

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: 3/8/2016 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558025

APPROVAL DATE: 3/17/16 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 3843 Route 94

SUBDIVISION: _____ LOT: _____ TAX ID: 4312317

CONTRACTOR: Fogle's Septic EMAIL: kevin@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: James Eader EMAIL: _____

OWNER ADDRESS: Same PHONE: _____

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

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. n/a APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>124</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11-13'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new Dbox just beyond existing s.t. Trenches to be installed on contour running south on property parallel to Rt. 94. Area must be cleared of compost, trash and tree shrubs. Will layout system once cleared. Please notify Health Dept once area is cleared. Install 3x42' trenches as indicated above. Please note: Existing Garage/Apartment will not support any increased flow to the new system. There for, any plumbing found must be capped off or correct permits must be applied thru the county and HD.	

ISSUED BY: K. Wolf ISSUE DATE: 3/15/2016 EXPIRATION DATE: 3/15/2017

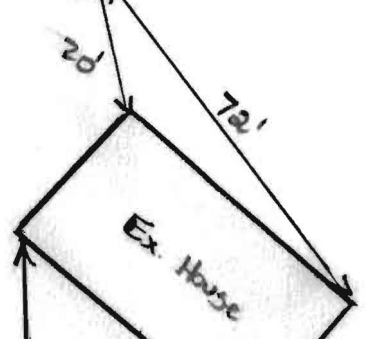
- NOTE: **CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: **CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING**
- NOTE: **STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR 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.

NOT TO SCALE

Ex. Garage / App
(Disproportioned)

Ex Well Loc.
(Buried)



Route 94

ROAD NAME 46'

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2	4.5'	8.5'
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>126'</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Yes - levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>N/A</u>
CAPACITY	<u>1000?</u> GAL
SEAM LOC	<u>mid</u>
TANK LID DEPTH	<u>2.5'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>none</u>
WATERTIGHT TEST	<u>OK</u>
SLOTTED	<u>no</u>
DATE ON LID	<u>N/A</u>
PUMP/SEPTIC TANK LEVEL	<u>N/A</u>
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

3/15/16 Install system as indicated on permit. Notify HD when area is cleared so system can be properly laid out (pm)

3/16/16 Contour shot in field. Install 3x42' trenches as shown on permit. Area cleared. (pm)

3/16/16 (pm) Contractor had Diox run and plumbed. Lower trench digging 8.5' bottoms. Placing stone slowly, stone from Fieldnet, dirty. OK to continue. Told him to leave trench ends open for inspection (pm)

3/17/16 Site inspection contractor on site. trenches complete, ends left open for inspection. D box open - levelled water flow at speed levelers. work looks good ok to backfill. (pm)

FINAL INSPECTOR R. Rappaport DATE OF APPROVAL 3/17/16



HOWARD COUNTY HEALTH DEPARTMENT

58025

DATE 3/8/16

A5

Received From

Fogles Septic Clean

PHONE #

410-995-5670

For

Proc - Repair / 2843 21.94

CASH

CHECK

NO.

58155

Three hundred thirty

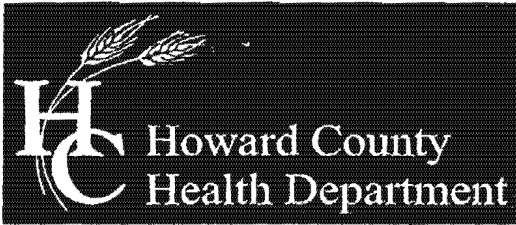
Dollars

\$

330.00

Received By

AKemp



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**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS _____

STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 19 GRID 6 PARCEL 03 LOT NO. 1 ~~PROPOSED~~ LOT SIZE (ACRES) .682

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) JAMES EADEA

DAYTIME PHONE 301 461 5751 CELL _____ EMAIL _____

MAILING ADDRESS 3843 Woodbine Rd, Woodbine MD. 21797
 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 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 _____ 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?

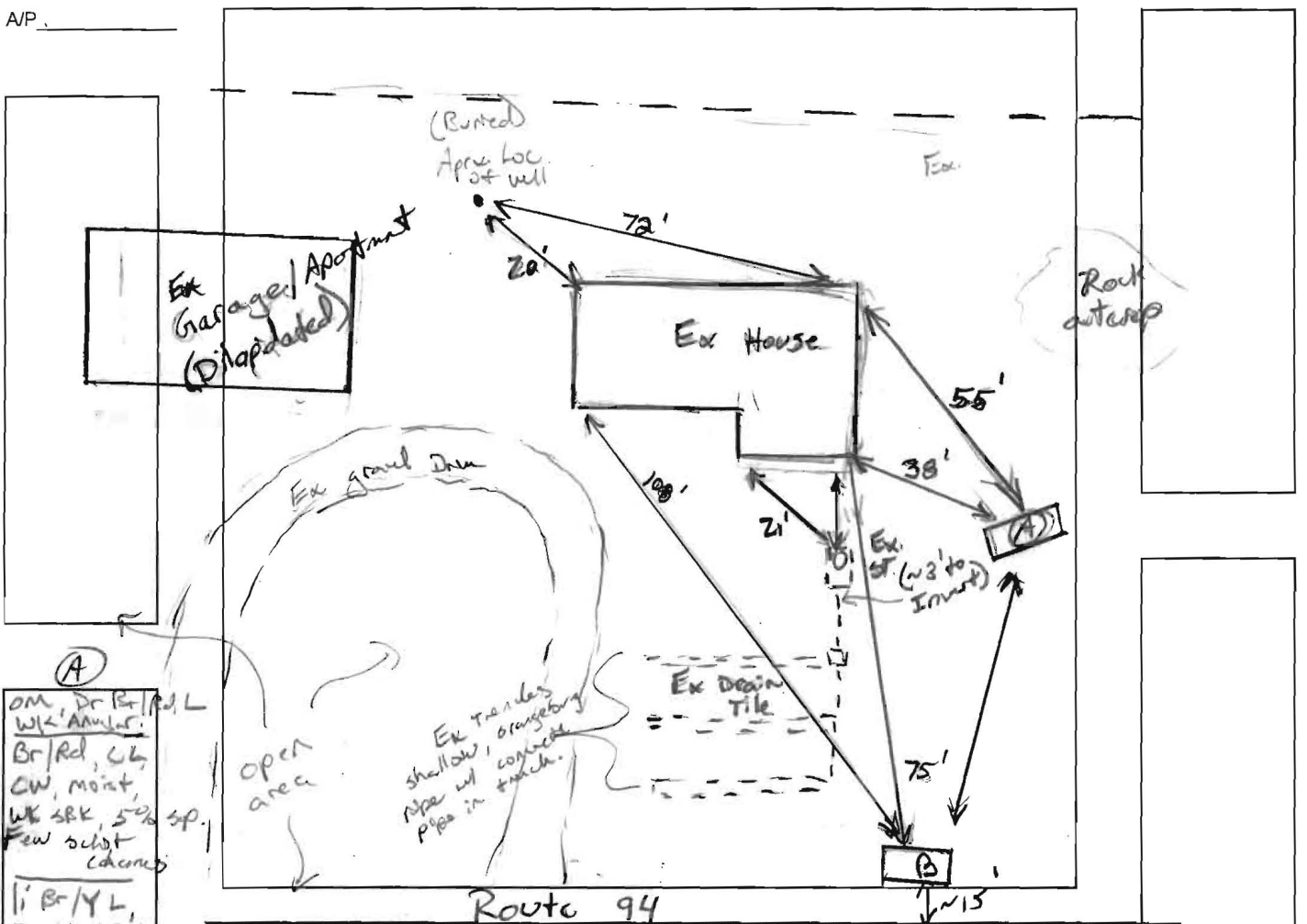
- YES
- NO

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] 3/8/2016
 SIGNATURE OF APPLICANT DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/15/16	(A)	5'6" / 14.5'	00:49	00:58	01:15	17	(P)
		7'8"	00:30	00:36	00:46	10	(P)
		H2O poured @ bottom				~5	(P)
	(B)	Visual OK below 5'				→	(P)
		H2O poured @ bottom				~5	P

