



**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](http://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  
avoid

NUMBER OF BEDROOMS: 3      HOUSE SQ. FT. 43500      APPLICATION RATE: 0.8

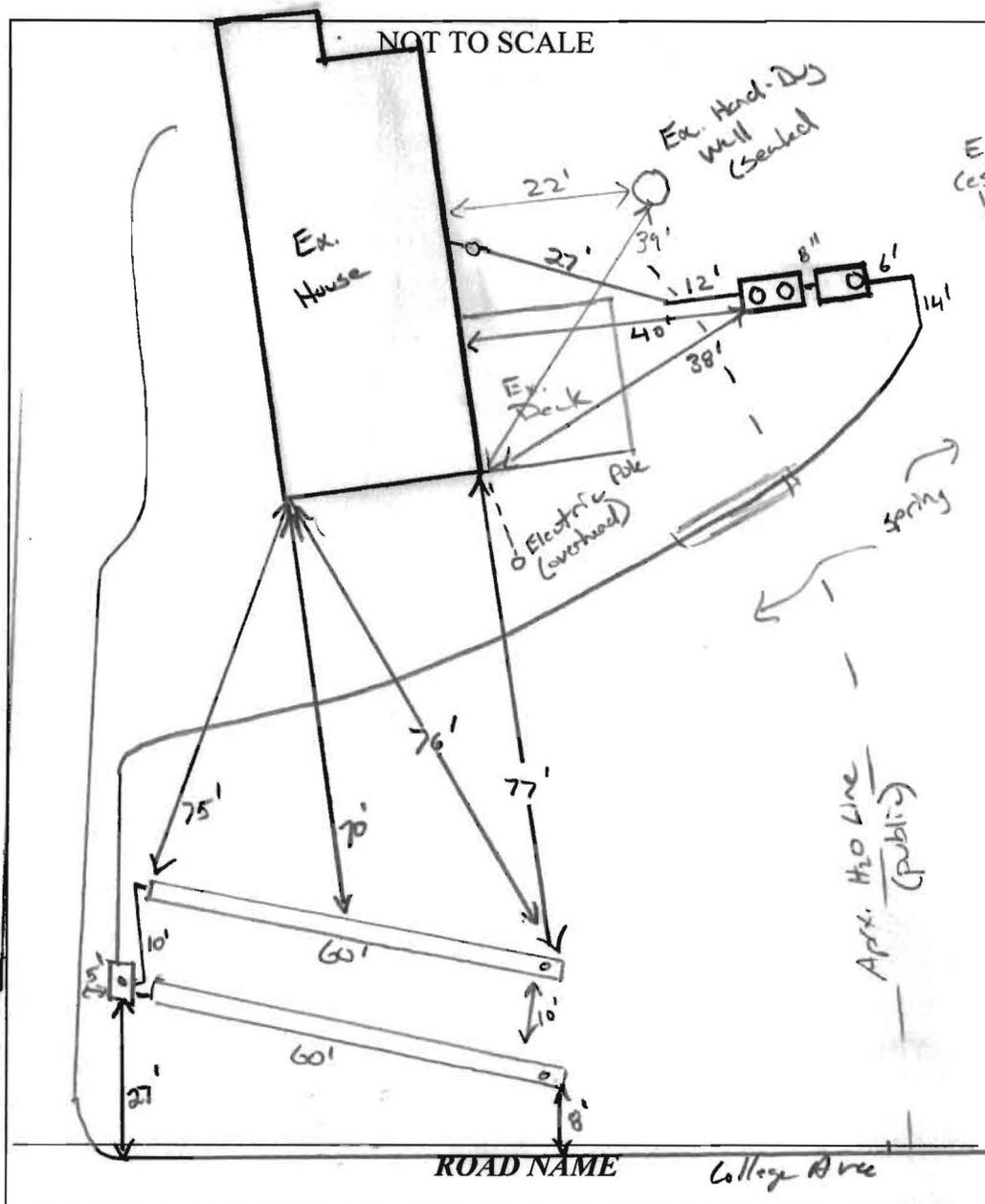
DISTRIBUTION SYSTEM:      GRAVITY FED       LOW PRESSURE DOSED

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:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<i>Install 2 x 57' trenches parallel to College Ave. Trenches pointed out in field, set D box @ start of top trench.          *System sized for 4 BR per owner. * Will need well Abandonment report prior to putting septic in use.</i>	

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 DOWNGRADE 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 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: **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	
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: Gowlds WE0311M (1/2 hp)	

**PRE-CONSTRUCTION:**

5/25/16 site was laid out for 2x 57' 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. (nmw)

**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 (nmw)  
 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. (nmw)  
 6/14/16 onsite S.T. filled w/ H2O to 1" in lid. (nmw) 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 test 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 D-box. Some caving around tank after heavy rain - Fogles will fill in with extra dirt. (SC)



# HOWARD COUNTY HEALTH DEPARTMENT

58714

DATE  
5 / 12 / 16

1/25

Received From

Forbes Septic Clean Inc

PHONE #

410 495 5070

580 Abrecht Rd Pikesville MD 21784

For

Perk Repair - 4398 College Avenue

CASH

CHECK

NO.

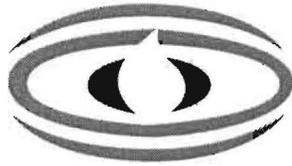
53457

Three hundred thirty ~~00~~ <sup>00/100</sup> Dollars

\$ 330.00

Received By

*[Signature]*



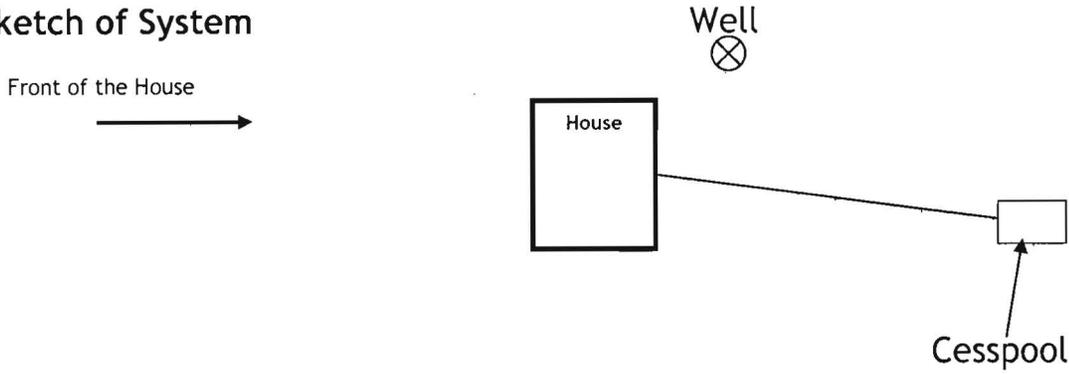
# HOME LAND SEPTIC CONSULTING, LLC

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

<b>Date:</b> 5/2/2016 <b>Name of Evaluator:</b> Drew Henderson <b>Time:</b> 11:30 <b>Property Address:</b> 4398 College Avenue Ellicott City, MD 21043 <b>Recent Weather Conditions:</b> Normal		<b>Ordered By:</b> Bahner Tabana  <b>Buyers:</b>  <b>Homeowner Interview:</b> The homeowner interview was requested but not received prior to the inspection.		<b>Occupied:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Length of Time Vacant:</b> Unknown <b># of People Living in Home:</b> N/A <b># of People moving in:</b> 3 <b>Property Age:</b> 1959 <b>System Age:</b> 1959 <b>Last Date of Cleaning:</b> Unknown	
<b>Liquid level in tank is:</b> <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal			<b>Bottom Solids Depth:</b> N/A		
<b>Depth of tank:</b> 14 Inches		<b>Type of Tank Access:</b> None		<b>Depth of tank access:</b> N/A	
<b>Maintenance appears:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor			<b>Depth to Distribution Box:</b> N/A		
<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> ~80 Feet	
<b>Records Search:</b> Records were requested but were not received from Howard County prior to the evaluation.					
<b>Were there any impermeable surfaces above the septic system (i.e. driveway)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Type of Tank</b>		<b>Tank Composition and Size</b>		<b>Type of Absorption System</b>	
<input type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration System <input checked="" type="checkbox"/> Other: None		<input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic  <b>Tank Size:</b> N/A		<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: _____	
<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		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.	
Absorption System		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		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.	



