

LAYOUT 1/31/2014 INSP 4 _____
INSP 2 2/6/2014 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: 2/6/2014

A _____

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

Hatfields IS PERMITTED TO INSTALL ☒ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3910 Walt Ann Dr. PROPERTY OWNER: _____

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

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:	
NOTES:	

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

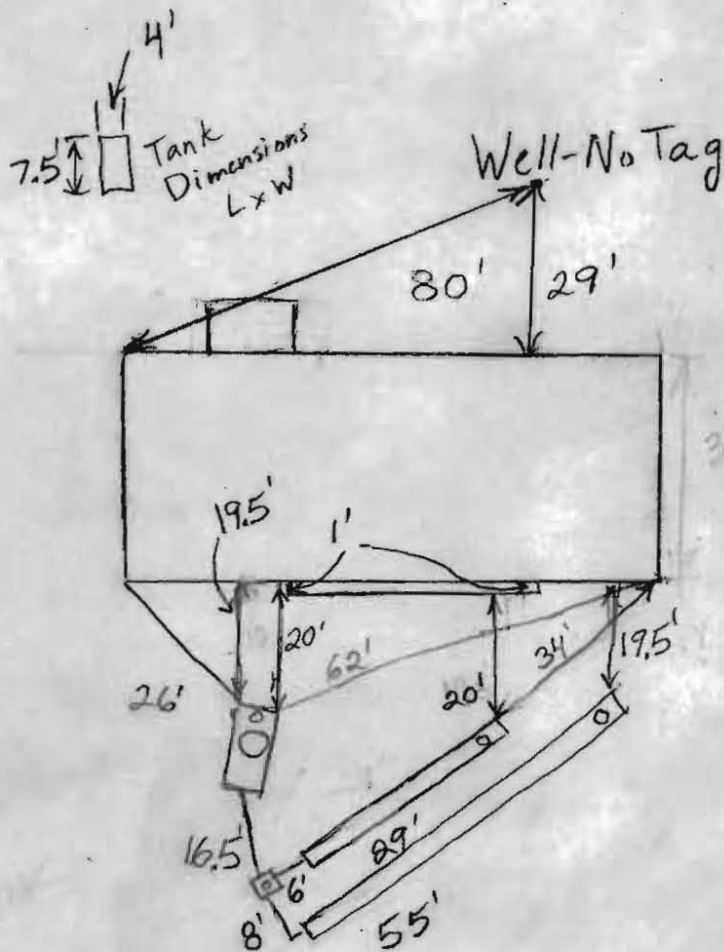
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'-5.5'	12'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 79'		
ABSORPTION AREA 514		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Block		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	? GAL
SEAM LOC	Midscam
TANK LID DEPTH	0.5'-1'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
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 1/31/2014 I install 2 short trenches near the house on contour. All future repairs after this will require installation a pumped system.

2/6/2014 System finished. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 2/6/2014



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

INFORMATION FORM – SEPTIC SYSTEM REPAIR / UPGRADE

Reason for Request:

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

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

- B. System relocation for proposed addition for setback compliance * ☐
C. To replace a collapsed septic tank ☐
D. To replace a collapsed drywell ☐

****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, additional testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.**

Septic Contractor:

Hadfields

Contractor's Address:

Contractor's Phone #:

Property Address:

3910 Walt - Ann

Property (Subdivision) & Lot #:

County file #, if known:

Owner's Name and Phone #:

Schaffer

Is public sewer available/nearby:

no

If public sewer may be close, mention further research will be performed to verify availability

Names of any previous owners:

Year House Built:

of Existing Bedrooms:

3

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: _____ Name: _____

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.

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

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (x2414).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden, x4419, for further detail.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. Contractor is to notify office of the emergency situation as soon as possible.



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Hatfields Equipment

P.O. Box 514

Annapolis Junction MD 20701

201 470 4289 ext 161

3910 Walt Ann Drive

Shopards Glen

Russ Schaefer

No

1998

1948

4

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