



HOWARD COUNTY HEALTH DEPARTMENT

70937

DATE 2/2/22

Received From

Agles Septic

PHONE #

410-755-5670

For

Repair / Perc - 11882
Simpson Rd

☐ CASH
☒ CHECK

NO.

141694

Three hundred thirty

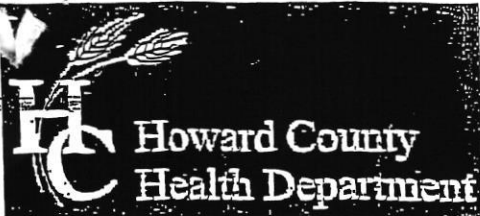
Dollars

\$

330.00

Received By

J. Kunt



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2600 Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hchealth

Twitter: @HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

11882 Simpson Rd Clarksville 21029
STREET TOWN ZIP

TAX ACCOUNT

384125

TAX MAP

41

GRID

8

PARCEL

431

LOT NO.

7

PROPOSED LOT

SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Keith Burns

DAYTIME PHONE

301-821-5723

CELL

EMAIL

kim@foglesinc.com

MAILING ADDRESS

11882 Simpson Rd

Clarksville

21029

STREET

CITY, STATE

ZIP

APPLICANT

Fogles Septic Clean

RELATIONSHIP TO OWNER

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

MAILING ADDRESS

580 Obrecht Rd

Clarksville

21787

STREET

CITY, STATE

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 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



Howard County Health Department

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

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Facebook: www.facebook.com/hocohealth

RECEIPT DATE: 2/2/22

ONSITE SEWAGE DISPOSAL SYSTEM

P 570932

APPROVAL DATE: 2/11/22

PERMIT:

REPAIR

A

PROPERTY ADDRESS: 11882 Simpson 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: Keith Burns

EMAIL: _____

OWNER ADDRESS: 11882 Simpson Road, Clarksville, MD 21029

PHONE: 301-821-5723

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: —

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. N/A APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐ Appl. 93 ton stone

TRENCHES:	LINEAR FEET REQUIRED: <u>120</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2 x 60' trenches on contour just above perc A. Pump and collect ex. Dry well.	

ISSUED BY: K. Wolf ISSUE DATE: 2/10/22 EXPIRATION DATE: 2/10/23

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 DOWNGRADE 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 N/A

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.

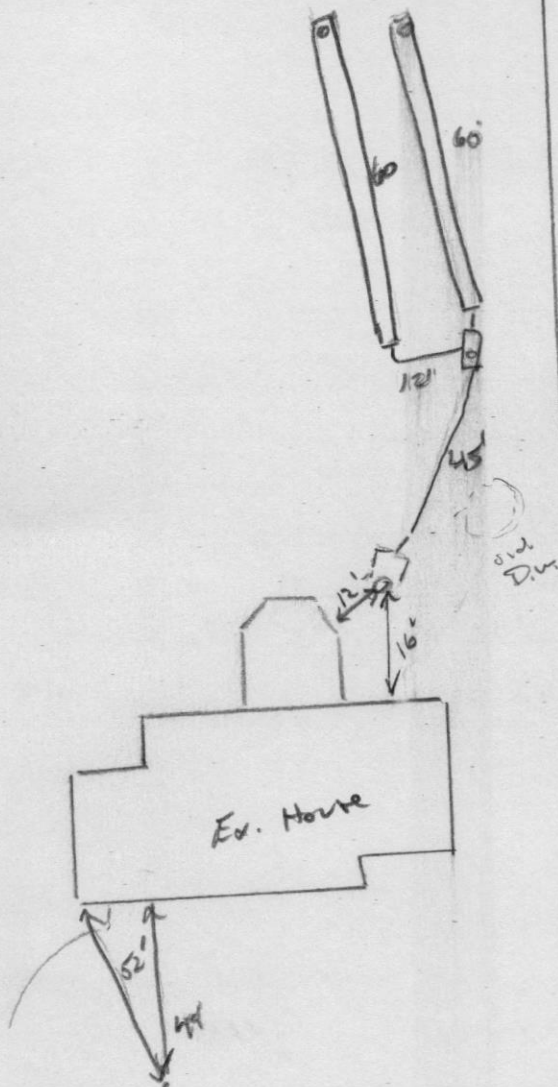
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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

NUMBER OF TRENCHES

TOTAL LENGTH

ABSORPTION AREA

DISTRIBUTION BOX LEVEL

DISTRIBUTION BOX BAFFLE

DISTRIBUTION BOX PORT

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER

CAPACITY 250 GAL

SEAM LOC mid

TANK LID DEPTH 18"

BAFFLES Yes

BAFFLE FILTER no

MANHOLE LOC center

6" PORT LOC none

WATERTIGHT TEST ok

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

PRE-CONSTRUCTION:

2/10/22 Install new Dbox just beyond ex. drywell outside of 100' well oc. Run 2x 60' trenches on contour. Pump/corner ex. drywell. (Kw)

INSTALLATION:

2/11/22 Trenches installed per design. OK to backfill work. (Kw)

FINAL INSPECTOR

R. W. [Signature]

DATE OF APPROVAL

2/10/22



(A)

