



Howard County
Health Department

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

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

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____

APPROVAL DATE: _____ **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: **3125 West Ivory Rd**

SUBDIVISION: _____ LOT: _____ TAX ID: **295958**

CONTRACTOR: **Fogles Septic Clean** EMAIL: _____

CONTRACTOR ADDRESS: **580 Obrecht Rd, Sykesville MD 21784** PHONE: **410-795-5670**

PROPERTY OWNER: **Anthony Wilder Design Build** EMAIL: _____

OWNER ADDRESS: _____ PHONE: _____

SEPTIC TANK SIZE (GALLONS): **2000** TANK MANUFACTURER: **Back River**

PUMP MODEL: _____ PUMP SIZE **½ HP** PUMP TANK CAPACITY: **1500 (existing)**

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED BEDROOMS: **4** APPLICATION RATE: **1.2**

TRENCHES:	LINEAR FEET REQUIRED: N/A	INLET DEPTH: N/A
	TRENCH WIDTH: N/A	MAXIMUM BOTTOM DEPTH: N/A
	MINIMUM SPACE BETWEEN TRENCHES: N/A	EFFECTIVE AREA BEGINNING DEPTH: N/A
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2000-gallon septic tank before the existing pump tank. Abandon existing septic tank. Layout required. Electrical permit required. Pump and alarm must be tested before approval.	

ISSUED BY: _____ ISSUE DATE: **11/8/21** EXPIRATION DATE: **11/8/22**

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 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 _____

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

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 _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____, DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A-_____ P- 570152

RESIDENTIAL PERMIT ☐

(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT ☐

(DESIGN FLOW: _____ GPD)

PERMITEE:

Foales Septic Clean Inc.

LOCATION:

3125 West Ivory Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

☐

STOP ALL CONSTRUCTION ON SEWAGE
DISPOSAL SYSTEM AND CONTACT HEALTH
DEPARTMENT BEFORE CONTINUING

Inspector _____

Date _____

☐

WORK IS SATISFACTORY, OK TO
CONTINUE

Inspector _____

Date _____

COMMENTS:

☐

FINAL INSPECTION MADE, OK TO
COVER ALL WORK

Inspector _____

Date _____



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

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____

APPROVAL DATE: _____ **PERMIT: TANK REPLACEMENT** A _____

PROPERTY ADDRESS: 3125 West Ivory Road

SUBDIVISION: _____ LOT: _____ TAX ID: 295958

CONTRACTOR: _____ EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Richard & Karen Whitney EMAIL: _____

OWNER ADDRESS: 27120 Cowboy Up Way, Steamboat Springs, CO PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFACTURER: Back River

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>N/A</u>	INLET DEPTH: <u>N/A</u>
	TRENCH WIDTH: <u>N/A</u>	MAXIMUM BOTTOM DEPTH: <u>N/A</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>N/A</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2000-gallon septic tank before the existing pump tank. Abandon existing septic tank.	

ISSUED BY: Hank Oswald ISSUE DATE: _____ EXPIRATION DATE: _____

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 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 _____

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

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 _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____, DATE OF APPROVAL _____



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RECEIPT DATE: 11/14/21 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 570237

APPROVAL DATE: 11/2/2022 **PERMIT: CONSTRUCTION**

A _____

PROPERTY ADDRESS: 3125 West Ivory Rd

SUBDIVISION: _____ LOT: _____ TAX ID: 295958

CONTRACTOR: Fogles Septic Clean EMAIL: _____

CONTRACTOR ADDRESS: 580 Obrecht Rd, Sykesville MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Anthony Wilder Design Build EMAIL: _____

OWNER ADDRESS: _____ PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFACTURER: Back River

PUMP MODEL: _____ PUMP SIZE 1/2 HP PUMP TANK CAPACITY: 1500 (existing)

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>N/A</u>	INLET DEPTH: <u>N/A</u>
	TRENCH WIDTH: <u>N/A</u>	MAXIMUM BOTTOM DEPTH: <u>N/A</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>N/A</u>
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ISSUED BY: K. Wolf ISSUE DATE: 11/8/21 EXPIRATION DATE: 11/8/22

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NOTE: WATERTIGHT TANKS REQUIRED

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

☐ ELECTRICAL PERMIT ISSUED E 21006350

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

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____

APPROVAL DATE: _____ **PERMIT: TANK REPLACEMENT** A _____

PROPERTY ADDRESS: 3125 West Ivory Road

SUBDIVISION: _____ LOT: _____ TAX ID: 295958

CONTRACTOR: _____ EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Richard & Karen Whitney EMAIL: _____

OWNER ADDRESS: 27120 Cowboy Up Way, Steamboat Springs, CO PHONE: _____

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PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 1.2

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	TRENCH WIDTH: <u>N/A</u>	MAXIMUM BOTTOM DEPTH: <u>N/A</u>
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NOTES:	Install 2000-gallon septic tank before the existing pump tank. Abandon existing septic tank.	

