



HOWARD COUNTY HEALTH DEPARTMENT

70169

DATE
9/27/21

Received From

PHONE #

Boyles Septic
Clean Inc,
410795-5670

For

Perce / Repair
Sykesville
Rd.

CASH

CHECK

NO.

3344

Three hundred thirty Dollars

\$

3300

Received By

King



**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: 09/27/2021 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570169

APPROVAL DATE: 12/13/21 (SP) **PERMIT:** **REPAIR** A 570169

PROPERTY ADDRESS: 455 Route 32, Sykesville, MD 21701

SUBDIVISION: Patapasco State Park LOT: - TAX ID: 03-601444

CONTRACTOR: FOGLES SEPTIC CLEAN INC EMAIL: _____

CONTRACTOR ADDRESS: 580 OBRECHT ROAD, SYKESVILLE, MD 21784 PHONE: 410 795 5670

PROPERTY OWNER: State of Maryland Dept of Forest and Parks EMAIL: _____

OWNER ADDRESS: 301 W Preston St, Baltimore, MD 21201 PHONE: _____

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): - PUMP SIZE: -

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. - APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

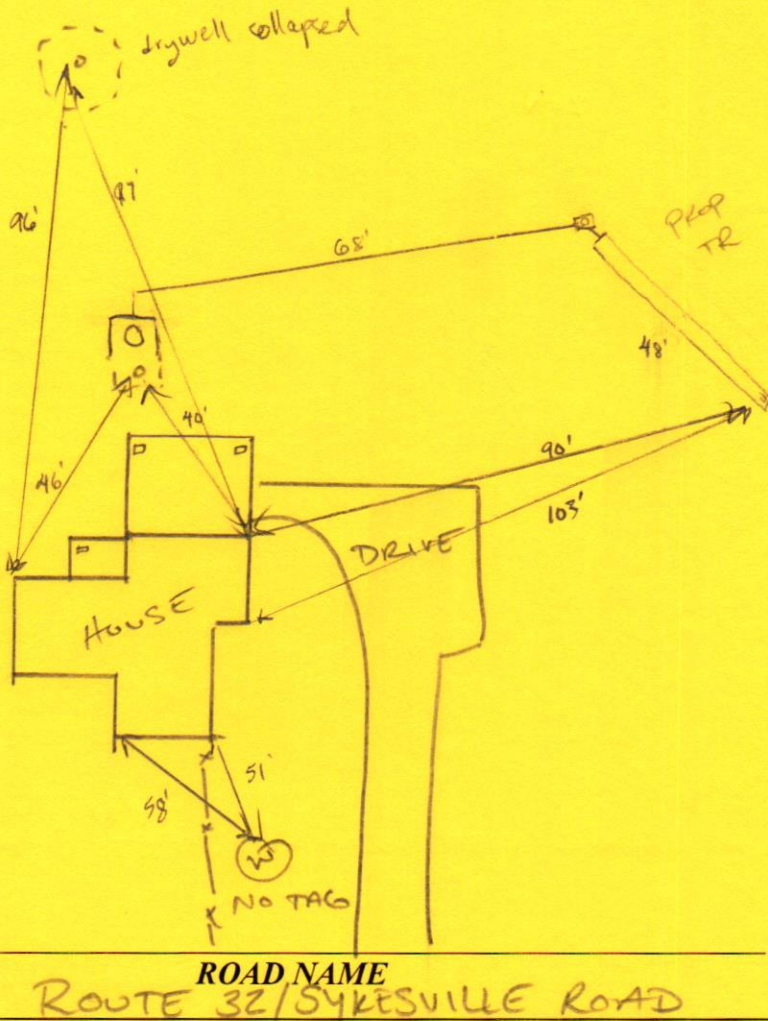
TRENCHES:	LINEAR FEET REQUIRED: <u>45'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 1 x 45' Trench. 5' of side wall credit given. <u>INSTALL D BOX, TANK OUTLET RISER, OUTLET Baffle</u> <u>ABANDON AND SEAL EX DW.</u>	

ISSUED BY: Cabahug 001997 ISSUE DATE: 10/19/2021 EXPIRATION DATE: 10/19/2022

- 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
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- 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
3'	3'	8'
NUMBER OF TRENCHES		1
TOTAL LENGTH		48'
ABSORPTION AREA		144 sq ft + sidewalk
DISTRIBUTION BOX LEVEL		N/A
DISTRIBUTION BOX BAFFLE		cement
DISTRIBUTION BOX PORT		PVC

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____

CAPACITY 1250 GAL

SEAM LOC midseam

TANK LID DEPTH 6'

BAFFLES inlet + outlet (new)

