

**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 1/14/15

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 555710

INSTALLATION

**PERMIT**

APPROVAL DATE: 3/4/15 SEC

**CONSTRUCTION**

A \_\_\_\_\_

PROPERTY ADDRESS: 6490 Heather Glen Way

SUBDIVISION: Willow Pond LOT: 5 TAX ID: \_\_\_\_\_

CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: P.O. Box 519 Annapolis Junction, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Greenfield Homes EMAIL: \_\_\_\_\_

OWNER ADDRESS: 6656 Luster Drive, Highland, MD 20777 PHONE: 410-781-6782

BAT UNIT MODEL: Norweco PUMP SIZE: \_\_\_\_\_ PUMP TANK CAPACITY: 750GPD

DISTRIBUTION SYSTEM: GRAVITY   LOW PRESSURE DOSED  NUMBER OF BEDROOMS: 5

(62 stem)

TRENCHES:	LINEAR FEET REQUIRED: <u>104</u>	INLET DEPTH: <u>See BAT Plan 3'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>See BAT Plan 6'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>See BAT Plan 9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>See BAT Plan 3'</u>
	LOCATION: <b>PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	Set BAT unit per plan.	

ISSUED BY: Hank Oswald ISSUE DATE: 1/14/15 EXPIRATION DATE: 1/14/16

- 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
- 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.**

NOT TO SCALE

See As-Built Drawing  
On Separate Sheet

ROAD NAME

**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 YES  
MANUFACTURER BACKRIVER  
CAPACITY \_\_\_\_\_ GAL  
SEAM LOC TOP  
TANK LID DEPTH 3'  
BAFFLES NO  
BAFFLE FILTER NO  
MANHOLE LOC FRONT, MID + REAR  
6" PORT LOC NONE  
WATERTIGHT TEST NO  
SLOTTED NO  
DATE ON LID 1/29/15

