

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: 12/29/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557500

APPROVAL DATE: 1/15/16 (SC) **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: _____

SUBDIVISION: Saint Michael's Overlook LOT: 3 TAX ID: 04-352440

CONTRACTOR: Charlie's Bobcat Service EMAIL: _____

CONTRACTOR ADDRESS: 13 Energetic Endeavor Drive PHONE: 410-365-1109

PROPERTY OWNER: Charles Palmer EMAIL: Bcc88p@aol.com

OWNER ADDRESS: 2882 Florence Road PHONE: 410-365-1109

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. _____ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>104' Minimum</u>	INLET DEPTH: <u>2.5'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>3.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>1.5'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: 2x52' Trenches
Bring Gravel Up to 18"

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 WARRANT 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.

NOT TO SCALE

See As-Built Drawing
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	2.5'	3.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		109'
ABSORPTION AREA		327' - SIDEWALL
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 4.5' _____

BAFFLES _____

BAFFLE FILTER No _____

MANHOLE LOC FRONT + REAR _____

6" PORT LOC NONE _____

WATERTIGHT TEST NO _____

SLOTTED No _____

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 _____~~

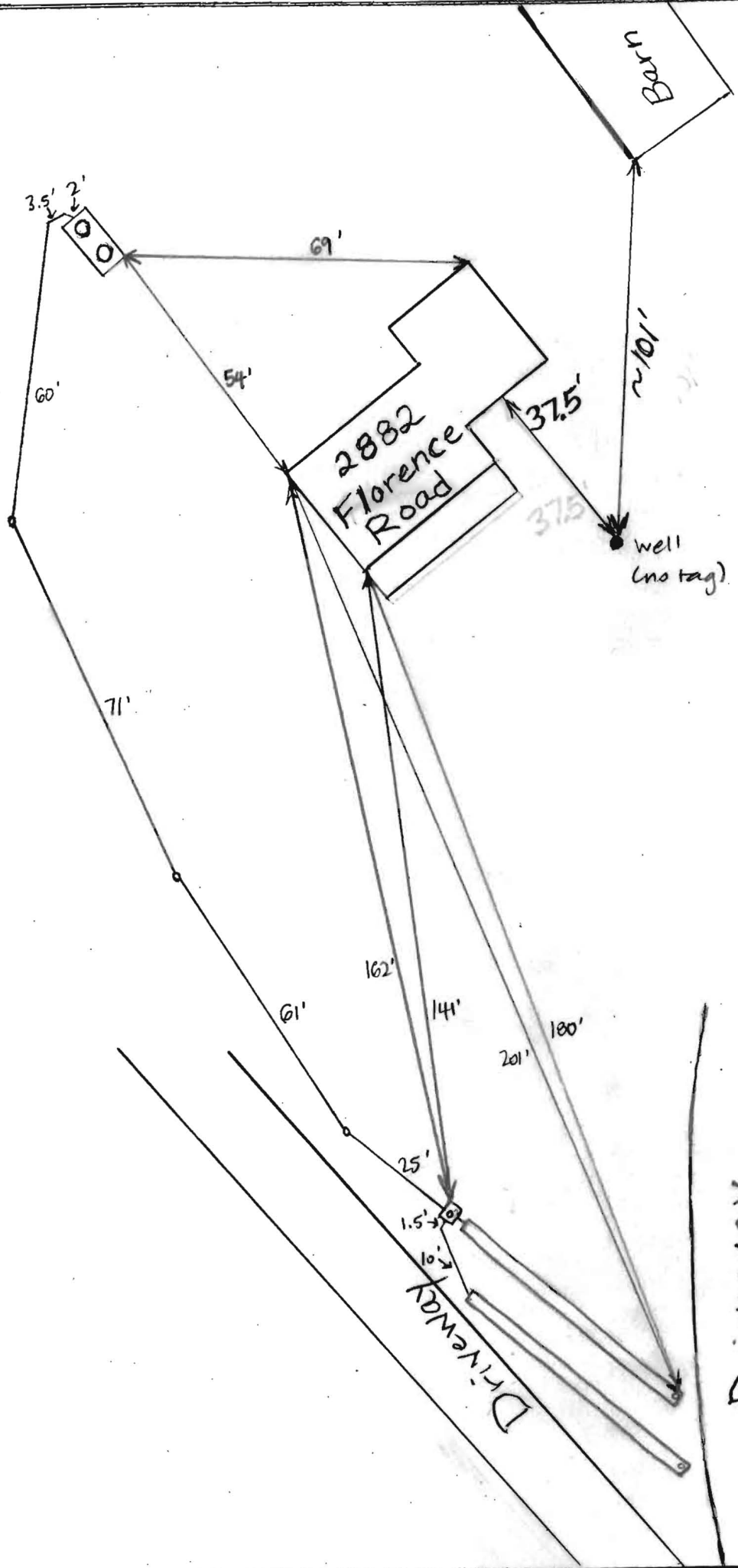
~~DATE ON LID _____~~

PRE-CONSTRUCTION:

1/7/2016 Trenches laid out. (BB)

INSTALLATION: 1/15/16 Trench 1 dug and filled with stone; digging T2 during site visit. 1.5' to stone, 3.5' to bottom using a laser while digging. D-box leveled with speed levelers. Tank is 4.5' deep, new manhole covers installed front + rear. Drywell pumped + collapsed. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 1/15/16



T1 = 55'

T2 = 54'



HOWARD COUNTY HEALTH DEPARTMENT

57500

DATE 12/29/15

A5
410-519-5020

Received From

Charlie's Bread Service

PHONE #

For

Penc/Kepin - 2882 Florence
lot 3 rd.

