

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: 11/6/15 ONSITE SEWAGE DISPOSAL SYSTEM P 557449

APPROVAL DATE: PERMIT: REPAIR A

PROPERTY ADDRESS: 11694 Farside Drive

SUBDIVISION: Farside LOT: 15 TAX ID: 03-306895

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

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

PROPERTY OWNER: Ardo Construction EMAIL:

OWNER ADDRESS: 9693 Gerwig Lane, Columbia, MD 21046 PHONE:

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 []

Table with 2 columns: Field Name, Value. Fields include TRENCHES (Linear Feet Required: 155', Inlet Depth: 4', Trench Width: 2', Maximum Bottom Depth: 9.5', Minimum Space Between Trenches, Effective Area Beginning Depth: 5'), LOCATION (TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION), NOTES.

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.

NOT TO SCALE

See As-Built Drawing On
Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	9.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		155'
ABSORPTION AREA		698
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

Closest to House

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon?
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	2004
PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	?
CAPACITY	1000 GAL
SEAM LOC	Midseam
TANK LID DEPTH	1.5-2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	1988

PRE-CONSTRUCTION:

11/24/2015 Repair trenches laid out. (BB)

INSTALLATION:

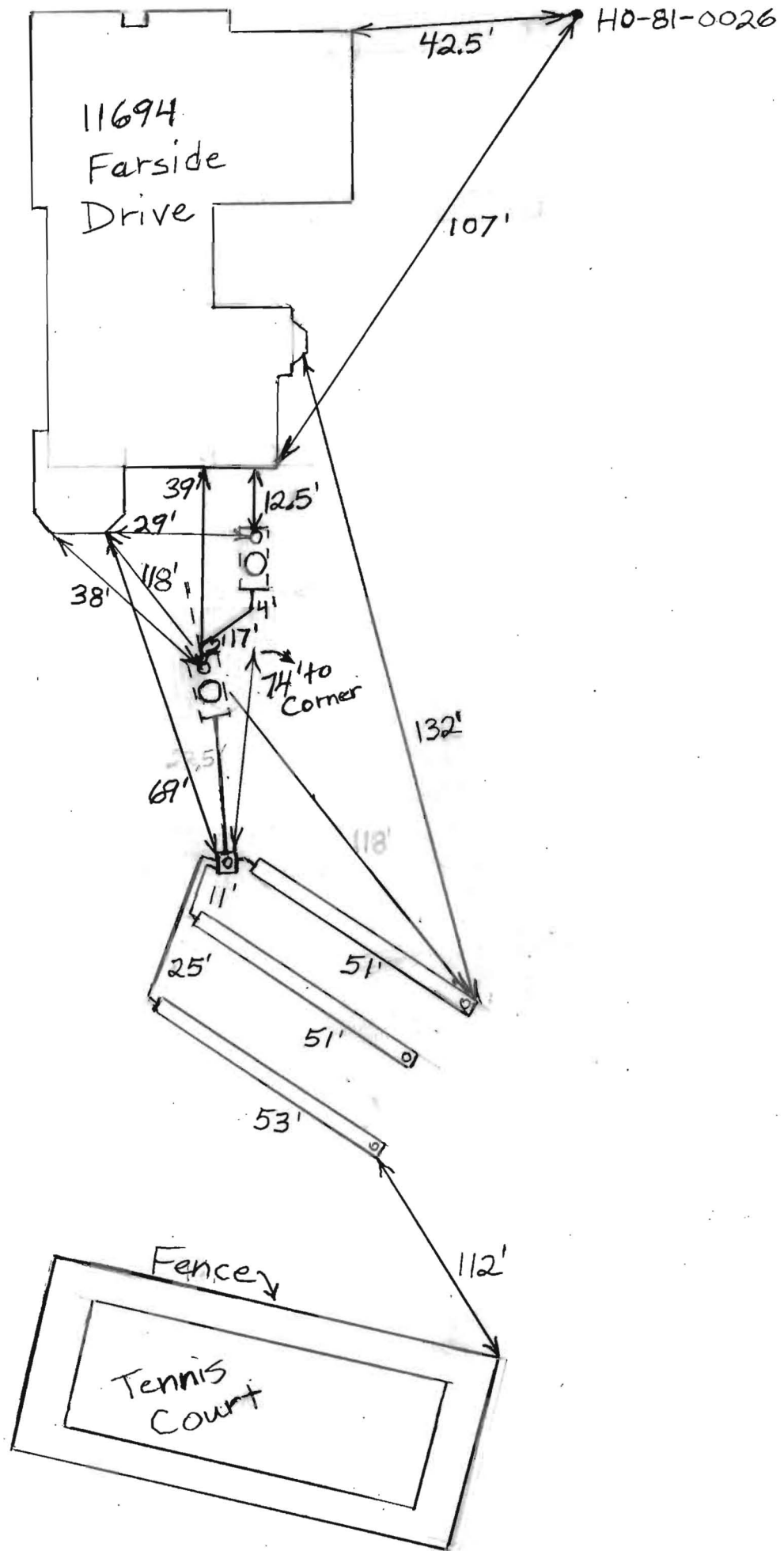
12/11/2015 Repair trenches installed, Septic tanks connected together. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

12/11/2015





HOWARD COUNTY HEALTH DEPARTMENT

57449

DATE 11/6/2015

AS

Received From

Hatfield, Equipment

PHONE #

301-490-4289

For

Park Repair

11694 Farside Dr.

CASH

CHECK

NO.

346

One Hundred Sixty Five

Dollars

\$

165.00

Received By

S. Beatty



HOWARD COUNTY HEALTH DEPARTMENT

57479

P5

12/4/15
DATE

Received From

Hatfields

PHONE #

For

Repair - 11094 Farside Drive

CASH

CHECK

NO.

350

One hundred sixty-five

00/100

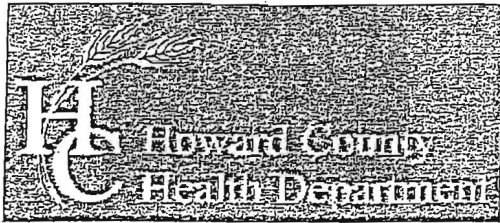
Dollars

\$

165 | 00

Received By

Yvonne Curry



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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: 10/7/15
No

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

- Yes Explain observations: Trunked 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

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: Harold Gumpert Contractor's Phone: 301 490 4289
Contractor's Address: P O Box 519 Annapolis Junction MD 20701

Property Address: 11694 Foxs.de Drive County file:
Subdivision: Foxs.de Lot: Year Built:
Owner's Name: Arde Construct Owner's Phone:

Name of previous owners: Existing bedrooms:
Proposed bedrooms:

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



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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Farside

PROPERTY ADDRESS 11694 Farside Drive Elliott City 21042

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Ardu Construction

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 9693 Germany Lane Columbia MD 21046

APPLICANT Ken Hatfield RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 490 4289 CELL 410 984 0101 EMAIL khatfield@hatfields.com

MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701

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

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 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.

Handwritten signature of applicant

11-06-15

SIGNATURE OF APPLICANT

DATE