

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 03/25/09

P 530336

APPROVAL DATE: 3/26/09

# PERMIT

A REPAIR

## MINOR SEPTIC REPAIR

Tax ID # 04-312228

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

*Pat-Tracked*

Chris Brackins IS PERMITTED TO INSTALL  ALTER

ADDRESS: 440 Woodbine Rd PHONE NUMBER: 410-489-9684

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 440 Woodbine Road PROPERTY OWNER: Chris Brackins

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: 4

SQUARE FOOTAGE (OF HOUSE): \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

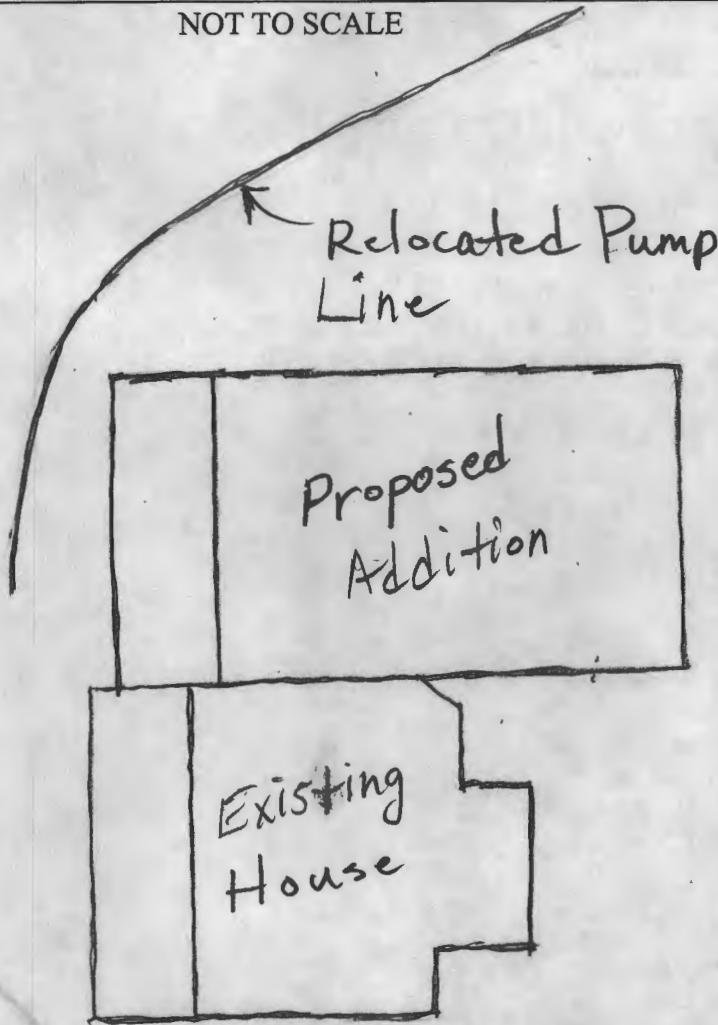
TRENCHES:	Trench to be _____ feet wide. Inlet at _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below the distribution pipe.
LOCATION:	In support of building permit #B09000254, force main is to be relocated. After splicing line together, call for inspection before covering.
ADDITIONAL NOTES:	

PLANS APPROVED: Robert Bricker DATE: 03/25/2009

- 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



ROAD NAME

**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:

*3/26/09 Line moved so that it goes around proposed addition (PB)*

INSTALLATION:

FINAL INSPECTOR

*3/26/09*

DATE OF APPROVAL

*B. Baker*

# FILE INQUIRY

rob 3/24/2009

CONCERNING BUILDING PERMIT APPLICATION #B09000254  
CHRIS AND PENNY BRACKINS, 440 WOODBINE ROAD, WOODBINE

SITE VISIT MARCH 23, 2009  
ROBERT BRICKER AND DANA BERNARD

PENNY BRACKINS AND EXCAVATION CONTRACTOR PRESENT

WELL OK, MEETS CODE

FOUNDATION FOR PROPOSED ADDITION (AND DECK/PORCH) HAS BEEN EXCAVATED. ACTIVE GRADING OCCURRING ON WEST SIDE OF LOT. STUMPS BEING PILED ALONG WEST PROPERTY LINE. I ADVISED PENNY BRACKINS AND THE EXCAVATION CONTRACTOR (MR EATON), THAT THERE IS TO BE NO GRADING OR FILLING ACTIVITIES ON THE SEPTIC EASEMENT AREA, INCLUDING NO DEPOSITION OF STUMPS. EFFLUENT LINE FROM PUMP TANK HAS BEEN EXPOSED AND SEVERED.

I ADVISED PENNY BRACKINS THAT A SEPTIC SYSTEM MINOR REPAIR PERMIT IS REQUIRED FOR RE-LOCATING THE EFFLUENT LINE.

#### APPLICATION ISSUES:

PROPOSED ADDITION(S) NOT DRAWN TO SCALE; DECKS/PORCHES DEPICTED ON PLAN, BUT NOT LISTED ON APPLICATION; DECK (PROPOSED) ON NORTH SIDE OF HOUSE CANNOT EXTEND MORE THAN 8 FEET BEYOND THE FOUNDATION CORNER (5-FOOT SETBACK OBSERVED TO SEPTIC TANK); SEPTIC EFFLUENT LINE (FORCE MAIN) MUST BE RELOCATED AND INSPECTED FOR APPROVAL OF ADDITION.

3/24/2009

I CALLED CHRIS BRACKINS, ADVISED HIM THAT A SEPTIC SYSTEM MINOR REPAIR PERMIT IS REQUIRED FOR RE-LOCATING THE EFFLUENT LINE.

ALSO, ADVISED HIM THAT PROPOSED DECK ON NORTH SIDE OF RESIDENCE CAN ONLY EXTEND TO A DISTANCE OF 8 FEET FROM THE (FRONT) CORNER OF THE HOUSE FOUNDATION AS THE SEPTIC TANK IS 13 FEET FROM THAT CORNER (THUS A 5-FOOT SETBACK IS OBSERVED). I ADVISED MR. BRACKINS OF THE OTHER ISSUES I HAD IDENTIFIED CONCERNING HIS BUILDING PERMIT APPLICATION.

LAYOUT 5/4/07 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: 5/7/2007

*Repair*  
**PERMIT**

P \_\_\_\_\_

A \_\_\_\_\_

TAX ID # 04-312228

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

R. Heaps IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 440 Woodbine Road PROPERTY OWNER: Christopher Brackins

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5 *Inlet 2.5'*

SQUARE FEET PER BEDROOM: \_\_\_\_\_ *Bottom 7'*

LINEAR FEET OF TRENCH REQUIRED: 120' *Trenches 2' Wide*

TRENCHES:	Trench to be <u>2.0</u> feet wide. Inlet <u>2.5</u> feet below original grade. Bottom maximum depth <u>7.0</u> feet below original grade. Effective area begins at -- feet below original grade. <u>4.5</u> feet of stone below distribution pipe.
LOCATION:	
NOTES:	Perc test needed to confirm area at time of installation. Layout inspection required prior to installation.

PLANS APPROVED: Sara Fegel DATE: 04/24/2007

- 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

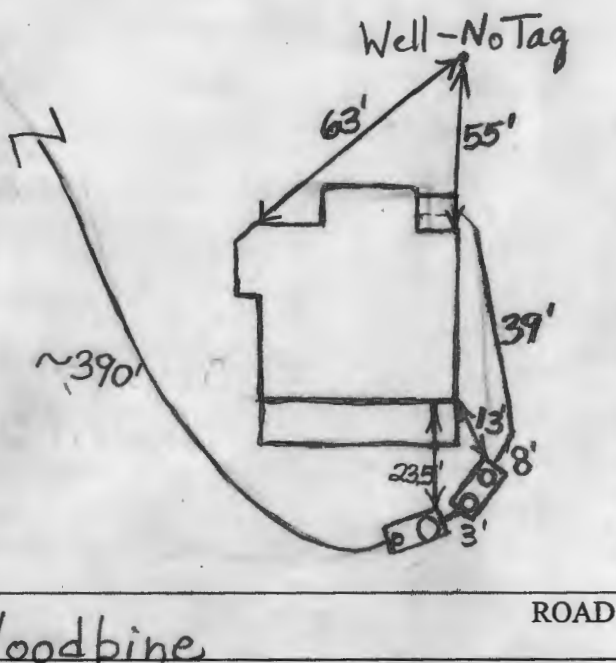
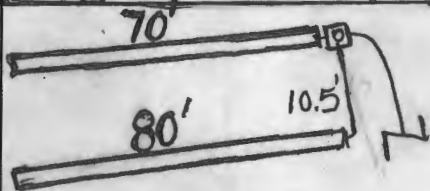
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
AND RETURNED**

