Howard County Health Department

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: **10/31/16**

ONSITE SEWAGE DISPOSAL SYSTEM

P 559817

INSTALLATION APPROVAL DATE: 11/14/16 (SEC)

PERMIT

MINOR REPAIR

A

PROPERTY ADDRESS: **3715 Woodbine Road**

SUBDIVISION: LOT: TAX ID: **04-319591**

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

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

PROPERTY OWNER: **Barry Miller** EMAIL:

OWNER ADDRESS: **3715 Woodbine Road, Woodbine, MD 21797** PHONE:

NUMBER OF BEDROOMS: **3** SEPTIC TANK SIZE: DRAINFIELD SIZE/TYPE:

LOCATION:	
NOTES:	Install 2 x45' trenches on contour, 3 wide, 3' inlet, 8' bottom depth. Put D box at start pf upper trench, port on D box and observation ports at trench ends. Run RO system discharge line from house to D box .

ISSUED BY: **Sarah Collins** ISSUE DATE: **10/31/16** EXPIRATION DATE: **10/31/16**

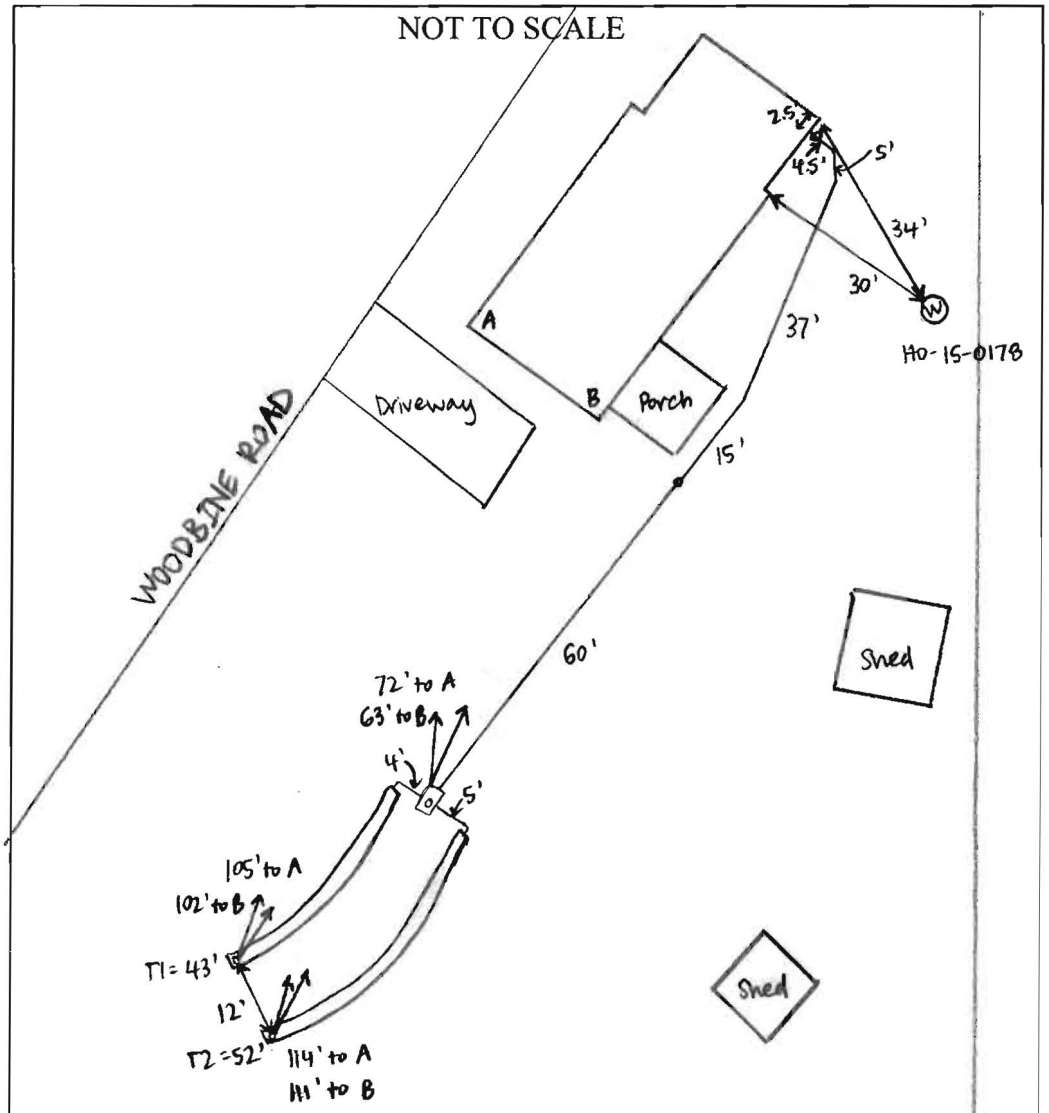
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	8'

