



Howard County
Health Department

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

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

RECEIPT DATE: _____

ONSITE SEWAGE DISPOSAL SYSTEM

P _____

APPROVAL DATE: _____

PERMIT: CONSTRUCTION

A _____

PROPERTY ADDRESS: **3213 ROSWAY COURT, GLENELG, MD 21737**

SUBDIVISION: **ROSCOMMON ESTATES**

LOT: **16**

TAX ID: _____

03-314146

CONTRACTOR: **FOGLE'S SEPTIC CLEAN, INC.**

EMAIL: **Kim@Foglesinc.com**

CONTRACTOR ADDRESS: **580 OBRECHT ROAD, SYKESVILLE, MD 21784**

PHONE: **(410)795-5670**

PROPERTY OWNER: **MATTHEW and TRICIA DUNLOP**

EMAIL: _____

OWNER ADDRESS: **3213 ROSWAY COURT, GLENELG, MD 21737**

PHONE: **(412)657-3405**

SEPTIC TANK SIZE (GALLONS): **1500**

TANK MANUFACTURER: _____

MARYLAND CONCRETE, INC.

PUMP MODEL: **n.a.**

PUMP SIZE _____

n.a.

PUMP TANK CAPACITY: _____

n.a.

DISTRIBUTION SYSTEM: _____



GRAVITY



PRESSURE DOSED

BEDROOMS: **5**

APPLICATION RATE: **1.2**

| | | |
|-----------|---|--|
| TRENCHES: | LINEAR FEET REQUIRED: 129 | INLET DEPTH: 2.0 |
| | TRENCH WIDTH: 3 | MAXIMUM BOTTOM DEPTH: 6.0 |
| | MINIMUM SPACE BETWEEN TRENCHES: 10 | EFFECTIVE AREA BEGINNING DEPTH: 4.0 |
| | | |
| LOCATION: | PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED PRIOR TO PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | Join existing SHC near existing septic tank inlet, then continue to replacement septic tank location. Install cleanout before replacement septic tank. CHECK POTENTIAL TO MAINTAIN GRAVITY FLOW BEFORE DIGGING HOLE FOR REPLACEMENT SEPTIC TANK. Existing septic tanks must be properly abandoned for Final Approval of this permit. | |

ISSUED BY: **R BRICKER**

ISSUE DATE: _____

EXPIRATION DATE: _____

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 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

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.



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Twitter: HowardCoHealthDep

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

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: Fogle's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville 21784

Property Address: 3213 Rosway Ct County file: _____

Subdivision: _____ Lot: 16 Year Built: 1992

Owner's Name: Matthew Dunlop Owner's Phone: 410-465-2782

Name of previous owners: _____ Existing bedrooms: 4

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.

| Sewage Disposal System Specifications | | | | |
|---------------------------------------|-------------------|-----|------------------|-----------------------|
| Initial System | Application Rate: | 1.2 | Begin. Depth: 4' | Bottom Max. Depth: 6' |
| 1st Replacement System | Application Rate: | 1.2 | Begin. Depth: 4' | Bottom Max. Depth: 6' |
| 2nd Replacement System | Application Rate: | 0.8 | Begin. Depth: 5' | Bottom Max. Depth: 6' |

| Initial System | 1st Replacement | 2nd Replacement |
|---|---|---|
| Design Flow = 150 gpd x 5 br = 750 | Design Flow = 150 gpd x 5 br = 750 | Design Flow = 150 gpd x 5 br = 750 |
| Drainfield Required (SF) = 750 / 1.2 = 625 SF | Drainfield Required (SF) = 750 / 1.2 = 625 SF | Drainfield Required (SF) = 750 / 0.8 = 938 SF |
| Linear Length of Trench Required = 625 x 0.62' / 3 = 129' | Linear Length of Trench Required = 625 x 0.62' / 3 = 129' | Linear Length of Trench Required = 938 x 0.83' / 3 = 260' |
| *Sidewall Reduction Credit: 3' wide trench | *Sidewall Reduction Credit: 3' wide trench | *Sidewall Reduction Credit: 3' wide trench |
| 3+2 3+1+2(2) = 0.62 | 3+2 3+1+2(2) = 0.62 | 3+2 3+1+2(1) = 0.83 |

