



# HOWARD COUNTY HEALTH DEPARTMENT

57370

DATE 9/11/15

APR 5

Received From

Carole T. Lark

PHONE #

443-277-4226

For

13921/9 Weyford Drive Perc/repair

CASH

CHECK

NO.

11617

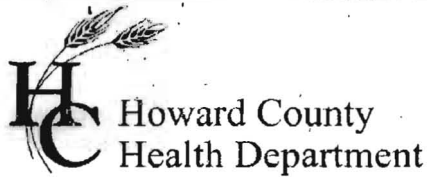
Three hundred thirty = 00/100 Dollars

\$

330.00

Received By

*[Signature]*



**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: 9/14/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557370

APPROVAL DATE: 9/30/2015 **PERMIT:** **REPAIR** A \_\_\_\_\_

PROPERTY ADDRESS: 13929 Wayside Drive

SUBDIVISION: Haviland Hills LOT: 12 TAX ID: 05-372666

CONTRACTOR: J.M. Contracting LLC EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 480 Obrecht Road, Sykesville, MD 21784 PHONE: 443-277-7526

PROPERTY OWNER: Carole Cook EMAIL: \_\_\_\_\_

OWNER ADDRESS: 13929 Wayside Drive, Clarksville, MD 21029 PHONE: 301-854-0708

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_ PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>105'</u>	INLET DEPTH: <u>1.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>3 x 35' Trenches</u>	

ISSUED BY: \_\_\_\_\_ 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 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 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: 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

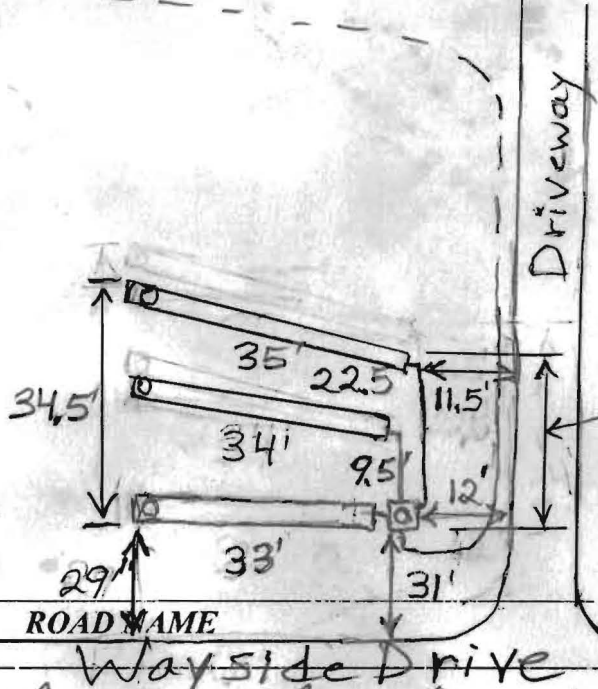
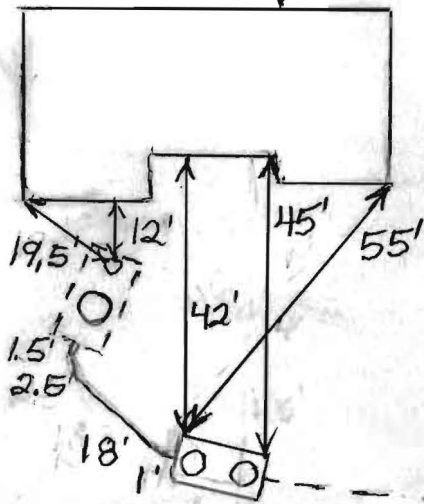
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

Well - Surrounded by

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	1.5'-2'	8.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		102'
ABSORPTION AREA		663+
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	?
MANUFACTURER	?
CAPACITY	? GAL
SEAM LOC	Midseam
TANK LID DEPTH	3'-4.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	N/A
PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-3'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	Dry

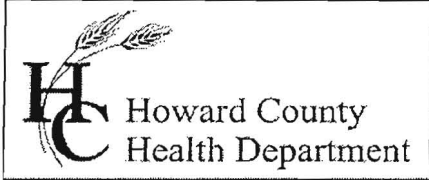
PRE-CONSTRUCTION:

9/22/2015 Partial layout of system done. (BB)  
 9/23/2015 Trenches laid out. (BB)

INSTALLATION:

9/23/2015 Pump line installed and tank hole dug. (BB)  
 9/24/2015 Trenches and dist. box installed.  
 9/25/2015 Pump chamber set and connected to existing tank. Need pump and alarm test. (BB)  
 9/30/2015 Pump and alarm working. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 9/30/2015



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 7178 Gateway Drive Columbia, MD 21046  
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 website: www.hchealth.org

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

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # \_\_\_\_\_

PROPERTY ADDRESS 13929 Wayside Dr Clarksville MD. 21029  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Carole A. Cook

DAYTIME PHONE 301-854-0708 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 13929 Wayside Dr Clarksville MD. 21029  
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443 277 7526 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 425 Obrecht Rd Sykesville MD 21784  
STREET CITY, STATE ZIP

