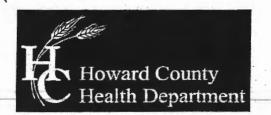
	Bureau of Environmental Health 8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 Fax: 410-313-2648 TDD 410-313-2323 Toll Free 1-866-313-6300 www.hchealth.org Facebook: www.facebook.com/hocohealth Maura J. Rossman, M.D., Health Officer				
RECEIPT	DATE: 6/17/19 0	NSITE SEWAGE DISPOS	AL SYSTEM	P 56528	
APPROVAL	DATE: 07 10 2019 F	PERMIT: <u>cons</u>	TRUCTION	Α	
PROPERTY A	DDRESS: 4450 Route)7			
SUBDIVISION	l:		_ LOT: TAX ID:	04-321804	
CONTRACTO			EMAIL: <u>ken@hatfield</u>		
CONTRACTOR	ADDRESS: P.O. Box 519	, Annapolis Junction, MD 2070	PHON	NE: 301-490-4289	
Laura	OR CERTIFIED FOR BAT INST	ALLATION: MDE	MANUFACTURER:		
PROPERTY O			EMAIL:		
	ESS: 511 Ashton Road,			301-370-1188	
	DDEL: Norweco TNT LP		PUMP TANK CAPACITY:		
OPERATION &	MAINTENANCE AGREEMEN	T DATE SIGNED: 7/20/18	DATE RECORDED:	7/23/19	
DISTRIBUTIO	N SYSTEM: 🗍 GRAVI	TY PRESSURE DOSED	BEDROOMS: APP	PLICATION RATE: 1.2	
	LINEAR FEET REQUIRED:	336	INLET DEPT	гн: _4	
TRENCHES:	TRENCH WIDTH:	3	MAXIMUM BOTTOM DEPT	ГН: 8	
	MINIMUM SPACE BETWEEN TRENCHES:	9 EFF	FECTIVE AREA BEGINNING DEPT	TH: none	
LOCATION:	PER APPROVED SITE PLAN	. SEWAGE DISPOSAL AREA AND B			
		CONSTRUCTION INSPECTION. SDA, initial and replacement trencl	hes, tank, DBOX) for layout.		
NOTES:					
ISSUED BY:	Robert Freemon	ISSUE DATE:	6/17/19 EXPIRATION	N DATE: 6/17/20	
NOTE: CON	TRACTOR MUST SCHEDULE	A PRE-CONSTRUCTION INSPECTIO	IN PRIOR TO BEGINNING ANY	INSTALLATION	
		AN INSPECTION AND GAIN APPROV			
		EALTH DEPARTMENT AND GRAVE	L TICKET MUST BE AVAILABLE F	OR REVIEW.	
	ERTIGHT SEPTIC TANKS REQ	UIRED ALL BE AT LEAST 100 FEET DOWNG	SPADIENT FROM ANY WATER V	VELL	
		ALL SEPTIC TANKS AND PUMP CHA		VLL	
NOTE: AN E		IRED FOR INSTALLATION OF ANY I		THE SYSTEM	
NOTE: AN I	NDIVIDUAL CERTIFIED BY M	DE AND THE MANUFACTURER FO	R BAT INSTALLATION MUST BE	PRESENT AT ALL TIMES	
NOTE: MDE		KS, BAT, AND OTHER PRETREATM		FREQUENCY ADEQUATE	
		TY COUNCIL NOR THE HEAL		ONSIBLE FOR THE	
		UCCESSFUL OPERATION OF			
	PERMITTEE RESPO	NSIBLE FOR OBTAINING FINA	AL APPROVAL ON THIS PR	ERMIT.	
	CAL	L 410-313-1771 TO SCHEDU	LE INSPECTIONS.		

TRENCH/DRAINFIELD DATA NOT TO SCALE 42' 15.5 WIDTH INLET BOTTOM 4' 8 3 NUMBER OF TRENCHES TOTAL LENGTH 336 F. ABSORPTION AREA 1008 3F DISTRIBUTION BOX LEVEL SPEED DISTRIBUTION BOX BAFFLE YES 12.5 DISTRIBUTION BOX PORT D BOX DETAIL W 14.5 18 FT TO TRENCH SEPTIC TANK DATA 2 63 SEPTIC TANK I LEVEL YES D 42' MANUFACTURER BACKPIVER CAPACITY TATLE GOO GAL 000 SEAM LOC TOP (A)13 TANK LID DEPTH 14 3. is 22 27.8 Z BAFFLES GAT 40 F-BAFFLE FILTER BAT 01.5' C MANHOLE LOC FRONTMID BACK 6" PORT LOC 28 45' WATERTIGHT TEST SLOTTED BAT IH DATE ON LID NA PUMP/SEPTIC TANK LEVEL 6.5 MANUFACTURER GAL CAPACITY SEAM LOC EX HOUSE TANK LID DEPTH BAFFLES **BAFFLE FILTER** EX DRIVE MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED DATE ON LID **ROAD NAME** 40-73-2466 GN ROUTE 97 PRE-CONSTRUCTION: 7/3/2019 TANK, SDA, TRENCHES STAKED. SYSTEM IS NOT LPD. HEAVIN DOWN CENTER OF SDA. T. TO DIG FROM DISTAL OFF END LEVEL 8' BOTTOM WITH I DEFERENCE TOWARD PROXIMAL END TO CUTTING. TRENCHES UNDER VARY ENO TO END DUE 70 CENTER IN SPACE 10' MIN BETWEEN DEEP TRENCH REQUIRED. INSTALLATION: 07/09/2019 SHC AND PART OF SL INSTALLED. OK TO DUC. 4/8 TRENCHES COMPLETE (LOWER). BACKFILL, TANK PIT WATER 2019 TANK SET. RUNNING INTO TANK DIT FROM OMPLETE. DBOXSET. 7 HOLE box w FND FOUNDATION. TRENCHES C RESEALED W/ HUDRAULIC CEMENT Box FORT PIPE. COT TO FIT 0 SPEED LEVELED W LEVELS 2010 FINAL INSPECTOR DATE OF APPROVAL 07/10

1450 ROUTE 97 BROOKVILLE MD.	
ef the Circuit Court 4 Howard County Land Records/Licensing	
be Smas Dorsey Building 3250 Bendix Road Celumbia, MD 21045 410-313-5850]
LR - Agreement Recording Fee 1x 20.00 Name: PEREIRA	20.00
Ref: 61 LR - Agreement Surcharge	40.00
SubTotal: Total: CRD-Credit Credit Card Confirmation : 8269G	40.00 60.00 60.00
07/23/2018 13:45 #10711406/1247/109 Thank you for visiting us to	CC13-LH oday~



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

OPERATION AND MAINTENANCE AGREEMENT FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM HAVING AN ADVANCED PRE-TREATMENT SYSTEM

THIS AGREEMENT is made this <u>20</u> day of <u>JUL 20</u> among <u>OCNIMEDO</u> <u>VELEIRA</u>, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 4450, for 697, Brockville M(), in the <u>04</u> Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # <u>27</u>, Block #<u>000</u>, Parcel # <u>0014</u>, Deed Reference #<u>17153/00352</u> and Tax Account #<u>04</u> <u>321804</u> ("the Property").