~~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 \_\_\_\_\_~~

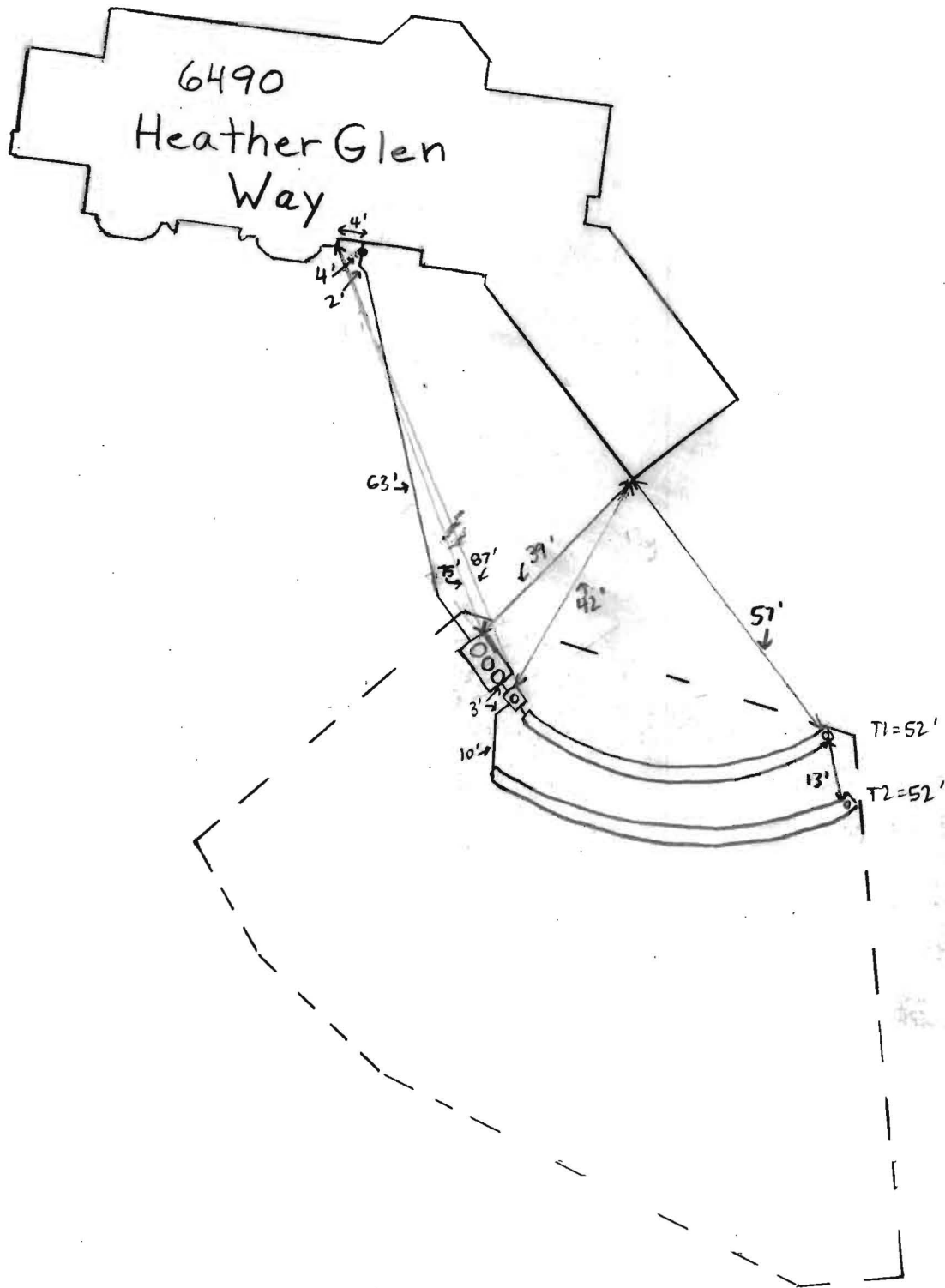
**PRE-CONSTRUCTION:**

2/5/2015 Install two 52' trenches on contour across the top of the easement. O.K. to set the tank inside the corner of the septic easement that is closest to the house to avoid all the unnecessary potentially clogging plumbing bends. (BB)

INSTALLATION: 2/11/15 Tank installed and house connection made. Pipe sleeved in area where driveway will be. No stone under tank - spoke with Jeff from Hatfield's on the phone and explained that they must add stone under the diagonal portion of tank due to manufacturer specs. Needs reinspection. (SC) 2/13/15 Trenches dug and left open at ends. 3' wide, 3' to stone. Laser transit on site. Stone under diagonal portion of Norweco. Needs BAT startup certification. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 3/4/15

• HO-95-2003



# Back River Pre-Cast, LLC

PO BOX 329  
Glyndon, MD 21071  
Phone # 410-833-3394  
Fax # 410-833-4116

## Letter of Certification

This is to certify that the Norweco Singulair TNT 600 GPD Septic Tank installed at 6490 Heather Glen way, Clarksville, MD 21029 February 11, 2015 was installed according to the manufacture's specifications.

Installer: Jeff Reiter



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MATTHEW GECKLE

Vice-President

RECEIPT DATE: 12/14/12

P 544436-D

INSTALLATION  
APPROVAL DATE: \_\_\_\_\_

# PERMIT

A \_\_\_\_\_

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PROPERTY OWNER: Greenfield Homes Inc.

OWNER'S  
ADDRESS: 6656 Luster Drive, Highland, MD 20777 PHONE: 410-781-6782

ADDRESS: 6490 Prestwick Drive TAX ACC'T #: 05-387175

SUBDIVISION: Willow Pond LOT: 5

SEPTIC TANK CAPACITY (GALLONS): TBD

PUMP CHAMBER CAPACITY (GALLONS): TBD

NUMBER OF BEDROOMS: TBD APPLICATION RATE: TBD

SQUARE FOOTAGE OF HOUSE: TBD

LINEAR FEET OF TRENCH REQUIRED: TBD

TRENCHES:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
LOCATION:	TO BE DETERMINED ON APPROVED SUPPLEMENTAL PLAN
NOTES:	A SUPPLEMENTAL PLAN PROVIDING SYSTEM DETAILS IS REQUIRED PRIOR TO HEALTH APPROVAL OF BUILDING PERMIT, PLOT PLAN, AND WALL CHECK. AN APPROVED WALL CHECK IS REQUIRED PRIOR TO PRE-CONSTRUCTION INSPECTION. THE OSDS PERMITTED HEREIN IS NOT SUBJECT TO REVISIONS TO COMAR 26.04.02 EFFECTIVE 1/1/2013 ON THE CONDITION THAT FINAL HEALTH APPROVAL OF THE INSTALLATION IS GRANTED PRIOR TO PERMIT EXPIRATION.

