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: 3/10/21 ONSITE SEWAGE DISPOSAL SYSTEM | Ρ_ | 568785 | | | | | | |
|---|--|------------------|-------------------|--|--|--|--|--|--|
| | Tank | | | | | | | | |
| APPROVAL | DATE: 4821 82 PERMIT: Replacement | Α _ | | | | | | | |
| | DDRESS: 2445 Thompson Drive | | | | | | | | |
| SUBDIVISIO | N: LOT: TAX | K ID: | | | | | | | |
| CONTRACTO | R: Legacy Septic and Excavation EMAIL: | | | | | | | | |
| CONTRACTO | R ADDRESS: 1538 Manchester Road, Westminster, MD 21157 | HONE: | 301-370-4121 | | | | | | |
| PROPERTY C | WNER: Kim Joon Mook EMAIL: | | | | | | | | |
| OWNER ADI | DRESS: 2445 Thompson Drive, Marriottsville, MD 21104 | IONE: | 973-772-4978 | | | | | | |
| SEPTIC TANK | SIZE (GALLONS): 15005 PUMP CHAMBER CAPACITY (GALLONS): | - Pl | JMP SIZE: | | | | | | |
| NUMBER OF | BEDROOMS: 3 HOUSE SQ. FT. APPLICA | TION RA | TE: 1,2. | | | | | | |
| DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED | | | | | | | | | |
| | LINEAR FEET REQUIRED: 62,5' INLET D | EPTH: _ | 21 | | | | | | |
| TRENCHES: | TRENCH WIDTH: 3' MAXIMUM BOTTOM D | | | | | | | | |
| | MINIMUM SPACE BETWEEN TRENCHES: N A EFFECTIVE AREA BEGINNING D | EPTH: _ | 3′ | | | | | | |
| LOCATION: | TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION. | | | | | | | | |
| NOTES: | Install 1262' track just begard new Think contact Shot in Scales. Ex. Dywell to be purjud [colleged] | .j , S ,' | T. (uc. | | | | | | |
| ISSUED BY: | ISSUE DATE: 4/6/21 EXPIRAT | ION DA | TE: 4/6/22 | | | | | | |
| NOTE: CON | TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING A | | | | | | | | |
| NOTE: CON | TRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS F | RIOR TO | COVERING | | | | | | |
| | NE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILAB | LE FOR R | EVIEW. | | | | | | |
| | • | | | | | | | | |
| | 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 | | | | | | |
| | HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMAN | ICE OF TI | HIS SYSTEM AS | | | | | | |
| | IGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKOWLEDGE TH | | | | | | | | |
| DET | AILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW O | THER PRO | OPOSALS. YOU HAVE | | | | | | |
| | OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL | ENGINE | ER FOR FURTHER | | | | | | |
| - | ADNCE. E RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT | A FREO | UENCY ADEQUATE | | | | | | |
| | INSURE 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.

| Property on public H20 | TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM 3' 2' 6' NUMBER OF TRENCHES 1 TOTAL LENGTH 62' ABSORPTION AREA 186 sqfeet + Side shift DISTRIBUTION BOX LEVEL 6S DISTRIBUTION BOX BAFFLE 6S DISTRIBUTION BOX PORT 765 SEPTIC TANK DATA SEPTIC TANK 1 LEVEL 76 MANUFACTURER 6AC RIVE CAPACITY 1500 GAL SEAM LOC 10P TANK LID DEPTH 3' BAFFLES 6' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---|--|
| ROAD NAME | SLOTTED DATE ON LID |
| - Thompson ROAD NAME | |
| PRE-CONSTRUCTION: 4/5/21 (Nodes by J. labeing - see and | hed it cheet |
| MSTALLATION: 4/8/21- contractor onsite, old tank & drywell pumped crush Stone, new tank in place is mostly covered, d box installed & one tre fabric in place, Dx to back fill & counting a | ned : filled in w/ clean dirt ? |
| FINAL INSPECTOR Response . DATE OF APPRO | VAL 4 8 21 . |





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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE / Reason for Request: Has the septic tank been pumped within the last month? ☐ Failing System ☐ Yes Date pumped: . System relocation for proposed addition No No System upgrade for proposed addition Was a visual inspection of the septic tank and/or drain.fields conducted? ☐ Inadequate treatment zone Explain observations: SAR REGOVE Collapsed septic tank ☐ Collapsed drywell Was a visual inspection of the sewage line conducted? Existing system design Drywell Drywell Blockage leading to the tank Y Yes. Explain: SEL CEPOST [Mound □ Unknown Blockage leading to the field Other: ☐ Yes Explain: Is discharge surfacing on the ground? □ No ☐ Yes Additional Comments: No No *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. legacy septic Septic Contractor: L Property Address: County file: Year Built: Subdivision: Owner's Phone: 973 Owner's Name: A-Nor Existing bedrooms: Name of previous owners: 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, 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.