ISSUED BY: Hank Oswald ISSUE DATE: _____ EXPIRATION DATE: _____

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ROAD NAME

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6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Rappaport, Ryan

From: Oswald, Hank
Sent: Wednesday, September 24, 2014
To: Rappaport, Ryan
Cc: Wolf, Kevin
Subject: GLW Contacts

Hi Ryan:

These are my two main contacts at GLW.

Kristy Pierce kpierce@glwpa.com

Mike Tran mtran@glwpa.com

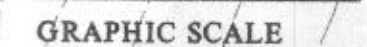
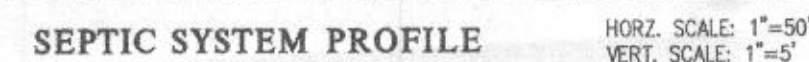
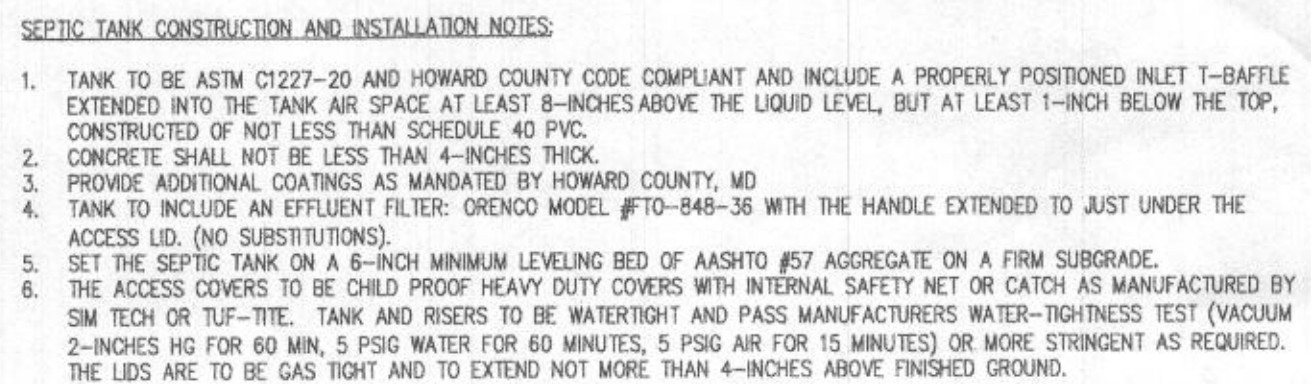
Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well and Septic Program
410.313.1786
hoswald@howardcountymd.gov

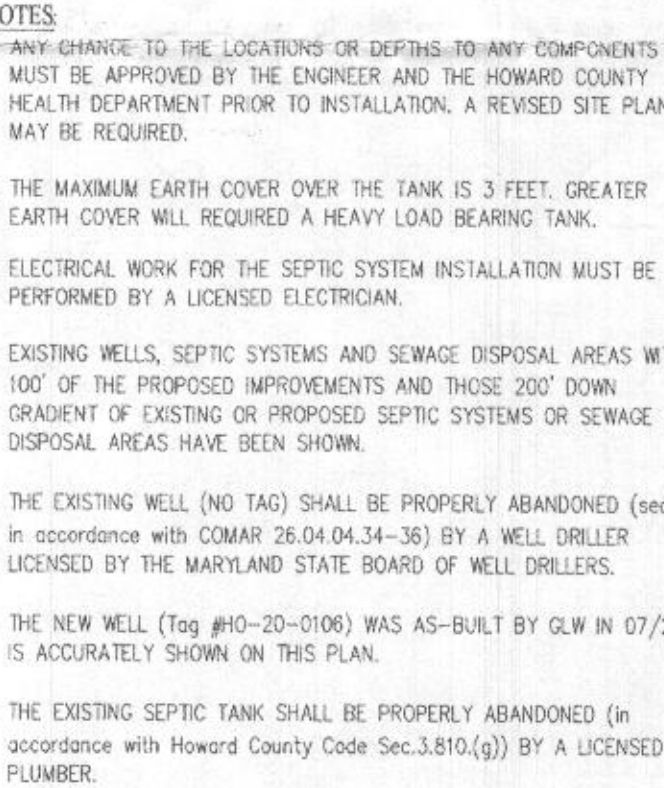
GLW
edits complete

JB 9/30/21

check OSD's PC for notes
related to the redline
addition.

