

Bureau of Environmental Health 7178 Gateway Drive Columbia, MD (410) 313-2640 Fax (410) 313-26

Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

TDD (410) 313-2323 Toll Free 1-86 website: www.hchealth.org

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

December 09, 2016

To Whom It May Concern:

Fogles Septic Clean paid for a Repair Perc/ Sept Permit, in the Amount of \$330.00 (check #55080); Fogles Septic Clean paid in advance before receiving a contract from home owner. Fogles Septic Clean is requesting \$330.00 refund – (receipt #90235). If you have any other questions please call Jeff Williams at 410-313-4261.

Mail Check To Fogles Septic Clean Inc. 580 Obrecht Rd. Sykesville, MD 21784

#59798 10/17/2016 written by: Juanita King #90235 10/18/2016 written by: Willie Simms

Thanks in advance,

Juanita King ext: 4251

Jeff Williams

Well & Septic Supervisor



Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

MEMORANDUM

TO:

Marian Curry

FROM:

Jeff Williams

RE:

Refund, receipt # 59798, refunding \$330 for a repair perc test and repair septic permit

at 8149 Stabean Drive

DATE:

November 29, 2016

Please submit the paperwork for a refund of \$330 to Fogle's Septic Clean, Inc., who paid \$330 for a repair perc test (\$165) and repair septic permit (\$165) as part of receipt #59798 for 8149 Stabean Drive

Fogle's paid for the testing and permit prior to receiving the contract from the homeowner to perform the work and a different contractor was chosen by the homeowner. No work was performed by the Health Department as part of the application. Therefore, the \$165 fee for repair perc testing and \$165 fee for the repair septic permit may be refunded.



HOWARD COUNTY HEALTH DEPARTMENT

59798

Dollars

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Received From	KKOS	Legna	(COM PHONE	# 1/95 - 201
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CHECK -	A Park of			
NO.	12		Out 1	A.

\$ 230 m

Received By



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

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE Reason for Request: Has the septic tank been pumped within the last month? Failing System ☐ Yes Date pumped: -☐ System relocation for proposed addition No ☐ System upgrade for proposed addition Was a visual inspection of the septic tank and/or drain fields conducted? ☐ Inadequate treatment zone . Tes Explain observations: ☐ Collapsed septic tank .D No ☐ Collapsed drywell Was a visual inspection of the sewage line conducted? Existing system design ☐ Yes Drywell Blockage leading to the tank ☐ Trench ☐ Yes. Explain: ☐ · Mound □ No □ Unlonown Blockage leading to the field Other: ☐ Yes Explain: □ No Is discharge surfacing on the ground? ☐ Yes Additional Comments: No. *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. Contractor's Address: Property Address: 6/49 County file: Year Built: 196 Subdivision: Owner's Phone: 443-864-8580 Owner's Name: Stephen Wilson Existing bedrooms: Name of previous owners: Proposed bedrooms: Has this request been previously discussed with a Sanitarian? (Name): Public Sewer available/nearby: 4/a *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 No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists.

Fogles to repost Refund per horsomo sunched control for to legacy Jest: Good to

1/28/16 Go!



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

A559798

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION	8.5
SUBDIVISION/PROPERTY NAME	
PROPERTY ADDRESS 9/49 Stabean Or. Fr	1/m 20759
TAX ACCOUNT # 342724 TAX MAP 46 GRID 2 PARCEL 238	town PROPOSED LOT LOT NO. y PROPOSED LOT SIZE (ACRES) n A
ZONING CATEGORY	•
PROPERTY OWNER(S) Stephen Wilson	
DAYTIME PHONE 493-864-8580 CELL 493-864-8579 EMAIL	
MAILING ADDRESS 8/49 Stabean Dr. Fulton, M. STREET CITY, STATE	0 Z0759
Till Catalla T.	P TO OWNER:
DAYTIME PHONE 4/0-795-5670 CELL EMAIL	
MAILING ADDRESS 580 Obrecht Rd. Sykesville, M	70 21784
STREET CITY, STATE I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF	ZIP
SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJO CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS BUILDING: COMMERCIAL WITH	ED STRUCTURE MERS ON ACCOMPANYING PLAN) ID APPROVAL IS BASED UPON HEALTH THIS PERMIT.
I declare and affirm that to the best of my knowledge, the information contained herein is co property or duly authorized to make this application on behalf of the owner. I agree to compl regulations. By signature of this application, I hereby grant Howard County Health Department officials the purpose of inspecting the property as directly related to the requested permit/service.	y with all applicable state and county
SIGNATURE OF APPLICANT	DATE

580 Obrecht Rd. Sykesville, MD 21784



410-795-5670 Fax: 410-795-3432 www.foglesinc.com

Howard County Health Department 8930 Stanford Boulevard, Columbia, Md 21045

ref: 8149 Stabean Dr

November 15, 2016

To whom it may concern,

Fogle's Septic is requesting a refund for the perc permit#A559798 in the amount of \$330.00. The homeowner decided to go with another company and they pulled a permit as well. If you have any other question please call me at 410-795-5670

Sincerely,

Kim Fogle

	(
HOWARD COUNTY HEALTH DEPARTMENT 59798	
Received 200 Sept (0000 PHONE # 195-5670	
From Sor Person Japan 1-8149 Staboan	
CASH CHECK	
55000 Three herolied Heiry Dollars	
\$ 330 D	
Billing Address:	e Wilson
# of bedrooms: 4	ℓ V^{***}
Reason Failing: Failing drywell	
Additional notes:	

DO NOT SCHEDULE

They are looking into hooking up to sewer.