



Howard County
Health Department

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

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

RECEIPT DATE: 9/8/15

ONSITE SEWAGE DISPOSAL SYSTEM

P 557362

APPROVAL DATE: 9/29/2015 **PERMIT:**

REPAIR

A _____

PROPERTY ADDRESS: 11837 Ramsburg Road

SUBDIVISION: Henryton Heights

LOT: 19 TAX ID: 03-303764

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kevin@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Michael and Kelly Rupprecht

EMAIL: _____

OWNER ADDRESS: 11837 Ramsburg Road, Marriottsville, MD 21104

PHONE: 410-218-3454

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED ☐ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>140</u>	INLET DEPTH: <u>1.5</u>
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>6</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>2270 FOGLES INC</u>	

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 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.

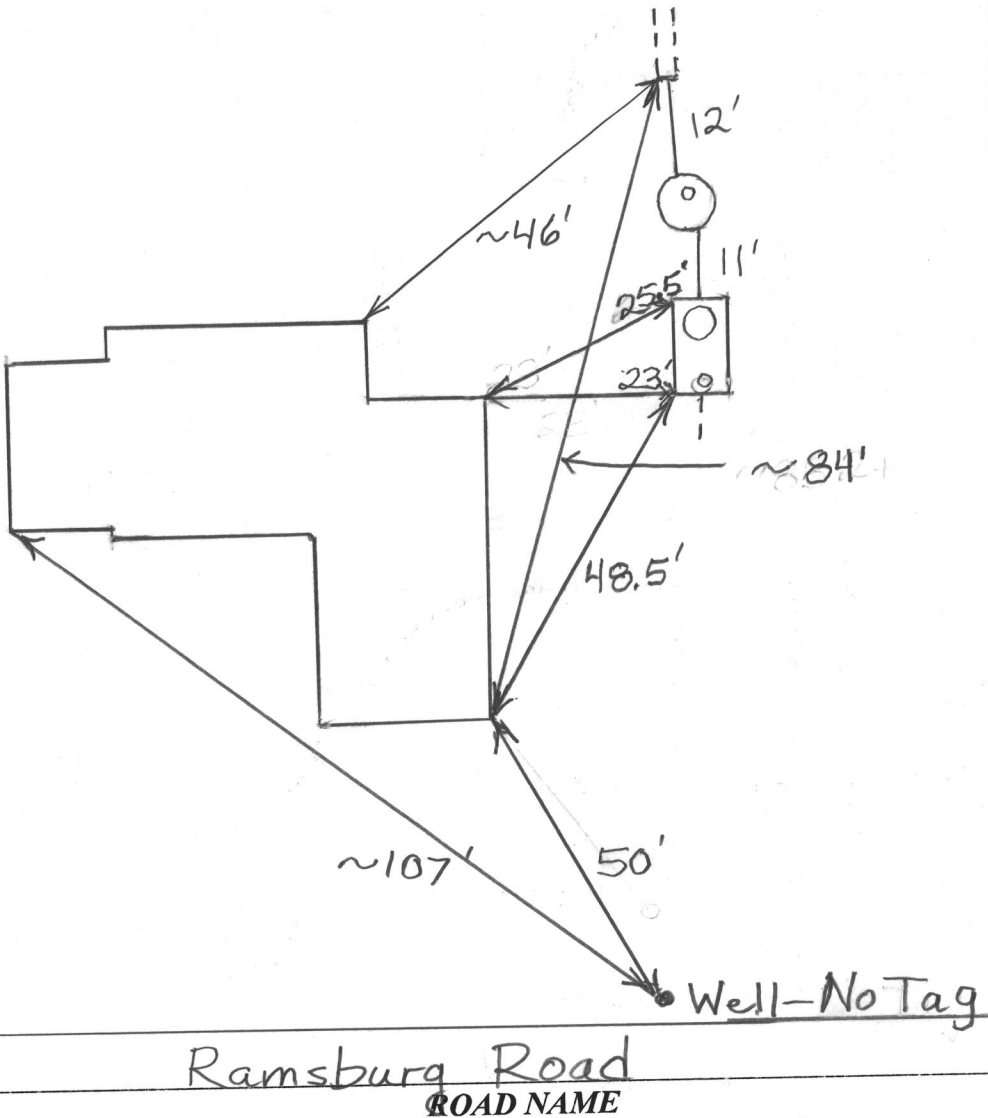
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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
NUMBER OF TRENCHES		
TOTAL LENGTH		
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER ?