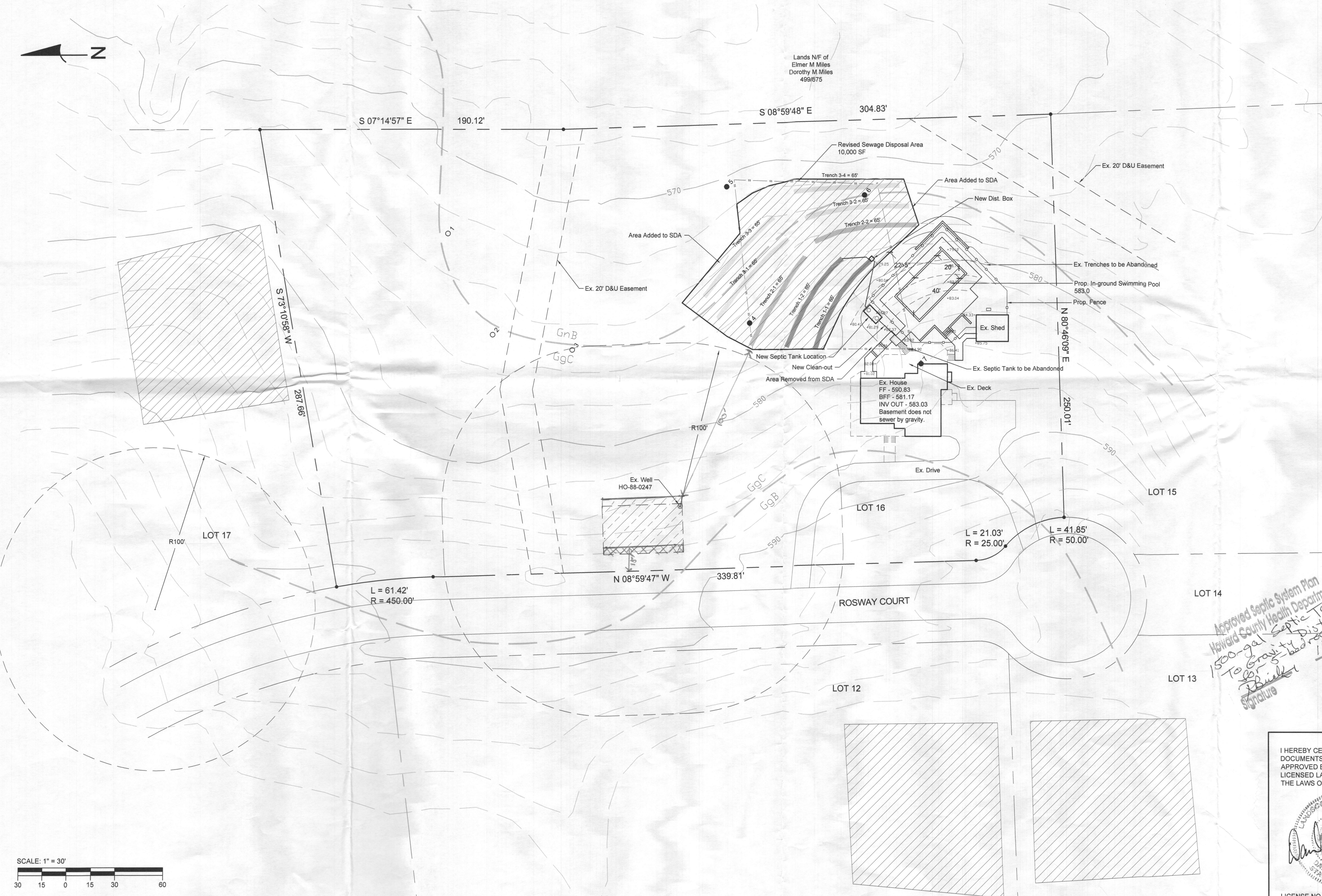
| Trench Data | | | | | | | | | |
|-----------------------|--|----------------|------------|-----------------|------------|-----------------|------------|------------|------------|
| | | Initial System | | 1st Replacement | | 2nd Replacement | | | |
| | | Trench 1-1 | Trench 1-2 | Trench 2-1 | Trench 2-2 | Trench 3-1 | Trench 3-2 | Trench 3-3 | Trench 3-4 |
| Length | | 65' | 65' | 65' | 65' | 65' | 65' | 65' | 65' |
| Ground Elevation | | 579.0 | 578.0 | 576.8 | 576.1 | 575.2 | 574.5 | 574.3 | 572.5 |
| Invert Elevation | | 577.0 | 576.0 | 574.8 | 574.1 | 573.2 | 572.5 | 572.3 | 570.5 |
| Max. Bottom Elevation | | 573.0 | 572.0 | 570.8 | 570.1 | 569.2 | 568.5 | 568.3 | 566.5 |

| SEPTIC INVERT CHART | |
|---------------------|--------|
| INV @ HOUSE | 583.03 |
| GROUND @ HOUSE | 586.33 |
| INV IN TANK | 579.67 |
| INV OUT TANK | 579.42 |
| TOP OF TANK | 580.5 |
| GROUND @ TANK | 582.5 |
| INV IN DIST. BOX | 577.2 |
| INV OUT DIST. BOX | 577.1 |
| GROUND @ DIST. BOX | 579.0 |



Vicinity Map

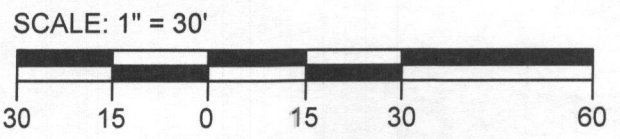
1" = 2000'



| LEGEND | |
|--------|-------------------------|
| | Ex. Contour (2') |
| | Ex. Contour (10') |
| | Property Line |
| | Setback Line |
| | Soils |
| | Septic Disposal Area |
| | Perc Test Hole - Passed |
| | Perc Test Hole - Failed |

