



# HOWARD COUNTY HEALTH DEPARTMENT

72936

DATE 1/6/12

Received From

PHONE #

For

☐ CASH  
☒ CHECK

NO.

1039

\$

55.00

Received By

Dollars

Minor \$55.00

P572936



Bureau of Environmental Health  
8930 Stanford Boulevard, Columbia, MD 21045  
Main: 410-313-2540 | Fax: 410-313-2548  
TDD: 410-313-2323 | Toll Free: 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hchealth  
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: \_\_\_\_\_
- ☐ 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 *fill in & tie to existing TRENCHES*
- ☒ 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: FOBLE'S SEPTIC Contractor's Phone: 410-745-5670  
Contractor's Address: 580 Oberholt Rd, Sparksville, Md 21154

Property Address: 12704 Scaggsville Rd County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: 1954

Owner's Name: DIANNE & TIM WOLFE Owner's Phone: 301-664-4560

Name of previous owners: Raymond Murray Existing bedrooms: \_\_\_\_\_  
Proposed bedrooms: \_\_\_\_\_

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

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 reasonable exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited 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 permits 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.





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Health Department**

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[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 1/28/21

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 572936

APPROVAL DATE: 3/2/21 ES

**PERMIT:**

**Minor Repair**

A

PROPERTY ADDRESS: 12704 Scaggsville Road

SUBDIVISION: \_\_\_\_\_

LOT: \_\_\_\_\_

TAX ID: \_\_\_\_\_

CONTRACTOR: Fogles Septic Clean Inc.

EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Raymond Murray

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 12704 Scaggsville Road, Highland, MD 20777

PHONE: 301-641-4560

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

HOUSE SQ. FT. \_\_\_\_\_

APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**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 \_\_\_\_\_

**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.**

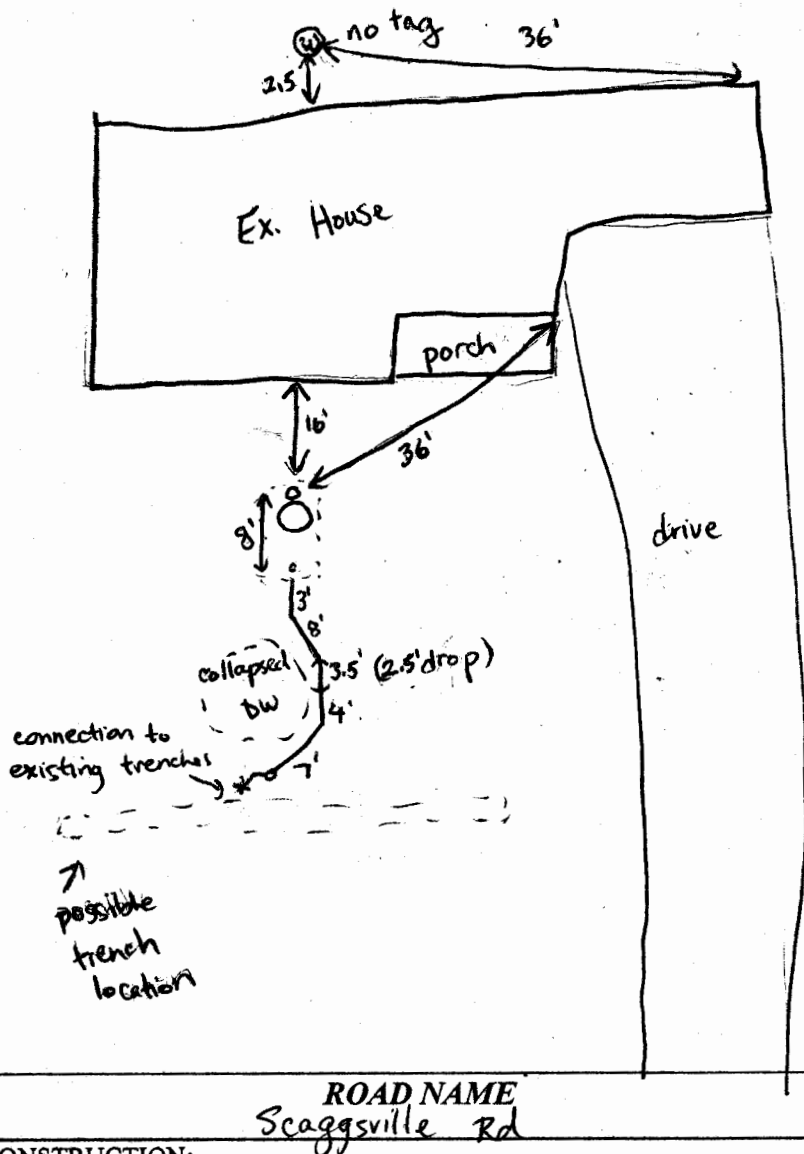
**NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA**