CAPACITY _____ GAL

SEAM LOC Midseam

TANK LID DEPTH 1'-2'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED No

DATE ON LID N/A

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:

INSTALLATION: 9/29/2015 Perc. testing cancelled. Pipe was clogged between the tank and drywell. Drywell not full per contractor. Top of trench was dry with white gravel. Manhole riser installed on tank. New rear baffle in tank. Pipe from tank to trench replaced with PVC. BB

FINAL INSPECTOR B. Baker DATE OF APPROVAL 9/29/2015



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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: 9/2
☐ No

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

- ☒ Yes Explain observations: Drywell + septic tank overflow
☐ No

Was a visual inspection of the sewage line conducted?

- ☒ Yes
Blockage leading to the tank
☐ Yes. Explain: outlet snaked
☒ 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: _____

*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: Fogles Septic Contractor's Phone: 410-795-5270
Contractor's Address: 580 OBRECHT RD Sykesville MD, 21784

Property Address: 11837 Damsburg RD County file: _____
Subdivision: _____ Lot: _____ Year Built: 1981
Owner's Name: Michael + Kelly Rupperecht Owner's Phone: 410-313-3454

Name of previous owners: _____ Existing bedrooms: 4
Proposed bedrooms: 4

Has this request been previously discussed with a Sanitarian? (Name): _____
Public Sewer available/nearby: _____

*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.

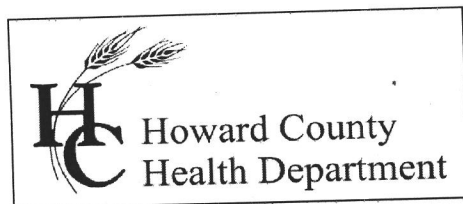
Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

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

November 10 , 2015

To Whom It May Concern:

Fogles Septic Clean paid for repair perc , in the Amount of \$330.00 (check #50795);
Fogles paid for the perc repair and the permit however it was later discovered that the
work was no longer needed. Fogles Septic Clean is requesting \$330..00 refund –
(receipt #88175). If you have any other questions please call Jeff Williams at 410-313-
4261.

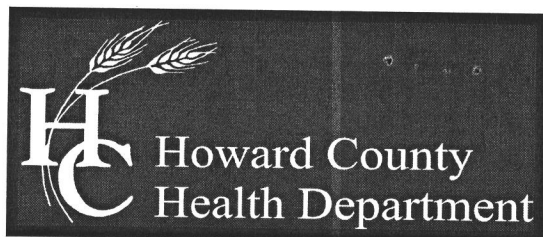
Mail Check To
Fogles Septic Clean
580 Obrecht Rd.
Sykesville, MD 21784

#57362 09/08/2015 written by: Juanita King
#88175 09/09/2015 written by: Willie Sims

Thanks in advance,

Juanita King ext: 4251

Jeff Williams
Well & Septic Supervisor



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MEMORANDUM

TO: Marian Curry

FROM: Jeff Williams *JW*

RE: Refund, receipt # 57362, refunding \$165 out of \$330 total for a repair perc test application at 11837 Ramsburg Road

DATE: October 5, 2015

Please submit the paperwork for a refund of \$165 to Fogles Septic Clean, who paid \$330 for a repair perc test application and repair septic permit at 11837 Ramsburg Road as part of receipt #50795.

Fogles paid for the applications, but it was discovered that the repair perc testing was not required. The Health Department conducted a site visit and inspected the repair as part of the septic permit, but did not conduct any perc tests.



HOWARD COUNTY HEALTH DEPARTMENT

57362

DATE 9/8/15

A5

Received From

Foxglen Septic Clean, Inc.

PHONE #

For

Perc/Repair — 11837 Ramsberg Rd.

☐ CASH
☒ CHECK

NO.

50795

Three hundred thirty

Dollars

\$

30.00

Received By

King