



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: 9/27/21

ONSITE SEWAGE DISPOSAL SYSTEM

P 570167

APPROVAL DATE: 11/9/21 JC

PERMIT:

REPAIR

A

PROPERTY ADDRESS: 12916 Triadelphia Road

SUBDIVISION: ROSEMARY ESTATES

LOT: 24B TAX ID: 03-300129

CONTRACTOR: FREEDOM SEPTIC

EMAIL: christy@freedomseptic.com

CONTRACTOR ADDRESS: 2809 LIBERTY ROAD, SYKESVILLE, MD 21784

PHONE: 410-795-2947

PROPERTY OWNER: Diane Skeberdis

EMAIL: -

OWNER ADDRESS: 12916 Triadelphia Road, Ellicott City, MD 21042

PHONE: -

SEPTIC TANK SIZE (GALLONS): EXISTING PUMP CHAMBER CAPACITY (GALLONS): - PUMP SIZE: -

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. - APPLICATION RATE: 1.2 gpd/sf

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>53'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>34'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: J. Cebalug ISSUE DATE: 9/27/21 EXPIRATION DATE: 9/27/22

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 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: 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: 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

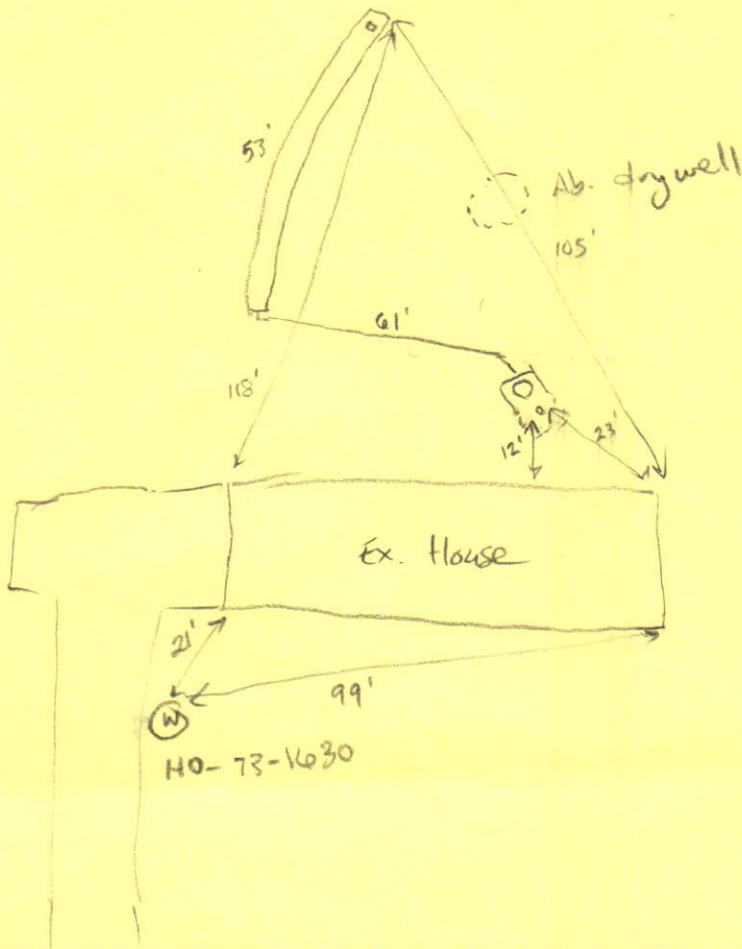
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

12916 Triadelphia Rd

NOT TO SCALE



ROAD NAME

Triadelphia Rd

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

3' 3' 7'

NUMBER OF TRENCHES 1

TOTAL LENGTH 53'

ABSORPTION AREA 159 sq ft to sidewalk

DISTRIBUTION BOX LEVEL N/A

DISTRIBUTION BOX BAFFLE N/A

DISTRIBUTION BOX PORT N/A

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

MANUFACTURER ?

CAPACITY 1000 GAL

SEAM LOC mid

TANK LID DEPTH 2'

BAFFLES outlet (new)

BAFFLE FILTER

MANHOLE LOC outlet

6" PORT LOC inlet

WATERTIGHT TEST

SLOTTED No

DATE ON LID N/A

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:

08/26/2021 LAID OUT 1X52' TRENCH AND PROP. ROP 52' TR FOR FUTURE REPAIR.

INSTALLATION:

11/9/21 New outlet baffle and riser installed in tank. 1X53' trench installed and connected to tank. (S)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

11/9/21



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P 570167

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LOT: 24B TAX ID: 03-300129

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PHONE: —

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PUMP CHAMBER CAPACITY (GALLONS): —

PUMP SIZE: —

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. —

APPLICATION RATE: 1.2 GPD/SF

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LOW PRESSURE DOSED ☐

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ISSUED BY: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

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NOT TO SCALE

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 _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

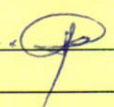
WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

08/26/2021 LAID OUT 1x52' TR AND PROP REP 52' TR. 

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____



HOWARD COUNTY HEALTH DEPARTMENT

70167

DATE
9/27/21

Received
From

PHONE #

410-995-2947

☐ CASH
☒ CHECK

NO.

