

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME J⁷ LOT # _____
 PROPERTY ADDRESS 12178 Mt. Albert Rd, Ellicott City 21042
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 22 GRID 12 PARCEL 168 ZONING DESIGNATION Res

PROPERTY OWNER(S) THOMAS RAUNER

DAYTIME PHONE 240-757-7040 CELL _____ EMAIL _____

MAILING ADDRESS 12178 Mt. Albert Rd Ellicott City, MD 21042
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL Kim @ Foglesinc.com

MAILING ADDRESS 580 ORRECHT 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):

- 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)
- PROPERTY:
 SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 REPAIR OR REPLACE FAILING OSDS
 UPGRADE EXISTING OSDS
- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
 YES
 NO

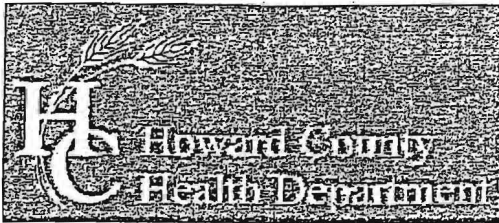
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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] 5/1/2015
 SIGNATURE OF APPLICANT DATE



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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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

Has the septic tank been pumped within the last month?

- Yes Date pumped: 4/30
No

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

- Yes Explain observations: tank overflow
drywell overflow
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

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No

Additional Comments: Failing drywell

*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: Fogles Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd

Property Address: 1217B Mt. Albert Rd County file:

Subdivision: Lot: Year Built: 1979

Owner's Name: Owner's Phone: 240-750-7040

Name of previous owners: Existing bedrooms: 4

Proposed bedrooms: none

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

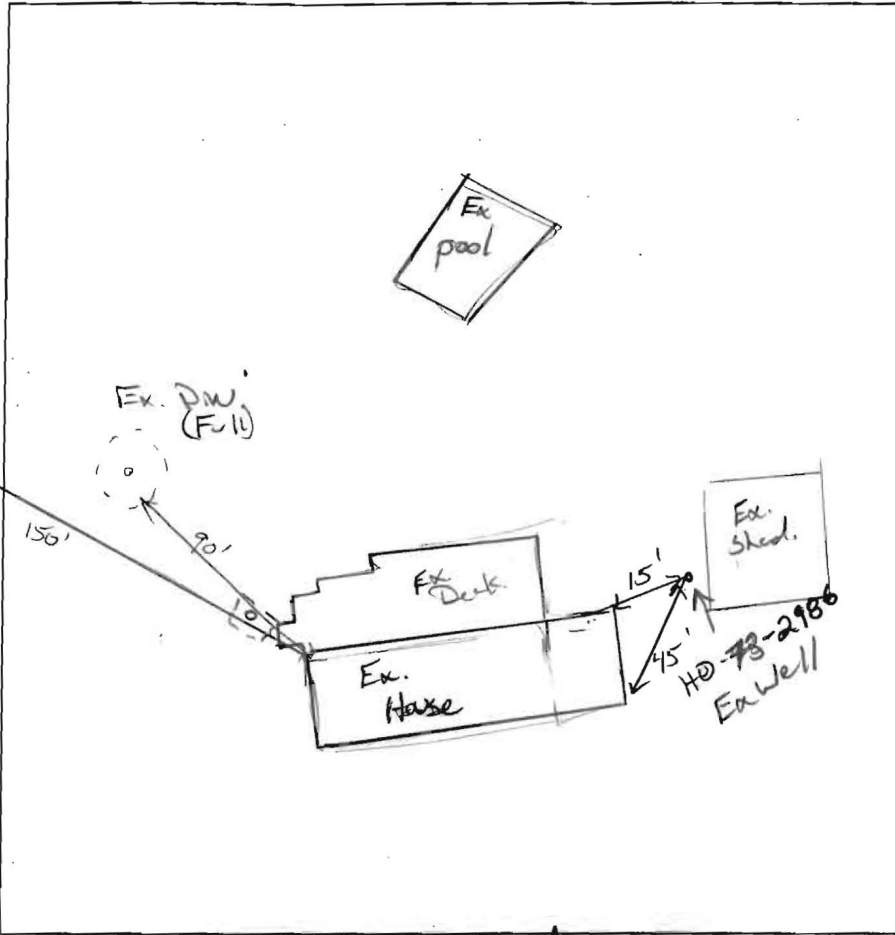
If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

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.





mt. Albert Rd.

8"
2'
5'
15'

①
Dk Br. L, roots 2SBK
Br - 11 Br.
CL, Frable, CW, mSBK
Br/Rd L, WK SBK, Frable, CW.
5% sgnth.
Br/Y SL, Highly micaceous. 5% w/ wk sp. Dry, consistent. ~5%

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2ND INCH	P/F/H
5/15/15	①	6' / 5'	00:00	00:01:30	00:04:00	2.5	P
	Regr	6'	00:00	00:03:30	00:08:00	5	P

REMARKS Dry well Full. Perc done just below Dry well.

SANITARIAN: K. Wolf BACKHOE Jimmy Boon OTHERS BP / owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME SQ. FT/BR 1.2 gpd

TRENCH WIDTH 3' INLET DEPTH 5' MAX. BOT DEPTH 7' EFFECTIVE SW 5-7

$5BR = \frac{750}{1.2} = 625 \div 3 = 208 (1.62) = 130 LF$



HOWARD COUNTY HEALTH DEPARTMENT

55846

DATE
5 / 1 / 15

① A5
② P5

Received From

Doglas Septic Clean

PHONE #

410 995-5670

① Repair PVC - Mt Albert Rd, 12178

② Upgrade (Pienp chamber septic permit) 13135

CASH

CHECK

NO.

41394

Seven hundred twenty six ^{xx} Dollars

\$

726.00

Received By

J King