- Notes**
- Any changes to the locations or depths to any components must be approved by the engineer or qualified professional and the Howard County Health Department prior to installation. A revised site plan may be required.
 - The maximum earth cover over the tank is 3 feet. Greater earth cover will require a heavy load bearing tank.
 - Electrical work for the installation must be performed by a licensed electrician.
 - The well (tag# HO-88-0247) has been field located and is accurately shown.
 - All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown to the best of my knowledge.
 - The source of the two-foot contour interval topography is Howard County GIS with on-site verification and spot elevations provided by Rhine Landscaping LLC on September 2019.
 - The minimum spacing between 3' wide trenches shall be 10'.

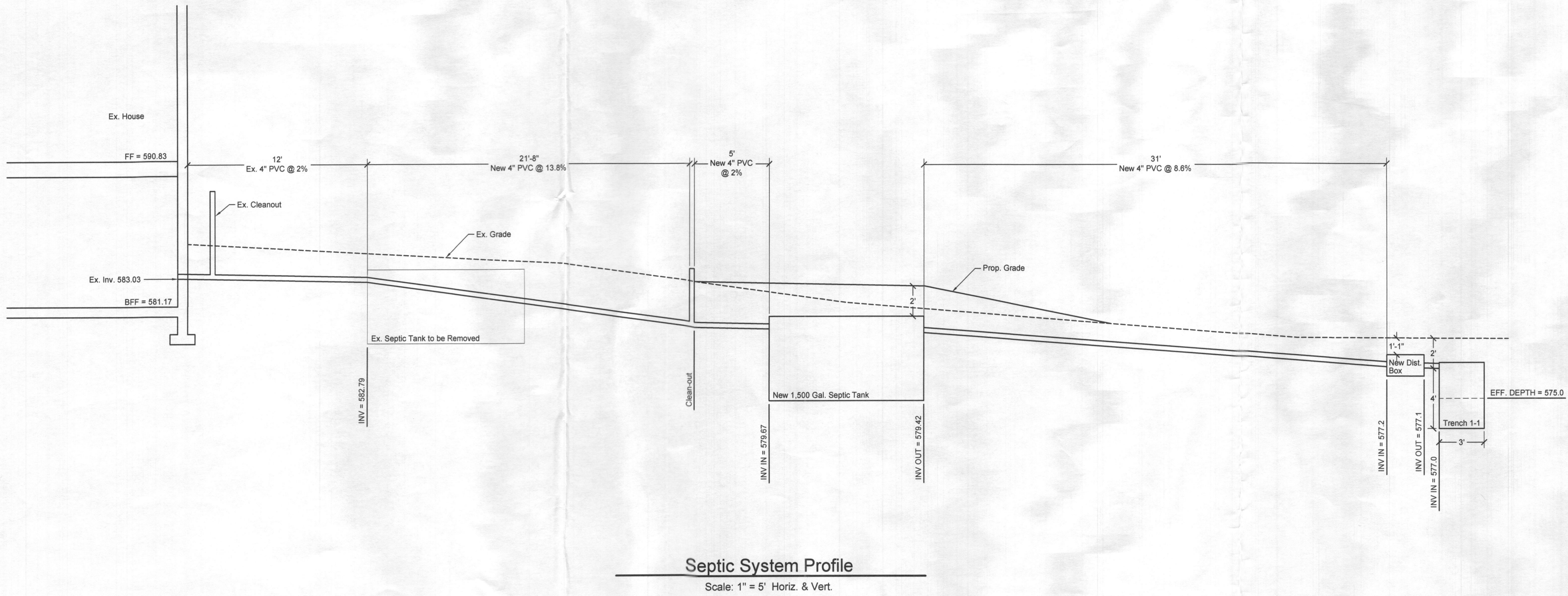
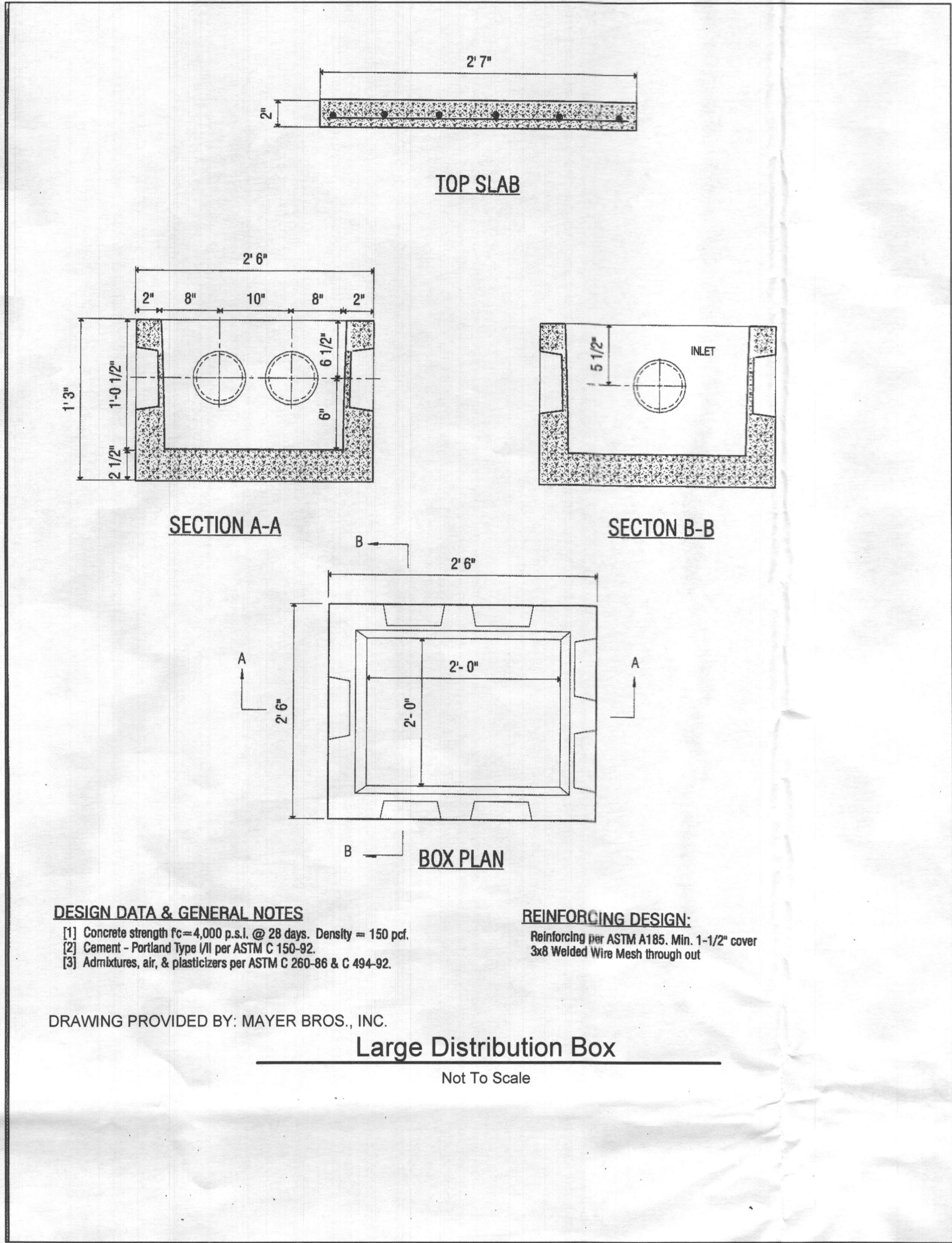
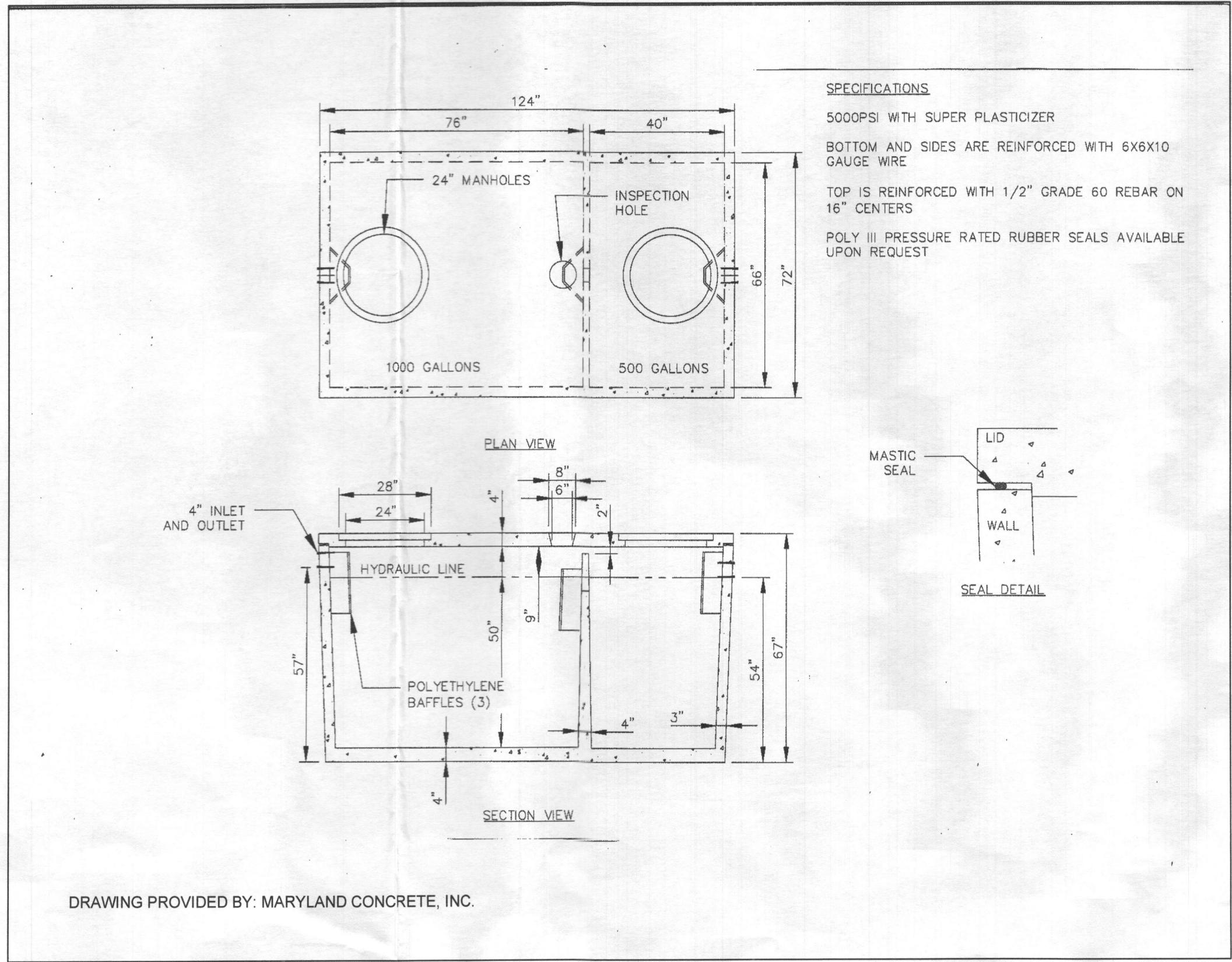
Approved Septic System Plan
Howard County Health Department
1500-gal Septic Tank
To Gravity Distribution
for 5 bed room SFD
1/23/2020
Date
Signature



