**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: 11/9/15**ONSITE SEWAGE DISPOSAL SYSTEM**P 557452

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

**PERMIT:****REPAIR**

A \_\_\_\_\_

PROPERTY ADDRESS: 15809 Bellis DriveSUBDIVISION: Liabon MeadowsLOT: 3TAX ID: 04-308948CONTRACTOR: WRF & Son Plumbing and Heating

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

CONTRACTOR ADDRESS: 15 N. Main Street, Mount Airy, MD 21771PHONE: 301-829-1711PROPERTY OWNER: Lantz Preist and Elaine Nahai Preist

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

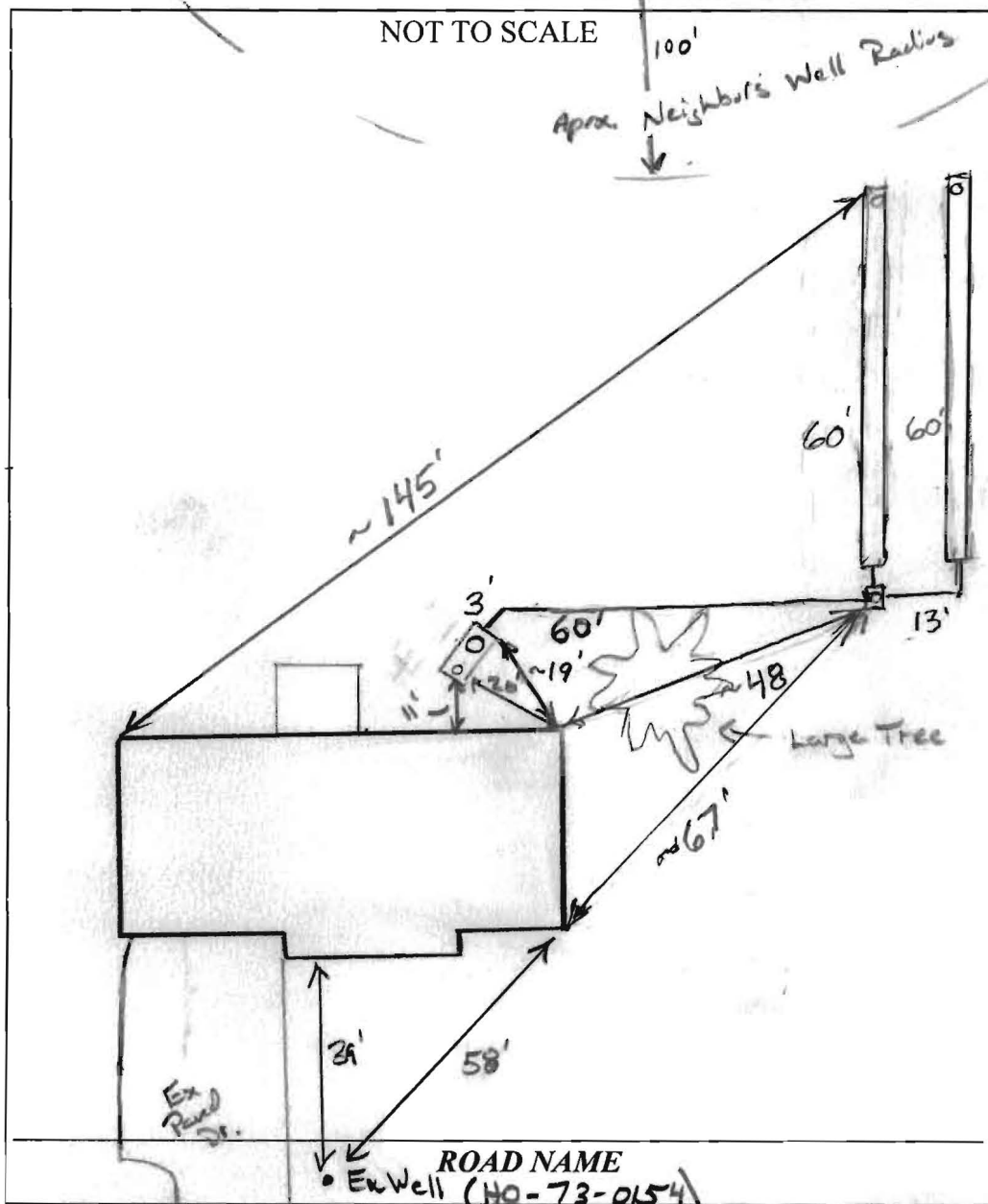
OWNER ADDRESS: 15809 Bellis Drive, Woodbine, MD 21797PHONE: 410-489-5178SEPTIC TANK SIZE (GALLONS): ExPUMP CHAMBER CAPACITY (GALLONS): (Future)PUMP SIZE: (Future)NUMBER OF BEDROOMS: 4HOUSE SQ. FT. N/AAPPLICATION RATE: 1.2DISTRIBUTION SYSTEM: GRAVITY FED ☒LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>105'</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'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new Dist. box up to 20' or so below ex. D.W. <del>2x</del> Install 2 x 55' trenches running away from house on contour. New outlet baffle req'd on ex. tank. Future repair will require pump system. Pump/collection ex. Drywell.	

