HOWARD COUNTY HEALTH DEPARTMENT

91040

CODES: Funds Exchanged From Record

DATE: 5/7/26

ps

☐ CASH
☒ CHECK
NO. 82777

Received From: Tugles Septic Pump Inc.

For: WS-PT-26-00848 OSDS Repair - 11878 Simpson Rd

Two hundred sixty five and 00/100 Dollars

$ 265.00

Received By:

HOWARD COU[illegible]EALTH DEPARTMENT

91001

CODES

DATE 4/7/26

☐ CASH

☑ CHECK

NO. 82777

Received From Tonys Septic Clean Inc.

For Repair Perc - 1878 Simpson Rd

Two hundred sixty five 00/100 Dollars

$ 265.00

Received By

Howard County Health Department
Maura J. Rossman, M.D., Health Officer

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

RECEIPT DATE: 4/7/2026

ONSITE SEWAGE DISPOSAL SYSTEM PERMIT: REPAIR

P 5-91001

APPROVAL DATE: 6/26/2026 (50)

A

PROPERTY ADDRESS: 11878 Simpson Road Clarksville MD 21029

SUBDIVISION: LOT: 6 TAX ID: 05-384117

CONTRACTOR: Fogle's Septic Clean, Inc EMAIL:

CONTRACTOR ADDRESS: 580 Obrecht Road Sykesville MD PHONE: 443-775-7353

PROPERTY OWNER: Betty Steil EMAIL: blsteil@verizon.net

OWNER ADDRESS: 11878 Simpson Road Clarksville MD 21029 PHONE: 443-745-3041

SEPTIC TANK SIZE (GALLONS): Existing TANK MANUFACTURER: Existing

PUMP MODEL: N/A PUMP SIZE N/A PUMP TANK CAPACITY: N/A

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: Ex

TRENCHES:	LINEAR FEET REQUIRED: N/A	INLET DEPTH: N/A
	TRENCH WIDTH: N/A	MAXIMUM BOTTOM DEPTH: N/A
	MINIMUM SPACE BETWEEN TRENCHES: N/A	EFFECTIVE AREA BEGINNING DEPTH: N/A
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Existing Tank to be Tied into Existing Trench New observation port on Existing Trench New Manhole on Existing Tank Existing Drywell to be Abandoned New Manhole on Existing Tank	

ISSUED BY: S. Page ISSUE DATE: 5/7/2026 EXPIRATION DATE: 5/7/2027

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 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

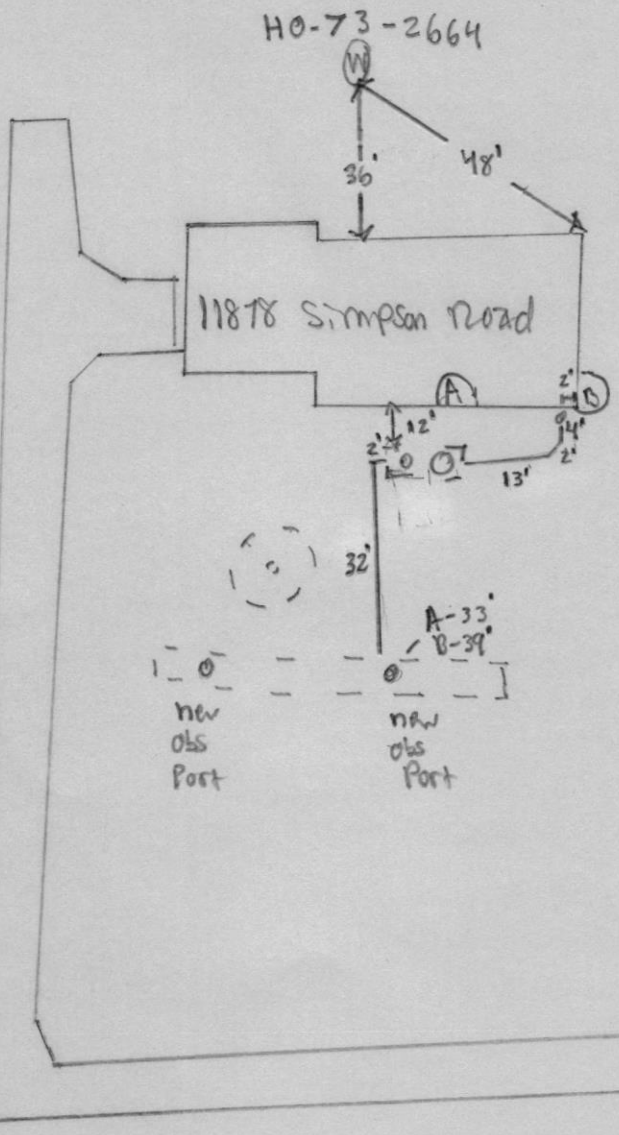
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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

Existing:

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
N/A	N/A	N/A

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

Existing:

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL N/A
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC New Back Right Front
6" PORT LOC Ex Front 6" Port
WATERTIGHT TEST N/A
SLOTTED S
DATE ON LID _____

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 _____

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Mike Hooper
SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:
5/7/2026- Plans Approved. SP

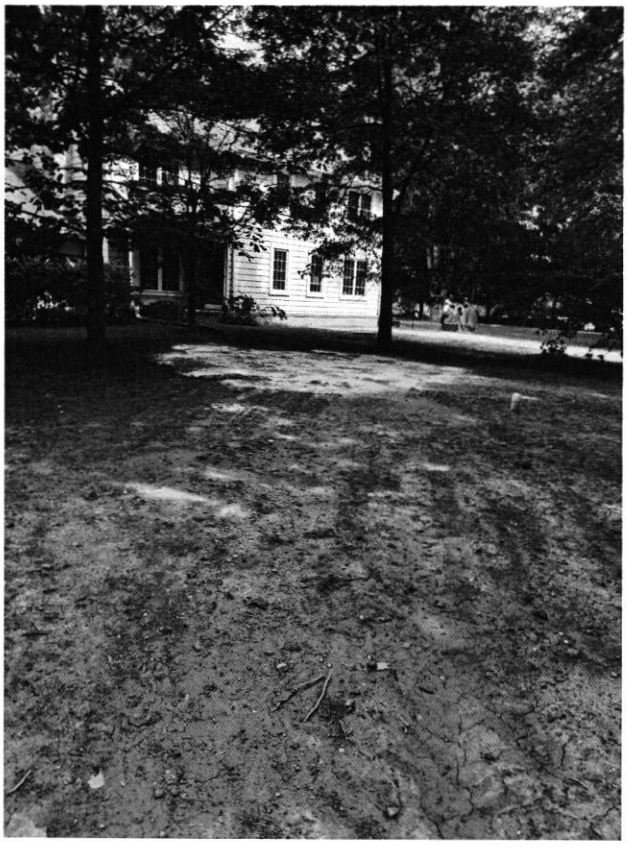
CONTROL PANEL DATA

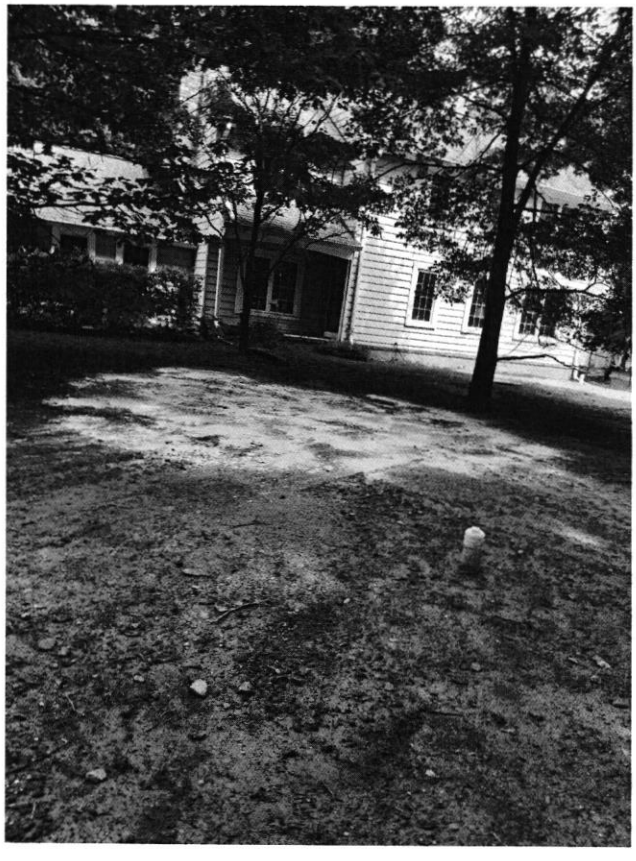
CONTROL PANEL HEIGHT N/A
(MIN 30")
INSPECTION DATE N/A
INSPECTION: PASS/FAIL (CIRCLE ONE)