I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED LANDSCAPE ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND.

LICENSE NO.: 3178
EXP. DATE: 11/4/2020

| | | | |
|----------------------|---|-----------------|--------|
| Owner: | Matthew and Tricia Dunlop 3213 Rosway Court Glenelg, MD 21737 (412) 657-3405 | | |
| Title: | On-Site Sewage Disposal System Plan 3213 Rosway Court | | |
| Subdivision: | Roscommon Estates - Lot 16 Tax ID: 03-314146 | | |
| Drawing Prepared By: | RHINE LANDSCAPING, LLC MHC # 121729 PO Box 103, Silverdale, MD 410-442-3445 www.rhinelandscaping.com | | |
| Tax Map: | 22 | Plan Ref: | 8263 |
| Parcel: | 549 | Election Dist.: | 3rd |
| Date: | 1 / 6 / 20 | Sheet: | 1 of 2 |



Approved Septic System Plan
Howard County Health Department
1500-gal Septic Tank to
Gravity Distribution
Date 1/23/2020
Signature [Signature]

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED LANDSCAPE ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND.

DANIEL J. MONTGOMERY
LANDSCAPE ARCHITECT
STATE OF MARYLAND
133176

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EXP. DATE: 11/4/2020

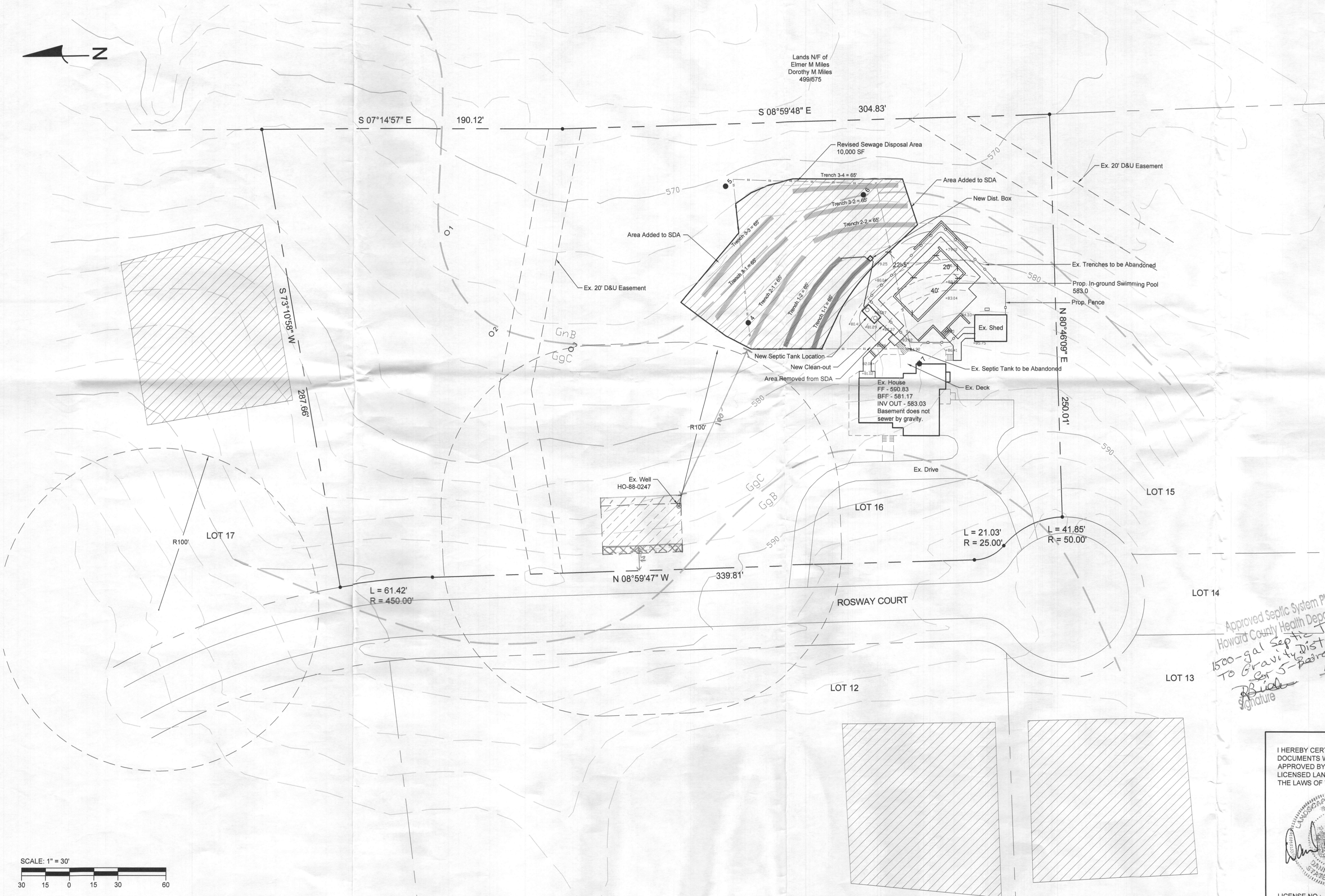
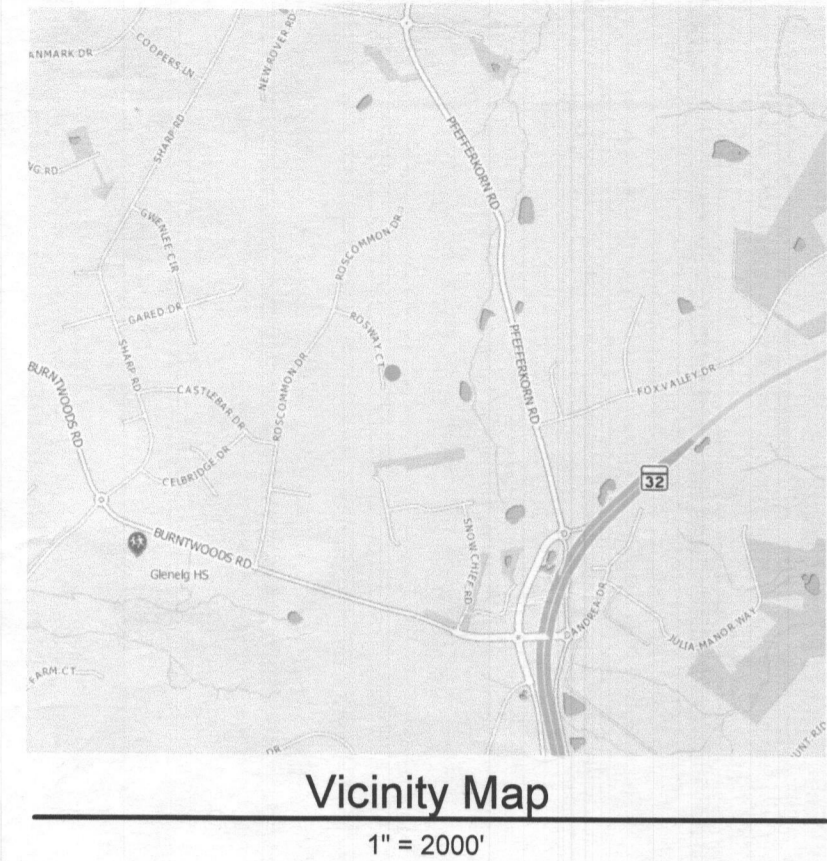
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| Tax Map: 22 | Plot Ref: 8263 | Date: 1 / 6 / 20 |
| Parcel: 549 | Election Dist.: 3rd | Sheet: 2 of 2 |