WHEREAS, The Property is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013. The pre-treatment device being installed is

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

JW 2/22/2016

E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Property that the system shall require maintenance or other attention. Upon taking title to the Property, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Unfor 7/20/2018

Howard County Health Department

20-10

Owner #1 Signature Date

PERCIRA 7-20-10 ENIVALDO

Owner #1 Print Name

Buyer #1 Signature

Date

Owner#2 Signature

Date

Owner #2 Print Name

Buyer #2 Signature

Date

Buyer #1 Print Name

Buyer #2 Print Name

JW 2/22/2016



BACK RIVER PRE-CAST, LLC PO BOX 329 GLYNDON, MD 21071 PH# 410-833-3394

NORWECO CERTIFICATION

PROPERTY OWNER: DECTUR, LLC	INSTALLATION COMPANY: HATFIELD
ADDRESS: 4450 ROUTE 97	CERTIFIED INSTALLER: TODD TRACEY
CITY, ZIPCODE & COUNTY: BROOKEVILLE, 20833, HOWARD	PERMIT#
SIZE OF SYSTEM INSTALLED:	DATE INSTALLED: 07-09-19
600 GPD CONCRETE	START-UP DATE: 08-14-19
NUMBER OF BEDROOMS:	DATE OF FINAL INSPECTION:
TYPE OF INSTALLATION: NEW CONSTRUCTION	DATE OF ELECTRICAL INSPECTION:
ELECTRICAL WIRING PER ELECTRICAL INSTRUCTIONS: YES	TANK LEVEL: YES
HT. OF CONTROL PANEL ABOVE FINAL GRADE: 30"	BURIAL DEPTH OF TANK: 12"
SYSTEM WIRED ON A 15-AMP DEDICATED CIRCUIT WITH STD. BREAKER: YES	RISERS 4" - 6" ABOVE GRADE: YES
LENGTH(S) OF UF WIRE PAST LAST AERATION RTISER(S):	VENTED LID(S) ON AERATION CHAMBER(S): YES
FEMALE PLUG(S) WIRED TO UF WIRE: YES	ANY GROUND SETTLING AROUND TANK:
CONDUIT(S) ENTERING AERATION RISER MADE WITH A WATERTIGHT CONNECTION: YES	NC
ISTHE INSIDE OF THE CONDUIT ENTERING THE CONTROL PAN WITH DUCT SEAL: YES	EL(S) AND AERATION RISER(S) SEALED

ON 2ND PAGE MAKE A ROUGH SKETCH OF THE HOUSE , WHERE THE SYSTEM IS LOCATED, WHERE THE CONTROL PANEL IS LOCATED , WHERE THE FRONT OF THE IS AND DIRECTIONS TO THE PROPERTY.

DIRECTIONS CAN START A FEW STREETS AWAY

EXAMPLE: RT. X LEFT ONTO XX STREET RIGHT ONTO PRIVATE DRIVEWAY 5TH HOUSE OF THE LEFT.

I certify that the Norweco Singulair TNT Wastewater Treatment System was installed according to the

manufacture's specifications.

Matthew Geckle

August 14, 2019

Signature of BRP Representative

Vice-President

Date



AJ MCDONALD COMPANY, INC

FOLLOW

232 BAY DALE DR ARNOLD, MD 21012 4438914131

Septer tank Item 1 Pum food out

\$295.00

Subtotal Tax

\$295.00 \$0.00



DATE July 27, 2017 12:46 pm VISA VISA 5235

PAYMENT ID: MJ5RMBBYQXX1T Cashier: JAMES J MCDONALD

RT 97 Brookville mD 4450

Hide Details

Card: VISA 5235 July 27, 2017, 12:46 PM Method: TELEPHONE_ORDER Authorization Code: 171420 Authorizing Network: VISA CVM: NO CARDHOLDER VERIFICATION

	H450 POULE 97 Clark of the Circuit Court Howard County Land Records/Licensing	for
	The T. omas Dorsey Buildin 9250 Bendix Road Columbia, MD 21045 410-313-5850	9
	LR - Agreement Recording Fee 1x 20.00	20.00
	Name: PEREIRA Ref: 61	20.00
	LR - Agreement Surcharge 1x 40.00	40.00
*	SubTotal: Total:	60.00 60.00
	CRD-Creater Crédit Card Confirmation : 8269G	60.00
	07/23/2018 13:45	CC13-LH
	07/23/2018 13:45 #10711406/1247/109 Thank.you for visiting us to	oday~
	9	

El9000607

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RECEIVED JUL 20 2018 HOWARD COUNTY HEALTH DEPT. FOOD PROTECTION PROGRAM



May 31, 2018

Decatur Building Services P.O. Box 552 Woodbine, MD 21797

Re: Jobsite @ 4450 Rt. 97, Brookeville, MD 20833

On May 31, 2018, Pettit Development uncovered and broke up existing septic tank at above referenced location for Decatur Building Services.





Respectfully, A Styph Petty

J. Stephen Pettit President

18205D Flower Hill Way, Gaithersburg, MD 20879 • Phone: 301-975-1020 • Fax: 301-670-9259 www.pettitcompanies.com

Easterday - Wilson Water Services, LLC 9265 Brown Church Road Mount Airy, MD 21771

Invoice

 Date
 Invoice #

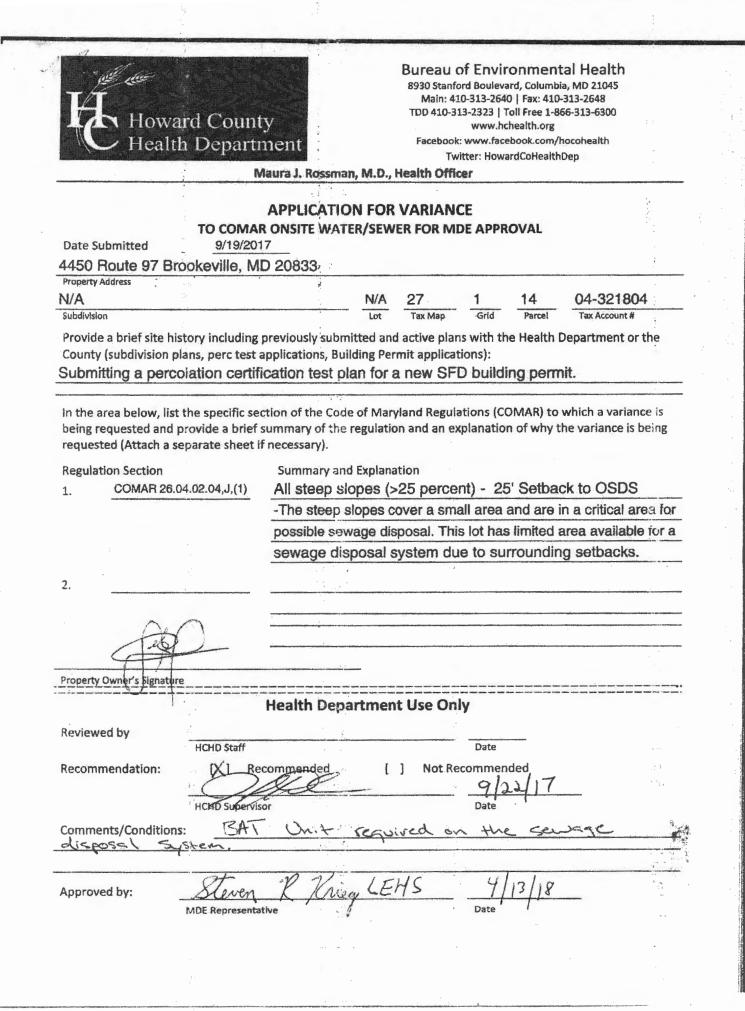
 4/17/2018
 18-106

301-831-5170

Jim	Kerwin			
445	0 Rt 97			
Bro	okville. M	D 20833		

Location:	
4450 Rt 97	
Brookville, MD	

P.O. Number	Terms	Rep		Project	
	Due on receipt	JM			
n dilitera eletter dilitar adalaretter di			Description		
1/13/18 Labor and ma	terials repair well. Remo	oved well pump . I	pe and wire and trashed (per owner) Reinstalle	d PA and plugged. \$765.00	
(O-73-2466 80ft dec	p well, 21ft casing 40G	PM			
				Tatal	7/2 00
				Total s:	765.00



Oswald, Hank

From: Sent: To: Cc: Subject: Attachments: Oswald, Hank Wednesday, December 21, 2016 3:27 PM 'Josh Thomas' Bricker, Robert RE: Soil info Septic Specs_4470 Route 97.pdf

Josh:

Attached, please find the septic specs for 4470 Route 97.

Regards,

Hank

From: Josh Thomas [mailto:josh@saaland.com] Sent: Monday, December 19, 2016 12:58 PM To: Bricker, Robert; Oswald, Hank Subject: RE: Soil info

Good afternoon,

I've attached a PIA for the trench info I need. I'm not sure if this has enough info to help you find what I need, so if there's anything else I can provide that would help just let me know.

Thank you, Josh

From: Bricker, Robert [mailto:RBricker@howardcountymd.gov] Sent: Tuesday, November 15, 2016 3:50 PM To: Josh Thomas; Oswald, Hank Subject: RE: Soil info

I didn't find anything. I see a vacant parcel on the county's interactive map. You may need to submit a PIA request with more info than just an address. Robert Bricker

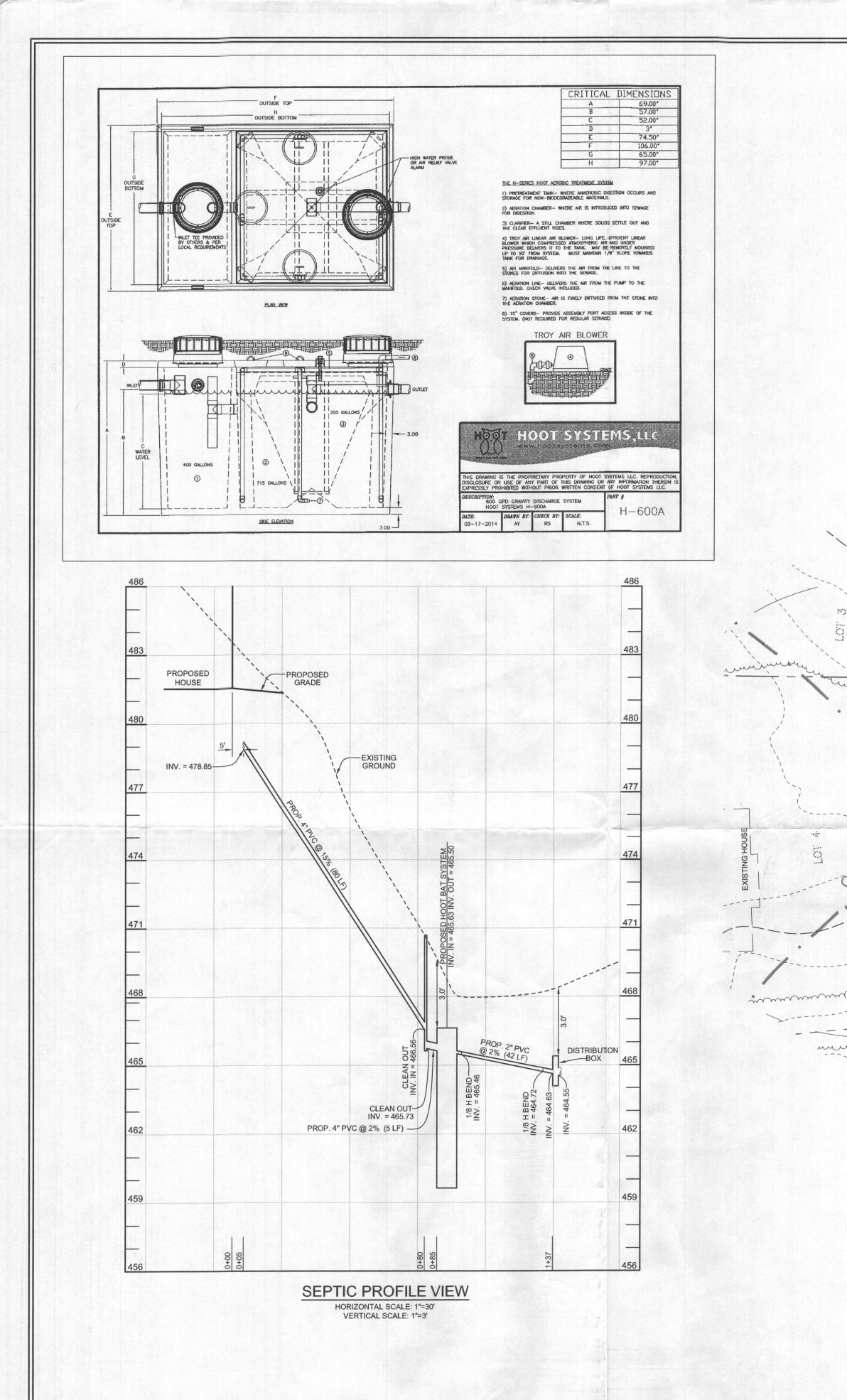


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Twitter: HowardCoHealthDep

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

SI	EWAGE DISP	OSAL SYSTEM SPECIF	ICATIONS WORKSHEET
Address:	21470	Route 97	
Subdivision:	-	· .	Lot:
Initial system:	Application rate	e: Effective area begin	nning depth: 😤 Bottom maximum depth: 🔰
1 st Replacement:	Application rate	e: Effective area begin	ning depth: Bottom maximum depth:
2 nd Replacement:	Application rate	Effective area begin	ning depth: Bottom maximum depth:
Design Flow = 150 g	allons per day p	er bedroom	ø
Design flow + applica	ation rate = squa	re footage of drainfield require	ed
Linear length of trend	ch required = dra	infield square footage x sidew	all reduction percentage + trench width
Sidewall reduction 			ere W=trench width and D= depth between ch bottom.
 All trenches Minimum tr Additional s In those ca Minimum tr a 2' wide tre Maximum fr Maximum p Additional requirer 	s must be equ s must be on o rench spacing spacing may b ses, the spaci rench spacing ench and 9' fo trench length is trench length is 4 ments:	t 10' for all trenches utiliz the necessary for any tren ng formula is 2D +W up for trenches with no side r a 3' wide trench (spacir is 100'	ing sidewall reduction credit. ch using over 3.5' of effective sidewall. to a maximum spacing of 18'. wall credit (bottom area only) is 6' for ng is measured edge to edge)
Approved:	Hank	Oswald D	ate: 12/21/16
JW 9/4/14			



