

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: 6/1/2016 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558735
 APPROVAL DATE: 6/16/16 **PERMIT:** **REPAIR** A Repair
 PROPERTY ADDRESS: 3321 Roscommon Drive
 SUBDIVISION: _____ LOT: _____ TAX ID: 03-298817
 CONTRACTOR: Fogles Septic EMAIL: _____
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: _____ EMAIL: _____
 OWNER ADDRESS: 3321 Roscommon Drive PHONE: _____

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): 1250g PUMP SIZE: 1/2HP
 NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. n/a APPLICATION RATE: 0.6
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

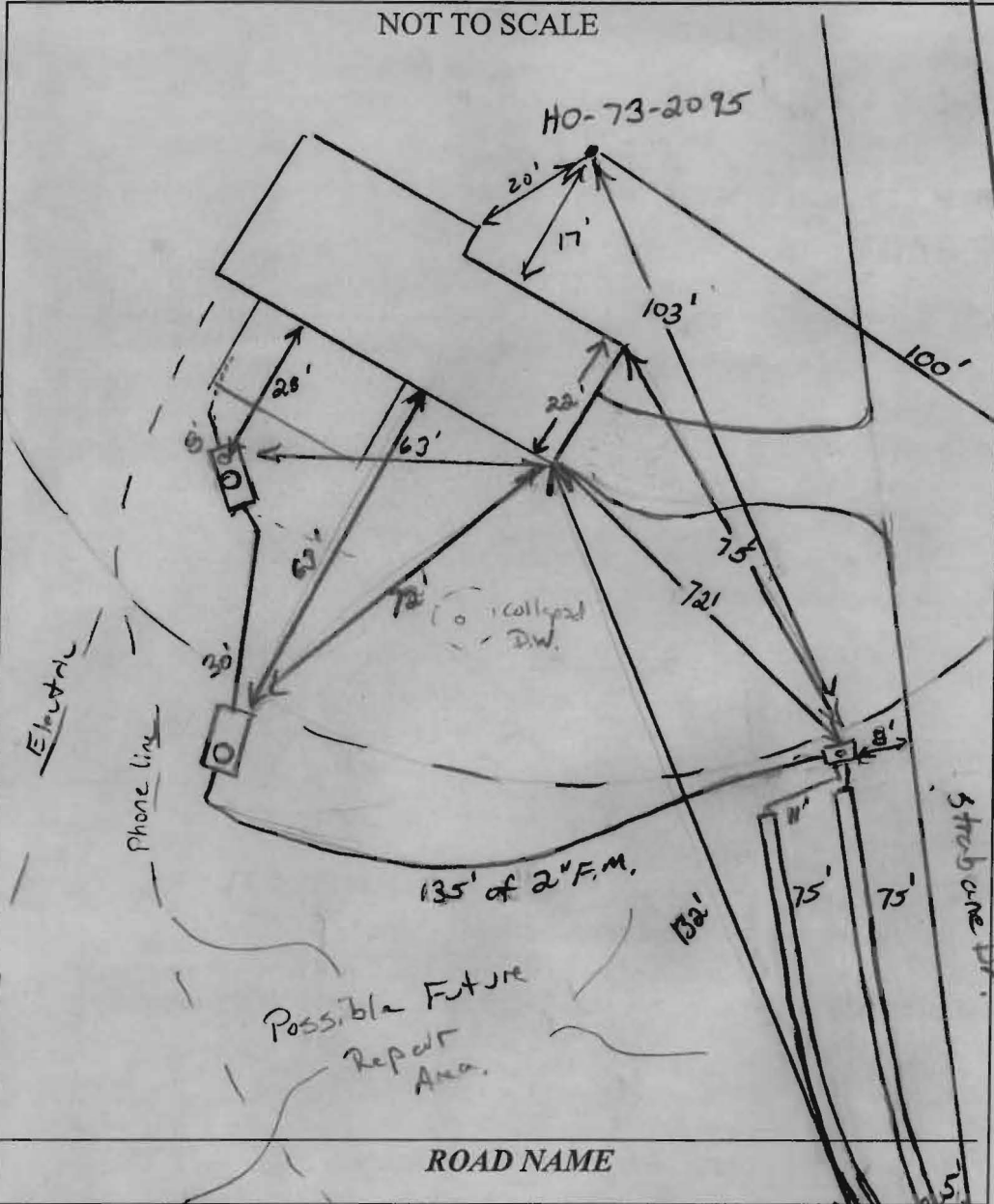
TRENCHES:	LINEAR FEET REQUIRED: <u>150</u>	INLET DEPTH: <u>18"</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5-3'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2x75' trenches on contour as painted out in field. Pump tank to be set just below ex. s.t. Manhole riser recommended on existing s.t. Possible future repair area surrounding perc test A may be at-grade or possible drip.	

