



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.hcchealth.org](http://www.hcchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 9/18/2017

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 561526

APPROVAL DATE: 11/6/2017

**PERMIT:**

**REPAIR**

A Repair

PROPERTY ADDRESS: 749 W. Watersville Road

SUBDIVISION: Nursery View

LOT: 3

TAX ID: 04-310608

CONTRACTOR: Sam's Creek

EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 2810 Sam's Creek Road, New Windsor, MD 21776

PHONE: 443-821-4932

PROPERTY OWNER: Rebecca Carbis

EMAIL: \_\_\_\_\_

OWNER ADDRESS: Same as above

PHONE: 301-704-2425

SEPTIC TANK SIZE: Existing

PUMP TANK CAPACITY (g):

1250g (Heavy Load Bearing)

PUMP SIZE: 1/3 HP Gould's or equivalent

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 4

APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>80FT</u>	INLET DEPTH: <u>2'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install system in open area of front yard near perc test A. New Pump tank to be set below ex. septic tank. Must be HEAVY LOAD BEARING with double riser on both tanks. Contractor responsible for pulling electrical permit. System to be laid out during pre-construction meeting. All utilities must be properly marked in field. Existing drywell to be pumped and collapsed. <i>2" force main</i>	

ISSUED BY: K. Wolf

ISSUE DATE: 10/18/2017

EXPIRATION DATE: 10/18/2018

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 DOWNGRADE 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 17005361

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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

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

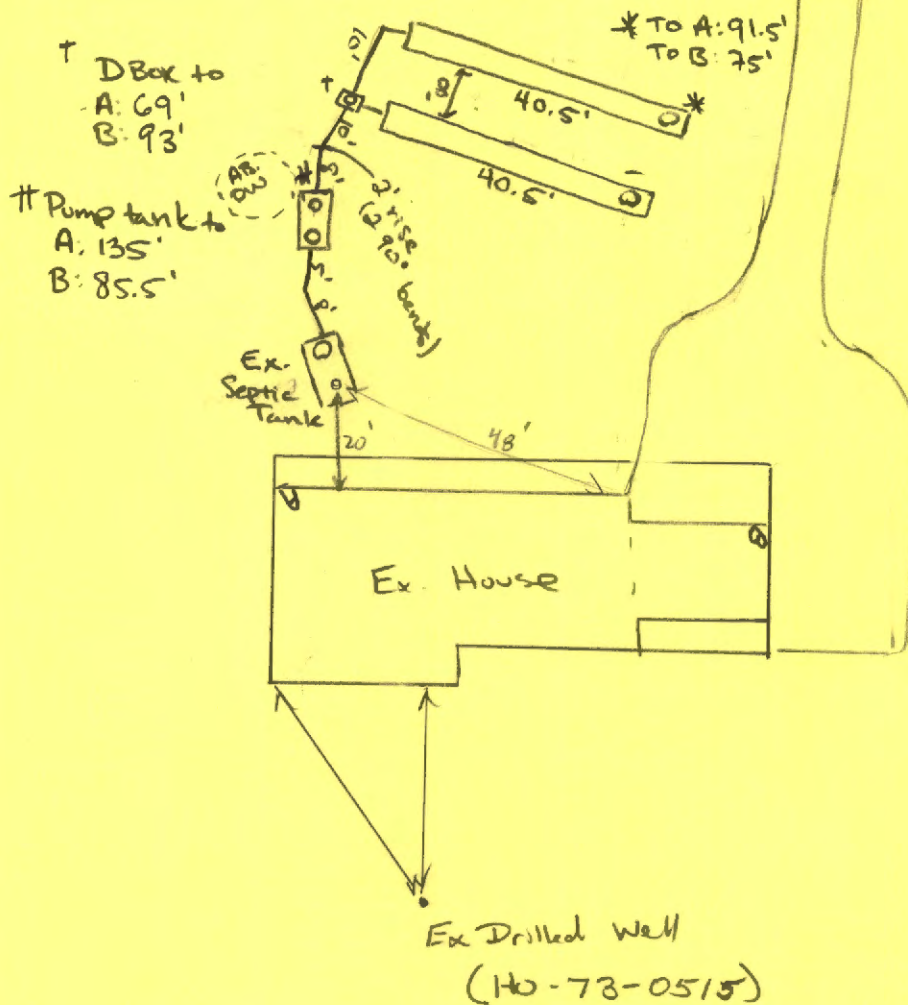
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.