ISSUED BY: K. WolfISSUE DATE: 12-7-15EXPIRATION DATE: 12-7-16**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 DOWNGRADE 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 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

100'  
Aprx. Neighbor's Well Radius  
↓



**TRENCH/DRAINFIELD DATA**

WIDTH INLET BOTTOM

2' 4' 9'

NUMBER OF TRENCHES 2

TOTAL LENGTH 120'

ABSORPTION AREA 480

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL Yes

MANUFACTURER ?

CAPACITY 1250 GAL

SEAM LOC mid seam

TANK LID DEPTH 3'-3.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Center

6" PORT LOC Front

WATERTIGHT TEST OK

SLOTTED NO

DATE ON LID N/A

**PUMP/SEPTIC TANK LEVEL (Future)**

MANUFACTURER

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

SLOTTED

DATE ON LID

PRE-CONSTRUCTION:

— Bellis Drive —

12/7/15 Install 2x 55'-60' trenches on contour as located in field @ time of perc. Neighbor's (1750 Daisy Rd) well encroaches onto property. Future repair area will require pump system to upper area of back yard adjacent to 15805 Bellis Dr. Call for inspection (KMM)

INSTALLATION: 12/16/2015 System installed, O.K. to backfill. (BB)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

12/16/2015



# HOWARD COUNTY HEALTH DEPARTMENT

57453

DATE

11 9 / 15

AS

Received From

WKF & Son Plumbing

PHONE #

301 829-1711

For

Perc App / 15809 Bellis Da

☐ CASH

☒ CHECK

NO.

12771

One hundred sixty five

Dollars

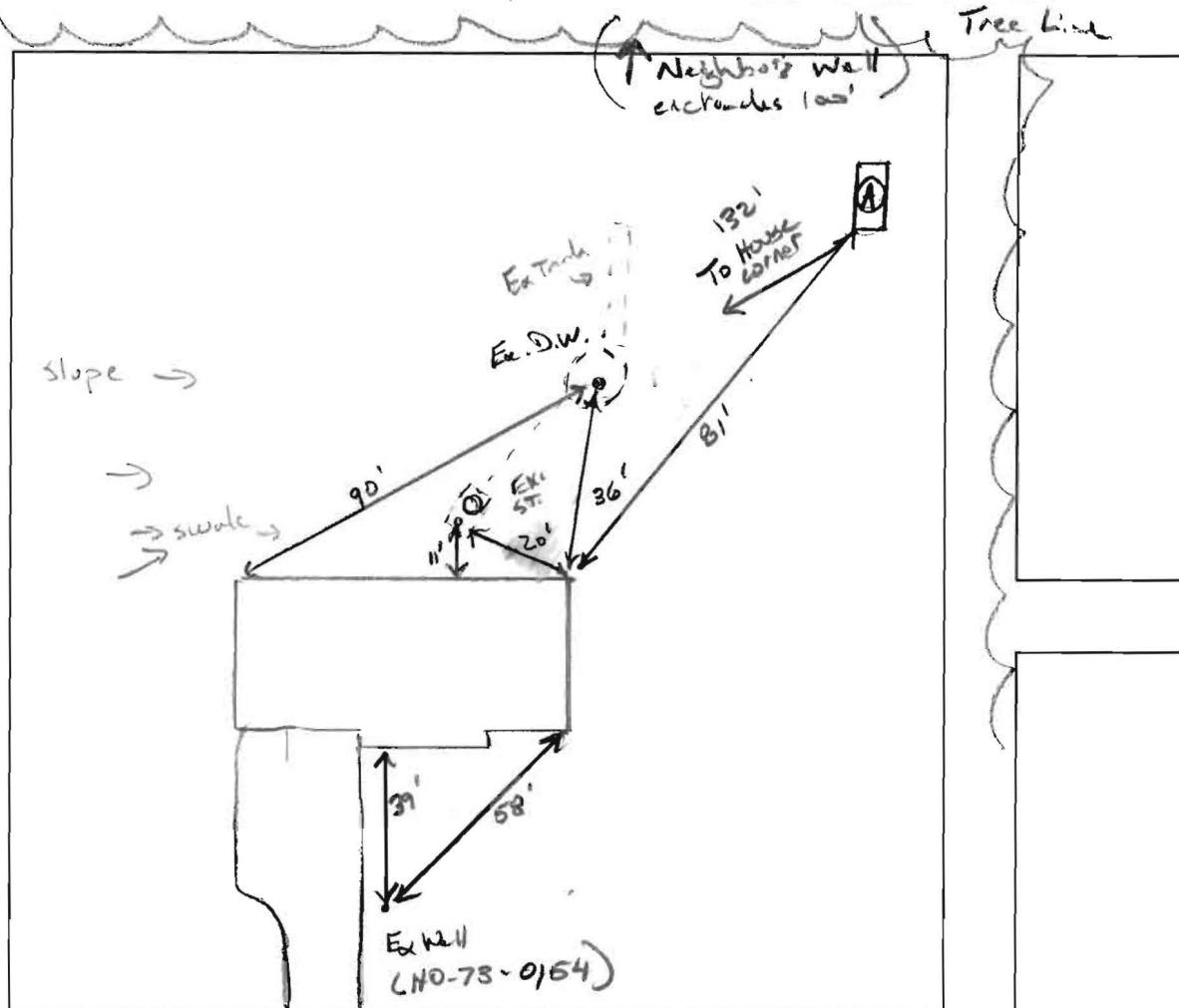
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169 00

