

**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: 5/11/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558710

APPROVAL DATE: 5/19/16 **PERMIT:** REPAIR A \_\_\_\_\_

PROPERTY ADDRESS: 2622 Wellworth Way

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 03-305708

CONTRACTOR: J.M. Contracting LLC EMAIL: \_\_\_\_\_

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

PROPERTY OWNER: Sharon Benco EMAIL: \_\_\_\_\_

OWNER ADDRESS: 2622 Wellworth Way PHONE: 410-489-0070

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

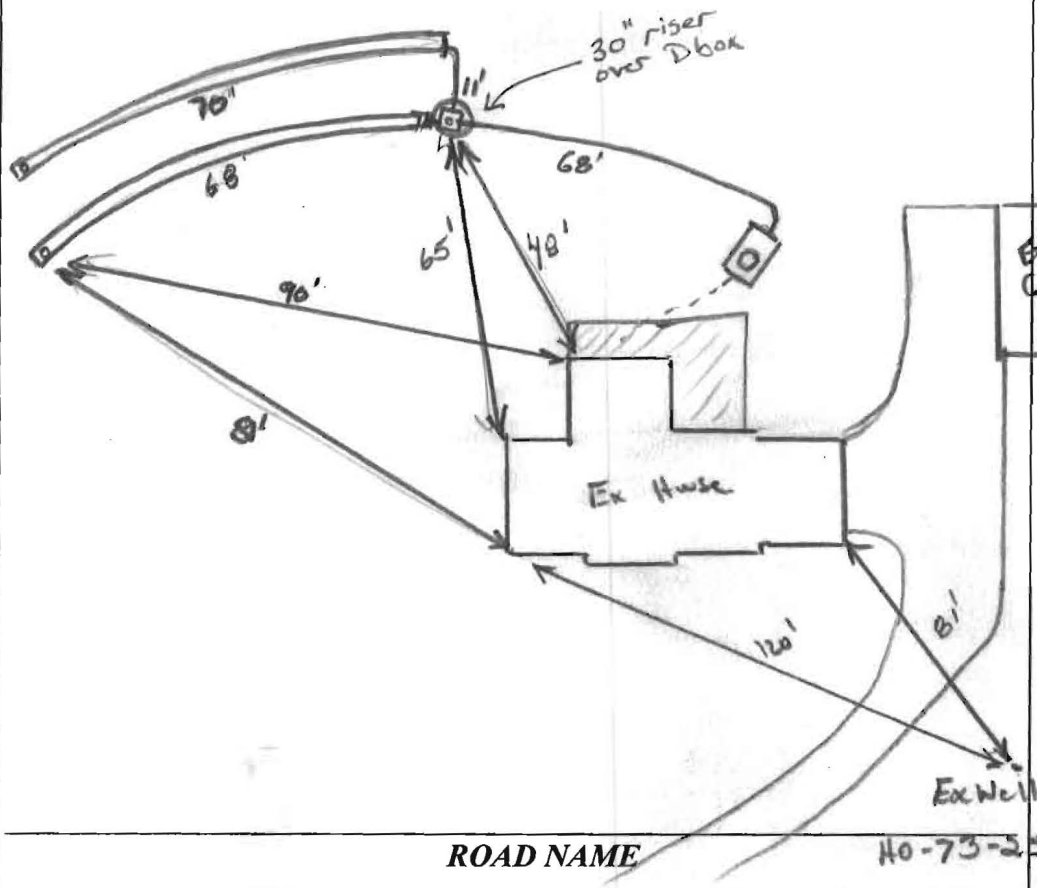
TRENCHES:	LINEAR FEET REQUIRED: <u>75' LF</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Install trenches on opposite of yard w/ 1275' trench for 3BR</u> <u>4 BR = 100 LF</u> <u>5 BR = 125 LF</u>	

ISSUED BY: K. Wolf ISSUE DATE: 5-16-16 EXPIRATION DATE: 5-16-17

- 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 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
2	4'	8'-9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		138'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL		Laveler's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

Ex SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	?
CAPACITY	1000 GAL
SEAM LOC	mid
TANK LID DEPTH	2-3'
BAFFLES	Yes (new outlet)
BAFFLE FILTER	---
MANHOLE LOC	Front
6" PORT LOC	none
WATERTIGHT TEST	OK
SLOTTED	no
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

HO-73-2560

PRE-CONSTRUCTION:

5/14/16 Install trenches on opposite side of bank properly just above perc test site A. Homeowner may want system sized for 5 bedrooms. Plenty of area for SOR design. (KWD)

INSTALLATION:

5/19/16 stayed onsite as contractor finished system + grading / backfilling. Lower trench dug 8' deep by accident by contractor. OK per perc test. Owner requested 30" riser over Dbox for access. OK to cover all work.

