



# HOWARD COUNTY HEALTH DEPARTMENT

70879

12/13/21 DATE

Received From

Realty Eagles Septic PHONE # 410-795-5670

Clean

For

Pore / Kaper - 8448  
Rolling Ridge ch.

☐ CASH  
☒ CHECK

NO.

74202

Three hundred thirty Dollars

\$ 330.00

Received By

King

**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

**Existing system design**

- ☒ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: \_\_\_\_\_

**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

Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd. Sykesville, Md - 21784

Property Address: 8448 Rolling Ridge Ct County File: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: 77

Owner's Name: David / Stephanie Osborne Existing bedrooms: 4

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 4

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.\*

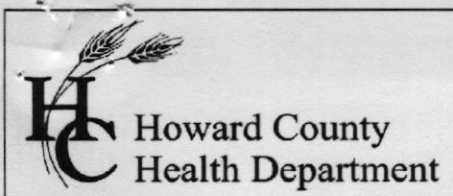
Print out a copy of Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_

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



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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

RECEIPT DATE:	<u>12/13/21</u>	<b>ONSITE SEWAGE DISPOSAL SYSTEM</b>	P	<u>570879</u>
APPROVAL DATE:	<u>12/22/2021</u>	<b>PERMIT: MINOR REPAIR</b>	A	
PROPERTY ADDRESS:	<u>8448 Rolling Ridge Court</u>			
SUBDIVISION:	<u>—</u>	LOT:	<u>—</u>	TAX ID: <u>02-234823</u>
CONTRACTOR:	<u>Fogles Septic Clean Inc</u>	EMAIL:	<u>kim@foglesinc.com</u>	
CONTRACTOR ADDRESS:	<u>580 Obrecht Road, Sykesville, MD 21784</u>	PHONE:	<u>410-795-5670</u>	
PROPERTY OWNER:	<u>David and Stephanie Osborne</u>	EMAIL:		
OWNER ADDRESS:	<u>8448 Rolling Ridge Court, Ellicott City, MD 21043</u>	PHONE:		
SEPTIC TANK SIZE (GALLONS):	<u>EX (2019)</u>	PUMP CHAMBER CAPACITY (GALLONS):	<u>—</u>	PUMP SIZE: <u>—</u>
NUMBER OF BEDROOMS:	<u>4</u>	HOUSE SQ. FT.	<u>—</u>	APPLICATION RATE: <u>—</u>
DISTRIBUTION SYSTEM:	GRAVITY FED <input checked="" type="checkbox"/>	LOW PRESSURE DOSED	<input type="checkbox"/>	
TRENCHES:	LINEAR FEET REQUIRED: <u>EX DW + LEECH FIELD</u> INLET DEPTH: <u>—</u>			
	TRENCH WIDTH: <u>~ 15' x 14'</u> MAXIMUM BOTTOM DEPTH: <u>—</u>			
	MINIMUM SPACE BETWEEN TRENCHES: <u>(1977)</u> EFFECTIVE AREA BEGINNING DEPTH: <u>—</u>			
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.			
NOTES:	REPLACE CAST IRON LINE BETWEEN EX DW + EX LEECH FIELD w SCH 40 PVC			

ISSUED BY: CABATHUG 001997 ISSUE DATE: 12/22/2021 EXPIRATION DATE: 12/22/2022

- 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 —
- 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.**

[illegible]

WIDTH	INLET	BOTTOM
10	10	10
20	20	20
30	30	30
40	40	40
50	50	50
60	60	60
70	70	70
80	80	80
90	90	90
100	100	100

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

**SEPTIC TANK 1 LEVEL**

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 \_\_\_\_\_

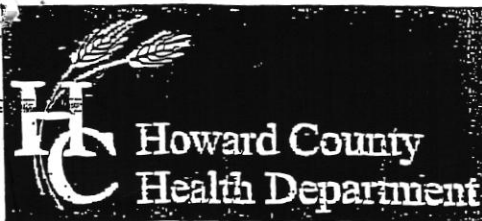
DW: 8' DEEP 3.5 COVER; 20" WATER IN - 3.5' LEVEL LEFT.  
NO EVIDENCE OF BACKUP IN C/O (TERRA COTTA/PVC)  
SOIL OVER DW + LEECH FIELD IS SANDY w/ BOULDERS, COVERED w/  
GRAVEL

