

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

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

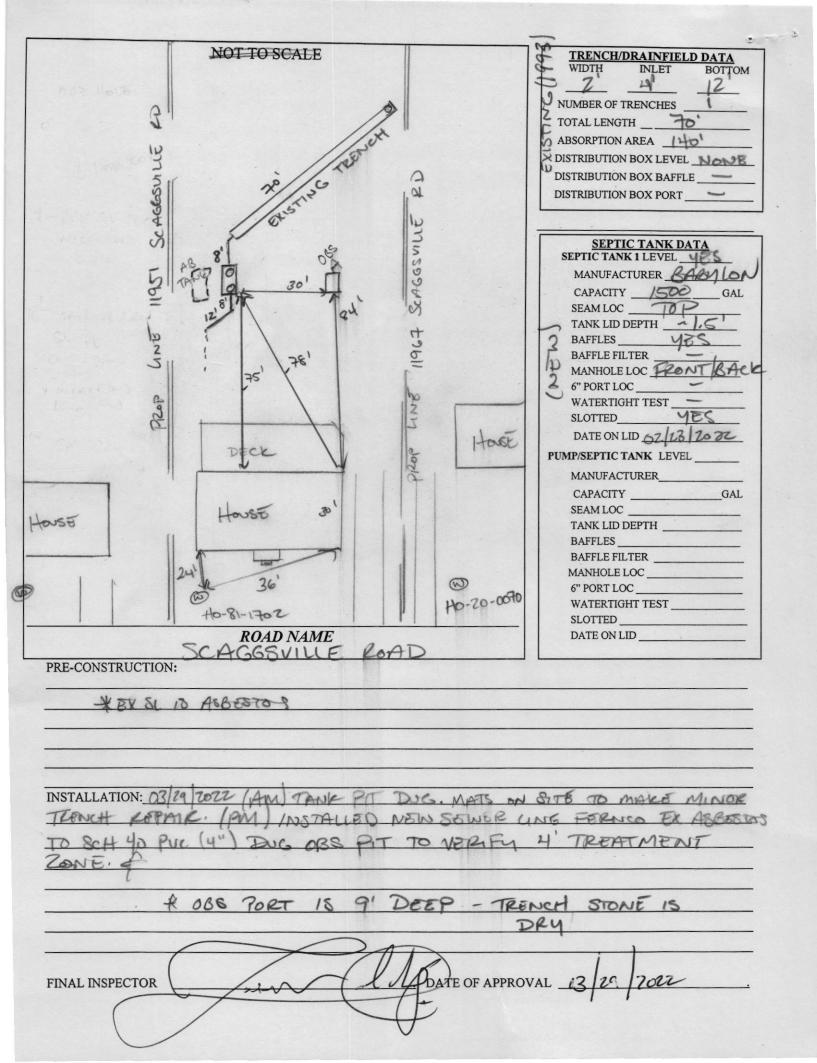
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RECEIPT DATE: 3/11/22 ONSITE SEWAGE DISPOSAL SYSTEM P 570995		
APPROVAL DATE: 03/21/2028 PERMIT: REPAIR A		
PROPERTY ADDRESS: 11959 Scaggsville Road		
SUBDIVISION: LOT: TAX ID:		
CONTRACTOR: Fogles Septic Clean Inc EMAIL: kim@foglesinc.com		
CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670		
PROPERTY OWNER: Nicole Smith EMAIL:		
OWNER ADDRESS: 11959 Scaggsville Road, Fulton, MD 20759 PHONE: 202-407-1472		
SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:		
NUMBER OF BEDROOMS: HOUSE SQ. FT. APPLICATION RATE: NA		
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED		
LINEAR FEET REQUIRED: INLET DEPTH:		
TRENCHES: TRENCH WIDTH: MAXIMUM BOTTOM DEPTH:		
EXISTING MINIMUM SPACE		
1993 BETWEEN TRENCHES: EFFECTIVE AREA BEGINNING DEPTH:		
LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.		
NOTES.		
NOTES:		
ISSUED BY: CASAHUG 001997 ISSUE DATE: 03/28/2022 EXPIRATION DATE: 03/28/2020		
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: 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 IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL CONFONENTS OF THE SYSTEM		
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		

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

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





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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:	Has the septic tank been pumped within the last month?	
☐ Failing System ☐ System relocation for proposed addition ☐ System upgrade for proposed addition	Yes Date pumped:	
Inadequate treatment zone Collapsed septic tank Block Collapsed drywell	Was a visual inspection of the septic tank and/or drain fields conducted? Yes Explain observation: See a facilities No	
Existing system design	Was a visual inspection of the sewage line conducted?	
□ Drywell ☑ Trench □ Mound		
☐ Unknown ☐ Other:	Blockage Leading to the field Yes Explain	
*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 Regulations. Septic Contractor: Fogle's Suprice Contractor's Phone: 410-795-56-70 Contractor's Address: 580 Objected Add Sykesville		
Property Address: 11959 Sca.995011	e 120 County File:	
Subdivision:	Lot: Year Puilt:	
Owner's Name: NICOLE SMITH	Existing bedrooms: _ +	
Name of previous owners:	Existing bedrooms:	
	Proposed bedrooms:	
*A Sanitarian will be in contact within three business days the repair or upgrade. *Prior to scheduling inspections, scaled plans should be su	, depending upon the urgency of the situation, to coordinate the scheduling/review of	
Print out a copy of Real Property Data via Dept. of Taxation	330 000 000 000 000 000 000 000 000 000	
If soil/site conditions are limited and sewer and/or Metro of Emergency Sewer Extension or Emergency Metro Distric	District status is not conducive to connection, the Sanitarian may recommend pursuit ct Inclusion. The Owner should contact the Bureau of Utilities for details. Vithout prior fee collection at the office unless an emergency exists.	

2/2020