

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: 8/15/19 ONSITE SEWAGE DISPOSAL SYSTEM	M P	565596			
	DATE: 01/06/2000 PERMIT: MINGE REPAIR	A				
	DDRESS: 2720 Hobbs Road					
SUBDIVISIO	: Glenwood Springs LOT:	46 TAX ID:	04-347323			
CONTRACTO	R: Cashman Plumbing EMAIL:					
CONTRACTOR ADDRESS: 8515 Green Spring Court PHONE: 410-615-2291						
PROPERTY O	WNER: Mark Ashby EMAIL:					
OWNER ADDRESS: 2720 Hobbs Road, Glenwood, MD 21738 Phone: 301-674-7009						
SEPTIC TANK SIZE (GALLONS): PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:						
NUMBER OF BEDROOMS: HOUSE SQ. FT APPLICATION RATE:						
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED						
	LINEAR FEET REQUIRED:	INLET DEPTH:				
TRENCHES:	TRENCH WIDTH: MAXIMUM	BOTTOM DEPTH:				
	MINIMUM SPACE					
	BETWEEN TRENCHES: EFFECTIVE AREA BE	EGINNING DEPTH:				
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.					
	4" SENER LINE FROM CARHGE (BISOON170) TO EX SEWEK					
NOTES: LINE FROM EX HOUSE TO EX STATIC SYSTEM!						
,,,,,,						
ISSUED BY:	Joseph Capatra ISSUE DATE: 08/15/2019	EXPIRATION D	ATE: 08/15/2020			
NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION						
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						
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.						
	OTE: 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.

@ to 35 - c946	1
NOT TO SCALE 132 186 GAR 21-1-1-1 187 GAR 188 EX DEANNERD EX DEANNERD ROAD NAME	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 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 MANUFACTURER CAPACITY GAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED DATE ON LID WATERTIGHT TEST SLOTTED DATE ON LID

Howard County Health Department

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SEWAG	E DISPOSAL PERMIT I	NO. A	P-	515596
	OF BEDROOMS:)		IERCIAL PERM	AIT GPD)
PERMITEE: LOCATION:	2720 Holds Rood **POST THIS CARD WHERE		BE SEEN FROM	S Lat-K
	STOP ALL CONSTRUCTION ON SEW DISPOSAL SYSTEM AND CONTACT HE DEPARTMENT BEFORE CONTINUING	AGE HEALTH	Inspector	Date
COMMENTS:	WORK IS SATISFACTORY, OK TO CONTINUE		Inspector	Date
	FINAL INSPECTION MADE, OK TO COVER ALL WORK		Inspector	Date



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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE						
Reason for Request:	Has the septic tank been pumped within the last month?					
☐ Failing System	☐ Yes Date pumped:					
System relocation for proposed addition	№ No					
 System upgrade for proposed addition 	Was a visual inspection of the septic tank and/or drain fields conducted?					
☐ Inadequate treatment zone	☐ Yes Explain observations:					
☐ Collapsed septic tank	No					
☐ Collapsed drywell ·	•					
Existing system design	Was a visual inspection of the sewage line conducted?					
☐ Drywell	☐ Yes Blockage leading to the tank					
☐ Trench	Yes. Explain:					
· 🗆 · Mound	No					
□ Unknown	Blockage leading to the field					
☐ Offier:	☐ Yes Explain:					
Is discharge surfacing on the ground?	□ No					
☐ Yes	□ N₀					
M No	Additional Comments:					
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: Cashman Pumbing Contractor's Phone: 410-615-2291 Contractor's Address: 8515 GREEN SPRING CT						
Property Address: 2720 HOBBS						
Subdivision: GLENWOOD SPRU	County file:					
Owner's Name: MARK ASHRY	Owner's Phone: 301-674-7009					
Name of previous owners:	Existing bedrooms: NA					
	Existing bedrooms: NA Proposed bedrooms: NA					
Has this request been previously discussed with a Sanitarian? (Name):						
*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.						
Print out a copy of Real Property Data via Dept. of Tan If public sewer may be nearby, verify whether sewer is "If sewer is available and the property is within the Met exemption exists, the owner should justify the request if soil/site conditions are limited and sewer and/or Met pursuit of Emergency Sewer Extension or Emergency I details. No permit is to be issued nor inspection to be schedule.	stechnically "available" through the Bureau of Engineering. ropolitan District, connection to sewer is required. If the owner believes reason for in writing. To District status is not conducive to connection, the Sanitarian may recommend Metro District Inclusion. The Owner should contact the Bureau of Utilities for dwithout 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 BUREAU OF ENVIRONMENTAL HEALTH