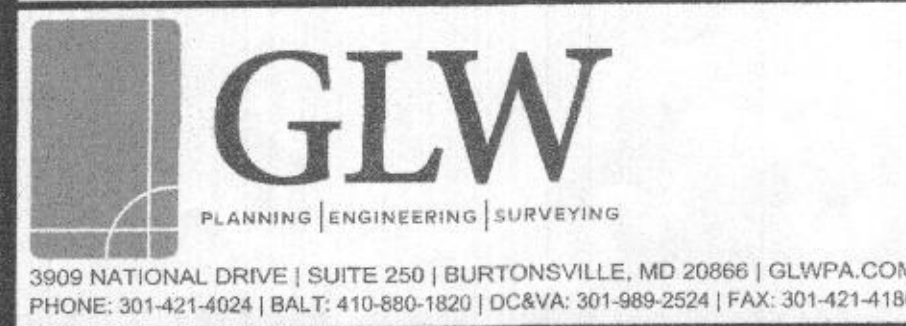


PLAN LEGEND



*Existing system from public records (2014 B.E.H. as-built field notes)

SCALE 1"=40'	ZONING RC-DEO	G. L. W. FILE No. 20113
DATE JULY 2021	TAX MAP - GRID 15-20	SHEET 1 OF 1

[illegible]

BUILDER:
ANTHONY WILDER
DESIGN-BUILD, INC.
7913 MacARTHUR BLVD.
CABIN JOHN, MD 20818
ATTN.: GEORGE BOTT
GEORGE@ANTHONYWILDER.COM

PROFESSIONAL CERTIFICATION

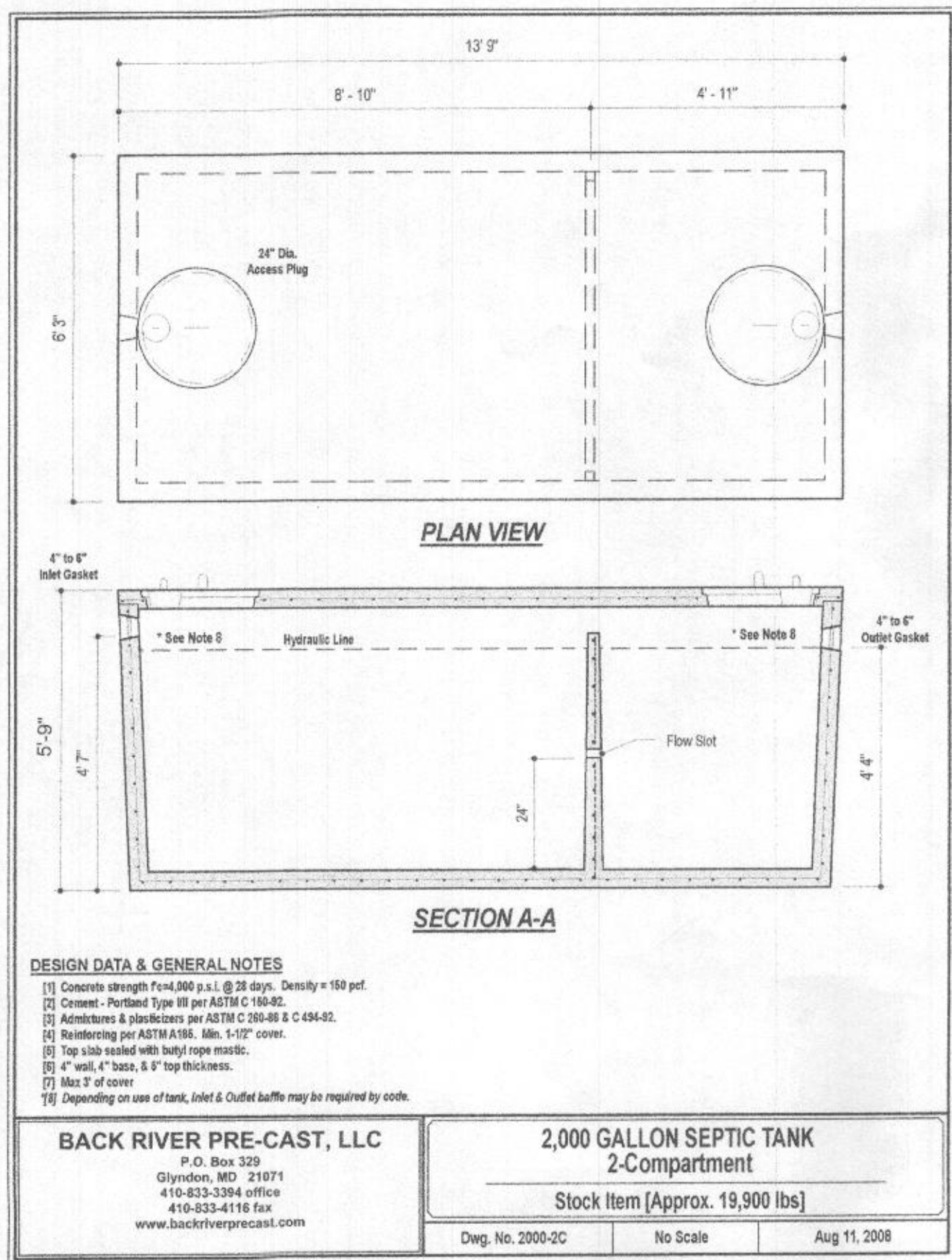
I HEREBY CERTIFY THAT THESE PLANS
WERE PREPARED OR APPROVED BY
ME, AND THAT I AM A DULY LICENSED
PROFESSIONAL ENGINEER UNDER THE
LAWS OF THE STATE OF MARYLAND
LICENSE NO. 12975
EXPIRATION DATE: MAY 26, 2022



