



# HOWARD COUNTY HEALTH DEPARTMENT

75795

DATE 2/21/24

1/RS  
PHONE # 240-290-7571

Received From

Dennis Washington Jr.

For

Repair/Perce 11717 Wayne ridge Court

CASH

CHECK

NO.

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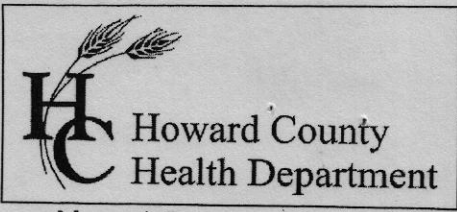
Five hundred thirty <sup>00/100</sup> Dollars

*[Signature]*

Received By

\$

530.00



**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](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 2/21/2024 **ONSITE SEWAGE DISPOSAL SYSTEM** P 575795

APPROVAL DATE: 3/13/2024 **PERMIT: MINOR REPAIR** A \_\_\_\_\_

PROPERTY ADDRESS: 11717 Wayneridge Court

SUBDIVISION: Moorefield LOT: 2 TAX ID: 05-345707

CONTRACTOR: Dennis Washington EMAIL: Washboyzllc@gmail.com

CONTRACTOR ADDRESS: 2235 Port Tobacco Road PHONE: 240-209-7571

PROPERTY OWNER: Prakash Sankuratri EMAIL: sanduratri@gmail.com

OWNER ADDRESS: 14816 Physicians Lane, Rockville MD 20850 PHONE: n/a

SEPTIC TANK SIZE: Existing PUMP SIZE: n/a PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM:  GRAVITY  LPD BEDROOMS: 3 APPLICATION RATE: n/a

TRENCHES:	LINEAR FEET REQUIRED: <u>n/a</u>	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	_____	
NOTES:	Contractor to replace backline piping with new sch 40 connecting into ex. Trench.	

ISSUED BY: Kevin M. Wolf, L.E.H.S. ISSUE DATE: 3/13/2024 EXPIRATION DATE: 3/13/2025

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED
- 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: 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.**

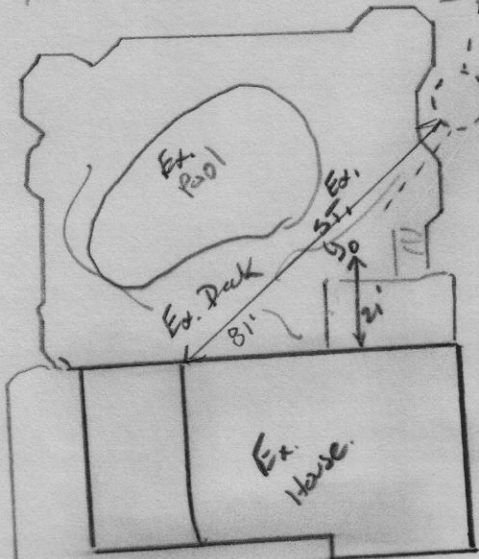
NOT TO SCALE

Ex. Shed

Possible Future SDA

New sch 40 piping installed 3/13/2024

New obs. pipe



Ex. Trench per As-Built from 1983 (P32722)  
Ex. Septic Pit? (see Insp. report)

Ex. Trench per As-Built from 1983 (P32722)

Aprx Rega Line

Aprx loc of buried well (per installer + seller)

ROAD NAME

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
	Existing	
NUMBER OF TRENCHES	_____	
TOTAL LENGTH	_____	
ABSORPTION AREA	_____	
DISTRIBUTION BOX LEVEL	_____	
DISTRIBUTION BOX BAFFLE	_____	
DISTRIBUTION BOX PORT	_____	

**SEPTIC TANK DATA**

Could Not be determined

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	_____

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Dennis Washburn  
SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:

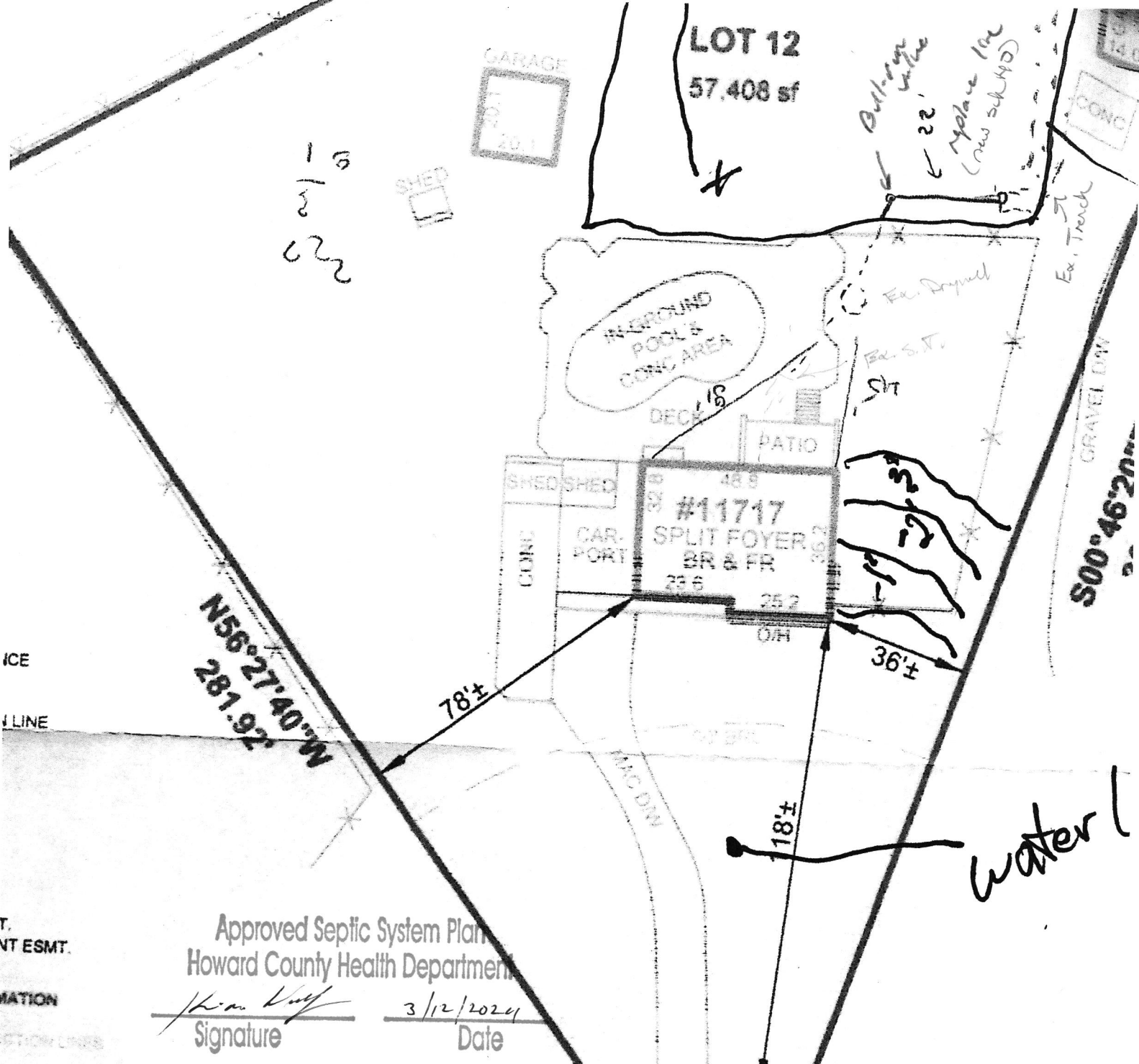
3/12/2024 To replace old piping and ball-run valve /connections w/ new sch 40 pipe per contractor and buyer/seller's request. (perm)

INSTALLATION NOTES:

3/13/2024 Inspector confirmed sch 40 piping replaced w/ new fitting @ surface of backline where old ball-run valve was connected. line ran into ex. trench w/ new obs pipe installed @ beginning. stone under pipe was clear, little to no blockage no sign of water (perm)

**CONTROL PANEL DATA**

CONTROL PANEL HEIGHT	_____
(MIN 30")	
INSPECTION DATE	_____
INSPECTION: PASS/FAIL (CIRCLE ONE)	



