



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: 9/1/2015

ONSITE SEWAGE DISPOSAL SYSTEM

P 557353

APPROVAL DATE: 10/5/15 *(KAW)*

PERMIT:

REPAIR

A Repair

PROPERTY ADDRESS: 13950 Brighton Dam Road

SUBDIVISION: Aintree Est.

LOT: 13 TAX ID: 5344174

CONTRACTOR: Fogles Septic

EMAIL: Kevin@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville MD

PHONE: 410-795-5670

PROPERTY OWNER: Brincefield

EMAIL: _____

OWNER ADDRESS: 13950 Brighton Dam Road

PHONE: _____

SEPTIC TANK SIZE (GALLONS): N/a PUMP CHAMBER CAPACITY (GALLONS): N/a PUMP SIZE: N/a

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. n/a APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>90'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Trenches staked at time of perc test. Aprx. 5-6' of fill. Effective area starting around 5'. Install 2x45' trenches on true contour just below existing failed drywells.	

ISSUED BY: K. Wolf, LEHS

ISSUE DATE: 9/18/2015

EXPIRATION DATE: 9/18/2016

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 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.

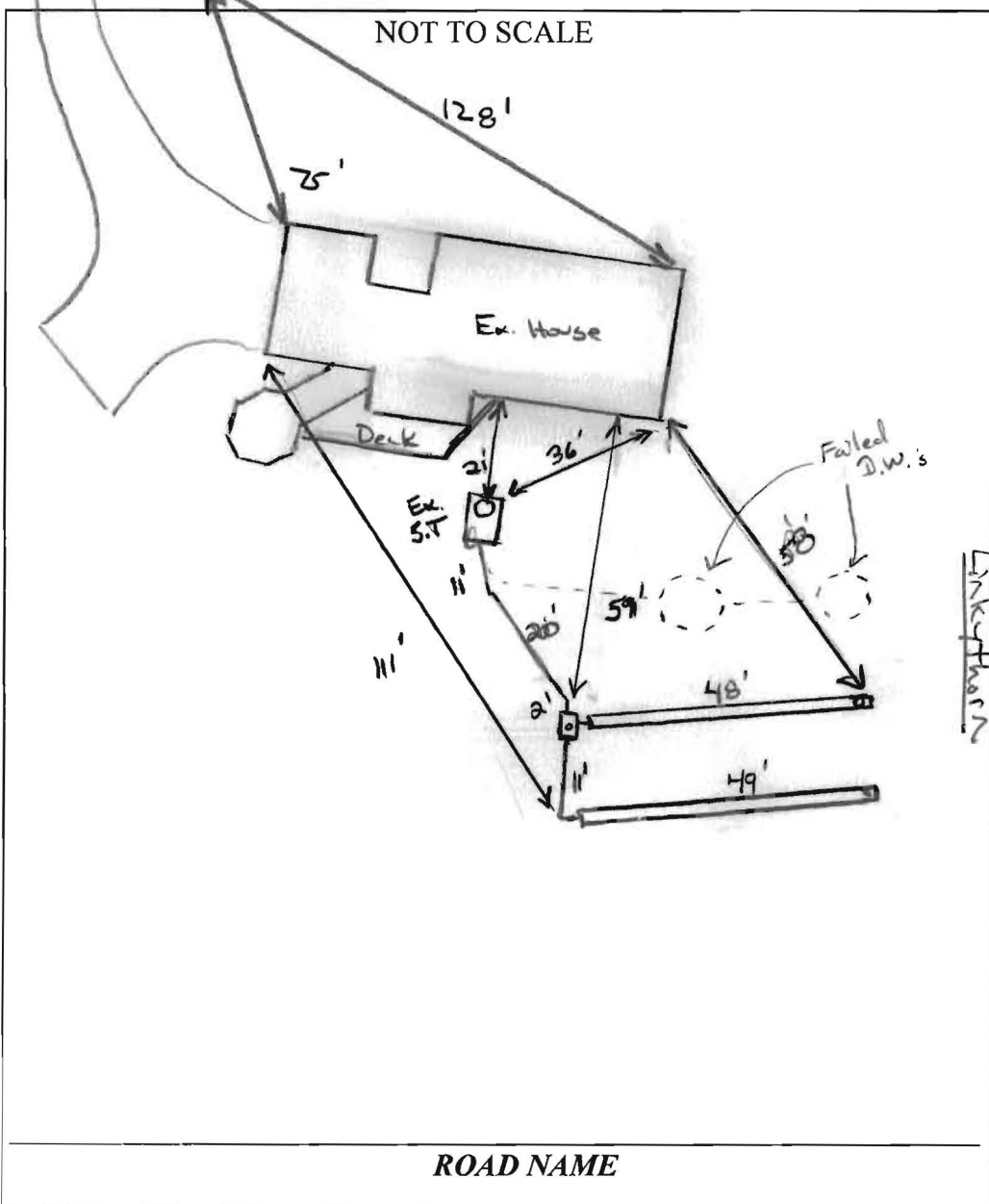
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

Ex Drilled Well (No Tag)

Brighton Dam Rd

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	9'

NUMBER OF TRENCHES 2

TOTAL LENGTH 97'

ABSORPTION AREA 194' + 5W

DISTRIBUTION BOX LEVEL Leveler's

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER ?

CAPACITY 1350 GAL

SEAM LOC mid

TANK LID DEPTH 3'

BAFFLES Yes (New outlet)

BAFFLE FILTER N/A

MANHOLE LOC Front

6" PORT LOC no

WATERTIGHT TEST OK

SLOTTED no

DATE ON LID N/A

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

SLOTTED

DATE ON LID

PRE-CONSTRUCTION:

9/18/15 Install 2x45' trenches on contour just below existing failed Drywells. Contour shot w/ ex grade. Kap bottom's level. Pump/collapse ex. Drywells. (KMW)

INSTALLATION: 10/5/15 System installed and completed per specifications.

Ex. Drywells exposed. To be pumped and collapsed following day. Dist. box leveled w/ "speedy levels". OK to cover (10/6/15) To verify Drywell abandonment via site map (KMW)

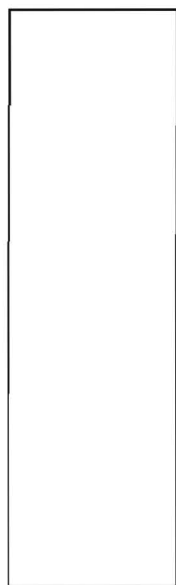
FINAL INSPECTOR

J. K. Hoff

DATE OF APPROVAL

10/5/15

A/P _____



(A)

50 yds ±
fill approx. 5'
Hvy Br/Y L,
strong SBK
friable roots

4-5'

