



Howard County
Health Department

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: 6/14/2017

ONSITE SEWAGE DISPOSAL SYSTEM

P 561428

APPROVAL DATE: 6/21/17 **SEC**

PERMIT:

REPAIR

A Repair

PROPERTY ADDRESS: 1900 Woodstock Road

SUBDIVISION: n/a

LOT: n/a TAX ID: 03-291154

CONTRACTOR: Freedom Septic

EMAIL: Kristen@freedomseptic.com

CONTRACTOR ADDRESS: 2809 Liberty Road

PHONE: 410-984-6863

PROPERTY OWNER: Cheryl Burke Schwarz

EMAIL: _____

OWNER ADDRESS: 108 Nash Drive, Queenstown, MD 21658

PHONE: 443-668-7679

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): n/a

PUMP SIZE: n/a

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. n/a

APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>83</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>n/a</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 1x83' trench around perc test hole B on contour. Trench will run just above perc test hole B below existing trench that was installed in 1995 respectively. Manhole riser to be added to existing septic tank. Contractor to install distribution box with 4" cleanout. Call for inspection.	

ISSUED BY: K. Wolf

ISSUE DATE: 6/14/2017

EXPIRATION DATE: 6/14/2018

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

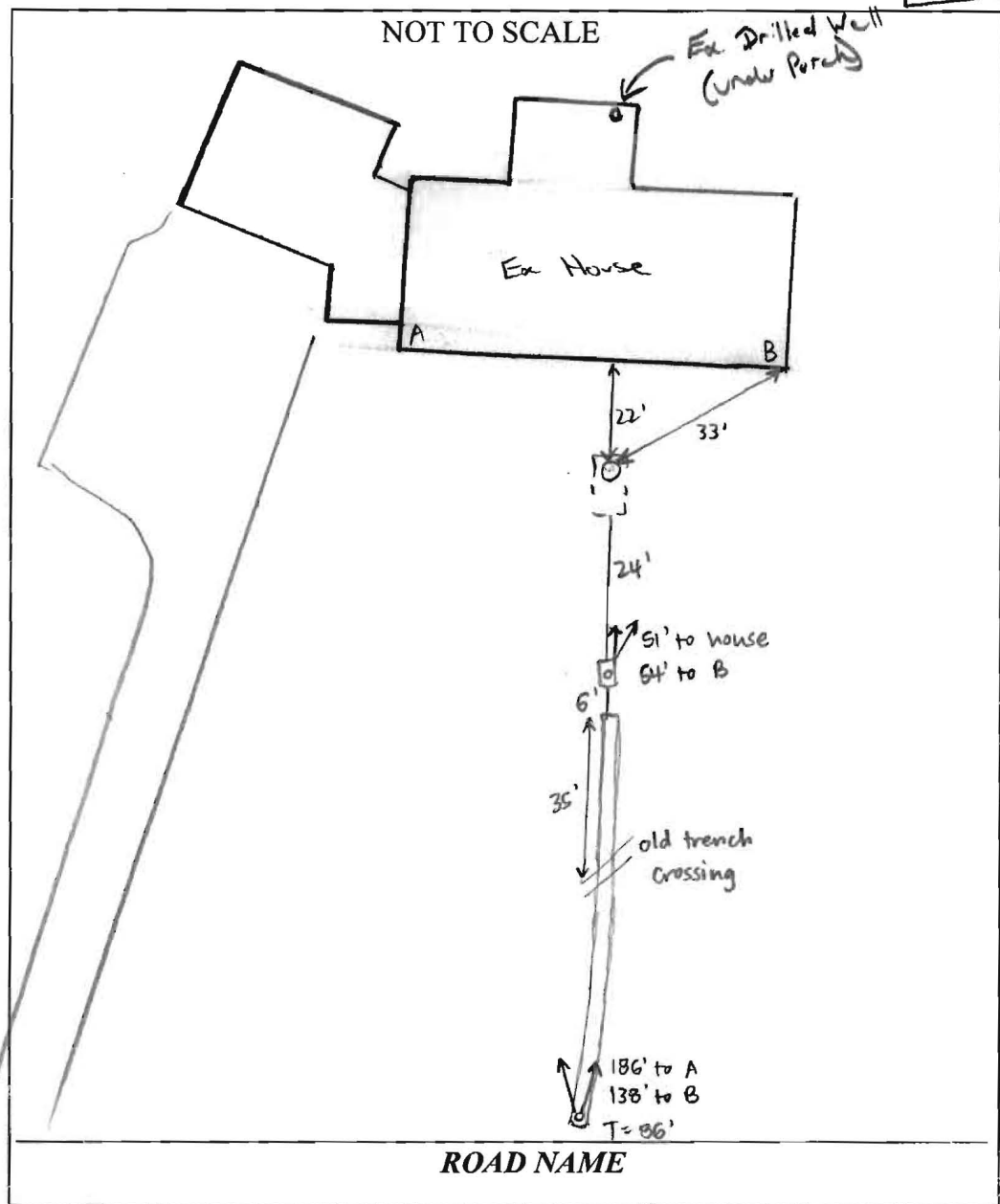
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

