

Bureau of Environmental Health  
 7178 Gateway Drive Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

RECEIPT DATE: 11/21/14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 555326

INSTALLATION APPROVAL

DATE: 12/19/2014

**PERMIT**  
**REPAIR**

A Repair

PROPERTY ADDRESS: 5345 Broadwater Lane

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 05-355095

CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kevin@foglesinc.com

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

PROPERTY OWNER: William Morice EMAIL: \_\_\_\_\_

OWNER ADDRESS: 5345 Broadwater Lane PHONE: 410-370-2284

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ STATIC HEAD (FEET): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	_____	
NOTES:	_____	

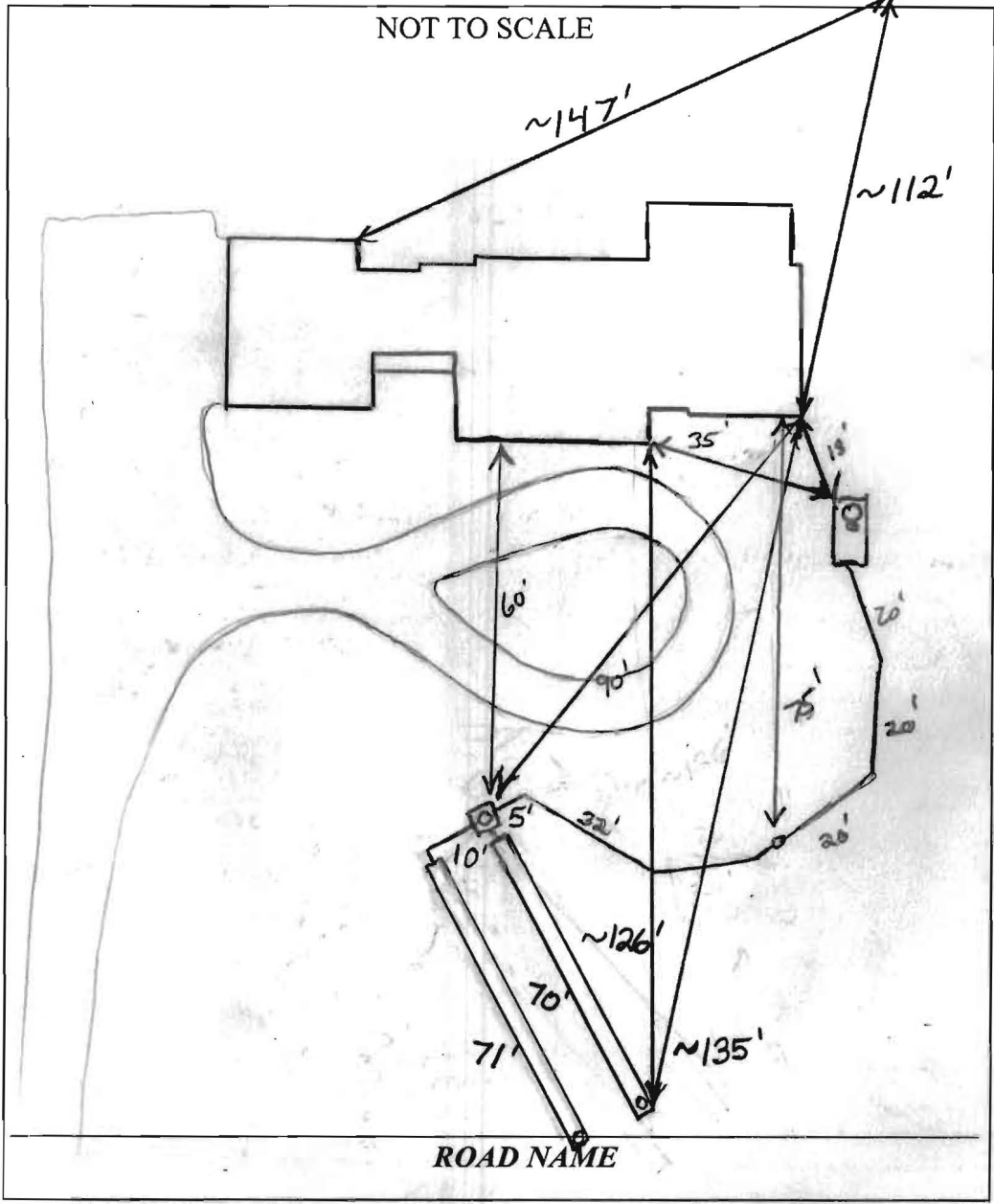
ISSUED BY: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

- 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

**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.**

HO-73-1438

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5'-5'	12'
NUMBER OF TRENCHES		2
TOTAL LENGTH		141'
ABSORPTION AREA		778
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	?
CAPACITY	? GAL
SEAM LOC	mid
TANK LID DEPTH	2'
BAFFLES	
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	center
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	N/A

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: 12/15/2014 Trenches laid out. (BB)

INSTALLATION: 12/18/14 New sch 40 ran up to D box. No stone on site. Trenches still poured and located. Call in inspection. 12/19/2014 System finished. O.K. to backfill. (BB) (Kaw)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 12/19/2014



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
[X] 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?

