



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: 12/11/2019

ONSITE SEWAGE DISPOSAL SYSTEM

P 566491

APPROVAL DATE: _____

PERMIT: CONSTRUCTION

A _____

PROPERTY ADDRESS: 1450 Long Corner Road

SUBDIVISION: Lisbon

LOT: n/a

TAX ID: _____

04-308689

CONTRACTOR: Oak Hill Construction

EMAIL: -

CONTRACTOR ADDRESS: 16910 Oak Hill Road, Silver Spring, MD 20905

PHONE: 301-421-4155

PROPERTY OWNER: Skahill, Roy A Jr; Skahill, Carolyn Marie

EMAIL: -

OWNER ADDRESS: 1450 Long Corner Road, Mount Airy, MD 21771

PHONE: -

SEPTIC TANK SIZE (GALLONS): 1500

TANK MANUFACTURER: Babylon or Equivalent

PUMP MODEL: n/a

PUMP SIZE

n/a

PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 3

APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>105'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: Kevin Wolf

ISSUE DATE: 12/11/2019

EXPIRATION DATE: 12/11/2020

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 TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRAIDENT 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: 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.

SEE ATTACHED
AS BUILT

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
<u>3</u>	<u>3'</u>	<u>8'</u>
NUMBER OF TRENCHES		<u>2</u>
TOTAL LENGTH		<u>106'</u>
ABSORPTION AREA		<u>318 SF</u>
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		<u>YES</u>
DISTRIBUTION BOX PORT		<u>YES</u>

PRE-CONSTRUCTION:

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 23'

BAFFLES _____

BAFFLE FILTER -

MANHOLE LOC FRONT/BACK

6" PORT LOC _____

WATERTIGHT TEST -

SLOTTED YES

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 _____

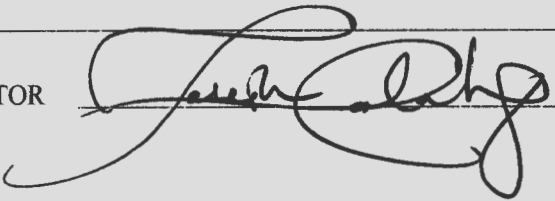
12/20/2019 REINSPECT LAYOUT. SDA NOT STAKED - CANNOT TRIANGULATE FROM LOD STAKES @

03/11/2020 TANK AND TRENCHES STAKED. CONT DID NOT BRING LASER. CONFIRM CONTOUR BEFORE INSTALLING DRAINFIELD.

INSTALLATION: _____

3/16/2020 Tried to call contractor several times, no answer left message. to send pictures in of work completed Document and as-built work and send in to Health Dept. OIC to cover all work (end)

03/20/2020 CONTRACTOR SENT SPECS FOR ASBUILT VIA PICTURE.

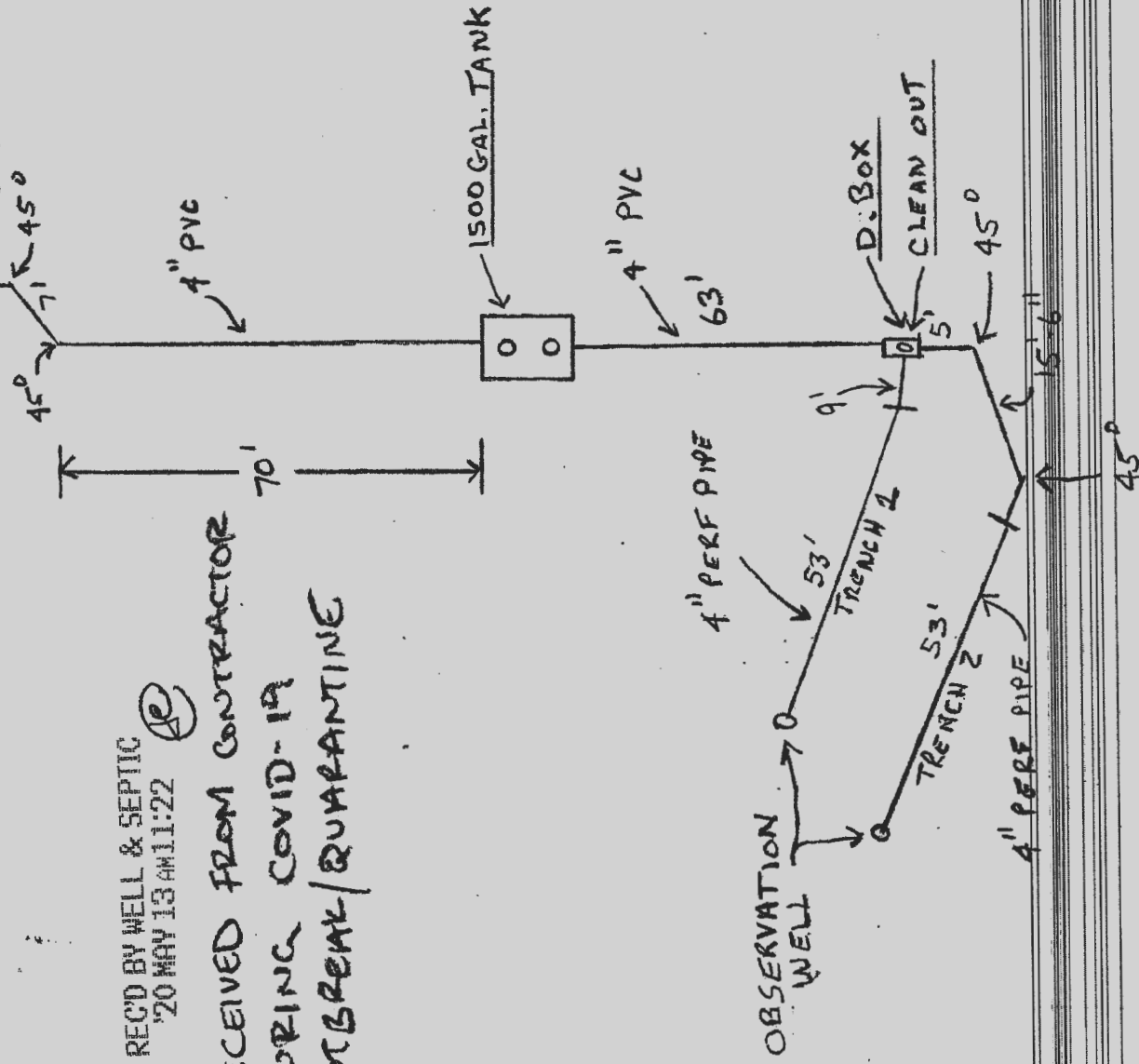
FINAL INSPECTOR  DATE OF APPROVAL 03/20/2020

