

**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: 7/9/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556525

INSTALLATION APPROVAL DATE: 9/10/2015 **PERMIT: Repair** A Repair

PROPERTY ADDRESS: 1026 Saint Michaels Road TAX ID: 04-326997

CONTRACTOR: Fogles Septic Clean Inc EMAIL: kevin@foglesinc.com

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

PROPERTY OWNER: Patricia Rouzer EMAIL: \_\_\_\_\_

OWNER ADDRESS: 1026 Saint Michaels Road, Mount Airy MD 21771 PHONE: 410-840-9220

TREATMENT TANK MODEL: 1500g N/A TREATMENT TANK SIZE: N/A

GREASE TRAP SIZE: N/A

PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

FLOW RATE (GALLONS PER DAY): 450 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>125</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

NOTES: Install 2 x 62' trenches on contour just past ex. failed D.W. New 1500g SS to be set 10' from ex. well. Replace old spray gun hose to hook up to 40 or equivalent

ISSUED BY: K. Wolf ISSUE DATE: 7/29/15 EXPIRATION DATE: 7/29/16

- 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
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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

See As-Built Drawing  
On Separate Sheet

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		124'
ABSORPTION AREA		372
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front/Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	7/26/2015

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	

ROAD NAME

PRE-CONSTRUCTION:

7/23/15 Tentative layout given in possible area after tank and drywell. Ex. S.T. block (Hard-made) will need replacement. (u)

8/11/15 call rec'd from seller, does not want to repl. S.T. Insp report showed that S.T. passed, spoke situation w/ Mike Davis. Consensus is that we cannot force them to replace S.T. @ this time, only new tank (u)

8/23/15 met w/ contractor on-site. Laid out 2 tanks (staked out) running

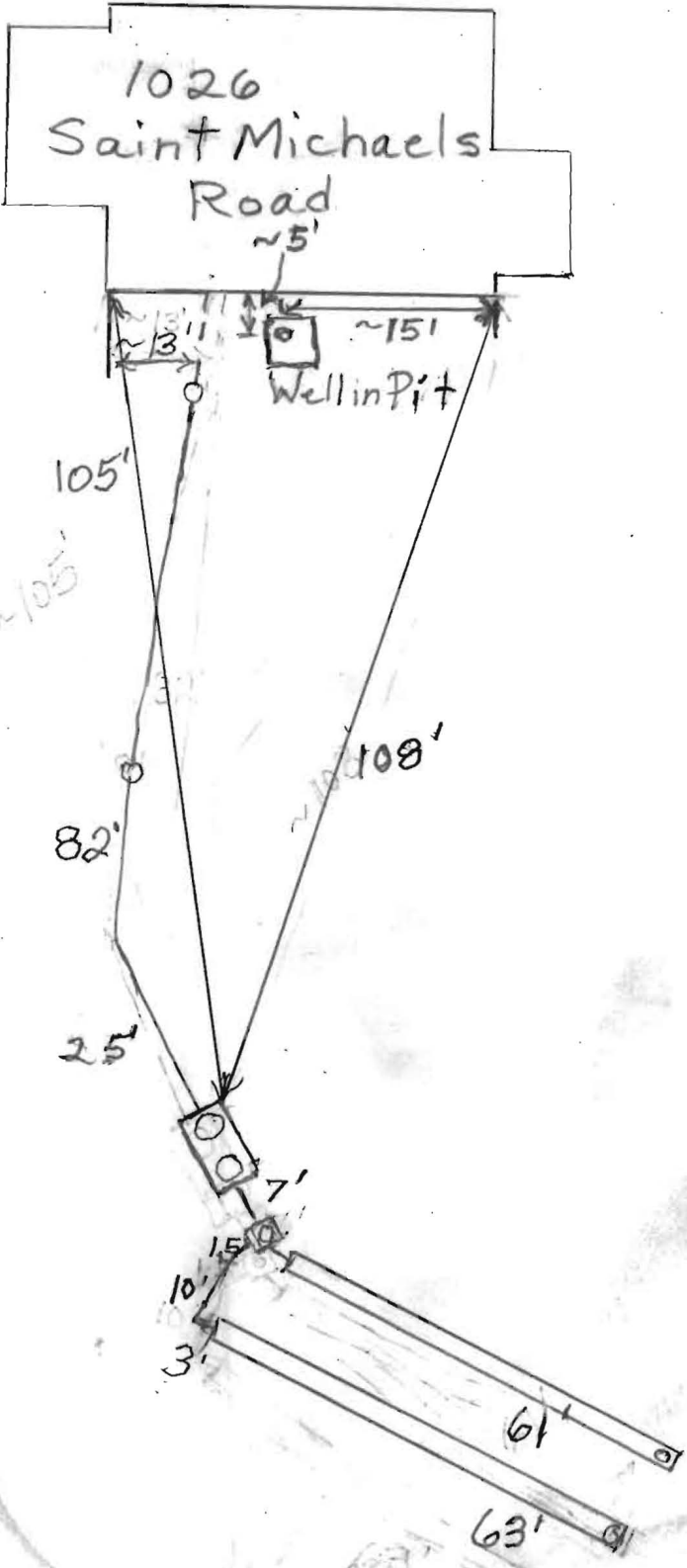
INSTALLATION: during dem. S.T. in contour. call for flu rep. (u)