FINAL INSPECTOR K. Wolf

DATE OF APPROVAL 5/19/16



# HOWARD COUNTY HEALTH DEPARTMENT

58710

DATE 5/01/16

AS

Received From

American Standard  
Glass & Door Product.

PHONE #

410-89-0270

For

Pore Repair - 2622  
Wellworth Way

CASH

CHECK

NO.

1309

Three hundred thirty

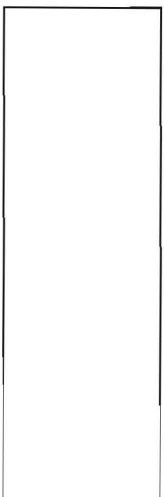
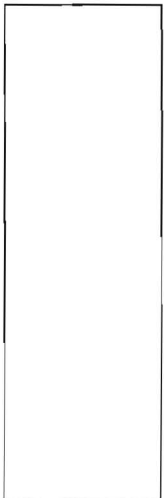
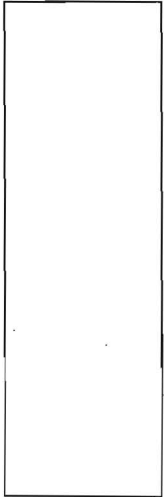
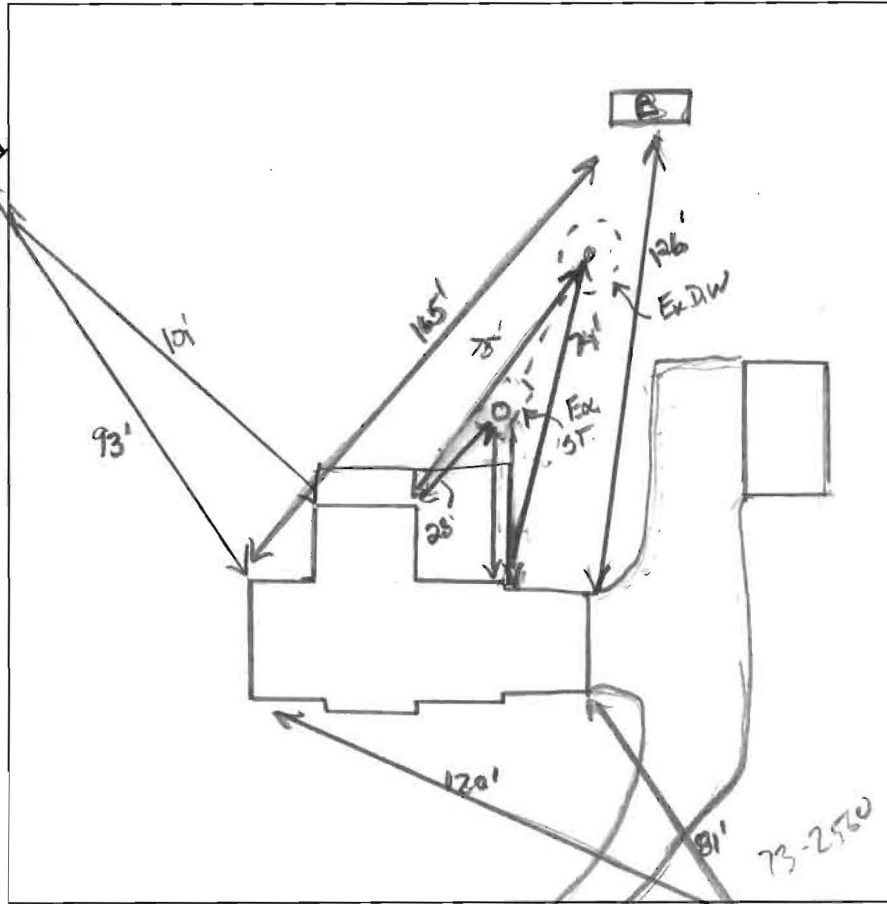
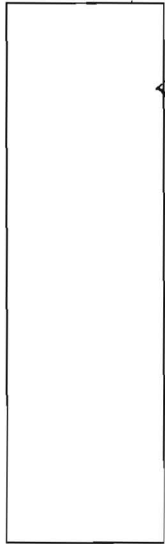
Dollars

