



# HOWARD COUNTY HEALTH DEPARTMENT

55786

DATE  
3/30/15

PS

Received  
From

Tonles Septic Clean Inc

PHONE #

410-795-5670

500 Drexel Rd, Sykesville, MD 21784

For

Septic Service - 11069 Hamburg Rd

☐ CASH  
☒ CHECK

NO.  
49011

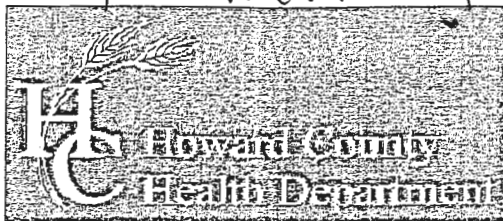
One hundred sixty five = 7 Dollars

\$

11069

Received By

[Signature]



## 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

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
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: \_\_\_\_\_

#### Is discharge surfacing on the ground?

- ☐ Yes
- ☐ No

☐ No

Additional Comments: Failing System.

Perk Tested by HATFIELDS.

TRANSFER OF PERMIT

\*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 Contractor's Phone: 410 795 5670

Contractor's Address: 580 Obrecht Rd. Sykesville MD - 21784

Property Address: 11869 Ramsburg Rd County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: 11 Year Built: 1977

Owner's Name: Mike Kennedy Owner's Phone: 413-769-7114

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 4

Proposed bedrooms: \_\_\_\_\_

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

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.



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Health Department

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website: www.hchealth.org

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

RECEIPT DATE: 1/5/15

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 555383

INSTALLATION

APPROVAL

DATE: 4/16/2015

**PERMIT**

A Repair

**REPAIR**

PROPERTY ADDRESS: 11869 Ramsburg Road

SUBDIVISION: Henryton Heights

LOT: 11 TAX ID: 03-302652

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kevin@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road

PHONE: 410-795-5670

PROPERTY OWNER: Michael Kennedy and Elizabeth Skoglin

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

OWNER ADDRESS: 11869 Ramsburg Road, Marriottsville, MD 21104

PHONE: 443-769-7114

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

BAT UNIT: \_\_\_\_\_

STATIC HEAD (FEET): \_\_\_\_\_

NUMBER OF BEDROOMS: 4

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

APPLICATION

RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>170</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>11</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>6.5</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRECONSTRUCTION INSPECTION.	
NOTES:	Manhole riser to be added on existing septic tank. Baffles if needed. Obs pipes on all new trenches required. Install 3 trenches 45', 55', and 60' or stretch trenches to get close to 170' all laid out at the time of perc test. Drywall to be pumped and collapsed. *Equal length if possible*	

ISSUED BY: Kevin M. Wolf

ISSUE DATE: 3/16/15

EXPIRATION DATE: 3/16/16

\*Permit Revised on 8/22/14

**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**

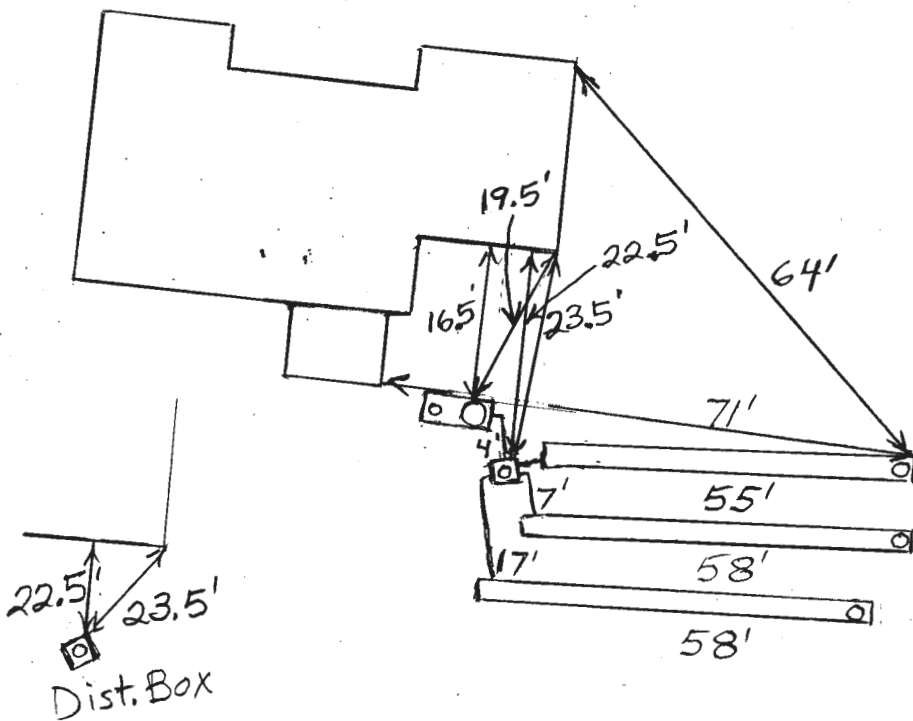
**NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM**

**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
<u>2</u>	<u>4'-4.5'</u>	<u>11'</u>
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>171'</u>		
ABSORPTION AREA <u>770</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>?</u>
CAPACITY	<u>?</u> GAL
SEAM LOC	<u>Midseam</u>
TANK LID DEPTH	<u>1.5-2.0</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Rear</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>No</u>
DATE ON LID	<u>No</u>

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

4/15/2015 Trenches laid out. Pumps and fill existing drywell. (BB)

INSTALLATION:

4/16/2015 Trenches finished. Manhole riser installed on rear of tank. (BB)

FINAL INSPECTOR

Brian

DATE OF APPROVAL

4/16/2015