



# HOWARD COUNTY HEALTH DEPARTMENT

67295

DATE 11/28/2020

PS

Received From

Wheeler's Equip.

PHONE #

For

Auto repair - 979 Old  
Wheeler's

CASH

CHECK

NO.

4298

Dollars

one hundred fifty five

\$

105.00

Received By

at Kemp



**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](http://www.hchealth.org)

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

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

RECEIPT DATE: 1/28/2020

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 567295

APPROVAL DATE: 2/5/2020 *KW*

**PERMIT:**

**REPAIR**

A Repair

PROPERTY ADDRESS: 979 Woodbine Road

SUBDIVISION: Sunset Acres

LOT: 3

TAX ID: 04-328221

CONTRACTOR: Hatfield's Equipment

EMAIL: Ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction

PHONE: 410-984-4880

PROPERTY OWNER: Charles Sharpe

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

OWNER ADDRESS: Same as above

PHONE: 410-599-6858

SEPTIC TANK SIZE: 1500

PUMP TANK CAPACITY: N/a

PUMP SIZE: n/a

DISTRIBUTION SYSTEM:



GRAVITY



PRESSURE DOSED

BEDROOMS: 3

APPLICATION RATE: 0.6

TRENCHES:

LINEAR FEET REQUIRED: 180

INLET DEPTH: 4-5

TRENCH WIDTH: 2

MAXIMUM BOTTOM DEPTH: 10

MINIMUM SPACE

BETWEEN TRENCHES: 9

EFFECTIVE AREA BEGINNING DEPTH: 6

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES:

System is to be designed above perc test A. Install new septic tank next to existing 1000g septic tank. Install 1x60ft trench on contour above existing drywell and 2x 60ft trenches below drywell. Pump and collapse existing drywell and septic tank. Homeowner wanted to size system for 4 bedroom. Currently is a 3 bedroom.

ISSUED BY: K. Wolf, L.E.H.S.

ISSUE DATE: 1/30/20

EXPIRATION DATE: 1/30/21

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 n/a

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.

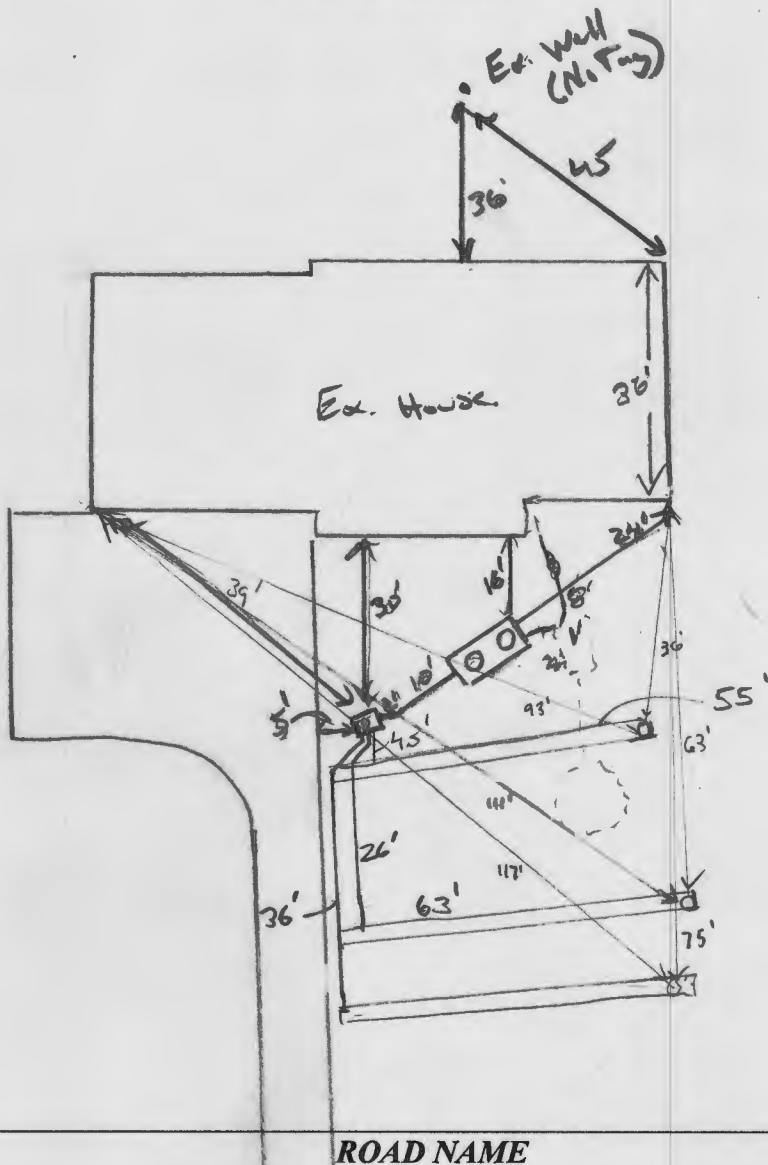
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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
2'	4'-5'	10'
NUMBER OF TRENCHES		3
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL Yes

MANUFACTURER Babylon 5/6

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 4'

BAFFLES Yes

BAFFLE FILTER NO

MANHOLE LOC Front/Road

6" PORT LOC none

WATERTIGHT TEST —

SLOTTED Yes

DATE ON LID 12-27-19

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

**PRE-CONSTRUCTION:**

1/30/20 Owner wanted system designed for 4BR. Currently a 3BR house. Existing S.T. 1000g, will be upgraded to 1500g. Set new tanks next to existing tank. Install 3x60' trenches, 1x60' above drywell 2x60' below. Keep Dbox 1' off ex. drip way.

