



Howard County
Health Department

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: 1/31/24

ONSITE SEWAGE DISPOSAL SYSTEM

P 575775

INSTALLATION

APPROVAL DATE: 2/2/2024

PERMIT

A _____

MINOR REPAIR

PROPERTY ADDRESS: 15304 Doe Hill Court

SUBDIVISION: Wellington West

LOT: 17 TAX ID: _____

CONTRACTOR: Michael and Son

EMAIL: _____

CONTRACTOR ADDRESS: 5740 General Washington Drive, Alexandria, VA 22312

PHONE: 443-547-4060

PROPERTY OWNER: David Schwinger

EMAIL: _____

OWNER ADDRESS: 15304 Doe Hill Court, Woodbine, Maryland 21797

PHONE: _____

NUMBER OF BEDROOMS: 5 SEPTIC TANK SIZE: Ex DRAINFIELD SIZE/TYPE: Ex

LOCATION:	
NOTES:	

ISSUED BY:

S. Page

ISSUE DATE:

2/2/2024

EXPIRATION DATE:

2/2/2025

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

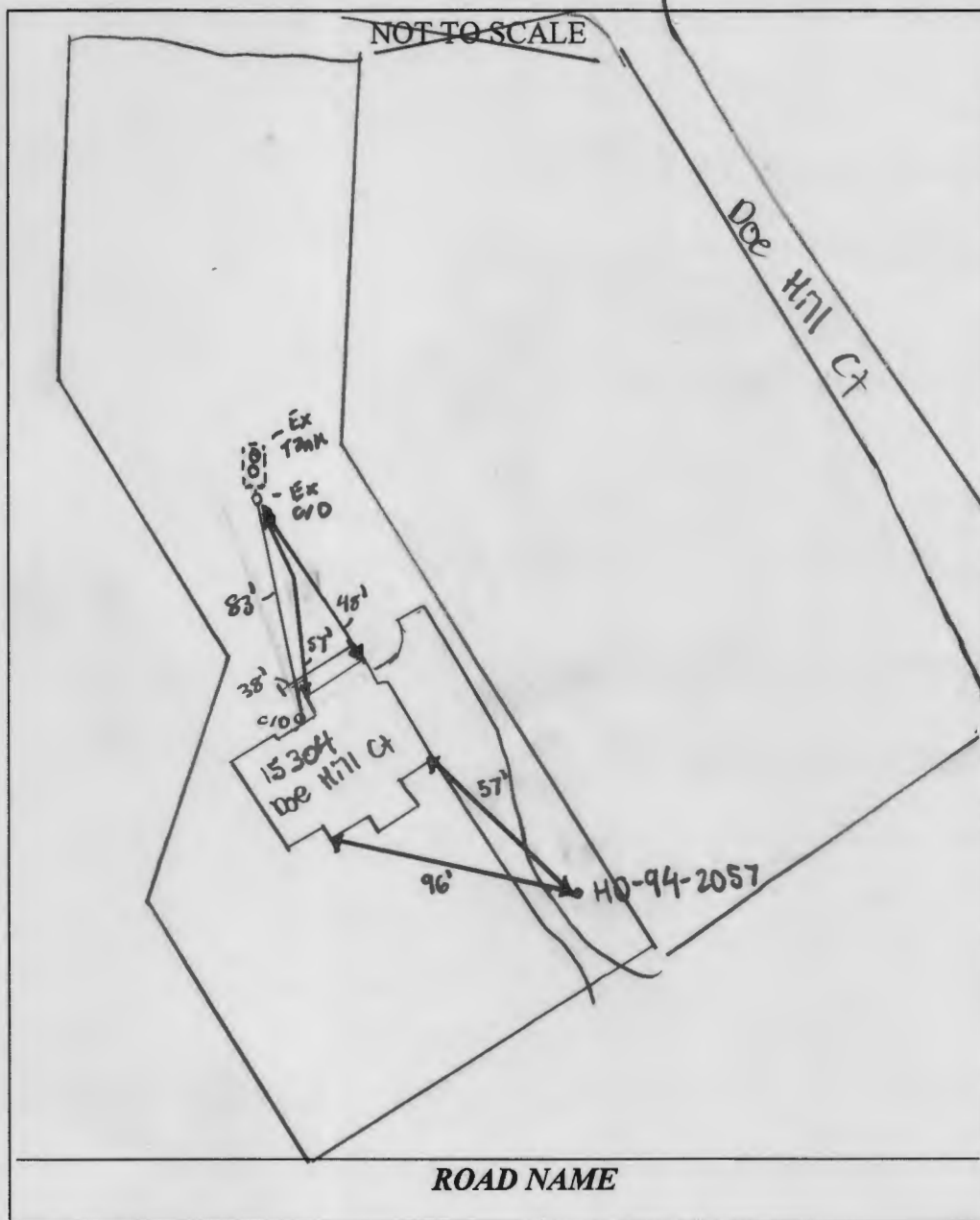
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 FOR INSPECTION OF SEPTIC SYSTEM.



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

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: _____

SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO _____

PRE-CONSTRUCTION NOTES:

2/2/2024 - Plan approved *[Signature]*

CONTROL PANEL DATA

CONTROL PANEL HEIGHT *N/A*

(MIN 30")

INSPECTION DATE *N/A*

INSPECTION: PASS/FAIL (CIRCLE ONE)

INSTALLATION NOTES:

2/2/2024 - Plumber onsite for inspection. SCHED 40 PVC used. Adequate fall. C/O material outside of house. Plumber kept existing C/O near tank. OK to be useful 2H work.

