



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: 5/12/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558714
APPROVAL DATE: 6/23/16 **PERMIT:** REPAIR A _____
PROPERTY ADDRESS: 4398 College Avenue
SUBDIVISION: _____ LOT: _____ TAX ID: 02-242613
CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kurt@foglesinc.com
CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
PROPERTY OWNER: David Franciamone EMAIL: _____
OWNER ADDRESS: 4398 College Avenue, Ellicott City, MD 21043 PHONE: 443-992-5823

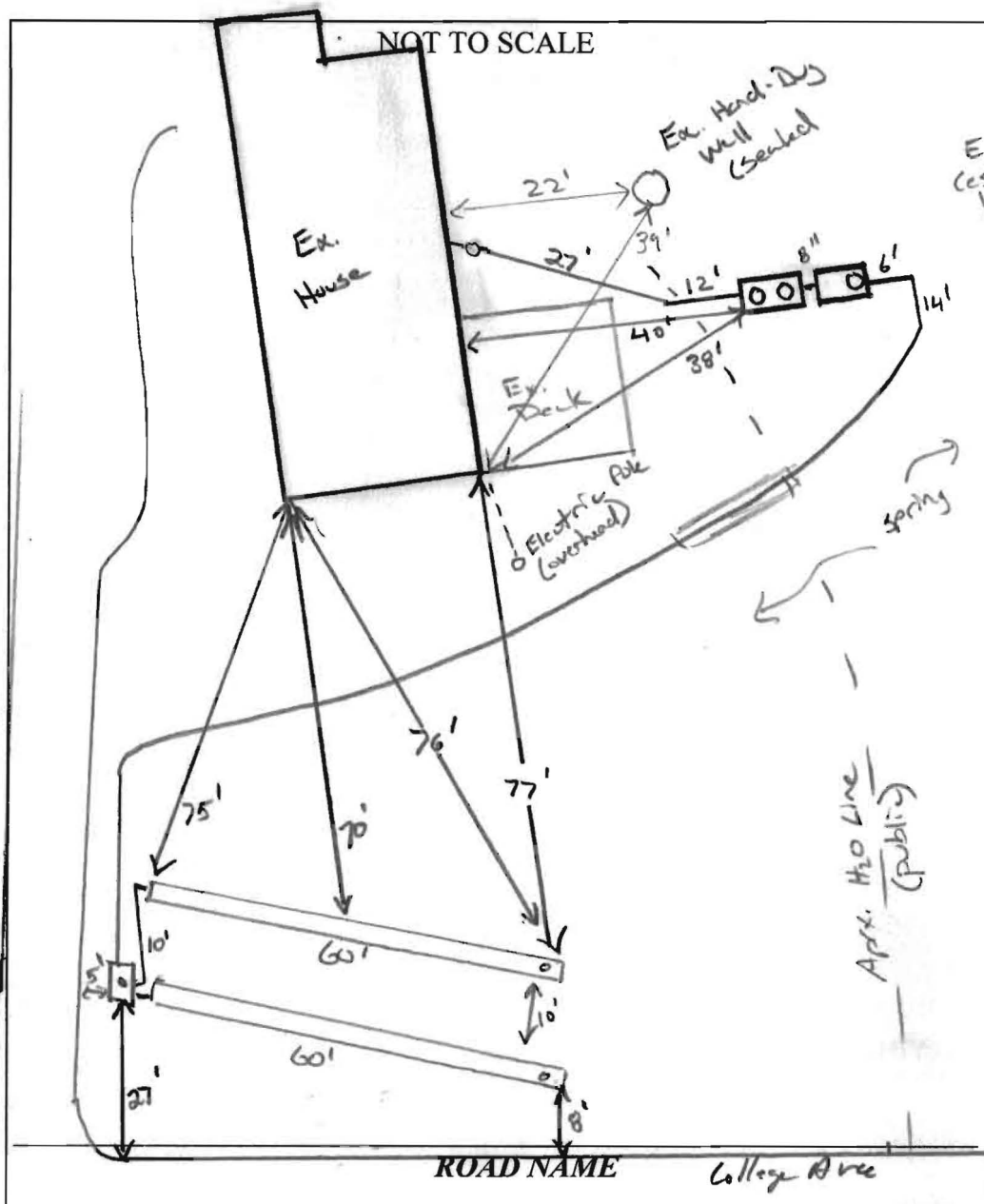
SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): 1250 PUMP SIZE: 1/2 HP
NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. 43500 APPLICATION RATE: 0.8
DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>112 LF</u>	INLET DEPTH: <u>2'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>5.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11"</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2 x 57' trenches parallel to College Ave. Trenches pointed out in field. Set Dbox @ start of top trench. *System sized for 4 BR per owner. * Will need well Abandonment report prior to putting septic in use.	