1" = 30'

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	9'
NUMBER OF TRENCHES 1		
TOTAL LENGTH 86'		
ABSORPTION AREA 172' + SIDEWALL		
DISTRIBUTION BOX LEVEL YES		
DISTRIBUTION BOX BAFFLE YES		
DISTRIBUTION BOX PORT YES		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL EXISTING

MANUFACTURER ?
CAPACITY 1000 GAL
SEAM LOC MID
TANK LID DEPTH 1-1.5'
BAFFLES YES
BAFFLE FILTER NO
MANHOLE LOC FRONT
6" PORT LOC NONE
WATERTIGHT TEST NO
SLOTTED NO
DATE ON LID

RUMP/SEPTIC TANK LEVEL

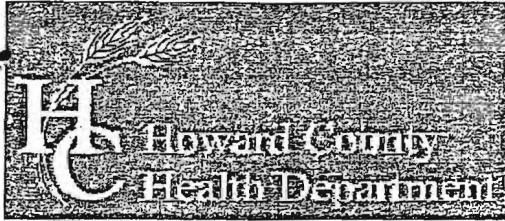
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CAPACITY GAL
SEAM LOC
TANK LID DEPTH
BAFFLES
BAFFLE FILTER
MANHOLE LOC
6" PORT LOC
WATERTIGHT TEST
SLOTTED
DATE ON LID

PRE-CONSTRUCTION:

6/13/17 Install 10x8.5' trench on contour running towards
Woodstock Rd. Dist box to be installed w/ c/p. Ex. trenches
to be abandoned. Future repair area on higher area of front yard. (KM)

INSTALLATION: 6/21/17 Trench complete + left open for inspection. old trench crosses 35'
from TI start. New outlet baffle installed in tank, manhole riser on front of tank.
Trench 2' wide, 2.5' to slope.

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 6/21/17



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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

Existing system design

- ☐ Drywell
- ☒ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

Has the septic tank been pumped within the last month?

- ☐ Yes Date pumped: 8/20/15
- ☒ No

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

- ☒ Yes Explain observations: Real Estate Transaction
- ☐ 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
- ☐ No

Additional Comments: * needs new drain fields

*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: Freedom Septic Contractor's Phone: 410-984-6843
Contractor's Address: 3809 Liberty Rd SUPERSVILLE, MD 21784

Property Address: 1900 Woodstock Rd County file: _____

Subdivision: Woodstock Lot: _____ Year Built: 1957

Owner's Name: Cheryl L Burke Schaefer Owner's Phone: 443-645-7479

Name of previous owners: _____ Existing bedrooms: 4
Proposed bedrooms: 4

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.



HOWARD COUNTY HEALTH DEPARTMENT

61428

DATE
10/14/17

PS

Received
From

True Contractors

PHONE #

795-4540

For

Septic Permit / 1900 Red Star Rd.

☐ CASH

☒ CHECK

NO.

017832 One hundred sixty four

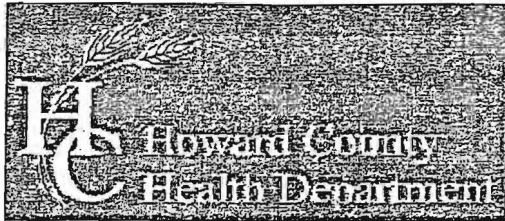
Dollars

\$

165.00

Received By

Aling



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- ☐ Yes Date pumped: _____
- ☐ No

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- ☐ Yes Explain observations: _____
- ☐ No

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- ☐ Unknown
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 - Blockage leading to the tank
 - ☐ Yes Explain: _____
 - ☐ No
 - Blockage leading to the field
 - ☐ Yes Explain: _____
 - ☐ No

Is discharge surfacing on the ground?

- ☐ Yes
- ☐ No

☐ No

Additional Comments:

Perc on this was
done previously # 10048

*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: Freedom Septic Contractor's Phone: 410-934-6803

Contractor's Address: 3809 Liberty Rd Suffesville, MD 21784

Property Address: 1900 Woodstock Rd County file: _____

Subdivision: Woodstock Lot: _____ Year Built: 1957

Owner's Name: Wm & Cheryl Schwarz Owner's Phone: 443-668-7679

Name of previous owners: _____ Existing bedrooms: 4
Proposed bedrooms: 4

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.

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HOWARD COUNTY HEALTH DEPARTMENT

60648

DATE
5 / 30 / 17

Received
From

True Contractors

PHONE #

PS
410-995-4840

☐ CASH

☒ CHECK

NO.

017808

For

Dopier - 1900 Woodstock Rd.

\$

165.00

Dollars

Received By

J. King