SEPTIC TRENCH DESIGN (INITIAL SYSTEM)

1. INITIAL SYSTEM & 1ST REPLACEMENT SYSTEM: APPLICATION RATE: 0.6

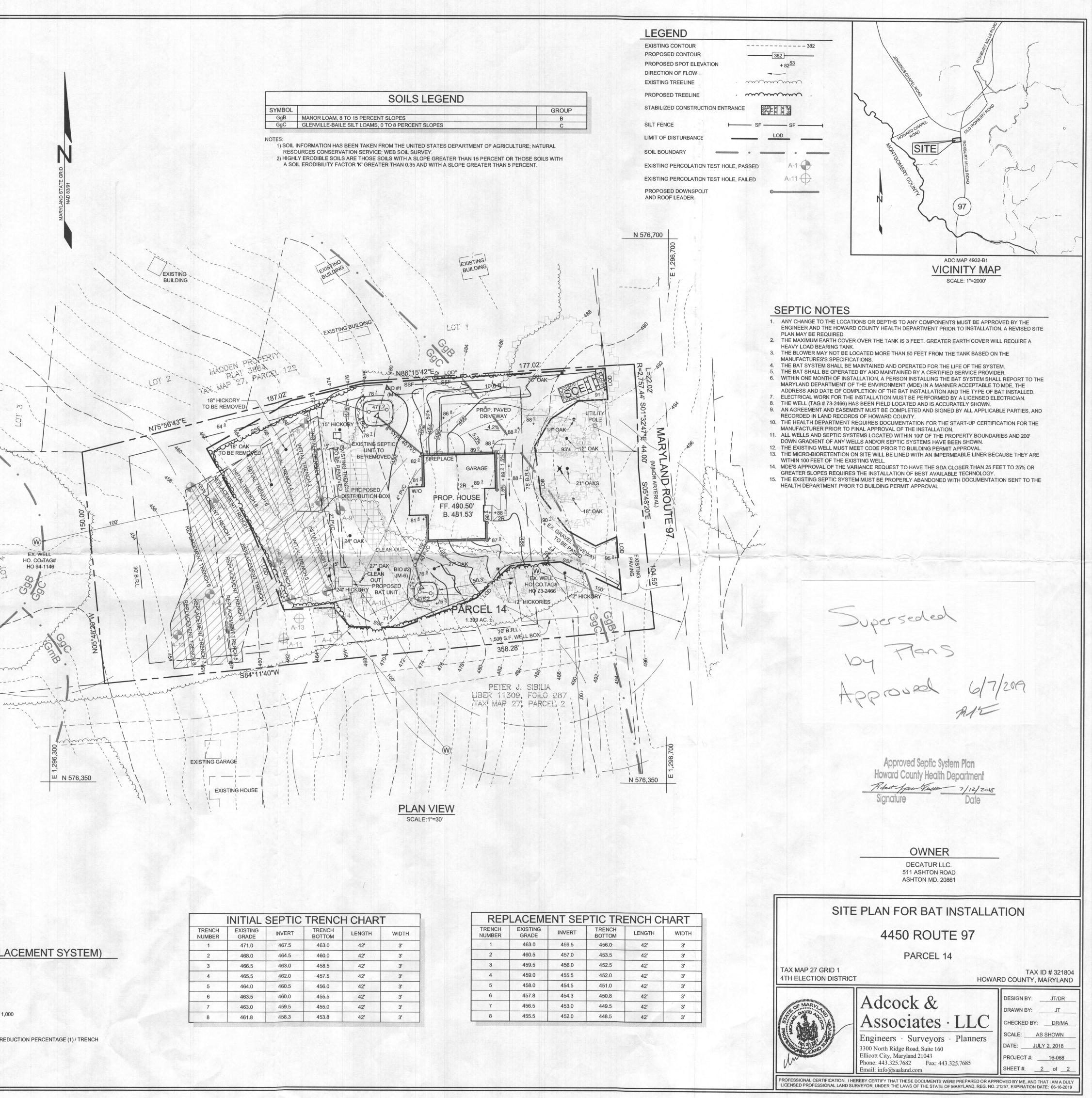
- BOTTOM MAXIMUM DEPTH: 8' DISTANCE BETWEEN TRENCHES: 9'
- 2. DESIGN FLOW:
- 4 BEDROOMS AT 150 GPD • 4 x 150 GPD = 600 GPD
- 3. SQUARE FOOTAGE OF DRAINFIELD REQUIRED: DESIGN FLOW (600 GPD) / APPLICATION RATE (0.6) = 1,000

P:\Survey\16-068 Route 97 Property\dwg\Plot\C02_Septic_16-068.dwg, 7/5/2018 2:07:36 PM, josh, 1:1

- 4. SIDEWALL REDUCTION CREDIT:
- NONE (1) 5. LINEAR LENGTH OF TRENCH REQUIRED:
- DRAINFIELD SQUARE FOOTAGE (1,000) x SIDEWALL REDUCTION PERCENTAGE (1) / TRENCH
- WIDTH (3') = 333.3' 6. LINEAR LENGTH OF TRENCH PROVIDED = 336'