**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.**

12704 Scaggsville Rd  
NOT TO SCALE



**TRENCH/DRAINFIELD DATA**  
 WIDTH . INLET . BOTTOM  
 existing - unknown  
 NUMBER OF TRENCHES \_\_\_\_\_  
 TOTAL LENGTH \_\_\_\_\_  
 ABSORPTION AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 DISTRIBUTION BOX BAFFLE \_\_\_\_\_  
 DISTRIBUTION BOX PORT \_\_\_\_\_

**SEPTIC TANK DATA ?**  
 SEPTIC TANK 1 LEVEL \_\_\_\_\_  
 MANUFACTURER unknown  
 CAPACITY ? GAL  
 SEAM LOC not top  
 TANK LID DEPTH 2'  
 BAFFLES no outlet baffle or manhole  
 BAFFLE FILTER \_\_\_\_\_  
 MANHOLE LOC inlet  
 6" PORT LOC inlet  
 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:

INSTALLATION: 3/2/21 Outlet pipe coming out 1' below lid of tank (3' below grade). Contractor collapsed dry well and rerouted line around old dry well area to tie into existing trenches. Riser installed right next to inlet cleanout on tank. Outlet pipe observed in tank via small 6" port in lid of tank; however, no way to install upgraded outlet baffle via this hole. Tank extremely full of solids: informed homeowners that it needs to be pumped ASAP. (31)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

3/2/21

# INVOICE

Thank you for your business.	<b>Total</b>	\$2,650.00
1.5% interest will be charged monthly on all unpaid balances after 30 days. \$30 CHARGE FOR RETURNED CHECK. RECEIPT DATE STAMPS ARE STRICTLY ENFORCED for ALL DISCOUNTS.  <b>Billing Questions - call 410-795-5670</b>	<b>Payments/Credits</b>	-\$1,000.00
	<b>Customer Total Balance</b>	\$1,650.00

## Oswald, Hank

---

**From:** Dianne Wolfe <dmwolfe18@msn.com>  
**Sent:** Thursday, March 4, 2021 9:02 AM  
**To:** Oswald, Hank  
**Cc:** joseph gregory; TIMOTHY WOLFE  
**Subject:** 12704 ScaggsvilleRoad Highland, MD  
**Attachments:** Inv\_320247\_from\_Fogles\_Septic\_Clean\_Inc.\_11188.pdf

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning Hank,

Attached is the invoice showing that we havw had the drywell/septic work completed.

Can you let us know when we can expect to receive our building permits?

Thanks,  
Dianne Wolfe

Sent from my Verizon, Samsung Galaxy smartphone  
Get [Outlook for Android](#)

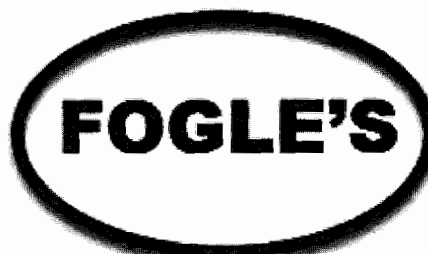
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**From:** Kim Fogle <Kim@foglesinc.com>  
**Sent:** Wednesday, March 3, 2021 9:00:53 AM  
**To:** dmwolfe18@msn.com <dmwolfe18@msn.com>  
**Subject:** Invoice 320247 from Fogle's Septic Clean, Inc.

Fogle's Septic Clean, Inc.	
<b>Invoice</b> 320247	Due: 03/03/2021
Amount Due: <b>\$1,650.00</b>	
Dear DIANNE WOLFE :	
Your invoice is attached. Please remit payment at your earliest convenience.	
Thank you for your business - we appreciate it very much.	
Sincerely,	
Fogle's Septic Clean, Inc. 410-795-5670	

**Fogle's Septic Clean, Inc.**

580 Obrecht Rd  
Sykesville, MD 21784  
Phone 410-795-5670



# Propo

Proposal # 50784  
Proposal Date 1/25/2021

Proposal Submitted To		Job Location
DIANNE WOLFE 12704 SCAGGSVILLE RD HIGHLAND, MD 20777		DIANNE WOLFE 12704 SCAGGSVILLE RD HIGHLAND, MD 20777
Phone	301 641-4560	<b>Total Cost: \$2,650.00</b>
E-mail	dmwolfe18@msn.com	
<b>Description of work to be done</b>		
<p>Minor repair permit Pump, crush and backfill existing drywell Tie outlet line into existing trench Haul in dirt to fill in drywell and settling in perc holes Backfill to a rough grade as soil and weather conditions permit A signature and deposit of \$1000 are required prior to starting work</p> <p>Work described above is subject to Howard County Health Department approval</p>		
<p><b>Fogle's Septic is not responsible for ground settling after the work has been completed. Extra dirt and equipment for regrading at a later date can be done at an additional expense.</b></p>		
<b>Military Service Affidavit:</b> ____ I, _____ am in the military service. Branch _____ ID# _____ ____ I, _____ am not the military service. ____ Date of Birth (mm/dd/yyyy) _____ Signature of Affidavit _____ Date (mm/dd/yyyy) _____		
<b>Exclusions:</b> rock removal, cleaning, final grading, seed and straw, any damage to driveway or shrubbery due to the use of heavy equipment and trucks, extra dirt for/ damage to settling at a later date. Fogle's is not responsible for damage to private utility lines, we will call Ms. Utility to mark public utility lines but the homeowner is responsible to mark any private utility lines. We are not responsible for the working conditions of the septic system due to the design by the Health Department.		
<b>Payment to be made as follows:</b> Payment is due within 30 days from the date of invoice. A finance charge of 1.5% per month (18% A.P.R.) to be applied on all balances over 30 days. If account is overdue & goes into collection, you will be responsible for collection fees, court costs and attorney fees 25%		
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.		<b>Authorized Signature:</b> <i>John Hieatzman</i> <b>Notice:</b> This proposal may be withdrawn if not accepted within 60 days
<b>Acceptance of Proposal:</b> The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.  (SEAL)		<b>Customer signature and deposit are required prior to starting any work</b>
If proposal accepted by Business or Corporation <b>Signature of Individual Responsible</b>		<b>Signature:</b> _____ <b>Signature:</b> _____ <b>Date of Acceptance:</b> _____

## Oswald, Hank

---

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**Sent:** Thursday, March 4, 2021 9:20 AM  
**To:** Oswald, Hank  
**Cc:** joseph gregory; TIMOTHY WOLFE  
**Subject:** Re: 12704 ScaggsvilleRoad Highland, MD  
**Attachments:** Est\_50784\_from\_Fogles\_Septic\_Clean\_Inc.\_24720.pdf

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Hi Hank,

I just realized that the work was not noted on the invoice. Attached is the work that was performed.

Thanks,  
Dianne Wolfe

---

**From:** Dianne Wolfe <dmwolfe18@msn.com>  
**Sent:** Thursday, March 4, 2021 9:02:04 AM  
**To:** hoswald@howardcountymd.gov <hoswald@howardcountymd.gov>  
**Cc:** joseph gregory <josephgregoryremodeling@gmail.com>; TIMOTHY WOLFE <tmwolfe29@msn.com>  
**Subject:** 12704 ScaggsvilleRoad Highland, MD

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320247

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