NUMBER OF TRENCHES 2

TOTAL LENGTH 95'

ABSORPTION AREA 285' + SIDEWALL

DISTRIBUTION BOX LEVEL YES

DISTRIBUTION BOX BAFFLE YES

DISTRIBUTION BOX PORT YES

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

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:

11/10/16 Met Fogle's on site for layout. Marked 100' well arc and laid out 2×45' trenches on contour. OK for upper trench to be a few feet shorter and lower trench to be a few feet longer in order to stay off fence. (SC)

INSTALLATION: 11/10/16 House connection made. Line run from house to D-box. Fogle's digging T1 - 3' wide, 8' bottom. (SC) 11/14/16 Trenches complete and left open at ends. 3' wide, 2.5' to stone. Leveled speed levelers in D-box (SC)

FINAL INSPECTOR Sarah Collins. DATE OF APPROVAL 11/14/16.

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

FCB 10/31/16

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request: ☑ Other FCB 10/31/16

- ☐ Failing System
- ☐ System relocation for proposed addition
- ☐ System upgrade for proposed addition
- ☐ Inadequate treatment zone
- ☐ Collapsed septic tank
- ☐ Collapsed drywell

Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Is discharge surfacing on the ground?

- ☐ Yes
- ☐ No

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: _____
- ☐ 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 _____
- ☐ 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 Clean Inc Contractor's Phone: 410-795-5670
Contractor's Address: 580 Obrecht Rd. Sykesville, MD 21784

Property Address: 3715 Woodbine Rd County file: HC
Subdivision: — Lot: — Year Built: 1900
Owner's Name: Gina Miller Owner's Phone: 410-675-0507

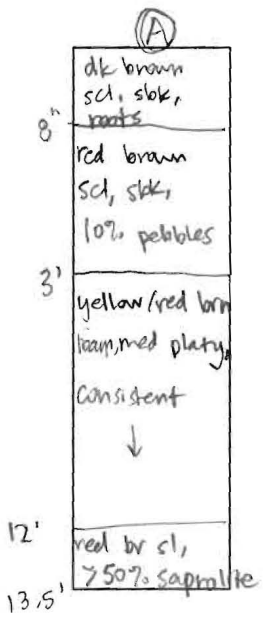
Name of previous owners: _____ Existing bedrooms: 3
_____ Proposed bedrooms: _____