Sketch of System



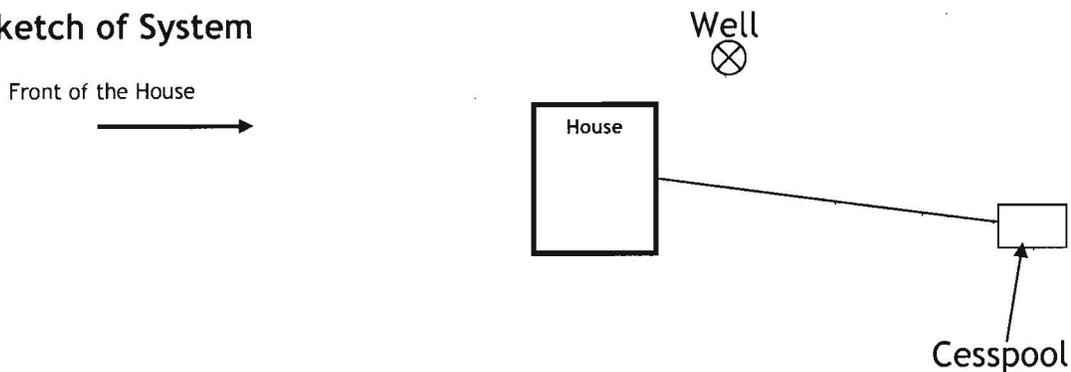
DISCLAIMERS

- 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



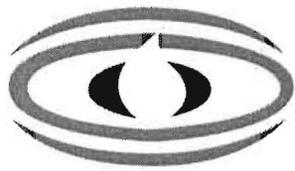
### Sketch of System



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HOME LAND  
SEPTIC  
CONSULTING, LLC

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

**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. If sewer will need to connected for this to happen. <del>bill</del> Paper work that will be needed <u>(KME)</u></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 Fogler @ time of <del>res</del> scheduling perc testing that a track machine must be on-site during excavations to prevent possible soil compaction. Several areas sites were dug by hand in lieu of track hoe machine not on-site. waited until <del>at</del> 1:30 pm until agreement to <del>res</del> re-schedule perc testing to Wednesday 5/24/16. <u>(KME)</u></p> <p>→ <u>Grass must be cut !!</u></p>



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 558714

AGENCY REVIEW: \_\_\_\_\_

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 410-795-5670 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. \_\_\_\_\_

