

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: 12/22/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557851

APPROVAL DATE: 1/8/16 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 7419 Flamewood Drive

SUBDIVISION: Flamewood LOT: 3 TAX ID: 05-381037

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

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

PROPERTY OWNER: Nick Pitsoulakis EMAIL: _____

OWNER ADDRESS: 7419 Flamewood Drive PHONE: 443-414-3131

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. n/a APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>165</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>10</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2x82' trenches as staked out in field on contour. Trenches to be installed between perc test loc. A and B. New Dist. Box to be installed. New manhole riser to be installed on ex. S.T. Check baffles on tank. Replace if needed. Pump and collapse existing drywell. Design: $600\text{gpd} \div 0.8\text{pgd}/\text{ft}^2 = 750\text{ft}^2 \div 2' = 375' (.44) = 165\text{LF}$	

ISSUED BY: K. Wolf ISSUE DATE: 1/6/2015 EXPIRATION DATE: 1/6/2017

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 WARRANT 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.

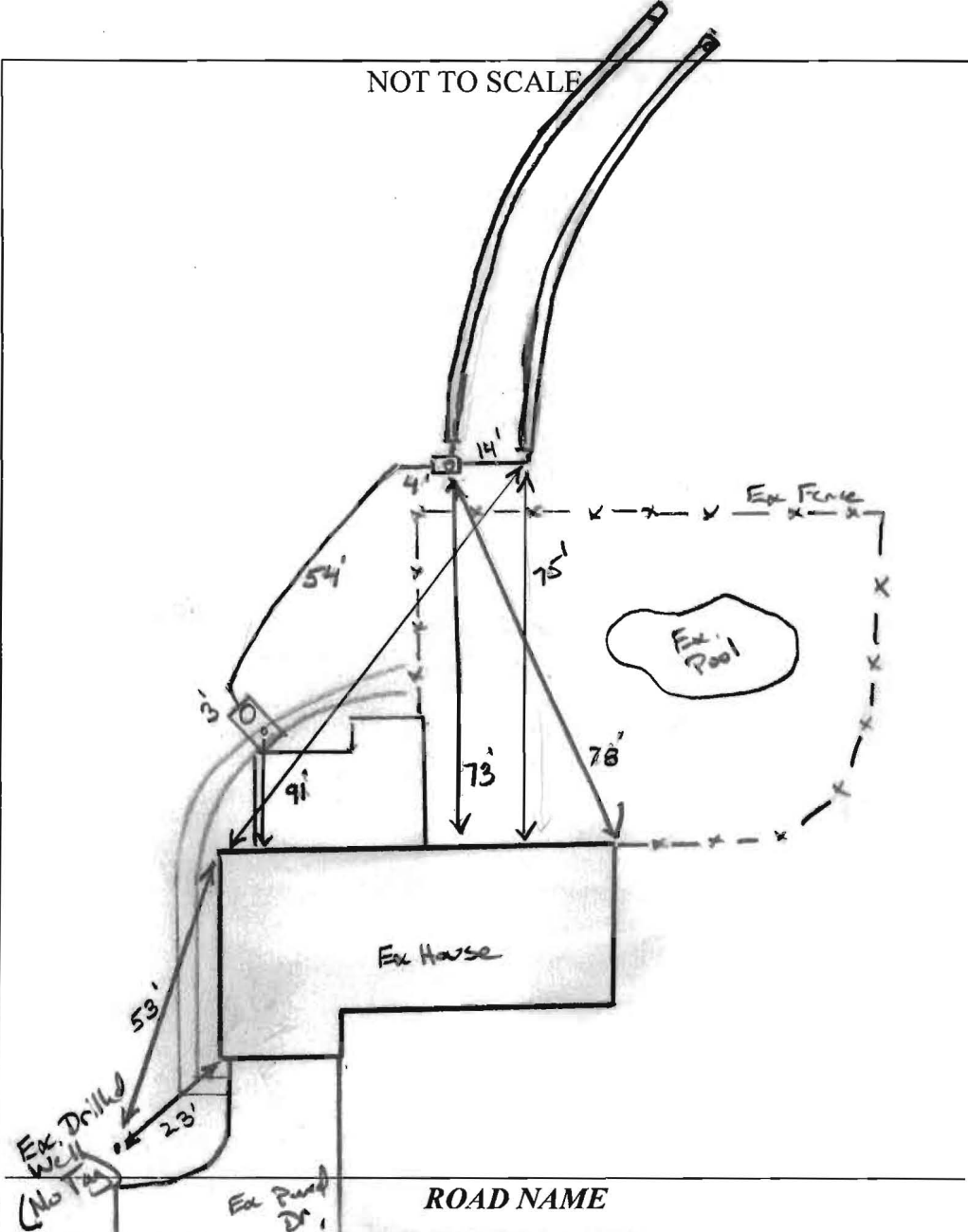
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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'	3.5'-4'	10'
NUMBER OF TRENCHES		2
TOTAL LENGTH		165'
ABSORPTION AREA		330'+SW
DISTRIBUTION BOX LEVEL		Leveler's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL no (Fall towards inlet)

