**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.orgFacebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 2/12/18**ONSITE SEWAGE DISPOSAL SYSTEM**P- 562707APPROVAL DATE: 3/12/18**PERMIT:****UPGRADE**

A

PROPERTY ADDRESS: 12054 Scaggsville Road

SUBDIVISION:

LOT:

TAX ID:

05-414520CONTRACTOR: Fogle's Septic Clean Inc.EMAIL: kim@foglesinc.comCONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784PHONE: 410-795-5670PROPERTY OWNER: Peter and Bonnie Im

EMAIL:

OWNER ADDRESS: 12504 Scaggsville Road, Fulton, MD 20759PHONE: 301-717-3361SEPTIC TANK SIZE (GALLONS): Ex.PUMP CHAMBER CAPACITY (GALLONS): —PUMP SIZE: —NUMBER OF BEDROOMS: 4HOUSE SQ. FT. —APPLICATION RATE: 0.6DISTRIBUTION SYSTEM: GRAVITY FED ☒LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>220'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7'</u>
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set New D box below existing system. Install 3x73' trench on contour above perc @. Trench flagged in field.	

ISSUED BY:

R. Wolf

ISSUE DATE:

2/20/18

EXPIRATION DATE:

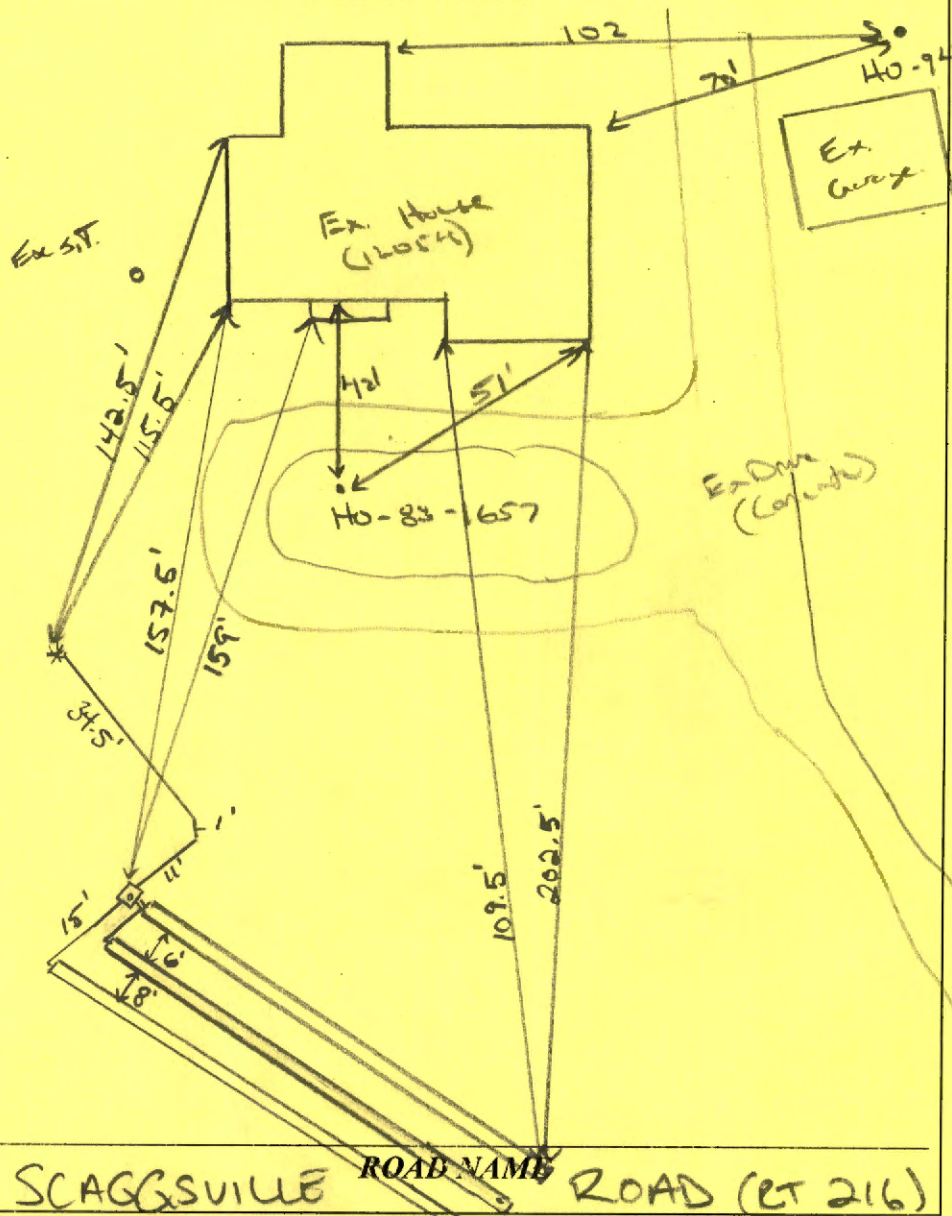
2/29/19**NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION****NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING****NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR 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 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.**

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	5'	10'
NUMBER OF TRENCHES		3
TOTAL LENGTH		229.5'
ABSORPTION AREA		459.3 A + SW
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

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:

2/12/18 slow permeability in front yard. set new above below ex. system. Install 3x24' trenching running on contour toward ex. Driv. Trenches shot in field and flagged. Call for inspection (new)

INSTALLATION: 3/12/18 (AM) Tie into ex. effluent line, past Ex. ST. Trench closest to road. 3/12/18 (AM) Work continues T. 3/12/18 (AM) Remaining Trench complete. D. Box leveled. New 6" lid on effluent line. (ok) ok to backfill

FINAL INSPECTOR

DATE OF APPROVAL

03/12/2018



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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: 2/7/18
☐ No

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

- ☒ Yes Explain observations: _____
☐ No

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

Existing system design

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

Is discharge surfacing on the ground?

- ☒ 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 Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville, Md 21784

Property Address: 12054 Seagoville Rd County file: _____

Subdivision: Malcolm Property Lot: 5 Year Built: 1991

Owner's Name: Bonnie IM Owner's Phone: 301-717-3361

Name of previous owners: Buscher Existing bedrooms: _____

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): _____

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.



HOWARD COUNTY HEALTH DEPARTMENT

62707

DATE 2/12/18

Received From

PHONE #

For

☐ CASH

☒ CHECK

NO.

Dollars

\$

Received By