ISSUED BY: K. Wolf ISSUE DATE: 5/25/16 EXPIRATION DATE: 5/25/17

- 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 _____
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.



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	2'	5.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		120'
ABSORPTION AREA		360'±SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		90° elbow
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Front/Rear
6" PORT LOC	none
WATERTIGHT TEST	—
SLOTTED	Yes
DATE ON LID	5-10-16

PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	no
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	none
WATERTIGHT TEST	—
SLOTTED	no
DATE ON LID	3-28-16
Pump:	Goulds WE0311M (1/2 hp)

PRE-CONSTRUCTION:

5/25/16 Site was laid out for 2x57' trenches on the highest part of the property just below perc hole (B). Must use laser level to install trenches. Keep tanks 20' from house. Need to seal well prior to connecting new system. (YMW)

INSTALLATION:

6/10/16 Trenches completed. Dbox set. F.M. ran from Dbox approx. 40'. Tank hole location started but moved in different location approx. 40' downhill from house. OK to continue (YMW)
 6/13/16 F.M. connected. Tanks set. Wants watertight test done on both tanks. OK to cover work. Ex. well (hand dug) fill in. (YMW)
 6/14/16 Onsite S.T. filled w/ H₂O to 1" in lid. (YMW) 6/15/16 (AM) No drop in water level for 1 hr. Contractor notified, will fill H₂O in pump tank.
 6/16/16 (PM) H₂O tight testing done on P.T. OK! No drop in level 1 hr. OK to connect system. Need P/A test for final approval.

FINAL INSPECTOR

Sarah Collins

DATE OF APPROVAL 6/23/16

6/23/16 On site for pump + alarm. Alarm sounds, pump pumps effluent to Dbox. Some caving around tank after heavy rain - Fogles will fill in with extra dirt. (SC)



HOWARD COUNTY HEALTH DEPARTMENT

58714

DATE
5/12/16

Received
From

PHONE #

For's Septic Clean Inc.
580 Abrecht Rd 21784
Perc Repair - 4398 College Avenue

For



CASH



CHECK

NO.

53457

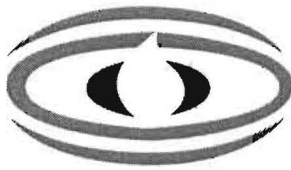
\$

330.00

Three hundred thirty ^{00/100} Dollars

Received By

[Signature]