BAFFLE FILTER _____

MANHOLE LOC outlet (new)

6" PORT LOC inlet (new PVC)

WATERTIGHT TEST _____

SLOTTED no

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 _____

EXISTING

PRE-CONSTRUCTION:

10/19/2021 LAID OUT 1x45' TRENCH ON CONTOUR. UNCOVERED TANK TO CONFIRM FALL FROM EX TANK TO PROP. TR LOCATION. ~~SB~~

INSTALLATION:

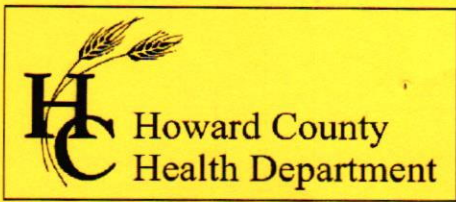
12/13/21 New outlet riser and baffle added to tank. Terracotta inlet 6" port to be replaced with PVC. New SL from tank to d-box, resting on bed of stone. 1x45' trench installed. Drywell has been pumped and will be collapsed. SB

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

12/13/21



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NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. - APPLICATION RATE: 1.2

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TRENCHES:	LINEAR FEET REQUIRED: <u>45'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
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ISSUED BY: Cabahug 001997 ISSUE DATE: 10/19/2021 EXPIRATION DATE: 10/19/2022

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

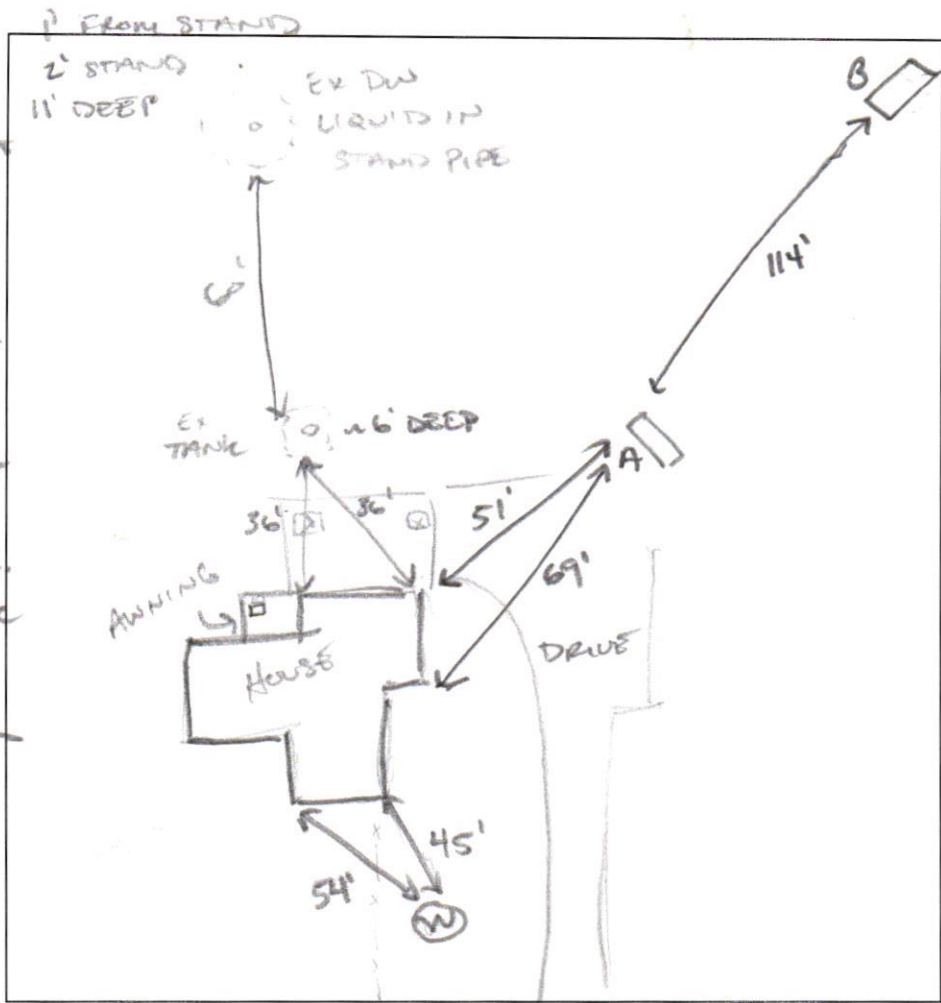
PUMP/SEPTIC TANK LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____, DATE OF APPROVAL _____.



A
 4" BRN Sbk Root
 SL
 YEL BRN ANGULAR SL v/wk fr
 16" BRN YEL LS Sbk v/fr
 24" BRN YEL LS PL w/fr
 4" BRN WEATH LS Rock
 FLAGGY ~5% Rock
 13.5' HARD

[Empty box for notes]

B
 4" DR BRN SL Sbk MANY ROOTS
 LEO BRN SL Sbk
 12" RED BRN SL Sbk
 27" YEL BRN LS Sbk w/fr WEATH Rock ~10% CHAN.
 6.5" BRN WHT LS PL w/fr

9.5' ~15-20% Chan. Rock

SHelf/BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/19/2021	A	2' / 13.5'	0:00	1:00	2:45	1:45	REPAIR
	A	13.5'	4g @ BOTTOM			~ 7-10m	
	A	2' REPAIR / 13.5'	0:00	1:50	4:10	2:20	P
10/19/2021	B	2' / 9.5'	0:00	2:45	7:00	3:15	P
	B	9.5'	2g @ BOTTOM			~ 3m	

REMARKS TOP SOIL IS VERY SPONGEY; SEWAGE BACKUPS INTO HOUSE
 SANITARIAN CARBAHUG BACKHOE FOGLIES OTHERS HOME OWNER
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 1.2 SQ. FT/BR 3
 TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 8' EFFECTIVE SW 5'

$\frac{150 \cdot 3}{1.2} = 375 \text{ LF} / 3' \text{ WIDE} = 125 \text{ LF} \cdot .36 = 45'$ 5' SIDE WALL

[View Map](#)
[View GroundRent Redemption](#)
[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 601444

Owner Information

Owner Name:	STATE OF MARYLAND DEPT OF FOREST AND PARKS	Use:	EXEMPT
		Principal Residence:	NO
Mailing Address:	301 W PRESTON ST BALTIMORE MD 21201-	Deed Reference:	/00342/ 00441

Location & Structure Information

Premises Address:	WEST FRIENDSHIP RD SYKESVILLE 21784-0000	Legal Description:	14.7336 A. WEST FRIENDSHIP RD
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Map: 0004	Grid: 0016	Parcel: 0010	Neighborhood: 3020202.14	Subdivision: 2002	Section:	Block:	Lot:	Assessment Year: 2022	Plat No:	Plat Ref:
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Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
			14.7336 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
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Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2019	07/01/2021	07/01/2022
Land:	587,000	587,000		
Improvements	0	0		
Total:	587,000	587,000	587,000	
Preferential Land:	0			

Transfer Information

Seller: DRECHSLER CLOTILDE C	Date: 11/16/1959	Price: \$14,000
Type: NON-ARMS LENGTH OTHER	Deed1: /00342/ 00441	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2021	07/01/2022
County:	220	587,000.00	
State:	220	587,000.00	
Municipal:	220	0.00	0.00

