTAL LENGTH ≈ 62'
ABSORPTION AREA
DISTRIBUTION BOX LEVEL Yes
DISTRIBUTION BOX BAFFLE 90° bend
DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes
MANUFACTURER N/A
CAPACITY 1000 g GAL
SEAM LOC Mid
TANK LID DEPTH 12"
BAFFLES Yes (new inlet)
BAFFLE FILTER —
MANHOLE LOC Rear
6" PORT LOC Front
WATERTIGHT TEST OK
SLOTTED no
DATE ON LID N/A

PUMP/SEPTIC TANK LEVEL Yes
MANUFACTURER Babylon
CAPACITY 1250 GAL
SEAM LOC Top
TANK LID DEPTH 12"
BAFFLES Front
BAFFLE FILTER no
MANHOLE LOC Rear
6" PORT LOC none
WATERTIGHT TEST —
SLOTTED no
DATE ON LID 10-1-18

PRE-CONSTRUCTION:
10/24/18 set new 1250g Pumptank down-grade of ex. Septic Tank. Run F.M. (2") up to new Dbox (location in front of ex. top trenches).

INSTALLATION: 11/2/18 New 1250g P.T. set, stayed on site while new Dbox was set, re-connected to ex. trenches, 2" F.M. connected. Pump and electrical not set. OK to cover all work. Need P/A test for final approval (KMW)
11/30/18 Pump test conducted, 1/2 hp gould, installed vertical pumping to Dbox. Alarm not working. Junction box to be re-located outside of pump tank. (KMW) 12/4/18 Site visit made. Junction box not re-located. Last (KMW) 12/20/2018. CTRL PANEL RELOCATED OUTSIDE OF RISER. Alarm WORKS. @ 1/4/2019 EPERMIT OPENED.

FINAL INSPECTOR _____ DATE OF APPROVAL 01/08/2019

NOV
ASSO. W/
REPAIR
P564051

Freedom Septic Service, Inc.
2809 Liberty Rd.
Sykesville, MD 21784
410-795-2947

January 2, 2019

RE: 8447 Rolling Ridge Ct., Ellicott City, MD 21043

To Whom It May Concern,

Freedom Septic Service, Inc. completed the following scope of work at the above referenced address:

Permit and evaluation of system on-site
Install pump chamber, per county requirements
Install line to drainfields
Backfill and rough grade
Seed & straw
Final Inspection – pump and alarm inspection

The system is operating properly and all work has been approved by Howard County Health Department.

Thank you,

Kristin Farrow

Kristin Farrow

Howard County Health Department

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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: _____
- ☐ 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: Freedom Septic Contractor's Phone: 410-934-6843
Contractor's Address: 3809 Liberty Rd Sykesville, MD 21784

Property Address: 8447 Rolling Ridge Ct. County file: _____
Subdivision: Eugene Seybold Sub Lot: 3 Year Built: 1973
Owner's Name: Ehab Shalaby Owner's Phone: 443-610-5814

Name of previous owners: _____ Existing bedrooms: 3
_____ Proposed bedrooms: 3

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

A564031

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Eugene Seybold Sub RSB.

PROPERTY ADDRESS 8441 Rolling Ridge Ct. Ellicott City 21043
STREET TOWN ZIP

TAX ACCOUNT # 341072 TAX MAP 18 GRID 7 PARCEL 330 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 40,94654

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Ehab M. Shalaby

DAYTIME PHONE _____ CELL 443-410-5017 EMAIL _____

MAILING ADDRESS 8441 Rolling Ridge Ct Ellicott City 21043
STREET CITY, STATE ZIP

APPLICANT Freedom Septic Inc. RELATIONSHIP TO OWNER: Contractors.

DAYTIME PHONE 410.795.2971 CELL 410.934.0663 EMAIL _____

MAILING ADDRESS 2809 Liberty Rd Sykesville MD 21784
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.

Barry J. True 10/16/18

SIGNATURE OF APPLICANT DATE

JW 10/29/15

Real Property Data Search

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration

Tax Exempt:		**Special Tax Recapture:**	
Exempt Class:		NONE	
Account Identifier:	**District - 02 Account Number - 241072**		

Owner Information

Owner Name:	SHALABY EHAB M	**Use:**	RESIDENTIAL
		Principal Residence:	NO
Mailing Address:	10925 SASHA BLVD HAGERSTOWN MD 21742-	**Deed Reference:**	/10822/ 00229

Location & Structure Information

Premises Address:	8447 ROLLING RIDGE CT ELLICOTT CITY 21043-1932	**Legal Description:**	LOT 3 .945 A 8447 ROLLING RIDGE CT EUGENE SEYBOLD SUB RSB

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	16093
0018	0007	0320		9001			3	2019	Plat Ref:	

Special Tax Areas:		**Town:**	NONE
		Ad Valorem:	104
		Tax Class:	

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1973	1,266 SF	600 SF	40,946 SF	

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
Split Foyer	YES	SPLIT FOYER	FRAME	2 full/ 1 half	1Att/1Det	

Value Information

	Base Value	Value As of 01/01/2016	Phase-In Assessments As of 07/01/2018	As of 07/01/2019
Land:	174,800	174,800		
Improvements	187,700	187,700		
Total:	362,500	362,500	362,500	
Preferential Land:	0			

Transfer Information

Seller: QUESENBERRY RICHARD L	**Date:** 08/02/2007	**Price:** $440,000
Type: ARMS LENGTH IMPROVED	**Deed1:** /10822/ 00229	**Deed2:**
Seller: SHAND ROBERT G JR	**Date:** 06/29/1995	**Price:** $135,000
Type: ARMS LENGTH IMPROVED	**Deed1:** /03511/ 00644	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2018	07/01/2019
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00|	0.00|

Tax Exempt:		**Special Tax Recapture:**	
Exempt Class:		NONE	

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

HOWARD COUNTY HEALTH DEPARTMENT

64031

DATE 10/26/18

Received From True Contractors Inc. PHONE # 795-4840

For Perc Repair / 8447 Rolling Ridge Ct.

☐ CASH

☑ CHECK

NO. 018843

Three hundred thirty Dollars

$ 330.00

Received By JKeng