



HOWARD COUNTY HEALTH DEPARTMENT

44587-A

CODES

410-795-8691

DATE

4/2/13

A5

☐ CASH

☒ CHECK

NO.

Received
From

For

Harrison Contracting
13500 Orion Dr.
Rockville, MD 20850
14027 Triadelphia
Mill

Dollars

\$

600.00

Received By

J. King



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

RECEIPT DATE: 4/2/13

ONSITE SEWAGE DISPOSAL SYSTEM

P 544587-A

INSTALLATION

APPROVAL DATE: _____

PERMIT

A Repair

REPAIR

PROPERTY ADDRESS: 14027 Triadelphia Mill Road

SUBDIVISION: Karinwood

LOT: 4

TAX ID: 05-352223

CONTRACTOR: Harrison Contracting

EMAIL: _____

CONTRACTOR ADDRESS: 2858 Flag Marsh Road, MT. Airy, MD 21771

PHONE: 410-795-8691

PROPERTY OWNER: Abhay Moghekar and Yogeeta Narkar

EMAIL: _____

OWNER ADDRESS: 14027 Triadelphia Mill Road, Dayton, MD 21036

PHONE: 443-413-8108

SEPTIC TANK SIZE (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: _____

HOUSE SQ. FT. _____

APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED ☐

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

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

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

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:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____



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Peter L. Beilenson, M.D., M.P.H., Health Officer

A544587-A

INFORMATION FORM – SEPTIC SYSTEM REPAIR / UPGRADE

Reason for Request:

A. Failing System (includes surface discharge or inadequate treatment zone) _____

Has the contractor verified through excavation/pumping evaluation that there are no pipe blockages?

B. System relocation for proposed addition for setback compliance * _____

C. To replace a collapsed septic tank _____

D. To replace a collapsed drywell _____

****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, additional testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.**

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #:

County file #, if known:

Owner's Name and Phone #:

Is public sewer available/nearby:

If public sewer may be close, mention further research will be performed to verify availability

Names of any previous owners:

Year House Built:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: _____ Name: _____

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.

Print out a copy of the Real Property Data via Dept. of Taxation website _____ Indexed file found _____

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (x2414).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden, x4419, for further detail.

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