9/9/2015 Bottom trench done. Block tank is disintegrating and is to be replaced. (BB)

9/10/2015 (AM) Tank replaced and connected to house (BB)

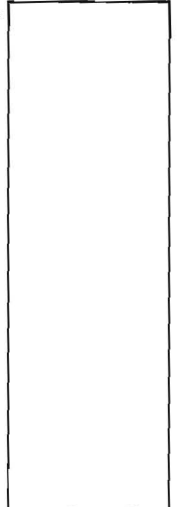
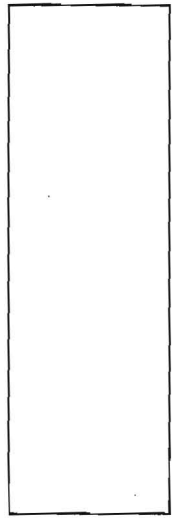
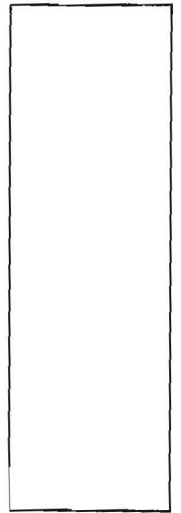
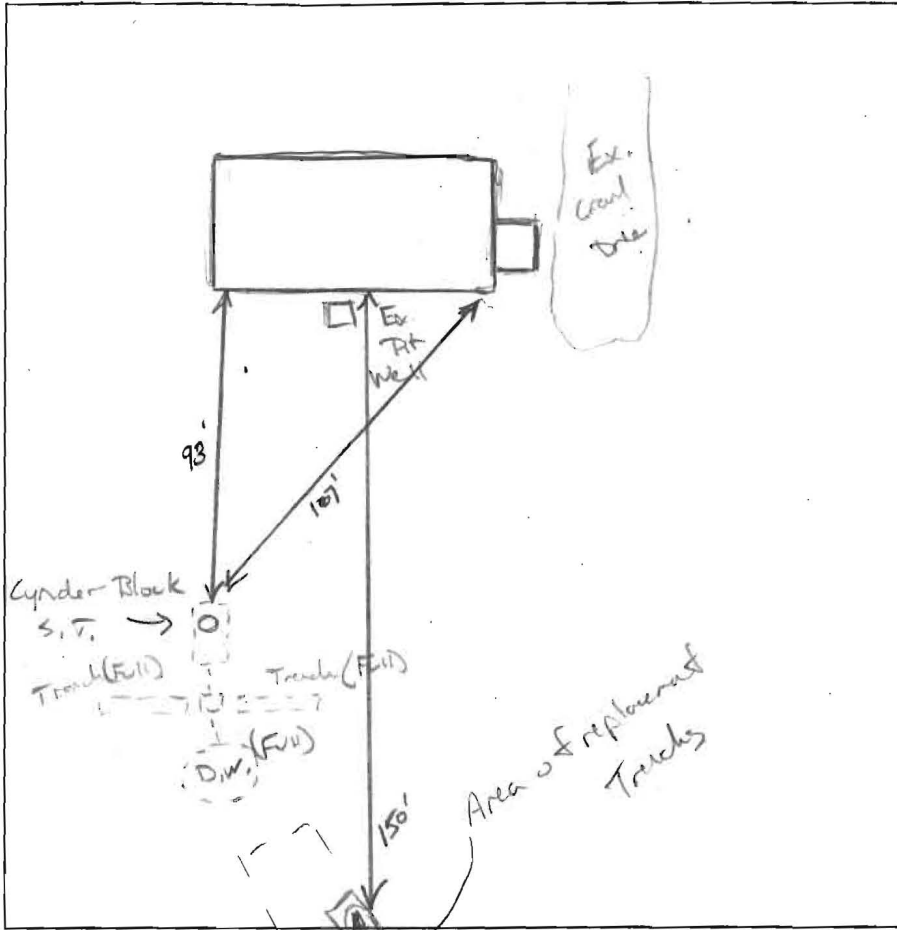
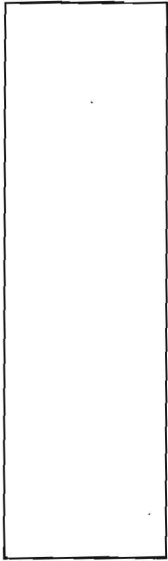
9/10/2015 (PM) Top trench done. System finished, O.K. to backfill. (BB)