ISSUED BY: K. Wolf ISSUE DATE: 6/1/2016 EXPIRATION DATE: 6/1/2017

- 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 _____
- 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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	18'-2"	5.5'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	150'	
ABSORPTION AREA	450 + SW	
DISTRIBUTION BOX LEVEL	Yes	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	Yes	

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	N/A
CAPACITY	1250 GAL
SEAM LOC	mid
TANK LID DEPTH	12"
BAFFLES	Yes (New)
BAFFLE FILTER	-
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	N/A
PUMP SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1250 GAL
SEAM LOC	mid
TANK LID DEPTH	2
BAFFLES	none
BAFFLE FILTER	-
MANHOLE LOC	-
6" PORT LOC	none
WATERTIGHT TEST	-
SLOTTED	no
DATE ON LID	N/A

PRE-CONSTRUCTION:

6/6/16 Met contractor on-site. Need to clear area w/ large trees and shrubs. Area shot w/ laser. OK to install 2x75' trenches on contour running parallel w/ Strohman Dr. Keep pump tank and trenches out of ~~the~~ well cre. (KW)

INSTALLATION:

6/7/16 Contractor replaced both baffles on ex S.T., replaced ex custom line into ex. S.T. w/ pvc. Pump tank set FM ran 75% of the way. No trenches installed. (KW)
 6/8/16 Stayed onsite while contractor finishing upper trench. OK to leave all work when complete. Need manhole riser lid on pump tank. Need pump and alarm test. (KW) 6/16/16 P/A test OK.

FINAL INSPECTOR H. Way DATE OF APPROVAL 6/16/16



HOWARD COUNTY HEALTH DEPARTMENT

55844

DATE 7/12/15

AS

Received From

Joyce Williams

PHONE #

410-489-6082

For

Open Perc - 3321 Roscommon
R.R.

CASH

CHECK

NO.

449

Two hundred thirty

Dollars

\$

330 | 00

Received By

[Signature]



HOWARD COUNTY HEALTH DEPARTMENT

58735

DATE
8/1/16

B

Received
From

Toledo Septic Cleaners
PHONE # 410-945-5620

- CASH
- CHECK

NO.

53630

For

Septic Permit (1)(2) Repairs
2044 Devonstone 5007 Fairview Chase
3321 Rosscomb Dr.
Phone Number - 410-945-5620

Dollars

\$

126.00

Received By

A. King

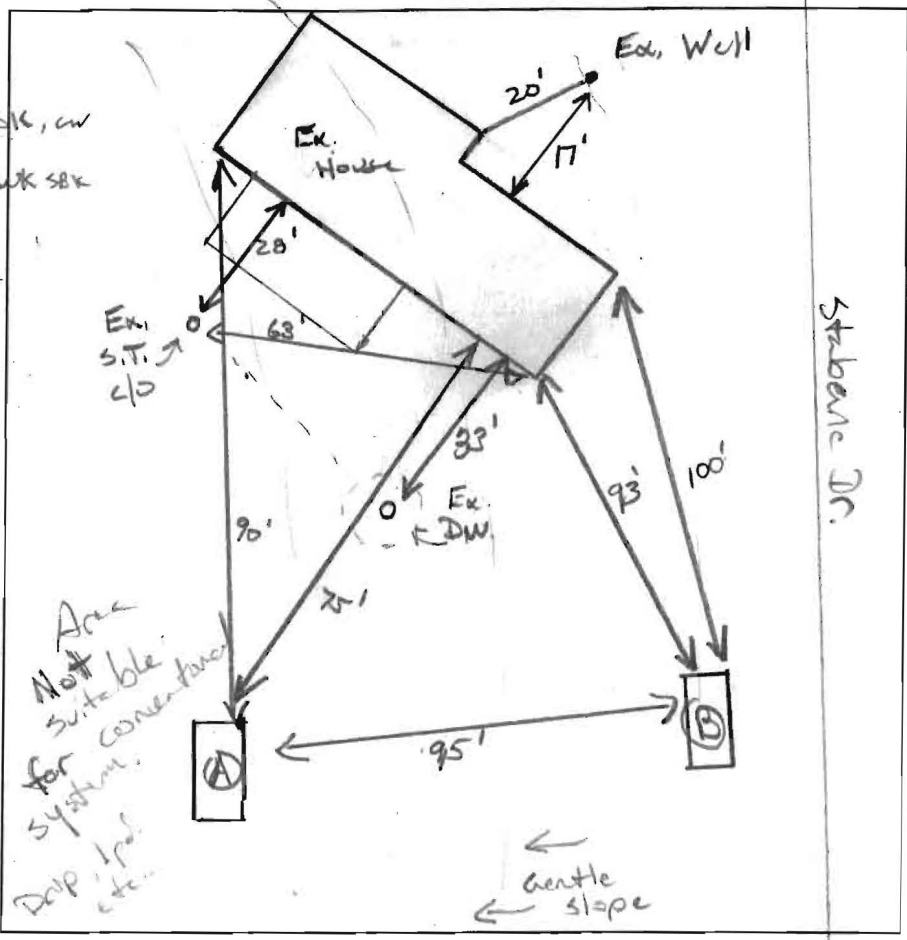
A/P _____

(A)