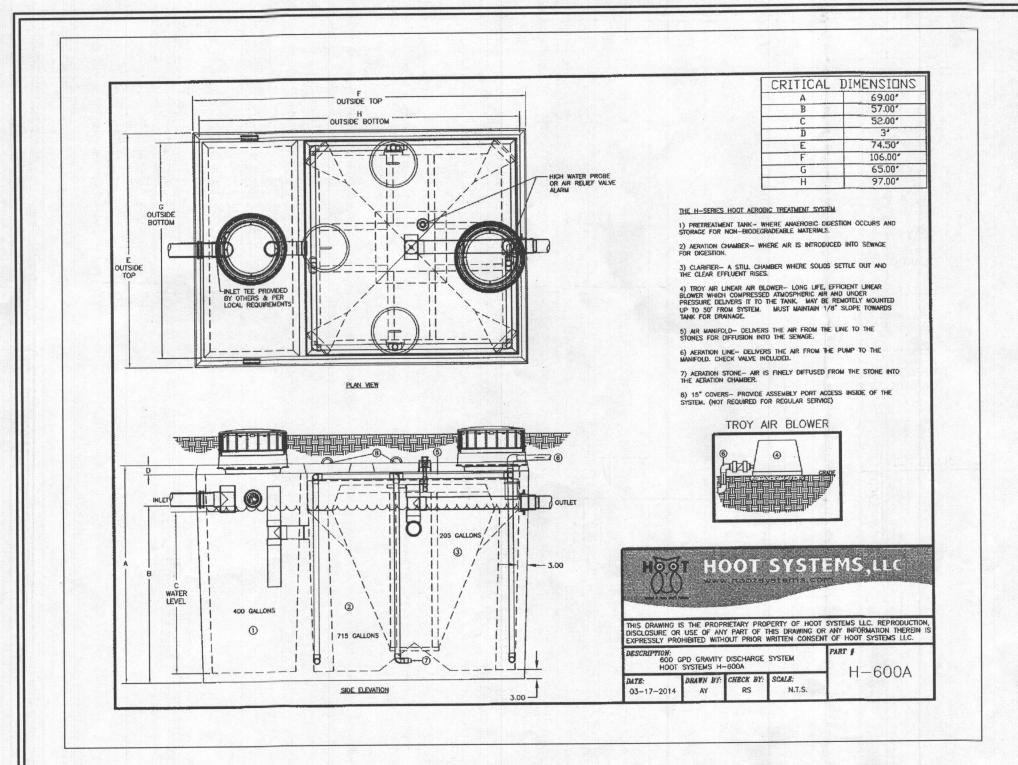
SEPTIC TRENCH DESIGN (REPLACEMENT SYSTEM)

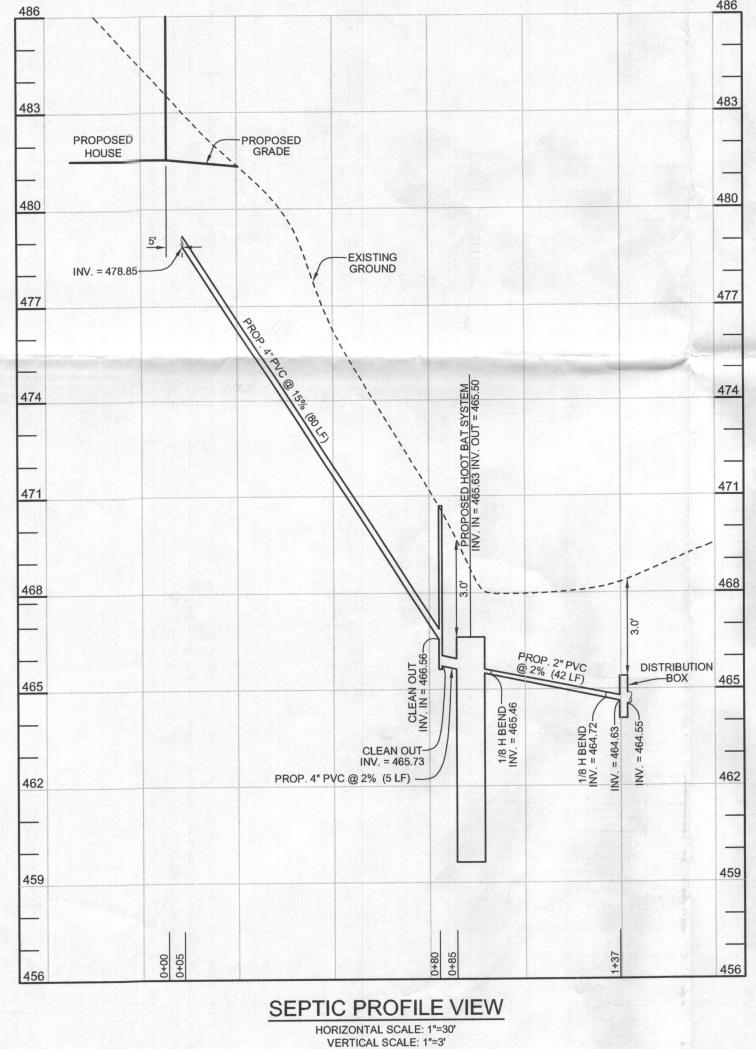
- 1. REPLACEMENT SYSTEM: APPLICATION RATE: 0.6
- BOTTOM MAXIMUM DEPTH: 7' DISTANCE BETWEEN TRENCHES: 9'
- 2. DESIGN FLOW: 4 BEDROOMS AT 150 GPD
- 4 x 150 GPD = 600 GPD
- 3. SQUARE FOOTAGE OF DRAINFIELD REQUIRED: • DESIGN FLOW (600 GPD) / APPLICATION RATE (0.6) = 1,000 4. SIDEWALL REDUCTION CREDIT:
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- 6. LINEAR LENGTH OF TRENCH PROVIDED = 336'



	INITIAL S	SEPTIC	TRENCI	H CHAR	Г
TRENCH NUMBER	EXISTING GRADE	INVERT	TRENCH BOTTOM	LENGTH	WIDTH
1	471.0	467.5	463.0	42'	3'
2	468.0	464.5	460.0	42'	3'
3	466.5	463.0	458.5	42'	3'
4	465.5	462.0	457.5	42'	3'
5	464.0	460.5	456.0	42'	3'
6	463.5	460.0	455.5	42'	3'
7	463.0	459.5	455.0	42'	3'
8	461.8	458.3	453.8	42'	3'

REP	LACEME	ENT SEP	PTIC T
TRENCH NUMBER	EXISTING GRADE	INVERT	TRENC
1	463.0	459.5	456.0
2	460.5	457.0	453.5
3	459.5	456.0	452.5
4	459.0	455.5	452.0
5	458.0	454.5	451.0
6	457.8	454.3	450.8
7	456.5	453.0	449.5
8	455.5	452.0	448.5





SEPTIC TRENCH DESIGN (INITIAL SYSTEM)

1. INITIAL SYSTEM & 1ST REPLACEMENT SYSTEM: APPLICATION RATE: 0.6

- BOTTOM MAXIMUM DEPTH: 8' DISTANCE BETWEEN TRENCHES: 9'
- 2. DESIGN FLOW:
- 4 BEDROOMS AT 150 GPD • 4 x 150 GPD = 600 GPD
- 3. SQUARE FOOTAGE OF DRAINFIELD REQUIRED: DESIGN FLOW (600 GPD) / APPLICATION RATE (0.6) = 1,000
- 4. SIDEWALL REDUCTION CREDIT: NONE (1)
- 5. LINEAR LENGTH OF TRENCH REQUIRED: DRAINFIELD SQUARE FOOTAGE (1,000) x SIDEWALL REDUCTION PERCENTAGE (1) / TRENCH
- WIDTH (3') = 333.3' 6. LINEAR LENGTH OF TRENCH PROVIDED = 336'

