



**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: 7/24/19

ONSITE SEWAGE DISPOSAL SYSTEM

P 565568

APPROVAL DATE: 08/06/2019

PERMIT:

REPAIR

A

TANK REP.

PROPERTY ADDRESS: 1857 Florence Road

SUBDIVISION:

LOT:

TAX ID: 04-338243

CONTRACTOR: James Harrison

EMAIL:

CONTRACTOR ADDRESS: 4717 Old Washington Road, Sykesville, MD 21784

PHONE: 410-596-0059

PROPERTY OWNER: Kevin Culp

EMAIL:

OWNER ADDRESS: 1857 Florence Road, Mount Airy, MD 21771

PHONE: 301-335-5389

SEPTIC TANK SIZE (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS):

PUMP SIZE:

NUMBER OF BEDROOMS:

HOUSE SQ. FT.

APPLICATION RATE:

DISTRIBUTION SYSTEM: GRAVITY FED



LOW PRESSURE DOSED



TRENCHES:
EXISTING
(1979)

LINEAR FEET REQUIRED: 100' (1979)

GUARANTEED 2019

INLET DEPTH:

TRENCH WIDTH:

MAXIMUM BOTTOM DEPTH:

MINIMUM SPACE

BETWEEN TRENCHES:

EFFECTIVE AREA BEGINNING DEPTH:

LOCATION:

TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.

NOTES:

EXISTING TRENCH NOT TO CONST. STANDARDS.
TO REMAIN UNTIL FAILURE.

ISSUED BY:

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 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.

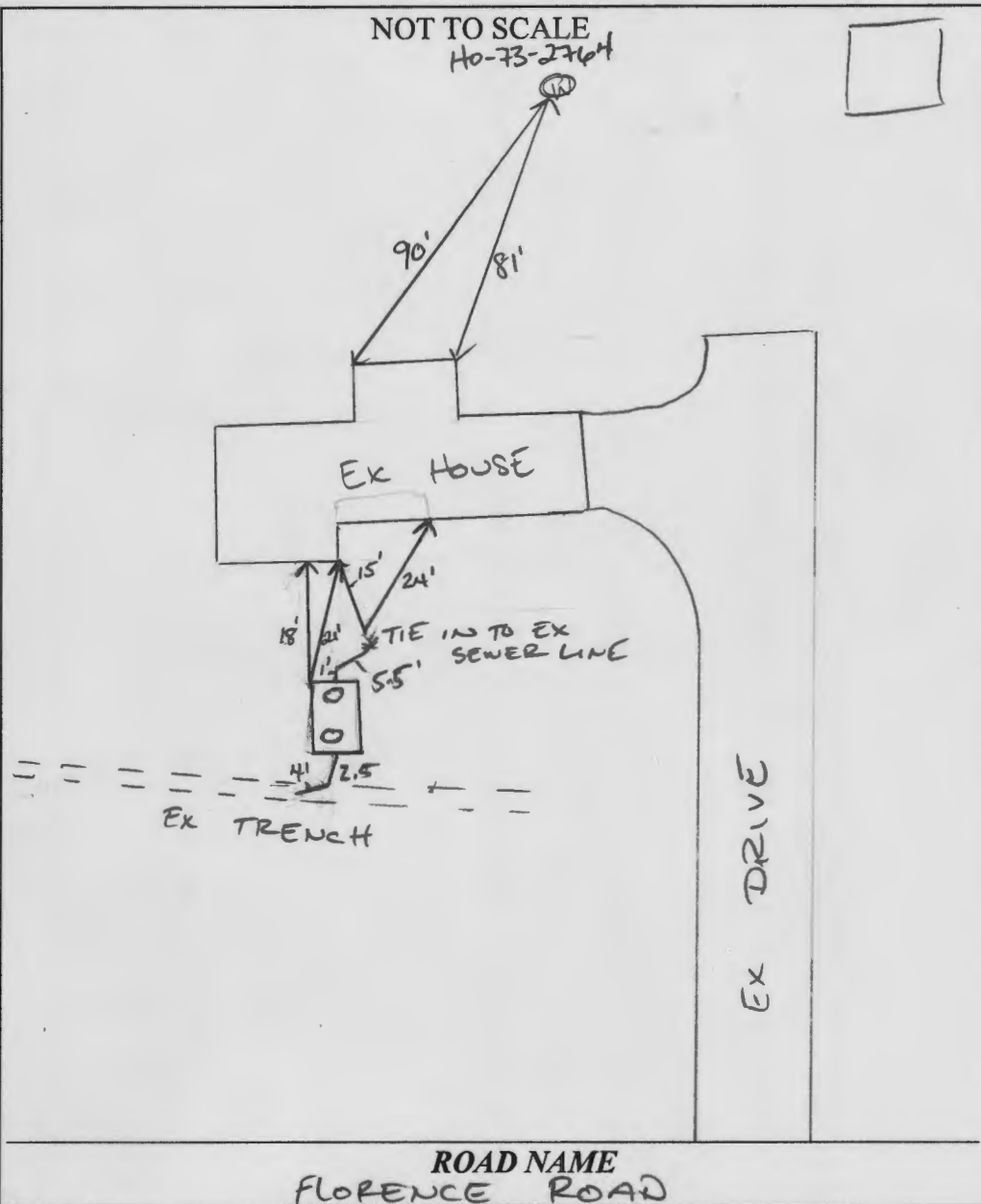
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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
H0-73-2764



