

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: 7/15/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556533

APPROVAL DATE: 7/20/15 SEC **PERMIT:** **REPAIR** A REPAIR

PROPERTY ADDRESS: 6652 Prestwick Drive

SUBDIVISION: Highland Lake LOT: 32 TAX ID: 05-381754

CONTRACTOR: Ronnie Heaps EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784 PHONE: 440-277-7526

PROPERTY OWNER: Charles and Gail Fountain EMAIL: _____

OWNER ADDRESS: 6652 Prestwick Drive PHONE: 410-531-5032

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED ~ 98' from stone

TRENCHES:	LINEAR FEET REQUIRED: <u>135'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set New Dist. box a 30' down hill from tank. Run 2x6" trench on contour back towards house. New outlet baffles on tank w/ riser.	

ISSUED BY: K. Wolf ISSUE DATE: 7-24-15 EXPIRATION DATE: 7-24-16

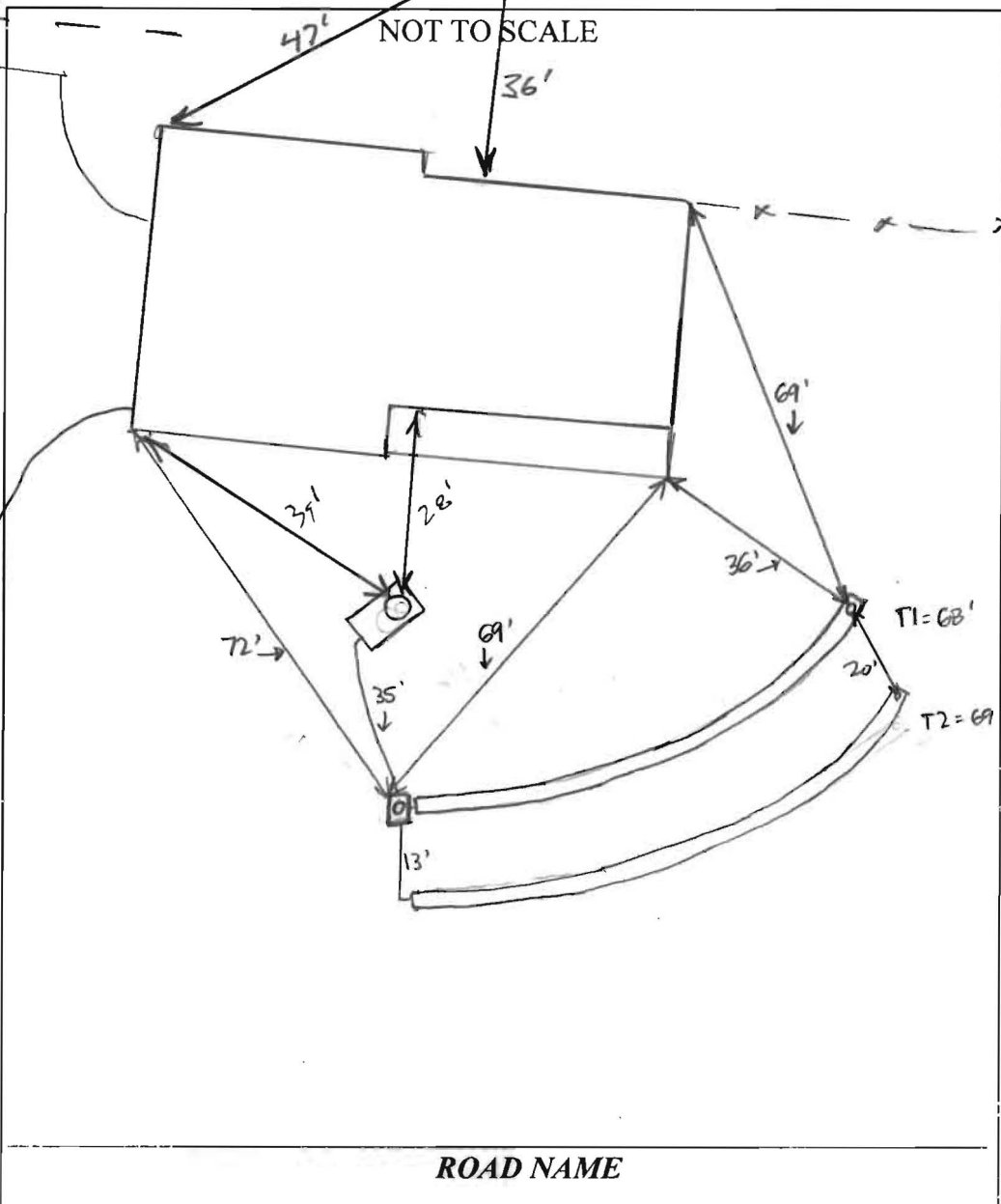
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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
 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.

