

LAYOUT 5/26/2016 INSP 4 _____
 INSP 2 6/8/2016 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P 558748
 A 558709

APPROVAL DATE: _____

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 6412 Guilford Rd. PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

Inlet 5'
Bottom 8'
2' Wide

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 140'

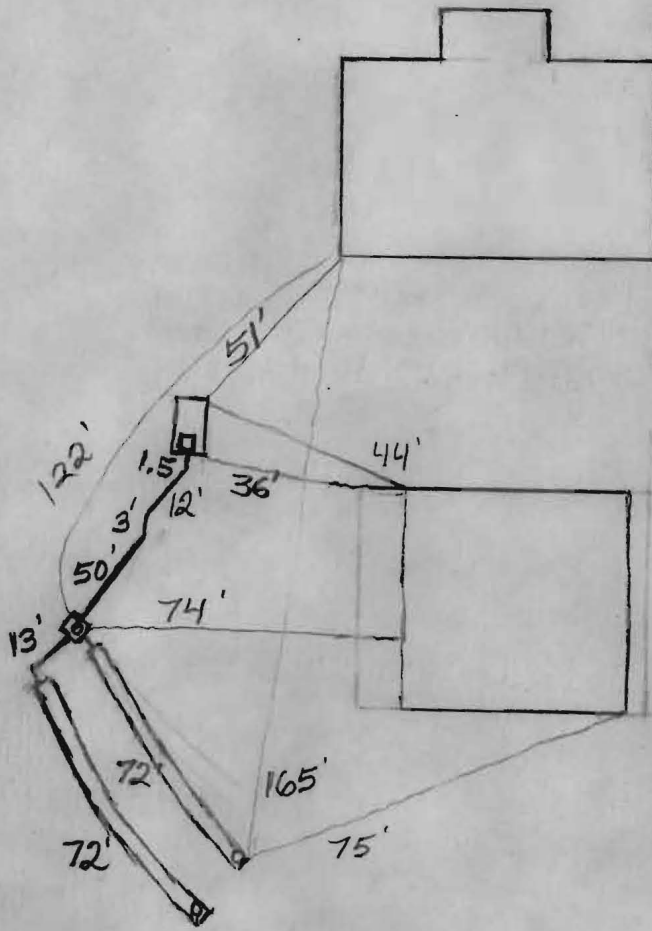
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>2 x 70' Trenches</u>
NOTES:	

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5-5'	8'
NUMBER OF TRENCHES		2'
TOTAL LENGTH		
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	?
CAPACITY	? GAL
SEAM LOC	Block Tank
TANK LID DEPTH	0'-0.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 5/26/2016 Trenches laid out. (BB)

INSTALLATION 6/8/2016 Dist. box set, Top trench done. (BB)
6/9/2016

FINAL INSPECTOR _____ DATE OF APPROVAL _____



HOWARD COUNTY HEALTH DEPARTMENT

58748

DATE 6/7/16

15

Received From

Hathfield's Equip

PHONE #

410 490-4289

For

Repair work / 6412 Guilford Rd

CASH

CHECK

NO.

3519

One hundred sixty five Dollars

\$

165.00

Received By

King



HOWARD COUNTY HEALTH DEPARTMENT

58709

DATE 3/6/16

A5

Received From

Hatfields Equip.

PHONE #

301-490-4289

For

Perce Repair / 16412 Building R.O.

CASH

CHECK

NO.

3572

One hundred sixty five

Dollars

\$

1105100

Received By

J. King



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
Twitter: HowardCoHealthDep

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

A558748

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 6412 Guilford Road

PROPERTY ADDRESS 6412 Guilford Road Clarksville MD

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Sharon Rebow

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT H&H Holdings Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410 984-0047 CELL EMAIL

MAILING ADDRESS PO Box 519 Annapolis Junction Md 21721

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 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 APPLICANT

6-7-16

DATE

12/30 AM 15:10

05 - 356938

APPROVED
12/30/86
R/H P 38507

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

A REPAIR

DISTRICT _____

DATE 1/28/87

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 6412 Route 32 LOT _____

PROPERTY OWNER CLAUDE Kruhm

ADDRESS 6412 Route 32
Clarksville, Maryland 21029

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO ✓

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 2

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

12/30/86 - 158 SQ FT PER BED ROOM INCLUDING
TRENCH TO BE 11 FT DEEP EFFECTIVE
DEPTH BELOW TOP 4 1/2 FT CLAY

PLANS APPROVED BY C. Williams DATE 12/29/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

