



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2540 | Fax: 410-313-2548

TDD: 410-313-2323 | Toll Free: 1-866-313-6300

www.bchealth.org

Facebook: www.facebook.com/hcphhealth

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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 *Leaking*
- ☐ 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: *Report attached*
- ☐ 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

Existing system design

- ☐ Drywell
- ☒ French
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

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 for testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: *Fogley's Septic* Contractor's Phone: *410-799-5670*

Contractor's Address: *530 Obrecht Rd* City/State: *Sykesville 21784*

Property Address: *12388 Guilford Rd* County file: _____

Subdivision: *Spring Valley Farms* Lot: *15* Year Built: *1978*

Owner's Name: *Thomas Clark* Owner's Phone: *410-661-2978*

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, 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 _____

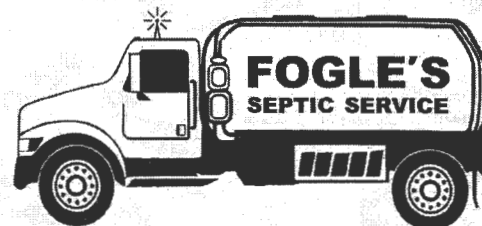
If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

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 permits 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.

FOGLE'S SEPTIC CLEAN, INC.
 580 Obrecht Road • Sykesville • Maryland 21784
 (410) 795-5670



SEPTIC EVALUATION

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: 3/2/21 Time: 9:30am	Occupied? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Client: Drew Chandler	Ordered By:	If vacant, how long? ~ 2 yrs
Property Address: 6388 Guilford Rd	Phone: 410-961-2978	Last pumped: ??
Clarksville, MD 21029	email: jachandler1486@gmail.com	Property age: 1978 # Bedrooms: 3
Weather: Sunny 40°	County Records: <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Received	
Ground Conditions: Dry	Confirmed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Left Message	

Liquid level: <input type="checkbox"/> Above Normal / <input type="checkbox"/> Normal / <input checked="" type="checkbox"/> Below normal	Depth of tank: 24"
Maintenance Appears: <input type="checkbox"/> Good / <input checked="" type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: 6" c/o Above grade
Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

Type of Tank	Tank Composition & 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"/> Unknown	<input checked="" type="checkbox"/> Drainfield (2)
<input type="checkbox"/> Cesspool	Tank Size: 1000 Gallon	<input type="checkbox"/> Drywell
<input type="checkbox"/> Aeration System	Baffles intact? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Sandmound
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Inspected System Appears:	Inspector's Comments	Sketch of System
<input type="checkbox"/> Functional <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Unsatisfactory	<p>Located tank 105' from house. Water level was very low in tank. Introduced water from house into tank for 30 mins. Water level only raised 6" which indicates leaking tank. Located 2 drain fields. Probed both appear to be dry. Need to have new tank installed according to MD Co Specs. Approx. \$5500 to \$6500.</p>	<p>The sketch shows a rectangular box labeled 'House' at the top. A line representing the pipe leads down to a square box labeled 'Tank'. To the right of the tank is a label '6" c/o'. Below the tank, the line continues down to a horizontal line representing the drain field, with two vertical lines branching off, labeled 'Z-Trenches'.</p>
Inspector: Jeff Palmer		
Signature: Jeff Palmer		
Inspection Fee: 250.00		
Locate/Hand Digging Fee: 250.00		
Water Test: <input checked="" type="checkbox"/> U&O <input type="checkbox"/> Lead <input type="checkbox"/> Nitrite		
Water Test Other: 200.00		
Amount Due: \$450.00		
Check # CC info on file.		

1 HR Well Yield Sam # 250

IMPORTANT:

- This is a subjective and visual inspection only, based upon many unknown and unseen factors.
- The condition of the Sewage Disposal system is reported as of the above date.
- This report does not WARRANT nor GUARANTEE continued functional Sewage Disposal System operations.
- If house has been unoccupied, this report may not be accurate. Little or no use of the septic system could have allowed the problems to temporarily clear themselves.
- If a larger family is moving in than is presently occupying the house, the septic system may be subject to failure.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the surface.
- In the above cases, it is strongly suggested that the septic system be re-certified in 3 to 6 months.
- If the system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.