ISSUED BY: JEFF WILLIAMS ISSUE DATE: 12/14/12 EXPIRATION DATE: 12/14/13

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET 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 OR 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.**



# *Hatfield's Equipment and Dedication Services, Inc.*

P.O. Box 519 • Annapolis Junction, MD 20701-0519  
Office: 301-490-4289 / 888-490-4289 • Fax: 301-490-5794

Howard County Health Department  
Well & Septic Program  
8390 Stanford Blvd  
Columbia, MD 21045  
Attn: Hank Oswald

Reference Lot 5 Willow Pond, 6490 Heather Glen Way Clarksville, MD (formerly Prestwick Drive)

Hatfields Equipment has completed the demo of the septic system as per Howard County specifications

1000 gallon tank was crushed & filled. Drainfield trench was located.

  
\_\_\_\_\_  
Ken Hatfield

## Oswald, Hank

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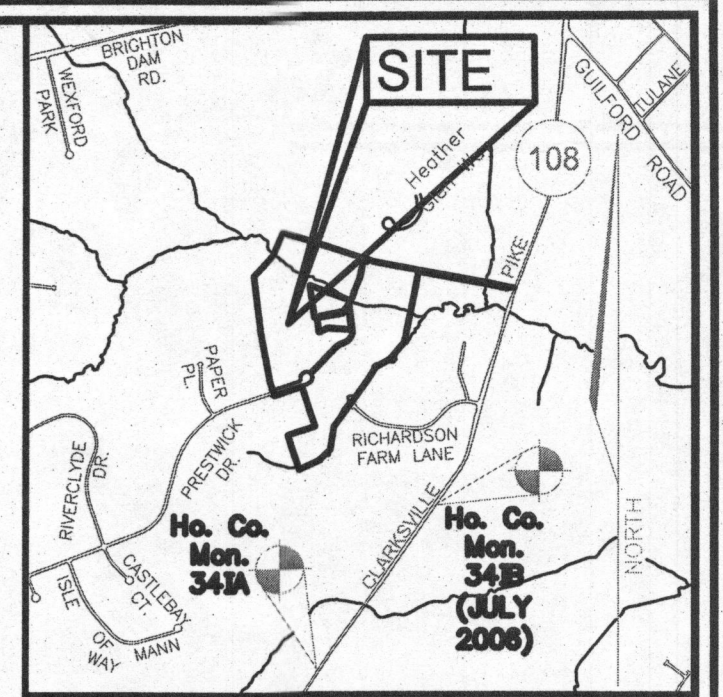
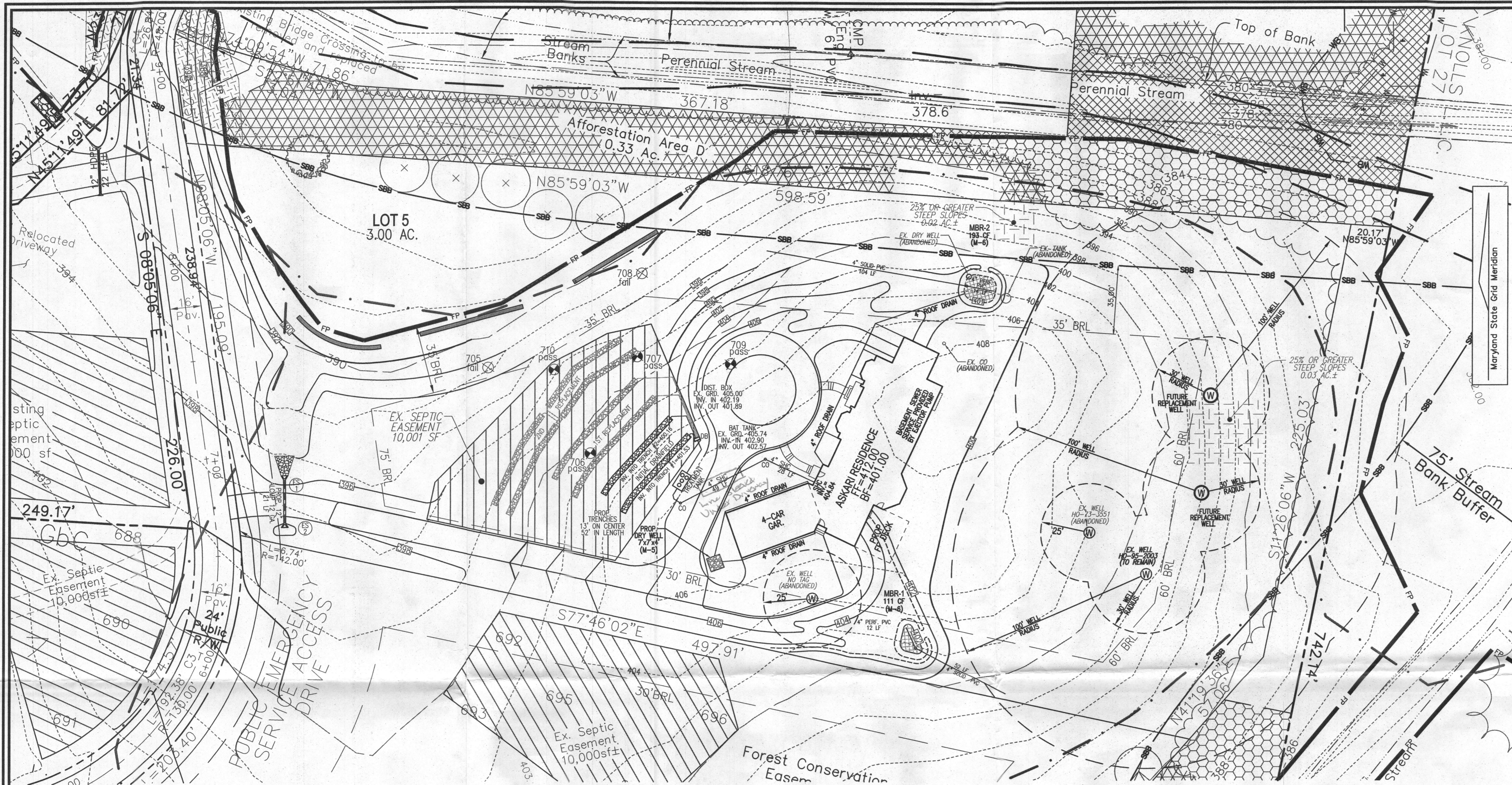
**From:** Ken <Ken@Hatfieldsequipment.com>  
**Sent:** Wednesday, October 22, 2014 6:56 AM  
**To:** Oswald, Hank  
**Cc:** Rick Minor  
**Subject:** FW: Lot 5 Willow Pond septic demo, 6490 Heather Glen Way Clarksville, MD  
**Attachments:** Greenfield Homes septic demo Lot 5 Willow Pond.pdf