INSTALLATION NOTES:
6/22/2026- Installer onsite for inspection. Drywell has substantial amount of liquid sewage in tank.

6/26/2026- Installer put lime over abandoned drywell. SP

FINAL INSPECTOR S. Pyse . DATE OF APPROVAL 6/26/2026 .





6/26/2026-
Pictures of lime
over abandoned drywell. SP

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

ADDRESS: _____ CONTRACTOR: _____

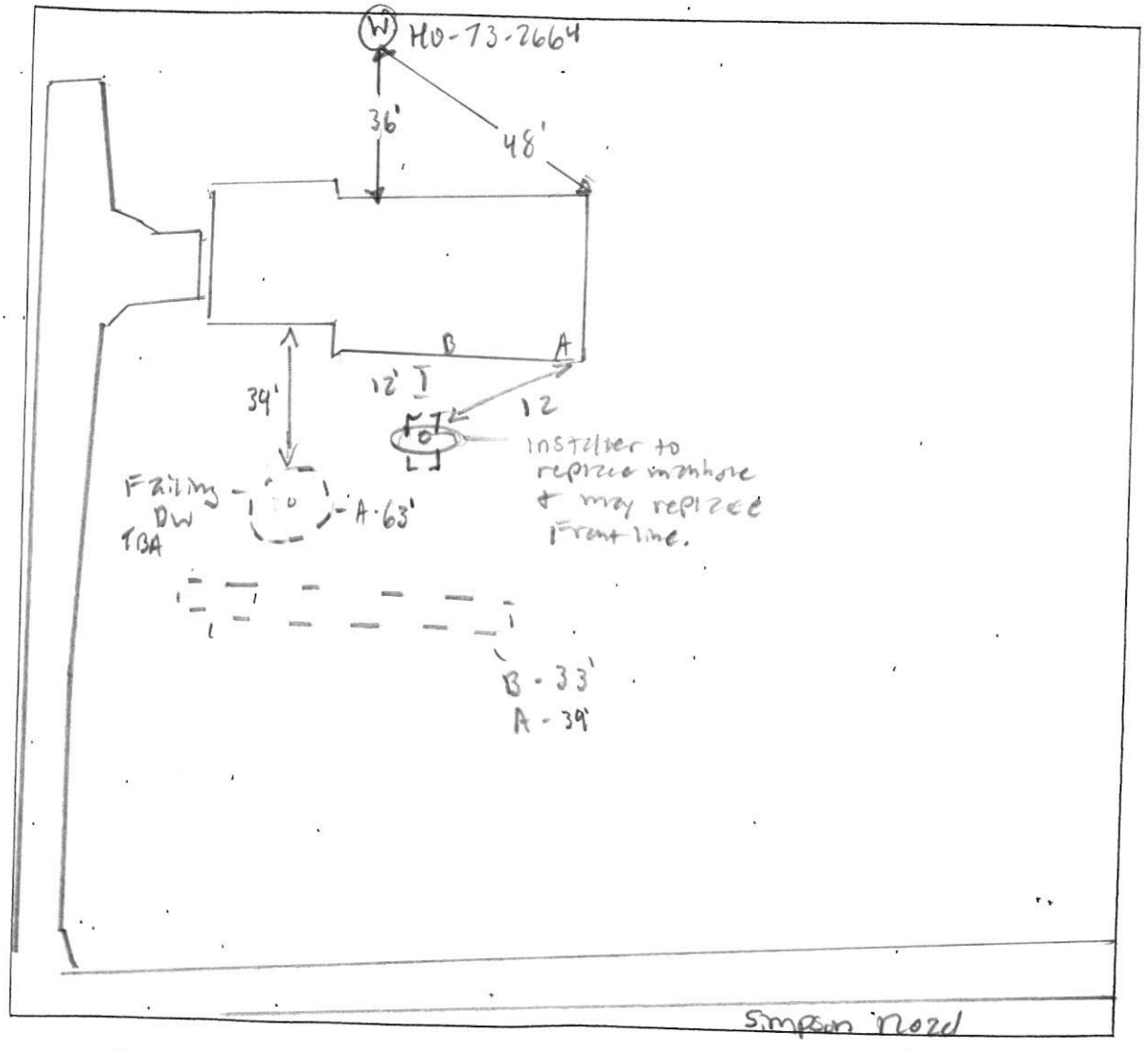
_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: _____