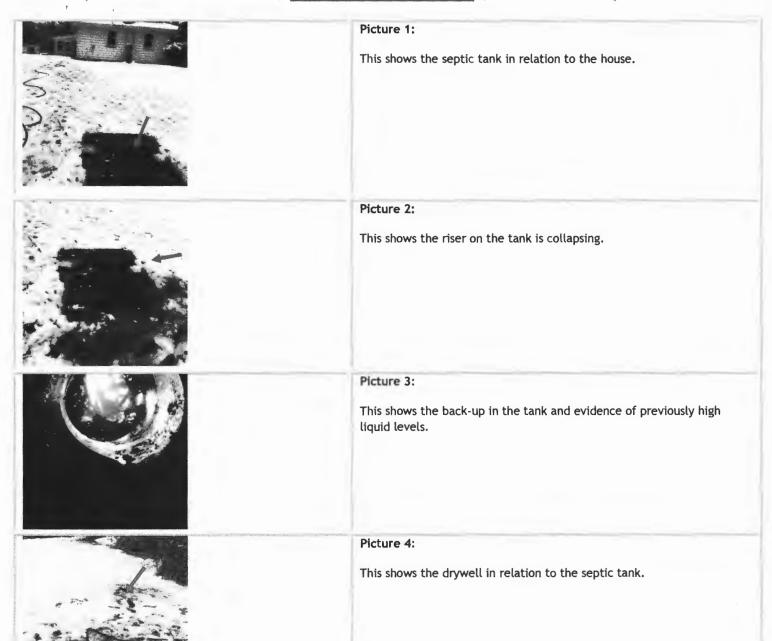
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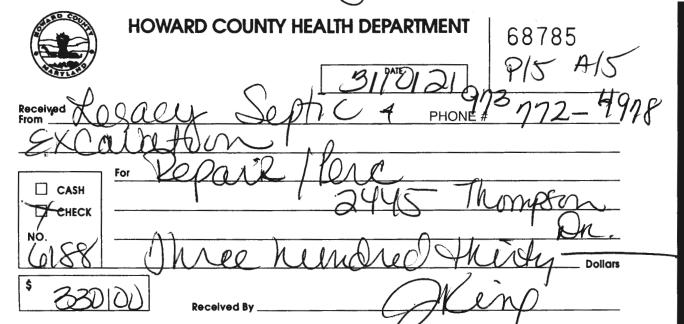
p:443-995-5385 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com