Received By

Alvin

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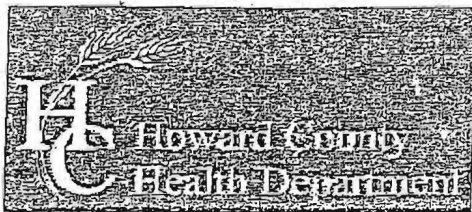
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SANITARIAN K. Wolf BACKHOE Chris = WRP OTHERS Homeowner

TEST HOLES USED IN SDA	1	AVG. PERC TIME	5	SQ. FT/BR
------------------------	---	----------------	---	-----------

TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 9 EFFECTIVE S/W 3' (6'-2)

$$\frac{4BR(600 \text{ pd})}{1.2} = 500 \div 2 = 250(.44) \approx 105$$



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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: 11-4-15  
☐ No

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

- ☒ Yes Explain observations: field is completely saturated.  
☐ 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: WRF's Son Plumbing & Heating Contractor's Phone: 301-829-1711

Contractor's Address: 15 North Main St Mt Airy MD 21771

Property Address: 15809 Bellis Dr Woodbine MD 21797 County file: \_\_\_\_\_

Subdivision: Lisbon Meadows Lot: 3 Year Built: 1973

Owner's Name: Lantz Priest Elaine Mabel Priest Owner's Phone: 410-439-5178

Name of previous owners: Gerald Austin

Existing bedrooms: 3

Proposed bedrooms: \_\_\_\_\_

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.

**BQ**

We are an Equal Opportunity Employer  
**S.W. Barrick & Sons**  
 WOODSBORO, MARYLAND

**INSPECTOR'S COPY**

Barrick Dispatch 301-845-6343  
 Barrick Sale 301-845-6341

Mailing Address:  
 P.O. Box 1504  
 Laurel, Maryland 20725

BILLING INQUIRIES  
 1-800-762-2294

**TICKET #01172208**  
**STATION B**

DATE 12/16/15 TIME 11:21:07

**CUSTOMER WRFSON**  
**W. R. F. & SON PLUMBING & HEAT**  
**15 NORTH MAIN STREET**  
**MOUNT AIRY, MD 21771**

**JOB BELLIS : 15809 BELLIS DRIVE**  
**P.O. # PROJECT #:**  
**WOODBINE**  
**94 S- L 144-R DAISY HALF MILE -R ON**  
**BELLIS**

