

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: <u>11/30/21</u>	ONSITE SEWAGE DISPOSAL SYSTEM	P <u>570236</u>
APPROVAL DATE: <u>12/1/21</u>	PERMIT:	A <u>Repair</u>
PROPERTY ADDRESS: <u>3331 Sand Road</u>		
SUBDIVISION: <u>Holly Hills</u>	LOT: <u>9</u>	TAX ID: _____
CONTRACTOR: <u>Fogle's Septic Clean Inc.</u>	EMAIL: <u>John@foglesinc.com</u>	
CONTRACTOR ADDRESS: <u>580 Obrecht Road Sykesville, MD 21784</u>	PHONE: <u>410-795-5670</u>	
PROPERTY OWNER: <u>Kathleen Meauliffe</u>	EMAIL: _____	
OWNER ADDRESS: <u>Same as above</u>	PHONE: <u>410-489-4366</u>	
SEPTIC TANK SIZE: <u>n/a</u>	PUMP TANK CAPACITY: _____	PUMP SIZE: _____
DISTRIBUTION SYSTEM: <input checked="" type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE DOSED BEDROOMS: <u>4</u> APPLICATION RATE: _____		
TRENCHES:	LINEAR FEET REQUIRED: <u>n/a</u>	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:	Contractor to replace existing distribution box and distribution network into the existing trenches. All piping to be inspected for damage/root infestation/solids, etc.. and replaced as needed. Add obs. ports to all three trenches. May need to re-route existing roof-top disconnects away from trenches. Call for inspection prior to backfilling.	

ISSUED BY: K. Wolf ISSUE DATE: 11/30/2021 EXPIRATION DATE: 11/30/2022

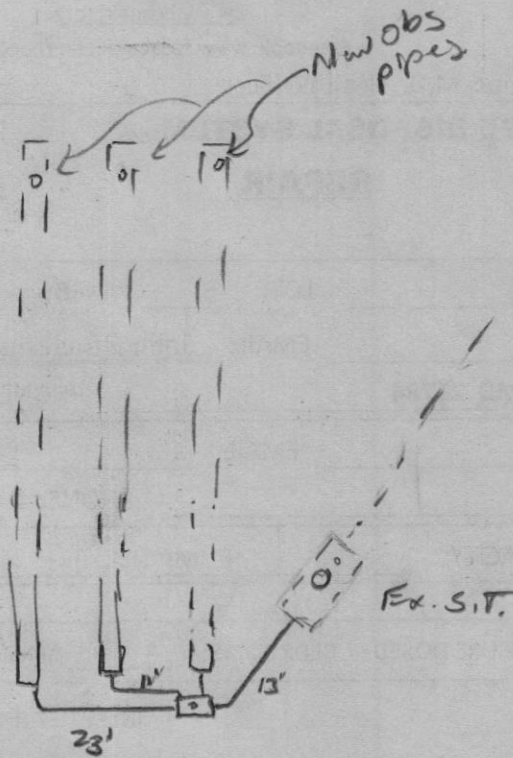
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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 n/a
- 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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 leveler
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 _____

ROAD NAME _____

PRE-CONSTRUCTION:

11/30/21 Per instructions on front of permit. Call in for
inspection. (Km)

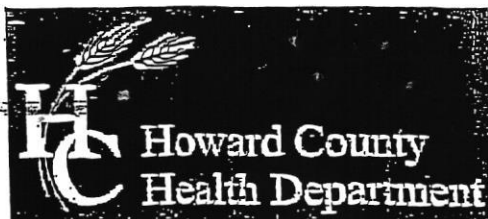
INSTALLATION:

12/1/21 New D box set, all new sch 40 replaced
From D box to trenches. upper trench approx 80% full (this trench
cut off in d box w/ "leveler" turned up). middle and
lower trench look good. store clean no sign of bio-mat. (Km)

FINAL INSPECTOR _____

DATE OF APPROVAL _____

12/1/21



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Facebook: www.facebook.com/hchohealth

Twitter: @HowardCoHealthDep

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

1510236

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 3331 Sang Rd Glenwood 21738
STREET TOWN ZIP

TAX ACCOUNT # 357825 TAX MAP 14 GRID 24 PARCEL 92 LOT NO. 9 PROPOSED LOT
SIZE (ACRES) 1.27

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Kathleen McAuliffe

DAYTIME PHONE 410-489-4366 CELL _____ EMAIL skmcauliffe1@gmail.com

MAILING ADDRESS 3331 Sang Rd Glenwood 21738
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL Kim@fogle3inc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville 21784
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) ☐ MAJOR ☐ MINOR
- ☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- ☒ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