*6/6/07- B0-7002203- 24x40-inground pool*

NOT TO SCALE

Approximate Property Lines



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	2'-3"	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		150'
ABSORPTION AREA		675
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	0.5-2.5'
BAFFLES	Yes
BAFFLE FILTER	Yes
MANHOLE LOC	Front+Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2.5'
BAFFLES	Front
BAFFLE FILTER	None
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No

PRE-CONSTRUCTION 5/4/07 Keep tanks 100' from well. I install a 50' and 70' trench across the top of the newly tested

INSTALLATION septic area (BB) 5/7/07 Contractor added extra trench. Trenches are off contour somewhat because a large tree is in the way now. Trenches look like they are still within property lines. Plenty of room for repairs. Pump and alarm working. O.K. to backfill.

(BB)

FINAL INSPECTOR

B. [Signature]

DATE OF APPROVAL

5/7/2007

6/19/01  
10:00

# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 515265  
A REPAIR  
ISSUE DATE 5/30/2001  
APPROVAL DATE \_\_\_\_\_

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS 440 Woodbine Road

PROPERTY OWNER David & Linda Daigle PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY 1250 GALLONS 2000

PUMP CHAMBER CAPACITY 1250 GALLONS 1500

NUMBER OF BEDROOMS 4 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 1 1/2 feet below original grade. Bottom maximum depth

LOCATION: 3 feet below original grade. 1 1/2 feet of stone below distribution box.

REPAIR - PURPOSE - Existing septic system has failed.  
Call for inspection when ground is opened so sanitarian can recommend repair. 5/29/01

(3) 80' TRENCHES @ HILLTOP  
MAINTAIN 25' OFF STEEP SLOPE

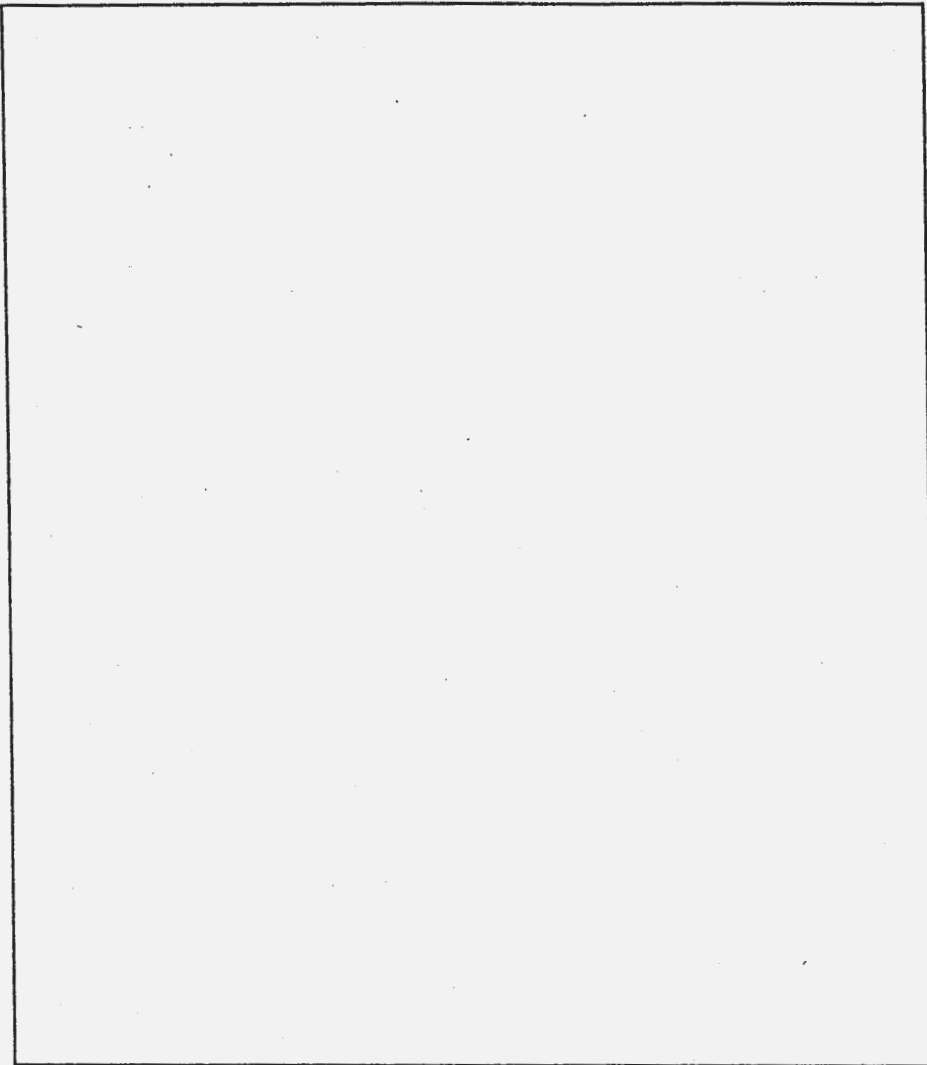
PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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 DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

