

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-SP-APP-23-00159
Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application
Address: 14831 Triadelphia RD,

Receipt No.	7539					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	79188	\$265.00	08/01/2023	JUKING		Receipt # 74978
Work Description:	Septic Repair/ 14831 Traidelphia Rd					

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-23-02257
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 14831 Triadelphia RD,

Receipt No.	7540					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	79188	\$265.00	08/01/2023	JUKING		Receipt # 74978

Work Description: Repair Perc/ 14831 Traidelphia Rd



HOWARD COUNTY HEALTH DEPARTMENT

74978

DATE

7/3/23

15/15

Received
From

Taxes

PHONE #

For

☐ CASH

☐ CHECK

NO.

79188

\$

530100

Eric Supric Repair 14831 Truax Rd
Fine Reminded thirty Dollars

Received By

King



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

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: 5/31/23
☐ No

Was a visual inspection of the septic tank and/or drain fields conducted?

☒ Yes Explain observation: drywell and trench failing
☐ 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 Clean, Inc.

Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville, MD 21784

Property Address: 14831 Triadelphia Rd

County File: 05-359600

Subdivision: Goshen Property

Lot: Par A Year Built: 1850

Owner's Name: Laura Stern

Existing bedrooms: 4

Name of previous owners: Brian Schiner

Existing bedrooms: _____

Charles Goshen

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



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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Goshen Property

PROPERTY ADDRESS 14831 Triadelphia Rd Glenelg, MD 21737
STREET TOWN ZIP

TAX ACCOUNT # 05-359600 TAX MAP 27 GRID 5 PARCEL 93 LOT NO. Par A PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Laura Stern

DAYTIME PHONE 301-854-3444 CELL _____ EMAIL melpeds@verizon.net

MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean, Inc.

RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL john@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville, MD 21784
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

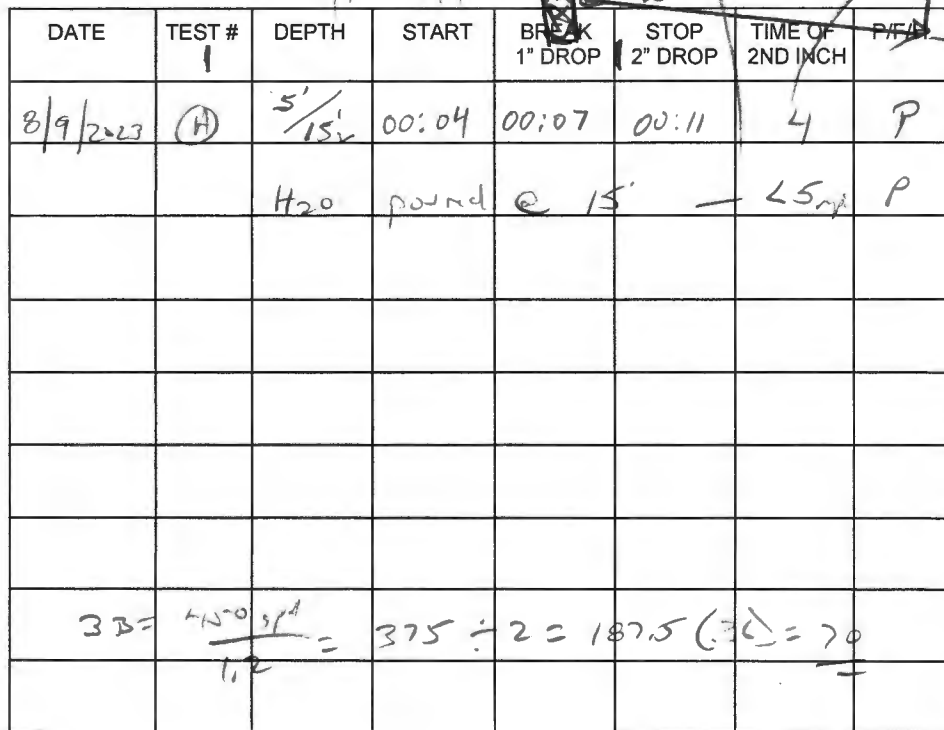
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

D-K BrL
 WK 23 BK
 Frickle
 Br Rd L
 WK Co 55K
 Frickle 15%
 Sup, price
 L Br/Y SL
 WK F 5BK
 Frickle,
 many pance
 10% Sup.
 L Br/Y/R S
 WK F ph.
 Frickle,
 Highly successful
 100% R



REMARKS Ex. Duv. Full, Ex. trench full, found second trench w/ br-wat
SANITARIAN Kevin W. BACKHOE Mike = Fogles OTHERS _____
TEST HOLES USED IN SDA 1 AVG. PERC TIME 7 SQ. FT. ~~1.2~~ 1.2
TRENCH WIDTH 2 INLET DEPTH 3' MAX. BOT DEPTH 8 EFFECTIVE SW 4-8' (.3c)