HOME LAND SEPTIC CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

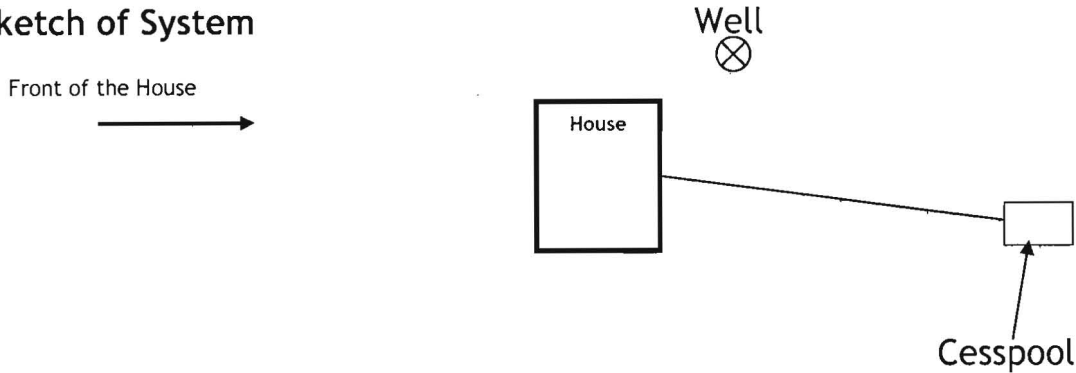
Date: 5/2/2016 Name of Evaluator: Drew Henderson Time: 11:30 Property Address: 4398 College Avenue Ellicott City, MD 21043 Recent Weather Conditions: Normal		Ordered By: Bahner Tabana Buyers: Homeowner Interview: The homeowner interview was requested but not received prior to the inspection.	Occupied: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length of Time Vacant: Unknown # of People Living in Home: N/A # of People moving in: 3 Property Age: 1959 System Age: 1959 Last Date of Cleaning: Unknown
Liquid level in tank is: <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal		Bottom Solids Depth: N/A	
Depth of tank: 14 Inches		Type of Tank Access: None	
Maintenance appears: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor		Depth of tank access: N/A	
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance to well: ~80 Feet	
Previous high liquid level: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Records Search: Records were requested but were not received from Howard County prior to the evaluation.			
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Type of Tank <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration System <input checked="" type="checkbox"/> Other: None		Tank Composition and Size <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic Tank Size: N/A	
Type of Absorption System <input type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound <input type="checkbox"/> Drywell (Number of:) <input checked="" type="checkbox"/> Cesspool <input type="checkbox"/> Unknown:			
System Component		Condition	
Septic Tank		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
Absorption System		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
		This home is served by a cesspool, there is no septic tank to this system. MDE no longer recognizes cesspools as a functional Onsite Sewer Disposal System for the purpose of a property transfer. A septic tank or BAT unit will have to be installed by a licensed septic contractor after a permit is issued from the health department.	
		A SeeSnake camera was used to locate the cesspool. The cesspool has no access at grade; it is 14 inches below grade. The cesspool was excavated and effluent immediately came out of the side and submerged the excavated hole (See picture on page 3). The side of the cesspool was able to be probed through indicating there maybe structural integrity issue. The cesspool is hydraulically loaded and can no longer receive effluent from the dwelling. A new system will have to be installed by a licensed septic contractor after a permit is issued from the health department.	



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SEPTIC
CONSULTING, LLC

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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.
- 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 acceptances of the above clauses, as well as any noted faults with the system.

Representative's Signature:	<i>Reid Henderson</i>	Date: 5/2/2016
Amount: \$665 (All Testing)	Check Number: 116	Date Paid: 5/2/2016

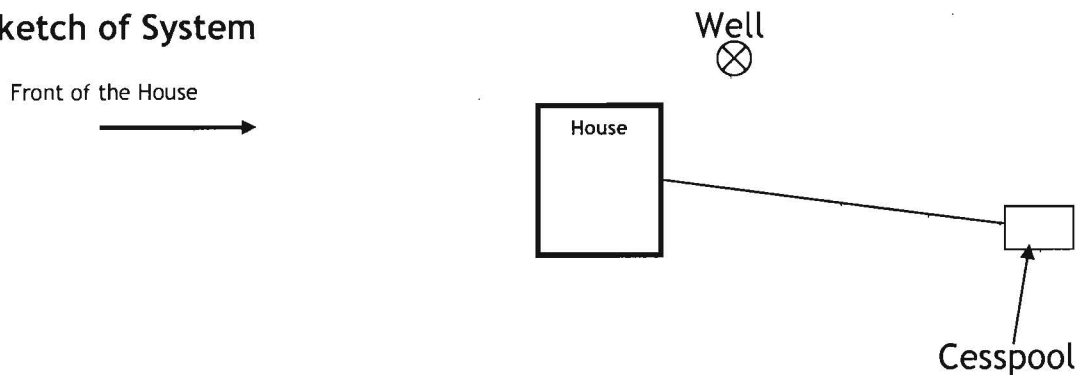
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Sketch of System

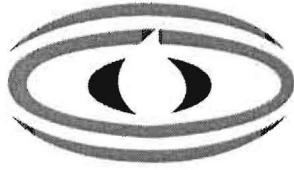


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Property Address: 4398 College Avenue Ellicott City, MD 21043
Date: 4/2/2016 **Time:** 11:30 AM **Name of Evaluator:** Drew Henderson



Picture 1:

Showing the excavated cesspool filled with liquid effluent.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
5/17/16	<p>Property Does not have access to sewer. Owner has plans w/ county to subdivide lot. I explained this will not happen on 5/17/16. Pub sewer will need to be connected for this to happen. Will need Repairs perc test will be needed (Kme)</p>
5/23/16	<p>On site w/ contractor for site evaluation / Perc Testing. Contractor did not have <u>track</u> machine on site only tire backhoe. Instructions were conveyed to Fogle @ time of rescheduling perc testing that a track machine must be on-site during excavations to prevent possible soil compaction. Several auger sites were dug by hand in lieu of track hoe machine not on-site. waited until 2:30 pm until agreement to reschedule perc testing to Wednesday 5/24/16. (Kme)</p> <p>→ <u>Grass must be cut !!</u></p>