**INSTALLATION:**

2/1/20 New S.T. set, Dbox set 5' off dwe. Ex. S.T. and drywell pumped. /collected. OK to continue (RW)

2/5/2020 Measured trench ends to house. (SP)

2/3/2020 upper 2 trenches complete, waiting for stone to complete last trench. 2/3/2020 spoke w/ contractor, too busy to get to site ok to finish and cover all work.

FINAL INSPECTOR

K. Kelly

DATE OF APPROVAL

2/5/20





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

A 567295

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 979 Old Woodbine Rd Woodbine MD 21797

TAX ACCOUNT # 328221 TAX MAP 0007 GRID 0006 PARCEL 0834 LOT NO. 3 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Charles & Sharon Sharpe

DAYTIME PHONE 410 599 6858 CELL EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT Hatfield's Equipment Inc RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301-490-4289 CELL 410 984 4880 EMAIL khatfield@hatfields-equipment.com

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT. THE APPLICATION FEE IS NON-REFUNDABLE THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Applicant

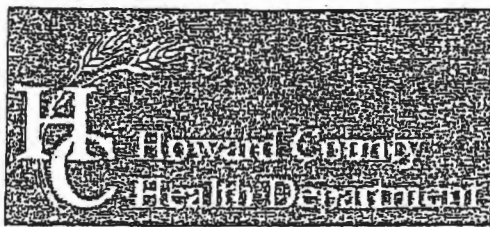
1/28/20

DATE

## Real Property Data Search

## Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Special Tax Recapture: None									
<b>Account Identifier:</b>		<b>District - 04 Account Number - 328221</b>							
Owner Information									
<b>Owner Name:</b>	SHARPE CHARLES M TR SHARPE SHARON L TR		<b>Use:</b>	RESIDENTIAL					
<b>Mailing Address:</b>	979 OLD WOODBINE RD WOODBINE MD 21797-8703		<b>Principal Residence:</b>	YES					
			<b>Deed Reference:</b>	/18622/ 00071					
Location & Structure Information									
<b>Premises Address:</b>	979 OLD WOODBINE RD WOODBINE 21797-0000		<b>Legal Description:</b>	LOT 3 979 OLD WOODBINE RD SUNSET ACRES					
<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Neighborhood:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>
0007	0006	0334	4010101.14	1001			3	2020	<b>Plat Ref:</b>
<b>Town:</b> None									
<b>Primary Structure Built</b>	<b>Above Grade Living Area</b>		<b>Finished Basement Area</b>		<b>Property Land Area</b>	<b>County Use</b>			
1973	1,232 SF		600 SF		40,031 SF				
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Quality</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Notice of Major Improvements</b>		
Split Foyer	YES	SPLIT FOYER	SIDING/	4	2 full	1 Attached			
Value Information									
	<b>Base Value</b>		<b>Value</b>		<b>Phase-in Assessments</b>				
			As of		As of		As of		
			01/01/2020		07/01/2019		07/01/2020		
<b>Land:</b>	165,000		184,500						
<b>Improvements</b>	114,800		189,400						
<b>Total:</b>	279,800		373,900		279,800		311,167		
<b>Preferential Land:</b>	0						0		
Transfer Information									
<b>Seller:</b> SHARPE CHARLES M			<b>Date:</b> 04/11/2019			<b>Price:</b> \$0			
<b>Type:</b> NON-ARMS LENGTH OTHER			<b>Deed1:</b> /18622/ 00071			<b>Deed2:</b>			
<b>Seller:</b>			<b>Date:</b>			<b>Price:</b> \$0			
<b>Type:</b>			<b>Deed1:</b> /00934/ 00464			<b>Deed2:</b>			
<b>Seller:</b>			<b>Date:</b>			<b>Price:</b>			
<b>Type:</b>			<b>Deed1:</b>			<b>Deed2:</b>			
Exemption Information									
<b>Partial Exempt Assessments:</b>	<b>Class</b>			07/01/2019			07/01/2020		
<b>County:</b>	000			0.00					
<b>State:</b>	000			0.00					
<b>Municipal:</b>	000			0.00 0.00			0.00 0.00		
Special Tax Recapture: None									
Homestead Application Information									
<b>Homestead Application Status:</b> Approved 06/29/2010									
Homeowners' Tax Credit Application Information									
<b>Homeowners' Tax Credit Application Status:</b> No Application					<b>Date:</b>				



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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

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

Is discharge surfacing on the ground?

- Yes
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: HotFields Equipment Contractor's Phone: 301 490 4289

Contractor's Address: P O Box 519 Annapolis Junction MD 20741

Property Address: 979 Old Washburn Rd County file:

Subdivision: Lot: Year Built:

Owner's Name: Charles Sharpe Owner's Phone: 410 599 6858

Name of previous owners: Existing bedrooms: 3

Proposed bedrooms: 4

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.