



HOWARD COUNTY HEALTH DEPARTMENT

64095

DATE 12/13/15

Received From

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For



CASH



CHECK

NO.

53914

\$ 1518.00

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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

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

RECEIPT DATE: 12/13/18

ONSITE SEWAGE DISPOSAL SYSTEM

P 564095

APPROVAL DATE: 2/5/19

PERMIT:

REPAIR

A

PROPERTY ADDRESS: 14969 Triadelphia Road

SUBDIVISION:

LOT:

TAX ID: 05-428211

CONTRACTOR: South Carroll Backhoe

EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157

PHONE: 410-596-3618

PROPERTY OWNER: Sherri and Rich Foster

EMAIL:

OWNER ADDRESS: 14969 Triadelphia Road, Glenelg, MD 21737

PHONE: 410-949-5346

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): Existing PUMP SIZE: Existing

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐

~ 94 ft stone

TRENCHES:	LINEAR FEET REQUIRED:	125	INLET DEPTH:	2.5'
	TRENCH WIDTH:	3'	MAXIMUM BOTTOM DEPTH:	6.5'
	MINIMUM SPACE BETWEEN TRENCHES:	1' &	EFFECTIVE AREA BEGINNING DEPTH:	4.5'
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.			
NOTES:	Install 2x6' trenches on contour just below existing trenches must seal pump chamber riser. (Installation)			

ISSUED BY: K. Walsh

ISSUE DATE: 2/4/19

EXPIRATION DATE: 2/4/20

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 2/19

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.

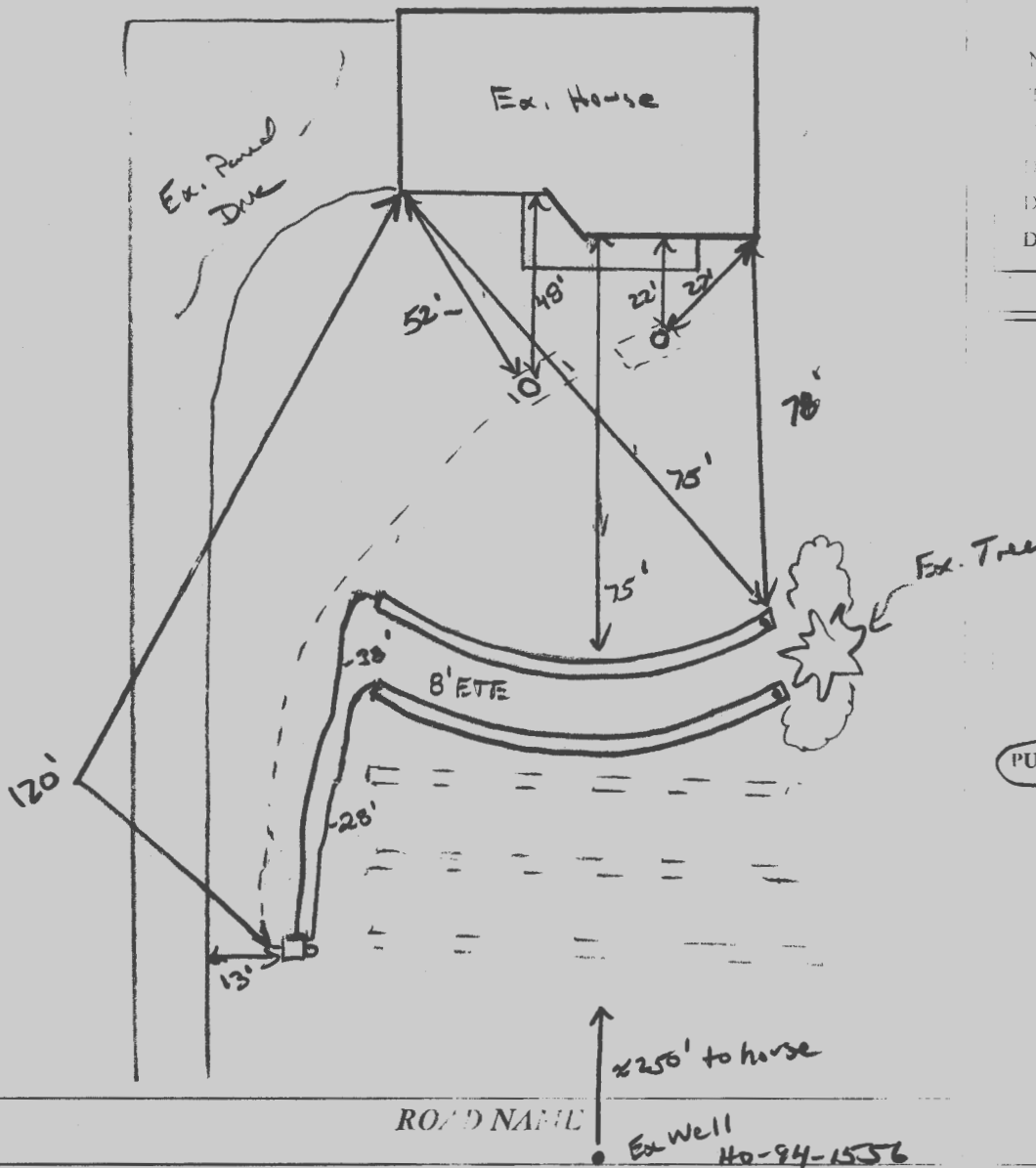
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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.

NOT TO SCALE



RAINFIELD DATA		
T	W	
3'	INLET	BOTTOM
	2.5'	6.5'
NUM	FR	BENCHES
		2
TIME	LI	
		125
TIME	PI	AREA
TIME	OUT	BOX LEVEL
		Yes
TIME	DUT	BOX BAFFLE
		90' elbow
TIME	DUT	BOX PORT
		Yes

TANK DATA		
SE		
	LEVEL	Yes
	URER	Babylon
	1500	GAL
	Top	
	PTH	2'
	Yes	
	TEL	ER
	NHO	OC
	PORT	C
	WATER	IT TEST
		OK
	S	TT
		No
		N/A
PUMP		
	LEVEL	Yes
	URER	Babylon
	1500	GAL
	Top	
	PTH	4'
	FL	No
	FL	ER
		1' -
	MANHOLE	OC
	6' port	Reer
		none
	TEST	(Leaking) Infiltration
		No

PRE-CONSTRUCTION:

2/4/19 Install 2 x 62' trenches on contour just below existing failed system. Ex Dbox to remain. Add obs. port on Dbox. Ex. Pump tank shows excessive infiltration. Told contractor needs to be fixed. Call for inspection (KNO)

INSTALLATION: 2/4/19 (PM) D box exposed, roots removed along w/ sludge. Lower trench started. (KNO)

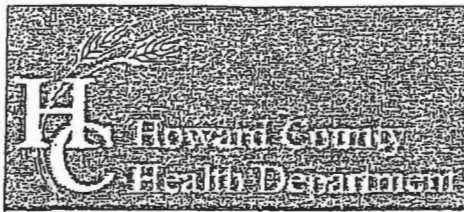
2/5/19 Both trenches completed. Ex. Pump tank still shows infiltration. Inside of both near section sealed. Contractor to return w/ more cement to seal. (KNO)

FINAL INSPECTOR

[Signature]

DATE OF

2/5/19



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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

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

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

Existing system design

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

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: Keith Carroll Barker Contractor's Phone: 410-396-3618

Contractor's Address: 4110 39th Avenue NW Westminster 21157

Property Address: 14969 Tridellia Rd. County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Sherry Foster Owner's Phone: 410-949-5346

Name of previous owners: _____ Existing bedrooms: _____

Proposed bedrooms: _____

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, sealed 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.