461-9933

04-347323

38393

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT

INDEXED

DATE SYSTEM APPROVE

Qual # 39863

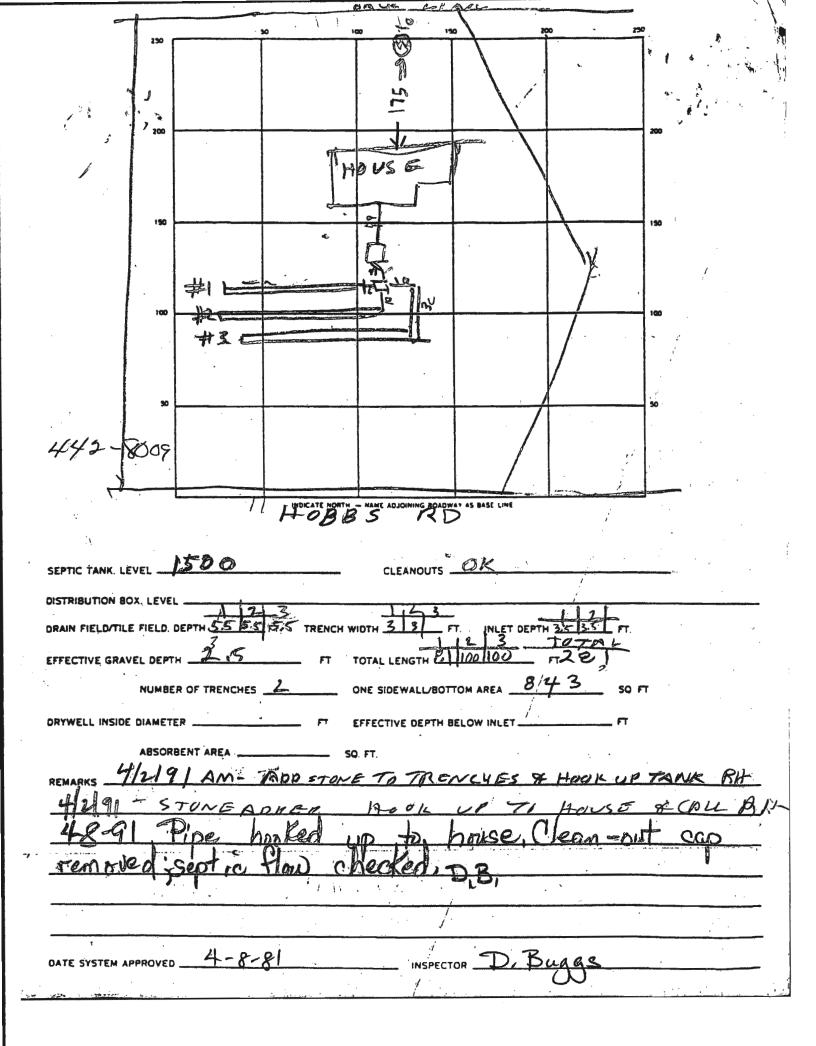
COLLINS Sam Lyons IS PERMITTED TO INSTALL X 725-3392 PHONE ADDRESS ROAD 2720 Hobbs Road SUBDIVISION Glenwood Springs Mr. and Mrs. Mark Ashby PROPERTY OWNER . SHALLOW SYSTEM ONLY SEPTIC TANK CAPACITY 1250 NUMBER OF BEDROOMS ___4 TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 31 feet below original grade. Bottom máximum depth 5½ feet below original grade. Effective area begins at 31 feet below original grade. 2 feet of stone below distribution pipe. LOCATION - Beginning from the left front lot corner, place the distribution box 200' down the left (467.91') lot line and 85' off the left line as seen when facing property from Hobbs Road. Run trenches along contour towards the left (467.91') lot line. Note maintain minimum 100' from well to septic. - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout NOTE and cap to grade or above on septic tank. 6-6-90 AEN 07/28/88 Bert Nixon PLANS APPROVED BY COVER NO WORK UNTIL INSPECTED AND APPROVED neither the howard county council nor the health department is responsible for the successful operation of any system NOTE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM, HOUSE TO DRAIN FIELDS NOTE: ALL PARTS OF SEPTIC SYSTEMS II E., TANK DISTRIBUTION BOX. TRENCHESI TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED) NOTE: IF DEEP TRENCHIESI ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHIESI BLDG. PERMIT SIGN J note: No dry well shall exceed is foot in diameter no absurption trench to exceed 100 feet in lengt NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS Change garage ente des PERMIT YOU AFTER TWO YEARS NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON CONCRETE OR TERRA COTTA OR PVC OR AGS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED BLDG. PERMIT, SIGNED