FINAL INSPECTOR *S. Page* DATE OF APPROVAL 2/2/2024

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- From House to inlet*
sewer pipe only
- ☒ 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: _____
☒ No

Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☒ Unknown
- ☐ Other: _____

Was a visual inspection of the sewage line conducted?

☒ Yes bellies in line From House to tank
☐ No Sewer line only

Blockage Leading to the field

☐ Yes Explain _____
☒ No

Is discharge surfacing on the ground?

☐ Yes
☒ No

Additional Comments:

We are replacing 70 Feet of 4" Pipe with
Schedule 40 PVC and installing two clean-outs

*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: *Michael and Son*

Contractor's Phone: *443-547-4060*

Contractor's Address: *5740 General Washington Alexandria VA 22312*

Property Address: *15304 Doc Hill Ct - Woodbine Md.* County File: _____

Subdivision: *Berendel Properties* Lot: *17* Year Built: *1999*

Owner's Name: *Dawn Schwingco* Existing bedrooms: _____

Name of previous owners: *N/A* 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



994

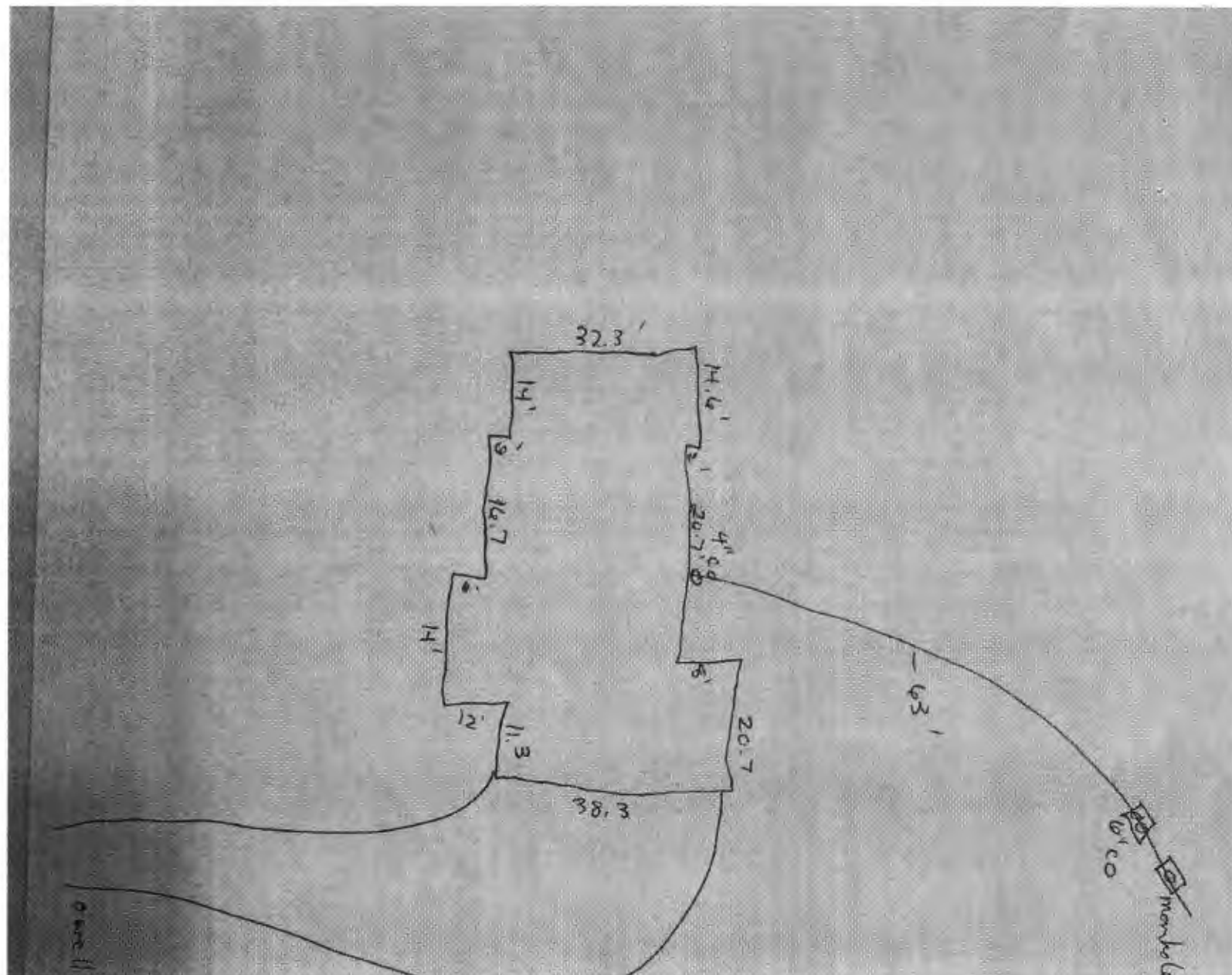


Mail

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Chat

Meet



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

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Sewer Pipe only
Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☒ Unknown
- ☐ Other: _____

Is discharge surfacing on the ground?

☐ Yes
☐ No

Additional Comments:

Michael and Son are not

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: _____
☒ No

Was a visual inspection of the sewage line conducted?

☒ Yes bellies in sewer line from the House to
☐ No in front of the tank.

Blockage Leading to the field

☐ Yes Explain _____
☒ No

*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: *Michael and Son* Contractor's Phone: *443-547-4060*

Contractor's Address: *5740 General Washington Dr Alexandria VA 22312*

Property Address: *15307 Doe Hill Ct Annapolis MD* County File: _____

Subdivision: *Berndel Properties* Lot: *17* Year Built: *1999*

Owner's Name: *David Schwinger* Existing bedrooms: _____

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.

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