



Howard County  
Health Department

**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: 3/24/16

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 558049

APPROVAL DATE: \_\_\_\_\_

**PERMIT:**

**REPAIR**

A \_\_\_\_\_

PROPERTY ADDRESS: 4713 Manor Lane

SUBDIVISION: \_\_\_\_\_

LOT: \_\_\_\_\_

TAX ID: \_\_\_\_\_

CONTRACTOR: J.M Contracting LLC.

EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784

PHONE: 443-227-7526

PROPERTY OWNER: Marianne Alexander

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 4713 Manor Lane

PHONE: 443-416-0804

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): N/A

PUMP SIZE: N/A

NUMBER OF BEDROOMS: 3

HOUSE SQ. FT. \_\_\_\_\_

APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

60-70 dia

TRENCHES:	LINEAR FEET REQUIRED: <u><del>112</del> 112'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<u>Install 2 x 57' trenches on contour as staked in field. Pump/collector ex. Daywell. Manhole after sig'd on ex. S.T.</u>	

ISSUED BY: K. Wolf

ISSUE DATE: 3/31/16

EXPIRATION DATE: 3/31/17

**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 N/A

**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**

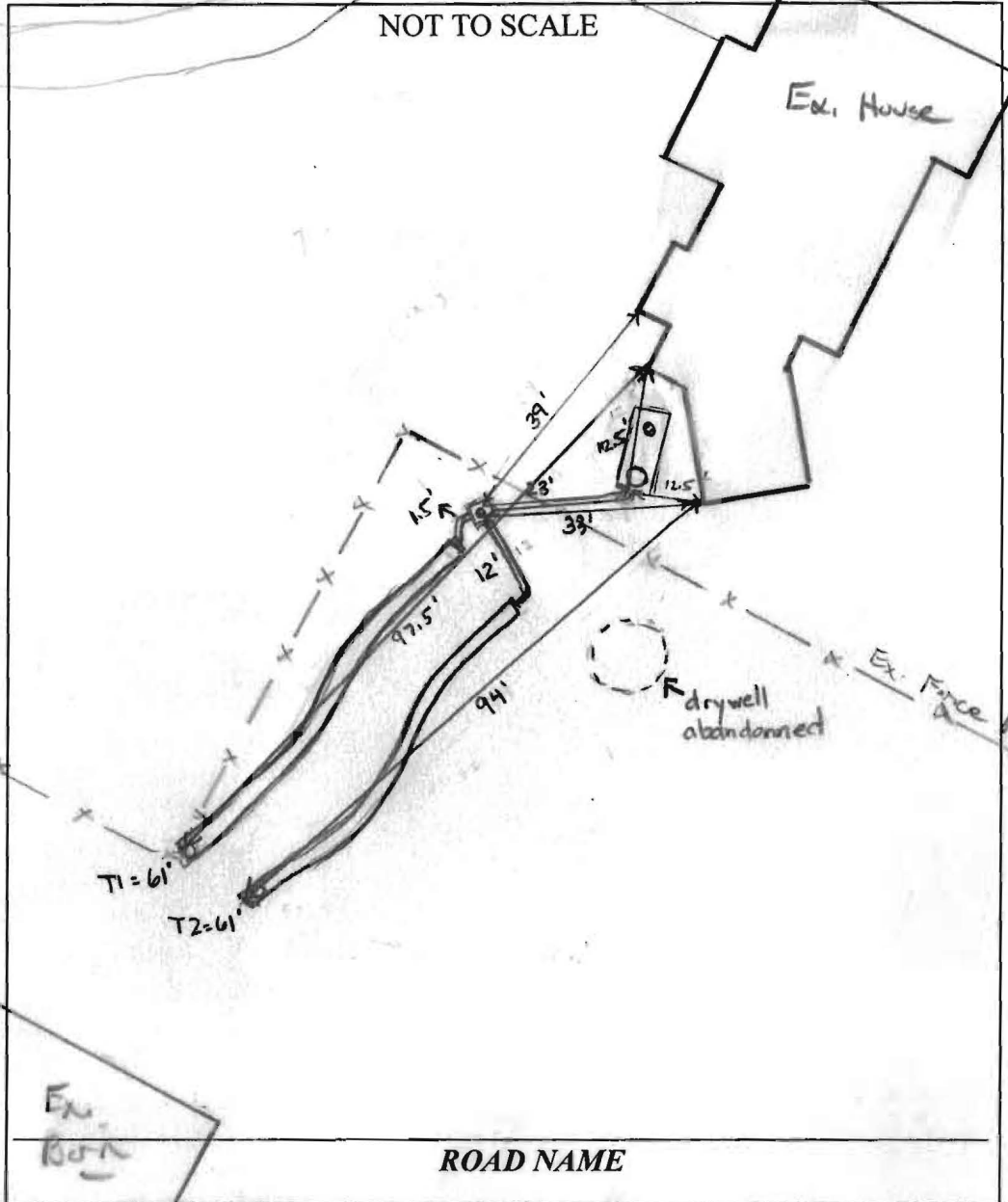
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.**

**PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

**CALL 410-313-1771 TO SCHEDULE INSPECTIONS.**

← To Manor Ln

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		122'
ABSORPTION AREA		trench + SW
DISTRIBUTION BOX LEVEL		yes, levelers
DISTRIBUTION BOX BAFFLE		no
DISTRIBUTION BOX PORT		yes

SEPTIC TANK I LEVEL	
MANUFACTURER	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	no
DATE ON LID	N/A
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:

3/3/16 Elevation shot @ pipe insert into ex. drywell. OK to make 4" inlet to upper trench above ex. DW. Install new 2x57' trenches running away from house on contour. Trenches parallel and staked in field. Call for flu inspection (circled)

INSTALLATION: 4/4/16 - site inspection contractor on site, connection to tank made and manhole riser installed onto back end of septic tank, 6" baffle installed inside tank, trench T2 completed and trench T1 partially completed. Ran out of #57 stone for trench waiting on delivery. Stone looks good; levelers installed and tested, flow equal to both trenches. Trenches to spec, 2 ft wide, 9 ft. bottom, 4 ft inlet, drywell had been properly pumped out & abandoned. Both trenches @ 61 ft long - (circled) 4/4/16 - verified correct baffle on septic tank, trench T2 completed and final measurements taken. OK to backfill, job complete. - (circled)

FINAL INSPECTOR Ryan Rappaport DATE OF APPROVAL 4/4/16



# HOWARD COUNTY HEALTH DEPARTMENT

58049

A5

DATE 3/24/16

Received From

Marianne Alexander PHONE # 4316-0804

For

Peric Repair — 4913  
Manor Lane

- CASH
- CHECK

NO.