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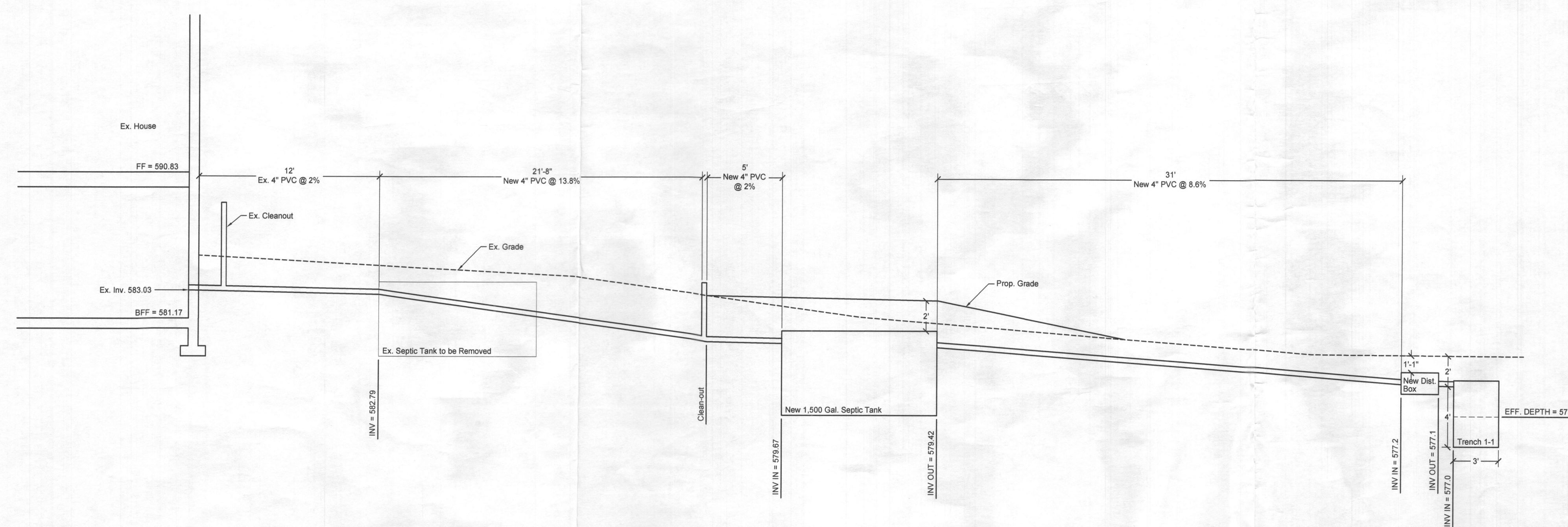
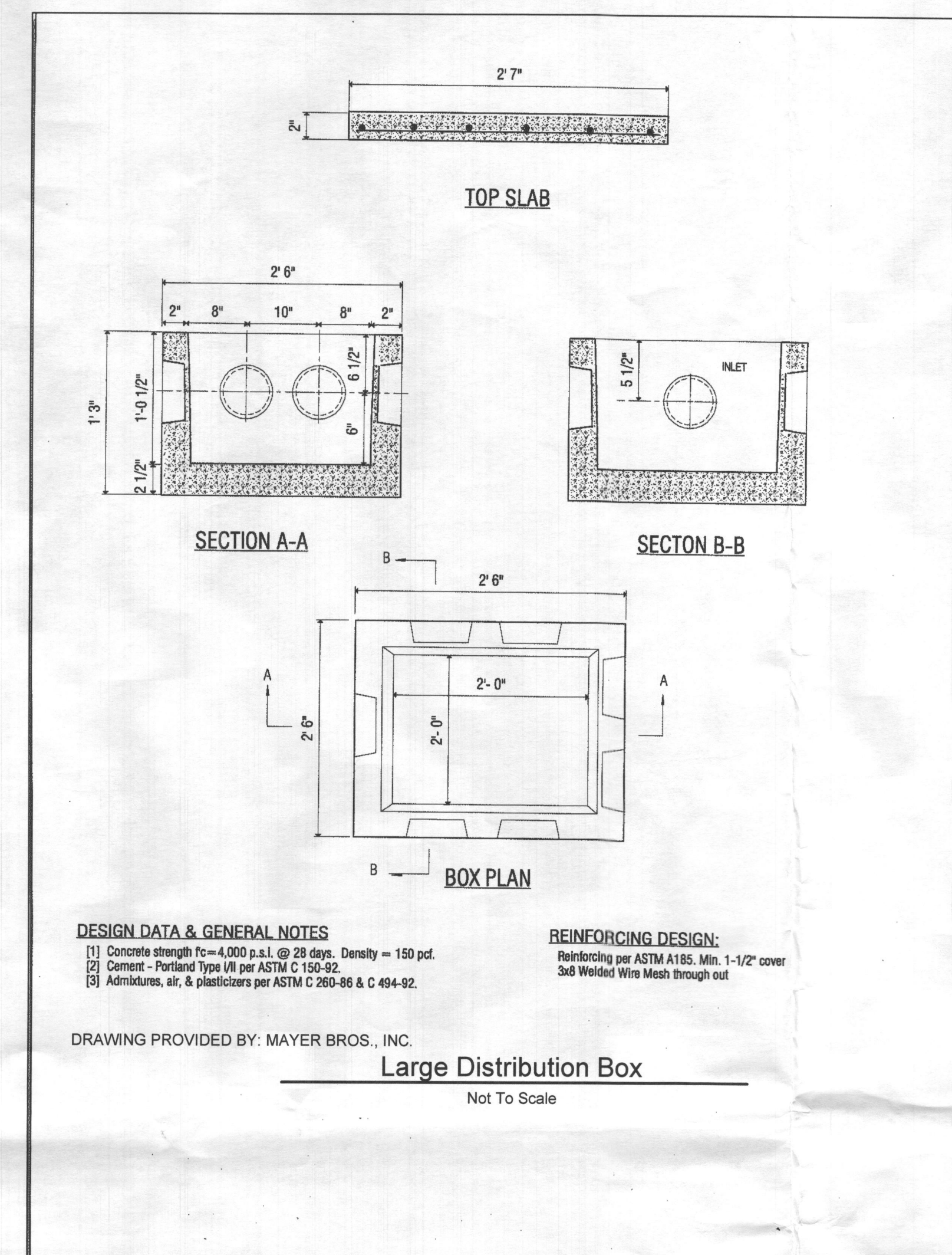
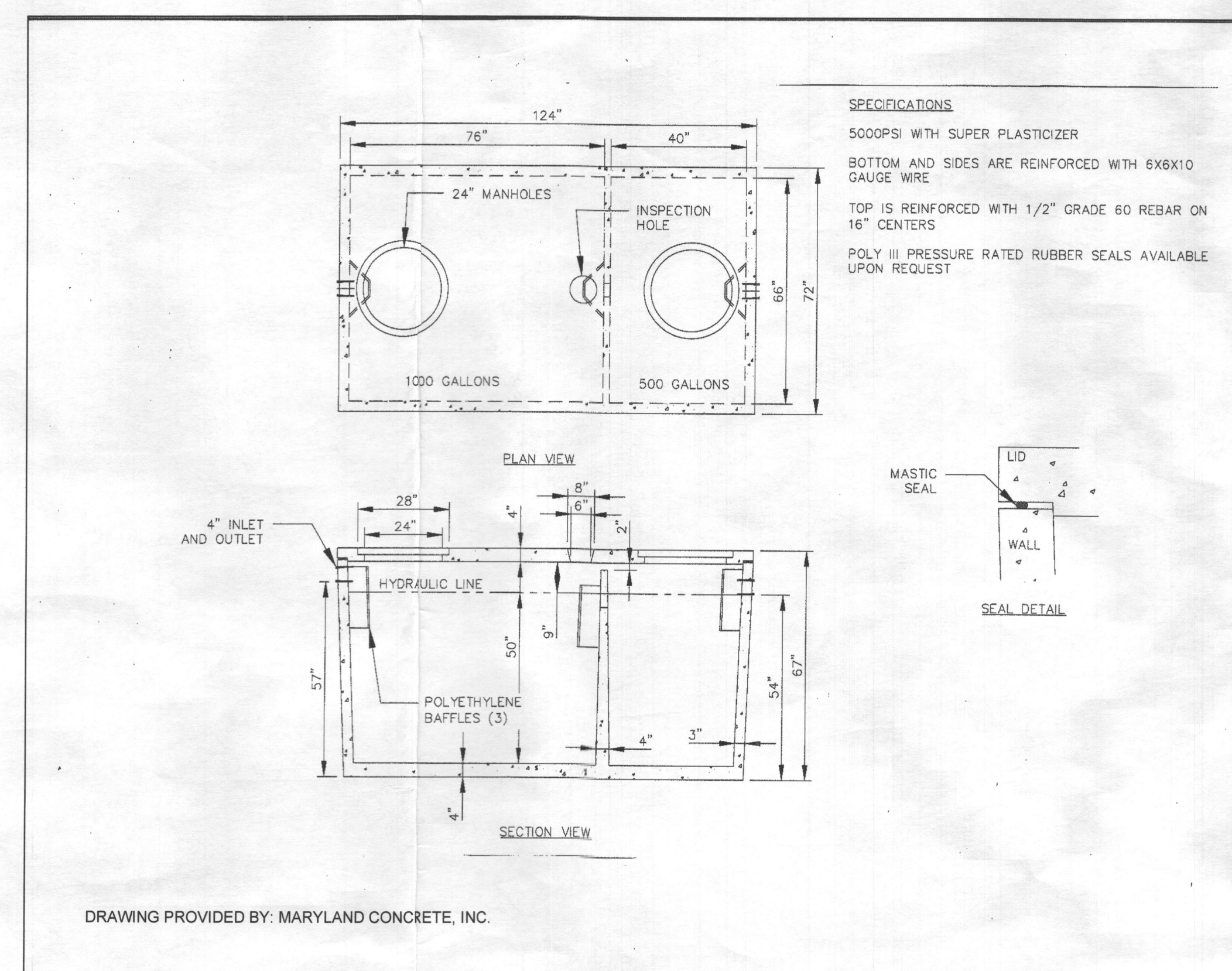
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To Gravity Distribution
for 5 Bedroom SFD
Date 1/23/2020
Signature [Signature]

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Howard County Health Department
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To Gravity Distribution
[Signature]
Signature Date 1/23/2020

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