



Howard County
Health Department

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: 8/11/2016

ONSITE SEWAGE DISPOSAL SYSTEM

P

APPROVAL DATE: 8/12/16 **SEC**

PERMIT:

REPAIR

A

PROPERTY ADDRESS: 4074 Sharp Road

SUBDIVISION: The Heritage

LOT: 7

TAX ID: 05-378109

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Vince Doran

EMAIL: _____

OWNER ADDRESS: Same

PHONE: 410-961-1135

SEPTIC TANK SIZE (GALLONS): Existing

PUMP CHAMBER CAPACITY (GALLONS): n/a

PUMP SIZE: n/a

NUMBER OF BEDROOMS: 3

HOUSE SQ. FT. N/a

APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>62</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>7</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 1x62' trench in cleared area just below pool, near perc test A. Ex. Drywell to be pumped and collapsed onsite. Owner asked to up-size system. Ok to install for a 4 or 5 bedroom. Spec's listed below: 4BR Design = 83LF 5BR Design = 106LF	

ISSUED BY: K. Wolf

ISSUE DATE: 8/11/2016

EXPIRATION DATE: 8/11/2017

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 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: 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

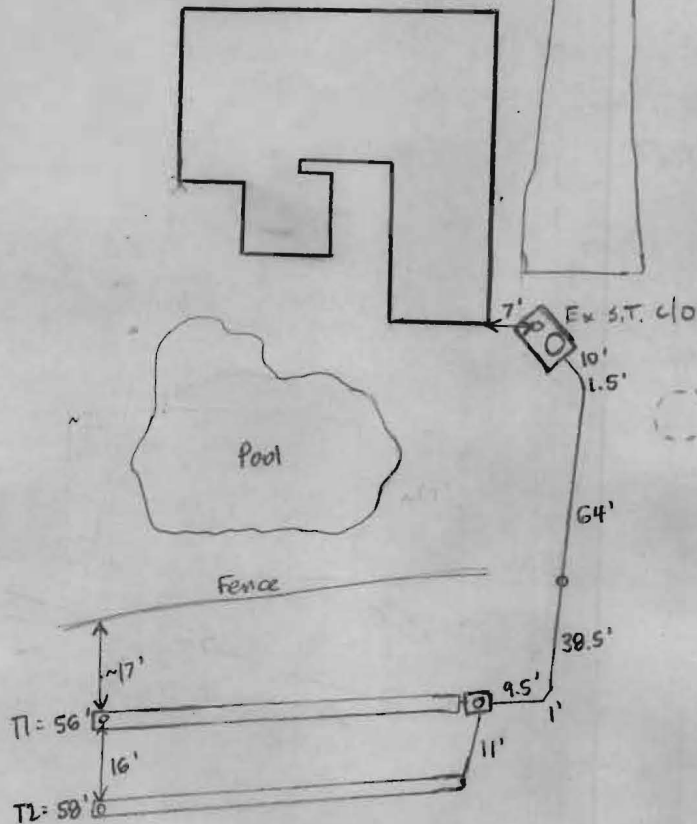
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

• Ex Well
HO-BI-0436

NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		114'
ABSORPTION AREA		342' + SIDEWALL
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA

Ex. SEPTIC TANK 1 LEVEL	YES
MANUFACTURER	?
CAPACITY	1250? GAL
SEAM LOC	Mid
TANK LID DEPTH	2.5-3.5'
BAFFLES	rear 4"
BAFFLE FILTER	NO
MANHOLE LOC	REAR
6" PORT LOC	FRONT
WATERTIGHT TEST	NO
SLOTTED	NO
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	

PRE-CONSTRUCTION:

8/9/16 Laid out 2 x 55' trenches, below ex pool in open area.
Owner wanted system to be up-sized. Call for inspection. (KW)

INSTALLATION: 8/12/16 Trenches complete. D-box installed, and everything connected.

Fogles replaced the 6" port at front of tank, outlet 4" baffle and rear riser.
T2 left open, 3' wide and 2.5' to stone. Dense woods between trenches + house make measuring distances difficult. Fogles pumped + filled in dry well. Levelled speed levelers in D-box.

FINAL INSPECTOR Sarah Collins , DATE OF APPROVAL 8/12/16 .



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☒ Failing System Not sure
- ☐ 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: Deep drywell Bleeding out
- ☐ No

Existing system design

- ☒ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Was a visual inspection of the sewage line conducted?

- ☒ Yes
- Blockage leading to the tank
- ☐ Yes. Explain: Needs to be dug up to determine
- ☐ 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: Foght's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 8580 Oberlin Rd Sykesville Md 21789

Property Address: 4074 Sharp Rd County file: _____

Subdivision: The Heritage Lot: 7 Year Built: 1985

Owner's Name: Vince Dorian Owner's Phone: 410-961-1135

Name of previous owners: Merle Gast Existing bedrooms: 3

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): NO

Public Sewer available/nearby: No

*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.

4074 Sharp Road – site layout for repair – Glenelg, gaila soils in upper area, glenville-baile in lower area





HOWARD COUNTY HEALTH DEPARTMENT

58823

DATE 8/11/16

P5

Received From

Poges Septic Clean

PHONE #

410 995-5670

For

Septic Permit/ 4074 Skarp
RE

☐ CASH

☒ CHECK

NO.

54386

One hundred sixty-five

Dollars

\$

165.00

Received By

C. King



HOWARD COUNTY HEALTH DEPARTMENT

58811

DATE 01/08/16

P5

Received from

PHONE #

795-567

\$165.00

For

☐ CASH

☒ CHECK

NO.

54264

\$

330

00

Received By

King

Dollars