Approved Septic System Plan  
 Howard County Health Department

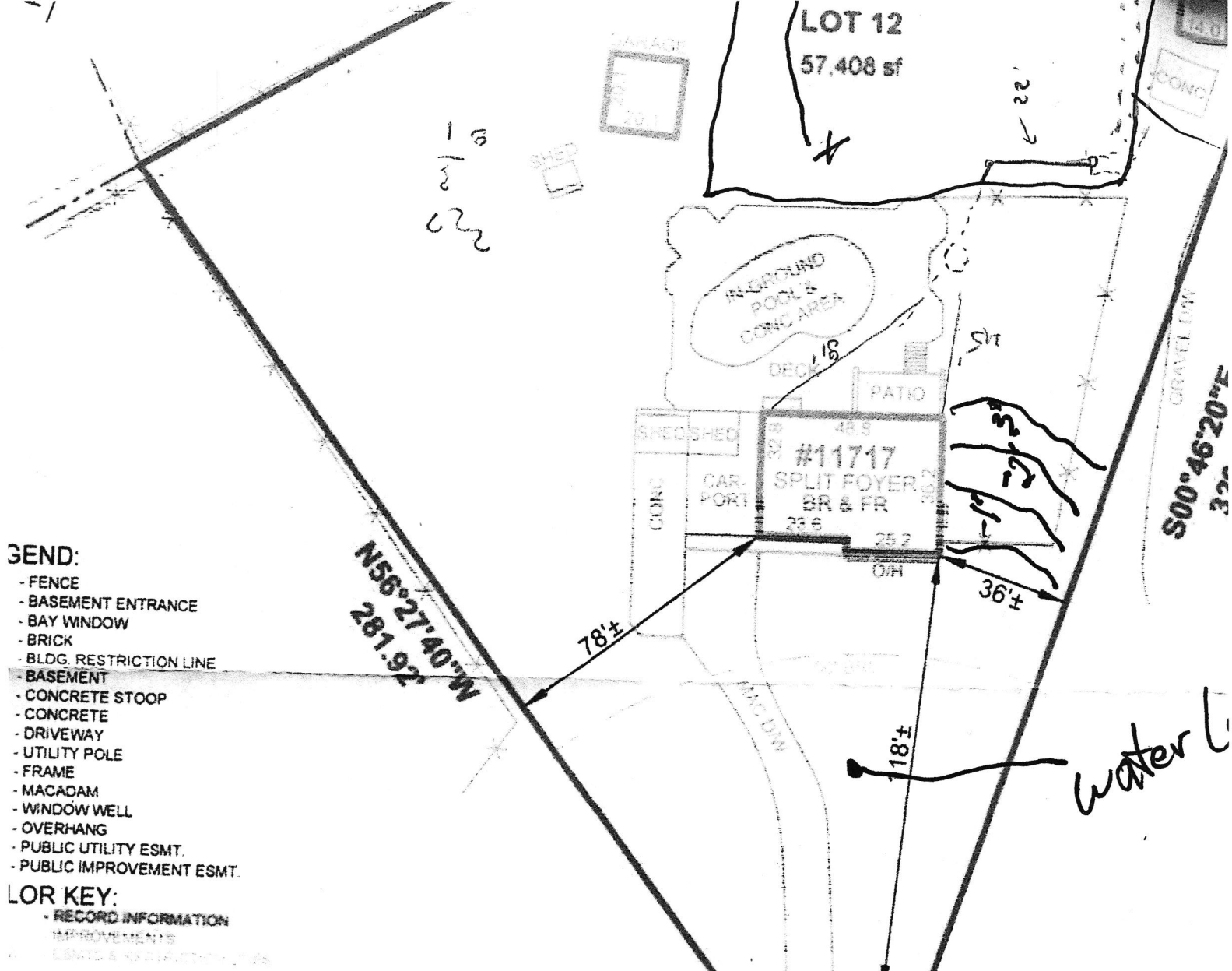
*Kian Kelly*      3/12/2024  
 Signature                      Date

DRAWING OF:  
 WAYNERIDGE COURT  
 BLOCK C  
 TWO  
 SFIELD  
 9, PLAT 49  
 Y, MARYLAND  
 DATE: 02-15-2024  
 FILE #: 240580-200

**WEST  
 WAYNERIDGE COURT**

THE LEV  
 DISTANCI  
 PROPEF





- END:**
- FENCE
  - BASEMENT ENTRANCE
  - BAY WINDOW
  - BRICK
  - BLDG RESTRICTION LINE
  - BASEMENT
  - CONCRETE STOOP
  - CONCRETE
  - DRIVEWAY
  - UTILITY POLE
  - FRAME
  - MACADAM
  - WINDOW WELL
  - OVERHANG
  - PUBLIC UTILITY ESMT.
  - PUBLIC IMPROVEMENT ESMT.

- LOR KEY:**
- RECORD INFORMATION
  - IMPROVEMENTS
  - LENDERS & SECURED PARTIES

LOCATION DRAWING OF:  
**WEST WAYNERIDGE COURT**  
 LOT 12 BLOCK C  
 PLAT TWO

**MOORESFIELD**  
 LAT BOOK 9, PLAT 49  
 WARD COUNTY, MARYLAND  
 SCALE: 1"=60' DATE: 02-15-2024  
 BY: AP FILE #: 240580-200

**WEST WAYNERIDGE COURT**

THE LEV  
 DISTANC  
 PROPER



**SURVEYOR'S CERTIFICATE**

I HEREBY STATE THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEY WORK REFLECTED HEREIN AND IT IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN REGULATION 12 CHAPTER 09 13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF FENCES, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 2'±. NO TITLE RECORDS...

A Land Surveyor

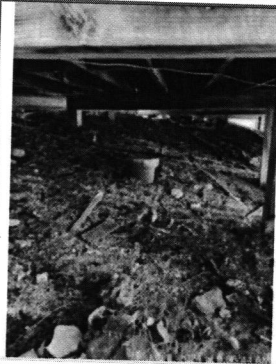
**DUL**  
 and  
**Associate**

Servina D. C.

