

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:

1/17/18

ONSITE SEWAGE DISPOSAL SYSTEM

P 562402

APPROVAL DATE:

1/31/18 (SEC)

PERMIT: CONSTRUCTION

A 561529

PROPERTY ADDRESS: 12851 TRIADELPHIA ROAD, ELLICOTT CITY, MD 21042

SUBDIVISION: TAX MAP 22, PARCEL 208

LOT: ----- **TAX ID:** 03-295532

CONTRACTOR: CHARLES KOLB

EMAIL: Charlko3@aol.com

CONTRACTOR ADDRESS: 7127 BLACKS MILL ROAD, THURMONT, MD 21788

PHONE: (301) 514-5050

PROPERTY OWNER: JAMES AND CHRISTINA LAZERIS

EMAIL:

OWNER ADDRESS: 12851 TRIADELPHIA ROAD, ELLICOTT CITY, MD 21042

PHONE: (443) 204-2171

SEPTIC TANK SIZE (GALLONS): 1500

TANK MANUFACTURER: BABYLON

PUMP MODEL: N.A.

PUMP SIZE

N.A.

PUMP TANK CAPACITY: N.A.

DISTRIBUTION SYSTEM:

XX

☐ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 5

APPLICATION RATE: 1.2

TRENCHES:	EXISTING; PERC
	LINEAR FEET REQUIRED: CERT NOTE 10
	TRENCH WIDTH: 3
	MINIMUM SPACE BETWEEN TRENCHES: 17
	INLET DEPTH: APPROX. 4
	MAXIMUM BOTTOM DEPTH: 11
	EFFECTIVE AREA BEGINNING DEPTH: 4
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.
NOTES:	REMOVE KOI POND AND REPLACE 1000-GAL SEPTIC TANK WITH 1500-GAL SEPTIC TANK. OBSERVE 5-ft SETBACK TO DECK, AND 20 ft SETBACK TO BASEMENT FOUNDATION. MAINTAIN GRAVITY FLOW; DISCHARGE TO EXISTING TRENCH. NO ADDITIONAL TRENCH REQUIRED.

ISSUED BY: R BRICKER

ISSUE DATE: 1/17/18

EXPIRATION DATE: 1/18/19

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 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 N.A.

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.

Ex Well

HO-73-1296

NOT TO SCALE

63'

81'

Ex House

24'

17'

11"

1' drop

existing trench

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES

TOTAL LENGTH

ABSORPTION AREA

DISTRIBUTION BOX LEVEL

DISTRIBUTION BOX BAFFLE

DISTRIBUTION BOX PORT

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL YES

MANUFACTURER BABILON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 1-3'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC FRONT + REAR

6" PORT LOC NONE

WATERTIGHT TEST NO

SLOTTED YES

DATE ON LID 12-23-17

PUMP/SEPTIC TANK LEVEL

MANUFACTURER

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

SLOTTED

DATE ON LID

PRE-CONSTRUCTION:

onside. Ex. septic c/o exposed in ex. as pond. Owner knows pond has to be removed in order to pump/collapse tank effectively. Place new S.T. after ex. S.T. is-line w/ existing system and 4".

Tie back in to existing 4". Call for inspection. Proposed addition stated. 20' setback can be met. (KMS) 1/24/18 Met contractor on site for layout.

INSTALLATION: Existing tank - line to trench exposed. Line has adequate fall, new tank will fit just past existing tank + before trench. Will be >20' off addition. (SC)

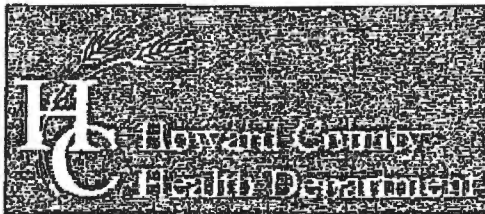
1/31/18 New tank set and connected to house, contractor connecting to line into trench. Old tank pumped + removed. Contractor to run a line to future addition from 4" at existing cleanout. (SC)

FINAL INSPECTOR

Sarah Collins

DATE OF APPROVAL

1/31/18



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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

Existing system design

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

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

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

Additional Comments: Fish pond on 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: C.F. Kolb Contractor's Phone: 301-271-2333

Contractor's Address: 7127 BLACKS MILL RD THURMONT MD 21788

Property Address: 12851 TRIADOLPHIA RD County file: _____

Subdivision: _____ Lot: _____ Year Built: 1976

Owner's Name: JAMES LAZARUS Owner's Phone: _____

Name of previous owners: Leroy Sealing Existing bedrooms: 5
Proposed bedrooms: 5

Has this request been previously discussed with a Sanitarian? (Name): Robert Bruckner
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.



HOWARD COUNTY HEALTH DEPARTMENT

62402

P5

1/17/18 DATE

Received From

PHONE #

301 271-2333

For

Ropin - 12851 Philadelphia Rd.

☐ CASH

☒ CHECK

NO.

9994

One hundred sixty five Dollars

\$

165.00

Received By

[Signature]