H0-81-1177



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	10'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	137'	
ABSORPTION AREA	274' + SIDEWALL	
DISTRIBUTION BOX LEVEL	YES	
DISTRIBUTION BOX BAFFLE	YES	
DISTRIBUTION BOX PORT	YES	

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	?
CAPACITY	1500 GAL
SEAM LOC	mid
TANK LID DEPTH	4.5'
BAFFLES	YES - CONCRETE
BAFFLE FILTER	—
MANHOLE LOC	
6" PORT LOC	Front
WATERTIGHT TEST	OK (7/24)
SLOTTED	no
DATE ON LID	N/A
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

7/24/15 Existing trenches running down hill $\approx 19''$. No signs of bleedout. Set new D-box approx 30' or so down hill from ex. ST. (@ start of Top trench). Install 2x67' trench on contour (as pointed in field) running back towards house. Allow outlet diff and riser to be added to tank. Call for map. (Kau)

INSTALLATION:

7/27/15 New D-box installed and connected to tank. Manhole riser not yet installed on tank. T1 finished + left open. 2' wide, 3' to stone, using #57 stone in trenches. (SC) 7/28/15 T2 finished + left open. D-box has speed levelers - leveled using water. Manhole riser installed on tank; tank has a concrete baffle at inlet and outlet. Trenches 9.5-10' deep, measured down observation pipes. T2 has extra stone at obs. pipe under cloth. (SC)

FINAL INSPECTOR

Sarah Collins

DATE OF APPROVAL

7/28/15



HOWARD COUNTY HEALTH DEPARTMENT

56533

DATE
7 / 15 / 15

AS

Received From

Gail V. Fontaine

PHONE #

For Pore Repair / 6652 Restwick Dr.

CASH

CHECK

NO.

