

**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 2/23/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558008

APPROVAL DATE: 3/8/16 **PERMIT: REPAIR** A \_\_\_\_\_

PROPERTY ADDRESS: 10565 Route 108

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 05-391709

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

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

PROPERTY OWNER: Kevin Taylor EMAIL: \_\_\_\_\_

OWNER ADDRESS: 10565 Route 108, Columbia, MD 21044 PHONE: 410-802-6777

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

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED  105 tons stone

TRENCHES:	LINEAR FEET REQUIRED: <u>146'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: 2x73' trenches on contour - painted and flagged in field  
Run trenches to edge of driveway  
okay to keep observation pipes 5-8' from ends  
 \* Public Sewer Connection Available. 4" tap @ edge of property. Owner needs to

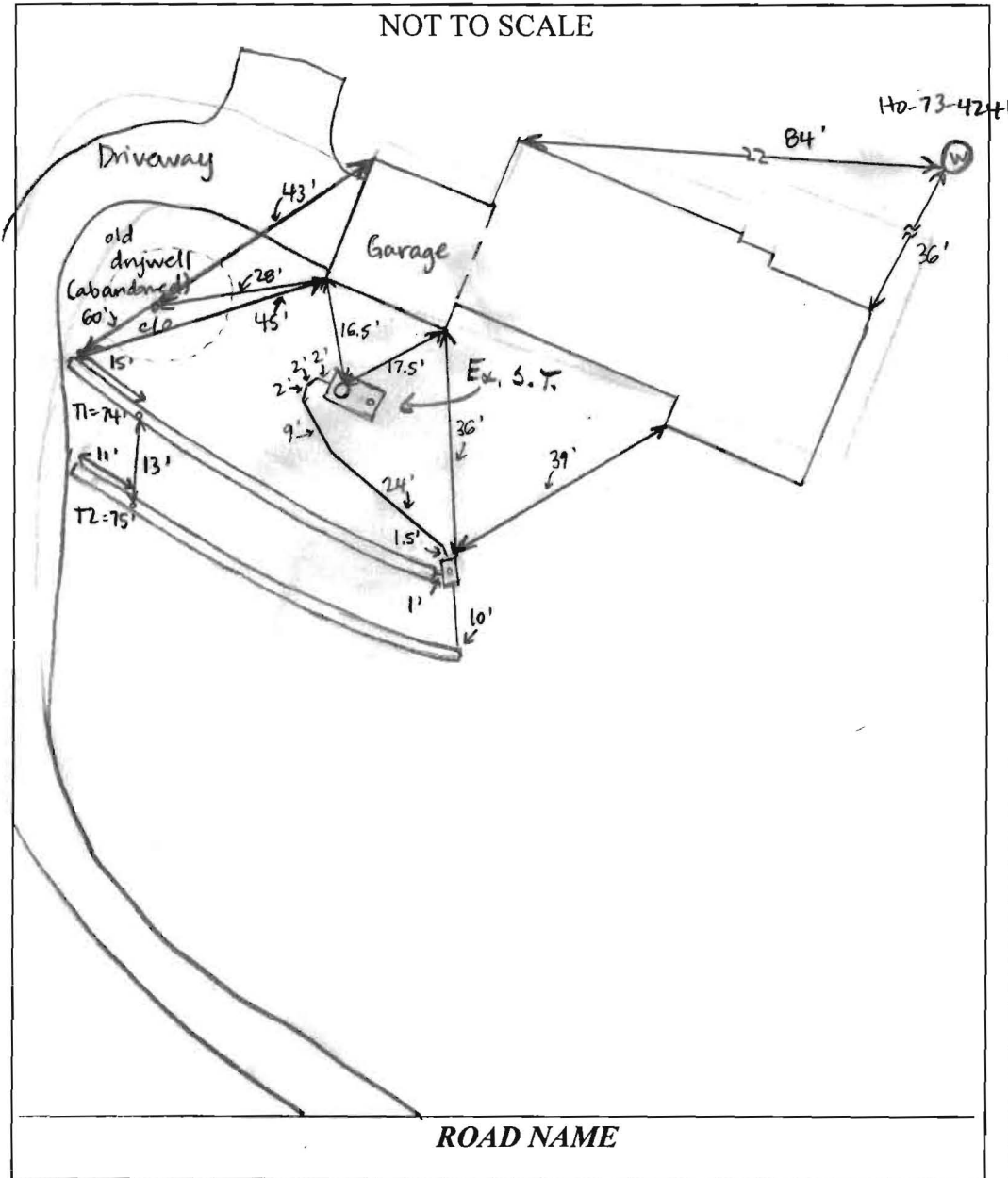
ISSUED BY: KW/SC ISSUE DATE: 2/29/16 EXPIRATION DATE: 2/29/17