5014

For

Repair / Reac /
12916 - Freed phage
Kd.

\$

165.00

Dollars

Received By

[Signature]



HOWARD COUNTY HEALTH DEPARTMENT

69645

DATE 8/19/12

Received From

Freedom Septic

PHONE #

410 785-2947

☐ CASH
☒ CHECK

For

Pore Repair - 129/6
Triadelphia Rd

NO

4997

One hundred sixty five

Dollars

\$

165.00

Received By

J Kemp



HOWARD COUNTY HEALTH DEPARTMENT

70167

DATE 9/27/21

Received From

PHONE #

985-2947

Freedom Septic Services Inc

For

Repair / here / 12916 Philadelphia Rd.

☐ CASH
☒ CHECK

NO. 5014

One hundred sixty five Dollars

\$ 165.00

Received By

Karp

P570167

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

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 Regulations.

Septic Contractor: Freedom Septic Service Contractor's Phone: 410.785.2947

Contractor's Address: 2809 Liberty Rd Sykesville, MD 21784

Property Address: 12916 Tridelpia Rd County File: _____

Subdivision: 2003 Lot: 24 B Year Built: 1977

Owner's Name: Diane Skeberdis Existing bedrooms: 4

Name of previous owners: _____ Existing bedrooms: _____

Proposed bedrooms: _____

*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 _____

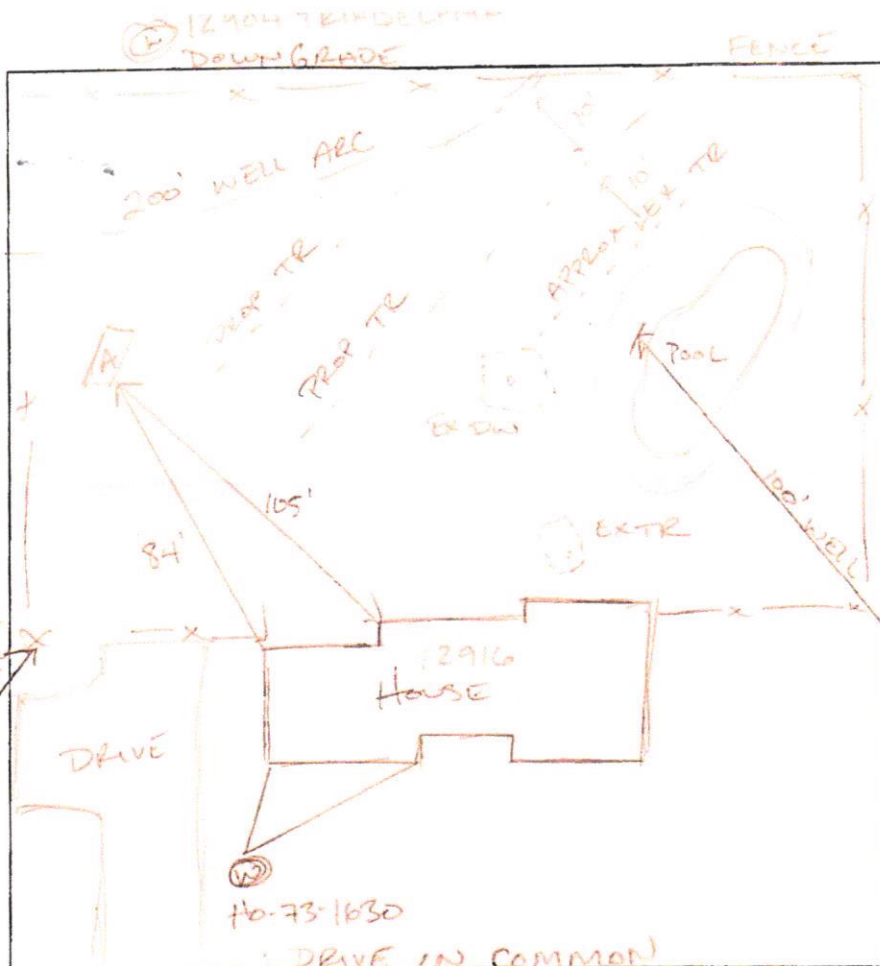
If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists. The contractor is to notify the office of the emergency as soon as possible.

2/2020

A/P 569645

0
RED BR
SCL SBL
11"
YEL BR
SCL SBL
30"
RED
LS MICACEOUS
SCL
+ SAP
FEW BOUNDER
13'
HARD BOTTOM



SHELF / BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
08/26/2021	A	2.5 13	0:00	0:55	3:00	1:05	
	2nd POUR		0:00	2:20	5:20	3:00	P
	BUCKET FOR @ BOTTOM	13-5 m					

REMARKS BACK UP INTO HOUSE 2x IN 3in; LIQUID IN TRENCHES; LIQUID OBS
SANITARIAN CASHING ON 997 BACKHOE FREEDOM OTHERS HOME OWNER

TEST HOLES USED IN SDA _____ AVG. PERC TIME 3 SQ. FT/BR 3
TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 7' EFFECTIVE SW 4'

150.3 / 1.2 = 375 / 3 WIDE = 125 LINEAR x .42 = 53 F 1 x 53'