ONSITE SEWERAGE DISPOSAL SYSTEM DESIGN PLAN

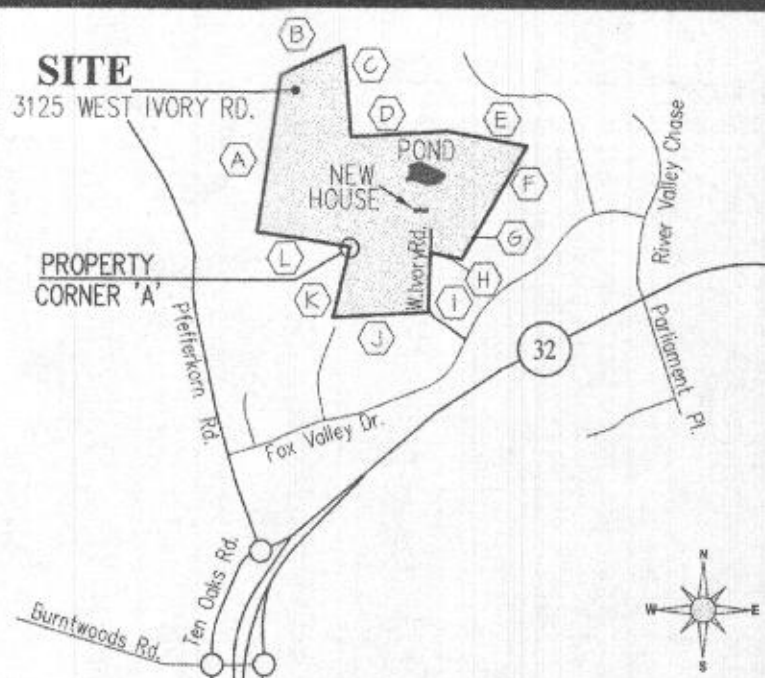
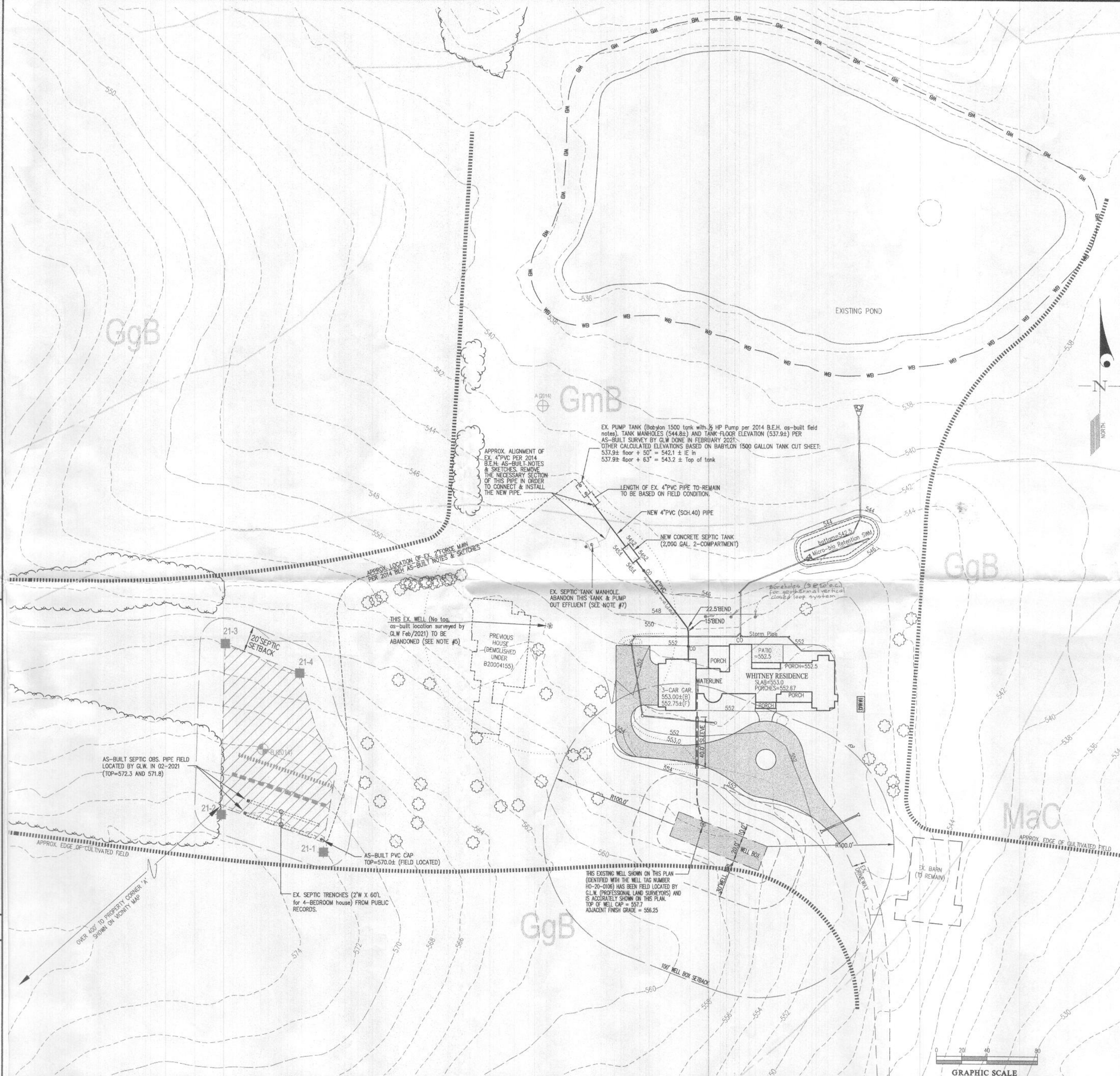
