



HOWARD COUNTY HEALTH DEPARTMENT

15 25640

11 / 16 DATE 12/16

Received From

Hatfield Equipment

PHONE # 301-854-6172

PO Box 517 Annapolis Md 20701

☐ CASH

☒ CHECK

NO.

2416

For Septic Repair Permit

1715 Underwood Rd

One hundred sixty-five and 00/100 Dollars

\$

165

Received By

Mary L. Buggs

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 11/16/06

PERMIT

P 525640

APPROVAL DATE: 11/27/06

A REPAIR - 24594

Tax ID # 03-304280

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

Hatfields Equipment

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 519, Annapolis Junction

PHONE NUMBER: 301-854-6172

SUBDIVISION: Annandale

LOT NUMBER: 5

ADDRESS: 1715 Underwood Road

PROPERTY OWNER: Charles Snyder

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 100'

*Trench to be 2' wide
Inlet @ 5' Bottom 9'
4' of stone*

TRENCHES:	Trench to be 2' feet wide. Inlet feet below original grade. Bottom maximum depth 9' feet below original grade. Effective area begins at 5' feet below original grade. feet of stone below distribution pipe.
LOCATION:	<i>Place Dbox Directly Downhill of Ea. S.T. Install 40' Trench Between the (cable) Electric lines. Then Install 60' Trench Directly Below it.</i>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

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

**NEITHER THE HOWARD COUNTY COUNCIL OR 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

Diagram illustrating a property layout with dimensions and features:

- Top Boundary:** 90' (diagonal), 85' (diagonal).
- Left Boundary:** 80' (diagonal).
- Right Boundary:** 120' (diagonal).
- Internal Features:**
 - A rectangular structure (possibly a building or shed) is located near the top right.
 - A small rectangular structure (possibly a shed or garage) is located near the bottom center.
 - A dashed line indicates a boundary or path, labeled "D.D. D.W." (likely a driveway or easement).
 - A diagonal line segment is labeled "66'".
 - A diagonal line segment is labeled "45'".
 - A diagonal line segment is labeled "9' ETE" (likely a easement or easement).
 - A diagonal line segment is labeled "41'".
 - A diagonal line segment is labeled "10'".
 - A diagonal line segment is labeled "3'".
 - A diagonal line segment is labeled "6'".
 - A diagonal line segment is labeled "4'".
 - A diagonal line segment is labeled "1'".
 - A diagonal line segment is labeled "63'".
 - A diagonal line segment is labeled "2100'".
- Bottom Boundary:** A horizontal line labeled "ROAD".

SEPTIC TANK DATA
SEPTIC TANK 1 LEVEL Yes
 CAPACITY _____ GAL
 SEAM LOC Top
 TANK LID DEPTH 3'
 BAFFLES —
 BAFFLE FILTER —
 MANHOLE LOC —
 6" PORT LOC Front
 WATERTIGHT TEST —
SEPTIC TANK 2 LEVEL _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____

Underwood Road

INSTALLATION 11/27/06 System Installed per installation.
System OK to Backfill. (KW)

FINAL INSPECTOR

DATE OF APPROVAL _____

11/27/06

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) ☒

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

In support of a building permit. Type of building addition: N/A

*System relocation for proposed addition for setback compliance _____

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: Hatfields Equipment
Contractor's Address: 8159 Brock Bridge Rd.
Annapolis Junction Md 20701

Contractor's Phone #: 301 - 854 6172

Property Address: 1715 Underwood Rd

Property (Subdivision) & Lot # _____

Owner's Name: Chuck Snyder

Is public sewer available/nearby: N/A

Names of Any Previous Owners: _____

Year House Built: 85 - 86

of Existing Bedrooms: 3

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? No

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2648