HOWARD COUNTY HEALTH DEPARTMENT

91069

HOWARD COUNTY MARYLAND

CODES

DATE 6/15/26 45

☐ CASH
☐ CHECK ✓

NO. 83060

Received From Toogles Septic Clean Inc.

For Repair Perc - 13734 Barberry Way

Two hundred sixty five 00/100 Dollars

$ 265|00

Received By [signature]

RECEIPT

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

Application: WS-PT-RP-26-00011
Application Type: EnvHealth/Well and Septic/Percolation Test/Repair Application
Address: 13734 BARBERRY WAY, Sykesville, 21784

Receipt No. 15604

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	83060	$265.00	06/15/2026	SMARTIN		

Owner Info.: ZABALDO CHARLOTTE E
13734 BARBERRY WAY
SYKESVILLE, MD 21784

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

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
_X_No

Has the septic tank been pumped within the last month?

_X_Yes Date pumped: 5/19/26 & 6/13/26
___No

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

_X_Yes Explain observation: Tank was overfull on 5/19 pumping
___No Snaked outlet line on 6/12 and found failing drywell.
Pumped tank again and some from drywell on 6/13

Was a visual inspection of the sewage line conducted?

_X_Yes
___No

Blockage Leading to the field

___Yes Explain _____
_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: 13734 Barberry Way County File: 04-338901

Subdivision: Westcliffe Manor Lot: 14 Year Built: 1983

Owner's Name: Kara Krueger Existing bedrooms: 4

Name of previous owners: Charlotte Zabaldo Existing bedrooms: _____

Clinton Forgen 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

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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME: Westcliffe Manor

PROPERTY ADDRESS: 13734 Barberry Way (STREET) Sykesville (TOWN) 21784 (ZIP)

TAX ACCOUNT # 04-338901 TAX MAP 9 GRID 7 PARCEL 304 LOT NO. 14 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Kara Krueger

DAYTIME PHONE 240-638-6027 CELL _____ EMAIL kara.nicole.krueger@gmail.com

MAILING ADDRESS: 13734 Barberry Way (STREET) Sykesville, MD (CITY, STATE) 21784 (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:

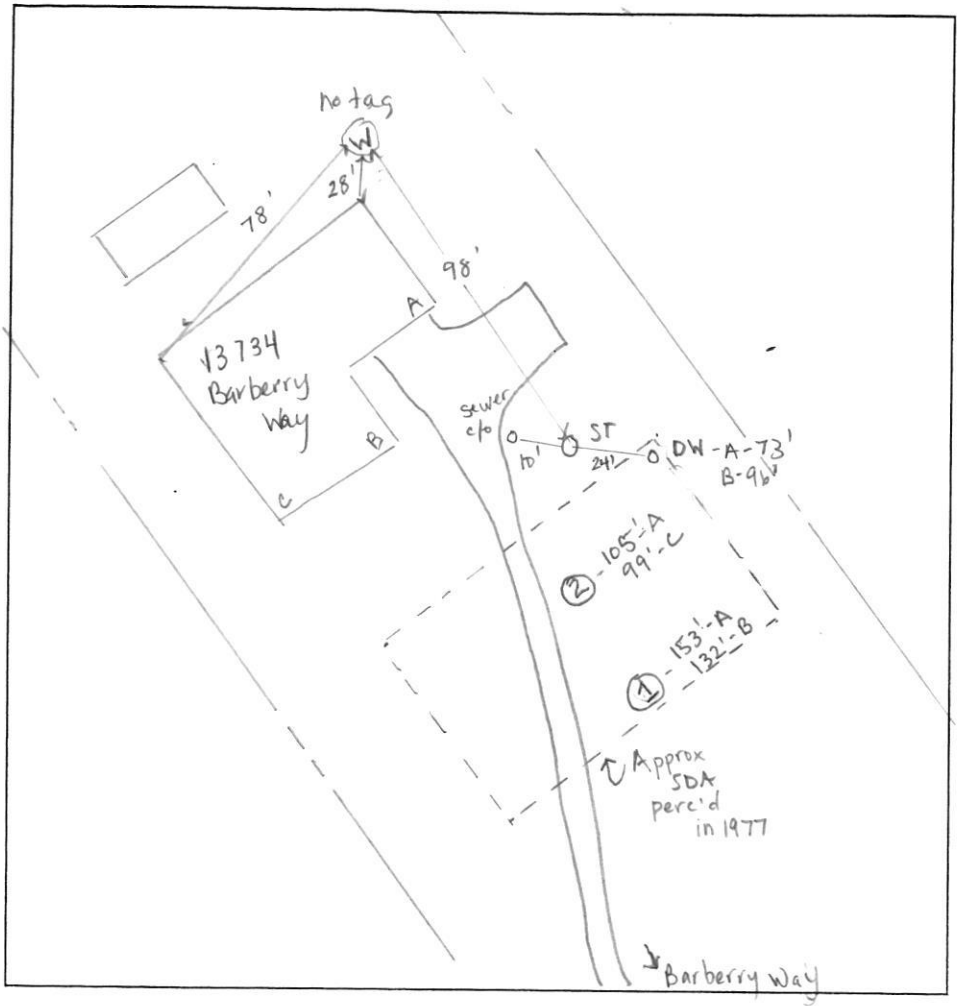
- **THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.**
- **THE APPLICATION FEE IS NON-REFUNDABLE**
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND 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: 6/15/2026