MANUFACTURER ?

CAPACITY 1250 GAL

SEAM LOC mid

TANK LID DEPTH 4

BAFFLES Yes

BAFFLE FILTER —

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST OK

SLOTTED no

DATE ON LID —

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:

1/5/16 Shot elevations downhill of property. OK to set new Dbox. staked out 2x 82' trenches running on contour away from house. pump/collapsed ex D.W. (JMW)

INSTALLATION:

1/7/16 Plumbing installed to new Dbox. Top trench staked and completed. Lower trench install 1/2 way. Stone on-site very dirty. Told contractor to watch this w/ next jobs. (JMW)

1/8/16 System complete. Dbox leveled. Ex Drywell located, pumped/collapsed filled in w/ fill. OK to cover all work (JMW)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

1/8/16



HOWARD COUNTY HEALTH DEPARTMENT

57851

DATE
12/22/15

Received From

Fogles Septic Clean

PHONE #

410 795-5672

For

Perc Repair / 7419 Flarewood Dr.

CASH

CHECK

NO.

51978

Three hundred thirty

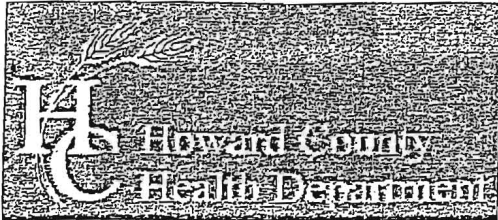
Dollars

\$

330.00

Received By

A Kemp



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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: 12/20
No

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

- Yes Explain observations: Tank Level down due to Pumping - Trench Probed & saturated w/sludge
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: FAILING OSDS

*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: 580 OBRECHT RD, Sykesville MD 21784

Property Address: 7419 FLAMEWOOD DR County file:
Subdivision: Lot: 3 Year Built: 1979
Owner's Name: Nick Pitsoulakis Owner's Phone: 443-414-3131

Name of previous owners: Existing bedrooms: 4
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

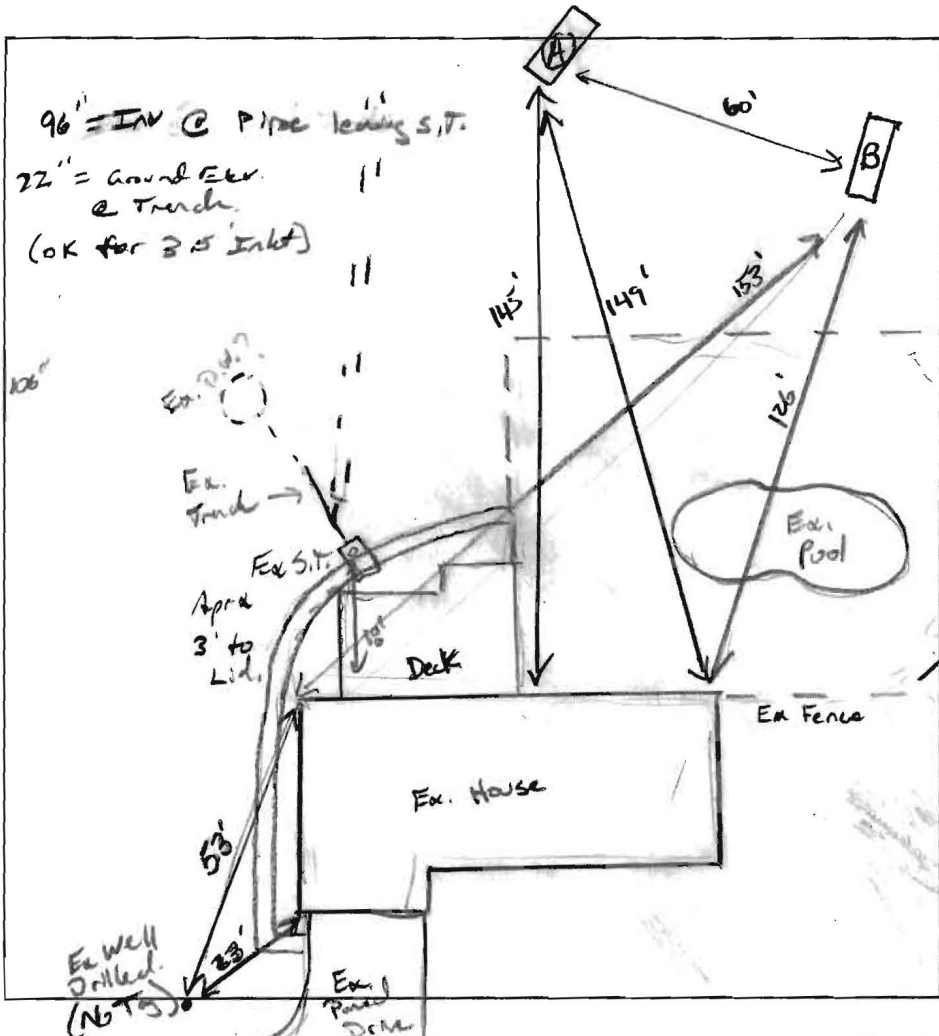
If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

