



HOWARD COUNTY HEALTH DEPARTMENT

66411

DATE
10/10/19

A5

Received
From

Legacy Sept.

PHONE #

301 370-4121

For

Reper/Per - 12252
Pearling Ct.

☐ CASH
☒ CHECK

NO.

5428

One hundred sixty-four

Dollars

\$

165.00

Received By

King



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

Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 10/16/19

ONSITE SEWAGE DISPOSAL SYSTEM

P 566411

PERMIT

TANK REPLACEMENT

INSTALLATION
APPROVAL DATE: _____

A _____

PROPERTY ADDRESS: 12252 Yearling Court

SUBDIVISION: _____ LOT: _____ TAX ID: 03-281809

CONTRACTOR: Legacy Septic and Excavation EMAIL: _____

CONTRACTOR ADDRESS: 1538 Manchester Road, Westminster, MD 21157 PHONE: 410-840-8766

PROPERTY OWNER: Trevor Ulman EMAIL: _____

OWNER ADDRESS: 12252 Yearling Court, Ellicott City, MD 21042 PHONE: 443-835-6994

NUMBER OF BEDROOMS: _____ SEPTIC TANK SIZE: 1500 DRAINFIELD SIZE/TYPE: _____

LOCATION:	
NOTES:	

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

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

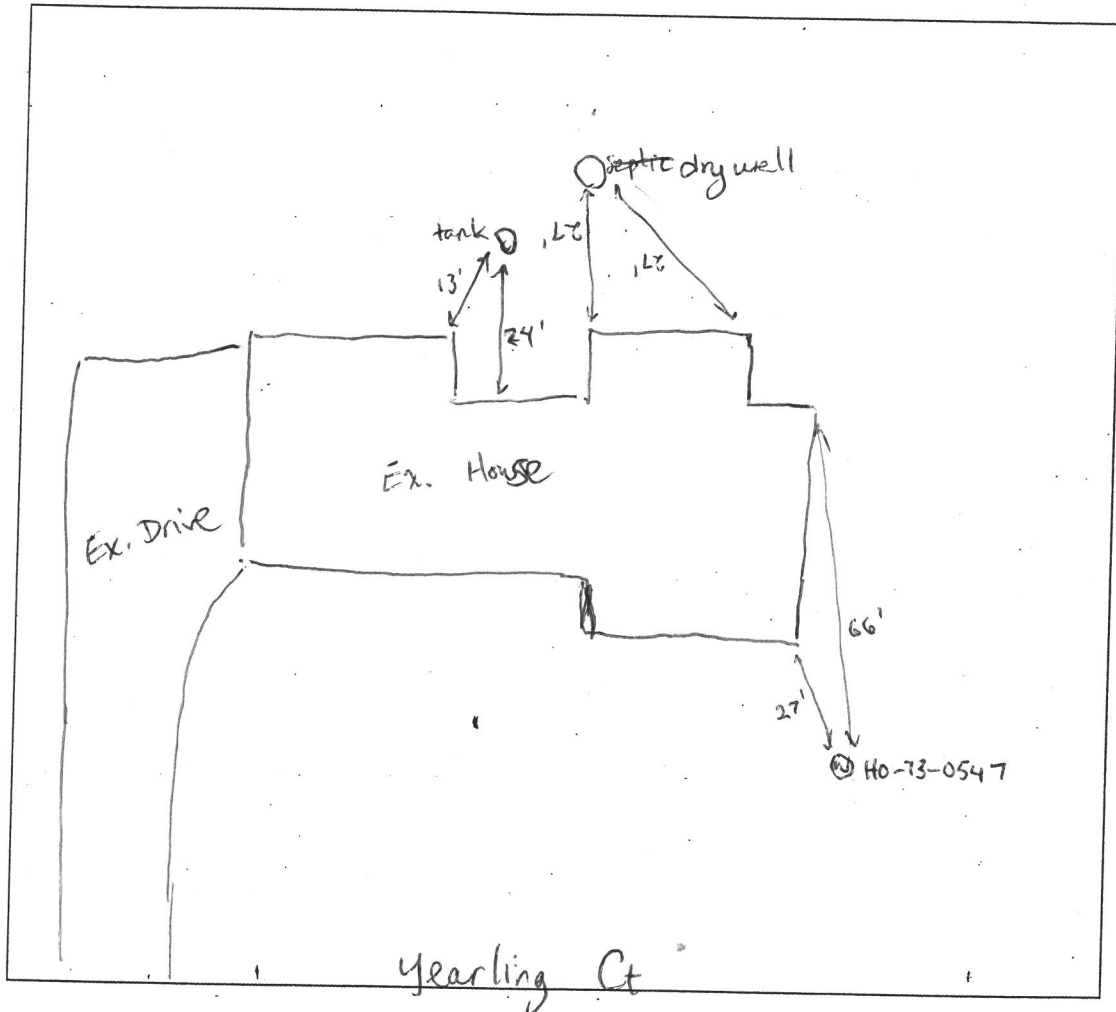
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 FOR INSPECTION OF SEPTIC SYSTEM.**

SITE INSPECTION SHEET

OWNER: Bruce + Trevor Ulman PHONE #: 443-835-6994
ADDRESS: 12252 Yearling Ct CONTRACTOR: George Schooley
Ellicott City 21042 WELL TAG #: HO-73-0547
SUBDIVISION: _____ LOT: 38 COUNTY #: 13
PROPOSAL: _____

LOCATION DIAGRAM

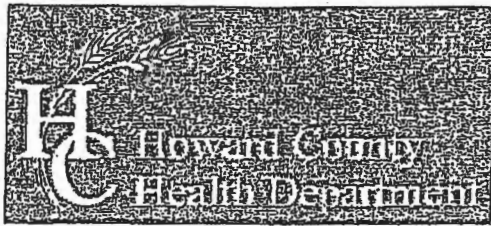


COMMENTS: Located well, septic tank and dry well. Tank is
located within 100' well arc or just on the edge.

DATE: 10/24/19 INSPECTOR: Susan Thomas

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/24/18	Spoke w/ contractor. Explained that he
	will be setting new 2000 S.T. beside existing
	S.T. OK to proceed. (Kam)



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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 *Leaking*
- ☐ 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: *Dry well HAS REMAINING*
- ☐ 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 *But will be replacing line & OB port on dry well*
- ☐ No

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

Additional Comments:

INSTALL 2000 GPM TANK

*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: *LEGACY SEPTIC* Contractor's Phone: *301-378-4121*
Contractor's Address: *1584 Mandeville Road Westminister MD 21057*

Property Address: *12252 Yearling Court* County file: _____
Subdivision: _____ Lot: _____ Year Built: _____
Owner's Name: *TIMOTHY UMAN* Owner's Phone: *443-835-6991*

Name of previous owners: _____ Existing bedrooms: *6*
Proposed bedrooms: *6*

Has this request been previously discussed with a Sanitarian? (Name): _____
Public Sewer available/nearby: *NO*

*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.