AP_____



(1)

0-½' - dark br organic matter/weathered

½'-3' rd/br fill dirt wet CL

3'-5½' - br/rd fill dirt wet CL

5½'-9' - rd/br clay blocky (SAB) sticky firm

9' - rock bottom

(2)

0-½' - dark br organic matter - weathered

½'-2' rd/br cl - fill dirt - mfr, sbk

2'-5' rd/br scl mod, sbk some mica

5'-9' Rd/br SCL some mica & small rock mfr, sbk well drained

9'-11' rd/br scl mfr, sbk Med

11'-14' Rd/br scl some mica mfr, sbk fine to med

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/26/26	1		rock	bottom @ 9'			F
			poured water @ 9' and it channeled out of the hole				
6/26/26	2	5.5'	12:10	12:20	12:33	13 min	P
6/26/26	2	14'	12:02	poured H2O @ bottom of perc hole	12:07	5 min	P

(.8 app rate)

REMARKS Homeowners onsite and want a system for 5 bedrooms - repair required

SANITARIAN S. Page / R. Ragsdale BACKHOE Fogles - Mike OTHERS Able

TEST HOLES USED IN SDA 2 AVG. PERC TIME 13 min SQ. FT/BR (2) 5

TRENCH WIDTH 3' INLET DEPTH < 4" +bd MAX. BOT DEPTH 10' EFFECTIVE S/W 5½' to 10' = 4.5'

$\frac{5 \times 150'}{.8} = 938 ft^2 \div 3' = 313' \times .38 = 119' = 3 \times 40'$ trenches.

SWC for 3' wide trench

Howard County Health Department

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TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 13734 Barberry Way, Sykesville, MD. 21784

Subdivision: Westcliffe Manor Lot: 14

Replacement
Initial system: Application rate: .8 Effective area beginning depth: 5½' Bottom maximum depth: 10'

1st Replacement: Application rate: ____ Effective area beginning depth: ____ Bottom maximum depth: ____

2nd Replacement: Application rate: ____ Effective area beginning depth: ____ Bottom maximum depth: ____

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 =$$

Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

inlet - whatever works for fall from tank location (not lower than 4') go as high as possible
* trenches-LF: 119' = 3 x 40' @ 3' wide (13' CTC) - 10' bottom
septic tank - load bearing - due to depth of sewer line (new 1500g) (new d box)
SWC = 4½' (from 5½' to 10')

Trenches (or 4 x 30')

