



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: 11/12/19

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 566451

APPROVAL DATE: 12/5/2019

**PERMIT:**

**REPAIR**

A Repair

PROPERTY ADDRESS: 11922 Queen Street

SUBDIVISION: Kings Manor

LOT: 14 TAX ID: 05-362776

CONTRACTOR: Freedom Septic

EMAIL: Casey@freedomseptic.com

CONTRACTOR ADDRESS: 2809 Liberty Rd, Sykesville, MD 21784

PHONE: 410-795-2947

PROPERTY OWNER: Patricia Madara

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

OWNER ADDRESS: 11922 Queen Street

PHONE: 410-707-1885

SEPTIC TANK SIZE: Existing

PUMP TANK CAPACITY: n/a

PUMP SIZE: n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 3

APPLICATION RATE: 0.8

TRENCHES:

LINEAR FEET REQUIRED: 124

INLET DEPTH: 3'

TRENCH WIDTH: 2'

MAXIMUM BOTTOM DEPTH: 8'

MINIMUM SPACE

BETWEEN TRENCHES: \_\_\_\_\_

EFFECTIVE AREA BEGINNING DEPTH: 5

LOCATION:

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

NOTES:

Install 2x62ft trenches above perc test A. Dbox to be set at start of first trench. Pump and collapse ex. drywell. Manhole riser to be added to ex. septic tank. Check tank baffles and replace as needed.

ISSUED BY: K. Wolf

ISSUE DATE: 11/26/2019

EXPIRATION DATE: 11/26/20

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.

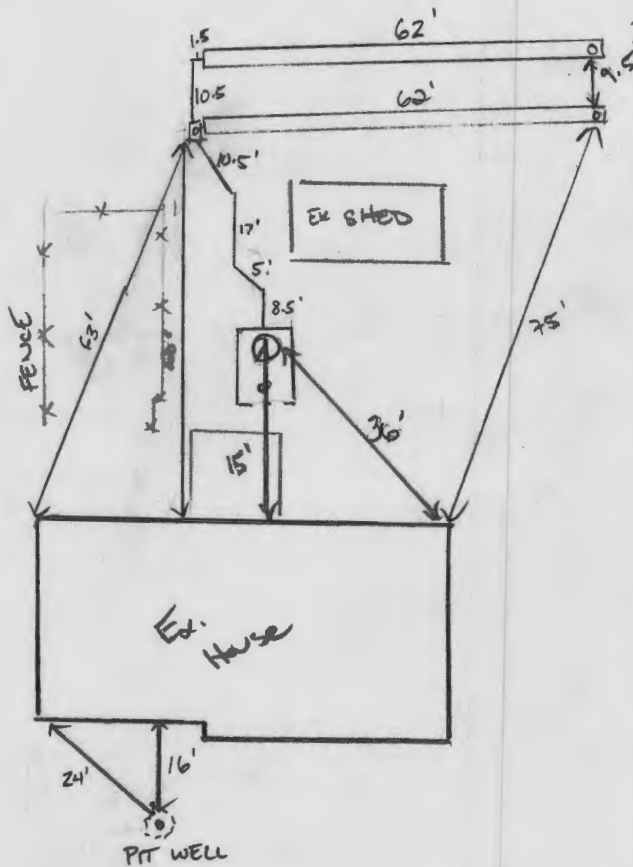
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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'	8'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 124 F		
ABSORPTION AREA 372 SF		
DISTRIBUTION BOX LEVEL SPEED		
DISTRIBUTION BOX BAFFLE YES		
DISTRIBUTION BOX PORT YES		

**SEPTIC TANK DATA**

**SEPTIC TANK 1 LEVEL**

MANUFACTURER UNK.

CAPACITY \_\_\_\_\_ GAL

SEAM LOC MID

TANK LID DEPTH 30"

BAFFLES OUTLET (NEW)

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC OUTLET (NEW)

6" PORT LOC INLET

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 \_\_\_\_\_

ROAD NAME

Queen Street

**PRE-CONSTRUCTION:**

11/26/19 Install 2 x 62' trenches on contour running north below ex. garage/shed, above perc test A. Pump and collector ex. dry well manhole to be added to tanks. (km)

INSTALLATION: 12/4/2019 INSTALL NEW RISER ON EX TANK. NEW OUTLET BAFFLE. (PM) ONE TRENCH COMPLETE. C/A CEMENT/TAR TANK OUTLET. (PM) 1/2 OF LAST TRENCH COMPLETE. 12/5/2019 UPPER TRENCH COMPLETE. D.B. LEVELLED W/ SPEED LEVEL

FINAL INSPECTOR

DATE OF APPROVAL

12/5/2019



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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: \_\_\_\_\_
- ☐ 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: Freedom Septic Contractor's Phone: 410-934-4803

Contractor's Address: 3809 Liberty Rd Subsistence, MD 21784

Property Address: 11922 Queen St Fulton County file: \_\_\_\_\_

Subdivision: Kings Manor Lot: 14 Year Built: 1960

Owner's Name: Patricia Madaba Owner's Phone: \_\_\_\_\_

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 3

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.