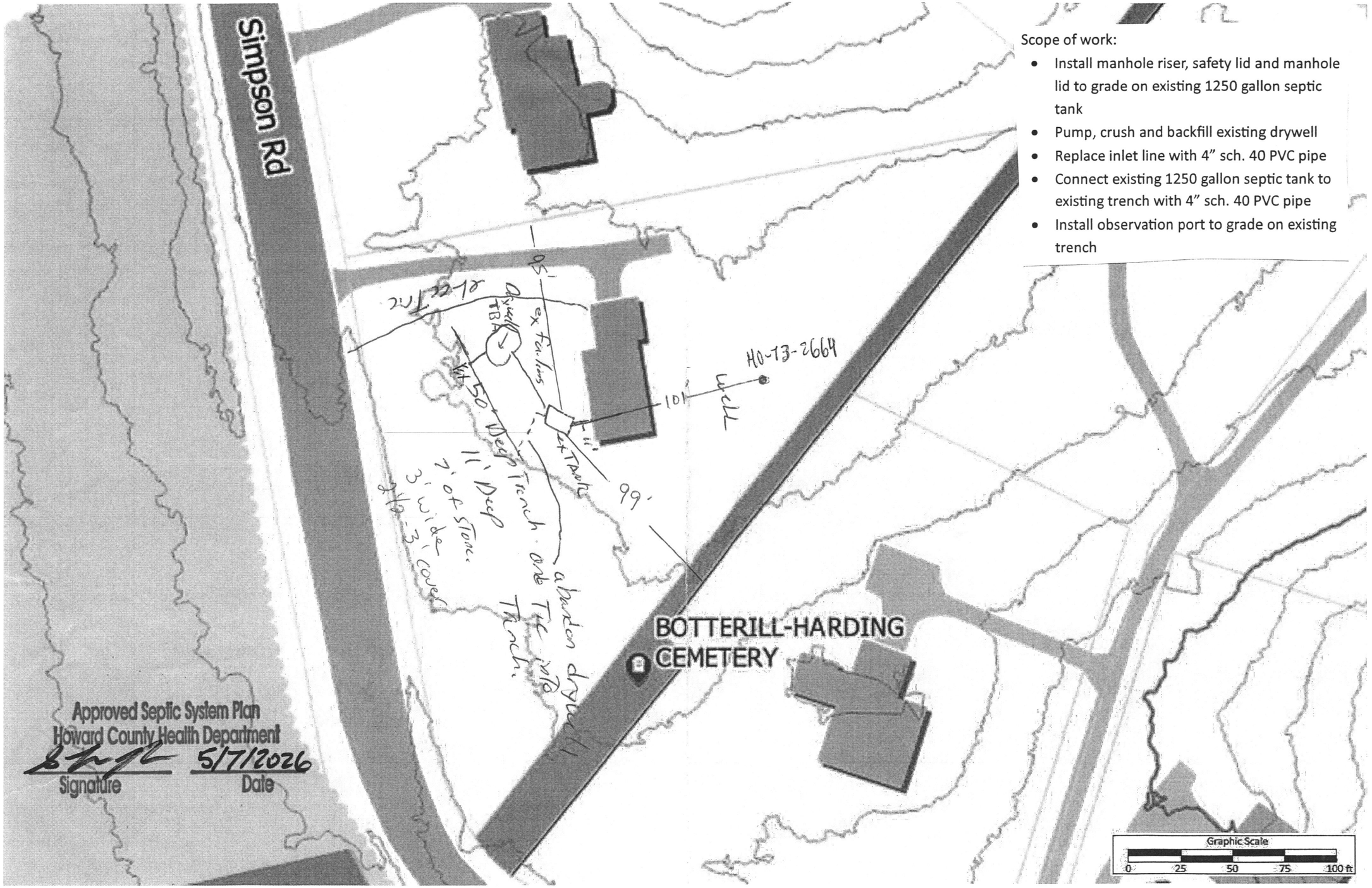
_____

LOCATION DIAGRAM



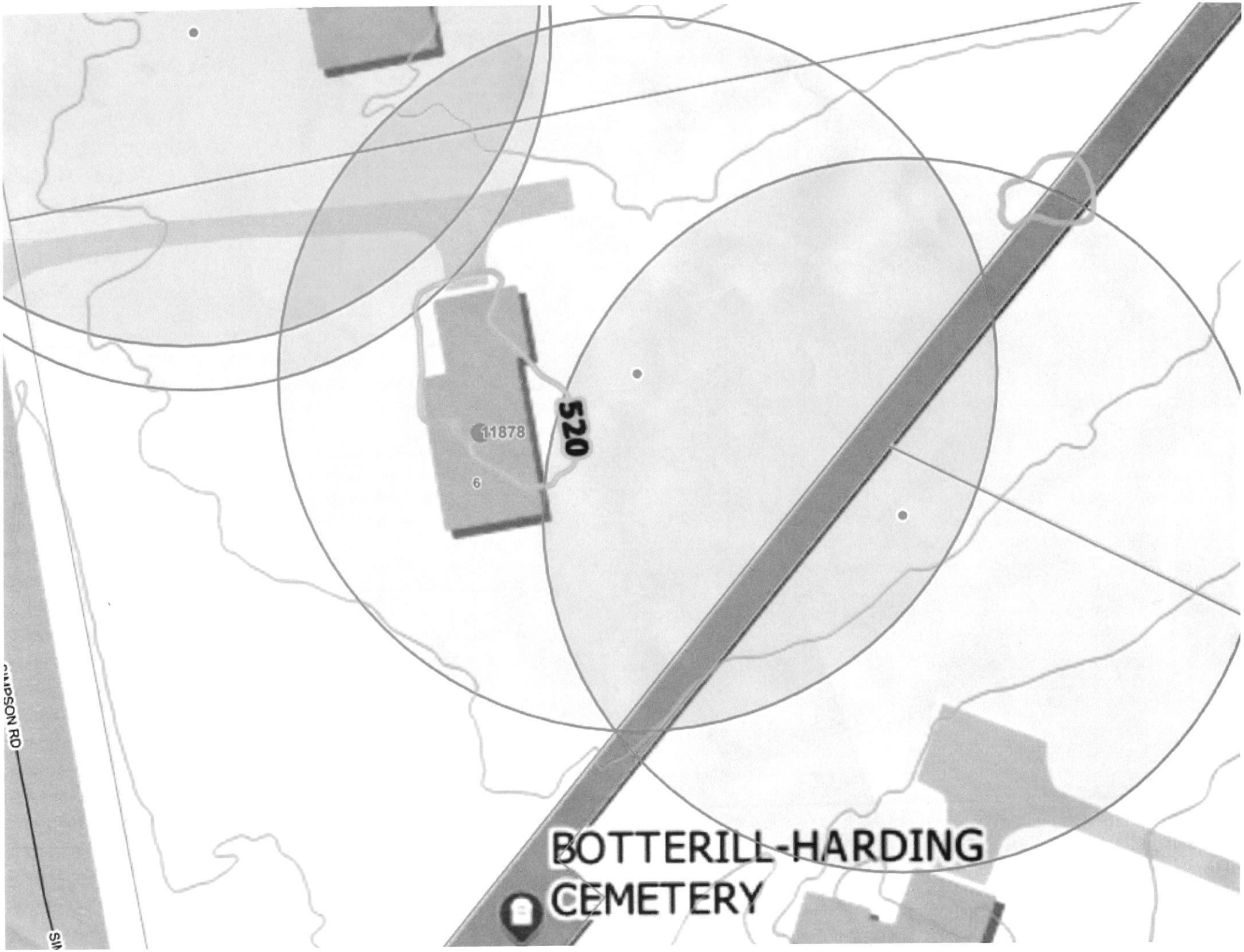
COMMENTS: Installer onsite to excavate ex system. Drywell already previously found to be failing <1 of use left & was just pumped. Excavation beginning & end of trench coming off of drywell & stone still ok, no thick biomat, barely any usage seen. Installer to apply for minor repair to abandon DW & hook up to ex trench. (SP)