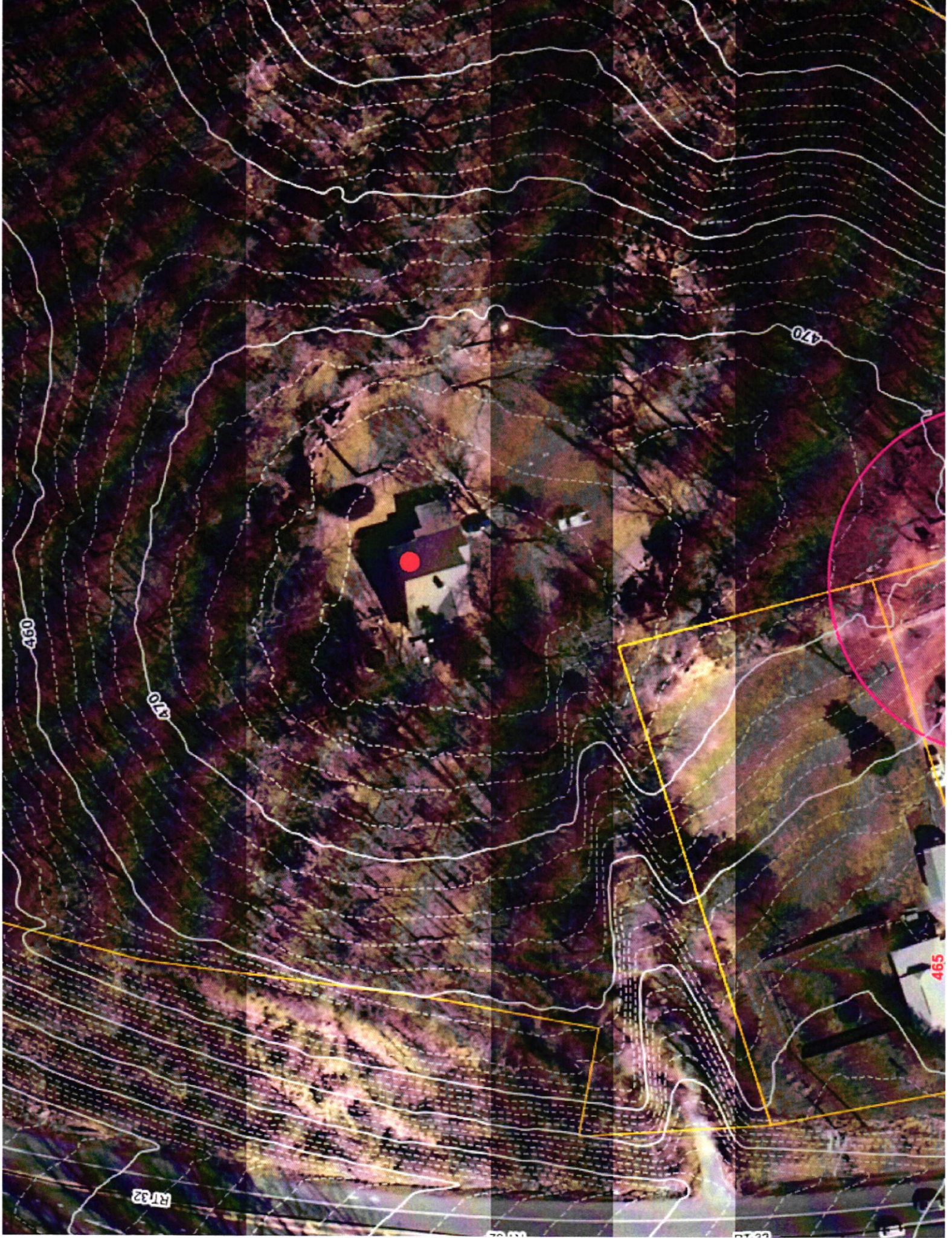
Special Tax Recapture: None

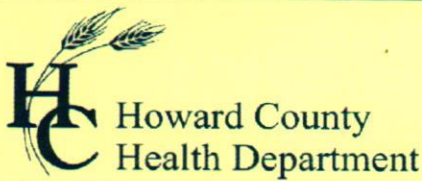
Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application	Date:
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Maura J. Rossman, M.D., Health Officer

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APPROVAL DATE: PERMIT: REPAIR A

PROPERTY ADDRESS: 455 Sykesville 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: State of Maryland Forest & Parks EMAIL:

OWNER ADDRESS: 301 W. Preston Street, Baltimore, MD 21201 PHONE: 410-596-7958

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

Table with 2 columns: Field Name (TRENCHES, LOCATION, NOTES) and Field Value (TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION, etc.)

ISSUED BY: ISSUE DATE: EXPIRATION DATE:

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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 I 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 _____

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WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____, DATE OF APPROVAL _____



**Howard County
Health Department**

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SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: Fogles Septic Clean Inc EMAIL: kim@foglesinc.com

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NOTES:		

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MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 570169

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE: Foales Septic Clean Inc.
LOCATION: 433 Sykesville Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

STOP ALL CONSTRUCTION ON SEWAGE
DISPOSAL SYSTEM AND CONTACT HEALTH
DEPARTMENT BEFORE CONTINUING

Inspector

Date

WORK IS SATISFACTORY, OK TO
CONTINUE

Inspector

Date

COMMENTS: _____

FINAL INSPECTION MADE, OK TO
COVER ALL WORK

Inspector

Date



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Facebook: www.facebook.com/hcobealth

Twitter: HowardCoHealthDep

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

A570169

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

455 Sykesville Rd Sykesville 21784

TAX ACCOUNT #

601444

TAX MAP

0004

GRID

0016

PARCEL

0010

LOT NO.

PROPOSED LOT

SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Stake of Md Forest & Parks / Joe Vogelpohl

DAYTIME PHONE

410-596-7958

CELL

EMAIL

joe.vogelpohl@maryland.gov

MAILING ADDRESS

301 W. Preston St

Baltimore

21201

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

MAILING ADDRESS

580 Obrecht Rd

Sykesville

21784

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.

[Handwritten Signature]

SIGNATURE OF APPLICANT

DATE



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

PSTOLL69

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 observation: Failing Drywell
 No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No

Is discharge surfacing on the ground?

Yes
 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 Regulations.

Septic Contractor: Fogle's Septic Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd Sykesville
 Property Address: 455 Sykesville Rd County File: 601444
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: State of MD, Dept of Forest & Parks Existing bedrooms: 3
 Name of previous owners: Drechsler Clotilde Existing bedrooms: _____
 Proposed bedrooms: _____

*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 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 exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020