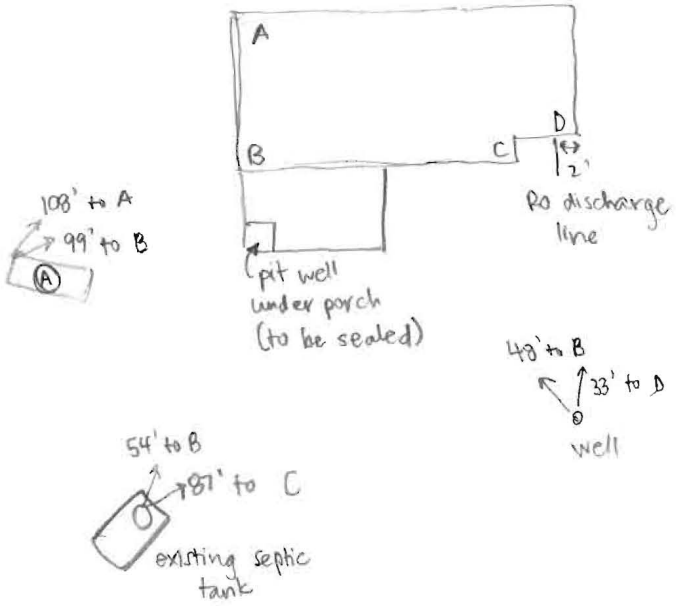
Has this request been previously discussed with a Sanitarian? (Name): _____
Public Sewer available/nearby: _____

*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.

A/P_____





DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/31/16	A	4'/13.5'	11:03	11:13	11:31	18	P

REMARKS _____

SANITARIAN Sarah Collins BACKHOE Mike OTHERS Tom Seal + helper

TEST HOLES USED IN SDA (A) AVG. PERC TIME 18 SQ. FT/BR 3 BR

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 8' EFFECTIVE S/W 5'

SITE INSPECTION SHEET

OWNER: Miller **PHONE #:**

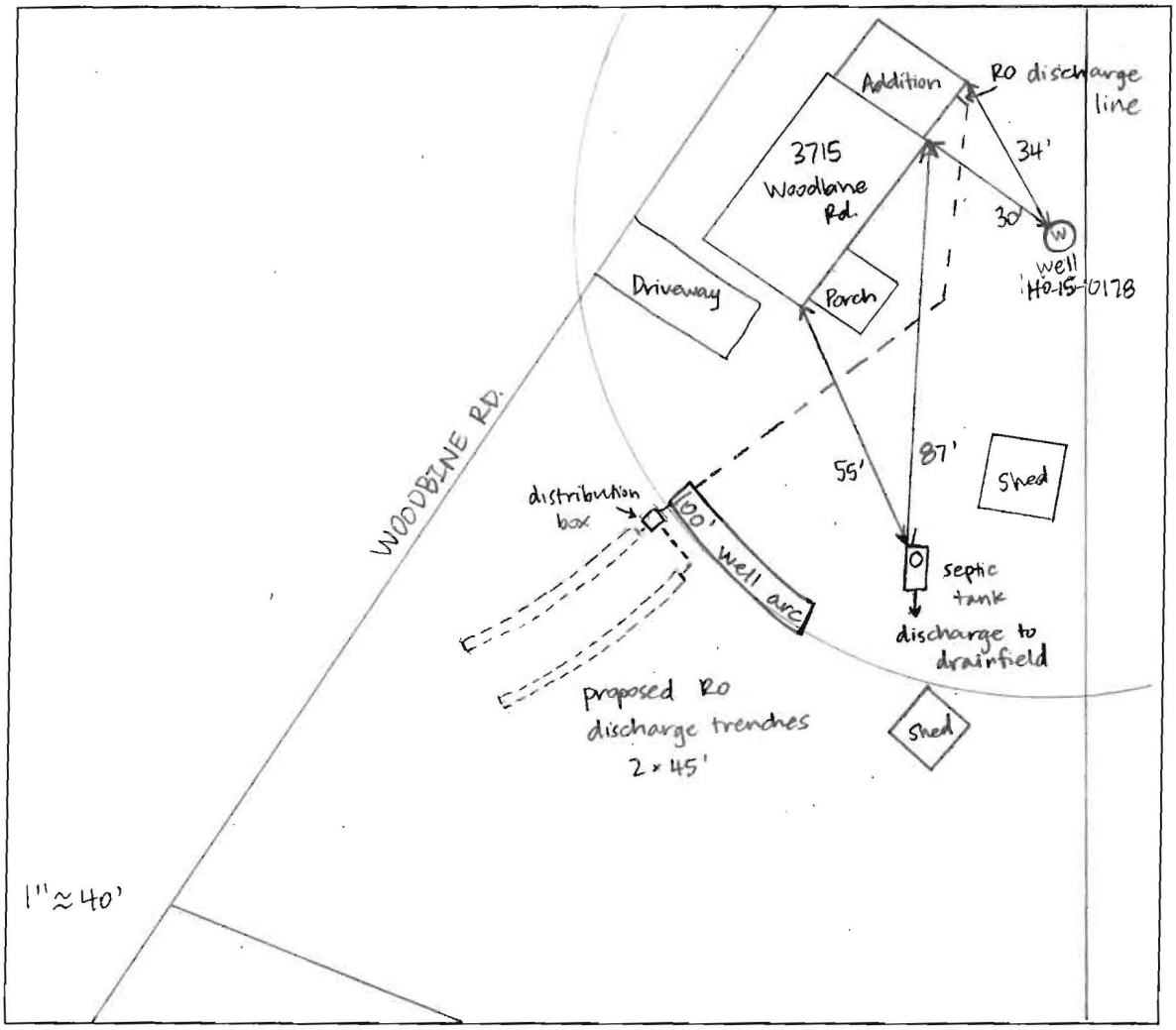
ADDRESS: 3715 Woodbine Rd. **CONTRACTOR:**