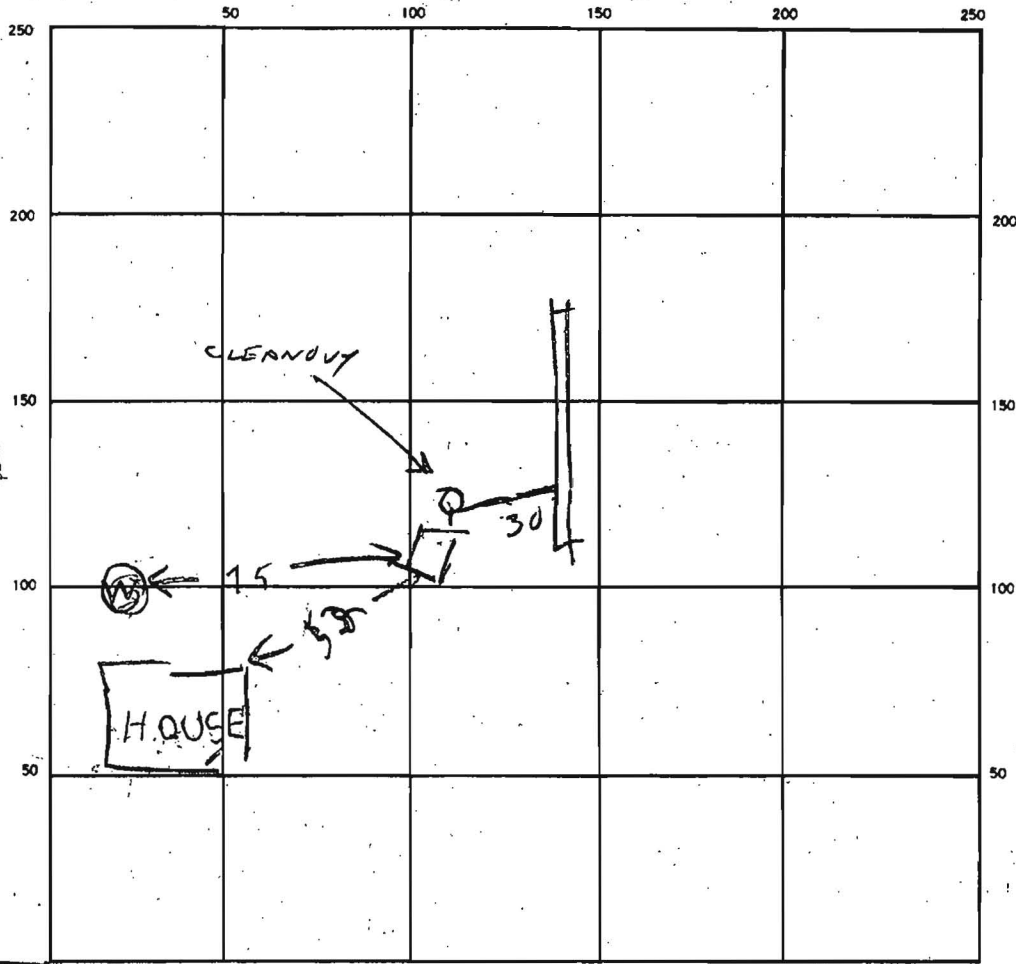
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 38507



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 3 L

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 1.1 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3/4 FT.

EFFECTIVE GRAVEL DEPTH 6.5 FT. TOTAL LENGTH 61 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/END AREA 396 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT. 100

REMARKS 12/30/86 SOIL OK OLD DRAIN FIELD IN USE 30 YEARS
12/31/86 - ADD BEST OF STONE TO TRENCH
9 COVER 390 S

61
 6.5
 305
 366
 3965

DATE SYSTEM APPROVED 12/31/86 INSPECTOR B. Hodges

Hatfield's Equipment and Dedication Services, Inc.

P.O. Box 519 • Annapolis Junction, MD 20701-0519
Office: 301-490-4289 / 888-490-4289 • Fax: 301-490-5794

Sharon Debow
6412 Guilford Road
Clarksville, MD 21029

New Drainfields
Proposal # 7491

5/26/16

We propose to supply the labor, materials and equipment to complete the following:

Apply for permit
Install 2 trenches, 70LF, 2ft wide, 8ft bottom, 5ft of stone
Inspected and backfilled

301-467-8232

177 Tons stone

301-467-8232



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

Twitter: HowardCoHealthDep

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

558709

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 6412 Guilford Rd Clarksville Md