INSTALLATION: 12/22/2021 RAN 3 FAUCETS FOR 50 MIN - EX DW LIQUID LEVEL RAISED FROM 20" - 30". LITTLE EVIDENCE OF BIRMAT ON DW SIDE BLOCKS. LINE BETWEEN EX DW + EX LEACH FIELD<sup>LF</sup> WAS EXPOSED. CAST IRON TO LF BLOCKED + CORRODED - EX PERF (ORANGEBERG) CLEAN + CLEAR; EX LF STONE IS CLEAN + DRY. REPLACED LINE FROM DW TO LF W/ PVC.

PECTOR *L. C. G.*

DATE OF APPROVAL 12/22/2021





# Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Phone: 410-313-2323 Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hotohealth

Twitter: HowardCoHealthDep

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

9570879

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

8448 Rolling Ridge Ct Ellicott City 21043

TAX ACCOUNT #

234823

TAX MAP

0018

GRID

007

PARCEL

0321

LOT NO.

PROPOSED LOT

SIZE (ACRES)

1.33

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

David/Stephanie Osborne

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

Same

APPLICANT

Fogles Septic

RELATIONSHIP TO OWNER:

DAYTIME PHONE

410-795-5670

CELL

EMAIL

MAILING ADDRESS

580 Obrecht Rd.

Sylesville

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 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

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**Maura J. Rossman, M.D., Health Officer**December 23<sup>rd</sup>, 2021

TO: Homeowner



RE: 8448 Rolling Ridge Court, Repair Percolation Test Results

Dear Homeowner,

A repair and percolation test were conducted, as scheduled, to investigate existing onsite septic system regarding a report of a full drywell and to explore for future a sewage disposal area (SDA) at 8448 Rolling Ridge Court on December 22<sup>nd</sup>, 2021. Two locations were selected in field at two possible replacement areas. Percolation test data and/or profile descriptions were documented for each location. The Field Worksheet is attached with this report.

Briefly summarizing results:

**The existing system** was restored to functioning condition. The cast iron pipe from the existing drywell to the existing leech field was corroded and completely blocked. The existing perforated orangeberg pipe distributing within the leech field was observed clean and completely open. The existing leech field stone was observed to be clean and dry. An aggregate sample collected and provided to homeowner representative at inspection. The cast iron line was replaced with SCH 40 PVC. The drywell will function at a full level before liquid flows into existing leech field for overflow treatment. Further notes are found on the minor repair permit (P570879).

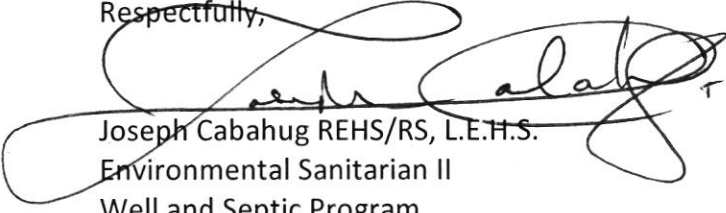
**Location A** has a possibility to investigate for a non-conventional or innovative and advanced system. Greater than 50% rock was discovered at 4.5 feet. A percolation test was performed at grade and received a passing 0.8 gallons per day rate. In the event of a repair system being installed in this region, further testing and consultation will be required to determine system type and size. The soil is classified as Glenville which is a wet season testing only soil.

**Location B** is in the rear of the lot on the side of the house that the existing septic tank (2019) is located. Location B had a hard soil bottom at 6 feet and did not percolate. Location B is a failing with greater than 30 minutes time elapsing and water movement not observed in the percolation hole; the water level did not move off the starting peg on the percolation test stick (Howard County Code 3.809 for procedure). Beginning at 12 inches, this soil horizon was most likely the most limiting horizon. The soil became sandy at 5 feet, however there is not an adequate 4 feet treatment zone for the effluent below that depth before reaching the hard soil bottom at 6 feet. There are also several storm water and rain water discharge locations to the grade around Location B, area is not suitable.

Percolation tests that 'PASS' are used to identify a potential region for an onsite wastewater system in the event that a replacement system is required before public sewer is available in the region.

