



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: 4/27/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558099-A

APPROVAL DATE: 5/10/16 **PERMIT:** SEC **REPAIR** A _____

PROPERTY ADDRESS: 11898 Simpson Road

SUBDIVISION: _____ LOT: _____ TAX ID: 05-380146

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

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

PROPERTY OWNER: Richard and Catherine Walega EMAIL: _____

OWNER ADDRESS: 11898 Simpson Road, Clarksville, MD 21029 PHONE: 410-917-5268

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>110</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<i>Install 2 x 55' trenches on contour buffered 100' well arcs. Pump collapse ca. Drywell.</i>	

ISSUED BY: K. Wolf ISSUE DATE: 5/9/16 EXPIRATION DATE: 5/9/17

- 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

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

2' 4' 8'

NUMBER OF TRENCHES 2

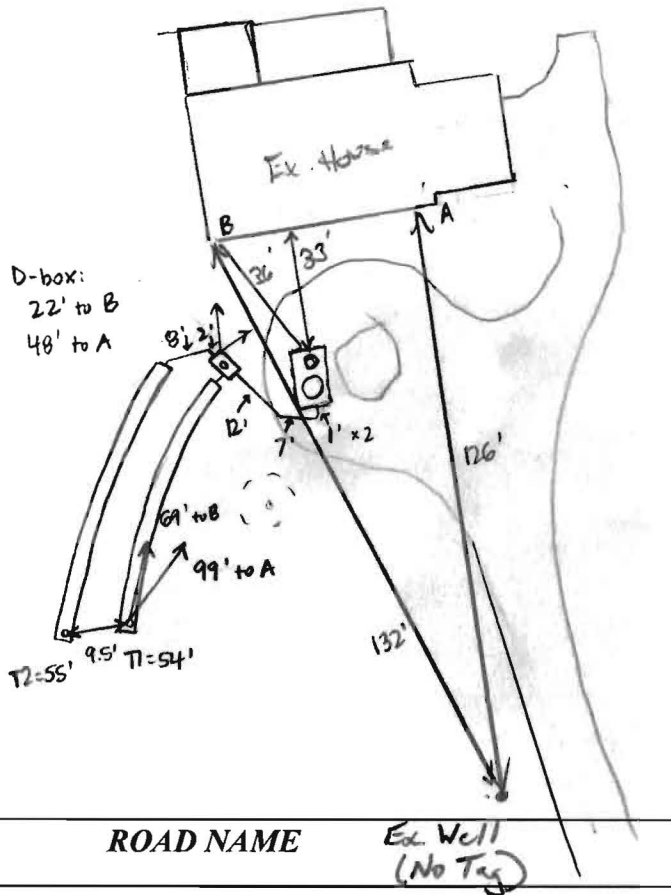
TOTAL LENGTH 109'

ABSORPTION AREA 218' + SIDEWALL

DISTRIBUTION BOX LEVEL YES

DISTRIBUTION BOX BAFFLE YES

DISTRIBUTION BOX PORT YES



SEPTIC TANK DATA

? SEPTIC TANK 1 LEVEL

MANUFACTURER

CAPACITY 1250 GAL

SEAM LOC MID

TANK LID DEPTH 3'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC REAR

6" PORT LOC FRONT

WATERTIGHT TEST

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:

5/9/16 Install 2x 55' trenches on contour as painted in field. Ex. S.T. may need manhole riser. No way to tell ex conditions w/ 6" c/o under paved drive. (KAW)

INSTALLATION: 5/10/16 Outlet of tank uncovered. Fogler's adding concrete riser. (SC) 5/10/16 Fogler's adding stone to TI, T2 finished + left open at ends, 4' to stone, 2' wide. New 4" outlet baffle and pipe added to tank. Speed levelers leveled on D-box. Drywell pumped + collapsed. Fogler's will fill with dirt. On site while Fogler's added concrete risers + steel manhole cover to tank. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 5/10/16

Keep see me



HOME LAND SEPTIC CONSULTING, LLC

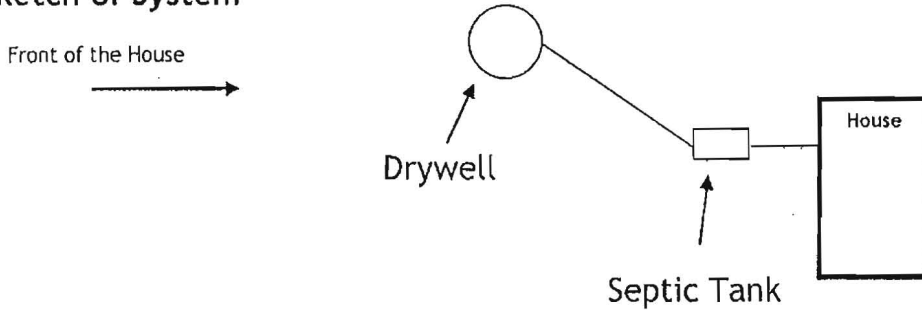
*fooley
apply for
price
repair*

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

Date: 4/22/2016 Name of Evaluator: Drew Henderson Time: 12:00 Property Address: 11898 Simpson Road Clarksville, MD 21029 Recent Weather Conditions: Normal		Ordered By: Kate Ansari Buyers: Kate Ansari Homeowner Interview: The homeowner interview was requested but not received prior to the inspection.		Occupied: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length of Time Vacant: N/A # of People Living in Home: Unknown # of People moving in: Unknown Property Age: 1978 System Age: 1978 Last Date of Cleaning: Unknown	
Liquid level in tank is: <input checked="" type="checkbox"/> Above Normal <input type="checkbox"/> Normal <input type="checkbox"/> Below Normal			Bottom Solids Depth: 18 Inches		
Depth of tank: 30 inches		Type of Tank Access: Cleanout		Depth of tank access: At Grade	
Maintenance appears: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor			Depth to Distribution Box: N/A		
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous high liquid level: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance to well: ~80 Feet	
Records Search: Records were received from Howard County prior to the evaluation.					
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Driveway)					
Type of Tank		Tank Composition and Size		Type of Absorption System	
<input checked="" type="checkbox"/> Septic Tank (1 tank)		<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic		<input type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound	
<input type="checkbox"/> Aeration System		Tank Size: Unknown		<input checked="" type="checkbox"/> Drywell (Number of:) <input type="checkbox"/> Cesspool	
<input type="checkbox"/> Other:				<input type="checkbox"/> Unknown: _____	
System Component		Condition		Comments	
Septic Tank		<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input checked="" type="checkbox"/> Needs Further Evaluation		The tank is covered by a driveway; access is a 6 inch cleanout (See picture on page 3). Per MDE code no permanent structure can cover any part of the septic system. The driveway may have to be removed for future repairs. Upon arrival the liquid level in the tank was above normal and has backed up into the cleanout (See Picture on page 3). There are 18 inches of solids in the tank. Due to the high liquid level the back baffle could not be verified. When the absorption system is remediated the back baffle should be verified.	
Absorption System		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		One drywell was located during the inspection. The drywell was found to be hydraulically loaded and is backing up into the observation port and into the tank (see picture on page 3). A new absorption system will need to be installed by a licensed septic contractor.	



Sketch of System



Well



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.

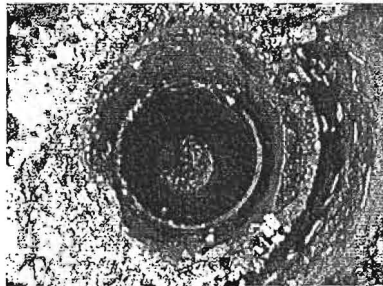
Representative's Signature:	<i>Reid Henderson</i>	Date: 4/22/2016
Amount: \$585 (All Testing)	Check Number: Credit Card	Date Paid: 4/22/2016



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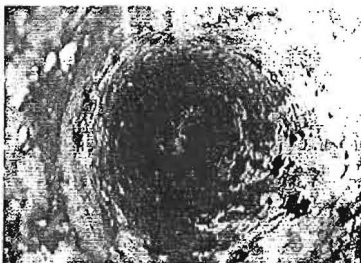
Property Address: 11898 Simpson Road Clarksville, MD 21029
Date: 4/22/2016 **Time:** 12:00 **Name of Evaluator:** Drew Henderson



Picture 1:
Showing high liquid level in the septic tank.



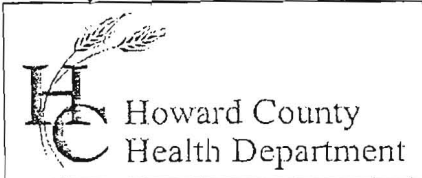
Picture 2:
Showing the septic tank cleanout in the middle of the driveway.



Picture 3:
Hydraulically loaded drywell.



Picture 4:
Showing the backup from the drywell into the PVC snake line in between the drywell and the septic tank.



