

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: 7/20/2016 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558801

APPROVAL DATE: 7/26/16 **PERMIT:** **TANK REPLACEMENT** A _____

PROPERTY ADDRESS: 845 Windriver Drive

SUBDIVISION: _____ LOT: 14 TAX ID: 3289478

CONTRACTOR: Fogle's Septic EMAIL: _____

CONTRACTOR ADDRESS: 580 Obrecht Lane PHONE: 410-795-5670

PROPERTY OWNER: Euline Hall EMAIL: _____

OWNER ADDRESS: 845 Windriver Drive PHONE: _____

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: n/a

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

DISTRIBUTION SYSTEM: GRAVITY FED ☐ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	1500 gallon septic tank to be installed next to existing leaking tank. Old tank to be pumped and collapsed onsite. Tank size selected by contractor.	

ISSUED BY: K. Wolf ISSUE DATE: 7/26/2016 EXPIRATION DATE: 7/26/2017

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 DOWNGRAIENT 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 _____

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

H0-81-0627

58'

100'

Ex House

40'

10'

52'

ROAD NAME



TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES

TOTAL LENGTH

ABSORPTION AREA

DISTRIBUTION BOX LEVEL

DISTRIBUTION BOX BAFFLE

DISTRIBUTION BOX PORT

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes

MANUFACTURER Babylon

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 3'

BAFFLES Yes 6' Front

BAFFLE FILTER

MANHOLE LOC Front/Reel

6" PORT LOC none

WATERTIGHT TEST

SLOTTED Yes

DATE ON LID 6-21-16

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:

7/26/16 Contractor explained that repair not needed only tank replacement
leaking and apparently failed transfer inspection (fail)

INSTALLATION:

7/26/16 New S.T. set along side ex S.T.
old tank pumped and collapsed ex. plumbing sub 40. OK to cover

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

7/26/16

Proposal

Fogle's Septic Clean, INC
Fogle's Well Drilling, LLC

580 Obrecht Road · Sykesville, MD 21784 · Phone (410) 795-5670 · Fax (410) 795-3432

Proposal Submitted To: Euline Hall		Phone: 410-489-6615	Date: 7/19/16
		Email:	
Street: 845 Windriver Dr	Job Name:		
City, State and Zip Code: Sykesville, MD 21784	Job Location:		
Permit #:	Notes: Alt Phone: 410-227-0040		

We hereby submit specifications and estimates for:

Permit
Pump, crush and fill existing septic tank
1500 Gallon top-seam, two compartment tank
Risers and manhole covers to grade
Backfill to a rough grade as soil and weather conditions permit
A deposit of \$1,500 and a signature are required before starting work

Military Service Affidavit:

☐ I, _____ am in the military service.

Branch _____

ID# _____



HOWARD COUNTY HEALTH DEPARTMENT

58801

Date (mm/dd/yyyy)

extra dirt for/ damage to

the sum of:

over 30 days.
fees 25%

t accepted
days

Received From

Fogle's

PHONE #

DATE
7/20/16

P5

☐ CASH
☒ CHECK

For 845 Windriver Drive, Sykesville, MD
Septic Repair

NO.
54143

Three hundred thirty ~ 00/100 Dollars

\$ 330 100

Received By

Manan Curry

Signature

(SEAL)
If proposal accepted by Business or Corporation Signature of Individual Responsible

Date of Acceptance: July 19, 2016

Tank repl
should have been
\$165

Family Owned Business Since 1978

580 Obrecht Rd.
Sykesville, MD 21784



410-795-5670
Fax: 410-795-3432
www.foglesinc.com

Howard County Health Department
8930 Stanford Boulevard,
Columbia, Md 21045

ref: 845 Windriver Dr

September 21, 2009

To whom it may concern,

Fogle's Septic is requesting a refund for a septic permit, for a perc test, in the amount of \$165.00. We have a new employee who came to Howard Co to pull a repair permit only for a tank replacement. A staff member told our employee to get permit for perc and repair permit. The perc was not necessary, so I am requesting a refund for the perc amount \$165. If you have any other question please call me at 410-795-5670

Sincerely,

A handwritten signature in cursive script, appearing to read "Kim Fogle", is written over the typed name. The signature is fluid and stylized, with a large loop at the end.

Kim Fogle

Call Us For All Your Septic Needs



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

Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: Marian Curry

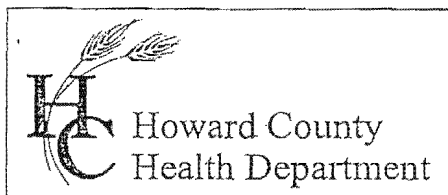
FROM: Jeff Williams *JE*

RE: Refund, receipt # 58801, refunding \$165 for a repair perc test at 845 Windriver Dr

DATE: August 18, 2016

Please submit the paperwork for a refund of \$165 to Fogle's Septic Clean, Inc., who paid \$330 for a repair perc test (\$165) and a repair septic permit (\$165) at 845 Windriver Drive as part of receipt #58801.

Fogle's paid for the testing and permit without realizing that no perc testing was needed for the project. Only a tank replacement permit was needed, which carries a fee of \$165. No work was performed by the Health Department as part of the application. Therefore, the \$165 portion of the payment may be refunded.



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

August 30, 2016

To Whom It May Concern:

Fogles Septic Clean paid for a Repair Perc/ Sept Permit, in the Amount of \$330.00 (check #54143); Fogles Septic Clean realized no Perc test was needed and in fact only as Tank replacement was needed. Fogles Septic Clean is requesting \$165.00 refund – (receipt #89715) for the Perc test. If you have any other questions please call Jeff Williams at 410-313-4261.

Mail Check To
Fogles Septic Clean Inc.
580 Obrecht Rd.
Sykesville, MD 21784

#58801 07/25/2016 written by: Juanita King
#89715 07/26/2016 written by: Willie Simms

Thanks in advance,

Juanita King ext: 4251

Jeff Williams
Well & Septic Supervisor



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

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: Septic tank leaking
- ☐ 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

☐ 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: Fogles Septic Contractor's Phone: 410 795 5670
Contractor's Address: 580 Obrecht Rd Sykesville MD 21784
Property Address: 845 Windriver Dr. Sykesville MD 21784 County file: Howard 289478
Subdivision: _____ Lot: 14 Year Built: 1985
Owner's Name: Euline Hall Owner's Phone: 410-489-6615
Name of previous owners: _____ Existing bedrooms: 3
Proposed bedrooms: _____
Has this request been previously discussed with a Sanitarian? (Name): No
Public Sewer available/nearby: No

*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.



HOWARD COUNTY HEALTH DEPARTMENT

58801

DATE
7/29/16

P5

Received
From

Fogle's

PHONE #

☐ CASH
☒ CHECK

For 845 Windriver Drive, Sykesville, MD
Septic Repair

NO.

54143

Three hundred thirty

$\frac{00}{100}$

Dollars

\$

330 | 00

Received By

Marian Curry