

**Bureau of Environmental Health**

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

RECEIPT DATE: 10/8/2021**ONSITE SEWAGE DISPOSAL SYSTEM**P 570187APPROVAL DATE: 11/16/2021**PERMIT:****REPAIR**A RepairPROPERTY ADDRESS: 11800 Triadelphia Road

SUBDIVISION: _____

LOT: _____

TAX ID: 03-280292CONTRACTOR: Freedom SepticEMAIL: Christy@freedomseptic.comCONTRACTOR ADDRESS: 2809 Liberty Rd, Sykesville, MD 21784PHONE: 410-795-2947PROPERTY OWNER: James Wagandt

EMAIL: _____

OWNER ADDRESS: SamePHONE: 443-844-2828SEPTIC TANK SIZE: 1500PUMP TANK CAPACITY: n/aPUMP SIZE: n/aDISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.6

TRENCHES:	LINEAR FEET REQUIRED: <u>104'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>7</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new septic tank per layout at time of perc test. Owner expressed a possible addition off existing house extending aprx. 25' or so. Owner was onsite when proposed new S.T. location proposed. Install 2x52' trenches just above perc test A running towards property line. Existing cesspool to be pumped and collapsed.	

ISSUED BY: K. WolfISSUE DATE: 10/7/2021EXPIRATION DATE: 10/7/2022

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 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: 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

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.

BARN

AB DW II

AB DW I

AB
CESSPIT

WIDTH	INLET	BOTTOM
10	10	10
20	20	20
30	30	30
40	40	40
50	50	50
60	60	60
70	70	70
80	80	80
90	90	90
100	100	100

WATER	ICE	SOIL
3'	3'	7'

NUMBER OF TRENCHES 2

TOTAL LENGTH 104 F

ABSORPTION AREA 312 SF + 2' SIDE

DISTRIBUTION BOX LEVEL SPEED

DISTRIBUTION BOX BAFFLE CONC.

DISTRIBUTION BOX PORT YES

SEPTIC TANK 1 LEVEL YES

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH .5'

BAFFLES YES

BAFFLE FILTER _____

MANHOLE LOC FRONT/BACK

6" PORT LOC _____

WATERTIGHT TEST

SLOTTED YES

DATE ON LID 10/04/2021

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____

CAPACITY / GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES 1 1 X

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

~~/SLOTTED~~ _____

DATE ON LID _____

ROAD NAME
TRIADELPHIA

PRE-CONSTRUCTION:

9/28/21 Install new S.I.T. in location proposed by homeowner
Install 2 x 52' trenches running towards lot line. Pump/collection
ex. Drywell. (KMD)

INSTALLATION: 11/15/2021 INSTALLED SL TOWARDS TANK (P) INSTALLED D BOX -
PUMPED EX DRY WELL - 5000 g. (P) 11/16/2021 ABER ST + DIN; LEVELLED
D BOX w/ SPEED LEVELS; 1 x 52' TR UPPER; DISCOVERED DW @ LOWER
TR - LAST 15' - T AT BOX LINE FINISH TRENCH IS TOWARDS BARN (P)
(P) TRENCH COMPLETE; ALL EX SEPTIC ELEM. PUMPED + ABANDONED;
D BOX LEVELLED w/ SPEED LEVELS. (P)

FINAL INSPECTOR

DATE OF APPROVAL 11/16/2021

570187

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 observation: perc test
☐ 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 unknown
☒ 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 Service Contractor's Phone: 410.795.2947

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

Property Address: 11800 Philadelphia Rd County File: _____

Subdivision: 2002 Lot: _____ Year Built: 1967

Owner's Name: James Weyandt Existing bedrooms: 3

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



HOWARD COUNTY HEALTH DEPARTMENT

70187

DATE 10/8/21

Received From

PHONE #

Freedom Septic Services

410 795-2947

For

Repair / 11800 Triadelphia Rd.

☐ CASH
☒ CHECK

NO.

5020 One hundred sixty five Dollars

\$

165.00

Received By

D. Kemp