

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: 8/4/2015 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556568

APPROVAL DATE: 8/18/15 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 3233 Sharp Road

SUBDIVISION: Gwenlee Est. LOT: 30 TAX ID: 4336577

CONTRACTOR: J M Contracting EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

PROPERTY OWNER: Craig Fitzinger EMAIL: _____

OWNER ADDRESS: Same PHONE: _____

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): 1250 PUMP SIZE: 1/2HP

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. <3500 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

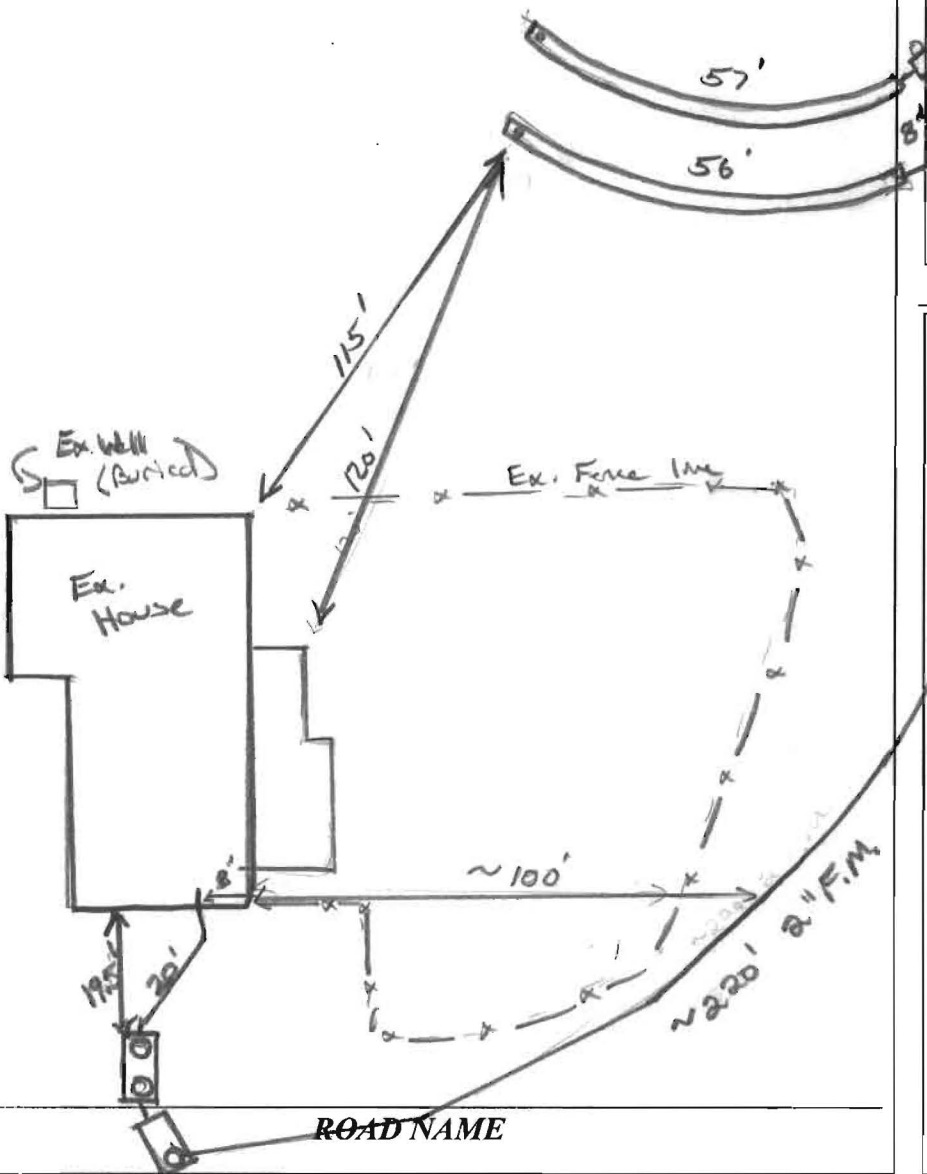
TRENCHES:	LINEAR FEET REQUIRED: <u>104</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11</u>	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	New 1500g ST and 1250g PT to be installed aprx 20' from back of house. Ex. Cesspool/st to be pumped and collapsed. Run new 2" FM around perimeter of the property up to new dbox. Install 2x52' trenches on contour as staked at time of perc testing. ½ hp goulds pump set for 100g dose(min) to installed w/ check valve and union as needed.	

ISSUED BY: K. Wolf, LEHS ISSUE DATE: 8/14/2015 EXPIRATION DATE: 8/14/2016

- 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 GUIADNCE.
- 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'	10'
NUMBER OF TRENCHES		2
TOTAL LENGTH		113' + SW
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		90° elbow
DISTRIBUTION BOX PORT		Yes (side)

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Front/Rear
6" PORT LOC	none
WATERTIGHT TEST	—
SLOTTED	Yes
DATE ON LID	N/A
PUMP SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Front
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	none
WATERTIGHT TEST	—
SLOTTED	no
DATE ON LID	N/A

PRE-CONSTRUCTION:

8/14/15 System laid out @ time of perc report. See reverse side for details. New system to be a pump system. Trenches staked out in field. Contractor requested #57 stone. Must be clean, free of fines, OK to use (KW)

INSTALLATION:

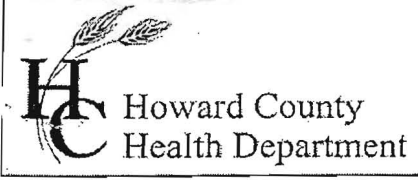
8/18/15 (AM/PM insp.) Trenches complete, stayed on-side as F.M. was completed. Pump wired up. Pump test performed. Alarm functioning. System complete. OK to cover.

FINAL INSPECTOR

K. Wolf

DATE OF APPROVAL

8/18/15



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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 3233 Sharp Rd Glenwood LOT # _____
 PROPERTY ADDRESS 3233 Sharp Rd Glenwood TOWN MA ZIP 21738
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Craig Fatzinger
 DAYTIME PHONE Craig CELL 410 489 5503 EMAIL _____
 MAILING ADDRESS same
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 443-277-7526 CELL _____ EMAIL _____
 MAILING ADDRESS 425 Obrecht Rd Sykesville, MA ZIP 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.

R. Heaps 8/4/15
 SIGNATURE OF APPLICANT DATE



HOWARD COUNTY HEALTH DEPARTMENT

56568

DATE 8/14/15

15

Received From

Craig Tatzenberger

PHONE #

For

20pin / Perc / 3233 Sharp

- CASH
- CHECK

NO.