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION apply to Ho Co.
- 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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	10'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	159'	
ABSORPTION AREA	318' + SIDEWALL	
DISTRIBUTION BOX LEVEL	YES	
DISTRIBUTION BOX BAFFLE	YES	
DISTRIBUTION BOX PORT	YES	

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	_____
MANUFACTURER	unknown
CAPACITY	2000 GAL
SEAM LOC	mid
TANK LID DEPTH	3'
BAFFLES	REAR
BAFFLE FILTER	NO
MANHOLE LOC	REAR
6" PORT LOC	FRONT
WATERTIGHT TEST	NO
SLOTTED	NO
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:

2/29/16 Met with Fogles on site. Septic tank is full and liquid in dry well is ~ 2' from the surface. Shot contour for two potential trenches downgradient of existing trench off drywell. Dug a perc hole below trenches - rate 6 min/in at 6', likely similar rate at slightly shallower depths, so sidewall credit given at 5'. Designed system for 5 BR, 0.9 gpd/ft<sup>2</sup>; 2 x 73' trenches laid out on contour. Dry well must be pumped + filled in at install. (SC/KW)

INSTALLATION: 3/7/16 Drywell pumped (~6000 gal) + septic tank partially pumped. New line tied into tank outlet. Okay to change inlet to 4.5' in order to make fall. Existing saturated trench may be bleeding back into drywell. (SC) 3/7/16 D-box installed and connected to tank. (SC) 3/8/16 Trenches complete and left open at ends, 3.5' to stone. Fogles said some rock hit at end of T1. Observation pipes not at trench ends to protect from cars on driveway. Speed levelers on D-box leveled. Drywell pumped + filled in with dirt. (SC)



# HOWARD COUNTY HEALTH DEPARTMENT

58008

DATE 2/23/16

A5  
410-795-5070

Received From

Togles Septic Co.

PHONE #

410-795-5070

For

Percol Repair - 10565  
RT. 108

CASH

CHECK

NO.