876

Three hundred thirty Dollars

\$

330 04

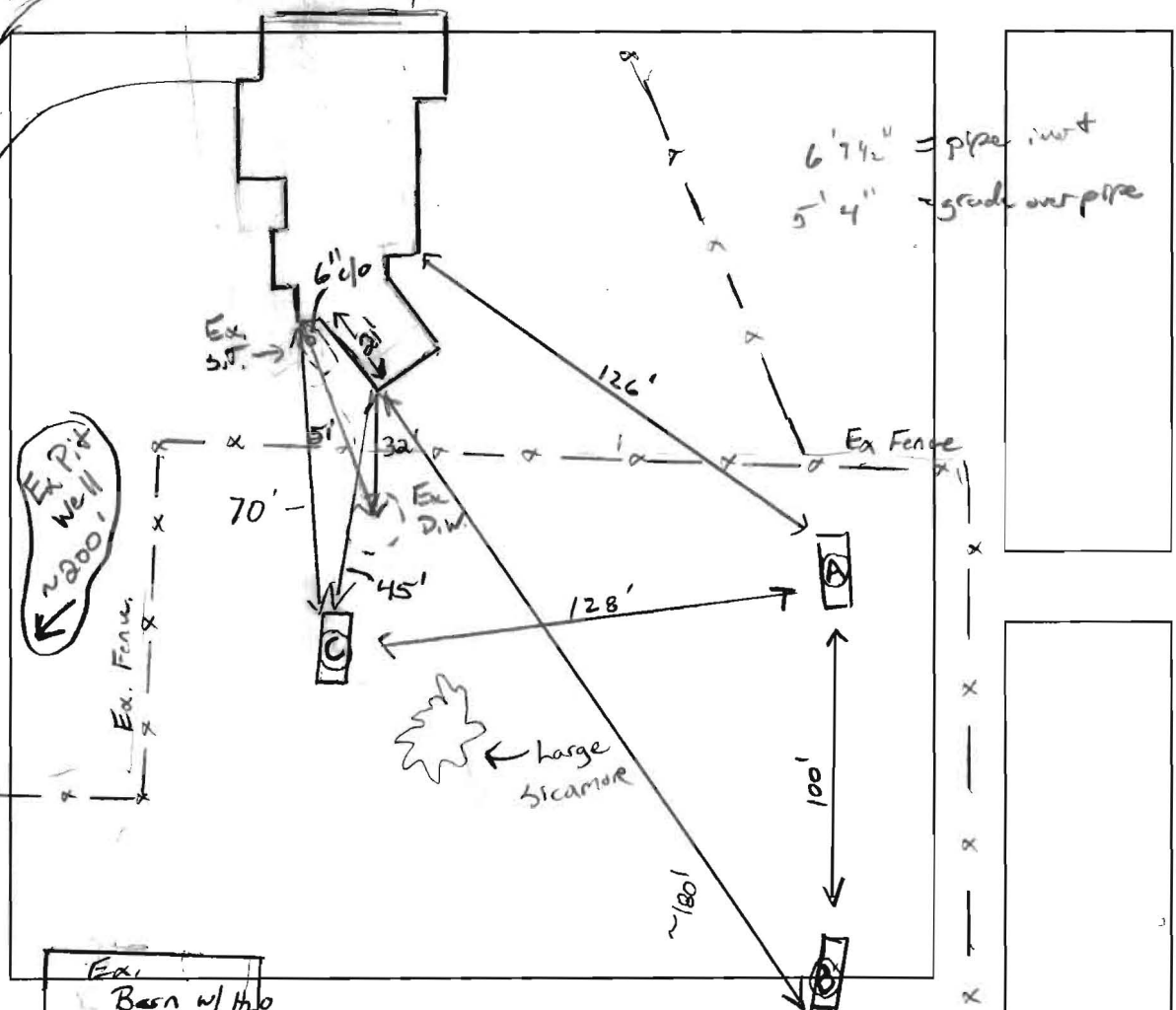
Received By

King

8" **(A)**  
 OM, slow layer roots  
 Br/Y L, Friable, m ssk  
 2' wk Br/Y SL, m pl, moist, cw, clay films, product  
 5' Dense Br/Y CL, mottling front, cs but Friable  
 8' li Br/Y SL, moist, wk plasty  
 ↓  
 14' 5" H<sub>2</sub>O soap

**(B)**  
 Br/Y gravelly L, wk BK, Few clay films  
 3' wk, Br-Y/LR, gravelly SL  
 6' 15% Qtz  
 Qtz Boulders  
 7' Very light SL  
 40% 5% rd.  
 10-15% Sp.

**(C)**  
 Br OM, wk ssk roots  
 12" Br/Rd CL, wk ssk, Friable, Dry, roots  
 3' Br/Rd L  
 wk-m ssk, cw, Friable, no. ex. slightly micaceous  
 5' Br/Rd/Y SL  
 m plasty - many mica

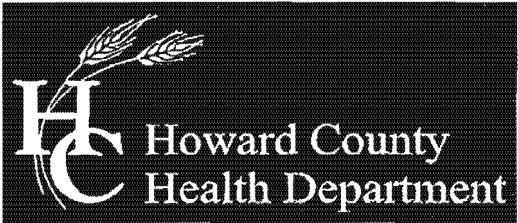


DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/31/16	(A)						F
	(B)						F
	(C)	5' 15"	00:45	00:55	01:11	16	P
			00:19	00:25	00:33	8	P
		15'	H <sub>2</sub> O poured @ bottom			~5 mpi	

**(C) ... continued**  
 7' Br/Rd/Y FSL, wk plasty, Dry, common mica many mica, Friable,  
 10' Br/Rd/Y LS, Dry, micaceous.

REMARKS Hole B drainage mottling. Dog control line w/12 swale  
 SANITARIAN K. Wolf BACKHOE Ronnie Naps OTHERS owner  
 TEST HOLES USED IN SDA 1 AVG. PERC TIME        SQ. FT/BR         
 TRENCH WIDTH 2 INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE SW 3.5'

$3(150) = 450 \div 0.8 = 562 \div 2 = 281.25 (.40) = 112.5 \text{ LF}$



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Marianne Alexander 21042

PROPERTY ADDRESS 4713 Manor Lane Elliott City MD 21042

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Marianne Alexander

DAYTIME PHONE CELL 443 416 0807 EMAIL

MAILING ADDRESS 4713 Manor Lane Elliott City MD 21042

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE CELL 443-277 7526 EMAIL

MAILING ADDRESS 425 Obrecht Rd Sykesville MD 21784

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 3 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

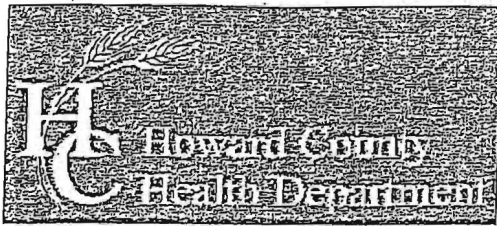
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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.
Ronnie Heaps 443 277 7526 3/24/16
SIGNATURE OF APPLICANT DATE



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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: 3/24/16
No

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

- Yes Explain observations: 3-24-16
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: Backing up into House

\*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: 4713 Manor Lane County file:

Subdivision: Lot: Year Built: 1960

Owner's Name: MARIANNE ALEXANDER Owner's Phone: 443 416 0804

Name of previous owners: Existing bedrooms: 3

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.