

Bureau of Environmental Health
8930 Stanford Blvd. Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

RECEIPT DATE: 8/6/14

ONSITE SEWAGE DISPOSAL SYSTEM

P 554571

INSTALLATION
APPROVAL DATE: _____

PERMIT
MINOR REPAIR

A _____

PROPERTY ADDRESS: 875 Windriver Drive

SUBDIVISION: Brendell Estates LOT: 11 TAX ID: _____

CONTRACTOR: Freedom Septic EMAIL: _____

CONTRACTOR ADDRESS: 2809 Liberty Road, Eldersburg, MD 21784 PHONE: 410-795-2947

PROPERTY OWNER: Andrew Meekins EMAIL: _____

OWNER ADDRESS: 875 Windrive Drive, Sykesville, MD 21784 PHONE: _____

NUMBER OF BEDROOMS: n/a HOUSE SQ. FT. n/a

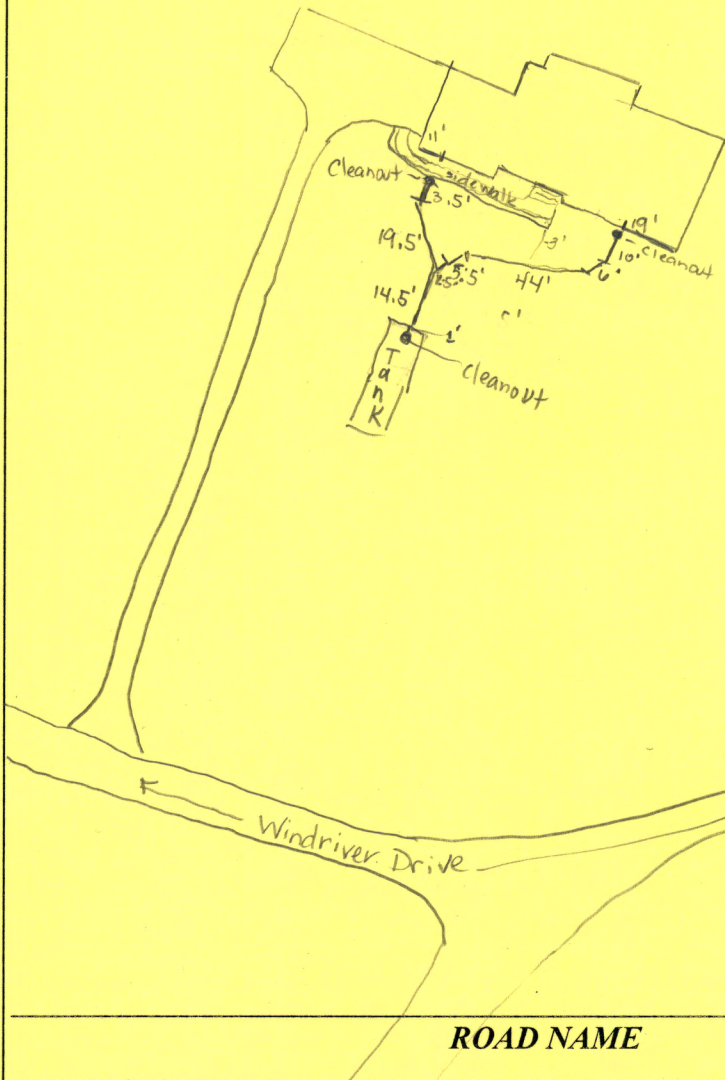
LOCATION:	Tie in ejector pump for existing bathroom to existing septic tank.
NOTES:	Call for inspection prior to covering work. <i>* Replace Sewer House 4" sch that broke off.</i>

ISSUED BY: K Wolf ISSUE DATE: 8/6/14 EXPIRATION DATE: 8/6/15

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**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 FOR INSPECTION OF SEPTIC SYSTEM.**

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____
TOTAL LENGTH _____
ABSORPTION AREA _____
DISTRIBUTION BOX LEVEL _____
DISTRIBUTION BOX BAFFLE _____
DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PRE-CONSTRUCTION:

INSTALLATION:

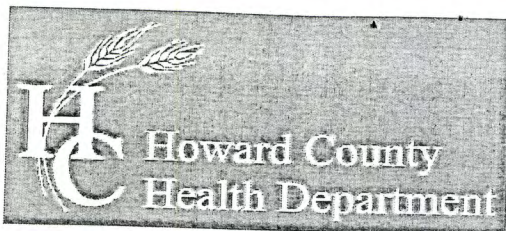
8/13/14 - Septic (SHC) installation inspection completed, measurements taken of new sewer lines for AS-built. (RR)

FINAL INSPECTOR

RR

DATE OF APPROVAL

8/13/14



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www.hchealth.org

Facebook: www.facebook.com/hocohealth

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: _____
- ☒ No

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

- ☒ Yes Explain observations: _____
- ☐ No

Existing system design

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

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

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: Freedom Septic

Contractor's Phone: 410-984-4848

Contractor's Address: 2804 Liberty Rd

Property Address: 875 Wind River Rd

County file: _____

Subdivision: _____

Lot: 11 Year Built: 1980

Owner's Name: Andrew Medicus

Owner's Phone: _____

Name of previous owners: Salino

Existing bedrooms: 3

Proposed bedrooms: N/A

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.

10 m
30 ft
Towns of Iles

905

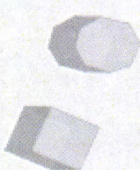
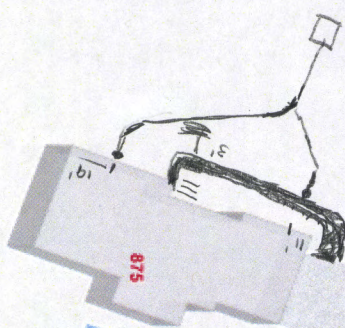
S. SANTA ANA LANE

W. WINDRIVER DR. R

WINDRIVER DR.

WINDRIVER DR.

875



76 94373 39 34469



-76.95266, 39.34432



60 ft
Terms of Use