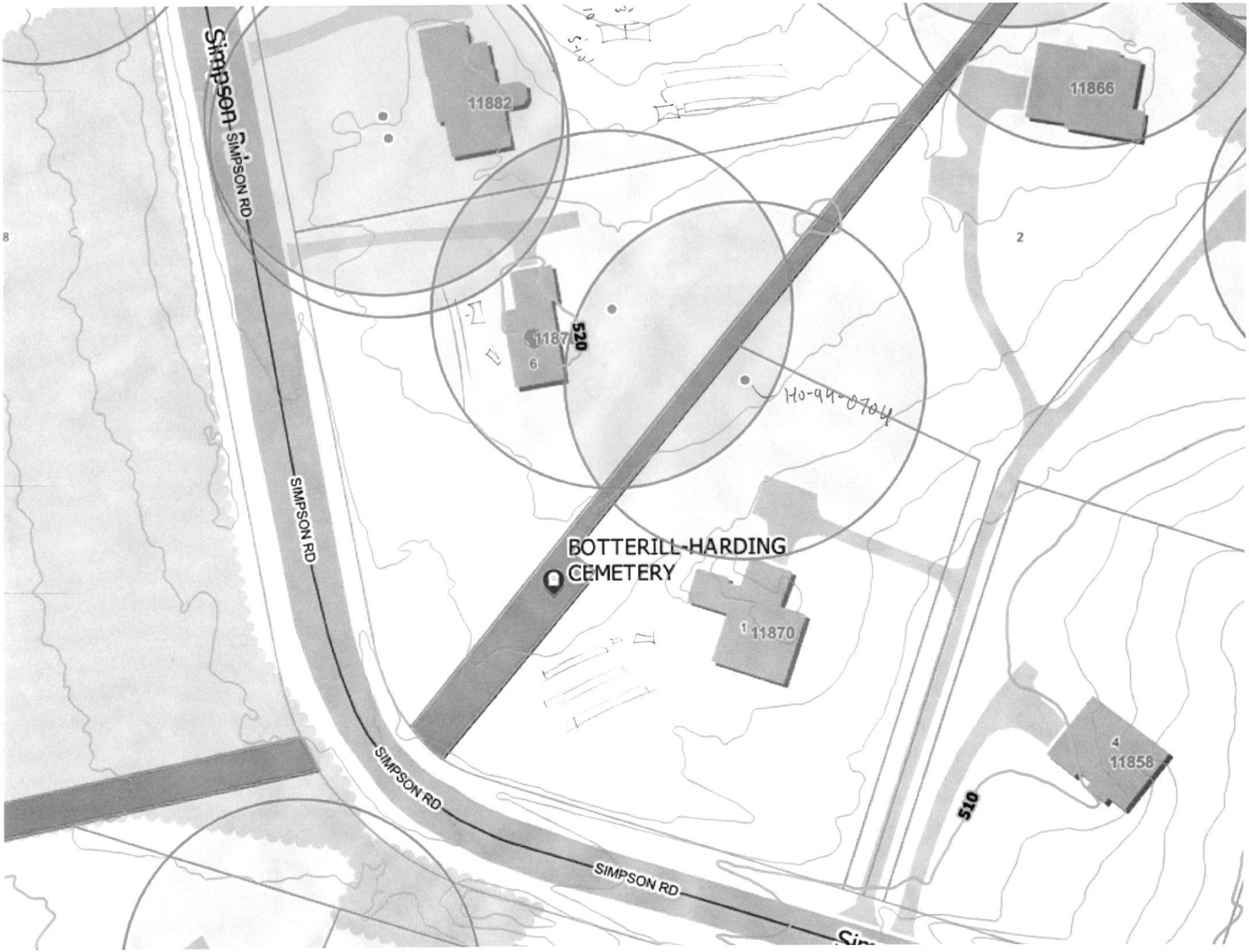
DATE: 4/22/2026 INSPECTOR: S. Pere



Septic Repair Design Plan

	Designer & Installer Info		Property Info	Owner Info	Additional Info	
FOGLE'S	Installer: Fogle's Septic Clean, Inc Address: 580 Obrecht Rd Sykesville, MD 21784	Designer: John Hieatzman Phone: 410-795-5670 Email: john@foglesinc.com	Address: 11878 Simpson Rd Clarksville, MD 21029	Name: Laura Steil Phone: 443-978-1681 Email: blsteil65@gmail.com	Perc Date: 4/22/26 Permit No.: Bredrooms: 4	Version: 1.0 Date: Job No.: 1071


520
11878
6
BOTTERILL-HARDING
CEMETERY


Simpson
SIMPSON RD
11882
11866
11870
6
520
510
HO-99-0704
BOTTERILL-HARDING
CEMETERY
SIMPSON RD
SIMPSON RD
SIMPSON RD
11858

520
SIMPSON RD
SIMP

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-SP-APP-26-00104
Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application
Address: 11878 SIMPSON RD, Clarksville, 21029

Receipt No. 15249

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	82777	$265.00	05/07/2026	SMARTIN		PAID VIA CHECK 4/7/26 FUNDS VOIDED ANSD TRANSFERRED FROM RELATED RECORD WS-PT-26-00848

Owner Info.: STEIL KENNETH M
11878 SIMPSON RD
CLARKSVILLE, MD 21029

Work Description:

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-26-00848
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 11878 SIMPSON RD, Clarksville, 21029

Receipt No. 14913

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	82777	$265.00	04/07/2026	SMARTIN		

Owner Info.: STEIL KENNETH M
11878 SIMPSON RD
CLARKSVILLE, MD 21029

Work Description:

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME: Simpson Woods

PROPERTY ADDRESS: 11878 Simpson Rd (STREET) Clarksville (TOWN) 21029 (ZIP)

TAX ACCOUNT # 05-384117 TAX MAP 41 GRID 8 PARCEL 421 LOT NO. 6 PROPOSED LOT SIZE (ACRES) ____