EXISTING (AFF)	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	BABYLOON
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	2.5'
BAFFLES	YES
BAFFLE FILTER	NO
MANHOLE LOC	FRONT/BACK
6" PORT LOC	-
WATERTIGHT TEST	-
SLOTTED	YES
DATE ON LID	06/19/2019
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

7/29/2019 FIELD LOCATED WELL. NEW TANK LOCATION ON EITHER SIDE OF EXISTING TANK. EXPOSE EXISTING TRENCH TO ASSESS STONE.

*SUB CONTRACTED TO RICKI COLESON (FOGLES)

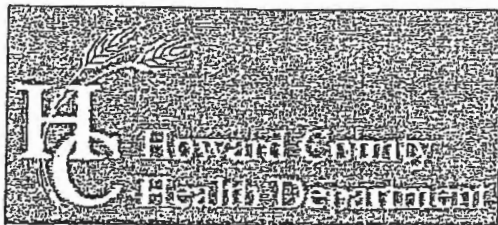
INSTALLATION:

08/05/2019 EX TRENCH HAS CORRUGATED PIPE, ONLY ONE DIRECTION. 08/06/2019 CONFIRMED 100' TRENCH LENGTH. EXPOSED DISTAL ENDS. STONE APPEARS CLEAN AT TOP, NO SIGN OF HOLDING WATER. TO BE CLEAR: CORRUGATED PIPE IN TRENCH ONLY GOES IN DIRECTION SHOWN ON INSTALL. CONSTRUCTION CORRECTION NOT RECOMMENDED TO PRESERVE TRENCH THAT DOES NOT HAVE FILTER FABRIC. (EX) P

FINAL INSPECTOR

DATE OF APPROVAL

08/06/2019



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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: _____
- ☒ No

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

- ☒ Yes Explain observations: July 23 by contractor & July 2019 by county inspector
- ☐ No

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

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: J.V. HARRISON Contractor's Phone: 443-974-8646
Contractor's Address: 4717 610 Westington Road Sykesville MD 21784

Property Address: 1857 FLORENCE ROAD MT AIRY County file: _____
Subdivision: _____ Lot: _____ Year Built: 1980
Owner's Name: Kevin M. Culp Owner's Phone: 301-335-5289

Name of previous owners: John P. Shaver Existing bedrooms: 3
Proposed bedrooms: 4

Has this request been previously discussed with a Sanitarian? (Name): Robert Bricker
Public Sewer available/nearby: NO

*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.



HOWARD COUNTY HEALTH DEPARTMENT

65568

DATE
7/24/19

PS

Received
From

Kevin Calp

PHONE # 301 335-5389

For

Upgrade - 1857 Florence Rd.

☐ CASH

☒ CHECK

NO.

2145

One hundred sixty-five

Dollars

\$

165 00

Received By

King