Li Br/Y/Rd
FSL, Friable.
Massive,
somewhat platy,
Highly massive

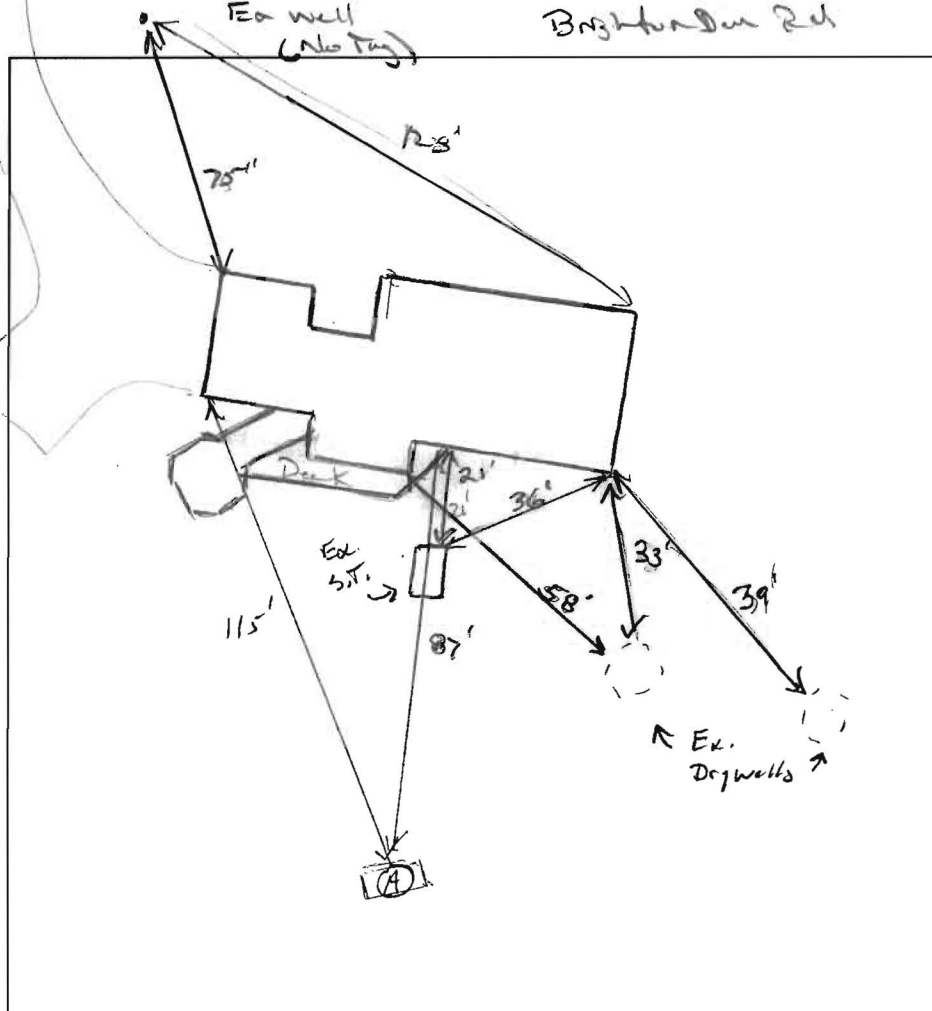
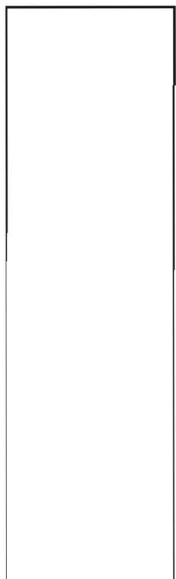
10'

Br/Y/R SL

wk platy,
very Friable/massive
5% silt & sh.ing.

14'6"

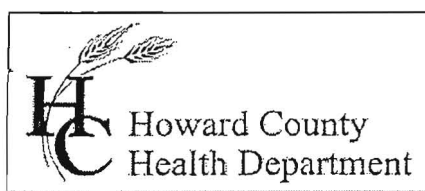
Highly massive
Dry.



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/18/15	(A)	6' 1/4"	00:31	00:34	00:38	41	P

REMARKS Approx 5' of fill, soil ok below fill.SANITARIAN K. Wolf BACKHOE Smiley & Foster OTHERS ownerTEST HOLES USED IN SDA 1 AVG. PERC TIME 4 SQ. FT/BR 62TRENCH WIDTH 2 INLET DEPTH 3 MAX. BOT DEPTH 9 EFFECTIVE SW 5

$$4BR = \frac{600 \text{ gal}}{1.2} = 500 \div 2 = 250 (.36) = 90'$$



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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME clarks, ille LOT # 73
PROPERTY ADDRESS 13950 Brighton dean Rd. Highland MD 21029
STREET TOWN ZIP
TAX ACCOUNT # _____ TAX MAP 34 GRID 13 PARCEL 247 ZONING DESIGNATION Res.

PROPERTY OWNER(S) Carey Brincefield

DAYTIME PHONE 301 351 5152 CELL _____ EMAIL _____

MAILING ADDRESS SAME STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL Kim@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):

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 OF APPLICANT

DATE



HOWARD COUNTY HEALTH DEPARTMENT

57353

9/11/15 DATE

A5

Received
From

FOGIAS

PHONE # 410-795-5670

For

Perc Repair: 13950 Brighton Dam Rd

☐ CASH
☒ CHECK

NO.

50750

Three hundred thirty 00/100

Dollars

\$ 330 | 00

Received By

ym Curry

BRIGHTON DAM ROAD.

