



# HOWARD COUNTY HEALTH DEPARTMENT

65595

DATE 8/19/19

P5

Received From

PHONE #

S. Carroll Backhoe

410-875-4197

For

☐ CASH

☒ CHECK

NO.

541143

Septic Pump (2) - 13833 Weiside  
CT 15415 New York, 1031  
Stepping Stone 10 + 10  
One thousand one hundred twenty-two

Dollars

\$

1122 00

Received By

[Signature]



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 8/14/2019

## ONSITE SEWAGE DISPOSAL SYSTEM

P 565595

APPROVAL DATE: 9/17/19

## PERMIT:

## REPAIR

A Repair

PROPERTY ADDRESS: 13833 Wayside Court

SUBDIVISION: Haviland Hills

LOT: 26

TAX ID: 05-346479

CONTRACTOR: South Carroll Backhoe

EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Rd, Westminster MD 21157

PHONE: 410-596-3618

PROPERTY OWNER: Bart Cody

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 13833 Wayside Court

PHONE: \_\_\_\_\_

SEPTIC TANK SIZE: 1500g

PUMP TANK CAPACITY: n/a

PUMP SIZE: n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 3

APPLICATION RATE: 1.2

TRENCHES:

LINEAR FEET REQUIRED: 110

INLET DEPTH: 3'

TRENCH WIDTH: 3'

MAXIMUM BOTTOM DEPTH: 5'

MINIMUM SPACE

BETWEEN TRENCHES: n/a

EFFECTIVE AREA BEGINNING DEPTH: 3'

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES:

Set new 1500 gallon septic tank just beyond existing bed. Install 2x55ft trenches running out on contour towards Wayside Dr. Some small trees may need to be removed.

ISSUED BY: K. Wolf

ISSUE DATE: 8/14/19

EXPIRATION DATE: 8/14/20

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.

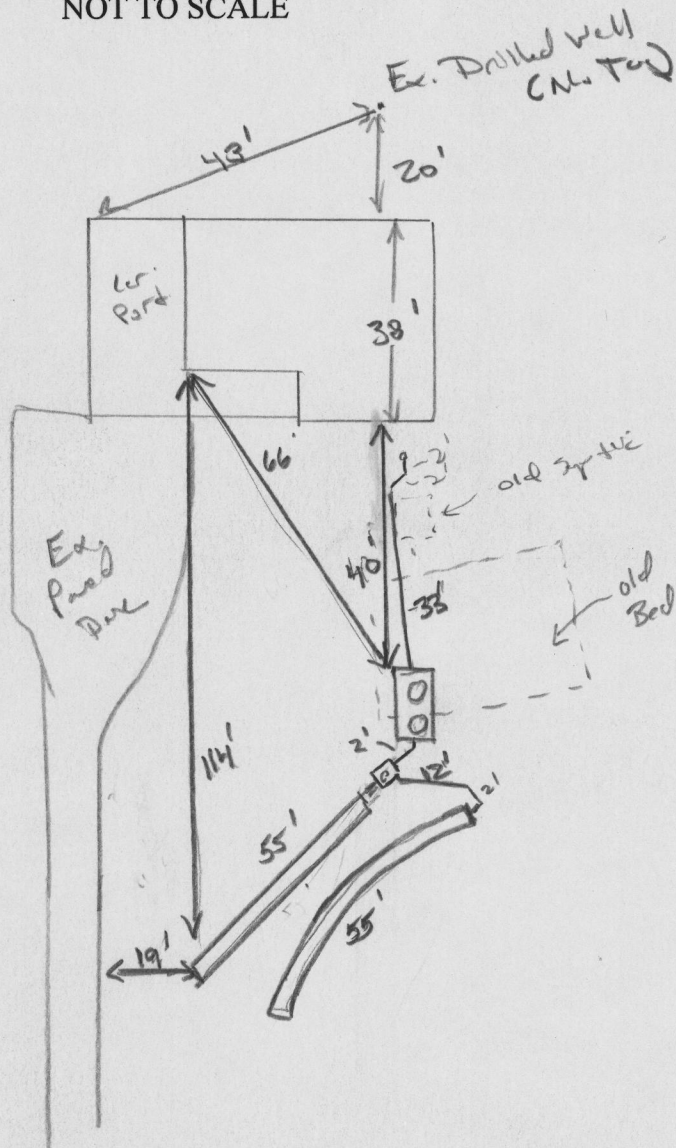
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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



### TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	3'	5'

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 Babylon

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 2'

BAFFLES Yes

BAFFLE FILTER None

MANHOLE LOC Front/Rear

6" PORT LOC none

WATERTIGHT TEST -

SLOTTED Yes

DATE ON LID 8-12-19

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:

8/30/19 Install 2x 55' trenches running in contour towards Wapish  
Done. Area limited by large trees. Call for inspection (K)  
9/6/19 Contractor called, owner wants to upgrade to 2500, due to  
1500s. OK (K)

### INSTALLATION:

9/16/19 Upon arrival, setting tank. Noticed tank set too  
deep. Had to re-shoot elevation. 10" higher on S.T. OK to  
make upper trench inlet 3.5'. OK to continue (K)  
9/17/19 Ex. S.O. pumped wellhead. Trenches complete. OK to cover (K)

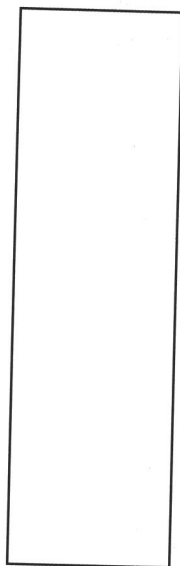
FINAL INSPECTOR

*[Signature]*

DATE OF APPROVAL

9/17/19





(A)

 Prk Br L  
 m Co SOK, m Co  
 Frable.

12"

 11 Br L,  
 m Co SOK,  
 Frable, means

3'

11 Br/Y FSL

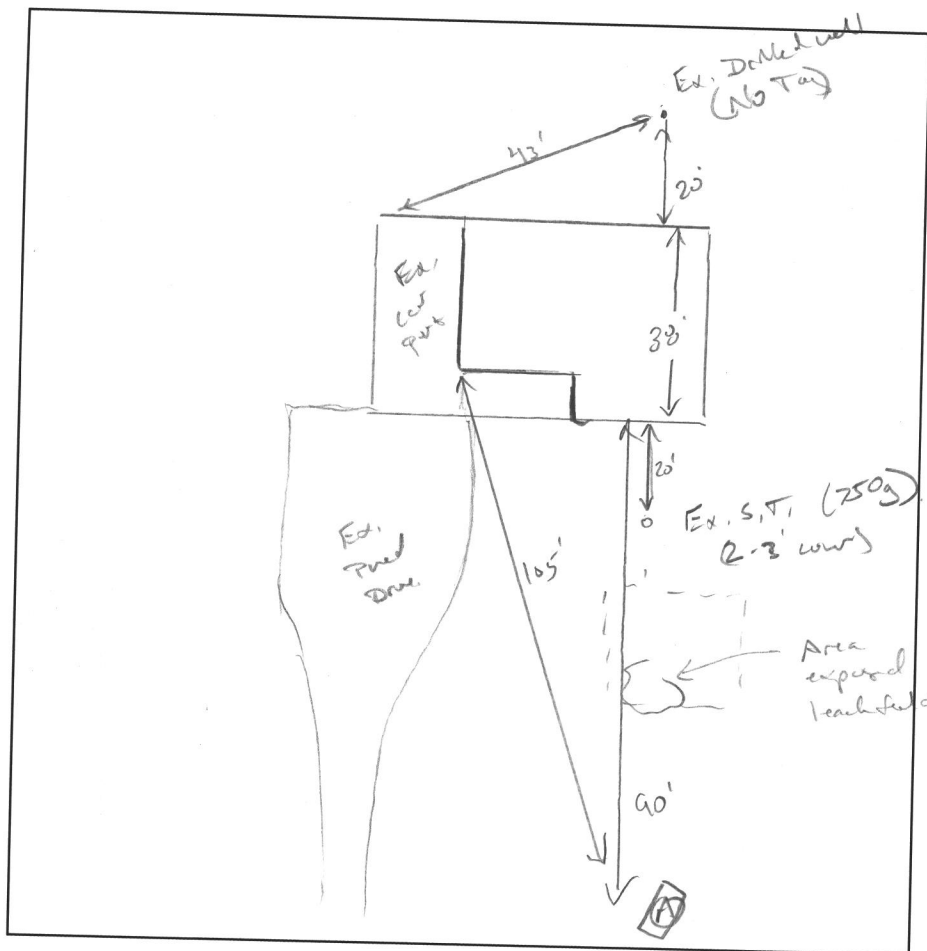
 m Co SOK  
 Frable,  
 15% schgt  
 chert  
 m Co

7'

11 Br/Y FSL

 m Co FSL  
 15% Rk,  
 highly m Co  
 Had Bottom

10'