FINAL INSPECTOR B. Babur DATE OF APPROVAL 9/10/2015



1026 St. Michaels Road - site layout





11"  
 2.5'  
 4'  
 7'  
 15'  
 (A)  
 Br/WK 250K  
 Frable, roots  
 Dry  
 Br/R/Y L  
 CS, Frable,  
 WK platy, light  
 10% shale, Dry  
 Li Br/Y SL  
 WBK, Frable  
 mica, Dry  
 tight.  
 Br/Y SL,  
 WK platy,  
 20-30% shale  
 Br/Y/R FSL,  
 WK platy,  
 Highly micaceous  
 Dry  
 constant  
 ↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/23/15	(A)	5' 15'	00:01	00:07	00:15	8	(P)

REMARKS FSL soil below 5'. Ex S.T. Block tank will need to be applied.

SANITARIAN: K. Wolf BACKHOE: Smiley OTHERS: Helper

TEST HOLES USED IN SDA: 1 AVG. PERC TIME: 8 SQ. FT/BR: 0.8

TRENCH WIDTH: 2 INLET DEPTH: 4 MAX. BOT DEPTH: 8' EFFECTIVE S/W: 5-8'

3BR Design

$$450 \div 0.8 = 562.5 \div 4.5 = 124.4$$

(.44)



# HOWARD COUNTY HEALTH DEPARTMENT

56525

DATE  
7/9/15

AS/P5

Received From

Logan Septic Clean

PHONE #

410 795-5600

For

Pera Kaperin - 1026 St. Michel  
Brentwood LOT 25 Pay

CASH

CHECK

NO.

50177

Seventy-two hundred and six

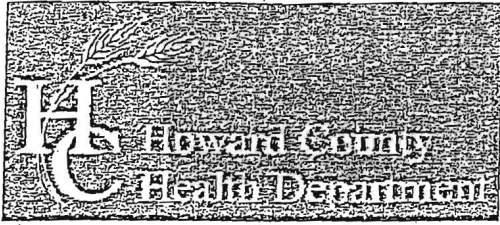
Dollars

\$

26.06

Received By

Quinn



Bureau of Environmental Health

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TDD 410-313-2323 | Toll Free 1-866-313-6300

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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: Failing Trenches
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

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 Contractor's Phone: 410-795-5670
Contractor's Address: 580 Obrecht Rd Sykesville MD, 21784
Property Address: 1026 St. Michaels Rd, MT AIRY County file: 21771
Subdivision: Lot: Year Built:
Owner's Name: Patricia Roze Owner's Phone: 410 840 9220
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.

Ex. House Sq ft = 1,260 ft<sup>2</sup>



# HOME LAND SEPTIC CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

Date: July 27, 2015  
Name of Evaluator: William Thompson  
Time: 8:00 A.M.  
Property Address:  
1026 Saint Michaels Road  
Mt. Airy, MD 21771  
Recent Weather Conditions: Normal

Ordered By: Annette Carranto  
Buyers: Michael Sayago  
Homeowner Interview: The homeowner interview was requested but not received prior to the evaluation.

