



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: 6/10/2015 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 556481

APPROVAL DATE: 8/14/15 SEC **PERMIT:** **REPAIR**

A Repair

PROPERTY ADDRESS: 465 Sykesville Road

SUBDIVISION: _____ LOT: _____ TAX ID: 3289907

CONTRACTOR: Fogle's Septic Clean, Inc EMAIL: Kevin@folgesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville MD 21784 PHONE: 410795-5670

PROPERTY OWNER: Patricia Gans EMAIL: pattygans@gmail.com

OWNER ADDRESS: 465 Sykesville Road PHONE: 443-745-4209

SEPTIC TANK SIZE (GALLONS): 2000 PUMP CHAMBER CAPACITY (GALLONS): 1250 PUMP SIZE: 1/2HP

NUMBER OF BEDROOMS: 3 Existing HOUSE SQ. FT. _____ APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐ ~ 14' Δ Head

TRENCHES:	LINEAR FEET REQUIRED: <u>155</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<p>System to be sized for <u>4Bedrooms</u> per Homeowner. Set new S.T. and P.T. outside of existing 100' well radius, between Fence and property line, run 2" force main up hill to new dbox. Install 3x52' trenches on contour running towards North property line. Must keep trenches to north most part of lot to minimize down-gradient influence to existing well. Pump and collapse existing cesspool.</p> <p><i>*Note: This permit does not support any Additions to the Point.</i></p>	

ISSUED BY: K. Wolf 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 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

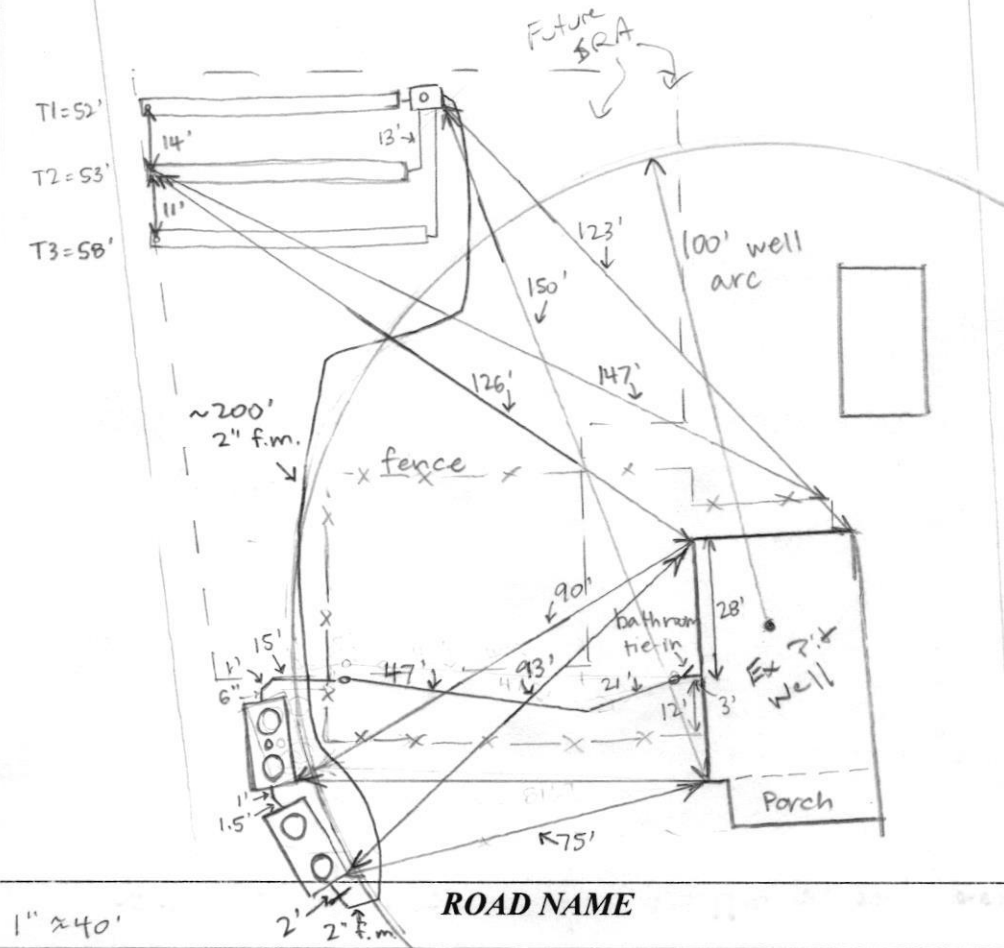
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