Hank & Rick ,  
In the attached above is the certification for Lot 5 Willow Pond.  
Ken Hatfield  
Hatfield's Equipment, Inc.  
PO Box 519  
Annapolis Junction, MD 20701  
301 490 4289 x 101 Office  
410 984 0101 Cell

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No virus found in this message.  
Checked by AVG - [www.avg.com](http://www.avg.com)  
Version: 2013.0.3485 / Virus Database: 4031/8432 - Release Date: 10/22/14





VICINITY MAP  
SCALE: 1" = 2000'

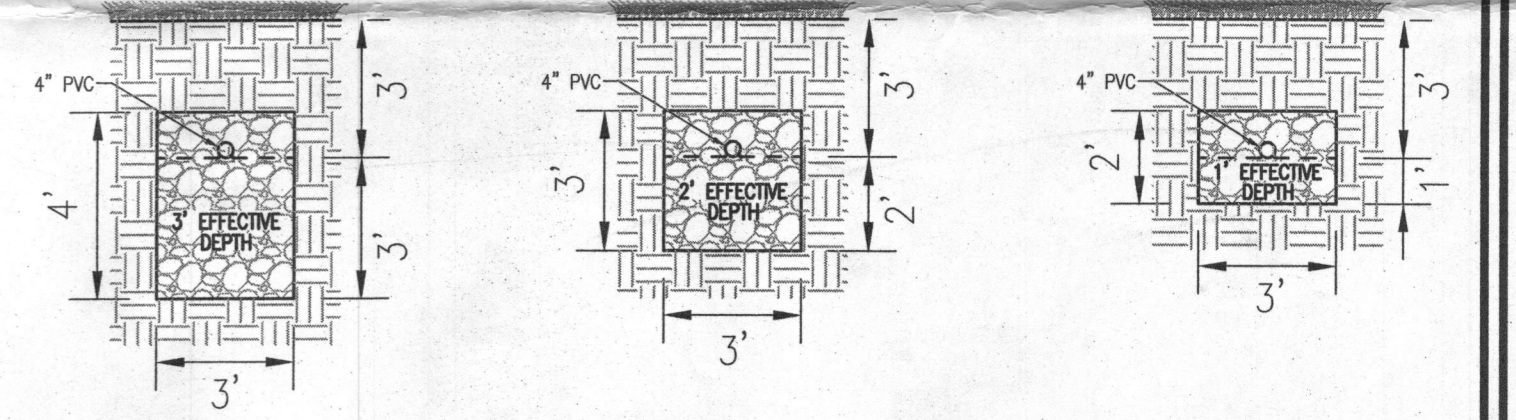
**LEGEND:**

---	PROPERTY LINE
- - - -	RIGHT-OF-WAY LINE
---	ADJACENT PROPERTY LINE
○	EXISTING SANITARY MANHOLE
○	EXISTING SANITARY LINE
○	EXISTING CLEANOUT
○	EXISTING FIRE HYDRANT