WELL TAG #:

SUBDIVISION: **LOT:** **COUNTY #:**

PROPOSAL: Install 2 × 45' trenches for discharge of waste from a whole-house reverse osmosis (RO) treatment system

LOCATION DIAGRAM



COMMENTS:

DATE: 6/21/16 INSPECTOR: Sarah Collins

Howard County Health Department

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

RECEIPT DATE: 5/10/16

ONSITE SEWAGE DISPOSAL SYSTEM

P 558711

INSTALLATION APPROVAL DATE: _____

PERMIT

MINOR REPAIR

A _____

JCB 10/31/16

PROPERTY ADDRESS: **3715 Woodbine Road**

SUBDIVISION: _____ LOT: _____ TAX ID: **04-319591**

CONTRACTOR: **Jet Septic** EMAIL: _____

CONTRACTOR ADDRESS: **2516 Marston Road, South New Windsor, MD 21776** PHONE: **410-875-2311**

PROPERTY OWNER: **Barry Miller** EMAIL: _____

OWNER ADDRESS: **3715 Woodbine Road, Woodbine, MD 21797** PHONE: _____

NUMBER OF BEDROOMS: **3** SEPTIC TANK SIZE: _____ DRAINFIELD SIZE/TYPE: _____

LOCATION:	
NOTES:	Install 2 × 45' trenches on contour, 3' wide, 3' inlet, 8' bottom depth. Put D-box at start of upper trench, port on D-box and observation ports at trench ends. Run RO system discharge line from house to D-box