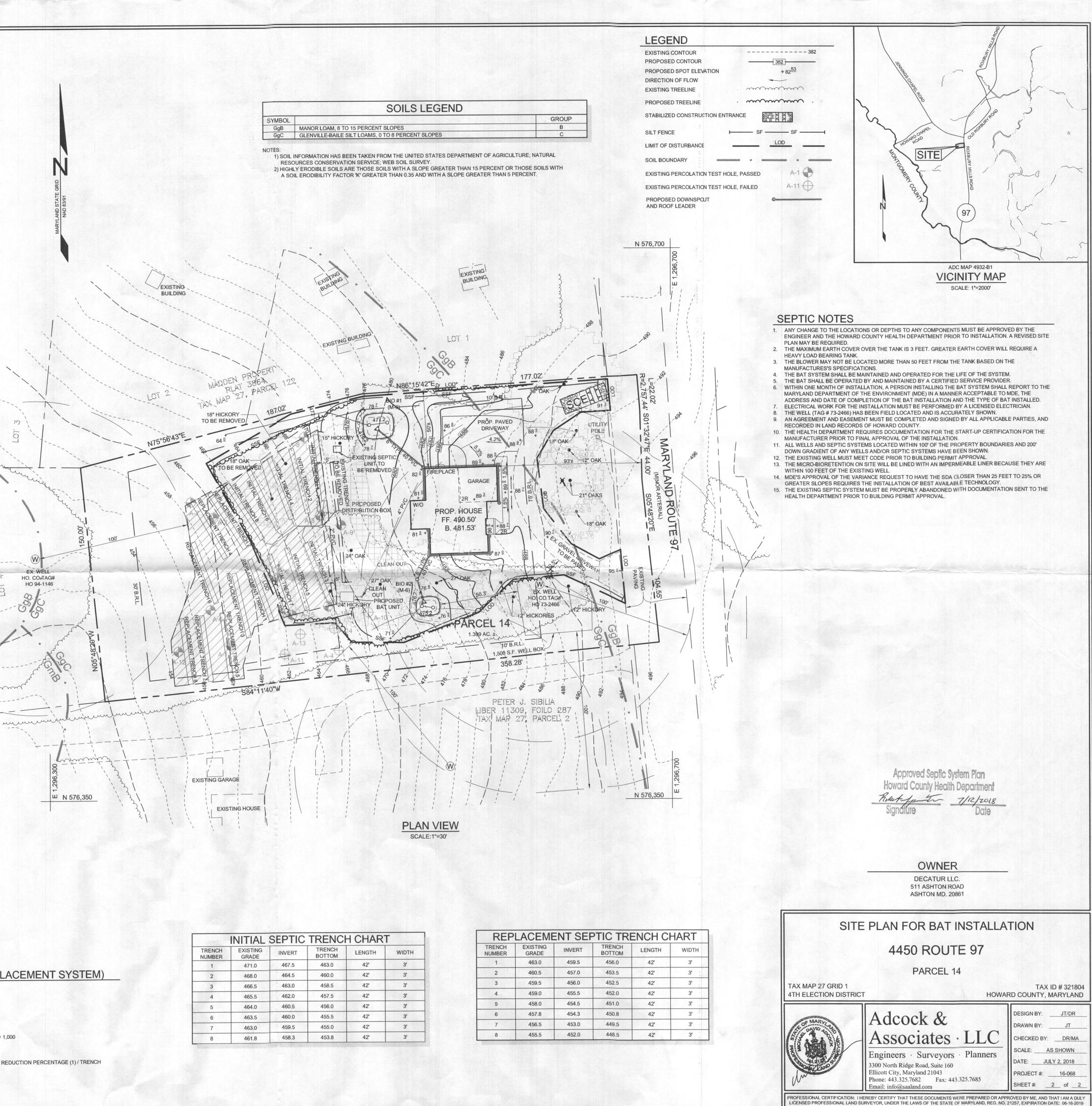
SEPTIC TRENCH DESIGN (REPLACEMENT SYSTEM)

