



# HOWARD COUNTY HEALTH DEPARTMENT

55362

DATE  
121/01/14

A5

Received  
From

Precise Bookkeeping

PHONE #

410 795-4840

☐ CASH

☒ CHECK

NO.

2357

For

Repair Pore / Repair Permit  
11857 Kearsberg Rd.

\$

330.00

Received By

J King

Dollars



## 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

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

A/p 5

### 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: 2 WKS AGO
- ☐ No

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

- ☒ Yes Explain observations: running drain running back into
- ☐ 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: drainage running back into
    - ☐ No
- ☐ No

#### Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

☐ 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: Freedom Septic Contractor's Phone: 410-934-6840  
Contractor's Address: 2809 Liberty Rd Shesville MD 21784

Property Address: 11857 Ramsburg Rd County file: \_\_\_\_\_  
Subdivision: Henington Heights Lot: 8 Year Built: 1977  
Owner's Name: Len Tringali Owner's Phone: 410-442-1394

Name of previous owners: \_\_\_\_\_ Existing bedrooms: \_\_\_\_\_  
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.



Howard County  
Health Department

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TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

RECEIPT DATE: 12/10/14

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 555362

INSTALLATION  
APPROVAL

DATE: 1/15/2014

# PERMIT

A Repair

## REPAIR

PROPERTY ADDRESS: 11857 Ramsburg Road

SUBDIVISION: Henryton Heights

LOT: 8

TAX ID: \_\_\_\_\_

CONTRACTOR: Freedom Septic

EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 2809 Liberty Road, Sykeville, MD 21784

PHONE: 410-795-2947

PROPERTY OWNER: Louis and Deborah Tringali

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 11857 Ramsburg Road, Marriottsville, MD 21104

PHONE: 410-442-1396

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

BAT UNIT: \_\_\_\_\_

STATIC HEAD (FEET): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

HOUSE SQ. FT. \_\_\_\_\_

APPLICATION  
RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>160'</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>Normal</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4'-4.5'</u>
LOCATION:	<u>2x80' Trenches</u>	
NOTES:		

ISSUED BY: B. Baker

ISSUE DATE: 1/7/2015

EXPIRATION DATE: \_\_\_\_\_

\*Permit Revised on 8/22/14

**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**

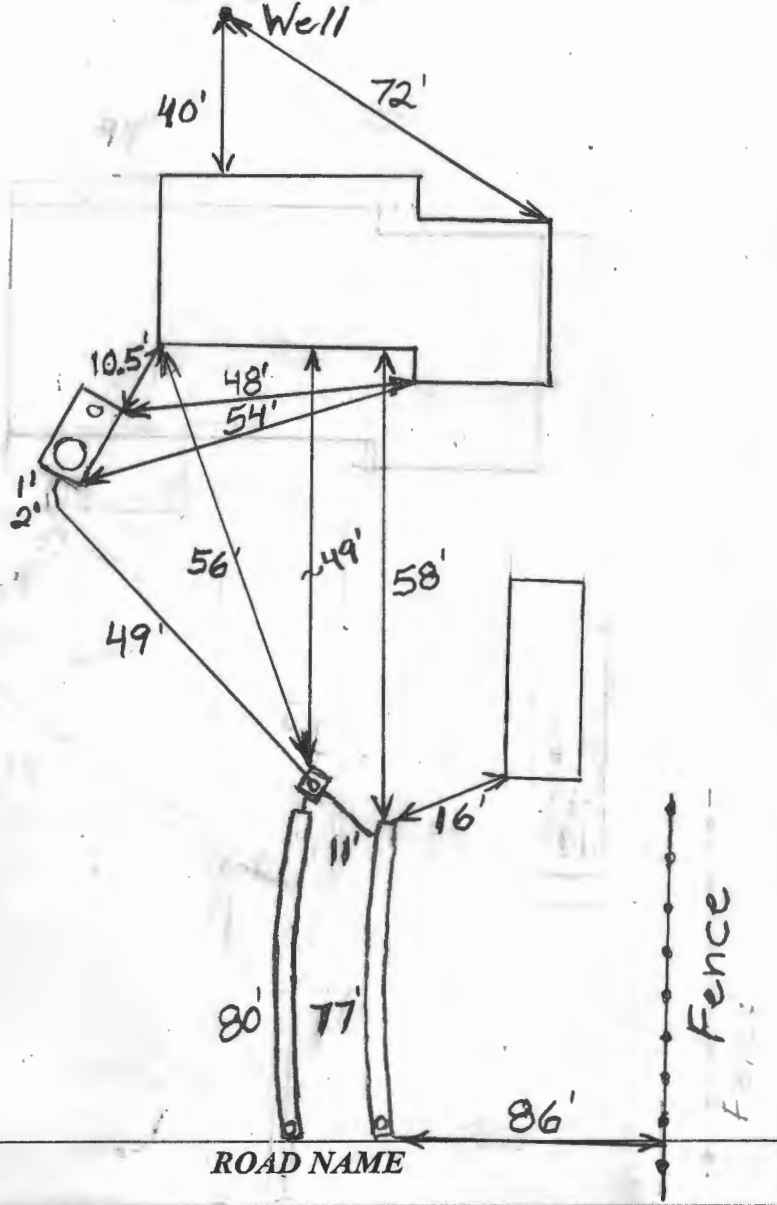
**NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM**

**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



**TRENCH/DRAINFIELD DATA**

WIDTH 3' INLET 3.5' BOTTOM 5.5'

NUMBER OF TRENCHES 2

TOTAL LENGTH 157'

ABSORPTION AREA 471 + Sidewall

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER ?

CAPACITY ? GAL

SEAM LOC Midseam

TANK LID DEPTH 0.5-1

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED N/A

DATE ON LID N/A

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

**PRE-CONSTRUCTION:**

1/7/2015 Trenches laid out in back yard. Install new dist. box and manhole riser. Existing trenches full. BB

**INSTALLATION:**

1/15/2014 System finished. O.K. to backfill. BB

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

1/15/2014