8" Dk Br L, roots, FSL, CW
 18" Li Br SL/L, Dry CW, Friable, roots.
 Br/Y FSL, micaceous, w/plates, no cobble
 Friable.
 5.5" mottling (Thin platy)
 6" moist. wk platy
 SIL →
 ↓ Highly micaceous.
 12" moist
 H₂O seep

(B)

10" Dk Br L, roots.
 13" Br/red L, slightly sticky Friable, ribbon
 m. Br
 Br/red/Y L, Friable, wk platy slight sticky Firm, mica
 3" moist FSL, Br/Y, wk platy Friable, roots.
 Highly micaceous
 7" moist V FSL, Br/Y/red s. wk platy.
 10" CW
 m. platy highly micaceous. 10% seep
 15" H₂O seep
 14"



Stebene Dr.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/2/15	(A)	14" / 15'	11:03	11:14	11:33	19	(P)
	(B)	32" / 15'	11:33	11:48	12:12	24	(P)

REMARKS Hole (A) 'Faint' mottling @ 5 1/2' OK to bottom only shallow system (AT-crack)
 SANITARIAN: K Wolf BACKHOE: Ronnie Vegas OTHERS: Helper / Jenkins
 TEST HOLES USED IN SDA: 2 AVG. PERC TIME: 22.5' SQ. FT/BR: 0.6 GPD/SQ FT
 TRENCH WIDTH: 3 INLET DEPTH: 12"-18" MAX. BOT DEPTH: 6' EFFECTIVE SW: 2.5'-6'
 $150(4) = \frac{600}{0.6} = \frac{1000}{3} = 333 (.45) = 150 LF$ (.45)



HOWARD COUNTY HEALTH DEPARTMENT

55844

DATE 4/24/15

AS

Received From

Joyce Williams

PHONE #

410-489-6082

For

Kopen/Peric - 3321 Rossmore DR.

CASH

CHECK

NO.

449

Three hundred and forty four

Dollars

\$

330.00

Received By

[Signature]



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

RECEIPT DATE: 5/1/15

ONSITE SEWAGE DISPOSAL SYSTEM

P 555844

INSTALLATION APPROVAL DATE: _____

PERMIT

A Repair

PROPERTY ADDRESS: 3321 Roscommon Drive

TAX ID: 03-298817

CONTRACTOR: J.M. Contracting LLC

EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784

PHONE: 443-277-7526

PROPERTY OWNER: Joyce Williams

EMAIL: _____

OWNER ADDRESS: 3321 Roscommon Drive, Glenelg, MD 21737

PHONE: 410-489-6082

TREATMENT TANK MODEL: N/A

TREATMENT TANK SIZE: N/A

GREASE TRAP SIZE: N/A

PUMP CHAMBER CAPACITY (GALLONS): 1250g

PUMP SIZE: 1/2 HP Gardis

FLOW RATE (GALLONS PER DAY): 600 gpd

APPLICATION RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>150'</u>	INLET DEPTH: <u>18"-2'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5'-6'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5'-3'</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

NOTES: Install 2x75' trenches on contour as painted out in field.
Pump tank to be set just below ex. st. Manhole now needed on existing tank.

ISSUED BY: K Wolf ISSUE DATE: 5/12/15 EXPIRATION DATE: 5/12/16

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
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- 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
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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

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PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