Payment for this inspection signifies understanding and acceptance of above clauses.



Howard County
Health Department

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Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 3/16/21

ONSITE SEWAGE DISPOSAL SYSTEM

P 568793

APPROVAL DATE: 06/03/2021

PERMIT:

Tank Replacement

(repair)

A Repair

PROPERTY ADDRESS: 3688 Guilford Road

SUBDIVISION: 6388

LOT: 15 TAX ID: 4-05357020

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: Kurt@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road Sykesville, MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: Drew Chandler

EMAIL: Jachandler1986@gmail.com

OWNER ADDRESS: Same as above

PHONE: 410-961-2978

SEPTIC TANK SIZE: 1500

PUMP TANK CAPACITY: n/a

PUMP SIZE: n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 3

APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>n/a</u>	INLET DEPTH: <u>n/a</u>
	TRENCH WIDTH: <u>n/a</u>	MAXIMUM BOTTOM DEPTH: <u>n/a</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>n/a</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>n/a</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install new 1500 gallon 2-comp septic tank next to existing septic tank. Keep 100ft from wells. Call for layout inspection.	

ISSUED BY: K. Wolf

ISSUE DATE: 3/16/2021

EXPIRATION DATE: 3/16/2022

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 B/E 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 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

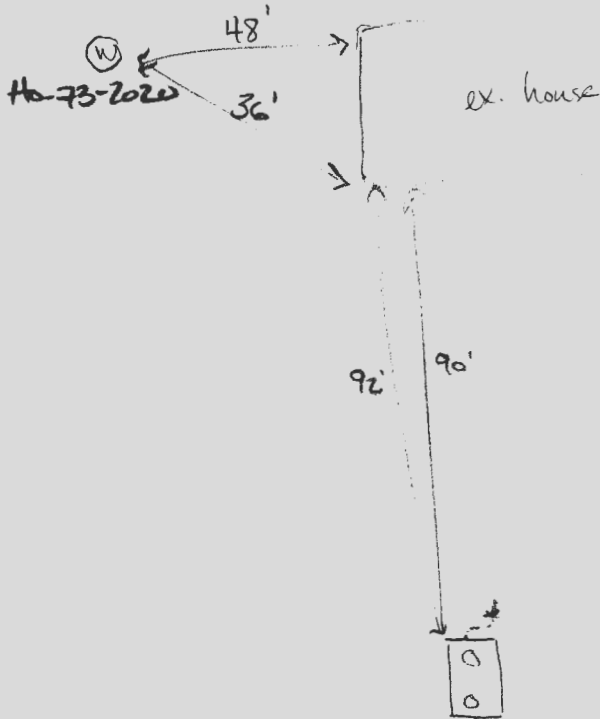
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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
 NUMBER OF TRENCHES
 TOTAL LENGTH
 ABSORPTION AREA
 DISTRIBUTION BOX LEVEL
 DISTRIBUTION BOX BAFFLE
 DISTRIBUTION BOX PORT

EXISTING

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL ON OLD TANK SLAB

MANUFACTURER 15
 CAPACITY 1500 GAL
 SEAM LOC TOP
 TANK LID DEPTH 2.5'
 BAFFLES YES
 BAFFLE FILTER NO
 MANHOLE LOC FRONT/BACK
 6" PORT LOC 1 -
 WATERTIGHT TEST -
 SLOTTED YES
 DATE ON LID 08/03/2020

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:

3/26/21 Laid out new location for replacement tank next to old tank, on downgrade side. Contractor will add PVC port to d-box and uncover ends of trenches during replacement. Well cap is not secure, conduit loose and there are holes in well cap. (SD)

INSTALLATION: 03/29/2021 (AM) TANK SET; WALLS OF EX TANK REMOVED. NEW TANK SET ON OLD TANK SLAB. INLET BAFFLE INSTALLED. 4 BARRIED ON SIDE

(PM) WORKING ON TIE IN TO EX BOX. SEND PHOTO EX TANK HAD ~ 1" OF LIQUID OF OUTLET BAFFLE; INLET RISER, AND D BOX TIE IN.

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

06/03/2021