\$

330.00

Received By

A King



(A)  
 10'  
 Str. Br L,  
 WMSBK, roots  
 Br/Y CL,  
 WK SBK,  
 CW, roots  
 5% ssp  
 3'  
 Br/Y/red SL,  
 wk platy,  
 Dry, Friable,  
 roots,  
 many mica  
 7'  
 Br/Y/red F  
 LS, Highly  
 micaous

(B)  
 12'  
 11 Beige CL,  
 MBR, micaous  
 Br/Red CL  
 sticky, 250K  
 1/2" mica  
 3'  
 Br. B/R  
 CL, WKS BK  
 CW,  
 slightly sticky  
 moist.  
 10'  
 Hard Bottom

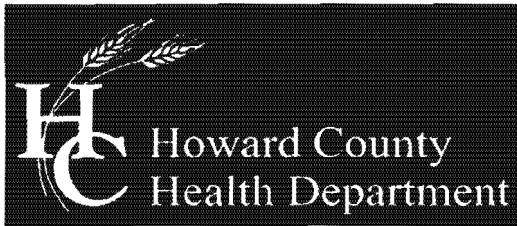
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/16/16	(A)	4'3" / 13'	00:40	00:41	00:43	2	P
		repair	00:43	00:45	00:47:30	2 1/2	P
	(B)	Clay Deep to 8'			1x @ 10'		(F)

REMARKS \_\_\_\_\_  
 SANITARIAN K. Wolf BACKHOE Ronnie Hope OTHERS helper + owner  
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 2 SQ. FT/BR 1.2  
 TRENCH WIDTH 2 INLET DEPTH 3.5' MAX. BOT DEPTH 7 EFFECTIVE S/W \_\_\_\_\_

$$\frac{(2150)}{1.2} = 375 \div 2 = 187.5 (.40) = 75 \text{ LF}$$

$$\frac{600}{1.2} = 500 \div 2 = 250 (.40) = 100 \text{ LF}$$

$$\frac{250}{1.2} = 625 \div 2 = 312 (.4) = 125 \text{ LF}$$



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 2622 Wellworth way West Friend ship 21794

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Sharon Bence

DAYTIME PHONE 410 489 0070 CELL EMAIL

MAILING ADDRESS 2622 Wellworth way West Friend ship MD 21794

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 443 277 7526 CELL 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:

- 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:

- 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)

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.

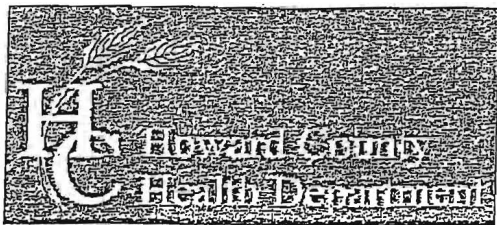
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Ronnie Heaps

5/6/16

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:

- Reason for Request:
- [x] 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?

- Has the septic tank been pumped within the last month?
- [x] Yes Date pumped: 5-4-16
- [ ] No

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

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [x] Yes Explain observations: Dry well over full
- [ ] No

Existing system design

- Existing system design
- [x] Drywell
- [ ] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other:

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [ ] Yes
 - Blockage leading to the tank
 - [ ] Yes. Explain:
 - [x] No
 - Blockage leading to the field
 - [ ] Yes. Explain:
 - [x] No
- [ ] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [x] 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: JM Contracting LLC Contractor's Phone: 443 277 7526
Contractor's Address: 425 E Bicent Rd Sykesville MD 21784

Property Address: 2622 Wellworth Way County file:

Subdivision: Sharon Benco Lot: Year Built:

Owner's Name: Sharon Benco Owner's Phone: 410 489 0070

Name of previous owners: Existing bedrooms: 4
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.