BUILDING:

- ☒ RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- ☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO (2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

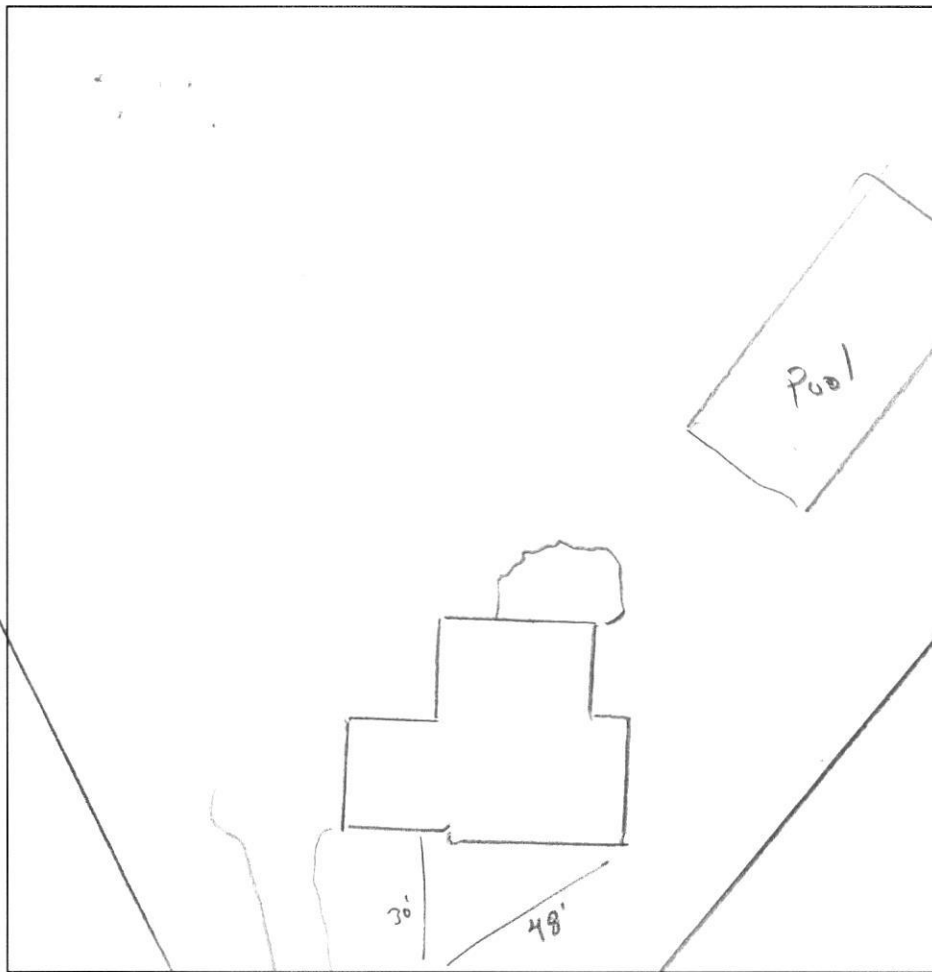
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

A/P _____



Ex. Well (Top Barrel)

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS No. Pipe needed

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____





HOWARD COUNTY HEALTH DEPARTMENT

70236

DATE 11/12/12

Received From

Angels Septic Cleaners

PHONE #

795-5610

For

Repair Perc / 3331
Sang Rd.

☐ CASH

☐ CHECK

NO.

13817

Three hundred thirty

Dollars

\$

330.00

Received By

King

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-357825

P 57606

A 50619D

DISTRICT 4th

DATE 12/16/96

DATE SYSTEM APPROVED 12/23/96

INSPECTOR *lf*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXX-XXX-XXXX

313-2640

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Holly Hills LOT 9 ROAD 3331 Sang Road

PROPERTY OWNER Williamsburg Group L.L.C. / STAN & KATHLEEN McAuliffe

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4'6" feet below original grade. Bottom maximum depth 8'6" feet below original grade. Effective area begins at 4'6" feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 95 feet off the rear (376.11') lot line and 85 feet off the left (316.02') lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 10/30/96 DKS

BLDG. PERMIT SIGNED

AND RETURNED 6-25-97
Seal # BR106453-dusk

BLDG. PERMIT SIGNED

AND RETURNED 11-18-98

Seal # BR115103
Ground pro.