1384

Three hundred thirty Dollars

\$

330.00

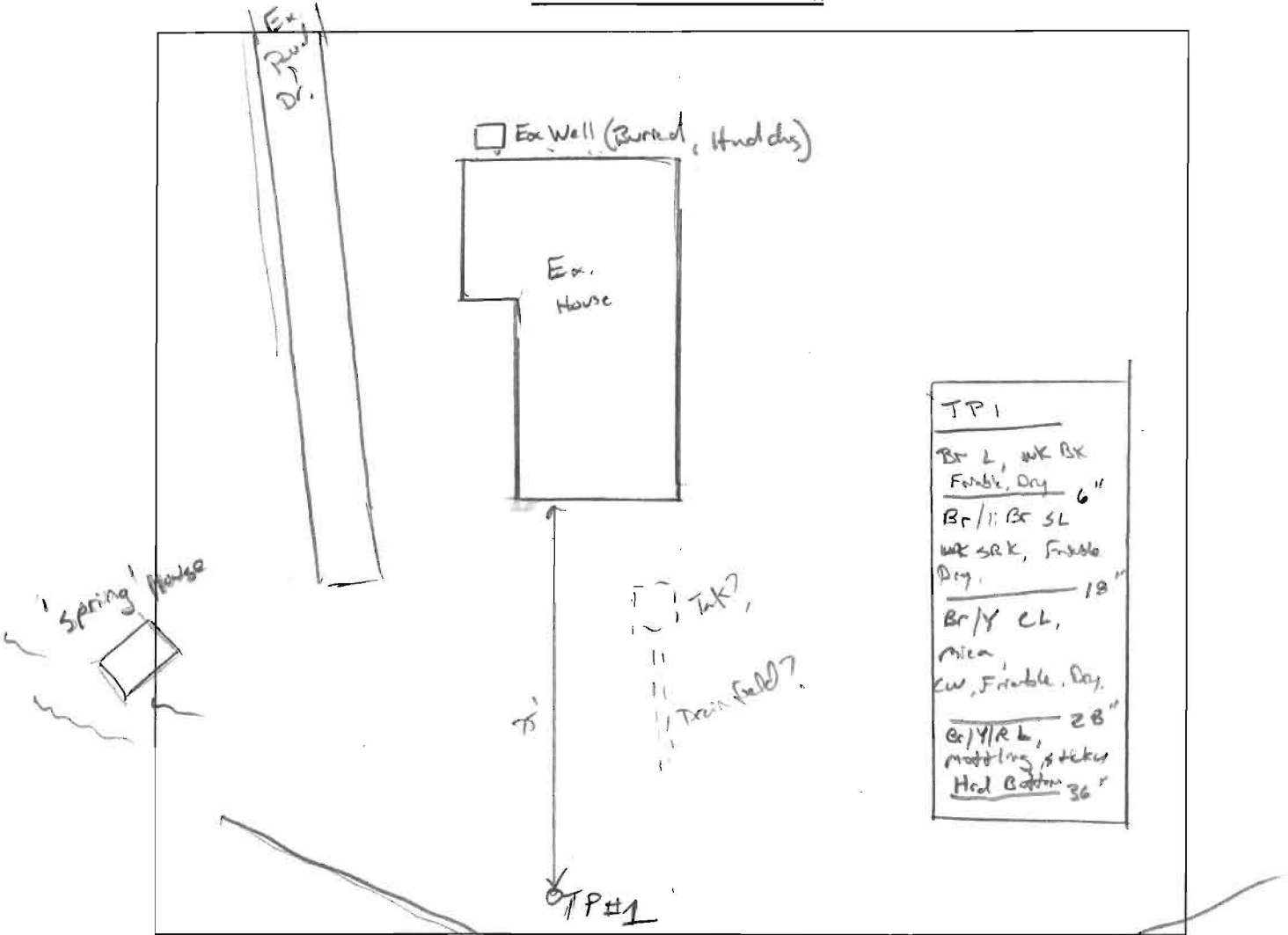
Received By

King

SITE INSPECTION SHEET

OWNER: Gregory Fitzinger PHONE #: _____
 ADDRESS: 3233 Sharp Rd CONTRACTOR: Ronnie Hayes
 SUBDIVISION: Cumbe Est. LOT: 30 WELL TAG #: N/A
 COUNTY #: (13)
 PROPOSAL: Failing septic.

LOCATION DIAGRAM



COMMENTS: _____

 was only able to dig 1 test pit. owner filled w/ quarters and attached dated memo.

DATE: 8/12/15 INSPECTOR: KW



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Twitter: HowardCoHealthDep

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: Every 3 weeks
No

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

- Yes Explain observations: Sepsol - piped to Day light
No

Was a visual inspection of the sewage line conducted?

- Yes
Blockage leading to the tank
Yes Explain: Tank has dirt bottom
No
Blockage leading to the field
Yes Explain: No drain fields piped to daylight
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other: Sepsol

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: J.M. Contracting LLC Contractor's Phone: 443-277-7526
Contractor's Address: 425 Obrecht Rd Sykesville

Property Address: 3233 Sharp Rd Glenwood County file:
Subdivision: Lot: Year Built: 1900
Owner's Name: Craig Fatzinger Owner's Phone: 410 489 5055

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.