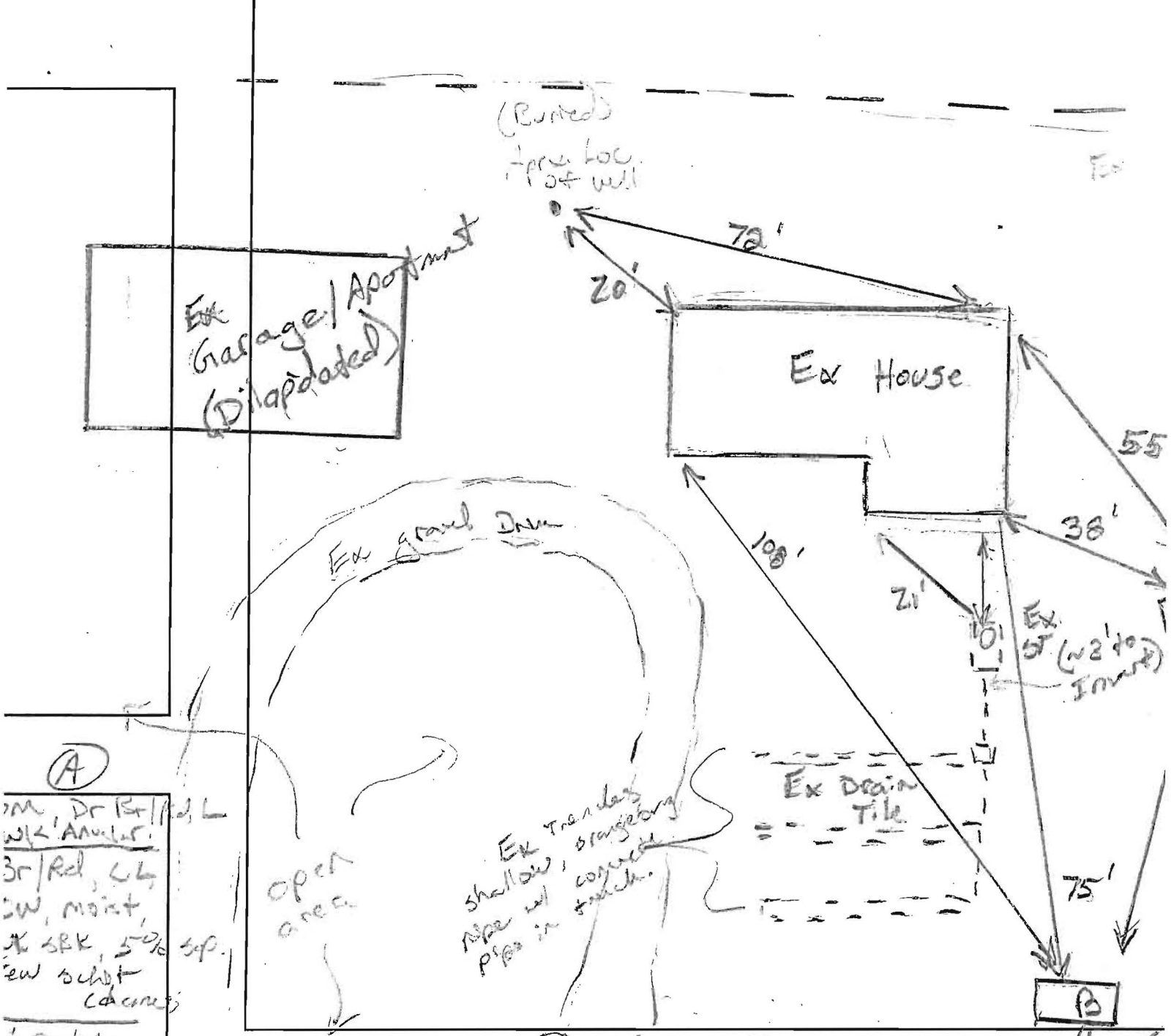
REMARKS Area limited to front yard

SANITARIAN K. Wolf BACKHOE Jamie Deanes OTHERS OWNERS

TEST HOLES USED IN SDA 2 AVG. PERC TIME 13.5 SQ. FT/BR 0.9 gal/ft²

TRENCH WIDTH 2 INLET DEPTH 4.5" MAX. BOT DEPTH 8.5 EFFECTIVE SW 5.5

15.5' $3(150) = 450 \text{ gpd} \div 0.8 = 562.5 \div 2 = 281 (.44) = 12.4 \text{ LF}$



(A)

3M, Dr Br/Red L
 wk Anular.
 3r/Red, CL
 SW, moist,
 JK SBK, 50% sep.
 few schot
 calcareous

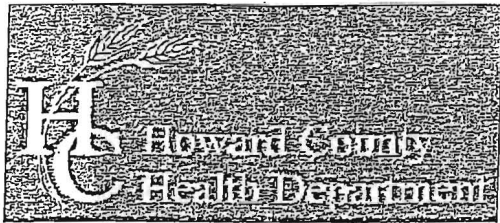
1 Br/Y L
 1-wk SBK
 few shaly channels
 visible,

3r/Red/Y L
 JK platy,
 1-15% white sep.
 ry, consistent

↓

(B)

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH
3/15/16	(A)	5'6" / 14.5'	00:49	00:58	01:15	17
		7'8"	00:30	00:36	00:46	10
		H2O poured @ bottom				15
	(B)	Visual	OK	below	5'	→



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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: 3/4/16
- No

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

- Yes Explain observations: LINES OPEN. FAILING
- No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

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
- No

Is discharge surfacing on the ground?

- Yes
- No Backing up.

Additional Comments: H2O Running Back from field

*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 INC Contractor's Phone: 410.795.5670
 Contractor's Address: _____

Property Address: 3843 Woodbine Rd County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: JAMES EADER Owner's Phone: 301.46.5751

Name of previous owners: _____ Existing bedrooms: _____
 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.