ISSUED BY: Sarah Collins ISSUE DATE: 5/31/16 EXPIRATION DATE: 5/31/17

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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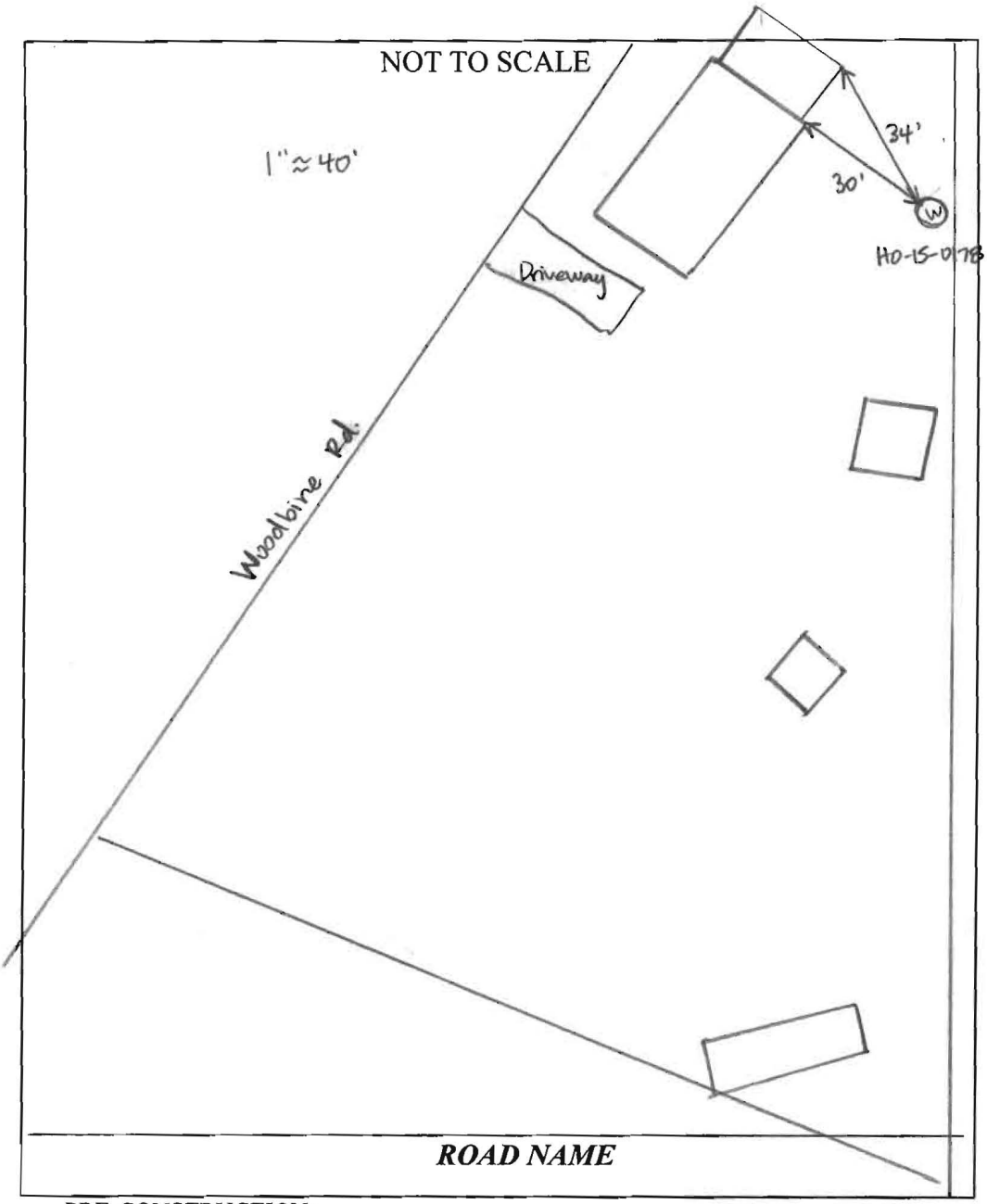

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

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:

5/31/16 Found RO discharge pipe at house addition. Shot contour in area of prospective new trench(es) and laid out 1×50' trench, left room above in case more trench length needed. Perc hole dug below 50' trench on contour. Perc = 0.6 application rate → install 2×45' trenches on contour outside 100' well arc. Put D-box at start of T1. (SC)

INSTALLATION: _____

FINAL INSPECTOR _____. DATE OF APPROVAL _____.