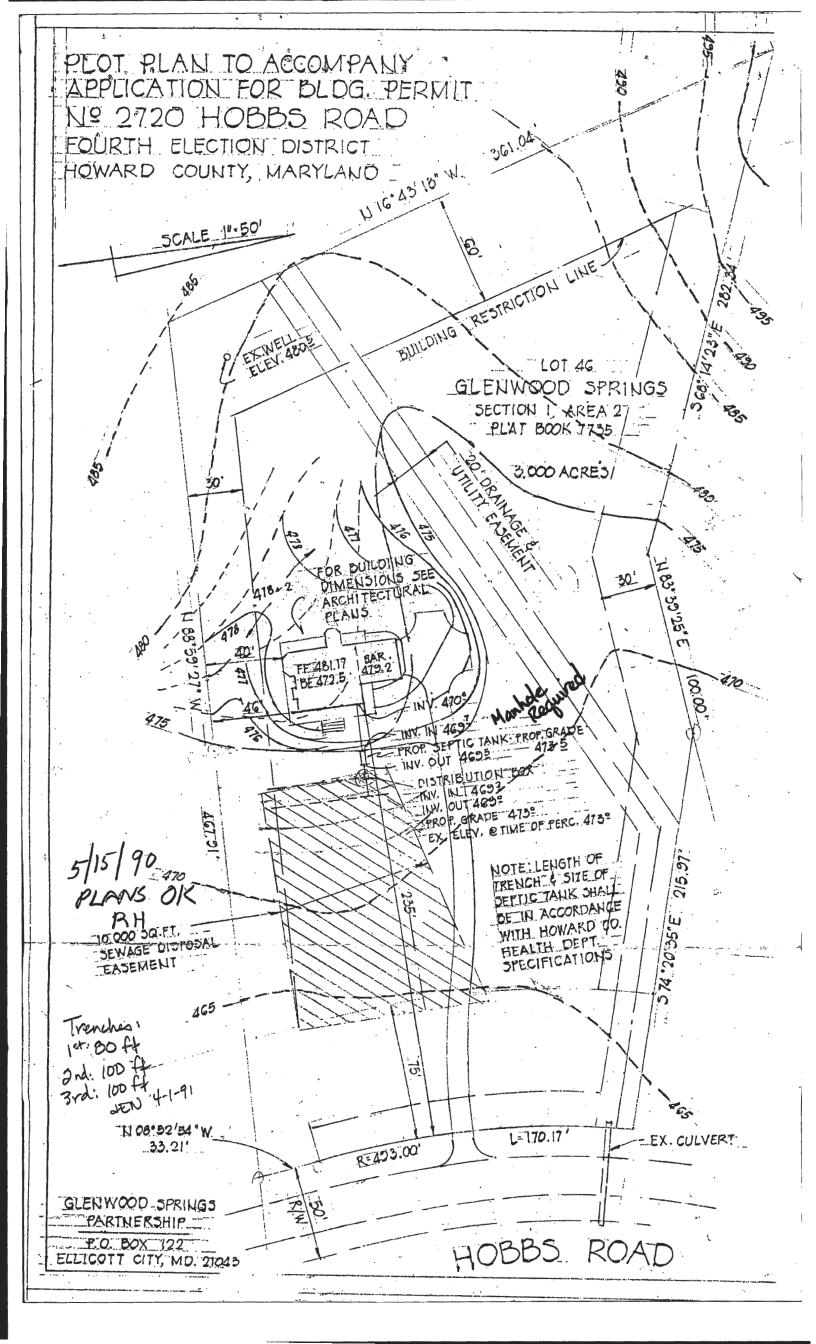
'INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES





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shape of 50 A, well

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- H.O.

