# HOWARD COUNTY HEALTH DEPARTMENT

68778

DATE 3/3/21

P15 A15

Received From Fosles Septic Clean PHONE # 795-5010

For Perc / Repair — 2224 Philadelphia Rd.

☐ CASH

☒ CHECK

NO. 71231

Three hundred thirty Dollars

$ 330.00

Received By J Kirp

# FILE INQUIRY NOTES

| DATE | RESULTS OF REVIEW FOR FILE |
|---|---|
| 3/9/21 | met w/ septic contractor on site. Area exposed in front yard. No room for any system. Ex. system shallow seepage pit. Bulk yard low, minimal slope. Perc test not usable. Told homeowner will need to contact MDE regional consultant for further evaluation. (kmw). |
| 4/13/21 | confirmed site visit w/ Steve K. MDE for 5/18/21. |
| 5/13/21 | Steve recommended we send owner list of designers to owner (✓). will consider further detailed site investigation once a designer is hired. (kmw) |
| 5/21/21 | Based on the homeowner's response email, they want to hold off w/ any type of design install @ this time. No evidence of surface discharge was noted. (kmw) |

* FAILING PERC NOTES

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
Twitter: HowardCoHealthDep

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

P258778

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 12224 (STREET) Triadelphia Rd Ellicott City (TOWN) 21042 (ZIP)

TAX ACCOUNT # 298981 TAX MAP 15 GRID 24 PARCEL 82 LOT NO. ___ PROPOSED LOT SIZE (ACRES) 1.0234

ZONING CATEGORY _____ TIER ___

PROPERTY OWNER(S) Virginia Helsel

DAYTIME PHONE 410-531-1772 CELL _____ EMAIL _____

MAILING ADDRESS 12224 (STREET) Triadelphia Rd Ellicott City (CITY, STATE) 21042 (ZIP)

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

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

MAILING ADDRESS 580 Obrecht Rd (STREET) Sykesville (CITY, STATE) 21784 (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 3 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.

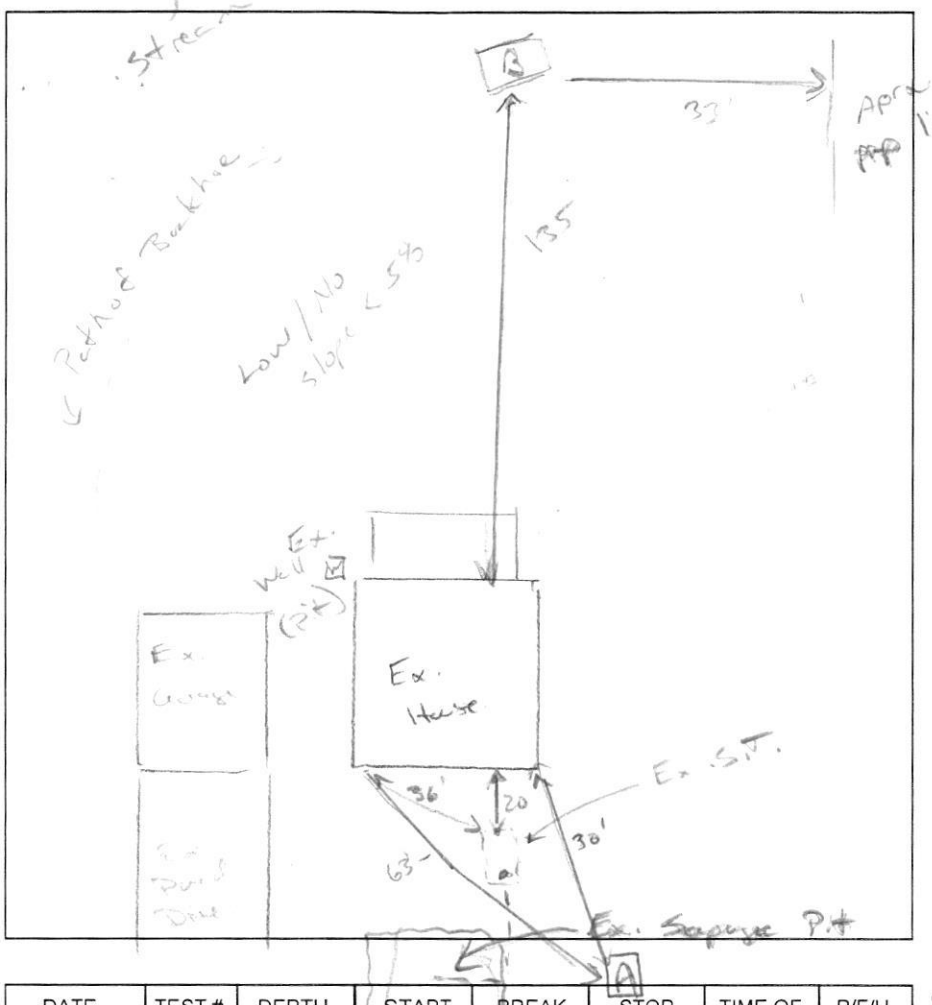
*By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.*

Kimberly A Fogle 3/2/21

SIGNATURE OF APPLICANT DATE

JW 10/29/15

A/P _____




| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| 3/9/21 | A | 15' | Deep Clay not tested | | | | F |
| | | | | | | | |
| | B | 2' | 00:20 | 00:40 | 1" the pulled, | more | F |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS Front yard not usable

SANITARIAN K. Wolf BACKHOE Ricky OTHERS Helper / owner

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

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

RGHELSEL@COMCAST.NET

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
Twitter: HowardCoHealthDep

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

# INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:
- [X] Failing System
- [ ] System relocation for proposed addition
- [ ] System upgrade for proposed addition
- [ ] Inadequate treatment zone
- [ ] Collapsed septic tank
- [ ] Collapsed drywell

Existing system design:
- [ ] Drywell
- [ ] Trench
- [ ] Mound
- [X] Unknown
- [ ] Other: _____

Is discharge surfacing on the ground?
- [ ] Yes
- [ ] No

Has the septic tank been pumped within the last month?
- [ ] Yes Date pumped: _____
- [ ] No

Was a visual inspection of the septic tank and/or drainfields 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 _____
- [ ] 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: Eagle's Septic, Ltd. Contractor's Phone: 410-795-5670
Contractor's Address: 1550 Oakleigh Rd Sykesville 21784

Property Address: 12324 Triadelphia Rd County file: _____
Subdivision: _____ Lot: _____ Year Built: 1959
Owner's Name: Virginia Helsel Owner's Phone: 410-531-1772

Name of previous owners: _____ Existing bedrooms: 3
_____ Proposed bedrooms: _____

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 reasonable 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 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.

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: 3/3/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 568778

APPROVAL DATE: _____ **PERMIT: REPAIR** A _____

PROPERTY ADDRESS: **12224 Triadelphia 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: **Virginia Helsel** EMAIL: _____

OWNER ADDRESS: **12224 Triadelphia Road, Ellicott City, MD 21042** PHONE: **410-531-1772**

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 ACKOWLEDGE 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 GUIADNCE.**

**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

***ROAD NAME***

**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 _____

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:

INSTALLATION:

FINAL INSPECTOR _____. DATE OF APPROVAL _____.