**TRUCK 731C LICENSE**  
**DRIVER: R JACKSON**

**Ø AXLES**

GROSS	SCALE A	69240 lb
TARE IN (STORED)	24360 lb	
NET	44880 lb	
NET	22.44 t	

Loads	Tons
DAILY 3	67.27
TOTAL 3	67.27
TIME IN 11:21:07	TIME OUT 11:21:07

**MAT'L 22 : MD# 2 (AASHTO#3)**  
**HAUL ZONE J09**

**WEIGHMASTER**  
**Tom Silance**  
**Have a Nice Day!**

**RECEIVED BY**

*Signature*



**BQ**

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WOODSBORO, MARYLAND

**INSPECTOR'S COPY**

BILLING INQUIRIES  
1-800-762-2294

Barrick Dispatch    Barrick Sale  
301-845-6343    301-845-6341

Mailing Address:  
P.O. Box 1504  
Laurel, Maryland 20725

**TICKET #01172129****STATION B****DATE 12/16/15 TIME 07:13:29****CUSTOMER WRFSON**

W. R. F. & SON PLUMBING & HEAT  
15 NORTH MAIN STREET  
MOUNT AIRY, MD 21771

**JOB BELLIS : 15809 BELLIS DRIVE**

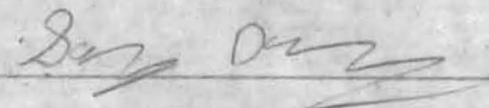
P.O. # PREIST PROJECT #:  
WOODBINE  
94 S- L 144-R DAISY HALF MILE -R ON  
BELLIS

**TRUCK 731C LICENSE****0 AXLES****DRIVER: R JACKSON**

	SCALE B	
GROSS	69020 lb	
TARE        IN        (STORED)	24360 lb	
NET	44660 lb	
NET	22.33 t	

	Loads	Tons
DAILY	1	22.33
TOTAL	1	22.33
TIME IN 07:13:29		TIME OUT 07:13:29

**MAT'L 22 : MD# 2 (AASHTO#3)**  
**HAUL ZONE J09**

**WEIGHMASTER**Gloria Orrison**Have a Nice Day!****RECEIVED BY**

BQ

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**S.W. Barrick & Sons**  
 WOODSBORO, MARYLAND

INSPECTOR'S COPY

Barrick Dispatch 301-845-6343  
 Barrick Sale 301-845-6341

BILLING INQUIRY  
 1-800-762-2294

Mailing Address:  
 P.O. Box 1504  
 Laurel, Maryland 20725

TICKET #01172170

STATION B

DATE 12/16/15 TIME 09:01:45

## CUSTOMER WRFSON

W. R. F. & SON PLUMBING & HEAT  
 15 NORTH MAIN STREET  
 MOUNT AIRY, MD 21771

## JOB BELLIS : 15809 BELLIS DRIVE

P.O. # PROJECT #:  
 WOODBINE  
 94 S- L 144-R DAISY HALF MILE -R ON  
 BELLIS

## TRUCK 731C LICENSE

0 AXLES

DRIVER: R JACKSON

GROSS	SCALE B	69360 lb
TARE	IN (STORED)	24360 lb
NET		45000 lb
NET		22.50 t

	Loads	Tons
DAILY	2	44.83
TOTAL	2	44.83
TIME IN 09:01:45		TIME OUT 09:01:45

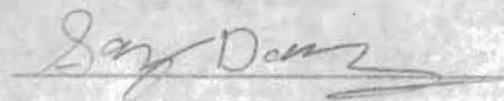
MAT'L 22 : MD# 2 (AASHTO#3)  
 HAUL ZONE J09

WEIGHMASTER

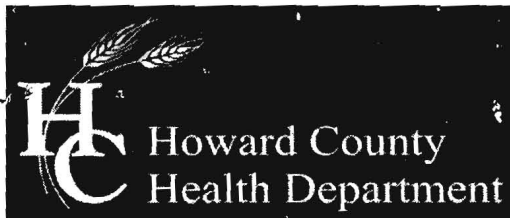
Tom Silance

Have a Nice Day!

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

### APPLICATION

#### FOR PERCOLATION TESTING AND SITE EVALUATION

A557453

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Lisbon Meadows

PROPERTY ADDRESS 15809 Bellis Dr. Woodbine 21797  
STREET TOWN ZIP

TAX ACCOUNT # 308948 TAX MAP 0008 GRID 0019 PARCEL 0222 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 1

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Lantz Priest Elaine Nahai Priest

DAYTIME PHONE 410-489-5178 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 15809 Bellis Dr. Woodbine MD 21797  
STREET CITY, STATE ZIP

APPLICANT WRF & Son Plumbing & Heating Inc RELATIONSHIP TO OWNER: Septic Installer

DAYTIME PHONE 301-829-1711 CELL \_\_\_\_\_ EMAIL WRFVICKI@aol.com

MAILING ADDRESS 15 North Main St. Mt Airy MD 21771  
STREET CITY, STATE ZIP

#### 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.

SIGNATURE OF APPLICANT

DATE