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 _____

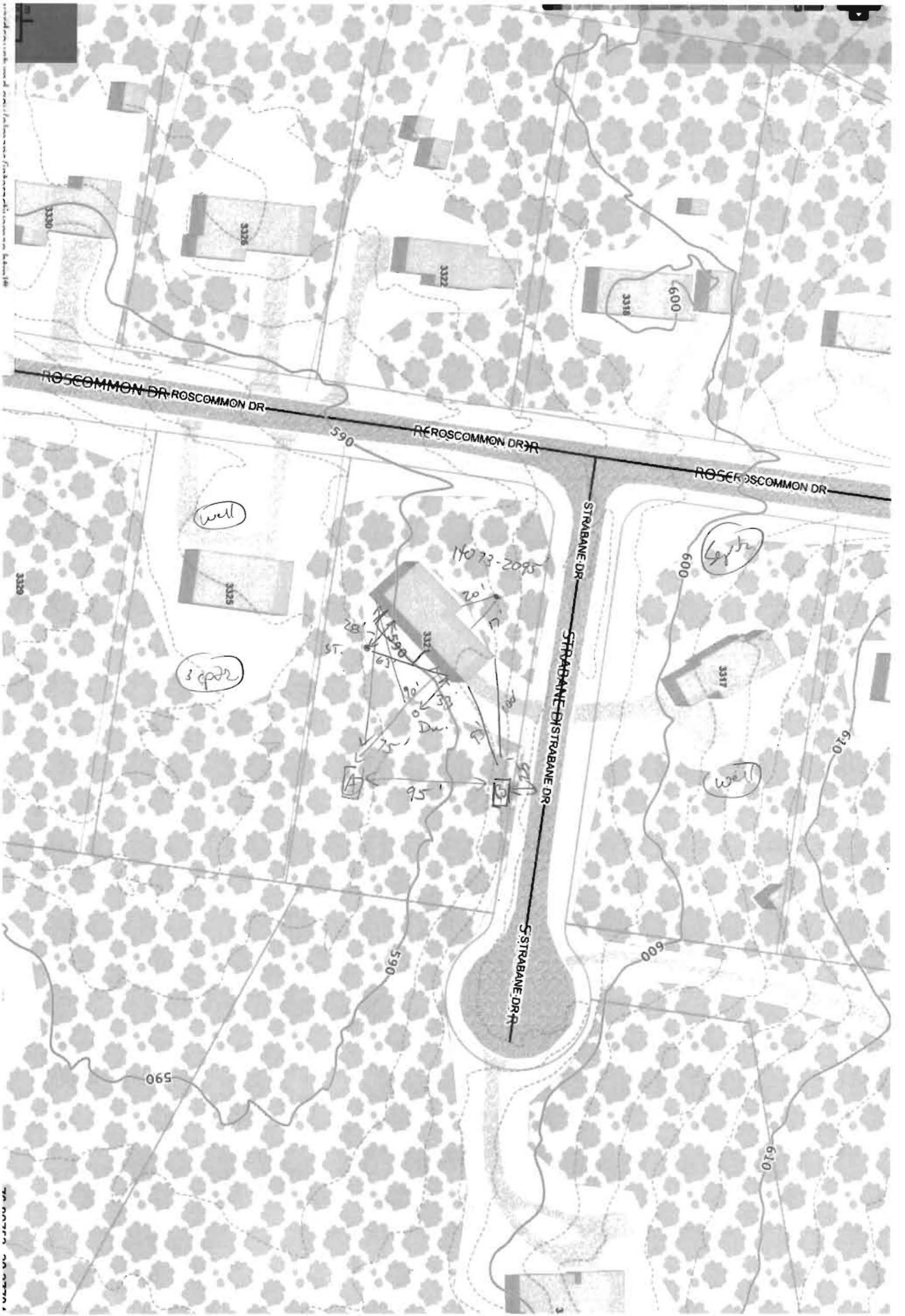
ROAD NAME

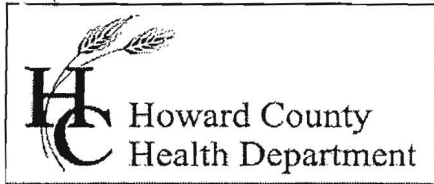
PRE-CONSTRUCTION:

5/12/15 Only area usable for repair system is back left of property
parallel w/ Strawberry Drive. Will support area for one repair only.
No room for expansion. (pump)

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____





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 website: www.hchealth.org

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 3321 Roscommon Dr LOT # _____

PROPERTY ADDRESS Glenely MD. TOWN 21737 ZIP

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

PROPERTY OWNER(S) Joyce Williams

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 3321 Roscommon Dr. Glenely MD 21737 STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL Same 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 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

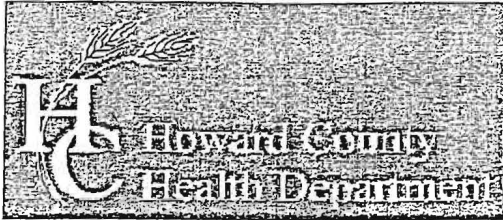
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

[Signature] DATE 4/27/15

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: 4/27/15
No

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

- Yes Explain observations: Dry well over full
Tank running over.
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
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 Heaps Contractor's Phone: 443 277 7526
Contractor's Address: 425 Obrecht Rd. Sykesville MD 21784

Property Address: 3321 Roscommon Dr County file:
Subdivision: Glenely MD 21737 Lot: Year Built:
Owner's Name: Joyce Williams 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: 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.