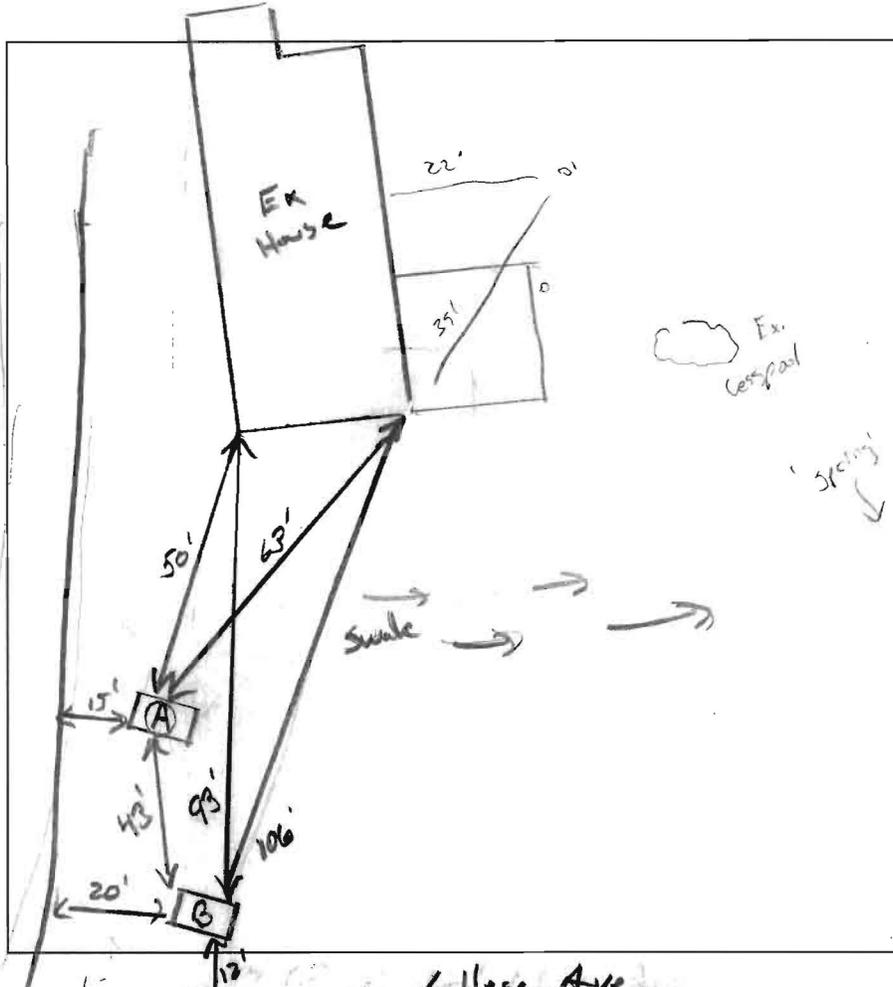
PROPERTY ADDRESS 4398 College Ave Ellicott City 21043  
STREET TOWN/POST OFFICE ZIP

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



(A)

Wk Br CL,  
CW, Friable  
20% Rc., WKA  
Wk Un 30%  
Gray, L, sil  
CW, sticky  
Wk SAK,  
cherty

2'  
3'

Hard Rd. H<sub>2</sub>O seep  
Heavy Gray clay,  
sticky but  
Friable wet.  
H<sub>2</sub>O

8'  
10.5'

(B)

li Rr L,  
Wk SAK, Friable  
roots, CW  
Br/Y sil,  
Friable, wk PL  
10% Sep.  
Few nca.  
Br/Y R/S L  
most  
10% Sep.  
15% Rc.  
Br/Y R FSL  
mpl, Friable  
Hard Bottom

2'  
4.5'  
7'  
10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/25/16	(A)	10.5'					F
	(B)	2' / 10'	00:02	00:07	00:18	11	P
		5'	00:26	00:36	00:51	15	P

REMARKS \_\_\_\_\_

SANITARIAN K. Wolf BACKHOE Jamie OTHERS Buyer's

TEST HOLES USED IN SDA 2 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH 3' INLET DEPTH 2' MAX. BOT DEPTH 5' EFFECTIVE SW 2-5'

(3)  $\frac{450 \text{ gal}}{0.8} = 562 \div 3 = 187.5 (.80) = 94 \text{ LF} (204 \text{ LF})$   
 (1)  $750 \div 3 = 250 (.45) = 112 \text{ LF}$



\*\*\*\*\*  
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

VOLUME OF MATERIAL USED

2.5yds Stone 2yds cement

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 LICENSE#

Andrew Houseman 224

MWD / MSD / MGS

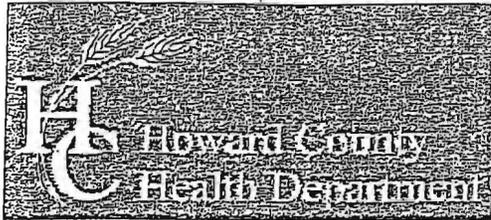
CIRCLE ONE

6-14-16

DATE

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

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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request options: 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?

- Has the septic tank been pumped within the last month? options: Yes (Date pumped), No

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

- Was a visual inspection of the septic tank and/or drain fields conducted? options: Yes (Explain observations: Cesspool), No

Existing system design

- Existing system design options: Drywell, Trench, Mound, Unknown, Other: Cesspool

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted? options: Yes (Blockage leading to the tank, Blockage leading to the field), No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground? options: Yes, 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: 443-998-5823

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.