52616

Three hundred thirty x

Dollars

\$

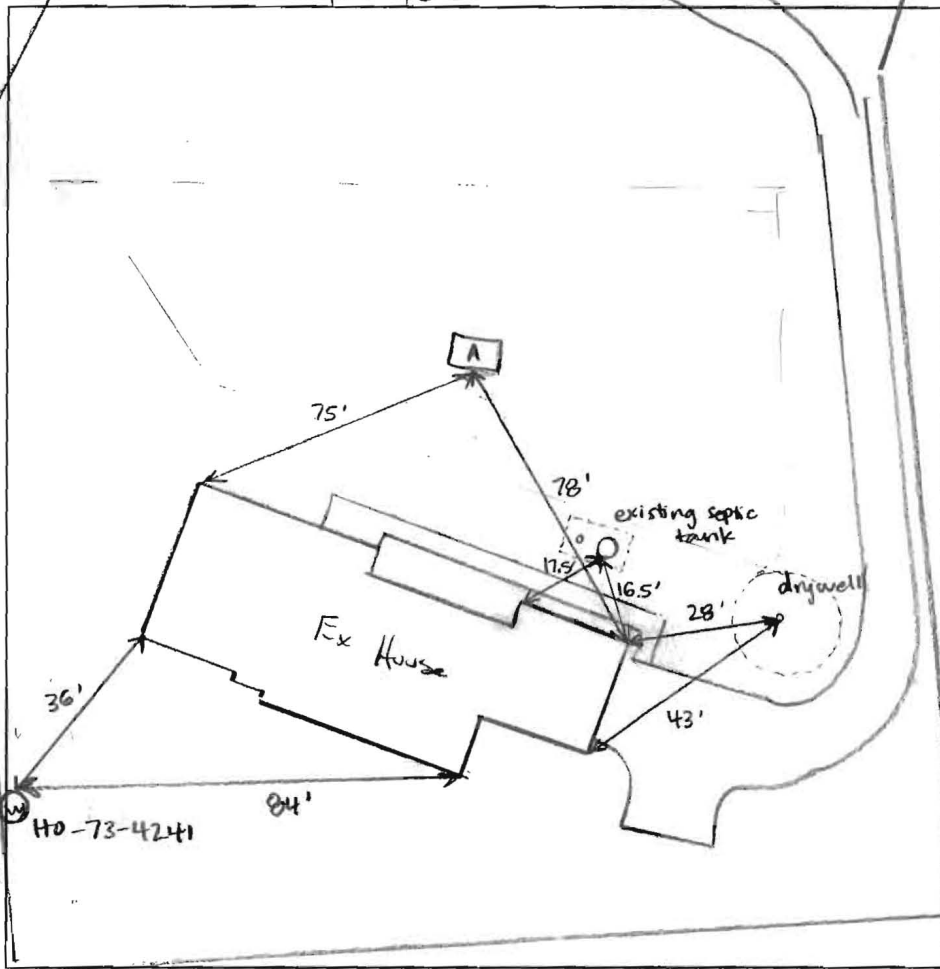
330.00

Received By

J King

R+ 108

AP \_\_\_\_\_



(A)

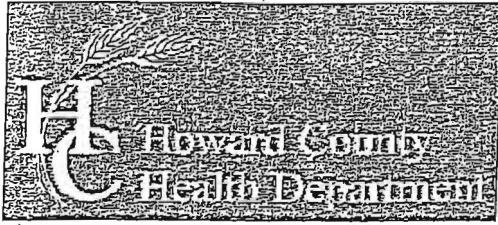
12"  
Dark Brn Or.  
m250K, Dry roots  
silty clay loam  
lithochromatic features  
sl. moist + sticky  
wk sbk  
H. brn/beige  
roots  
3'  
roots  
fine sandy  
loam  
brn/yellow/red  
many mica  
sl. moist  
6'  
roots  
fine sandy loam  
H. brn wk platy  
14'  
channery

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/29/16	A	6'	0:00	3:18	9:28	6	P
	A	H <sub>2</sub> O poured at bottom				~7	P

REMARKS \_\_\_\_\_  
 SANITARIAN KW/SC BACKHOE Ed (Fogie's) OTHERS Helpers + homeowner  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 6 SQ. FT/BR 5 BR  
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 5'

10565 Route 108 – Site layout for Repair





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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: 2/22
No

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

- Yes Explain observations: Trench off Drywell
No IS Failing

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:

Discharge surfacing on the ground?

- Yes
No

No

Additional Comments: Failing

\*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 Contractor's Phone: 410-795-5670
Contractor's Address: 580 OBRECHT RD. Sykesville MD. 21784
Property Address: 10565 RT. 108 County file:
Subdivision: Lot: Year Built:
Owner's Name: Kevin TAYLOR Owner's Phone: 410-802-6777
Name of previous owners: ? Existing bedrooms: 5
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.\*

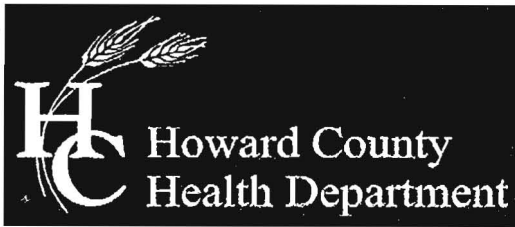
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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.



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

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_

PROPERTY ADDRESS 10565 State Route 108, WA  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Kevin Taylor

DAYTIME PHONE \_\_\_\_\_ CELL 410.802.6777 EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY, STATE ZIP

APPLICANT FOGLE'S SEPTIC RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410.795.5670 CELL 240.278.0925 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 5 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

Kevin P. Davis

23 FEB 2016

10565 RT. 108 TAYLOR