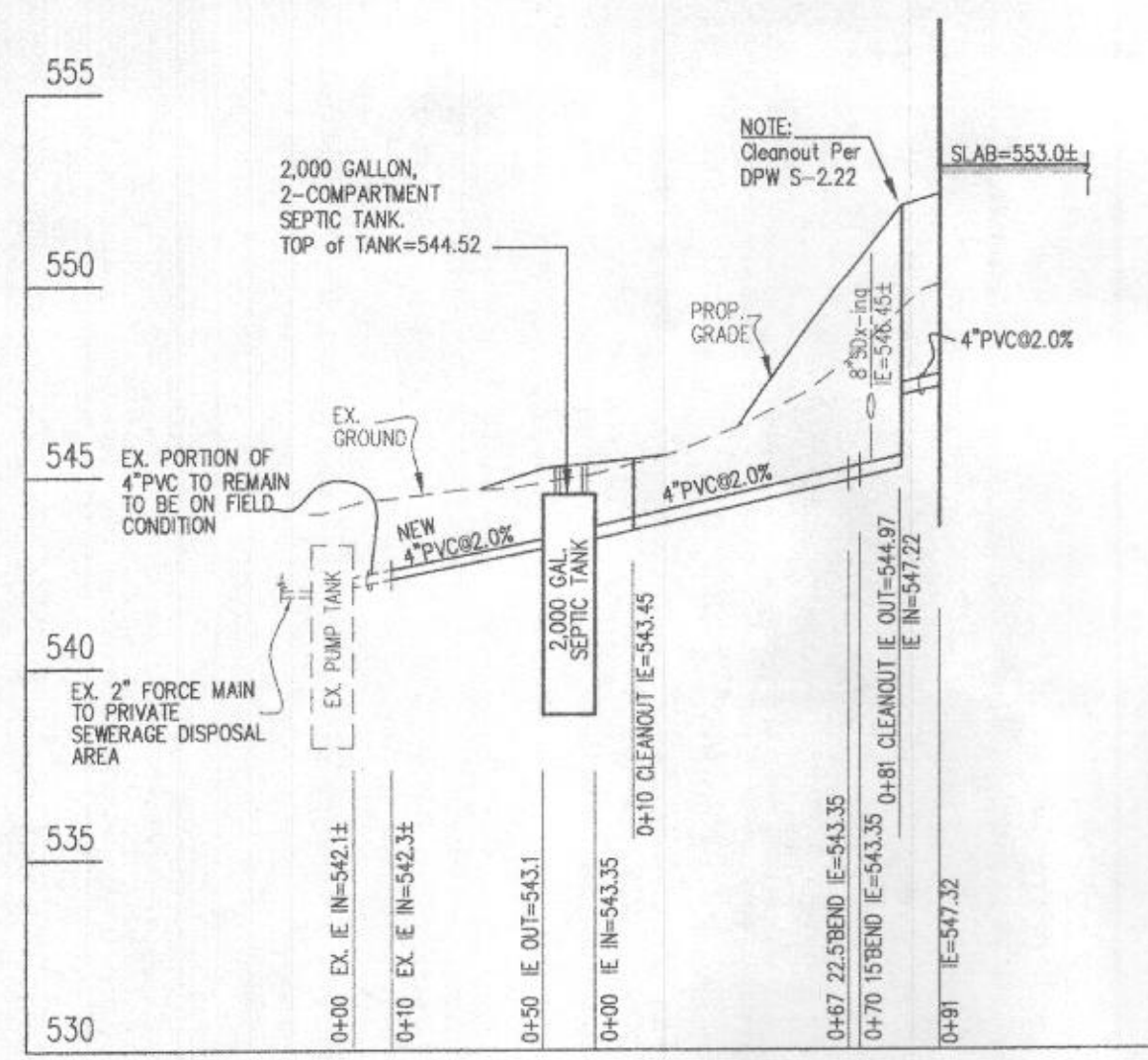
3125 WEST IVORY ROAD
Parcel 0023 (Tax Account No. 295958)

