

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: 6/30/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556505

APPROVAL DATE: 7/16/15 SC **PERMIT:** **REPAIR** A Repair

PROPERTY ADDRESS: 7529 Greenwood Drive

SUBDIVISION: _____ LOT: _____ TAX ID: 05-362512

CONTRACTOR: J.M. Contracting LLC. EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784 PHONE: 443-277-7526

PROPERTY OWNER: James Hart EMAIL: _____

OWNER ADDRESS: 7529 Greenwood Drive, Highland MD 20777 PHONE: 301-854-9509

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): 1250 PUMP SIZE: _____

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

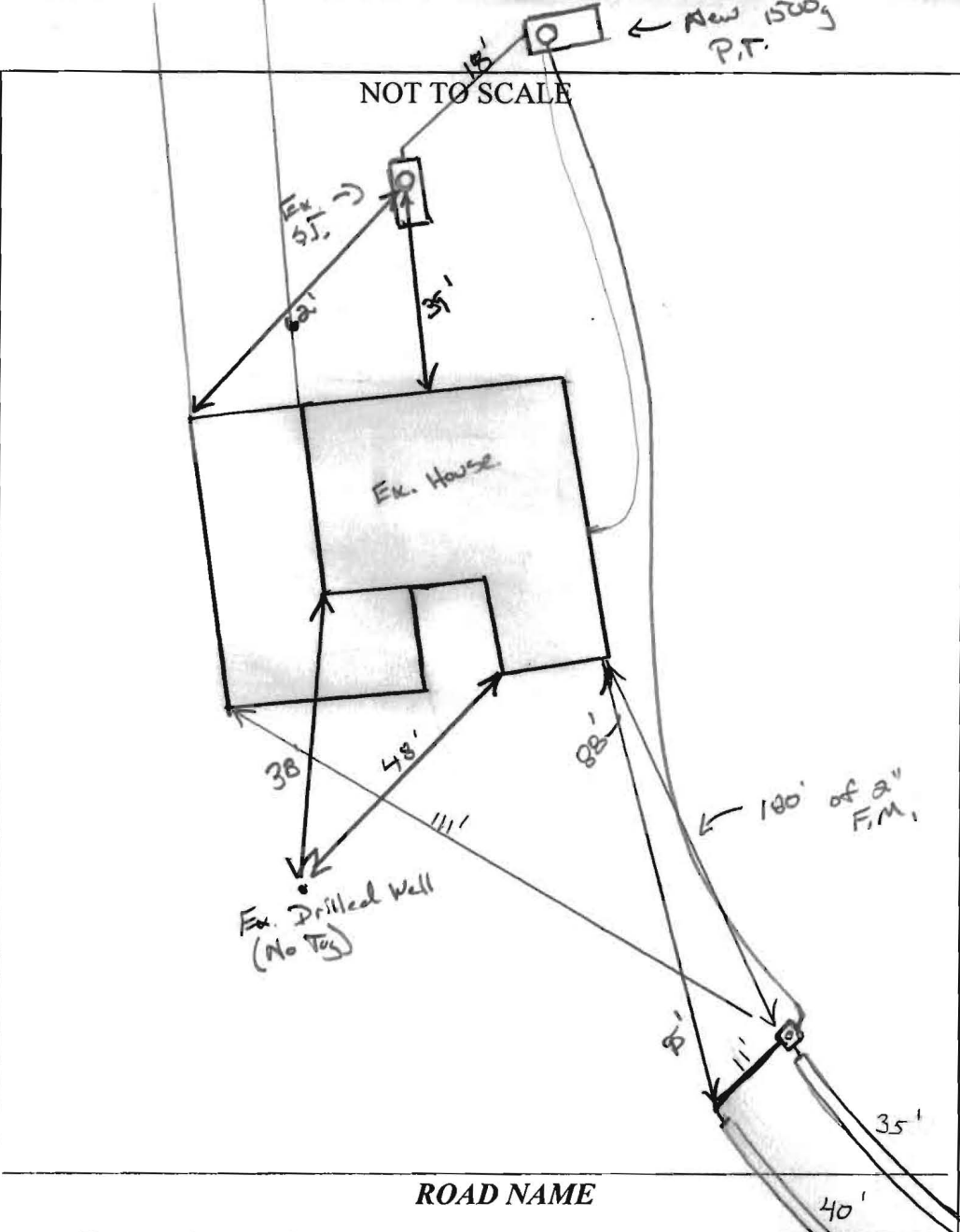
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>72'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8'-12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>32'+40' 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.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		75'
ABSORPTION AREA		150' + SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	?
CAPACITY	1250? GAL
SEAM LOC	mid
TANK LID DEPTH	6'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	OK
SLOTTED	No
DATE ON LID	—
PUMP SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	none
WATERTIGHT TEST	—
SLOTTED	No
DATE ON LID	N/A
1/2 hp Gould's pump	

PRE-CONSTRUCTION:

7/7/15 Layout given per G. Baker @ time of Perc. Repair. (KW)

7/7/15 Layout given per G. Baker @ time of Perc. Repair. (KW)

INSTALLATION:

7/9/15 Pump tank set, w/ pump + controls / panel. No electric ran. F.M. ran up to trenches. Both trenches installed in location given @ time of Perc. Need p/A test. OK to cover work. (KW) 7/10/15 No electric to pump chamber @ this point (KW) 7/16/15 On site for pump + alarm. Pump pumps waste to D-box, alarm sounds in basement when triggered. Pump + alarm on separate circuits. (SC)



HOWARD COUNTY HEALTH DEPARTMENT

56505

DATE
6 / 3 / 15

AS

Received From

James Hartle

PHONE #

Sinclair

For

Perc / Popcorn - 1529 Greenwood Dr.

CASH

CHECK

NO.

4485

Three hundred thirty

Dollars

\$

330 00

Received By

②

Key



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
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 7529 Greenwood Dr Highland, MD 20777
STREET TOWN ZIP

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

PROPERTY OWNER(S) James Hart

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 7529 Greenwood Dr Highland, MD 20777
STREET CITY, STATE ZIP

APPLICANT Runnie 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 3 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.

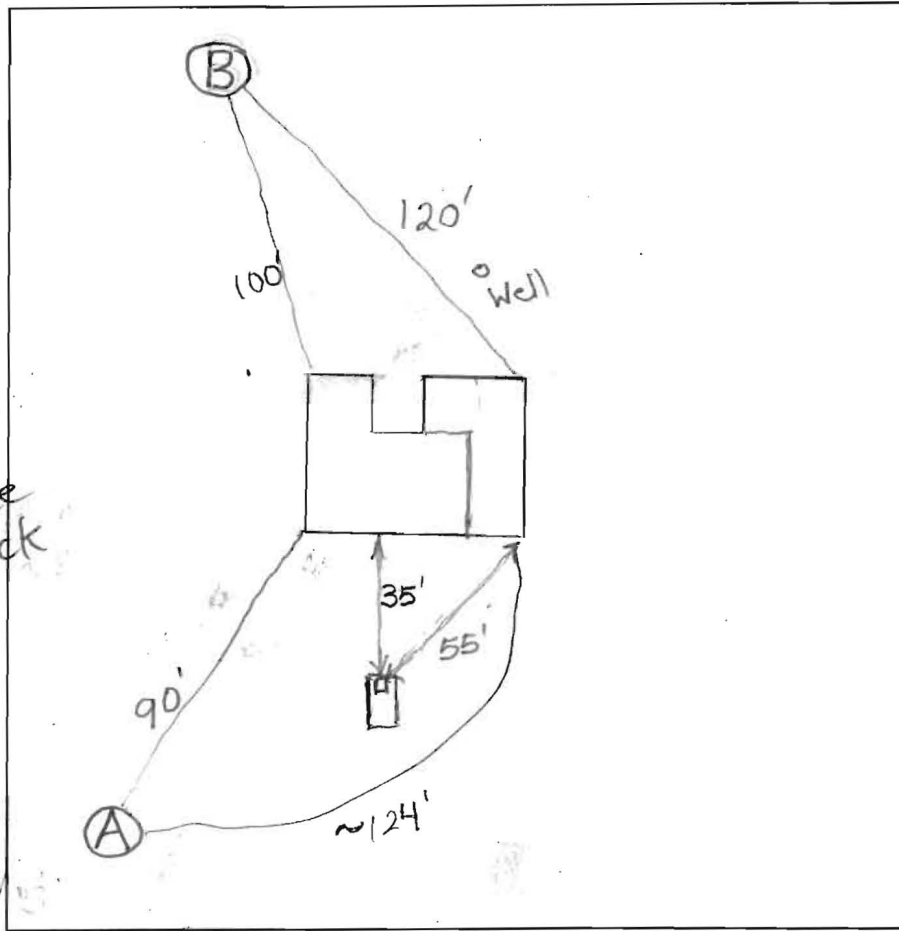
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Runnie Heaps _____ 6/30/15
SIGNATURE OF APPLICANT DATE

AP 556505

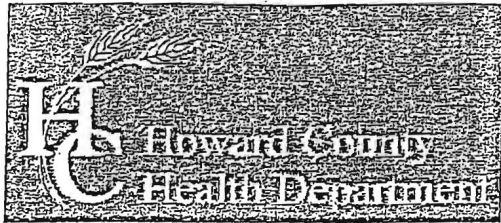
(A)
 2' Moderately Dense Red Br Cl Loam
 4.5-5' Moderately Dense Red Br Sa Cl Loam
 6.5' Beige Fine Sa Loam
 10' Wet Trace Rock
 13' Caving Water

(B)
 2.5-3' Red Br Cl Loam - Sa Cl Loam
 3-3.5' Beige Med Fine Loamy Sa
 14.5' Trace Rock
 15' Water



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/7/15	A	59' / 13'	11:10	~ 3/4" in 26 Minutes			F
	B	4' / 15'	12:29:30	12:31	12:33	2	P

REMARKS _____
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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
 Twitter: HowardCoHealthDep

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: 6/27/15
- No

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

- Yes Explain observations: Everything over full
- No

Existing system design

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

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
- No

Is discharge surfacing on the ground?

- Yes
- 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 Neaps Contractor's Phone: 443 277 7526
 Contractor's Address: 425 Obrecht Rd Sykesville MD 21784
 Property Address: 7529 Greenwood Dr County file: _____
 Subdivision: _____ Lot: _____ Year Built: 1970
 Owner's Name: JAMES HART Owner's Phone: 301 854 9509

Name of previous owners: _____ Existing bedrooms: 3
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): _____
 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.