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: 7/24/18

ONSITE SEWAGE DISPOSAL SYSTEM PERMIT: REPAIR

P 563963

APPROVAL DATE: ______ A ______

PROPERTY ADDRESS: 1026 Taylor Park Road

SUBDIVISION: River Park Estates LOT: 3 TAX ID: 03-285391

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

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

PROPERTY OWNER: Lee Dunchak EMAIL:

OWNER ADDRESS: 1026 Taylor Park Road , Sykesville, MD 21784 PHONE: 443-280-5690

SEPTIC TANK SIZE (GALLONS): Existing. PUMP CHAMBER CAPACITY (GALLONS): ______ PUMP SIZE: ______

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. ______ APPLICATION RATE: ______

DISTRIBUTION SYSTEM: GRAVITY FED ☐ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED:	97'	INLET DEPTH:	3-4'
	TRENCH WIDTH:	3'	MAXIMUM BOTTOM DEPTH:	8'
	MINIMUM SPACE BETWEEN TRENCHES:	11' ¢	EFFECTIVE AREA BEGINNING DEPTH:	5'
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.			
NOTES:	Install 3- trenches downward, right side of ex. D.W. Pump/collapse Drywell.			

ISSUED BY: K. Wolf ISSUE DATE: 7/24/18 EXPIRATION DATE: 7/24/19

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 ACKOWLEDGE 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 GUIADNCE.

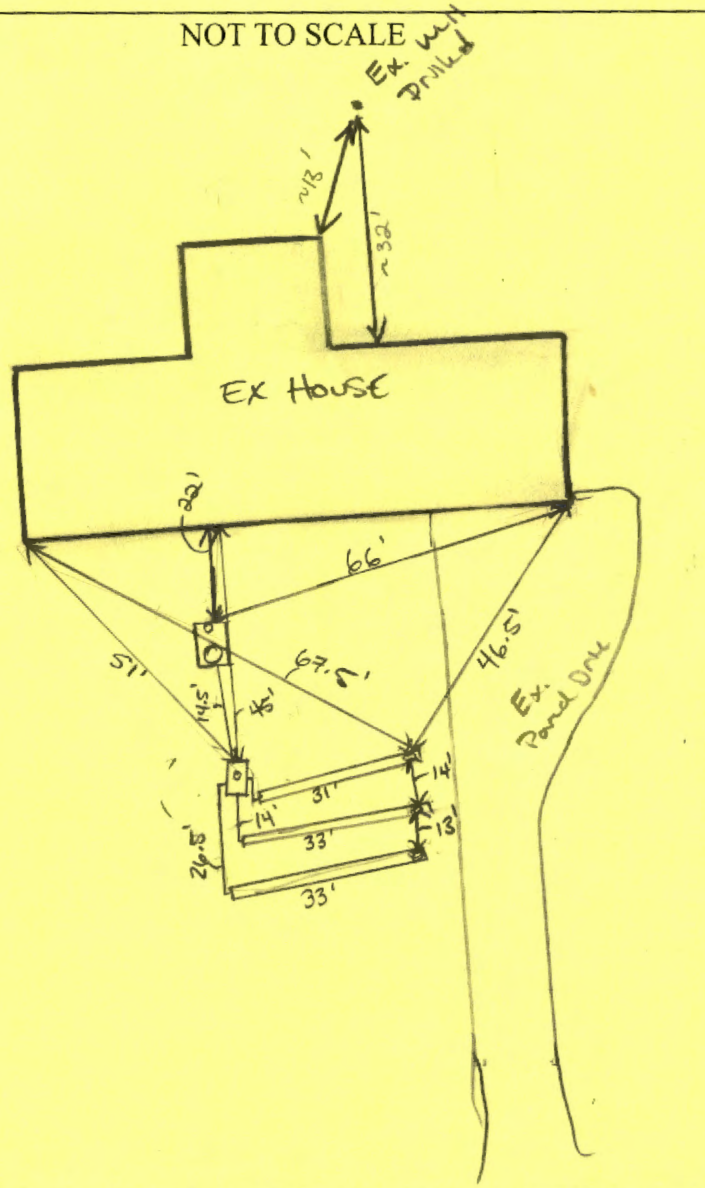
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	4',3',2'	8'

NUMBER OF TRENCHES 3

TOTAL LENGTH 97'

ABSORPTION AREA 291'

DISTRIBUTION BOX LEVEL YES

DISTRIBUTION BOX BAFFLE YES

DISTRIBUTION BOX PORT YES

SEPTIC TANK DATA

(Ex.) SEPTIC TANK 1 LEVEL ____

- MANUFACTURER ____
- CAPACITY ____ GAL
- SEAM LOC ____
- TANK LID DEPTH 6'
- BAFFLES OUTLET (NEW)
- BAFFLE FILTER ____
- MANHOLE LOC BACK (NEW)
- 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:
8/6/18 Set Dbox right side of collapsed drywell. Install 3x trenches running towards ex. paved drive. Trenches will be a 31' and 2x 32'. Call for inspection. Ex drywell to be filled in. [illegible]
8/29/18 Spoke w/ Jane (Fuller) went over details of layout. May not be able to make 2' inlet w/ ex. S.T. depth 7' cover. Will let us know if 2' inlet cannot be met. [illegible]

INSTALLATION: 8/29/18 3 TRENCHES INSTALLED. UPPER TRENCH INLET ~4.5', MID TRENCH INLET ~3', LOWER TRENCH INLET ~2'. D BOX LEVELED. OUTLET BAFFLE ADDED TO EX ST AND RISER (6') EXTENDED TO ABOVE GRADE. EX TANK IS 6' DEEP.

FINAL INSPECTOR [signature] DATE OF APPROVAL 08/29/2018

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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- [X] Failing System
- [ ] System relocation for proposed addition
- [ ] System upgrade for proposed addition
- [ ] Inadequate treatment zone
- [ ] Collapsed septic tank
- [X] Collapsed drywell

Existing system design

- [ ] Drywell
- [ ] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other: _____

Is discharge surfacing on the ground?

- [X] Yes
- [ ] No

Has the septic tank been pumped within the last month?

- [X] Yes Date pumped: 7/23/18
- [ ] No

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

- [X] Yes Explain observations: _____
- [ ] No _____

Was a visual inspection of the sewage line conducted?

- [X] Yes
  - Blockage leading to the tank
    - [ ] Yes. Explain: _____
    - [ ] No _____
  - Blockage leading to the field
    - [ ] Yes. Explain: _____
    - [X] 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: Fogle's Septic Clean Contractor's Phone: 410-795-5670
Contractor's Address: 580 Obrecht Rd Sykesville MD 21784

Property Address: 10216 Taylor Park Rd County file: _____
Subdivision: Taylor Park Estates Lot: _____ Year Built: _____
Owner's Name: Lee Dunchak Owner's Phone: 443-280-5690

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 MARYLAND

HOWARD COUNTY HEALTH DEPARTMENT

63963

DATE 7/24/18

Received From Tegler Septic Clean Inc PHONE #

For Perc/Repair : 7026 Taylor Park Road

☐ CASH
☑ CHECK
NO. 61532

Three hundred thirty ———— 00/100 Dollars

$ 330.00

Received By [signature]