CASH

CHECK

NO.

24326

Three hundred thirty

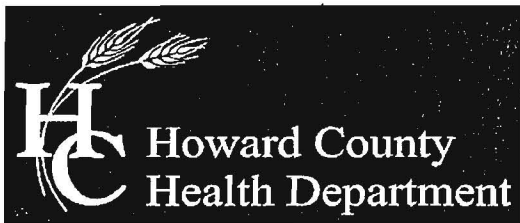
Dollars

\$

330 | 00

Received By

King



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Twitter: HowardCoHealthDep

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

A551500

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME St Michaels overlook

PROPERTY ADDRESS 2882 Florence rd woodbine MD 21297

TAX ACCOUNT # 2070917 TAX MAP 13 GRID PARCEL 04-352 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 6.485A

PROPERTY OWNER(S) CHARLES W PALMER KATHY PALMER

DAYTIME PHONE 410365-1109 CELL SAME EMAIL BCC88P@AOL.COM

MAILING ADDRESS 2882 Florence rd woodbine MD 21797

APPLICANT SAME RELATIONSHIP TO OWNER:

DAYTIME PHONE SAME CELL SAME EMAIL SAME

MAILING ADDRESS SAME

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

PROPERTY:

- Subdivision: Number of lots including residue: ... Major/Minor
Construct new OSDs on undeveloped lot
Repair or replace failing OSDs
Upgrade existing OSDs

BUILDING:

- Residential with 3 existing or proposed bedrooms in the completed structure
Commercial (provide detail of type of use and numbers of employees/customers on accompanying plan)

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.
Signature of Applicant: [Signature] Date: 12-29-15

AJP 557500

(A)
 2'-3' Moderately Dense Or Br Sa Cl Loam
 Mixture of Red Br and Beige Sa Cl Loam and Sa Loam
 5' Beige Loamy Sa ~25% Rock Hard Bottom
 11'

See Test Hole Locations On Separate Sheet

(B)
 1.5-2.5' Or Br Sa Cl Loam
 Red Br Loamy Sa >50% Rock Below 2'
 9' Hard Bottom

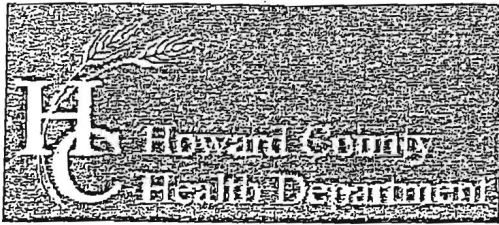
(C)
 2.5-3.5' Br Sa Cl Loam - Cl Loam
 4' Red Sa Cl Loam
 Red Sa Loam ~40% Rock
 7' Hard Bottom

(D)
 Br Sa Cl Loam 1'-1.5'
 Red Br Sa Cl Loam ~3'
 Or and Red Br Sa Loam >50% Rock Below 5' Hard Bottom 6.5'

(E)
 Or Br Sa Cl Loam - Sa Loam 1'-1.5'
 Or Br Loamy Sa
 ~30% Rock and Saprolite Hard Bottom 10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
1/7/2016	A	6' 11" V	10:36	10:56	11:29	33	P	
	B	9' Visual	Hard Bottom					P
	C	7' Visual	Hard Bottom					F
	D	6.5' Visual	Hard Bottom					F
	E	2.5' 10" V	12:31	12:36	12:45:30	9 1/2	P	
		3.5'	12:55:15	12:57	12:59	2	P	

REMARKS Dirt Fell in Hole A While Being Tested
 SANITARIAN B. Baker BACKHOE C. Palmer OTHERS Tommy
 TEST HOLES USED IN SDA E AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3' INLET DEPTH _____ MAX. BOT DEPTH 3.5' EFFECTIVE SW _____



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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- 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 observations: _____

No

Was a visual inspection of the sewage line conducted?

Yes

Blockage leading to the tank

Yes. Explain: _____

No

Blockage leading to the field

Yes. Explain: _____

No

Existing system design

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

Is discharge surfacing on the ground?

Yes

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: Charles Robert Service Contractor's Phone: 410 365-1109

Contractor's Address: 13 Energetic Endeavour Dr

Property Address: 2882 Florence Rd County file: _____

Subdivision: St Michel over look Lot: 3 Year Built: 1964

Owner's Name: Charles Palmer Owner's Phone: SAME

Name of previous owners: Tim Hughes Existing bedrooms: 3

Proposed bedrooms: SAME

Has this request been previously discussed with a Sanitarian? (Name): No

Public Sewer available/nearby: No

*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.