1402

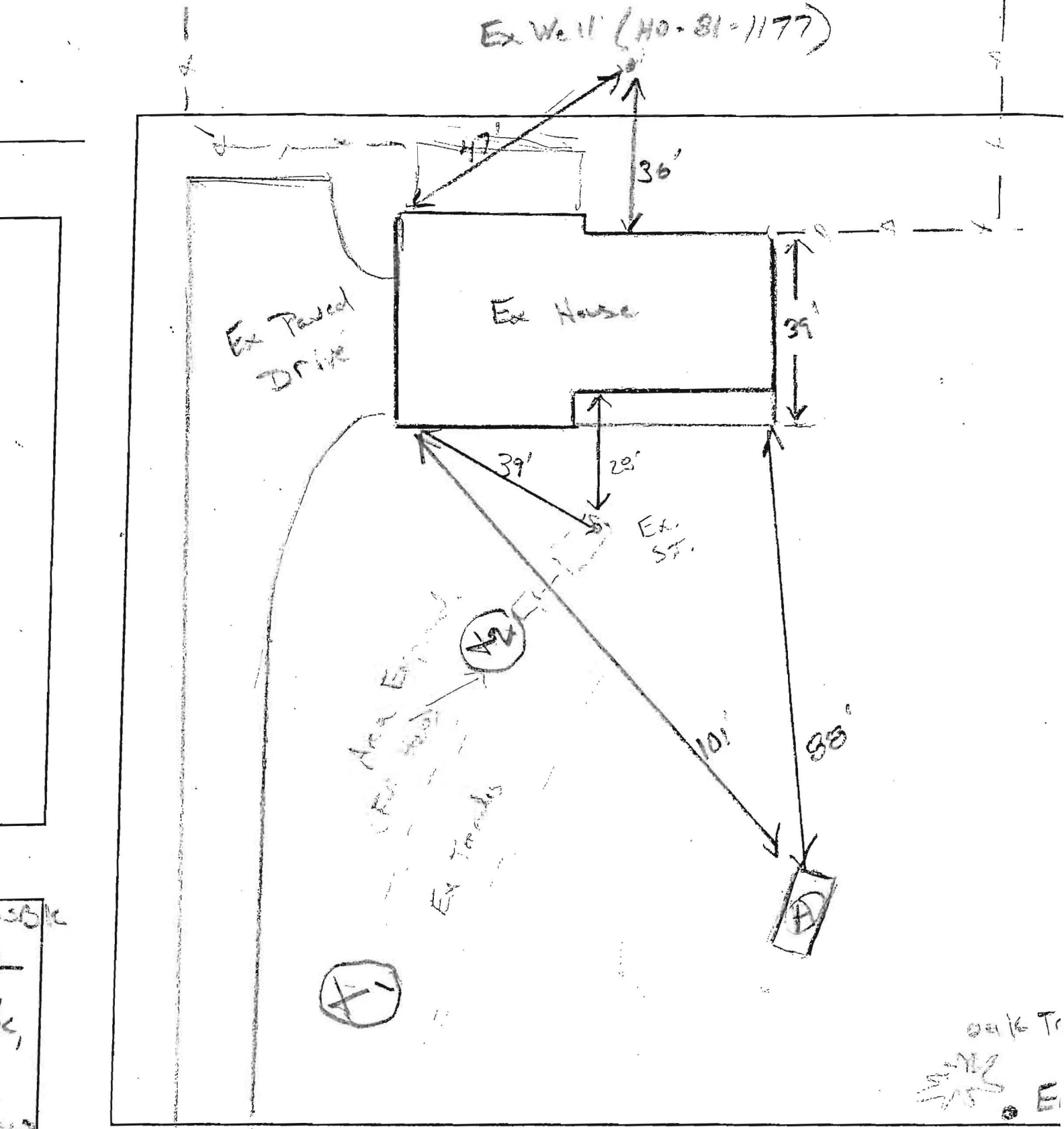
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Dollars