Occupied:  Yes  No  
Length of Time Vacant: N/A  
# of People Living in Home: 2  
# of People moving in: 2  
Property Age: 1951  
System Age: 1951  
Last Date of Cleaning: Unknown  
Recomm'd Pumping Freq: 2-3 Years

Liquid level in tank is:  Above Normal  Normal  Below Normal

Bottom Solids Depth: 14 Inches

Depth of tank: 24 Inches  
Type of Tank Access: Manhole Riser

Depth of tank access: At Grade

Maintenance appears:  Good  Fair  Poor

Depth to Distribution Box: 36 Inches

Effluent Filter present:  Yes  No  
Previous high liquid level:  Yes  No

Distance to well: -70 Feet

Records Search: Records were requested but not received from Howard County prior to the evaluation.

Were there any impermeable surfaces above the septic system (i.e. driveway)?  Yes  No

### Type of Tank

- Septic Tank (1 tank)
- Aeration System
- Other: \_\_\_\_\_

### Tank Composition and Size

- Metal  Concrete  Plastic
- Tank Size: 1,000 gallons

### Type of Absorption System

- Leaching Field  Raised Mound
- Drywell (Number of: 1)  Cesspool
- Unknown: \_\_\_\_\_

### System Component

#### Condition

#### Septic Tank

- Acceptable
- Unacceptable
- Needs Further Evaluation

#### Comments

The septic tank is composed of concrete and is 1,000 gallons in capacity. The front baffle is missing; the back baffle is in place and composed of cast iron. Access is a manhole riser at grade; the septic tank is 24 inches below grade. There are 14 inches of solids indicating fair maintenance. It is recommended that the septic tank be cleaned every 2-3 years.

#### Absorption System

- Acceptable
- Unacceptable
- Needs Further Evaluation

One drywell was located during the inspection and does not have access at grade. The side of the drywell was probed to a depth of 5.5 feet and was found to be hydraulically loaded with signs of biomat. It appears that work has been done to the absorption area recently. A hydraulic load test was not able to be performed due to a low yielding well. The absorption area will need to be replaced by a licensed contractor once the appropriate permits have been pulled from the county.

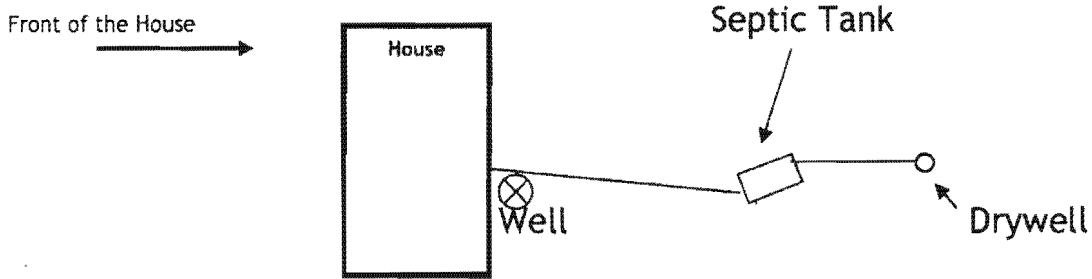
\*Based on the report, Black tank was approved. (KMD)



HOME LAND  
SEPTIC  
CONSULTING, LLC

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### Sketch of System



#### DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.

<b>Representative's Signature:</b>	<i>W.S. Thompson</i>	<b>Date: 7/27/2015</b>
<b>Amount: \$570 (All Testing)</b>	<b>Check Number: Credit Card</b>	<b>Date Paid: 7/27/2015</b>

p:443-995-5385 | f:443-267-0098 | info@mdwellandseptic.com | www.homelandseptic.com

1026  
Saint Michaels  
Road



~105'

82'

~108'

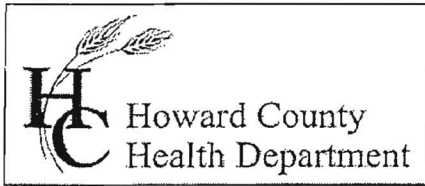
25'



15'

10'  
3'





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 website: www.hchealth.org

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

## APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # \_\_\_\_\_

PROPERTY ADDRESS 1026 St Michaels Rd MT Airy MD 21771  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP 7 GRID 2 PARCEL 23 ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Patricia Rouzer

DAYTIME PHONE 410-340-9220 CELL \_\_\_\_\_ EMAIL Pa.Rouzer@comcast.net

MAILING ADDRESS 1026 St Michaels Rd \_\_\_\_\_  
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 3 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

7/9/2015  
 DATE