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

1558099-A

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Simpson Woods LOT # 3
 PROPERTY ADDRESS 11898 Simpson Rd Clarksville 21029
STREET TOWN ZIP
 TAX ACCOUNT # 380146 TAX MAP 41 GRID 8 PARCEL 414 ZONING DESIGNATION _____

PROPERTY OWNER(S) Richard & Catherine Walega

DAYTIME PHONE 410-917-5268 CELL _____ EMAIL _____

MAILING ADDRESS 11898 Simpson Rd Clarksville Md 21029
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 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 _____ 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.

Fogle's Septic Clean 4/28/14
SIGNATURE OF APPLICANT DATE



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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: Full drywell - repair trench higher level
- 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

Is discharge surfacing on the ground?

- Yes
- 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 Septic Clean Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd Sykesville
 Property Address: 11898 Simpson Rd County file: _____
 Subdivision: Simpson Woods Lot: 3 Year Built: 1978
 Owner's Name: Walega Owner's Phone: 410-917-5268
 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, sealed plans should be submitted to clarify the nature of the addition.

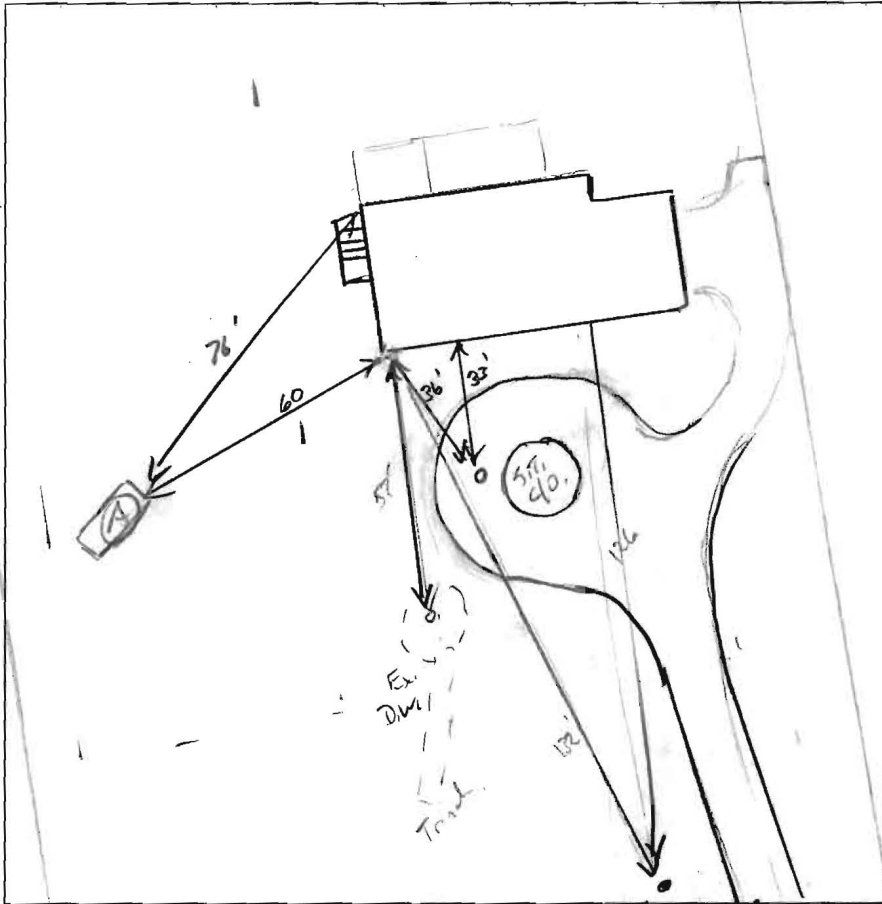
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

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.



(A)
 0m, roots
 2" BK
 Br/Rd CL
 wk sck, friable
 roots Dry
 3'
 Br/Y SCL
 wk P, friable
 Area
 5'
 Br/Y/Rd FS
 Friable, Dry
 may area
 50% spongy
 Platy
 9'
 Br/Y/R LS
 Highly, massive
 micaceous
 very loose
 14'6"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
	(A)	6'14"	00:29	00:31	00:35	4	P	
		14'6"	H ₂ O paired @ bottom ~ 5'pi					

REMARKS $HR = 600 \text{ gal} \div 1.2 = 500 \div 2 = 250 (.44) = 110$

SANITARIAN K. Wolf BACKHOE Jake OTHERS helpers

TEST HOLES USED IN SDA 1 AVG. PERC TIME 4 SQ. FT/BR 102 gal / ft²

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