



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: 1/9/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564719

APPROVAL DATE: 01/16/2019 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 8536 Reservoir Road

SUBDIVISION: _____ LOT: _____ TAX ID: 05-359317

CONTRACTOR: Hatfield's Equipment EMAIL: _____

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Charles and Valerie Lyons EMAIL: _____

OWNER ADDRESS: 8536 Reservoir Road PHONE: _____

SEPTIC TANK SIZE (GALLONS): 1250 (ex) 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>116</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 3x39' trenches below existing trench.	

ISSUED BY: Sarah Collins ISSUE DATE: _____ EXPIRATION DATE: _____

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.

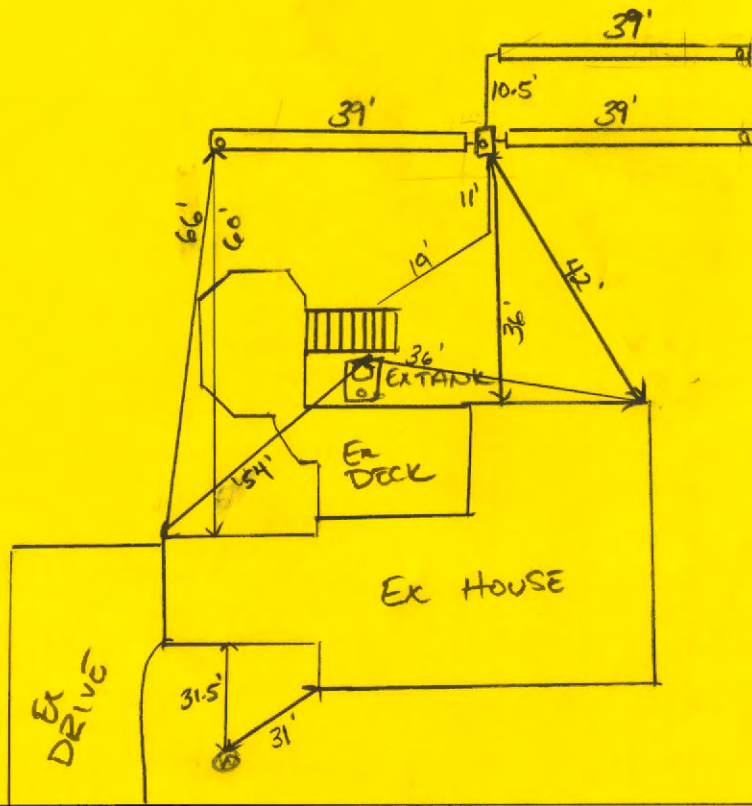
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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



ROAD NAME
RESERVOIR ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
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2' 4' 9'

NUMBER OF TRENCHES 3

TOTAL LENGTH 117'

ABSORPTION AREA 234 A² + SIDE

DISTRIBUTION BOX LEVEL YESDISTRIBUTION BOX BAFFLE YESDISTRIBUTION BOX PORT YES

SEPTIC TANK DATA EXISTING

SEPTIC TANK 1 LEVEL

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST

SLOTTED _____

DATE ON LID

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:

1/13/19 Laid out 3x39' trenches above perc hole A. Keep 12' CTC between lower + upper trench, OK to go a bit closer to stay off tree.

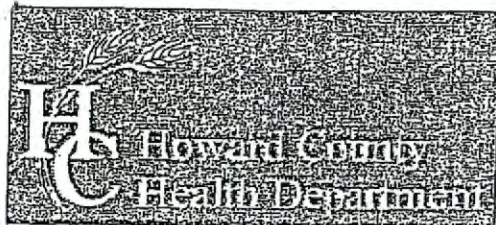
INSTALLATION: 11/6/2019 (AM) LEFT SOLO TRENCH AND LOWER TRENCH

COMPLETE. D BOX SET AND CONNECTED TO SEPTIC TANK. OL TO BACKFILL
TO COMPLETE UPPER RIGHT TRENCH. (PM) FINAL TRENCH COMPLETE.
D BOX LEVELED W/ SPEED LEVELS. OL TO BACKFILL (to)

FINAL INSPECTOR

DATE OF APPROVAL _____

01/16/2019



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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

Has the septic tank been pumped within the last month?

- ☒ Yes Date pumped: 12/18
- ☐ No

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

- ☐ Yes Explain observations: _____
- ☒ No unknown

Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

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

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

☐ No

Additional Comments: Tank Backing up water running back

*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: Hatfield's Equipment

Contractor's Phone: 410 984 0101

Contractor's Address: PO Box 519

Annapolis Junction MD 20701

Ken Hatfield
Todd Tracy 410 984 4880

Property Address: 8536 Reservoir Rd

County file: _____

Subdivision: _____

Lot: _____

Year Built: _____

Owner's Name: Charles Lyons

Owner's Phone: _____

Name of previous owners: N/A

Existing bedrooms: 4

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.

contractor to
get back w/ dates
for perc. First of Jan.



HOWARD COUNTY HEALTH DEPARTMENT

64719

DATE

1/19/19

P5

Received From

Hatfield's Equip

PHONE #

301-490-4289

For

Repair / 8536 Koser York
Co.

☐ CASH

☒ CHECK

NO.

4078

One hundred sixty five

Dollars

\$

165.00

Received By

D. Kemp