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.

96" + 10" (Fall) = 106"
72" + 3.5" = 75.5"



(B)
10" MSBK, Dry
Dk Br CL, MSBK, CW, Friable, moist
2" Br/Rd/Y CL, MSBK, CW, Dry
4" 5% silt
1" Br/Rd L, wk platy
6" li Br/Y FSL, m pl, Friable, micaceous, consistent
10" li Beige VF6L moist, highly
15" Friable, micaceous, wk pl.

(A)
1" Br CL, on 250K, Friable roots
2" li Br/Rd CL, slightly sticky MSBK, moist
6" 10% silt chasis
1" Br/Y L - m platy, Friable moist, micaceous
8" CW & clay films
10" Br/Y FSL, micaceous, 10% rth. Dry, wk pl.
12" li gray/Br/Y SL, 20% wks, mic.
16" 25% (Possible RR inclusion)
12" Br/Y VF LS, massive, Dry
16"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/5/16	(B)	7' 15"	00:49	00:52	00:55	3'	(P)
			H ₂ O poured @ bottom		~ 7 mpi	'OK'	(P)
	(A)	5' 3"		pulled	little movement	1/8" in 30 min	
		6' 2"	00:40	00:56		pulled 3/4" in 25 min	
		7' 6"	00:03	00:11	00:30	19	(P)
			H ₂ O poured @ 16'		→	~ 5-7 mpi	

Design: $[48R] 600 \div 0.8 = 750 \div 2 = 375 (.44) = 165 LF$

REMARKS: For trench exposed, Failed. Hole B Deep Clayey soil. Platy of rock for repair. No signs of surface discharge.
SANITARIAN: K. Wolf BACKHOE: Jamie Deaves OTHERS:

TEST HOLES USED IN SDA: 2 AVG. PERC TIME: SQ. FT/BR: TRENCH WIDTH: 2' INLET DEPTH: 4' MAX. BOT DEPTH: 10 EFFECTIVE SW: 7'-10' (.44)

$\frac{48R = 600 \text{ gal}}{1.2} = 500 \div 2 = 250 (.52) = 142.5$
(Deep System)



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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 7419 FLAMEWOOD DRIVE CLARKVILLE MD 21029

TAX ACCOUNT # TAX MAP 41 GRID 15 PARCEL 415 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 2.5ac

ZONING CATEGORY TIER

PROPERTY OWNER(S) Nick Pitsoulakis

DAYTIME PHONE CELL 443-414-331 EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT FOGLE'S SEPTIC MD RELATIONSHIP TO OWNER: AGENT/CONTRACTOR

DAYTIME PHONE 410-795-5670 CELL 242 EMAIL KIM@FOGLESINC.COM

MAILING ADDRESS 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 7 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

23 Dec 2015

SIGNATURE OF APPLICANT

DATE

