



HOWARD COUNTY HEALTH DEPARTMENT

26746

DATE
6 / 4 / 07

ADP

Received
From

4 E. Mega + Son Excavating

PHONE #

410. 442. 5623

☐ CASH

☒ CHECK

NO.

7141

For

repair p.c. + septic repair
11861 Kamsburg Rd

Three hundred thirty dollars

Dollars

\$

330.00

Received By

LLBm 12/28

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

Reason for Request:

Failing System (includes surface discharge or inadequate treatment zone) X
Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?
*System relocation for proposed addition for setback compliance
*Verification of adequate system capacity per COMAR 26.04.02.02D (4)
To replace collapsed septic tank
To replace collapsed drywell

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name:

Is public sewer available/nearby:

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners:

Year House Built:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: No

If yes, then with whom and when:

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair / upgrade / evaluation. No inspection will be performed without fee collection at the office.

Print out copy of Real Property Data via Dept. of Taxation website Indexed file found

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion.

Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box:

Date of request: (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 06/04/07

P 526746

APPROVAL DATE: 7/25/07 KW

A REPAIR

Tax ID # 03-302636

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

J E Feaga & Son Excavating

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 1625 Henryton Road, Marriottsville PHONE NUMBER: 410-984-5681

SUBDIVISION: Henryton Heights LOT NUMBER: 9

ADDRESS: 11861 Ramsburg Road PROPERTY OWNER: Craig Hanson

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 70

*Trenches 2' Wide
Inlet 5'
Bottom 10'
5' of Stone Below
Pipe*

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<i>O.K. to Connect to Drywell and Install a Trench on Contour Near the Perc Test Hole, Fill Drywell</i>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so _____ sanitarian can recommend repair. <i>With Gravel</i>

PLANS APPROVED: B. Baltes

DATE: 6/4/07

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

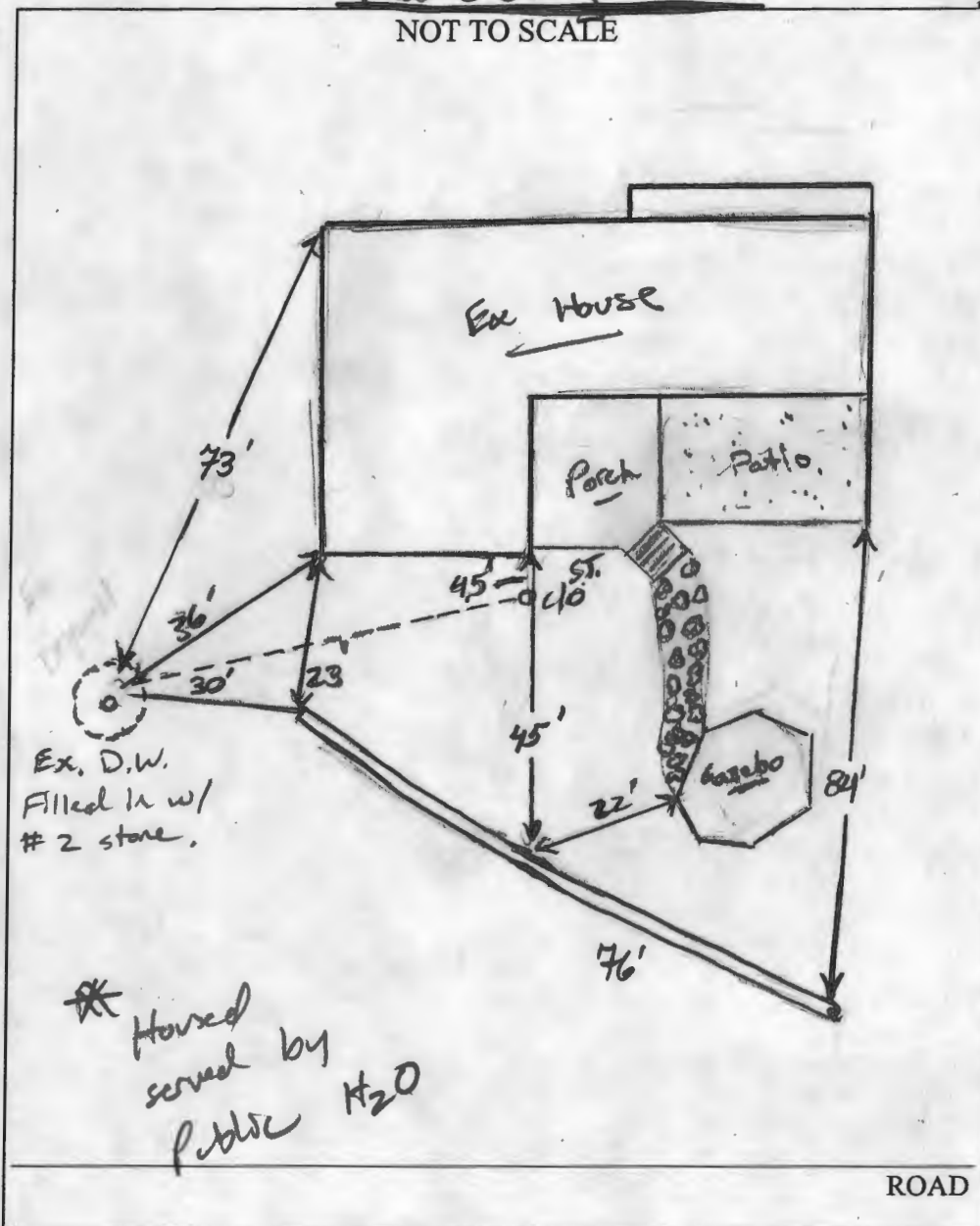
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

Ramsburg Rd.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4.5'	9.5'
NUMBER OF TRENCHES 1		
TOTAL LENGTH 76' + stone D.W.		
ABSORPTION AREA 152' + SW.		
DISTRIBUTION BOX LEVEL N/A		
DISTRIBUTION BOX BAFFLE N/A		
DISTRIBUTION BOX PORT N/A		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION

INSTALLATION 7/24/07 Contractor requested to not fill in D.W. Explained to him that it needed to be filled in. Extended 30' solid pipe out from D.W. to start of trench. Roughly 40' of trench complete. Told contractor, needs to use filter cloth for trenches and obs port @ end of trench and a 6" c/p in D.W. OK to continue (KW)

7/25/07 System complete. 18 ton of #2 stone used in Dry well. OK to backfill (KW)

FINAL INSPECTOR

K. Way

DATE OF APPROVAL

7/25/07