

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., Health Officer

RECEIPT DATE: 9/29/14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 554647
 INSTALLATION
 APPROVAL
 DATE: 11/5/2014 **PERMIT** A Repair
REPAIR

PROPERTY ADDRESS: 6429 Lochridge Road
 SUBDIVISION: Braeburn LOT: 35 TAX ID: 05-372089
 CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kevin@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: Lynn Tessmer EMAIL: _____
 OWNER ADDRESS: 6429 Lochridge Road, Columbia, MD 21044 PHONE: 410-599-2508

SEPTIC TANK SIZE (GALLONS): _____
 PUMP CHAMBER CAPACITY (GALLONS): _____ STATIC HEAD (FEET): _____
 NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: _____
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

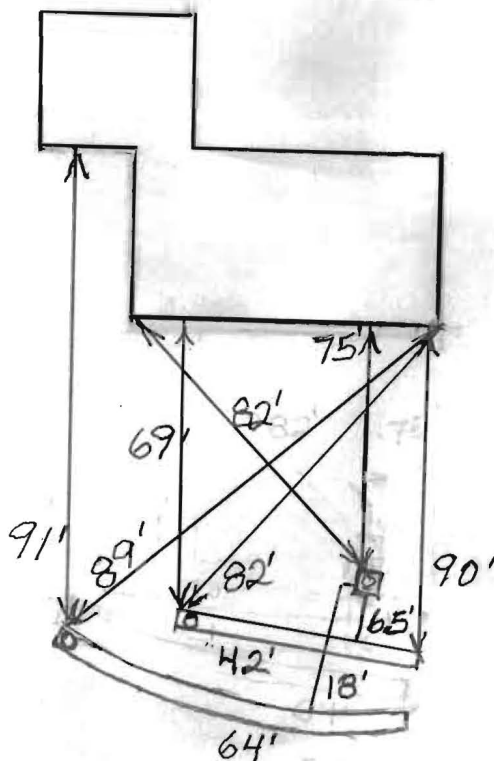
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:		
NOTES:		

ISSUED BY: _____ 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

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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	10.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		106'
ABSORPTION AREA		636
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

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 _____

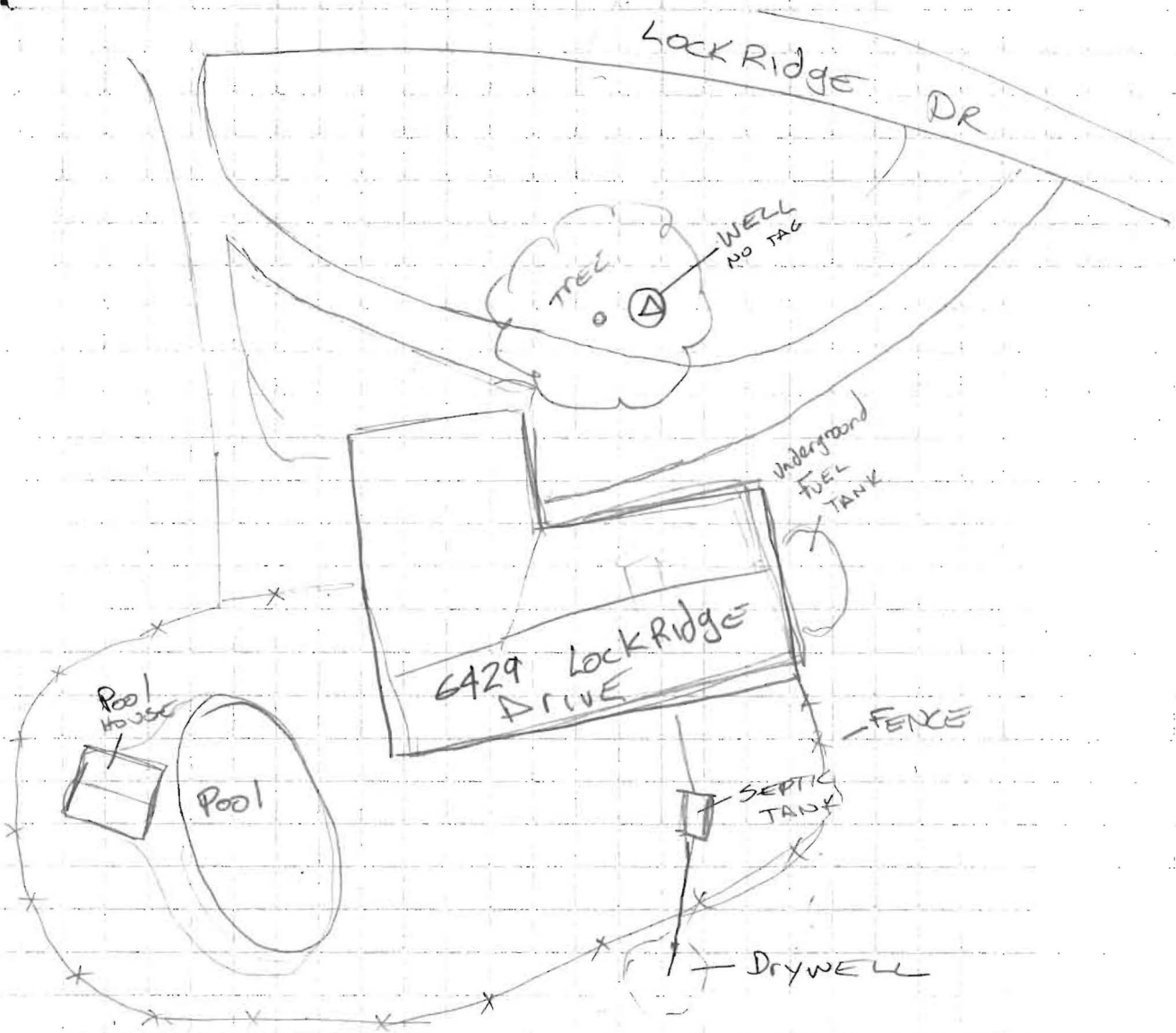
PRE-CONSTRUCTION:

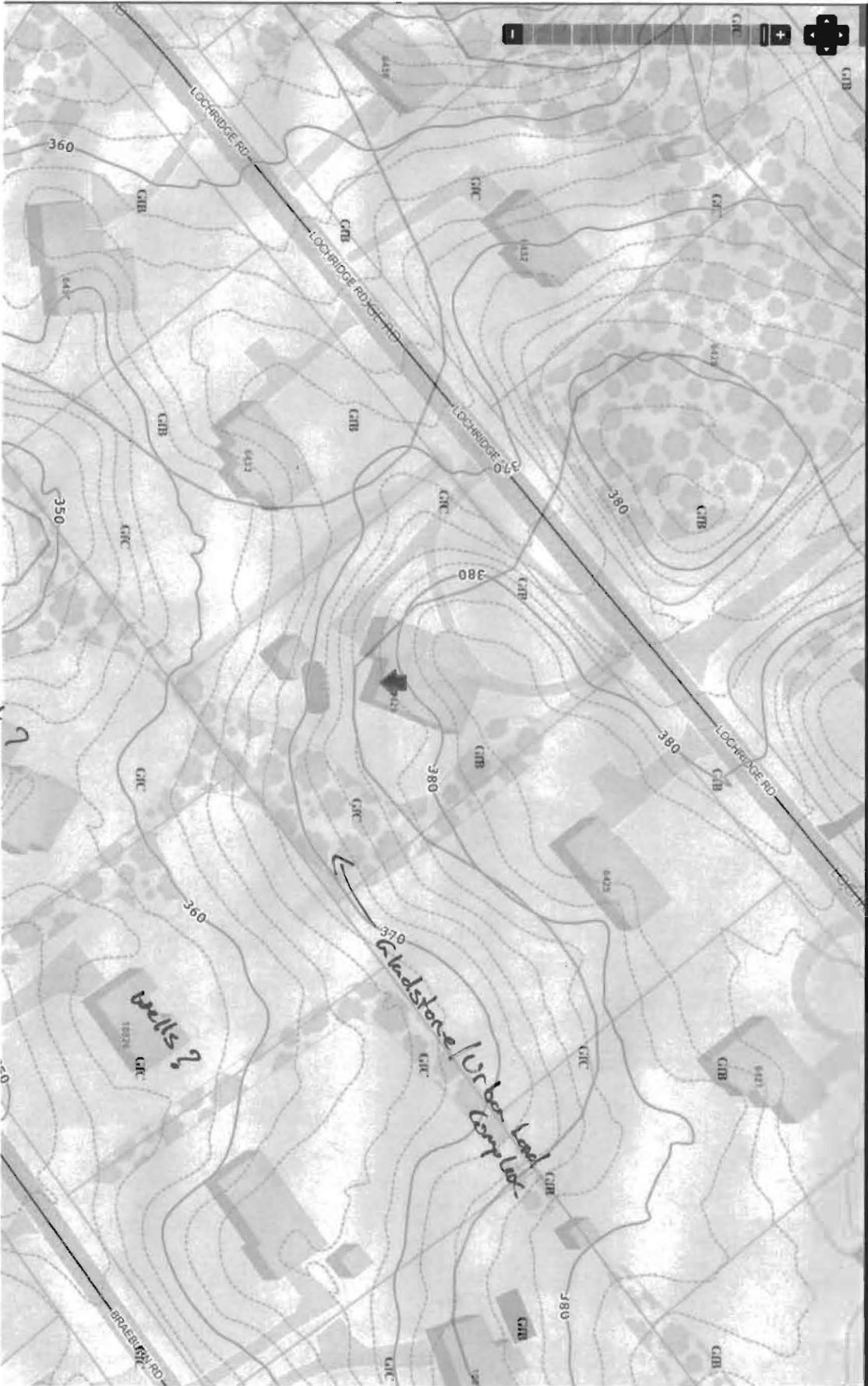
10/16/2014 Trenches laid out. (BB)