Approved Septic System Plan
Howard County Health Department
Hank Oswald 8.2.21
Signature Date
HOWARD COUNTY, MARYLAND



SEPTIC TANK CONSTRUCTION AND INSTALLATION NOTES:

- TANK TO BE ASTM C1277-20 AND HOWARD COUNTY CODE COMPLIANT AND INCLUDE A PROPERLY POSITIONED INLET T-Baffle EXTENDED INTO THE TANK AIR SPACE AT LEAST 8-INCHES ABOVE THE LIQUID LEVEL, BUT AT LEAST 1-INCH BELOW THE TOP, CONSTRUCTED OF NOT LESS THAN SCHEDULE 40 PVC.
- CONCRETE SHALL NOT BE LESS THAN 4-INCHES THICK.
- PROVIDE ADDITIONAL COATINGS AS MANDATED BY HOWARD COUNTY, MD.
- TANK TO INCLUDE AN EFFLUENT FILTER: ORENCO MODEL #F0-848-36 WITH THE HANDLE EXTENDED TO JUST UNDER THE ACCESS LID. (NO SUBSTITUTIONS).
- SET THE SEPTIC TANK ON A 6-INCH MINIMUM LEVELING BED OF #420 #57 AGGREGATE ON A FIRM SUBGRADE.
- THE ACCESS COVERS TO BE CHILD PROOF HEAVY DUTY COVERS WITH INTERNAL SAFETY NET OR CATCH AS MANUFACTURED BY SW TICH OR TUF-TITE. TANK AND RISERS TO BE WATERTIGHT AND PASS MANUFACTURERS WATER-TIGHTNESS TEST (VACUUM 2-INCHES HG FOR 60 MIN, 5 PSIG WATER FOR 60 MINUTES, 5 PSIG AIR FOR 15 MINUTES) OR MORE STRINGENT AS REQUIRED. THE LIDS ARE TO BE GAS TIGHT AND TO EXTEND NOT MORE THAN 4-INCHES ABOVE FINISHED GROUND.