# HOME LAND

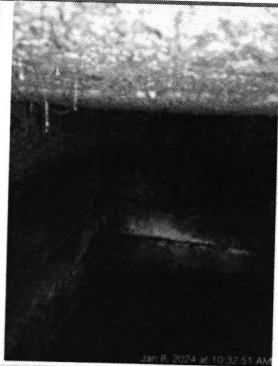
ENVIRONMENTAL

p:443-995-5385 | f:443-267-0098 | [info@homelandhealthyhomes.com](mailto:info@homelandhealthyhomes.com) | [www.homelandhealthyhomes.com](http://www.homelandhealthyhomes.com)



**Picture 1:**

Showing the septic tank under the deck behind the house. The access to the tank is limited due to the deck.



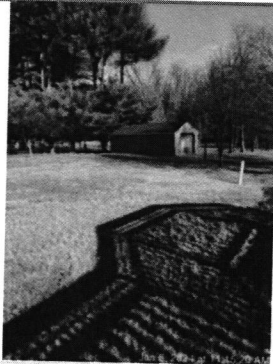
**Picture 2:**

Showing the terracotta 'T' back baffle and low liquid level in the tank. The tank appears to be homemade and will need to be replaced.



**Picture 3:**

Showing the inside of the front line. The line appears to be composed of Orangeburg and will need to be replaced.



**Picture 4:**

Showing the general location of the absorption system.

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# HOME LAND ENVIRONMENTAL

\* Received from Buyer after 3/13/2024 (Kaw)

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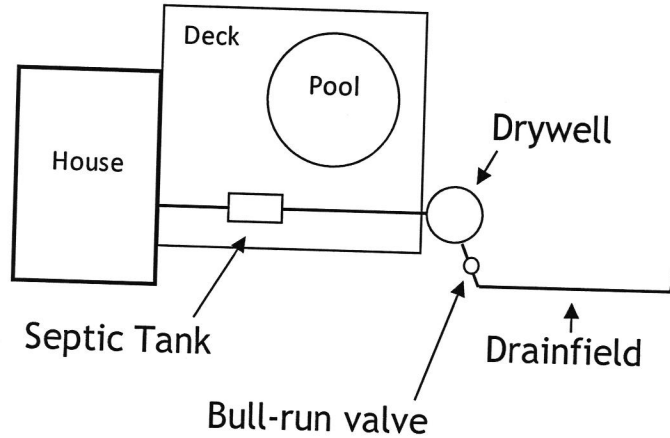
<b>Date:</b> January 8, 2024 <b>Name of Evaluator:</b> Jon Blevins <b>Time:</b> 8:30 <b>Property Address:</b> 11717 Wayneridge Street Fulton, MD 20759 <b>Recent Weather Conditions:</b> Rain		<b>Ordered By:</b> Mary Jo Cole <b>Buyers:</b> Syed Alamdar <b>Homeowner Interview:</b> The homeowner interview was prior to and received after the evaluation.		<b>Occupied:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Length of Time Vacant:</b> -6 Months <b># of People Living in Home:</b> N/A <b># of People moving in:</b> Unknown <b>Property Age:</b> 1966 <b>System Age:</b> 1966, 1983* <b>Last Date of Cleaning:</b> Summer 2023 <b>Recomm'd Pumping Freq:</b> 2-3 Years	
<b>Liquid level in tank is:</b> <input type="checkbox"/> Above Normal <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Below Normal			<b>Bottom Solids Depth:</b> Minimal		
<b>Depth of tank:</b> 20 Inches		<b>Type of Tank Access:</b> 8-inch cleanout		<b>Depth of tank access:</b> At Grade	
<b>Maintenance appears:</b> <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor			<b># of Bedrooms:</b> 4		<b>Depth to Bull-run valve:</b> At Grade
<b>Effluent Filter present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Previous high liquid level:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Distance to well:</b> Unknown	
<b>Records Search:</b> Records were requested and received from Howard County during the evaluation.					
<b>Were there any impermeable surfaces above the septic system?</b> <input checked="" type="checkbox"/> Yes; Wooden deck over septic tank and back line.					
<b>Type of Tank</b>		<b>Tank Composition and Size</b>		<b>Type of Absorption System</b>	
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Homemade <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <b>Tank Size:</b> ~1,000 gallons		<input checked="" type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound <input checked="" type="checkbox"/> Drywell (Number of: 1) <input type="checkbox"/> Cesspool <input type="checkbox"/> Unknown:	
<b>System Component</b>		<b>Condition</b>		<b>Comments</b>	
Septic Tank		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		A SeeSnake camera was used during the inspection to inspect the front line. The front line was found to be composed of Orangeburg and must be replaced. The septic tank is located under a wooden deck, with limited access. An 8-inch terracotta cleanout serves as access at grade; the septic tank is 20 inches below grade. The liquid level was found to be approximately 4 feet below normal upon arrival. The tank appears to be homemade, indicating it will need to be replaced by a licensed septic contractor after permits are pulled from the local health department.	
Absorption System		<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input checked="" type="checkbox"/> Needs Further Evaluation		*County records indicate the absorption system is composed of one drywell and one drainfield. Records state the drainfield was installed in 1983. There is a bull-run valve present in the back yard beyond the wooden fence. The valve is located 50 inches below grade. Due to the low liquid level in the septic tank, a hydraulic load test was unable to be performed. Due to the depth of the absorption system, the drainfield was unable to be probed. Ideally, a hydraulic load test should be performed upon replacement of the septic tank. With a lot size of 0.95 acres, there may be limited space on the property for future repairs.	

