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January 30, 2026

**In Favor of HB146 with Amendments -
Department of the Environment – Fees, Penalties, Funding, and
Regulation**

Our company is based in Harford County Maryland. We have been in business since 1983. Our company employees 7 full time employees. Septic system installation, repairs, BAT operation and maintenance, septic system designs, pumping and septic inspections are services we offer.

There is legislation being introduced that will require that septic pumping be required for septic inspections. We feel very strongly that septic pumping should be performed at the time of a septic inspection and that a certified septic inspector should be present when the pumping procedures are performed. Septic pumping before an inspection does not allow a certified septic inspector to properly evaluate the entire septic system and how it is functioning.

Septic systems that are pumped before the certified inspection may not allow for entire inspection of the structural integrity of the septic tank. Pumping may also mask other operations of the septic system that are not functioning properly. As certified inspectors our technicians are looking for signs of a previous back-up, levels in the septic tank that may be low or high, effluent levels in the soil based discharge of the system and run back into the septic tank when the septic tank is pumped. The structural integrity of the septic tank is on our MDE approved form for inspectors to fill out during an inspection and as certified inspectors we may not be able to inspect the septic tank as required. In addition, a hydraulic load test may be compromised if certain components of the septic system are pumped in advance.

Please see attached inspection form that our certified inspectors are required to fill out by MDE and sign.

I ask for favorable report of **HB146 Department of the Environment – Fees, Penalties, Funding, and Regulation**

Thank you,

Dwayne C Jones



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: _____

City: _____ State: MD Zip Code: _____

Permitted # of Bedrooms: _____ Build Year: _____ Water Supply: Well

Property Type: Single Family Home If Other: _____

Comments: _____

Owner Information/ Interview

Last Name: _____ First Name: _____

Number of Occupants: _____ Number of Years Occupied: _____

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

In-Home Business: _____ Type: _____

Has the Property Recently had a Septic Inspection: _____ Date: _____

Any Septic System Issues: _____ Type: _____

Comments: _____

Document Search Information

Document Request Date: _____ Septic Permit Reviewed: _____

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:

Completion Date:

Crawl Space/ Basement Evaluation

Number of Drain Pipes Exiting Foundation Wall

Describe Each Pipe and Source:

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

Water Treatment

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

Describe each Water Treatment Device:

If any, where is the Water Treatment Discharge Directed:

Sewer Line Outside of Foundation

Pipe Material: Cracks/ Breaks: Blockage:

Comments:

Grease Trap

Grease Trap: No Size: (Gal) Construction:

Liquid Level: Proper Baffle:

Comments:

Septic Tank

Septic Tank: Number of Tanks: Total Size of Tank(s): (Gal)

Type of Tank(s): Construction:

Liquid Level: Evidence of High Water Staining: Effluent Filter:

Inlet Baffle: Outlet Baffle: Baffle Condition:

Access: Evidence of Ground or Surface Water Intrusion:

Comments:

Best Available Technology Unit (BAT)

BAT Unit: 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: Number of Drainlines leaving Box: Distribution Box Level:

Is there Equal Distribution to Drainlines: Liquid Level: Normal

Comments:

Pumping Chamber

Pumping Chamber: 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: Observation Pipes (OP): OP Water Depth:

Trenches Probed: Describe Observation:

Evidence of Surfacing Effluent: Describe:

Comments:

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:

Testing Volume: Gal

Elapsed Time: Min

Comments:

Dye Test

Suspicious Liquid Discharge on or near the Property:

Dye Test Performed:

Reason:

Comments:

Tank Pump Out

Tank(s) Pumped:

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 type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Sewer Line	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Grease Trap	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Septic Tank	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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BAT Unit	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Distribution Box	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Pumping Chamber	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Soil Absorption System	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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All other OSDS components	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
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Does any component of the OSDS need to be repaired or replaced:

Explain:

In my professional opinion this OSDS is properly functioning base on permitted capacity:

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:

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 WARRANT 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:

Last Name:

License Number:

Signature:

Date: