**Bureau of Environmental Health**

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

RECEIPT DATE: 03/16/2021**ONSITE SEWAGE DISPOSAL SYSTEM**P 568797APPROVAL DATE: 3/30/21**PERMIT:****REPAIR**A 568767PROPERTY ADDRESS: 830 River RoadSUBDIVISION: SykesvilleLOT: 4TAX ID: 03-289354CONTRACTOR: Freedom Septic

EMAIL: _____

CONTRACTOR ADDRESS: 2809 Liberty Road Sykesville, MD 21784PHONE: 410-795-2947PROPERTY OWNER: Glover, Bryan; Glover, Jennifer

EMAIL: _____

OWNER ADDRESS: 830 River Road Sykesville, MD 21784

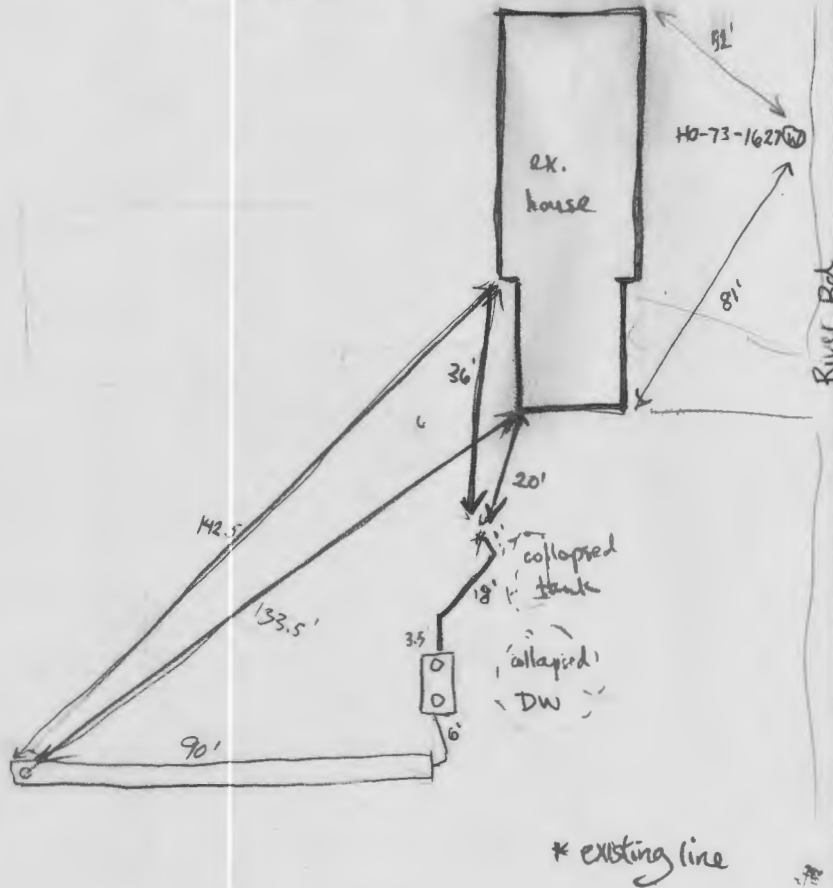
PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000PUMP CHAMBER CAPACITY (GALLONS): N/APUMP SIZE: N/ANUMBER OF BEDROOMS: 4 (6)HOUSE SQ. FT. N/AAPPLICATION RATE: 1.2DISTRIBUTION SYSTEM: GRAVITY FED ☒LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>90'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 1 x 90' Trench. Owner has decided to upgrade tank and drain field to accommodate future addition to house. Septic Tank and Drain field are designed for 6 Bedrooms.	

ISSUED BY: Joseph Cabahug 001997ISSUE DATE: 03/29/2021EXPIRATION DATE: 03/29/2022**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: 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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	8'

NUMBER OF TRENCHES 1TOTAL LENGTH 90'ABSORPTION AREA 270 sq ft + sidewalkDISTRIBUTION BOX LEVEL N/ADISTRIBUTION BOX BAFFLE N/ADISTRIBUTION BOX PORT N/A**SEPTIC TANK DATA**SEPTIC TANK 1 LEVEL MANUFACTURER BaldwinCAPACITY 2000 GALSEAM LOC topTANK LID DEPTH 2.5'BAFFLES inletBAFFLE FILTER MANHOLE LOC inlet & outlet6" PORT LOC WATERTIGHT TEST SLOTTED yesDATE ON LID 12-11-20PUMP/SEPTIC TANK LEVEL MANUFACTURER CAPACITY GALSEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED DATE ON LID **PRE-CONSTRUCTION:**

3/10/21 Install 1x90' trench between pipe A & B.
 Ex. Drywell to be pumped and collapsed. Call for SL

INSTALLATION: 3/30/21 old tank and dry well collapsed. New 2000 gal tank set and hooked into existing SL. 1x90' trench installed. SP

FINAL INSPECTOR

Juan Thomas

DATE OF APPROVAL

3/30/21



HOWARD COUNTY HEALTH DEPARTMENT

68797

DATE 3/16/21

Received From

PHONE #

Freedom Septic Service 410-295-2947

For

Septic Repair -
830 River Rd.

☐ CASH

☒ CHECK

NO.

4926

One hundred sixty two

Dollars

\$

165.00

Received By

Kimp

PS 8497

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☒ Failing System *Percolation 3/10/21*
☐ 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
☒ No Date pumped: _____

Was a visual inspection of the septic tank and/or drain fields conducted?

- ☐ Yes Explain observation: _____
☐ No _____

Existing system design

- ☒ Drywell
☐ Trench
☐ Mound
☐ Unknown
☐ Other: _____

Was a visual inspection of the sewage line conducted?

- ☐ Yes
☐ 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 Regulations.

Septic Contractor: *Freedom Septic*

Contractor's Phone: *410.735.2947*

Contractor's Address: *2809 Liberty Rd Sykesville, MD 21784*

Property Address: *830 River Rd Sykesville, MD*

County File: _____

Subdivision: *0002*

Lot: *4*

Year Built: *1974*

Owner's Name: *Bryan Glauer*

Existing bedrooms: *4*

Name of previous owners: _____

Existing bedrooms: _____

Proposed bedrooms: _____

*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 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 exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020