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Sharon Debow

DAYTIME PHONE 301-467-8232 CELL EMAIL

MAILING ADDRESS 6412 Guilford Rd Clarksville Md

APPLICANT Hatfield's Equipment RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 301-490-4289 CELL 410-988-0000 EMAIL

MAILING ADDRESS 10 Box 519 Annapolis Junction Md 21071

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)

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- YES NO

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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

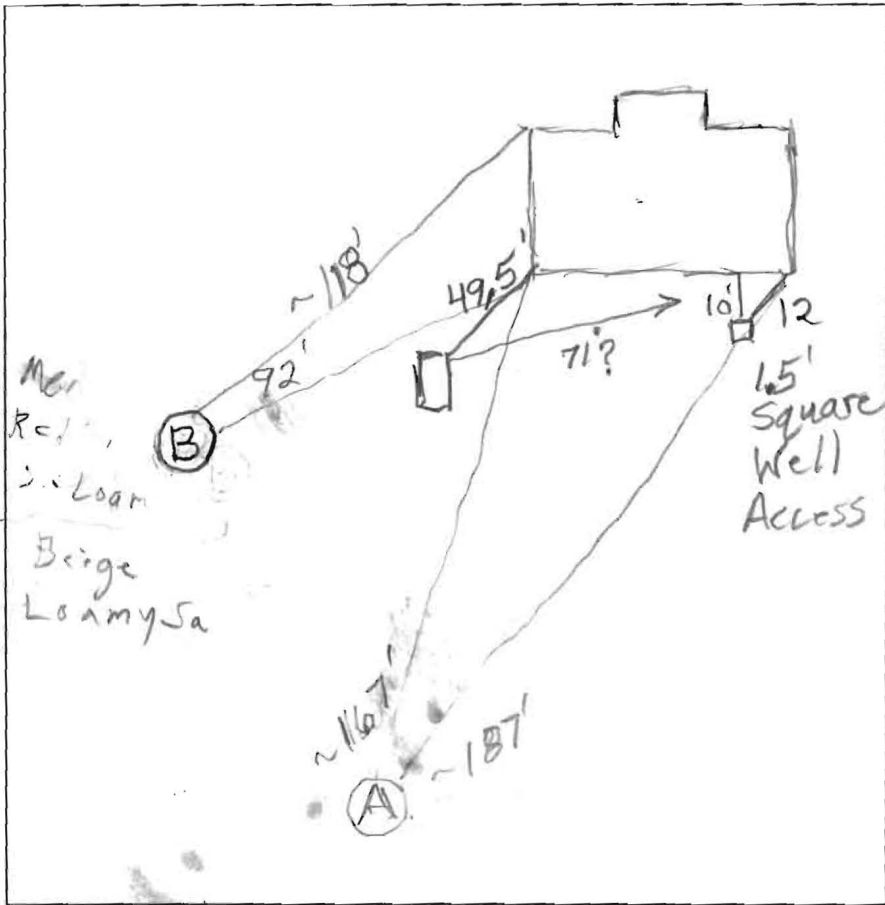
DATE

Handwritten signature of J. Ruter

5-6-16

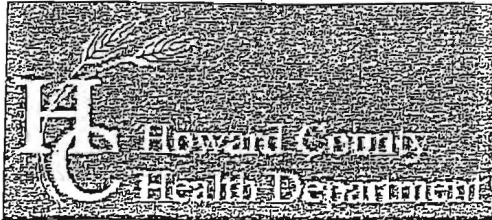
(A) Dense
 Red Br
 Sa C/L
 2'4"
 Mod. Dense
 Beige
 Loamy Sa
 20-25%
 Rock
 13'
 Water
 Hard
 Bottom
 14'

(B)
 Dense
 Red Br
 C/Loam
 3.5-4.5'
 Mod. Dense
 Red Br
 Sa c/Loam
 6-6.5'
 Mixture
 of Sa
 Loams
 7'
 Beige and
 Br
 14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/26/2016	A	5'11/4"	11:00	11:02:45	11:06:15	3 1/2	P
		7'	11:14:15	11:17:15	11:22:45	5 1/2	P
	B	8'11/4"	12:04	12:07:15	12:12	5	P

REMARKS _____
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INL. DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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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: 5-5-16
No

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

- Yes Explain observations: dug up
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: PVC
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No

Additional Comments: Bad Pump Bill

*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: Hatfield's Equipment Contractor's Phone: 410-988-0087

Contractor's Address: 208 W 519 Annapolis Junction MD

Property Address: 6412 Guilford County file:

Subdivision: Lot: Year Built:

Owner's Name: Sharon Debow Owner's Phone: 301-767-8232

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.

Howard County
maryland