Approved: S. Page / R. Rappaport Date: 6/29/26

JW 9/4/14


13726
16
600
590
15
BARBERRY WAY
BARBERRY WAY
BARBERRY WAY
580
BARBERRY WAY
13
570
12
BARBERRY WAY
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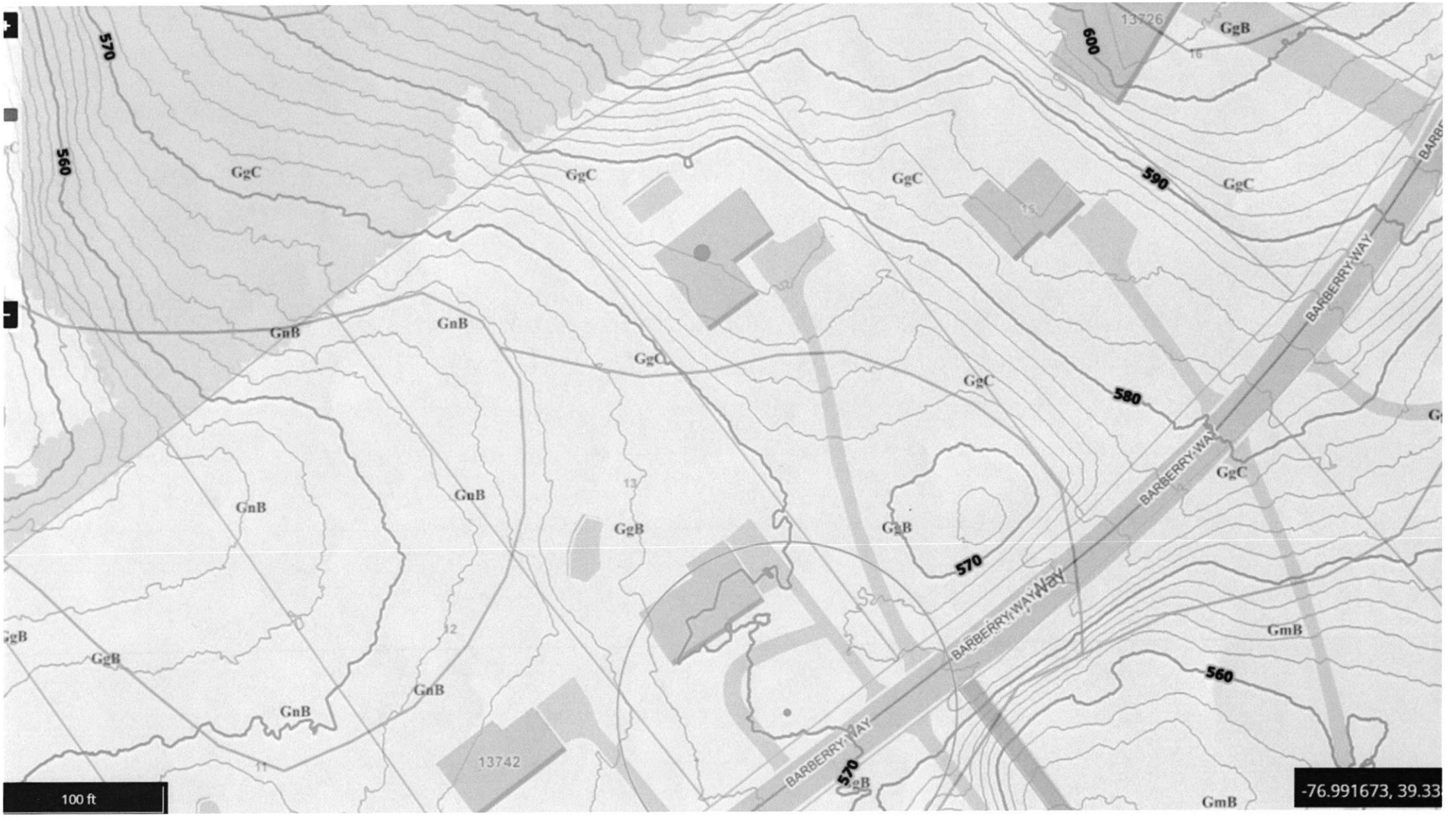
13742
BARBERRY WAY
570