# HOME LAND

## ENVIRONMENTAL

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### Sketch of System



#### DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- Suggestions or recommendations for repairs or remediation may result in the need for further repair or remediation once the system components are fully excavated.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptance of the above clauses, as well as any noted faults with the system.
- Suggestions or recommendations for repairs or remediation may result in the need for further repair or remediation once the system components are fully excavated.

Representative's Signature:

Date: 1/8/2024



# Maryland On-Site Sewage Disposal System Inspection Report



\*\* For this inspection to be considered a proper inspection, all sections must be completed\*\*

## Pre-Inspection Information

### Property Information

Address: 11717 Wayneridge Street

City: Fulton

State: MD

Zip Code: 20759

Permitted # of Bedrooms:

Build Year: 1966

Water Supply: Well

Property Type: Single Family Home

If Other:

Comments: Please refer to Home Land Environmental reports for additional information.

### Owner Information/ Interview

Last Name: Carr

First Name: Michael

Number of Occupants: 0

Number of Years Occupied:

If Vacant, Date Vacated (mm/dd/yyyy): Unknown

In-Home Business: No

Type:

Has the Property Recently had a Septic Inspection: No

Date:

Any Septic System Issues:

Type:

Comments:

### Document Search Information

Document Request Date: 1/7/2024

Septic Permit Reviewed: Yes

#### Permitted Septic System Components:

Septic Tank:

Install Year:

Size: gal

BAT Unit:

Install Year:

Manufacturer:

Distribution Box:

Pumping Chamber:

Absorption Type:

Total Trench Length/ Width: Ft

Bed Size (L/W): Ft

Absorption Component Depth: Ft

Comments:

### On-site Inspection

Start Date: 1/8/2024

Completion Date: 1/8/2024

#### Crawl Space/ Basement Evaluation

Number of Drain Pipes Exiting Foundation Wall 1

Describe Each Pipe and Source: Cast-iron line serving entire house.

Does Plumbing Evaluation Confirm all Wastewater is Directed into the Septic System: Yes

#### Water Treatment

Does the House have any Water Treatment Devices: Yes If Yes, Number: 2

Describe each Water Treatment Device: Acid neutralizer and sediment filter.

If any, where is the Water Treatment Discharge Directed:

#### Sewer Line Outside of Foundation

Pipe Material: Orangeburg Cracks/ Breaks: No Blockage: No

Comments: The pipe material outside the house appears to be orangeburg.

#### Grease Trap

Grease Trap: No Size: (Gal) Construction:

Liquid Level: Proper Baffle:

Comments:

#### Septic Tank

Septic Tank: Yes Number of Tanks: 1 Total Size of Tank(s): 1,000 (Gal)

Type of Tank(s): Single Compartment Construction: Block

Liquid Level: Below Normal Evidence of High Water Staining: No Effluent Filter: No

Inlet Baffle: Yes Outlet Baffle: Yes Baffle Condition: Good

Access: Below Grade Evidence of Ground or Surface Water Intrusion: No

Comments: The septic tank appears to be homemade.

**Best Available Technology Unit (BAT)**

BAT Unit:  No  Manufacturer:  Model:

Power to Control Panel:  Control Panel:  Control Panel Alarm:

Last Service Date:  Was Last Service Date more than 365 days:

Comments:

**Distribution Box**

Distribution Box:  No  Number of Drainlines leaving Box:  Distribution Box Level:

Is there Equal Distribution to Drainlines:  Liquid Level:

Comments: A bull-run valve was located approximately 4 feet below grade.

**Pumping Chamber**

Pumping Chamber:  No  Access:  Liquid Level:

High Water Alarm:  Alarm Properly Functioning:  Separate Float Tree:

Pump Elevated off the Bottom of the Tank:  Electrical Connections:

Comments:

**Soil Absorption System**

Absorption Type:  Single Trench  Observation Pipes (OP):  No  OP Water Depth:

Trenches Probed:  No  Describe Observation:

Evidence of Surfacing Effluent:  No  Describe:

Comments: the system was too deep to probe. The area above the drainfield was found to be dry.