NOT TO SCALE



## TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	2'	5'
NUMBER OF TRENCHES <u>8 + 2</u>		
TOTAL LENGTH <u>81'</u>		
ABSORPTION AREA <u>243 sqft + 5' wall</u>		
DISTRIBUTION BOX LEVEL <u>N/A</u>		
DISTRIBUTION BOX BAFFLE <u>yes</u>		
DISTRIBUTION BOX PORT <u>yes</u>		

## SEPTIC TANK DATA

SEPTIC TANK I LEVEL	<u>Yes</u>
MANUFACTURER	<u>N/A</u>
CAPACITY	<u>1250?</u> GAL
SEAM LOC	<u>mid</u>
TANK LID DEPTH	<u>5 1/2'</u>
BAFFLES	<u>outlet</u>
BAFFLE FILTER	<u>NO</u>
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	<u>OK</u> ✓
SLOTTED	<u>NO</u>
DATE ON LID	<u>N/A</u>

## PUMP/SEPTIC TANK LEVEL

MANUFACTURER	<u>Babylon (TB)</u>
CAPACITY	<u>1250</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>4.5' - 5'</u>
BAFFLES	<u>-</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>Front/Back</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	
DATE ON LID	<u>12-9-16</u>

## PRE-CONSTRUCTION:

9/26/17 Tentative layout given. No laser on-site. Will need pump tank 1250 g load bearing. Must pull electrical permit. Set pt. below ex s.t. Need to clear area intended for proposed trenches. Call when ready for trench layout (pms)

## INSTALLATION:

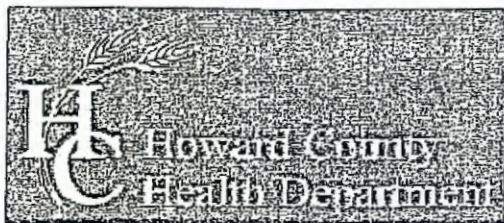
10/20/17 onsite. Digging tank hole. Tank to be delivered 2pm. Contractor requested #52 stone. Told him OK but must be clean. Shot electronics for trenches. Laid out 2440' trenches on contour 12' CTC. Trenches to start Monday (10/23/2017) Confirmed trench stake contours. Contractor using new transit. Pump tank is traffic bearing and set. Tied into previous sewer line via solvent welded PVC. Ex Drq well to be abandoned tomorrow 10/24/2017 D box set + Trenches constructed. OK to continue and backfill. Reinspect for pump + alarm. 11/01/17 Septic Pump on 8 + 10. Request confirmation from electrician alarm on separate circuit. Not labeled in breaker.

FINAL INSPECTOR

DATE OF APPROVAL 11/01/2017

SEP PUMP on 8/10





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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: SEPTEMBER 2017

☐ No

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

☒ Yes Explain observations: DRYWELL IS FULL

☐ 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: SAMS CREEK Contractor's Phone: 443.821.4932

Contractor's Address: 2810 SAMS CREEK NEW WINDSOR, MD 21776

Property Address: 749 W. WATERSVILLE ROAD County file: \_\_\_\_\_

Subdivision: NURSERY VIEW Lot: \_\_\_\_\_ Year Built: 1973

Owner's Name: REBECCA CARBLES Owner's Phone: 301.709.2925

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 3

Proposed bedrooms: 3

Has this request been previously discussed with a Sanitarian? (Name): NO

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.



# HOWARD COUNTY HEALTH DEPARTMENT

61526

DATE  
9 / 18 / 17

1/25

Received  
From

Sons Creek

PHONE #

413-821-4932

For

Reef Repair - 749 West Watersville Rd



CASH



CHECK

NO.

259

Three hundred thirty

91.00

Dollars

\$

330.00

Received By

[Signature]