NOT TO SCALE

✓ CLEAN
OUT

REC'D BY WEL & SEPTIC
'20 MAY 13 AM 1:22

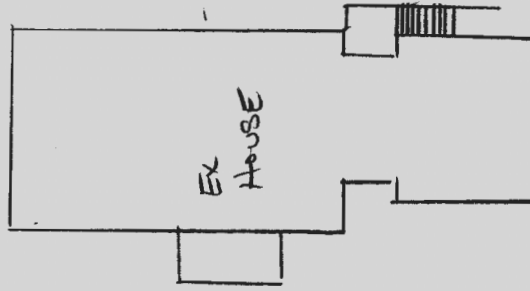
RECEIVED FROM CONTRACTOR
DURING COVID-19
OUTBREAK/QUARANTINE



1450 Long Corner

NOT TO SCALE

10-69-0101
②



E

1450 LONG CORNER ROAD

CLEAN
OUT

12' 45° 7'

4" PVC

1500 GAL. TANK

4" PVC

63'

D. BOX

CLEAN OUT

45°

15'-6"

45°

4" PERF PIPE

OBSERVATION
WELL

53'

TRENCH 1

53'

TRENCH 2

4" PERF PIPE

REC'D BY WELL & SEPTIC
20 MAY 13 AM 11:22
RECEIVED FROM CONTRACTOR
DURING COVID-19
OUTBREAK/QUARANTINE



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Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 1450 Long Corner Road

Subdivision: Lands conveyed to Roy A Skahill, Jr.

Lot:

Initial system: Application rate: 0.8 Effective area beginning depth: 5.5 Bottom maximum depth: 8
1st Replacement: Application rate: 0.8 Effective area beginning depth: 5.5 Bottom maximum depth: 8
2nd Replacement: Application rate: 1.2 Effective area beginning depth: 5 Bottom maximum depth: 8

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:

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

Standard design requirements:

- 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:

Approved: Dana Bernard Date: 2-21-19

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Roy & Carolyn Skahill ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 1450 Long Corner Road, Mt Airy 21771, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 6, Block # , Parcel # 0077, Deed Reference # 02816/00547 and Tax Account # 308689 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property. HD-69-0101

WHEREAS, the Owner has installed a residential drinking well under well permit H0690101 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

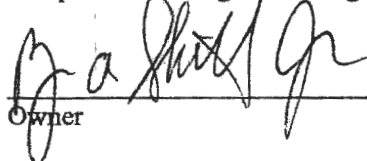

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

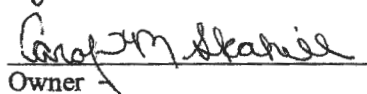
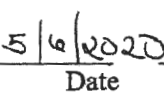
NOW THEREFORE, the parties have agreed to the following terms and conditions:

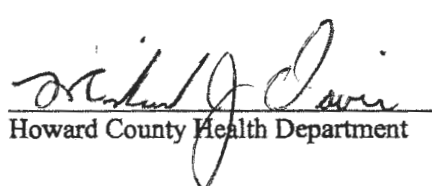

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department 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 their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

			
Owner	Date	Buyer	Date

			
Owner	Date	Buyer	Date

			
Howard County Health Department	Date		

NOTES:

1. THE EXISTING WELL (HO-69-0101) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
2. FOOTING AND FOUNDATION ARE IN PLACE AS SHOWN HEREON.
3. TOP OF WALL = 821.79.
4. BUILDING TIES ARE $\pm 0.5'$ UNLESS OTHERWISE NOTED.