LINE	BEARING	LENGTH
(A)	N 08°14'18" E	1,614.18'
(B)	N 64°41'00" E	765.25'
(C)	S 04°33'20" E	940.50'
(D)	N 86°20'55" E	1,016.32'
(E)	S 80°00'18" E	787.47'
(F)	S 28°09'31" W	1,094.56'
(G)	S 30°04'31" W	247.24'
(H)	N 79°40'29" W	333.25'
(I)	S 01°50'55" W	611.66'
(J)	S 85°40'24" E	986.42'
(K)	N 14°31'24" E	746.50'
(L)	N 81°22'31" W	1,003.32'

PLAN LEGEND

- EXISTING WELL LOCATION (TO BE ABANDONED)
- PROPOSED WELL BOX LOCATION
- PRIVATE SEWAGE DISPOSAL AREA
- PERCOLATION TEST HOLE (FAILED 2014)
- PERCOLATION TEST HOLE (PASSED 2014)
- PERCOLATION TEST HOLES (PASSED 2021)
- AS-BUILT TREE LOCATION
- APPROX. EDGE OF CULTIVATED FIELD
- SWM DRYWELL LOCATION
- EXISTING SEPTIC TRENCHES
- POSSIBLE 1st REPLACEMENT SEPTIC TRENCH
- POSSIBLE 2nd REPLACEMENT SEPTIC TRENCH

NOTES

- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
- THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
- ELECTRICAL WORK FOR THE SEPTIC SYSTEM INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL AREAS WITHIN 100' OF THE PROPOSED IMPROVEMENTS AND THOSE 200' DOWN GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN.
- THE EXISTING WELL (NO TAG) SHALL BE PROPERLY ABANDONED (sealed in accordance with COMAR 26.04.04.34-36) BY A WELL DRILLER LICENSED BY THE MARYLAND STATE BOARD OF WELL DRILLERS.
- THE NEW WELL (Tag #HO-20-0106) WAS AS-BUILT BY GLW IN 07/2021 IS ACCURATELY SHOWN ON THIS PLAN.
- THE EXISTING SEPTIC TANK SHALL BE PROPERLY ABANDONED (in accordance with Howard County Code Sec.3.810.(g)) BY A LICENSED PLUMBER.

SDA TRENCH SIZE CALCULATIONS

Whitney Property	3125 West Ivory Road		
System Input Information	*Existing System	Replacement Systems	
Application Rate	1.2"	1.2"	1.2"
Effective area beginning depth	3.0"	3"	3"
Effective area maximum bottom depth	6.0"	4"	4"
Number of Bedrooms	4	4	4
Design flow at 150 gal./day/bedroom	600	600	600
Absorption Trench Calculations			
Drainfield area required (Design flow/application rate)	500	500	500
Effluent pipe depth to invert	1.5"	2"	2"
Effective sidewall depth "D"			
Depth between the effective beginning depth or pipe depth (whichever is deeper) and maximum trench bottom	3.0"	5"	5"
Trench Width "W" (2 or 3 feet)	2.0"	2"	2"
Sidewall Reduction Percent = $\frac{W+2}{W+1+2D}$	44.44%	30.77%	30.77%
Linear feet of trench required = $\frac{\text{Drainfield area} \times \text{sidewall reduction}}{W}$	111	77	77
Trench Layout Information			
Number of trenches to use	2 ex.	1	1
Min. length (linear feet)	60.0"	77	77
Total (linear feet)	120.0"	77	77
Minimum Trench Spacing:	10	12	12

*Existing system from public records (2014 B.E.H. as-built field notes).

ON-SITE SEWERAGE DISPOSAL SYSTEM DESIGN PLAN

3125 WEST IVORY ROAD

Parcel 0023 (Tax Account No. 295958)

Approved Septic System Plan

Howard County Health Department

Signature: [Signature]

Date: 8.2.21

HOWARD COUNTY, MARYLAND