○	EXISTING WATER LINE
○	EXISTING 10' CONTOUR
○	EXISTING 2' CONTOUR
S&E	SOILS
S&C2	SOILS
---	EXISTING TREELINE
---	PROPOSED TREELINE
○	EXISTING WELL
○	PROPOSED 10' CONTOUR
○	PROPOSED 2' CONTOUR
○	PROPOSED SPOT ELEVATION
○	FAILED PERC. TEST
○	PASSED PERC. TEST
○	PROP. REPLACEMENT WELL
○	EXISTING WELL FIELD LOCATED
---	APPROVED SEPTIC AREA

Approved Septic System Plan  
Howard County Health Department  
Hank O'Leary 1/12/15  
Signature Date

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

BAT PLAN  
SCALE: 1"=30'



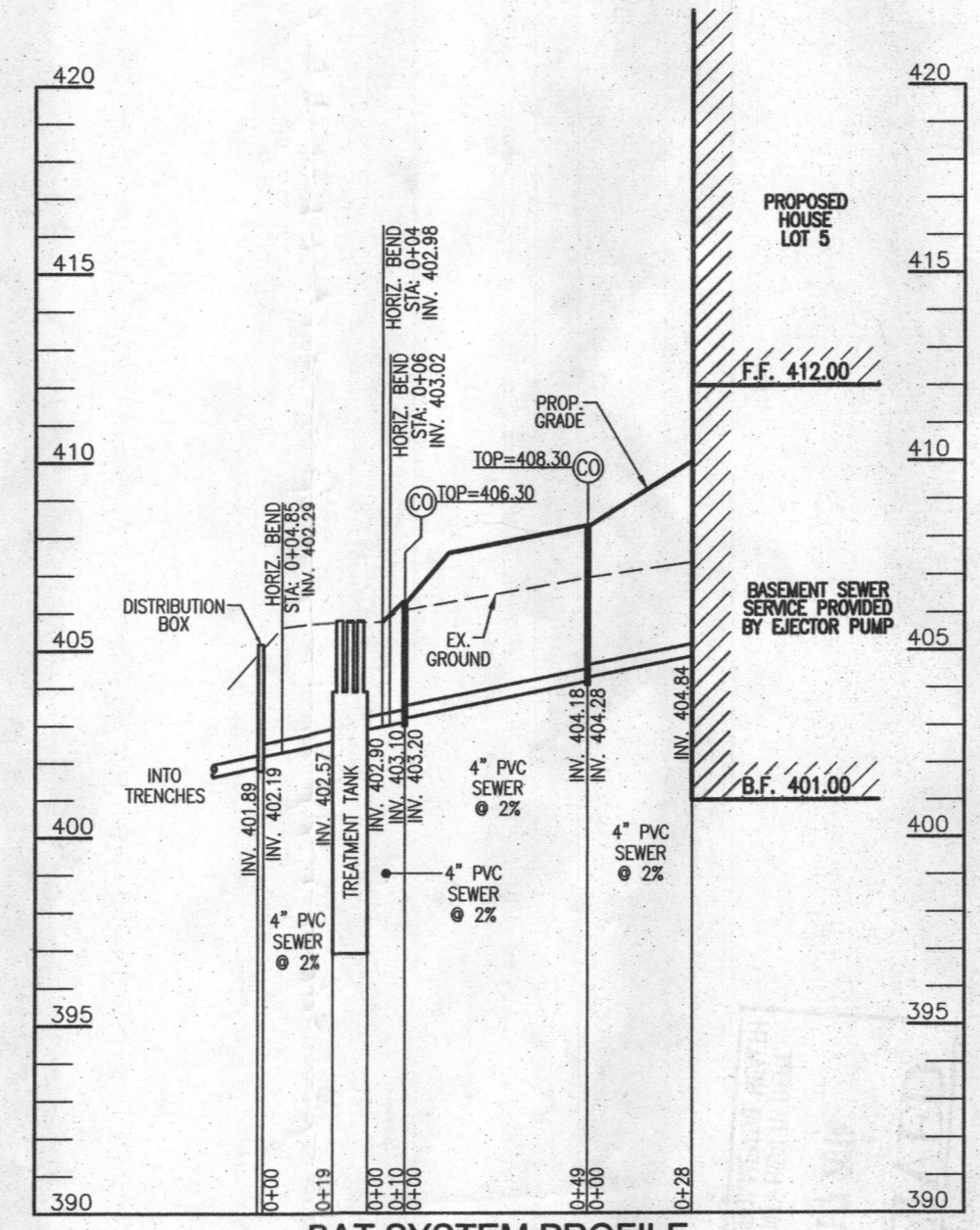
INITIAL SYSTEM TRENCH DETAIL NOT TO SCALE  
1ST REPLACEMENT TRENCH DETAIL NOT TO SCALE  
2ND REPLACEMENT TRENCH DETAIL NOT TO SCALE