July 20, 2000

Mr. and Mrs. David Daigle  
440 Woodbine Road  
Woodbine, MD 21797

RE: NOTICE OF VIOLATION  
440 Woodbine Road  
Tax Map 2, Parcel 33

Dear Mr. and Mrs. Daigle:

On July 19, 2000, as a registered sanitarian from this office, I conducted an inspection at your property at the referenced address in response to a report of an overflowing septic system. On that date, I observed an active sewage overflow pipe originating from your property discharging in the storm culvert on the adjacent parcel.

**This condition is in violation of Section 12.110 of the Howard County Code.**

As the sewage discharge creates a condition which is, or may be, hazardous to the public health you are hereby ordered to effect repairs within fifteen days of receipt of this letter. If the installation of a septic tank or a drainfield is necessary, then you must also apply to this office for a septic system repair permit, the fee for which is \$25.00. **You have agreed to immediately (within 48 hours) remove/cap the discharge pipe and have the septic tank contents pumped by a licensed sewage scavenger. Until repairs are completed, you are obligated to monitor the septic tank and drainfield and arrange for future septic tank pumping, as often as necessary, to prevent future sewage overflows.**

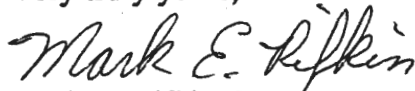
If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing before the Board of Health within ten (10) days of receipt of this letter. If you wish to discuss the evidence, the regulations, or your individual circumstances, you are encouraged to request a meeting with us by calling (410) 313-2640 and scheduling an appointment.



The investigation of this complaint and the enforcement powers of the Health Department are set forth in Section 12 of the Howard County Code, a copy of which is available for your investigation at this office.

If you have any questions, please contact me at (410) 313-2640.

Very truly yours,



Mark E. Rifkin, R.S.

Water & Sewerage Program

MR

cc: File

prev: Kegley Mullinix

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 440 Woodbine Road Woodbine, MD ZIP 21797  
 OWNER  David J. Daigle ADDRESS same PHONE 301-854-6581  
 OCCUPANT  ADDRESS \_\_\_\_\_ PHONE 301-986-4929  
 COMPLAINANT Anonymous ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION Complainant reports sewage overflowing at above address down Woodbine Road towards stream; overflow has been happening 1 year or more CODES \_\_\_\_\_

RECEIVED BY DKS DATE 7/19/00 ASSIGNED TO MR DATE 7/19

DATE OF INVESTIGATION 7/19/00 TIME 2:30 WEATHER cool, rain

REPORT MET MRS. OWNER AT SITE; SHE ACKNOWLEDGED DISCHARGE PIPE IN STORM CULVERT; I EXPLAINED VIOLATION PROCESS, POSSIBLE SEPTIC REPAIR OPTIONS/COMPLICATIONS, EX. SYSTEM, ETC. (MR)

7/20/00 T/C FROM MR. DAIGLE - VERIFYING CONDITION, REPAIR OPTIONS, ETC; HE ~~AGREED~~ AGREED TO CAP DISCH. PIPE BEFORE GOING ON VACATION; REPAIR TO OCCUR AFTER RETURN (MR)

8/4/00 FOLLOW UP - OWNERS PRESENT, DISCUSSED REPAIR OPTIONS, FINANCING; NO DISCH @ S.S. (MR)

9/7/00 T/C w/OWNER: NO PROBLEMS REPORTED (MR) PERC TESTING BEING ARRANGED (MD)

DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_