



**Baltimore County**  
**Department of Environmental Protection and Sustainability**

Ground Water Management Section  
 111 W. Chesapeake Ave, Room 319  
 Towson, MD 21204  
 Phone: 410-887-2762; Fax: 410-887-4817  
[groundwater@baltimorecountymd.gov](mailto:groundwater@baltimorecountymd.gov)

**OSDS Inspection Form**

General Information					
Property Address	3220 Vance Rd				
City	Monkton	State	MD	Zip Code	21111
County	Baltimore	Date and Time of Inspection		11.13.2023	
Inspector Name		Company	Earl E. Preston Jr, Inc		
Phone Number	443.562.7655	email	LRhupman2@icloud.com		
Property Type	Residential	Age of Dwelling	1982	Number of Bedrooms	3
Occupied?		If Vacant, How long?		Rental?	
Number of People Moving In?		Homeowner Interview Conducted?			
OSDS Records Requested from County?	Yes	Were Records Available?		N/A	
Type of Water Supply?	Well				
OSDS History					
How long Has Resident Lived There?					
Number of People In Dwelling now	2				
Age of OSDS?	Unknown				
Any History Of Sewage Problems?	Unknown				
If Yes, Detail Problems Below					
Pumping Frequency	N/A	Last Date Pumped			
Any Repairs to OSDS?	Uknown				
If Yes, Detail Repairs (Include Dates)					

OSDS Components					
<input checked="" type="checkbox"/> Septic Tank	Size		Construction	Metal	
<input type="checkbox"/> Pre-Treatment Unit	Make		Model		
<input type="checkbox"/> Pump Chamber	Size		Construction		
<input type="checkbox"/> Grease Trap	Size		Construction		
Conveyance System Type: <input type="checkbox"/> PVC <input type="checkbox"/> Cast Iron <input checked="" 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)				
<input type="checkbox"/> Alternating Valve	<input type="checkbox"/> Headworks Box (for drip tubing)				
<input checked="" type="checkbox"/> Trenches (Number)	1	Length	Width	Depth	
<input type="checkbox"/> Seepage Pits/Drywells (Number)		Diameter	Depth		
<input type="checkbox"/> Low Pressure Pipe	<input type="checkbox"/> Drip Tubing				
<input type="checkbox"/> At-Grade Mound	<input type="checkbox"/> Sand Mound				
<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			N/A		
Depth of Tank Below Grade					
Liquid Level in Tank (below normal/normal/above normal)					Below Normal
Any Evidence of Elevated Levels of Sewage In the Past?					
Was Sludge Sample Collected?					Select
If Yes, Total Liquid Depth		Sludge Depth		Scum Depth	
During Septic Tank Pump Out was any Flow Back Observed from Field System?					
After Pump Out, Is Structural Integrity of the Tank Interior Acceptable?					
Presence of Inlet Baffle Verified and Condition Acceptable?					
Presence of Outlet Baffle Verified and Condition Acceptable?					
Pumping Chamber Observations (if Present)					
Was Distribution Box Located?					No
Distribution box Excavated or Located by Video Camera? (Circle one)					Select
Does the distribution of effluent appear to be equal? Note any field components being rested and/or adjustments made below:					
No Distribution Box					

Was Soil Absorption System Located?	No
Was the Soil Absorption System Excavated or Probed or Videoed? (Circle One)	Select
Are Observation Ports Present / Functional?	
Soil Absorption System Observations	
Was Hydraulic Load Test Performed?	No
If Yes, Volume of Water Introduced to System	
Hydraulic Load Test Observations	
Were All Plumbing Fixtures and Appliances Verified to be Plumbed to the OSDS?	Select
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?	

<b>OSDS Layout</b>
On separate sheet of paper (preferably 8.5 x 11"), 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 distances between system components.

Findings and Comments		
System Component	Condition	Comments
Septic Tank / Pre-Treatment Unit	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	Collapsed Metal Septic Tank
Pump Tank	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <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	
Soil Absorption System	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input checked="" 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 checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Need Further Evaluation	
Other: _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable with concerns <input type="checkbox"/> Unacceptable <input type="checkbox"/> Need Further Evaluation	
Additional Comments		

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 PROVIDE A WARRANTY FOR FUTURE PERFORMANCE.

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

Certified Inspector Signature

Doug Putour Date 3.7.24

Certified Inspector Name (printed)

Doug Putour

Company Name

Earl E. Preston Jr, Inc.

Certified Inspector Phone Number

410.557.8100

Certified Inspector Email

Steph@eprestonjr.com

License Type and Number

DC-9002

Return Completed Form and OSDS Layout to:

Baltimore County EPS

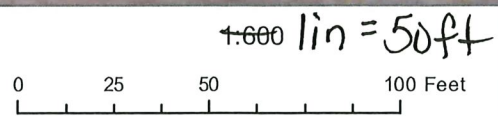
Groundwater Management

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# 3220 Vance Rd



March 6, 2024