600
15
58
13
570
BARBERRY WAY

15
13
BARBERRY WAY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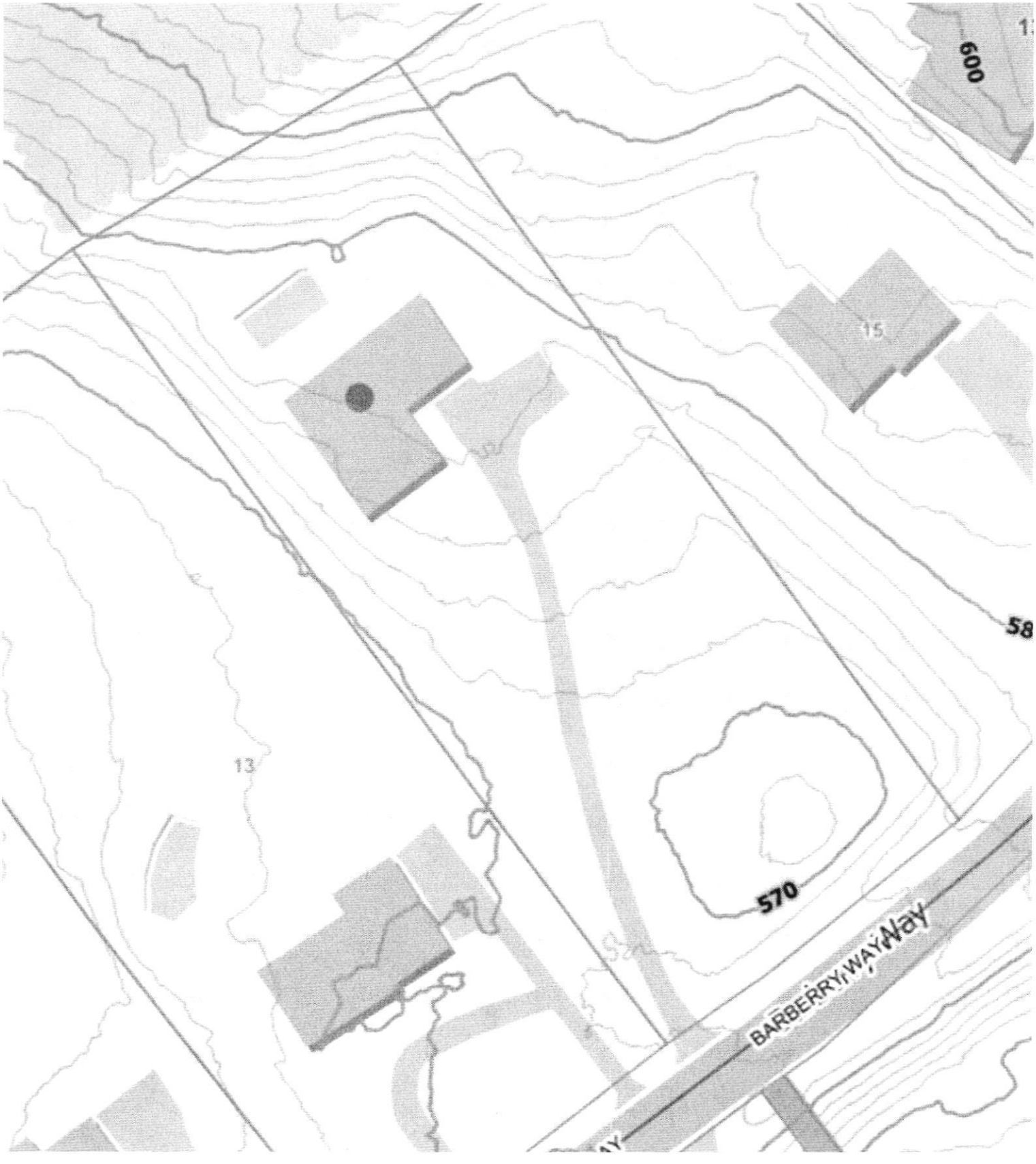
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