**Other On-Site Disposal Systems (OSDS) Components and Systems**

Detail all other OSDS components not covered in the above sections.

Comments:

## OSDS Testing

### Hydraulic Load Test

Hydraulic Load Test Performed:  No  Testing Volume:  Gal Elapsed Time:  Min

Comments: A load test was not performed due to the low liquid level in the septic tank.

### Dye Test

Suspicious Liquid Discharge on or near the Property:  No

Dye Test Performed:  No  Reason:

Comments:

### Tank Pump Out

Tank(s) Pumped:  No  Number of Tanks Pumped:  Total Gallons Pumped:

Any Flow into Tank from Outlet Pipe:  Any Groundwater Entering the Tank:

Does the Tank Appear to be Watertight:

Comments:

## Summary/Conclusions

Wastewater Collection System Conveys all Wastewater to Sewer Line:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Sewer Line	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Grease Trap	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Septic Tank	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
BAT Unit	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Distribution Box	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Pumping Chamber	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Soil Absorption System	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
All other OSDS components	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns

Does any component of the OSDS need to be repaired or replaced: Yes

**Explain:** The front line and septic tank must be replaced. The front line appears to be composed of orangeburg and the septic tank appears to be composed of block and is not water-tight.

In my professional opinion this OSDS is properly functioning base on permitted capacity: No

My inspection verifies the OSDS is consistant with the septic permit:

If listed for sale, does the number of bedrooms advertised match what is legally permitted:

**Comments:** The permit provided by Howard County does not indicate any informaton on the septic tank.

\*\*Check with the Approving Authority for permitting requirements before any repair is performed to the septic system.\*\*

**\*\*ATTACH ALL DOCUMENTS PROVIDED BY THE APPROVING AUTHORITY**

**THIS INSPECTION REPORT DETAILS COMPONENTS AND THE PRESENT CONDITION OF THE ON-SITE SEWAGE DISPOSAL SYSTEM FOR THE ADDRESS LISTED IN THE PROPERTY INFORMATION SECTION OF THIS REPORT. THE CONCLUSIONS OF THIS REPORT DO NOT GUARANTEE OR WARRANTY THIS OSDS WILL FUNCTION IN THE FUTURE.**

This inspection of the septic system is an evaluation of function and is not an evaluation that the system meets current State regulations. The owner should not assume future expansion of the home is possible without additional evaluation completed by the Approving Authority.

I attest that I have properly completed an inspection of the OSDS at this property. This inspection includes information obtained from the property owner, or representative, and a document search from the Approving Authority. I have completed all sections pertaining to components of this OSDS. The conclusions of this report are my professional opinions based on my training and experience inspecting OSDS.

First Name: Jonathan

Last Name: Blevins

License Number: Refer to MDE website

Signature: J o n a t h a n B l e v i n s

Date: 1/ 8/ 2 0 2 4

**MOWPA Recommended Onsite Sewage Disposal System (OSDS) Inspection  
Form to Conduct a Proper Inspection for Property Transfers in Maryland**

General Information				
Property Address	11717 Wayneridge Ct			
City	Fulton	State	MD	Zip Code 20759
County	Howard	Date and Time of Inspection		
Inspector Name	Dennis	Company	Washington Boyz	
Phone Number	240 209-7571	email	Washboyz11c@hotmail.com	
Property Type	Single Family	Age of Dwelling	60	Number of Bedrooms 4
Occupied?	No	If Vacant, How long?	11m	Rental? No
Number of People Moving In?	5	Homeowner Interview Conducted?		No
OSDS Records Requested from County?	yes	Were Records Available?		yes
Type of Water Supply?	Private well			
OSDS History				
How long Has Resident Lived There?	N/A			
Number of People In Dwelling now	0			
Age of OSDS?	41 years			
Any History Of Sewage Problems?	No			
If Yes, Detail Problems Below	N/A			
Pumping Frequency	N/A	Last Date Pumped	about a year ago	
Any Repairs to OSDS?	Yes			
If Yes, Detail Repairs (Include Dates)				
Bullrun Valve was removed and new pipe to begining of leach field. Observation port installed				

OSDS Components				
<input checked="" type="checkbox"/> Septic Tank	Size	1000g	Construction	Home made
<input type="checkbox"/> Pre-Treatment Unit	Make	N/A	Model	N/A
<input type="checkbox"/> Pump Chamber	Size	N/A	Construction	N/A
<input type="checkbox"/> Grease Trap	Size	N/A	Construction	N/A
Conveyance System Type: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Cast Iron <input type="checkbox"/> Terra Cotta <input type="checkbox"/> Orangeburg				
<input type="checkbox"/> Effluent Filter	<input type="checkbox"/> Peat Filter	<input type="checkbox"/> Sand Filter		
<input type="checkbox"/> Distribution Box	<input type="checkbox"/> Dropboxes (Number)	N/A		
<input type="checkbox"/> Alternating Valve	<input type="checkbox"/> Headworks Box (for drip tubing)	N/A		