- Wayside Dme -

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/30/19	(A)	37" / 10'	00:20	00:20:25	00:21:45	1	H
		Repair	00:22	00:23	00:25	2	P
		Repair	00:25	00:27	00:30	3	P

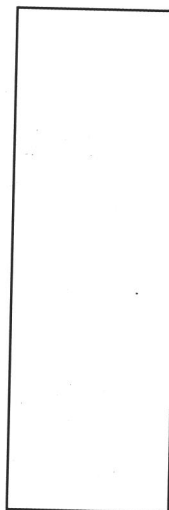
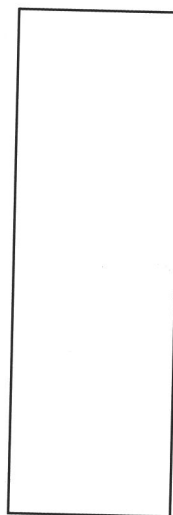
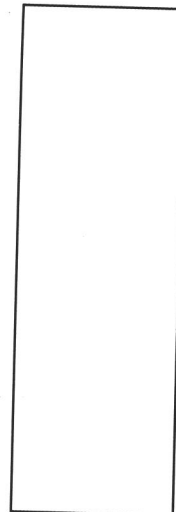
REMARKS \_\_\_\_\_

SANITARIAN K. Wolf BACKHOE Kenny OTHERS Wesley

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 5' EFFECTIVE SW 3

$$4BR = \frac{600 \text{ gpd}}{1.2} = 500 \div 3 = 167 (.62) = 104 \quad 2 \times 52$$