**I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):**

- BUILDING:**
- RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
  - COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

- PROPERTY:**
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_
  - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
  - REPAIR OR REPLACE FAILING OSDS
  - UPGRADE EXISTING OSDS

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?  
 YES  
 NO

**AS APPLICANT, I UNDERSTAND THE FOLLOWING:**

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

9/13/15

SIGNATURE OF APPLICANT

DATE

AP

(A)

Br Very Dense Fine Sacl Loam and Sa Loam ~ 30% Rock

5'

>50% Rock Hard Bottom

6.5'

(B)

Similar to (A)

7'

Hard Bottom

(C)

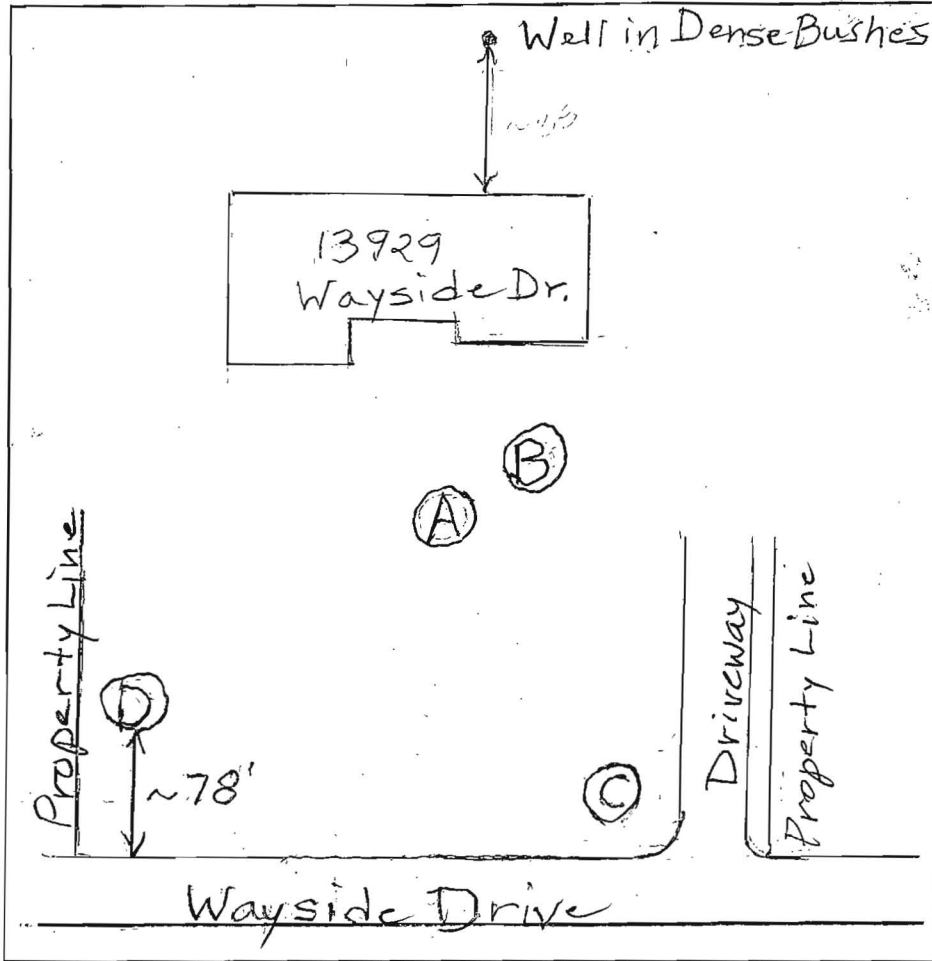
Topsoil

0.5'

Very Dense Med. Fine Loamy Sa ~10% Rock

30-40% Rock Near Bottom

14"



(D) Very Dense Or Br Sa Cl Loam  
Med. Fine  
Very Dense  
Beige Loamy Sa  
5-10% Rock

1-1/2'

13'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/22/2015	A	15' 6.5"	10:43	~ 3/4" in		30	F
		2.5'	11:17	11:48	Slow		F
	B	7'	Similar to (A)				F
	C	3' 14"	2:44	2:49	2:58	9	P
	D	5' 13"	Slow, Retest Deeper				H