If you have questions related to this report, you may reply to me via email, [icabahug@howardcountymd.gov](mailto:icabahug@howardcountymd.gov) , or call my desk, (410)313-2643.

Respectfully,

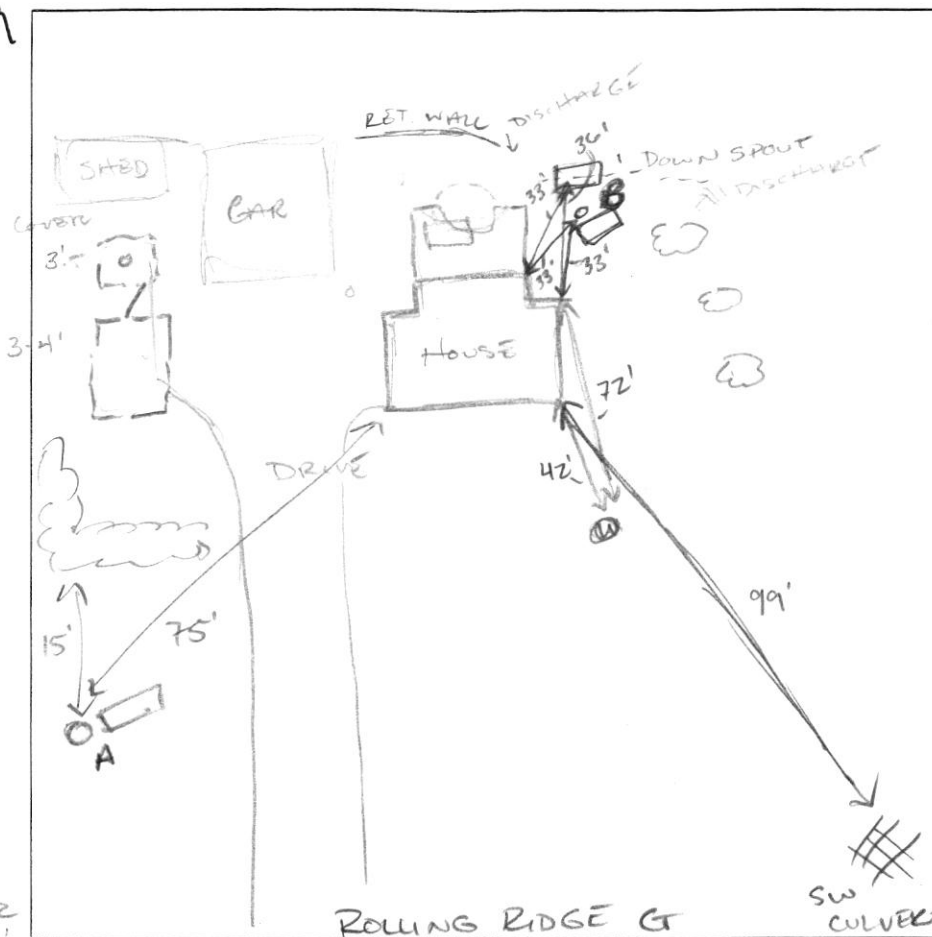


Joseph Cabahug REHS/RS, L.E.H.S.  
Environmental Sanitarian II  
Well and Septic Program

Enclosures: Repair Percolation Notes  
Minor Repair Permit

Copy: File  
SJR Investing  
[Kelly@ChristinaElliott.com](mailto:Kelly@ChristinaElliott.com)

AP 570879



OLD FREDERICK RD

BRN  
MANY ROOT  
SL SBL  
4EL BRN  
SL SBL  
24" 4EL BRN  
SL SBL  
5' 4EL BRN  
LS w/LS SBL

6' HARD BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/22/2021	A	0' 45'	0:00	6:30	15:00	8:30	P
12/22/2021	B	1' 6'	0:00	30:00 <sup>+</sup>	—	—	F
			X DID NOT MOVE OFF				
			PEG				

REMARKS

SANITARIAN CABATHUG 001997 BACKHOE FOGLES OTHERS

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

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

BRN LS  
SBL m  
BRN 4EL  
LS SBL  
FEW BOULDER  
15%  
RED 4EL  
LS SBL  
FEW BOULDER  
+ GLAY  
10%  
75% ROCK  
LIVE STONE  
VARIABLE DIRECTION