- Has the septic tank been pumped within the last month?
[X] Yes Date pumped: 1/18
[ ] No

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

- Was a visual inspection of the septic tank and/or drain fields conducted?
[X] Yes Explain observations: LINES CLEAR
[ ] No Drywell overfull

Existing system design

- Existing system design
[X] Drywell
[ ] Trench
[ ] Mound
[ ] Unknown
[ ] Other:

Was a visual inspection of the sewage line conducted?

- 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

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
[ ] Yes
[X] No

Additional Comments: Failing Drywell

\*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 Contractor's Phone: 410-971-1028

Contractor's Address: Property Address: 5345 Broadwater Lane County file: Map 28

Subdivision: Owner's Name: William Morice Owner's Phone: 410 370 2284 Grid 15

Name of previous owners: Existing bedrooms: 5 Parcel 240

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.

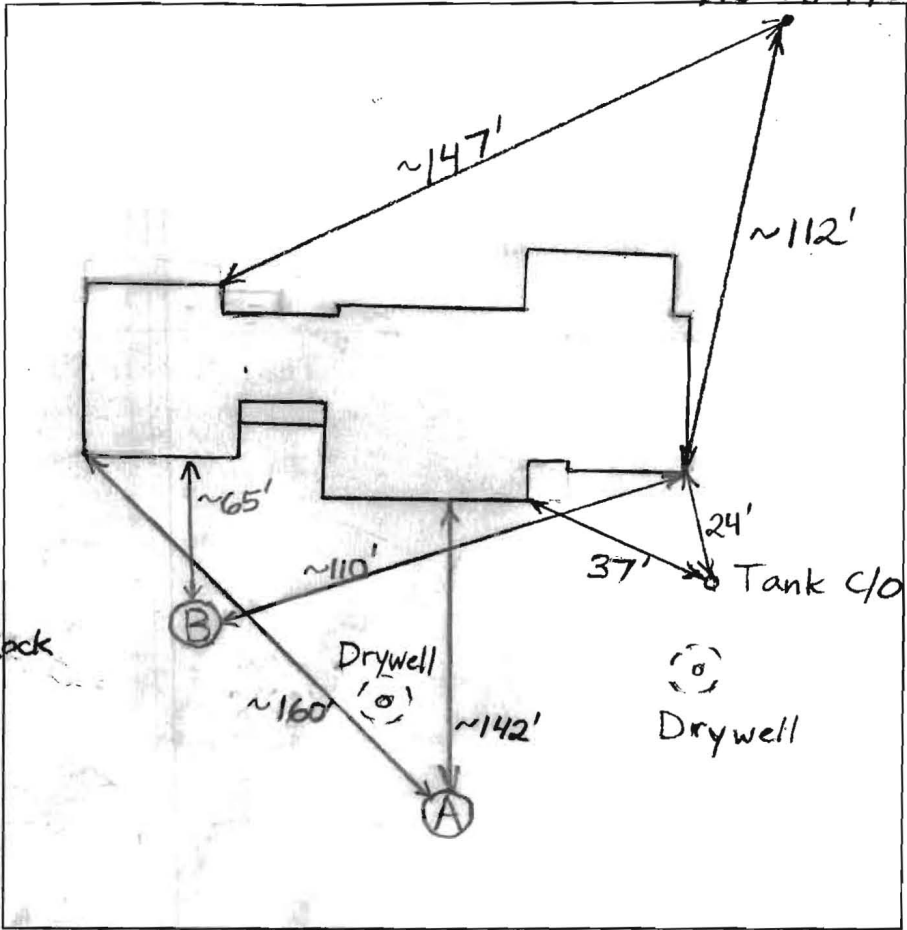
DRAWING ON BACK

Repair AP 555326

HO-73-1438

**(A)**  
 0-2.5' Or Br Cl Loam  
 2.5'-4' Dense Red Br Cl Loam  
 4'-4.5' Red Br Sa Cl Loam  
 4.5'-6' Red Br Sa Loam - Sa Cl Loam  
 6'-6.5' Red Br Sa Loam - Sa Cl Loam  
 6.5'-7.5' Red Br Med. Sa Loam  
 7.5'-16.5' Turning to a Beige Loamy Sa Deeper, ~10% Rock

**(B)**  
 0-4' Red Br Cl Loam  
 4'-4.5' Red Br Loam  
 4.5'-5' Red Br Sa Cl Loam  
 5'-5.5' Red Br Sa Loam  
 5.5'-6' Med Beige Loamy Sa ~10% Rock and Saprolite  
 6'-17'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/15/2014	A	8.5'/16.5'	11:11	11:19	11:31	12	P
	B	8'/17'	11:56:30	12:01	12:10	9	P

REMARKS Deep Cl Loams  
 SANITARIAN B. Baker BACKHOE Fogles OTHERS Homeowner  
 TEST HOLES USED IN SDA A+B AVG. PERC TIME 10 1/2 SQ. FT/BR  
 TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 12' EFFECTIVE SW 5.5'



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Reason for Request:

- Failing System (checked)
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 (checked) Date pumped: 4/10
No

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

- Yes (checked) Explain observations: LINES CLEAR
No Drywell overflow

Existing system design

- Drywell (checked)
Trench
Mound
Unknown
Other:

Was a visual inspection of the sewage line conducted?