DATE 10/21/96

PLANS APPROVED BY Glen Savage

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

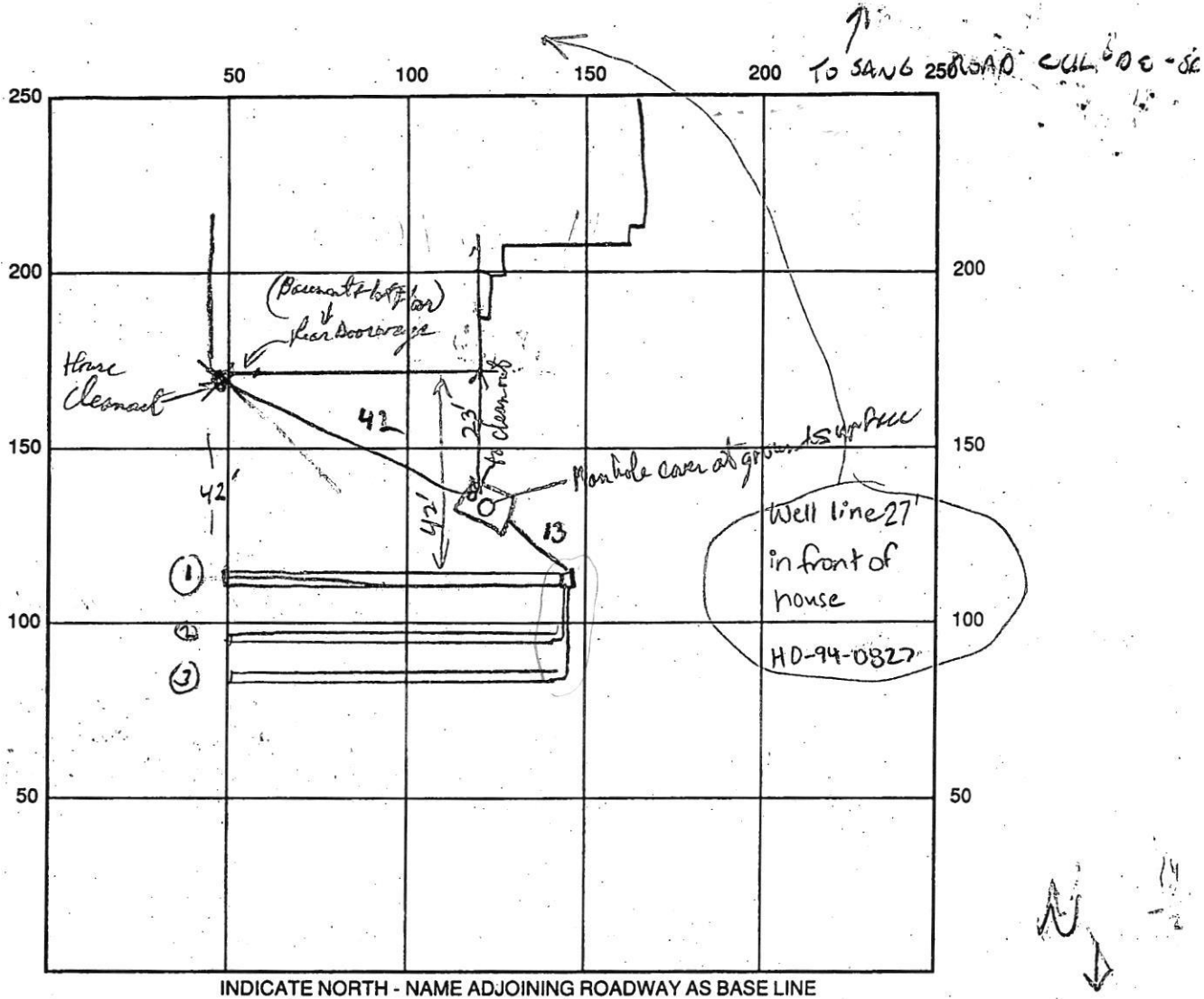
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. Undgd 11/9/96
propose tank

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT



SEPTIC TANK LEVEL OK, 1250 CLEANOUTS MANHOLE & CO ON TANK, AT WALL

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{1}{1.5} \times \frac{12.5}{60/60} = 18.15$ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 726 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/20/96 1ST TRENCH OK TO START OK TO COVER, TANK
+ ALL EXCEPT ENDS OF 1ST TRENCH. BP → 1ST TRENCH OK TO COVER
12/23/96 ENDS OF TRENCHES 2, 3 OPEN OK TO COMPLETE.

1/7/96 WPI OK TO COVER well line ground wire not connected to casing KM
Check of Septic Tank & Trench location for BP deck addition, not added above BP 9/9/97

DATE SYSTEM APPROVED 12/23/96 INSPECTOR Bill. Long