N 33°23'36" W 323.87'

MCS
(NAD 83/91)

TRUMAN L. KELLEY, SR.
LAVINIA W. KELLEY
L. 14253, F. 477

LANDS CONVEYED TO
ROY A. SKAHILL, JR.
LIBER 18361, FOLIO 462
135,826 SQ. FT.
OR 3.1181 AC. \pm

DAVID VINCENT MULLINX
L. 1012, F. 434

LONG CORNER ROAD
FUTURE 60' RW
FUTURE 30' RW



PROFESSIONAL CERTIFICATION:

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21512, EXPIRATION DATE 08/04/21, IN ACCORDANCE WITH COMAR 09.13.06.12

JEFFERY W. ELKINS, PROFESSIONAL LAND
SURVEYOR, MD. REGISTRATION NO. 21512

DATE

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE

L. 18361, F. 462

JOB NO.

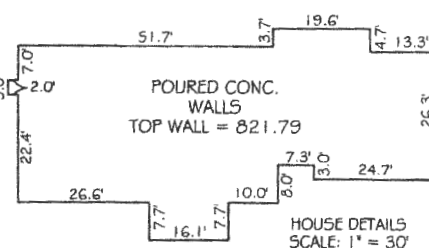
88-2024



VANMAR
ASSOCIATES, INC.
Engineers Surveyors Planners

310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (410) 549-2751

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WALL CHECK DRAWING

LANDS CONVEYED TO

ROY A. SKAHILL, JR.
CAROLYN MARIE SKAHILL

LIBER 18361 AT FOLIO 462

TAX ID No. 04-308689

1450 LONG CORNER ROAD

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' SEPTEMBER, 2019

Q:\AutoDesk\Jobs\44-4815 Mullinix\Draw\44-4815 NAD-83.dwg, 9/18/2019 10:33:44 AM, 1:1

Bernard, Dana

From: Bernard, Dana
Sent: Tuesday, March 19, 2019 9:57 AM
To: TMV@VanMar.Com
Cc: mbholsinger@comcast.net
Subject: Skahill Property

Good Morning Mr. VanMar,

I have received your septic design in our office for review . However, I don't have floor plans for the entire house or for the proposed addition. The floor plans are needed to complete your review. If the owners have plans to increase the number of bedrooms or the living space in the basement, we must include this information in the calculations and increase the number of bedrooms on your septic plan.

Thank you & Have a*~)

() () * () !

Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Thursday, January 10, 2019 11:26 AM
To: tmv@vanmar.com; ron@vanmar.com
Cc: Bernard, Dana
Subject: Skahill Property 1450 Long Corner

I'm reviewing the perc cert for 1450 Long Corner road and I'd like your permission to strike note 9 referencing drilling a well before final plat as it is not needed for this project. I would also like to bolster note 12 regarding new septic system required to state "An OSDS plan showing details of system installation must be submitted and approved by the Health Department before Health Department approval of the building permit. The existing system must be pumped out and properly abandoned prior to Health Department approval of the new system installation."

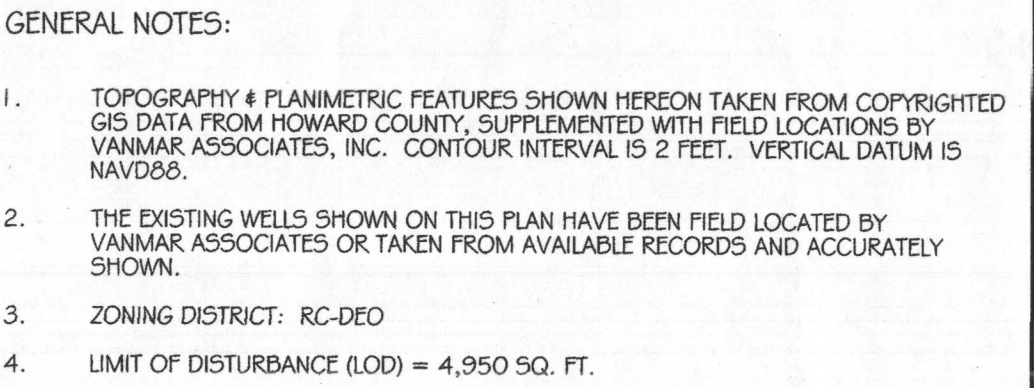
Also, does the existing well have a tag on it? Our records indicate that it is numbered HO-69-0101. I'd like to change the plan to state the well tag number, but I'd like to issue a replacement tag for them have installed during well line installation for the new house if there isn't one already there.

Alternatively, you could submit a new plan with the note changes. Let me know. Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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T. M. VanSant
T. Michael VanSant, Professional Land Surveyor
Md. Registration No. 21266

A circular professional seal for T. Michael Vansant, a Professional Land Surveyor in the State of Maryland. The seal features the text "STATE OF MARYLAND" at the top, "T. MICHAEL VANSANT" in the center, and "PROFESSIONAL LAND SURVEYOR" at the bottom. The number "No. 21269" is also present. The seal is surrounded by a decorative border of small stars.



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
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 (301) 829-2890 (301) 831-5015 (410) 549-2751
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