Future
Repl. Well Site
Area



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	6'
NUMBER OF TRENCHES 3		
TOTAL LENGTH 163'		
ABSORPTION AREA 489' + SIDEWALL		
DISTRIBUTION BOX LEVEL YES		
DISTRIBUTION BOX BAFFLE NO		
DISTRIBUTION BOX PORT YES		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL YES
 MANUFACTURER BABYLON
 CAPACITY 2000 GAL
 SEAM LOC TOP
 TANK LID DEPTH 1.5'
 BAFFLES YES
 BAFFLE FILTER NO
 MANHOLE LOC FRONT + REAR
 6" PORT LOC MIDDLE
 WATERTIGHT TEST NO
 SLOTTED YES
 DATE ON LID 2-9-15

PUMP SEPTIC TANK LEVEL YES

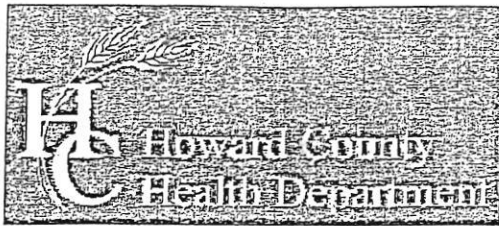
MANUFACTURER BABYLON
 CAPACITY 1500 GAL
 SEAM LOC TOP
 TANK LID DEPTH 1.5'
 BAFFLES INLET
 BAFFLE FILTER NO
 MANHOLE LOC FRONT + REAR
 6" PORT LOC NONE
 WATERTIGHT TEST NO
 SLOTTED NO
 DATE ON LID —
 1/2 h.p. W550M-20 pump

PRE-CONSTRUCTION:

7/20/15 Laid out 3x52' trenches on contour (11'). Trenches to be installed in area to maximize 100' setback and downgradient to well. Set tanks @ far NW part of property. New sch 40 from house to tanks. OK to run 2" F.M. below trenches. (Kw)

INSTALLATION: 7/21/15 Septic tank set, connection to house made. Line from house and tank bedded with #2 stone. Line from previous bathroom addition ties in prior to clean out at house. T1 finished + left open at ends. T2 dug and partially filled with stone + pipe. Buried trash found ~12' from end of T2, ~4' deep. Fogle's says buried trash in yard could cause sinkholes. Cesspool not yet pumped + collapsed. Tank set outside 100' well arc painted on grass. 3' to stone at finished part of T2. (SC) 7/22/15 Pump tank installed. 2" f.m. connected from pump tank to D-box. T3 finished + left open at ends. No additional trash found while digging trenches. Cesspool pumped. (SC) 7/23/15 Confirmed FINAL INSPECTOR Sarah Collins. DATE OF APPROVAL 7/23/15 8/14/15

with Fogle's that they abandoned the cesspool. (SC) 8/14/15 Pump + alarm with Kevin from Fogle's. Alarm works, pump pumps to D-box, pump + alarm on separate circuits. (SC)



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:

- ☒ 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: Cesspool

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 drain fields conducted?

- ☒ Yes Explain observations: Surfacing effluent
- ☐ 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:

Possible cesspool

*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: FOGLE'S SEPTIC CLEAN Contractor's Phone: 410-795-5670

Contractor's Address: 5800 OBREGAT RD. SYKESVILLE MD 21784

Property Address: 465 Sykesville Rd County file: _____

Subdivision: _____ Lot: _____ Year Built: 1920

Owner's Name: PATRICIA GANS Owner's Phone: 443-745-4209

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 reason for 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 permit is 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.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
6/25/15	Upon arrival for repair perc, owner explained that in addition for a 4th bedroom was in progress. Explained that repair needs to happen now will try to pre plan new repair system out contingent upon drilling a new well. (KMU)
7/23/15	Repair system installed. Home owner is aware system is sized for 4 Bedrooms. Any Proposed Additions will require a new well to be drilled. Future repair area will need to be perc'd and designed w/ approved Perc. test as well. (KMU)