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Received By

King



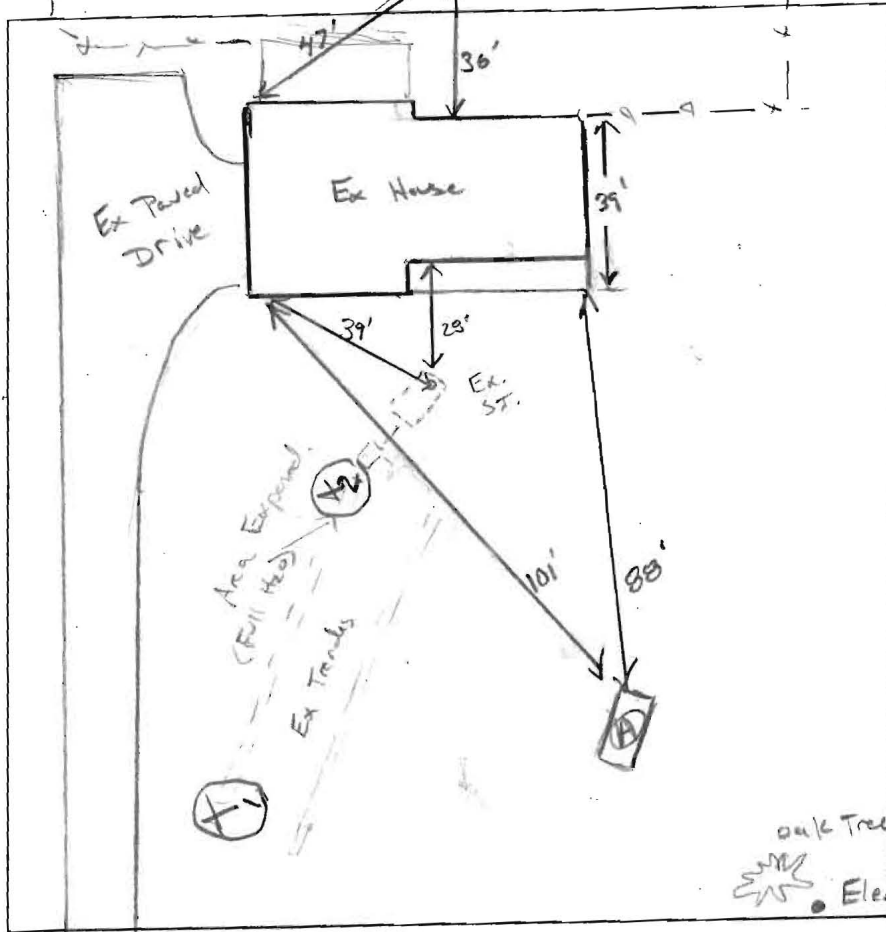
← Prostrwick Dr. →

11/16 Tr
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DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/24/15	(A)	6' / 14'	00:20	00:32	00:45	13	P
		H ₂ O	Sample @ bottom			~68	P

Ex Well (HO-81-1177)

A/P

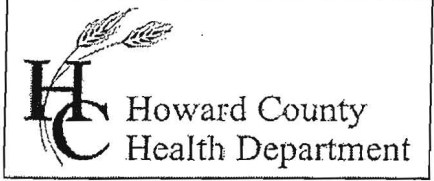


- 8" WK Br msk bk L, roots
- 4" Br CL, CW, 2 BK, Friable, 5% at 2's
- 6" Br/Y sil L m-pl, CW WPD, WSS
- 14" Br/st Br FSL, Friable, light. Smooth boundary. Structure consistent to

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/24/15	(A)	6/14'	00:20	00:32	00:45	13	P
			H ₂ O poured @ bottom ~ 6-8'				P
	(X ₂)		Area Exposed by bitmast, 80% H ₂ O saturation. Δ of ground over pipe = 2'				
	(X ₁)		Δ of ground over pipe = 3.5'				

REMARKS WSS = slightly sticky wps = non-plastic
 Ex. trenches 80% saturated. Trenches running down hill ~ 19"
 SANITARIAN K. Wolf BACKHOE Rennie Hepis OTHERS Helpers / owner
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 13 SQ. FT/BR 0.8
 TRENCH WIDTH 2' INLET DEPTH MAX. BOT DEPTH 10 EFFECTIVE SW 6

$$4\text{TR (150)} = \frac{600}{0.8} = 750 \div 375 (.30) = 135\text{ LF}$$



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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS Prestwick Dr Highland 20777
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Gail / Charles Fountain

DAYTIME PHONE 410-531-5032 CELL 443-538-5771 EMAIL _____

MAILING ADDRESS 6632 Fountain Prestwick Dr Highland 20777
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 21284
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

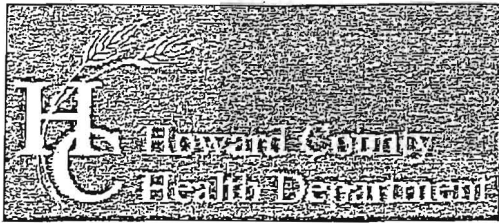
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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.

Ronnie Heaps 7/15/15
 SIGNATURE OF APPLICANT DATE



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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: 7/13/15
- [] 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
- [] No Disb box over full

Existing system design

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

Was a visual inspection of the sewage line conducted?

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

Blockage leading to the field

- Blockage leading to the field
- [x] Yes. Explain: D. Box over full
- [] No

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 HARRIS Contractor's Phone: 443 277 7520

Contractor's Address: 425 OBrecht Rd. Sykesville MD 21784

Property Address: 6652 Prestwick Dr Highland 20977 County file:

Subdivision: Lot: Year Built: 1970

Owner's Name: GAIL CHARLE FOUNTAIN Owner's Phone:

Name of previous owners: Existing bedrooms: 4

Proposed bedrooms:

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

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.