| Date: February 15, 2021 Name of Evaluator: Nicholas Riehl Time: 9:00 AM Property Address: 2445 Thompson Drive Marriottsville, MD 21104 Recent Weather Conditions: Normal | | Ordered By: Jeff Berman Buyers: Jayre Reaves Homeowner Interview: Ti interview was sent and wa prior to the evaluation. | | Occupied: Yes No Length of Time Vacant: 3 Months # of People Living in Home: N/A # of People moving in: Unknown Property Age: 1950 System Age: Unknown Last Date of Cleaning: 9/2020 Recomm'd Pumping Freq: 2-3 Years | | | | |
|--|---|---|---|--|--|--|--|--|
| Liquid level in tank is: 🛛 Abo | ve Norma | l 🔲 Normal 🔲 Belov | v Normal | Bottom Solids Depth: 10 Inches | | | | |
| Depth of tank: 20 Inches | no-man i freschiologica, confloring philosophic | Type of Tank Access: Cle | anout | Depth of tank access: At Grade | | | | |
| Maintenance appears: Goo | od 🔲 | Fair Poor | | Depth to Distribution Box: N/A | | | | |
| Effluent Filter present: ☐ Yes ☒ No | | Previous high liquid level | : ⊠Yes □ No | Distance to well: Public Water | | | | |
| Records Search: Records were re | equested | but were not received from | Howard County | orior to the evaluation. | | | | |
| Were there any impermeable so | urfaces al | pove the septic system (i.e | . driveway)? |] Yes ⊠ No | | | | |
| Type of Tank | Feinl | Composition and Size | Type of Abso | rption System | | | | |
| Septic Tank (1 Tank) | | | Leeching F | ield Sand Mound | | | | |
| Aeration System | ∐ Me | tal 🛮 Cinderblock 🔲 Plastic | Drywell (No | umber of: 1) 🔲 Cesspool | | | | |
| Other: | Tank S | Size: ~500 Gallons | ☐ Unknown: | iknown: | | | | |
| Eystem Composinie | Cond | ition | Comments | | | | | |
| THE STATE OF THE S | | cceptable acceptable eds Further Evaluation | The septic tank is composed of cinderblock and is approximately 500 gallons in total capacity. Cinderblock septic tanks are known to have structural issues and are prone to leaking. The septic tank will need to be replaced by a licensed septic contractor after permits have been pulled from the local county health department. The septic tank is accessible via what appears to be a homemade riser and a cast iron cleanout at grade. The septic tank is 20 inches below grade. The front line was observed to be obstructed at the snake line near the A/c unit and a back-up from the basement shower. Please refer to page 2 and the camera septic report for further information. | | | | | |
| Pump Present? | ☐ Ac | cceptable | - | | | | | |
| □Yes ⊠No | ☐ Un | acceptable | | | | | | |
| Absorption System | ☐ Un | cceptable nacceptable reds Further Evaluation | apparent access feet of total liqu remaining. Appro introduced into county will need | as located during the evaluation. There is no so to the drywell at grade. The drywell has 4 quid depth with 1.5 feet of liquid depth proximately 300 gallons of water were to the system with no signs of a back-up. The ed to re-evaluate the absorption system at the cotank is replaced to confirm that it is ed. | | | | |

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p:443-995-5385 | f:443-267-0098 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com





SITE INSPECTION SHEET

| OWNER: KIM JOON G MOOK PHONE #: | |
|--|---|
| ADDRESS: 2445 THOMPSON DRIVE CONTRACTOR: LEGACY SEPTIC | |
| MARRIOTTSVILLE MD 21104 WELLTAG#: PUB WATER | , |
| SUBDIVISION: LOT: COUNTY #: | |
| PROPOSAL: TANK REP. | |
| 31815 = 44-0 apt | |
| LOCATION DIAGRAM | |
| | |
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| | |
| * EX SHC SEWER LINE | |
| 18 Set 40 PUC | 7 |
| B- L, | |
| AB DW AB TANK | |
| le a fig. 37 | |
| Br 14 SL 3 AD TR. 1841 DATE House | |
| | |
| bac l | |
| Plosport | |
| 95 | |
| B- 3L (A) | , |
| whole, | |
| why nicourages | |
| 0% 50. 12' | |
| THOMPSON DRIVE | |
| COMMENTS: PLADED AND COLLAPSED CINDERBLOCK TANK AND | |
| DRY WELL. A TRENCH WAS DISCOVERED, COMPLETELY FULL OF | |
| BIOMAT/SOLIDS AND SLUDGE -1' ABOVE TERRA COTTA PERF PI | F |
| INVERT W/ STANDING WATER IN AGGREGATE. | |
| | |
| DATE: 04/05/2021 INSPECTOR: CABAHUG 001997 | |
| 4/6/21 (Pasc) own | |
| 450 = 375 ÷ 3 = 125 (.50) = 62.5 | |
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| | DATE | TEST# | DEPTH | START | BREAK | STOP | TIME OF | P/F/H | | | |
| | | | | | 1" DROP | 2" DROP | 2ND INCH | , , , , , , | | | |
| | 11/1/21 | (A) | 4 | 00:35 | 00:36 | 00:37 | , | | - 1 | | |
| | 4/6/21 | 147 | 120 | 1,00 | C (| V 60 - 50 8 | | H | L | | |
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| | REMARKS SANITARIAN TEST HOLES TRENCH WID | тн3 | INLET | DEPTH | 21 | MAX. BOT D | EPTH | EFF | ECTIVE | sw3 | 6,5 |