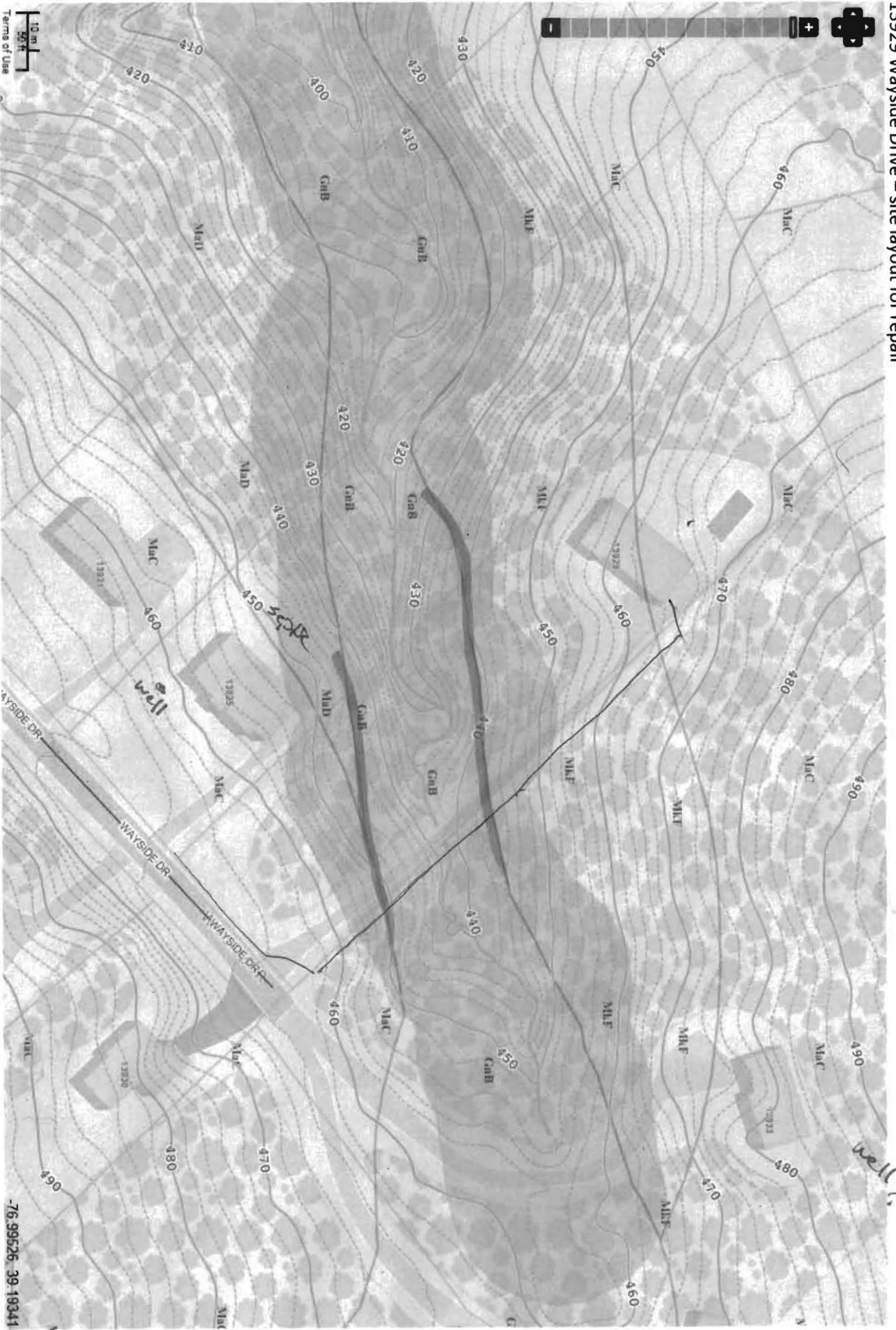
REMARKS Fast Rates in Test Hole Bottoms

SANITARIAN B. Baker BACKHOE R. Heaps OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA C AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

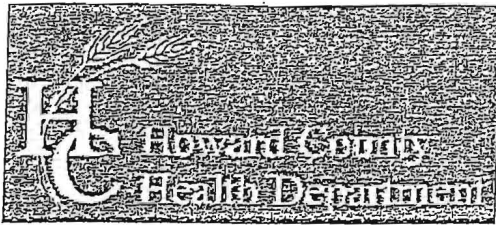
TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

13929 Wayside Drive - site layout for repair



10 m  
30 ft  
Terms of Use

-76.99526 -39.19341



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
[X] 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?

- Has the septic tank been pumped within the last month?
[X] Yes Date pumped: 9/11/15
[ ] No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Was a visual inspection of the septic tank and/or drain fields conducted?
[X] Yes Explain observations: Tank over full piping leaving tank full Drywell full
[ ] No

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
[X] Yes
Blockage leading to the tank
[ ] Yes. Explain:
[ ] No
Blockage leading to the field
[ ] Yes. Explain:
[ ] No

Existing system design

- Existing system design
[X] Drywell
[ ] Trench
[ ] Mound
[ ] Unknown
[ ] Other:

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
[ ] Yes
[X] No
[ ] 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 Regulation.

Septic Contractor: Ronnie Heaps Contractor's Phone: 443-277-7526
Contractor's Address: 425 Obrecht Rd Sykesville MD 21784
Property Address: 139249 Wayside Dr Clarksville MD
Subdivision: Lot: Year Built: 60s
Owner's Name: CAROLE COOK Owner's Phone: 301-854-0708
Name of previous owners: Existing bedrooms: 4 Proposed bedrooms:
Has this request been previously discussed with a Sanitarian? (Name): Kevin Wolf
Public Sewer available/nearby:

\*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 public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.

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 situation exists. The contractor is to notify office of the emergency situation as soon as possible.