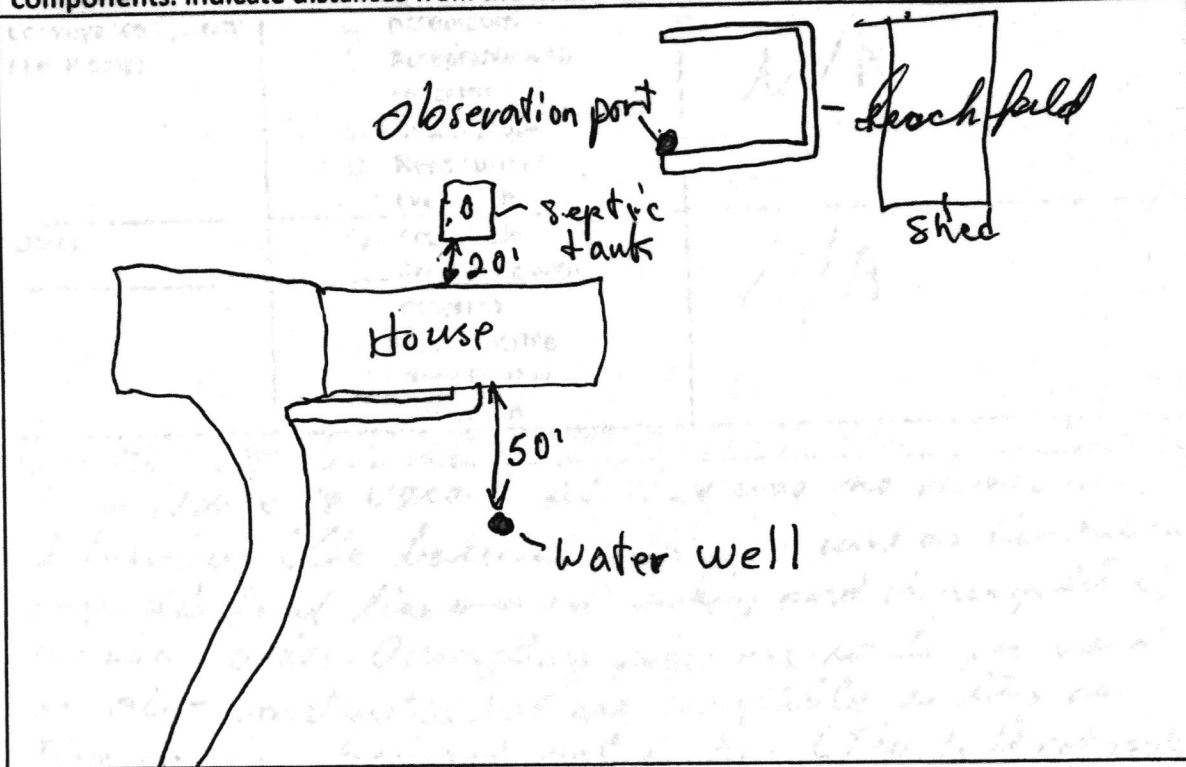
<input checked="" type="checkbox"/> Trenches (Number)	1	Length	130'	Width	N/A	Depth	N/A
<input type="checkbox"/> Seepage Pits/Drywells (Number)	N/A		Diameter		N/A	Depth	N/A
<input type="checkbox"/> Low Pressure Pipe	<input type="checkbox"/> Drip Tubing		N/A				
<input type="checkbox"/> At-Grade Mound	<input type="checkbox"/> Sand Mound		N/A				
<input type="checkbox"/> Other							

Inspection and Observations							
Was Septic Tank Located?							Yes
If Pre-Treatment Unit, Note Current Service Provider				N/A			
Describe Access to Septic Tank		8" Pipe with lid					
Depth of Tank Below Grade						20"	
Liquid Level in Tank (below normal/normal/above normal)						below	
Any Evidence of Elevated Levels of Sewage in the Past?						No	
Was Sludge Sample Collected?						No	
If Yes, Total Liquid Depth		N/A	Sludge Depth		N/A	Scum Depth	
During Septic Tank Pump Out was any Flow Back Observed from Field System?						No	
After Pump Out, Is Structural Integrity of the Tank Interior Acceptable?						Yes	
Presence of Inlet Baffle Verified and Condition Acceptable?						Yes	
Presence of Outlet Baffle Verified and Condition Acceptable?						Yes	
Pumping Chamber Observations (if Present)				N/A			
Was Distribution Box Located?							No
Distribution box Excavated or Located by Video Camera? (Circle one)							N/A
Does the distribution of effluent appear to be equal?							N/A
Was Soil Absorption System Located?						Yes	
Was the Soil Absorption System (Excavated) or Probed or Videoed? (Circle One)						Excavated	
Are Observation Ports Present / Functional?						Yes	
Soil Absorption System Observations				N/A			
Was Hydraulic Load Test Performed?						Yes	
If Yes, Volume of Water Introduced to System						1200 gal	
Hydraulic Load Test Observations		Water was accepted into leach field with no delay					