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AGENCY REVIEW: _____

AP 558714
DATE 5-12-16

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
☒ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
☐ ADDITION TO AN EXISTING STRUCTURE
☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) David Franciamone

DAYTIME PHONE 443-992-5823 CELL _____ FAX _____

MAILING ADDRESS 4398 College Ave Ellicott City Md 21043
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic

DAYTIME PHONE 410-795-5679 CELL _____ FAX 410-795-3432

MAILING ADDRESS 580 Obrecht Rd Sykesville Md 21784
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER Builder BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 4398 College Ave LOT NO. _____

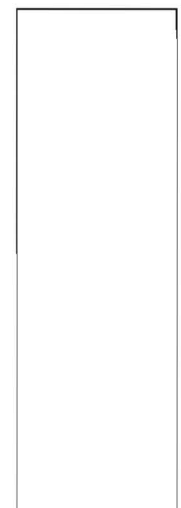
PROPERTY ADDRESS 4398 College Ave Ellicott City 21043
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 25 GRID 21 PARCEL(S) 105 PROPOSED LOT SIZE 1.605

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



Hard Rd. H_2O seep
Heavy Gray Clay,
sticky but
friable wet.
 H_2O

15.

(3) $\frac{450 \mu\text{F}}{0.8} = 562 \div 3 = 187.5 \text{ (取)} = 187 \mu\text{F}$
(4) $750 \div 3 = 250 \text{ (取)} = 250 \mu\text{F}$



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-13-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: David Franciamone

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 0025 BLOCK 0021 PARCEL 0105
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 4398 College Ave



LATITUDE 3 9.250148

LONGITUDE 7 6.777999

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	15	6
Cement	6	1
Dirt	1	0

* TYPE OF WELL BEING ABANDONED:

_____☐ DRILLED _____☐ JETTED
_____☐ BORED _____☒ HAND DUG
_____☐ OTHER (specify) _____

* USE CODE:

_____☒ DOMESTIC _____☐ MUNICIPAL/PUBLIC
_____☐ IRRIGATION _____☐ INDUSTRIAL
_____☐ TEST/OBSERVATION _____☐ GEOTHERMAL

* TYPE OF CASING:

_____☐ STEEL _____☐ PLASTIC
_____☐ CONCRETE _____☐ OTHER (specify) _____
concrete ring 5

SIZE OF CASING: N/A INCHES IN DIAMETER

DEPTH OF WELL: 15 FEET DEEP

WAS ANY CASING REMOVED? YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew Houseman LICENSE# 224

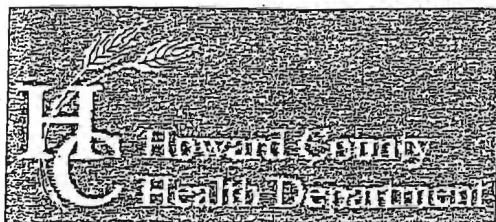
MWD / MSD / MGS

CIRCLE ONE

DATE 6-14-16

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



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

Twitter: HowardCoHealthDep

Dr. 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

Has the septic tank been pumped within the last month?

- ☐ Yes Date pumped: _____
- ☐ No

Was a visual inspection of the septic tank and/or drain fields conducted?

- ☐ Yes Explain observations: Cesspool
- ☐ No

Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown

☒ Other: Cesspool

Was a visual inspection of the sewage line conducted?

- ☐ Yes
 - Blockage leading to the tank
 - ☐ Yes. Explain: _____
 - ☐ No
 - Blockage leading to the field
 - ☐ Yes. Explain: _____
 - ☐ No

Is discharge surfacing on the ground?

- ☒ Yes
- ☐ No

☐ 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 Regulation.

Septic Contractor: Fogle's Septic Contractor's Phone: 410-795-5670
Contractor's Address: 1580 Obrecht Rd 21784

Property Address: 4398 College Ave County file: _____
Subdivision: _____ Lot: _____ Year Built: _____
Owner's Name: David Franciamone Owner's Phone: 443-942-5823

Name of previous owners: _____ Existing bedrooms: 3
Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): NO
Public Sewer available/nearby: _____

*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 public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.

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 situation exists. The contractor is to notify office of the emergency situation as soon as possible.