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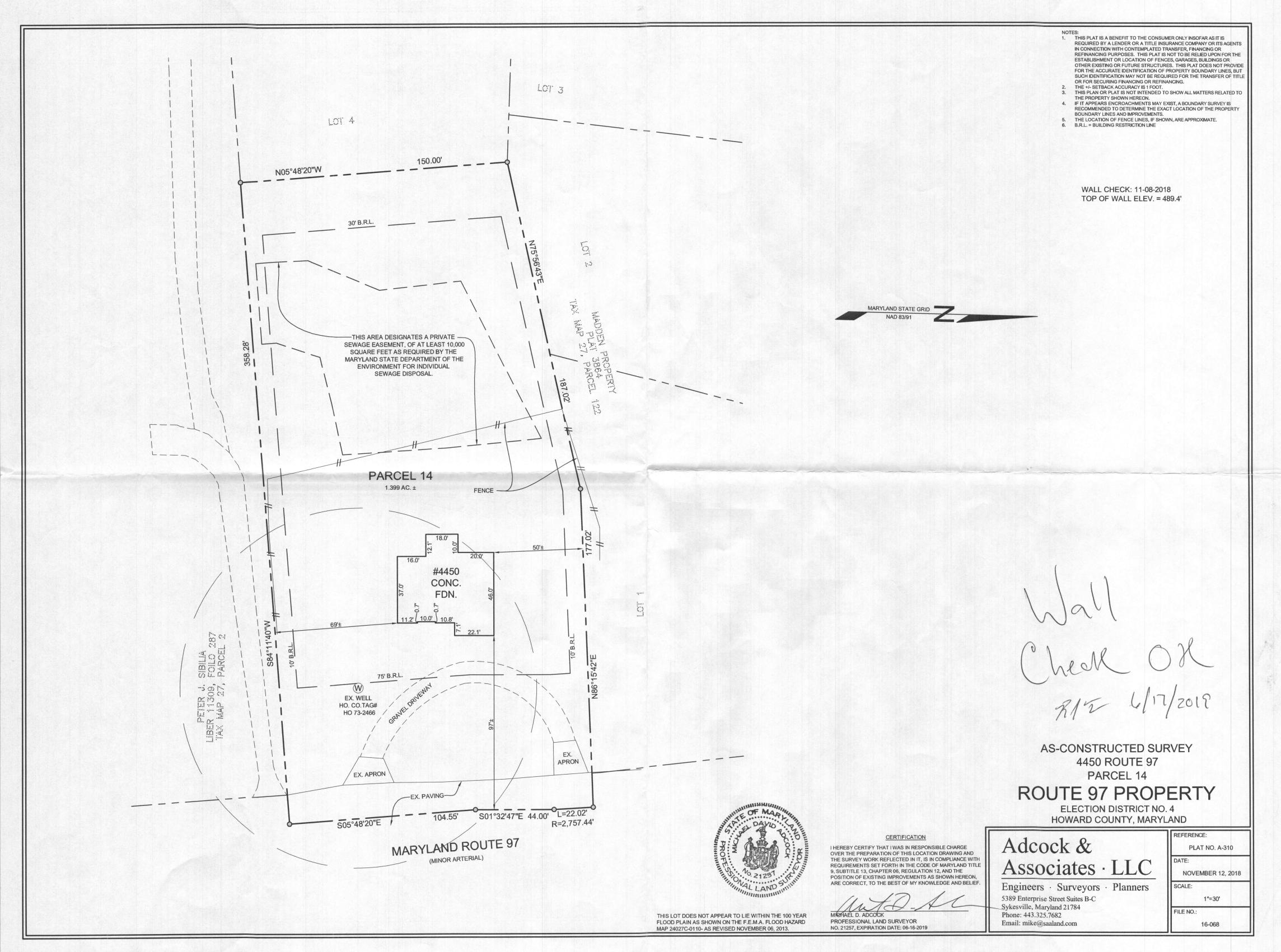
- 1. REPLACEMENT SYSTEM: APPLICATION RATE: 0.6
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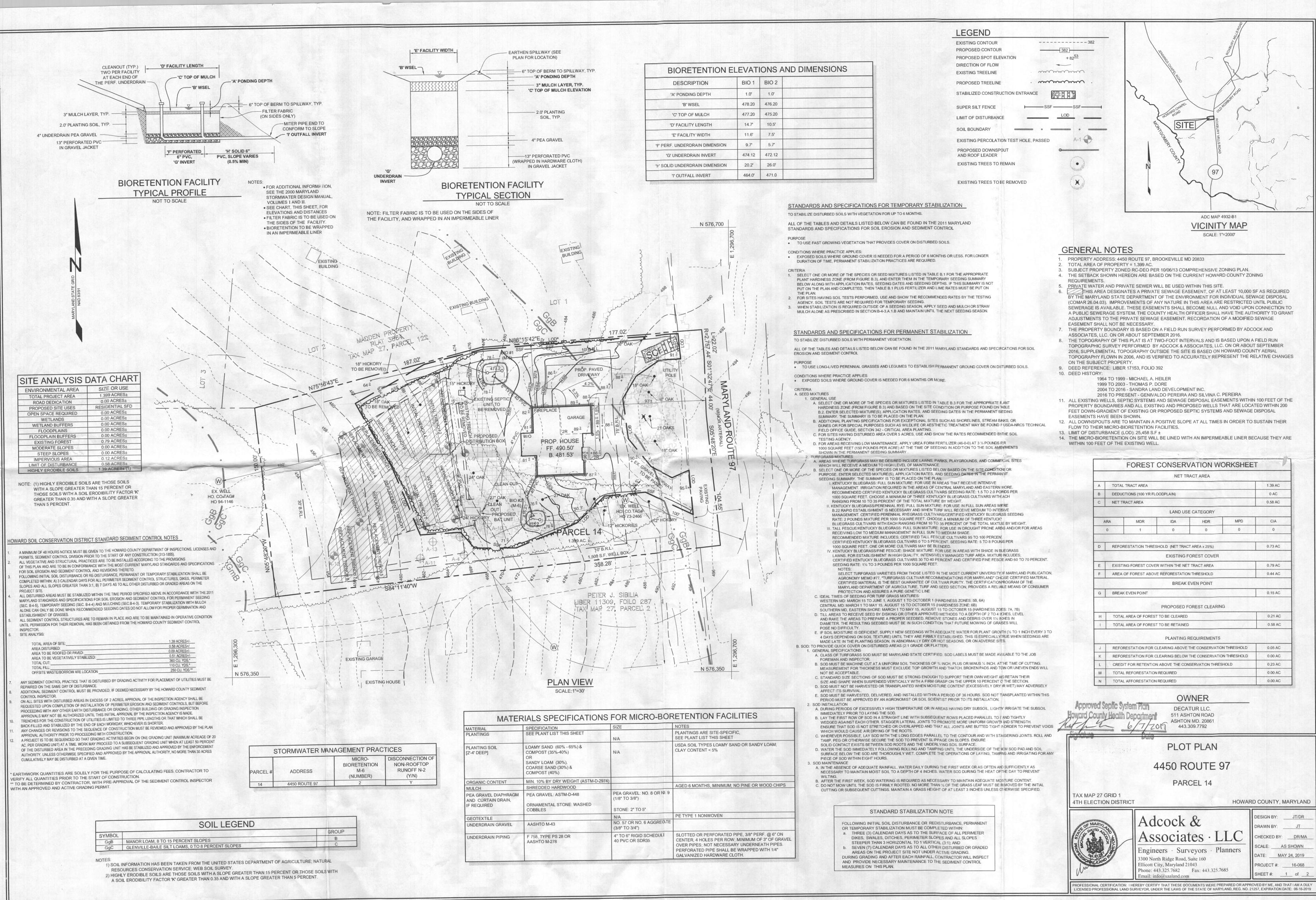
Plot/C02 Septic 16-068.dwg, 7/5/2018 12:40:33 PM, josh, 1:1

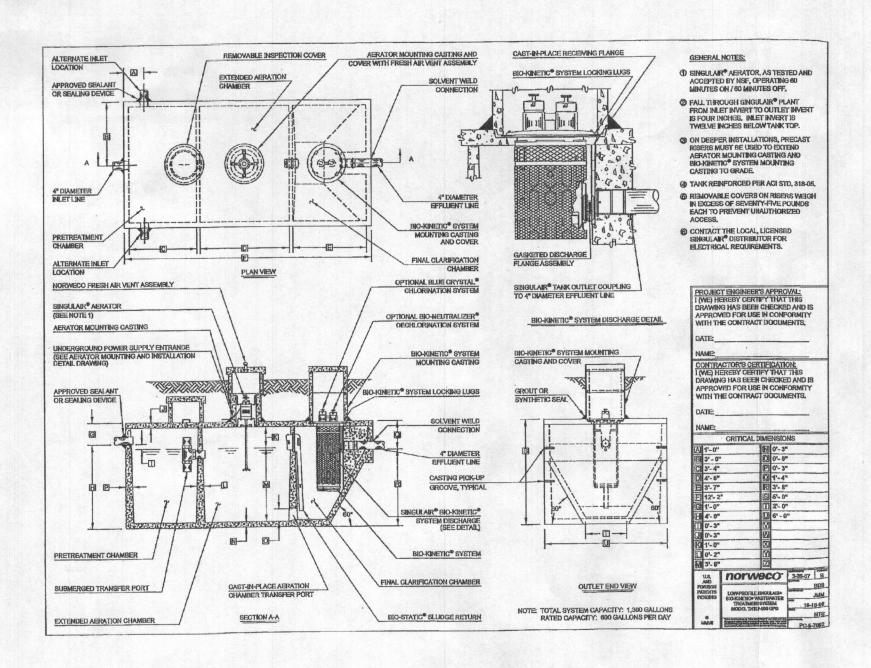


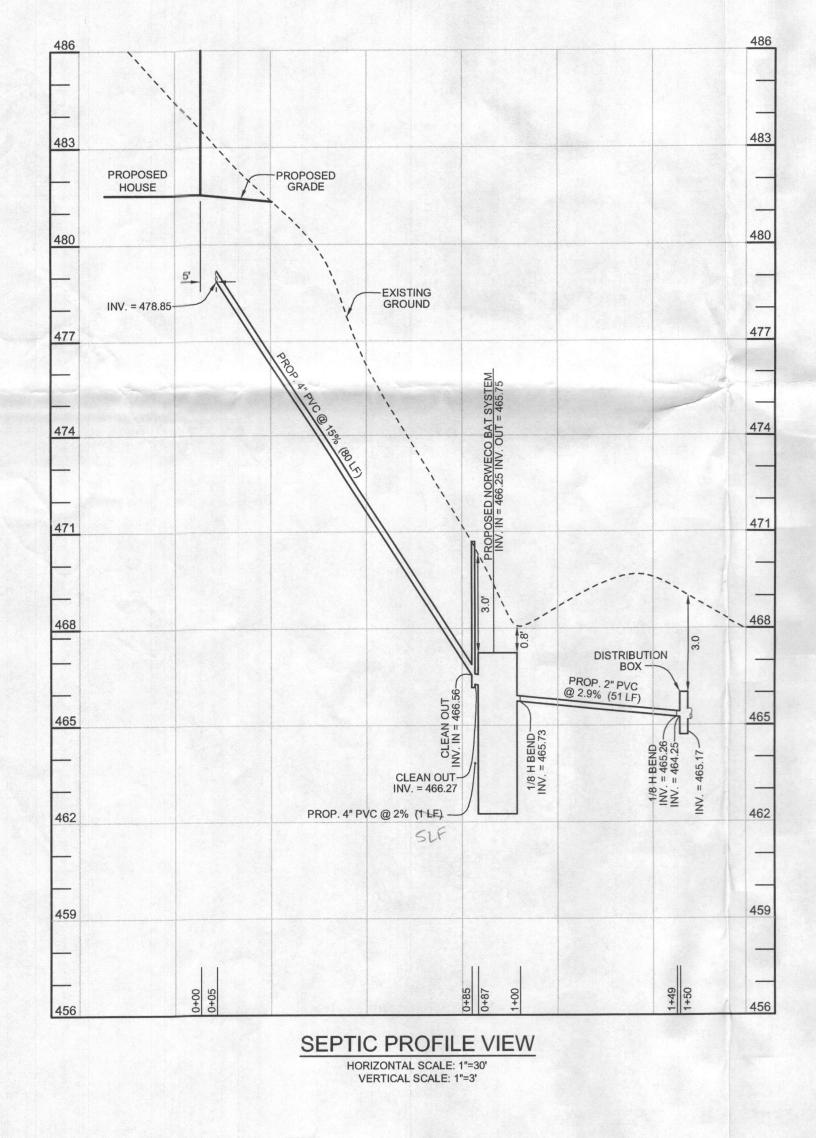
A REPORT	INITIAL	SEPTIC	TRENCI	H CHAR	Г
TRENCH NUMBER	EXISTING GRADE	INVERT	TRENCH BOTTOM	LENGTH	WIDTH
1	471.0	467.5	463.0	42'	3'
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5	464.0	460.5	456.0	42'	3'
6	463.5	460.0	455.5	42'	3'
7	463.0	459.5	455.0	42'	3'
8	461.8	458.3	453.8	42'	3'

REPLACEMENT SEPTIC						
TRENCH NUMBER	EXISTING GRADE	INVERT	TRE BO			
1	463.0	459.5	48			
2	460.5	457.0	45			
3	459.5	456.0	4			
4	459.0	455.5	4			
5	458.0	454.5	4			
6	457.8	454.3	4			
7	456.5	453.0	44			
8	455.5	452.0	44			









SEPTIC TRENCH DESIGN (INITIAL SYSTEM)

1. INITIAL SYSTEM & 1ST REPLACEMENT SYSTEM: APPLICATION RATE: 0.6

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- 6. LINEAR LENGTH OF TRENCH PROVIDED = 336'

SEPTIC TRENCH DESIGN (REPLACEMENT SYSTEM)

minung

mmmmm

- 1. REPLACEMENT SYSTEM: APPLICATION RATE: 0.6
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	INITIAL	SIPTIC	TRENCI	H CHAR	Г
TRENCH NUMBER	EXISTING GRADE	NVERT	TRENCH BOTTOM	LENGTH	WIDTH
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6	463.5	460.0	455.5	42'	3'
7	463.0	459.5	455.0	42'	3'
8	461.8	458.3	453.8	42'	3'

REP	LACEME	ENT SEP	PTIC	
TRENCH NUMBER	EXISTING GRADE	INVERT	TREN BOTT	
1	463.0	459.5	456	
2	460.5	457.0	453	
3	459.5	456.0	452	
4	459.0	455.5	452	
5	458.0	454.5	451	
6	457.8	454.3	450	
7	456.5	453.0	449.	
8	455.5	452.0	448.	

ROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR, UNDER THE LAWS OF THE STATE OF MARYLAND, REG. NO. 21257, EXPIRATION DATE: 06-16-2019

3300 North Ridge Road, Suite 160

Phone: 443.325.7682 Fax: 443.325.7685

Ellicott City, Maryland 21043

Email: info@saaland.com

DATE: MAY 24, 2019

PROJECT #: 16-068

SHEET #: 2 of 2



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 Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET								
Address:	44	50	Route	97	(Was	4-	(07)	
							1 ' .	
Subdivision:							Lot:	
			B.Y					
Initial syst	em: A	pplication	rate:	Effective area	beginning depth:	2	Bottom maximum depth:	8
1 st Replacem	ent: A	pplication	rate: 0.6	Effective area	beginning depth:	7	Bottom maximum depth:	7
2 nd Replacem	ent: A	pplication	rate: 0.G	Effective area l	beginning depth:	7	Bottom maximum depth:	2

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

 $\frac{W+2}{W+1+2D} \times 100 = \frac{Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.$

Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a/2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

- Show 3 systems or 2 systems with a BAT Whit Stay away from Perc # 4 A for Date: 7/14/17 Approved: Man



Bureau of Environmental Health

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

SEWAGE DISPOSAL STSTEW SPECIFICATIONS WORKSHELT					
Address:	4450 Rout	e 97 (Was	4470)		
Subdivision:		·	Lot:		
Initial system:	Application rate: 0.6	Effective area beginning depth:	Bottom maximum depth: 😤		
1 st Replacement:	Application rate: 0,6	Effective area beginning depth:	Bottom maximum depth:		
2 nd Replacement:	Application rate: 0.6	Effective area beginning depth:	Bottom maximum depth: 7		
Design Flow = 150 gallons per day per bedroom Design flow ÷ application rate = square footage of drainfield required Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width					
Cidenal Incidentian	Att. Commenters				

SEMAGE DISDOSAL SYSTEM SDECIFICATIONS MODESHEET

Sidewall reduction credit formula:

 $\frac{W+2}{W+1+2D} \times 100 =$ Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

- No sidewall credit, Bottom area only Show 3 systems or 2 systems with a BAT unit. If two systems only fit with unequal length trenchs a Low Pressure Dosing system with a BAT unit will be required. Approved:

JW 5/31/2017