Drk Br L
m Co SBK,
roots

2' Red/Rd CL

m Co SBK,
Frisble,
10% rx.
Boulders

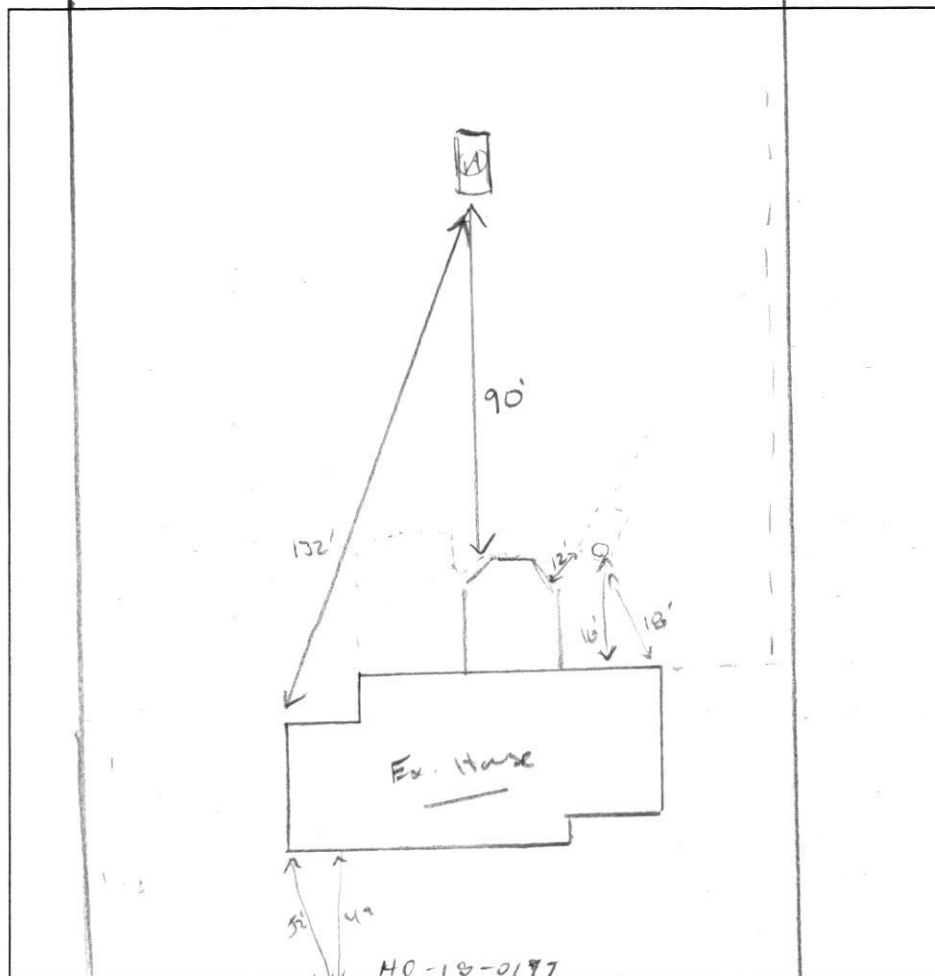
4' Rd/Bk SL

m Co SBK
Frisble
15% rx;
Weacans

6' 1' Rd/Bk SL

Wk fpl
Frisble
m Co SBK

15'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/10/22	(A)	4' 10" / 15'	00:44	00:46	00:48	2	P
		6' 2"	00:53	01:02	01:20	18	P
		14' 20" poured @ 15'				10 mpi	P

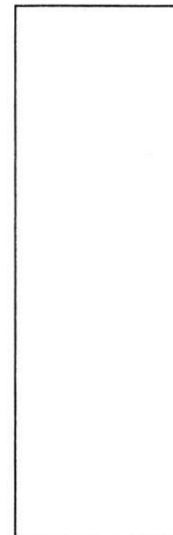
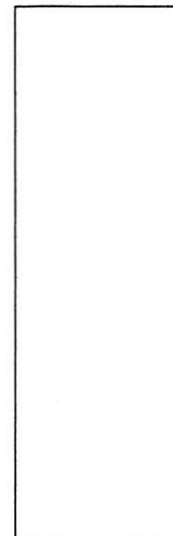
REMARKS

SANITARIAN K. Wolf BACKHOE Jack = Frisby OTHERS _____

TEST HOLES USED IN SDA 1 AVG. PERC TIME 10 mpi SQ. FT/BR 0.8

TRENCH WIDTH 2 INLET DEPTH 3 MAX. BOT DEPTH 10 EFFECTIVE SW 5-10

$$40R = \frac{600}{0.8} = 750 \div 2 = 375 (.31) = 116 \quad 2 \times 600$$





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410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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:

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: _____
____ No _____

Was a visual inspection of the sewage line conducted?

____ Yes
____ No

Blockage Leading to the field

____ Yes Explain _____
____ No _____

*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 Clean

Contractor's Phone: 410-795-5620

Contractor's Address: 580 Obrecht Rd Sykesville 21784

Property Address: 11882 Simpson Rd

County File: _____

Subdivision: Simpson Woods

Lot: 7 Year Built: 1979

Owner's Name: Kath Burns

Existing bedrooms: 4

Name of previous owners: _____

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