Were All Plumbing Fixtures and Appliances Verified to be Plumbed to the OSDS?	Yes
Other Observations	
Is there a water treatment system on the water supply? Where is discharge being directed?	
What is the estimated volume and frequency of discharge? NO	

### OSDS Layout

Show a diagram of the OSDS layout relative to the house. Include well location, street location, driveway and other pertinent site features as well as all OSDS piping and components. Indicate distances from the house and between system components.



### Findings and Comments

System Component	Condition	Comments
Septic Tank / Pre-Treatment Unit	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
Pump Tank	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns	N/A

	<input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
Distribution Box	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	N/A
Soil Absorption System	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
Conveyance System: (i.e. Piping)	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input type="checkbox"/> Unacceptable <input type="checkbox"/> Need Further Evaluation	N/A
Other: _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input type="checkbox"/> Unacceptable <input type="checkbox"/> Need Further Evaluation	N/A

**Additional Comments**

The house is vacant so there was no Homeowner interview. The ballroom valve was used as distribution box. the front line was not leaking and in acceptable working order. Orangeburg pipe are no longer used in new construction but are acceptable as long as they are in place and not leaking. (They don't rot or decay.)

I attest that the information contained herein and my assessment is honest, thorough, and, to my knowledge, correct. Furthermore, I have completed an MDE approved course in the proper inspection procedures and have fully applied the standards of practice taught in the course during this inspection.

**THIS INSPECTION REPORT INDICATES THE PRESENT CONDITION OF THE PRIVATE ON-SITE SUBSURFACE SEWAGE DISPOSAL SYSTEM BASED ON RECOMMENDED INSPECTION PROCEDURES OUTLINED IN THIS REPORT. THE RESULTS OF THIS INSPECTION DOES NOT GUARANTEE OR WARRANTY FUTURE PERFORMANCE.**

The recipient of this report should discuss any deficiencies found by this inspection with the Inspector.

Certified Inspector Signature Wendy Washington

**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

Application: WS-PT-24-00443  
Application Type: EnvHealth/Well and Septic/Percolation Test/Application  
Address: 11717 WAYNERIDGE CT, Fulton, 20759

Receipt No.	8960					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Credit Card		\$265.00	02/21/2024	SMARTIN		

Owner Info.:  
COOKE JOHN G  
11717 WAYNERIDGE CT  
FULTON, MD 20759

Work Description:

**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

**Application:** WS-SP-APP-24-00036  
**Application Type:** EnvHealth/Well and Septic/Sewage Disposal System/Application  
**Address:** 11717 WAYNERIDGE CT, Fulton, 20759

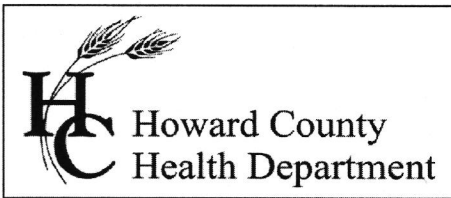
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Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
8959		\$265.00	02/21/2024	SMARTIN		

**Owner Info.:**  
COOKE JOHN G  
11717 WAYNERIDGE CT  
FULTON, MD 20759

**Work Description:**





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: 2/21/2024 ONSITE SEWAGE DISPOSAL SYSTEM P 575795

APPROVAL DATE: PERMIT: MINOR REPAIR A

PROPERTY ADDRESS: 11717 Wayneridge Court

SUBDIVISION: Mooresfield LOT: 2 TAX ID: 05-345707

CONTRACTOR: Dennis Washington EMAIL: Washboyzllc@gmail.com

CONTRACTOR ADDRESS: 2235 Port Tobacco Road PHONE: 240-209-7571

PROPERTY OWNER: Prakash Sankuratri EMAIL: sanduratri@gmail.com

OWNER ADDRESS: 14816 Physcians Lane, Rockville MD 20850 PHONE: n/a

SEPTIC TANK SIZE: Existing PUMP SIZE: n/a PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM: [X] GRAVITY [ ] LPD BEDROOMS: 3 APPLICATION RATE: n/a

Table with 2 columns: Field Name (TRENCHES, LOCATION, NOTES) and Field Value (Linear feet required, trench width, minimum space, location, contractor notes).

ISSUED BY: Kevin M. Wolf, L.E.H.S. ISSUE DATE: 3/13/2024 EXPIRATION DATE: 3/13/2025

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED [X]
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
[X] ELECTRICAL PERMIT ISSUED E n/a
NOTE: THE HCHD DOES NOT WARRANT 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.