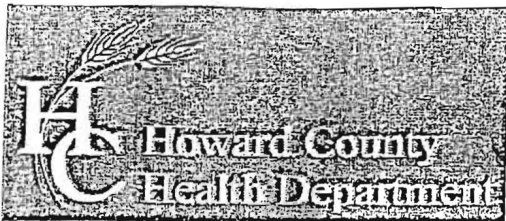
INSTALLATION: 11/5/2014 System installed, o.w. to backfill. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 11/5/2014







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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:
No

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

- Yes Explain observations: Full drywell
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:

*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 Contractor's Phone: 410-795-5670
Contractor's Address: 520 ORBECHT RD

Property Address: 6429 Lochridge Rd County file:
Subdivision: Barbours Section 3 Lot: 35 Year Built: 1970
Owner's Name: Lynn TESSMER Owner's Phone: 410-599-2500

Map 35
Grid 17
Parcel 255

Name of previous owners: Existing bedrooms: 3
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name):
Public Sewer available/nearby:

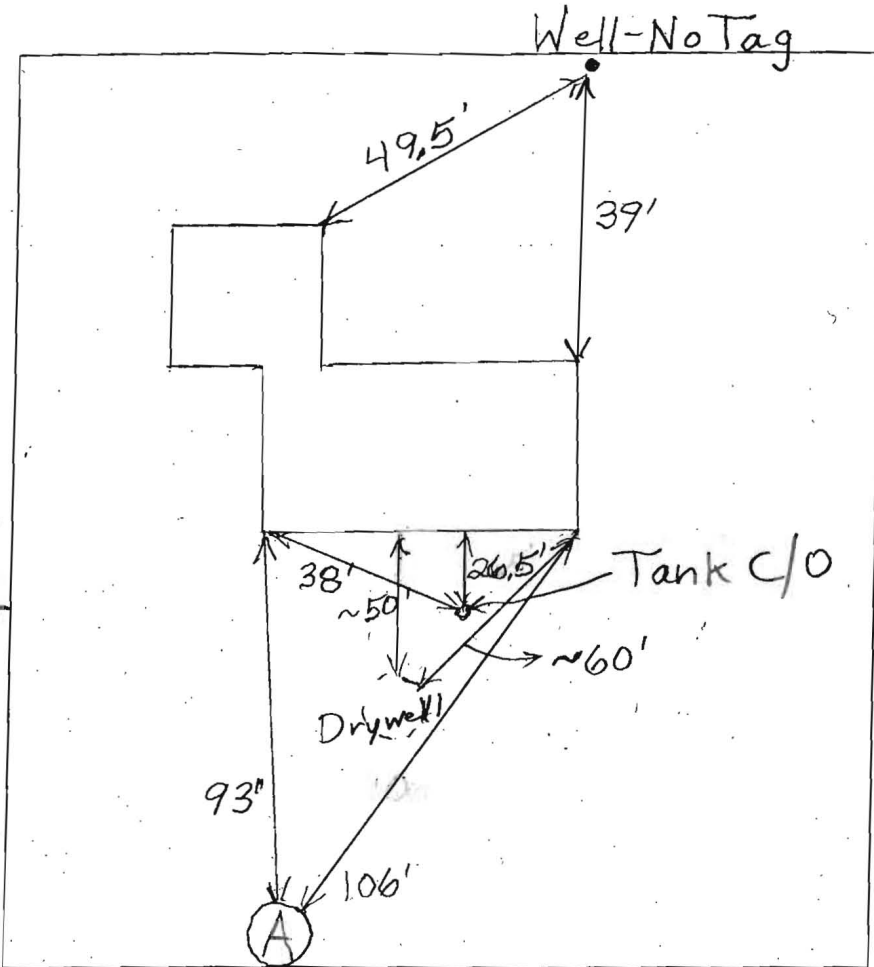
*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

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.

A/P

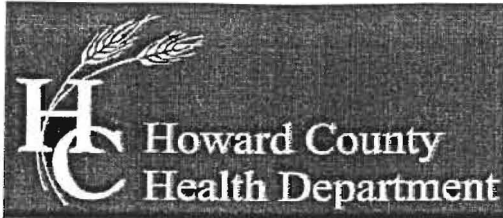
(A)

- 3.5'-4' Very Dense Br Sa Cl Loam
- 4.5' Fine, Dense Sa Loam
- 6' Fine, Dense Loamy Sa
- 7'-10' Fine, Moderately Dense Loamy Sa
- 16' Moderately Dense Coarser Loamy Sa 15-20% Rock



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/16/2014	A	8'/16'	11:18	11:19:30	11:21:30	2	P
		5.5'	12:06	?	12:46	~27	P

REMARKS Water Paused in Bottom of Hole - Rate O.K.
 SANITARIAN B. Baker BACKHOE Fogles OTHERS Ms. Tessmer
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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HOWARD COUNTY HEALTH DEPARTMENT

54647

DATE 9/29/14

P5

Received From

Toglas Septic

PHONE #

410 795-5670

For

Repair ^{SV} / 6429 Lochridge Dr
1684 Woodstock Rd

CASH

CHECK

NO.

17201

Three hundred thirty 71 Dollars

\$

330 | 00

Received By

J. King