



Bureau of Environmental Health

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

RECEIPT D	ATE: 8/22/17	ONSITE SE	WAGE DISP	OSAL SYS	ГЕМ	Р	561501
INSTALLAT	1 1	i	PERM	IT		А	
		TAN	K REPLACI	EMENT			
PROPERTY AD	DRESS: 11725 Tria	delphia Road					
SUBDIVISION:				LO	Γ:	TAX ID:	03-290948
CONTRACTOR	: Fogle's Septic C						
CONTRACTOR	ADDRESS: 580 OI	orecht Road, Syl	kesville, MD 21	784		PHONE:	410-795-5670
PROPERTY OV	VNER: Alice Maye	5		EMAIL	:		
OWNER ADDR	RESS: 11725 Triade	elphia Road, Elli	cott City, MD 2	1042		PHONE:	410-493-4914
BAT UNIT MO	DEL: PUMP	SIZE: N/A	PUMP TANK	CAPACITY: N/A			
NUMBER OF E	BEDROOMS: 4	SEPTIC TANK SIZ	ZE:	DRAINFIELD S	IZE / TYPE:	DM	بالعد
LOCATION:							
NOTES:	* Any To	fue Bul	ling Perm	11:m 4:	العظماء الح	- Ser	c teads.
	FRACTOR MUST SCHED						1 1
	LECTRICAL PERMIT IS	REQUIRED FOR IN	ISTALLATION OF	ANY ELECTRICAL	COMPON	ENTS OF TH	E SYSTEM

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 FOR INSPECTION OF SEPTIC SYSTEM.

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

NOT TO SCALE	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM // A NUMBER OF TRENCHES TOTAL LENGTH ABSORPTION AREA DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT SEPTIC TANK DATA SEPTIC TANK I LEVEL MANUFACTURER CAPACITY GAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED DATE ON LID 7-1-77 PUMP/SEPTIC TANK LEVEL MANUFACTURER CAPACITY GAL SEAM LOC TANK LID DEPTH MANUFACTURER CAPACITY GAL SEAM LOC TANK LID DEPTH
- Fr Bulando	BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED
ROAD NAME	DATE ON LID
PRE-CONSTRUCTION: P(3)/1) Upon crowd, found 2 pit wells word sqots system. Ex 3.1. B conside Dus up to with. Ex Diquell obs. port set run 1800, (TB) dark after en 5.1. well. call for imp. (Run)	show no water. Keep our 75 from ex
INSTALLATION: 9/1/10 New TB. 15003 top some so	Il 80' No perc's
per testing. Em	I require additional
FINAL INSPECTOR / Vall DATE OF APPROX	/AL <u>9/1/17</u>

Real Property Data Search (w3)

e; a . .

Search Result for HOWARD COUNTY

View Map		View GroundRe	ent Redemp	tion			Vi	iew GroundRent I	Registration	
Account Identifier:		District - 03 Account Number - 290948					View GroundRent Registration			
					Information					
Owner Name:		MAYES ALI	ICE LARVE			Use:			IDENTIAL	
Mailing Address:		11725 TRIADELPHIA RD			Principal R Deed Refer			YES		
Mailing Address.			CITY MD 210			Deed Reiel	rence;	7024	12/ 00019	
			Lo	cation & Str	ucture Informa	ation				
Premises Address:	·		ADELPHIA RE CITY 21043-			Legal Desc	cription:		A 5 TRIADELPHIA RD COTT CITY	
Map: Grid:	Parcel:	Sub District:	Subdivisio	n: S	ection:	Block:	Lot:	Assessment Yea	ar: Plat No:	
0016 0014	0107		0000					2016	Plat Ref:	
Special Tax Areas:				To	wn:				NONE	
					Valorem:				100	
					k Class:					
Primary Structure B	uilt	Above Grade Living	a Area	Finis	shed Baseme	nt Area	Pr	operty Land Area	County Use	
1952		1,326 SF		Timatica Basement Area			31,406 SF			
Stories Bas	ement	Туре	-	Exterior	Full/Hal	f Bath	Garag	ge Last N	lajor Renovation	
1 YES	3	STANDARD UNIT	,	STONE	2 full/ 1	half	,	7.	18	
				Value f	ntormation	-				
		Base Value Value		ue		Phase-in Assessments				
				As o			As of	7	As of	
Land		174,600			01/2016		07/01/2017	1	07/01/2018	
Land: Improvements		126,300			174,600 158,300					
Improvements Total:		300,900			332,900		322,233		332,900	
Preferential Land:		0		002	002,000		J.L.,200		0	
				Transfer	Information					
Seller: MAYES TRUI	MAN & WF		D	ate: 10/28/1	991			Price: \$7	75,000	
Type: NON-ARMS LENGTH OTHER			D	Deed1: /02412/ 00019			Deed2:			
Seller:			D	ate:			-	Price:		
Type:				eed1:				Deed2:		
Seller:	N/		n	ate:				Price:		
Type:				eed1:				Deed2:		
.урс.					noideration					
Partial Exempt Assess	sments:	Class		10.75/1114/A	T HOLDER THOUGH	07/01/2017		07/0	1/2018	
County:		000				0.00				
State:		000				0.00				
Municipal:		000				0.000.00	*	0.00	0.00	
Tax Exempt:	- ·		,	Special Tax	Recapture:				-	
Exempt Class:			1	NONE						
Exempt Class:					nestion inform					

This screen allows you to search the Real Property database and display property records.
 Click here for a glossary of terms.
 Deleted accounts can only be selected by Property Account Identifier.
 The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.



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

Bureau of Environmental Health

8930 Stanford Boulevard, Golumbia, 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: 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 Yes Explain observations: Duc up With Mine ex 4 Council	d
No Myd Tank deteriorating	
Contapsed trywell	
Was a visual inspection of the sewage line conducted? Existing system design	
Drywell Blockage leading to the tank	ł
□ Trench □ Yes, Explain:	
□ Mound V No	ļ
☐ Unknown Blockage leading to the field	
☐ Other: ☐ Yes. Explain:	
Is discharge surfacing on the ground?	
Yes I No	Ì
TO No.	
Liquid depth Remaining	Ì
For REPAIRS, are she 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 she 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: Fog & Sublic Coefficient Contractor's Phone: 410-795-5670	
Contractor's Address: 580 Obre cht Rd Sykosville Md 21784	`
Property Address: 1725 Madelphila Rd County file: Subdivision: N/A Lot: Year Built: 1952 Owner's Name: Alice Mayes, Owner's Phone: 410. 493-4914 (Jewnifer-daugh	hfa
Name of previous owners: 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	