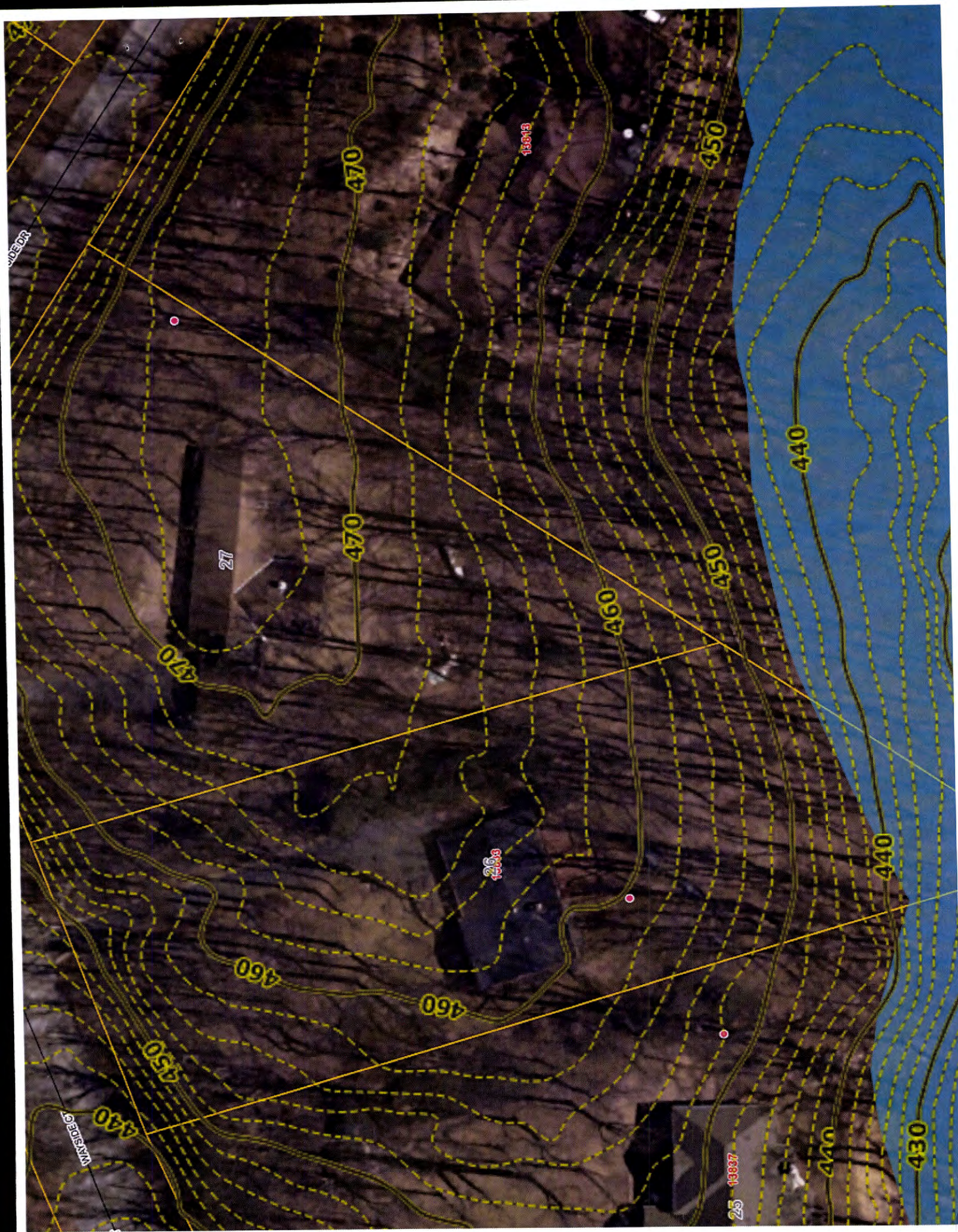


## Real Property Data Search ( w2)

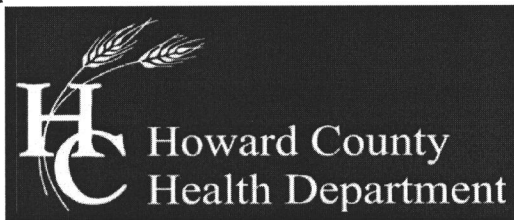
Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Account Identifier:		District - 05 Account Number - 346479			
Owner Information					
Owner Name:		CODY BARTHOLOMEW G TRUST		Use:	RESIDENTIAL
Mailing Address:		13833 WAYSIDE CT CLARKSVILLE MD 21029-1301		Principal Residence:	YES
				Deed Reference:	/11320/ 00134
Location & Structure Information					
Premises Address:		13833 WAYSIDE CT CLARKSVILLE 21029-0000		Legal Description:	LOT 26 S 1 13833 WAYSIDE CT HAVILAND HILLS
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:
0034	0013	0220		1002	
					Block:
					Lot:
					Assessment Year:
					2020
					Plat No:
					Plat Ref:
Special Tax Areas:		Town:		NONE	
		Ad Valorem:		100	
		Tax Class:			
Primary Structure Built		Above Grade Living Area		Finished Basement Area	
1969		1,648 SF		450 SF	
				Property Land Area	
				1.0000 AC	
County Use					
Stories	Basement	Type	Exterior	Full/Half Bath	Garage
1	YES	STANDARD UNIT	BRICK	2 full/ 1 half	1 Carport
Last Major Renovation					
Value Information					
Base Value		Value		Phase-in Assessments	
		As of		As of	
		01/01/2017		07/01/2019	
				As of	
				07/01/2020	
Land:	203,500	203,500			
Improvements	201,700	201,700			
Total:	405,200	405,200		405,200	
Preferential Land:	0				
Transfer Information					
Seller: CODY BARTHOLOMEW G TRUST		Date: 08/08/2008		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /11320/ 00134		Deed2:	
Seller: CODY BARTHOLOMEW G		Date: 06/20/1995		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /03504/ 00333		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Exemption Information					
Partial Exempt Assessments:		Class			
County:	000			07/01/2019	07/01/2020
State:	000			0.00	
Municipal:	000			0.00	
				0.00	0.00
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Homestead Application Information					
Homestead Application Status: Approved 08/13/2008					
Homeowners' Tax Credit Application Information					









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Twitter: HowardCoHealthDep

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

1505595

### APPLICATION

#### FOR PERCOLATION TESTING AND SITE EVALUATION

##### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

STREET

TOWN

ZIP

TAX ACCOUNT # \_\_\_\_\_

TAX MAP \_\_\_\_\_

GRID \_\_\_\_\_

PARCEL \_\_\_\_\_

LOT NO. \_\_\_\_\_

PROPOSED LOT  
SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_

TIER \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET

CITY, STATE

ZIP

APPLICANT \_\_\_\_\_

RELATIONSHIP TO OWNER: \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

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:

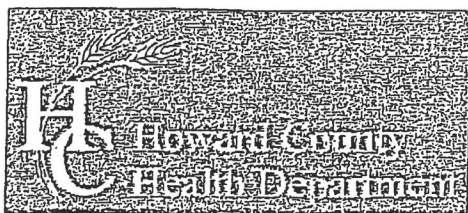
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE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



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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: \_\_\_\_\_
- ☐ 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 \_\_\_\_\_

Is discharge surfacing on the ground?

- ☐ Yes
- ☐ 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 Backhoe Contractor's Phone: 410-596-3618

Contractor's Address: 4410 Salem Bottom Rd Washington 21157

Property Address: 13833 Wayside CT County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner's Name: Bart Cody Owner's Phone: 410-325-9831

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.