Howard County Health Department

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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 3715 Woodbine Rd (STREET) Woodbine Md (TOWN) 21797 (ZIP)

TAX ACCOUNT # _____ TAX MAP ____ GRID ____ PARCEL ____ LOT NO. ____ PROPOSED LOT SIZE (ACRES) ____

ZONING CATEGORY _____ TIER ____

PROPERTY OWNER(S) Barry Miller

DAYTIME PHONE _____ CELL 443 677 5521 EMAIL _____

MAILING ADDRESS 3715 Woodbine Rd (STREET) Woodbine Md (CITY, STATE) 21797 (ZIP)

APPLICANT Tom Seal (Jet Septic Inc.) RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410 875-2311 CELL 410 258 6905 EMAIL _____

MAILING ADDRESS 2516 Marston Rd South New Windsor Md 21776 (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 peak by pit. - Reverse Osmosis System.
- ☐ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

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)

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] 5-11-16

SIGNATURE OF APPLICANT DATE

JW 10/29/15

Howard County Health Department

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Twitter: HowardCoHealthDep

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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request: Perk Test

- ☐ Failing System
- ☐ System relocation for proposed addition
- ☐ System upgrade for proposed addition
- ☐ Inadequate treatment zone
- ☐ Collapsed septic tank
- ☐ Collapsed drywell

Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☑ Other: whole House Reverse osmosis System.

Is discharge surfacing on the ground?

- ☐ Yes
- ☑ No

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: _____
- ☐ 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 _____

- ☐ 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: Jet Septic Inc Contractor's Phone: 410 875-2311
Contractor's Address: 2516 Marston Rd South New Windsor Md 21776

Property Address: 3715 Woodbine Rd Woodbine Md County file: Howard Co.
Subdivision: _____ Lot: _____ Year Built: _____
Owner's Name: Barry Miller Owner's Phone: 443 677 5521

Name of previous owners: _____ Existing bedrooms: 3
_____ Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Yes
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.
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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

Existing system design

- ☐ Drywell
- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Is discharge surfacing on the ground?

- ☐ Yes
- ☑ No

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: _____
- ☑ 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 _____
- ☐ No

Additional Comments: Replace septic line from house to existing tank

*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: Michael Bunk Plumbing Contractor's Phone: 410-781-6791
Contractor's Address: P.O. Box 1453 | Sykesville, MD 21784

Property Address: 3715 Woodbine Rd. County file: _____
Subdivision: _____ Lot: _____ Year Built: _____
Owner's Name: Barry Miller Owner's Phone: 410-675-0507

Name of previous owners: _____ Existing bedrooms: _____
_____ 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.

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

RECEIPT DATE: **4/21/16** **ONSITE SEWAGE DISPOSAL SYSTEM** P 558089

INSTALLATION APPROVAL DATE: 4/26/16 (SEC)

PERMIT

MINOR REPAIR

A

PROPERTY ADDRESS: ~~3175~~ 3715 **Woodbine Road**

SUBDIVISION: LOT: TAX ID: **04-329627**

CONTRACTOR: **Michael Runk Plumbing** EMAIL:

CONTRACTOR ADDRESS: **P.O. Box 1453, Sykesville, MD 21784** PHONE: **410-781-6791**

PROPERTY OWNER: **Barry Miller** EMAIL:

OWNER ADDRESS: **3175 Woodbine Road, Woodbine, MD 21797** PHONE:

NUMBER OF BEDROOMS: SEPTIC TANK SIZE: DRAINFIELD SIZE/TYPE:

LOCATION:	
NOTES:	Tie in from new house connection at addition to existing septic tank. New sewer house connection for whole house at addition.