ZONING CATEGORY ____ TIER ____

PROPERTY OWNER(S) Betty Steil

DAYTIME PHONE ____ CELL 443-745-3041 EMAIL blsteil65@gmail.com

MAILING ADDRESS: 11878 Simpson Rd (STREET) Clarksville, MD (CITY, STATE) 21029 (ZIP)

APPLICANT Fogle's Septic Clean, Inc. RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-5670 CELL ____ EMAIL john@foglesinc.com

MAILING ADDRESS: 580 Obrecht Rd (STREET) Sykesville, MD (CITY, STATE) 21784 (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
- ☒ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

BUILDING:

- ☒ RESIDENTIAL WITH 4 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 OF APPLICANT ____ DATE 4/6/26

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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?

X Yes Date pumped: 3/21/26
___No

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

X Yes Explain observation: Emergency pumping ordered, tank was overfull, drywell is failing.
___No

Existing system design

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

Was a visual inspection of the sewage line conducted?

___Yes
X No

Blockage Leading to the field

___Yes Explain _____
X No

Is discharge surfacing on the ground?

___Yes
X 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 Regulations.

Septic Contractor: Fogle's Septic Clean, Inc. Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville, MD 21784

Property Address: 11878 Simpson Rd County File: 05-384117

Subdivision: Simpson Woods Lot: 6 Year Built: 1978

Owner's Name: Betty Steil Existing bedrooms: 4

Name of previous owners: _____ Existing bedrooms: _____

_____ Proposed bedrooms: _____

*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 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 exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020