

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

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

RECEIPT DATE: 413 22 ONSITE SEWAGE DISPOSAL SYSTEM P 571497					
APPROVAL DATE: 06/06/2022 PERMIT: REPAIR A					
PROPERTY ADDRESS: 15064 Bushy Park Road					
SUBDIVISION: LOT: TAX ID:					
CONTRACTOR: Bill Ingram/ Farm and Home Excavating EMAIL:					
CONTRACTOR ADDRESS: 901 Driver Road, Marriottsville, MD 21104 PHONE: 410-795-5670					
PROPERTY OWNER: Doug AND Amy Burns EMAIL:					
OWNER ADDRESS: 15064 Bushy Park Road, Woodbine, MD 21797 PHONE:					
SEPTIC TANK SIZE (GALLONS): 15005 PUMP CHAMBER CAPACITY (GALLONS): NIA PUMP SIZE:					
NUMBER OF BEDROOMS: HOUSE SQ. FT APPLICATION RATE:					
DISTRIBUTION SYSTEM: GRAVITY FED 🖂 LOW PRESSURE DOSED 🗌					
LINEAR FEET REQUIRED: INLET DEPTH:					
TRENCHES: TRENCH WIDTH: MAXIMUM BOTTOM DEPTH:					
MINIMUM SPACE					
BETWEEN TRENCHES: EFFECTIVE AREA BEGINNING DEPTH:					
LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.					
NOTES:					
ISSUED BY: K. WS STEE ISSUE DATE: 4/13/22 EXPIRATION DATE: 4/13/23					
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					
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 ACKOWLEDGE 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 GUIADNCE.					
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.

JW 5/2015

NOT TO SCALE	TRENCH/DRAINFIELD DATA
	WIDTH INLET BOTTOM
	NUMBER OF TRENCHES
	TOTAL LENGTH
	ABSORPTION AREA
	DISTRIBUTION BOX LEVEL
	DISTRIBUTION BOX BAFFLE
	DISTRIBUTION BOX PORT
	SEPTIC TANK DATA SEPTIC TANK 1 LEVEL 758
	MANUFACTURER BABYLON
3.5 6	CAPACITY /500 GAL
OX THE IN TO EX	SEAM LOC
O/ DRAINFIELD	TANK LID DEPTH 2543 - 2(a)
Tolon'	BAFFLES UES BAFFLE FILTER
DECKY IN THE	MANHOLE LOC FRONT BACK
(20')(c)	6" PORT LOC
House	WATERTIGHT TEST
Henze	SLOTTED YES
POR 65'	DATE ON LID 03 21 2022
100	PUMP/SEPTIC TANK LEVEL
76'	MANUFACTURER
XX	CAPACITYGAL
1 / /	SEAM LOC
	TANK LID DEPTHBAFFLES
	BAFFLE FILTER
	MANHOLE LOC
	6" PORT LOC
	WATERTIGHT TEST
ROAD NAME	SLOTTED DATE ON LID
RUSHY PARK ROAD	DATE ON ELD
PRE-CONSTRUCTION:	
INSTALLATION: 06/06/2072 TANK SET AND TIED	21.42 19 x3 cm.s.
EFF. LINE TO DEMINFIELD, OF	INTO EX SE ANIS
CITY CITY TO DEPAIN FIELD, COP	
0.0	0 1
SOIL @ TANK PIT VERY FOCKY; BEDDET	S REP TANK IN
STONE. GR	
(1/1/1/2)	
FINAL INSPECTOR DATE OF APPROV	VAL 06 06 702Z
1 XX	

RECEIPT

Howard County, MD HOWARD COUNTY HEALTH DEPARTMENT ASCEND ONE BUILDING Columbia, MD 21045 8930 STANFORD BLVD

Application: WS-SP-APP-22-00090

Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application

Address: 15064 Bushy Park RD,

Receipt No.	3581					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	19064	\$165.00	04/18/2022	JUKING		15064 Bushy Park/ Tank Replacement
Work Description:	15064 Bush	y Park				



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

2/2020

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Failing System System relocation for proposed addition No No No No System relocation for proposed addition No No No No No No No	Reason for Request:	Has the septic tank been pumped within the last month?
System relocation for proposed addition nadequate treatment zone	☐ Failing System	Ves Date numbed: 2/22
madequate treatment zone Was a visual inspection of the septic tank and/or drain fields conducted? Evisting system design Was a visual inspection of the sewage line conducted? Yes Explain observation: / / / / / / / / / / / / / / / / / /		·
Inadequate treatment zone		
Gollapsed septic trank Learly Learl		Was a visual inspection of the sentic tank and/or drain fields conducted?
Existing system design Was a visual inspection of the sewage line conducted? Drywell	D Gollansed sentic tank / Parking	
Existing system design Was a visual inspection of the sewage line conducted? Drywell	Collapsed drywell	
Drywell Yes	2 compact drywen	
Trench	Existing system design	Was a visual inspection of the sewage line conducted?
Mound Unknown Blockage Leading to the field	□ Drywell	
Blockage Leading to the field Other: Yes Explain 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: Form and Home Excasion Contractor's Phone: Contractor's Address: Outy File: Subdivision: Pichas Talley Property Lot: Year Built: Owner's Name: Owner's Name: Owner's Name: 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 Indexed file found Indexed file found	☐ Trench	<u></u> No
Substance of the property of the substance of the property of the stream of the property of the stream of previous owners: Other:	☐ Mound	
Is discharge surfacing on the ground? Yes XNO 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: *Farm and Hone Excasion* Contractor's Phone: *#IO-984-0189 Contractor's Address: *Doby Bushy Pack Pole County File: Subdivision: *Property Address: **Doug Amy Burns Existing bedrooms: Proposed bedrooms: Proposed bedrooms: **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 Indexed file found Indexed file found	☐ Unknown	
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Print out a copy of Real Property Data via Dept. of Taxation websiteIndexed file found		be submitted to clarify the nature of the addition *
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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.		

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

\$1,05 3,00 ×3 11,88 165 \$1,353

	HOWARD COUNTY HEALTH DEPARTMENT 71497
Received From	4 1/3 BD 96 2 PHONE # 442-2139
ZXC	For Septic Parillets (3) 1948,
CASH CHECK	1945, 1951 Dayis Branch Registry by
\$ 250	Received By Received By

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