



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: 3/6/17

ONSITE SEWAGE DISPOSAL SYSTEM

P 560567

INSTALLATION

APPROVAL DATE: _____

PERMIT

A _____

TANK REPLACEMENT

PROPERTY ADDRESS: 15701 Union Chapel Road

SUBDIVISION: _____

LOT: _____

TAX ID: 04-323467

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Eileen McCarrier

EMAIL: _____

OWNER ADDRESS: 15701 Union Chapel Road, Woodbine, MD 21797

PHONE: 410-485-9162

NUMBER OF BEDROOMS: 4

SEPTIC TANK SIZE: _____

DRAINFIELD SIZE/TYPE: _____

LOCATION:	
NOTES:	

ISSUED BY: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

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

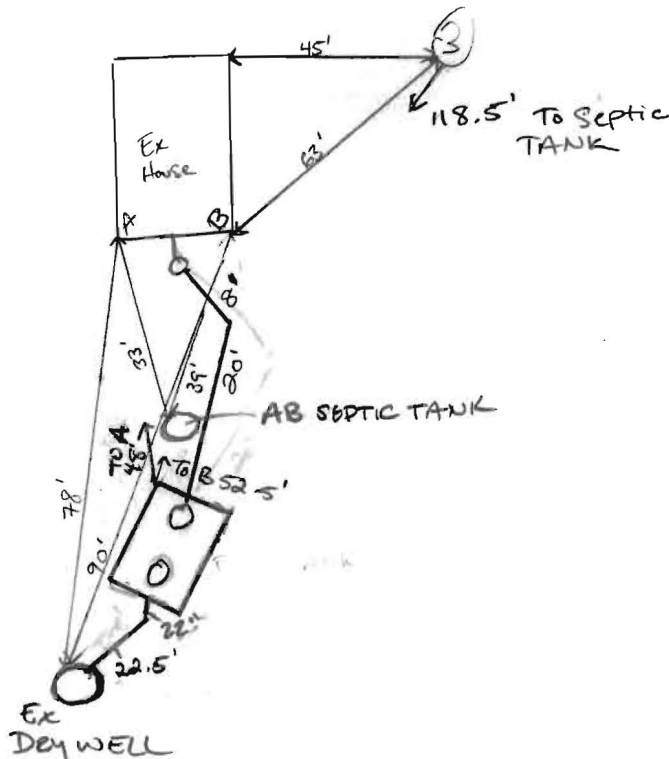
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL DW

MANUFACTURER Babylon

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 24" - 16" (gender outlet)

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC Front/Back

6" PORT LOC Front

WATERTIGHT TEST —

SLOTTED YES

DATE ON LID 5/26/17

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:

05/12/17 Tank location staked. Tagless wellw/ steel casing. 100' radius marked by prop. st. location, Prop. ST is out of 100' radius. (1)

INSTALLATION:

8/3/2017 Sewer line tied in to previous house connection. Clean out added by house connection. Existing tank collapsed and abandoned. Tank (new) connected into existing drywell. (1)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

08/03/2017



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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: February 17
- ☐ No

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

- ☒ Yes Explain observations: dry well tank inadequate
- ☐ 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
- ☐ 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: Fogles Septic Clean Inc Contractor's Phone: 410-795-5670
Contractor's Address: 500 Obrecht Rd. Sykesville, MD 21784

Property Address: 15701 Union Chapel Rd. County file: HC
Subdivision: Woodbine Lot: — Year Built: 1971
Owner's Name: Eileen McCarrier Owner's Phone: 410-485-9162

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.



HOWARD COUNTY HEALTH DEPARTMENT

60567

DATE
3 / 16 / 17

PS

Received
From

20885 Septic clean

PHONE #

410-795-562

For

Tank Replacement -

15701 Union Chapel Rd.

☐ CASH

☒ CHECK

NO.

58381

One hundred sixty five

Dollars

\$

165.00

Received By

A King