**TRENCH INFO**

TRENCH LENGTH	TRENCH WIDTH	EXISTING LENGTH	EXISTING WIDTH
1	52'	401.53	398.53
2	52'	400.16	397.16

**SYSTEM CALCULATIONS:**

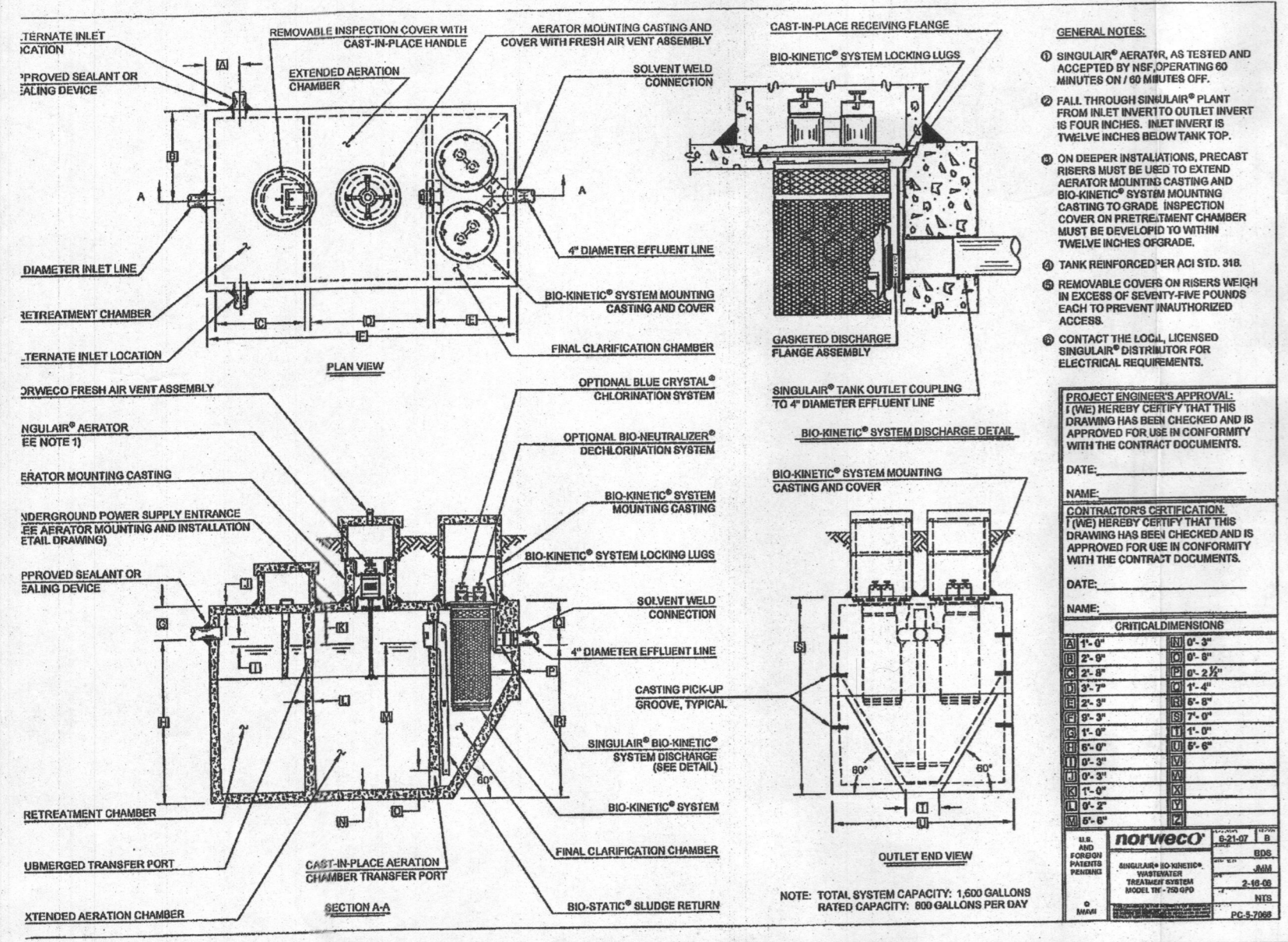
- INITIAL SYSTEM:**  
5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.  
625 SQ. FT. / 3 (TRENCH WIDTH) x .50 (SIDEWALL REDUCTION) = 104 LINEAR FEET  
2 TRENCHES (13' ON CENTER) OF 52 FEET IN LENGTH ARE PROVIDED WITH THE INITIAL SYSTEM.
- 1ST REPLACEMENT SYSTEM:**  
5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.  
625 SQ. FT. / 3 (TRENCH WIDTH) x .63 (SIDEWALL REDUCTION) = 131 LINEAR FEET  
2 TRENCHES (13' ON CENTER) OF 66 FEET IN LENGTH WOULD BE PROVIDED WITH THE 1ST REPLACEMENT SYSTEM.
- 2ND REPLACEMENT SYSTEM:**  
5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.  
625 SQ. FT. / 3 (TRENCH WIDTH) x 1.0 (NO SIDEWALL REDUCTION) = 208 LINEAR FEET  
4 TRENCHES (9' ON CENTER) OF 52 FEET IN LENGTH WOULD BE PROVIDED WITH THE 2ND REPLACEMENT SYSTEM.