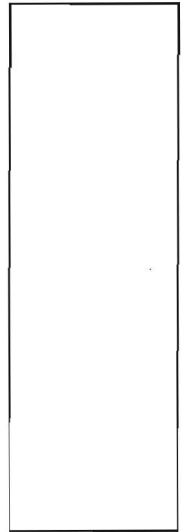
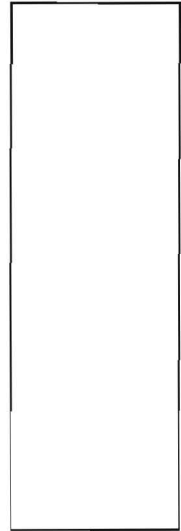
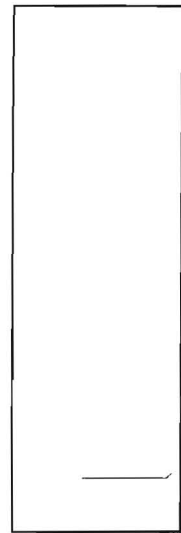
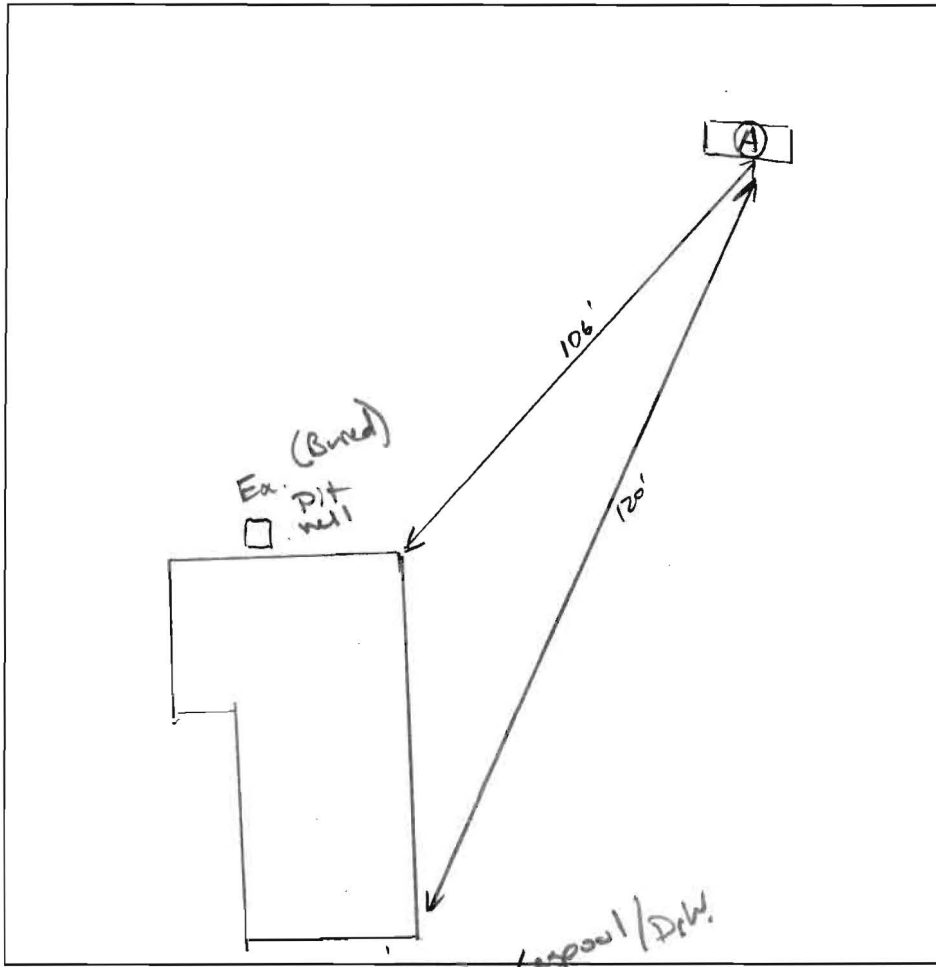
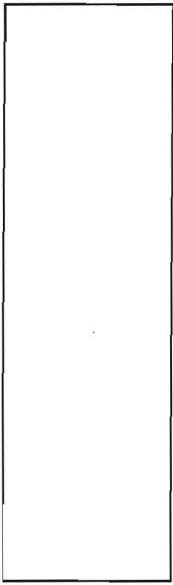
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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.



①
 10" Br L, 250K, roots
 3' Br/Rd L, Friable, Dry, w/ AK 50% charred roots
 4' Gr/Y/R L Dry, Friable, S, micaceous
 5' Tight Br/Y/G L, S, 10% sparite
 Br/R/Y S, Very Friable, Dry, 5% cherty consistent.
 ↓
 15' 10"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/14/15	①	5' 10" / 15' 10"	00:20	00:27	00:34	7	P

REMARKS Will need a pump system. Lateral system design

SANITARIAN K. Wolf BACKHOE Ronnie Heppis OTHERS owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 7 SQ. FT/BR 0.8

TRENCH WIDTH 2 INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE SW .36

$$3RFR = \frac{450 \text{ gal}}{0.8} = 562.5 \div 2 = 281.25 \text{ (136)} \div 102 \text{ LF}$$