ISSUED BY: Sarah Collins ISSUE DATE: 4/26/16 EXPIRATION DATE: 4/26/17

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

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NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
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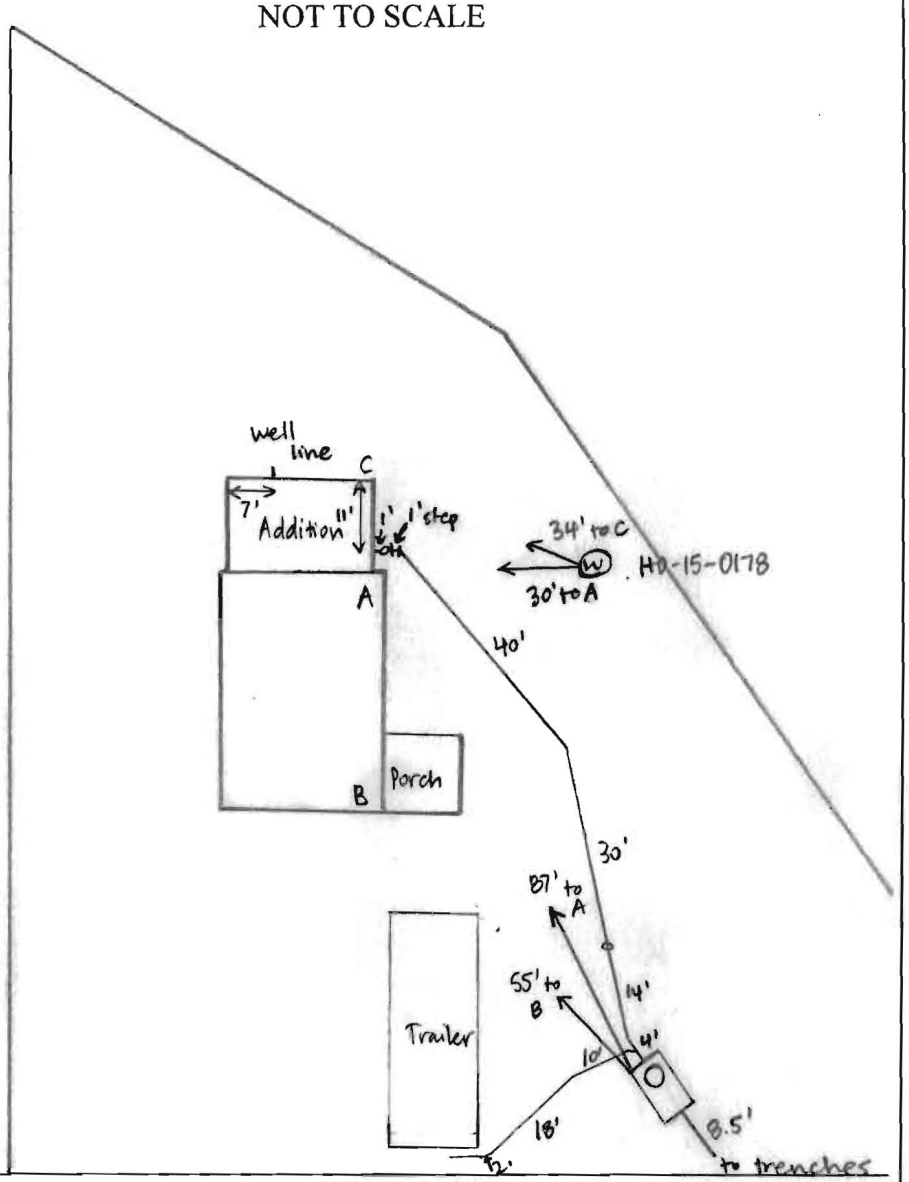
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.

1" x 30'

NOT TO SCALE



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 1 LEVEL _____

MANUFACTURER Mayer Bros?

CAPACITY 1000/1250? GAL

SEAM LOC Mid

TANK LID DEPTH 2'

BAFFLES FRONT + REAR

BAFFLE FILTER NO

MANHOLE LOC FRONT

6" PORT LOC NONE

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:

INSTALLATION: 4/26/16 House connection complete. Replaced front manhole cover and rear baffle (broken). Originally orangeburg pipe in sewer house connection. Trailer temporarily tied in to septic - homeowners living in trailer while house is remodeled after fire damage. SG

FINAL INSPECTOR Sarah Collins. DATE OF APPROVAL 4/26/16.