BAT SYSTEM PROFILE  
SCALE: HORIZONTAL - 1"=50'  
VERTICAL - 1"=5'

**GENERAL 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 DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET.
- NO BLOWER IS REQUIRED. THE NORWECO WASTEWATER TREATMENT SYSTEM HAS AN AERATOR MOUNTED IN THE TANK.
- THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
- WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
- ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.



**OWNER**  
HASAN A. ASKARI  
6490 HEATHER GLEN WAY  
CLARKSVILLE, MD 21029  
(410) 781-6782

**DEVELOPER**  
GREENFIELD HOMES, INC.  
6656 LUSTER DRIVE  
HIGHLAND, MARYLAND 20777  
(410) 781-6782

**SITE PLAN FOR BAT INSTALLATION**  
**WILLOW POND - LOT 5**  
6490 HEATHER GLEN WAY  
(FORMERLY PRESTWICK DRIVE)  
CLARKSVILLE, MD 21029  
BUILDING PERMIT #

5TH ELECTION DISTRICT  
TAX MAP: 34 PARCEL: 444  
DPZ REF'S: F-10-106, F-09-13, F-08-170, F-09-112, F-87-174, F-79-115, SP-09-03, SP-07-011, VP-87-103, WP-09-82, PLAT 7288

ZONE: RR-DEO  
BLOCK: 17  
HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET  
ELLICOTT CITY, MD 21043  
TEL: 410.461.7666  
FAX: 410.461.8961

**PROFESSIONAL CERTIFICATE**

DESIGN BY: RHY  
DRAWN BY: JMR  
CHECKED BY: RHY  
DATE: DECEMBER 2014  
SCALE: AS SHOWN  
W.O. NO.: 14-33

I HEREBY CERTIFY THAT THESE DOCUMENTS 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. 16183, EXPIRATION DATE: 08-27-2016

1 SHEET OF 1