- Yes (checked)
Blockage leading to the tank: Yes/No
Blockage leading to the field: Yes/No

Is discharge surfacing on the ground?

- Yes
No (checked)

Additional Comments: Failing Drywell

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Contractor's Address: Property Address: 5345 Broadwater Lane County file: Map 28

Subdivision: Lot: Year Built: 1976 Grid 15

Owner's Name: William Morice Owner's Phone: 410 370 2284 Parcel 240

Name of previous owners: Existing bedrooms: 5 8.3 acres
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.

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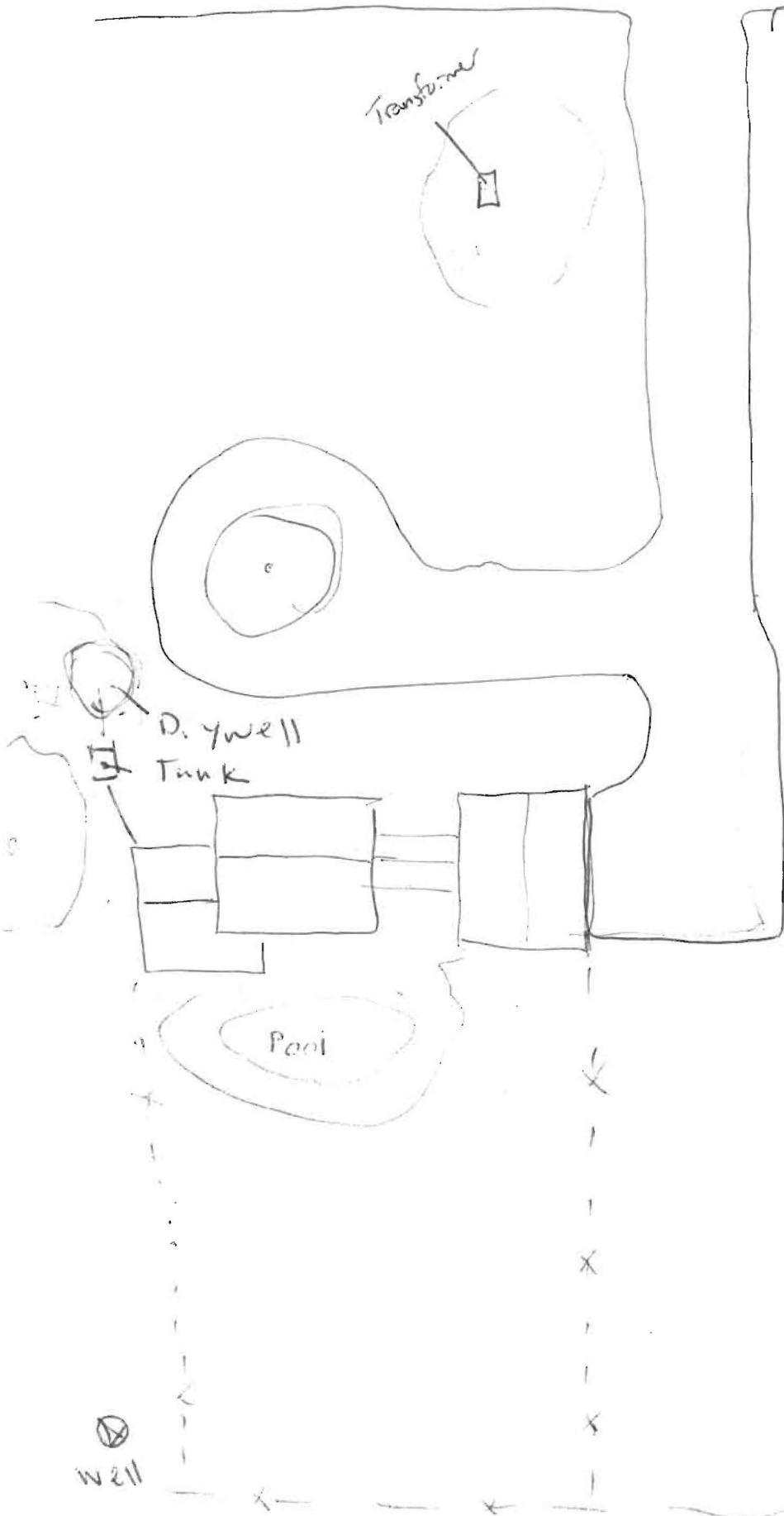
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RECEIVED  
 NOV 21 1992  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH